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| Classification: Official |
| Publication reference: PR2114 |

**Chapter 3**

**Annex 1**

**Confirmation of Withdrawal of Application before Determination**

[*date*]

Dear [*insert*]

**Re: [*copy from the notification letter*]**

Further to your communication of [*insert date*] in which you advised that you are withdrawing the above application, I am writing to confirm that your application has been marked as withdrawn and will not be determined by [*NHS England/name of ICB*].

I would like to confirm that should you wish to re-apply you will need to submit a new application and pay the relevant fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 3**

**Annex 2**

**Notification that Application has been Withdrawn before Determination**

[*date*]

Dear [*insert*]

**Re: [*copy from the notification letter*]**

Further to my letter of [*insert date*] I am writing to advise that the applicant has withdrawn the above application. It will therefore not be determined by [*NHS England/name of ICB*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 3**

**Annex 3**

**Confirmation of Withdrawal of Application after Determination**

[*date*]

Dear [*insert*]

**Re: [*copy from the notification letter*]**

Further to your communication of [*insert date*] in which you advised that you are withdrawing the above application, I am writing to confirm that your application has been marked as withdrawn and has been closed.

I would like to confirm that should you wish to re-apply you will need to submit a new application and pay the relevant fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 3**

**Annex 4**

**Notification that Application has been Withdrawn after Determination**

[*date*]

Dear [*insert*]

**Re: [*copy from the decision notification letter*]**

Further to my letter of [*insert date*] I am writing to advise that the applicant has withdrawn the above application. It has therefore been marked as closed.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 3**

**Annex 5**

**Request to Submit a Notice of Commencement Within 30 Days of Service Provision Commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. Your request will be considered and you will be advised of the decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of …………………………………………………………………………………

(insert name of applicant)

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 3**

**Annex 6**

**Notification of a Change to the Date on Which Service Provision Will Commence**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |
| Date of service commencement as per the notice of commencement |  |

Pursuant to paragraph 34(3B), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, I/we give notice that the date on which service provision will commence in relation to the above premises is to change.

The date on which service provision at the above premises was due to commence was

……………………………………………………………………(insert date).

The date on which service provision at the above premises will now commence is

…………………………………………………………………… (insert date).

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of …………………………………………………………………………………

(insert name of applicant)

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 4**

**Annex 1**

**Procedure for bulk submission of applications – fitness**

| Action | |
| --- | --- |
|  | On receipt of a bulk submission of applications from the same applicant send the fitness first referral to:   * For a sole trader or partnership, the office of the Commissioner with the majority of the applications. * For a body corporate, the office of the Commissioner in whose area its registered office is located unless the majority of the applications are in another office’s area in which case that office will make the decision.   Advise the other offices which office is making the fitness decision. |
|  | On receipt of the first referral response, process as usual. |
|  | Once all the required checks have been undertaken prepare the fitness committee report and send it to the office of the Commissioner that will make the fitness decision. |
|  | On receipt of the decision send it to the applicant as usual in respect of each application. Forward the decision, and the original fitness information, to the other offices of the Commissioner. |
|  | Where it is determined that the application is to be deferred on fitness grounds a letter to this effect will need to be sent to the applicant in respect of each application. |
|  | Where it is determined that the applicant is a fit and proper person then each office of the Commissioner is to determine the market entry application as usual. |
|  | Where it is determined that the applicant is not a fit and proper person then every application is to be refused on fitness grounds. A decision letter to this effect will need to be sent to the applicant in respect of each application. |
|  | Where it is determined that the applicant is to be conditionally included then that is the case for every application. A decision letter to this effect will need to be sent to the applicant in respect of each application. Each office of the Commissioner will then go on to determine the market entry element of the application. |

**Chapter 5**

**Annex 1**

**Fitness Information Form**

**Fitness information to be provided in connection with an application for inclusion in the relevant pharmaceutical list - pharmacy sole trader**

This form is to be completed where the applicant is an individual pharmacist (sole trader) and applying to be included in the relevant pharmaceutical list for the first time. It must be submitted at the same time as the market entry element of the application.

Please complete in block capitals.

**Section A – details of the applicant**

|  |  |
| --- | --- |
| **Applicant’s full name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **GPhC/PSNI registration number** |  |
| **Private address and phone number** |  |

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.

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

**Section B - Qualifications and work experience**

|  |  |  |
| --- | --- | --- |
| **Pharmaceutical qualifications** | **Where obtained** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If you qualified as a pharmacist in Switzerland or an EEA state other than the United Kingdom, NHS England or the relevant delegated integrated care board must be satisfied that you have the level of knowledge of English which, in the interests of yourself and the people who make use of the services to which your application relates, is necessary for the provision of those services.

In line with the GPhC, NHS England or the relevant delegated integrated care board requires either:

* a recent pass of the academic version of International English Language testing System (IELTS) test with an overall score of at least 7 and with no score less than 7 in each of the four areas of reading, writing, listening and speaking at one sitting of the test, or
* a recent pass of the Pharmacy Occupational English Language Test with a score of at least a B in each of the four areas of reading, writing, listening and speaking, at one sitting of the test.

‘Recent’ means evidence relating to the test that is less than two years old at the point of making this application.

I have enclosed a copy of my test certificate. Yes ☐ No ☐ Not applicable ☐

Please enter below details of your professional experience starting with your current or most recent post, including your foundation training (previously known as pre-registration training) post.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date commenced (MM/YYYY)** | **Date finished (MM/YYYY)** | **Appointment or post held, employer, employer's address** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
|  | **Date commenced**  **(MM/YYYY)** | **Date finished**  **(MM/YYYY)** | **Appointment or post held, employer, employer's address** |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

Attach a continuation sheet if more space is needed.

|  |
| --- |
| Please provide an explanation of any gaps in employment.  Attach a continuation sheet if more space is needed. |

Were you dismissed from any of the above appointments? Yes ☐ No ☐

|  |
| --- |
| If yes, provide details below.    Attach a continuation sheet if more space is needed. |

**References**

Please provide details of two referees who are willing to provide references in respect of two recent posts you have held as a pharmacist (which may include any current post) which lasted at least three months without a significant break. The referee should be a pharmacist registered with the GPhC or PSNI and must be able to comment on the pharmacist’s knowledge, skills and competence.

NHS England or the relevant delegated integrated care board will not, without good reason, accept references from:

* Family members;
* Business partners providing references for each other;
* Any person with a financial interest in the application;
* Trainee pharmacists previously known as pre-registration trainees; or
* Your designated supervisor previously known as pre-registration trainer.

|  |  |
| --- | --- |
| Referee 1 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes ☐ | Referee 2 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes ☐ |

If it is not possible to provide two referees in respect of two recent posts as a pharmacist which lasted more than three months without a significant break, please state why and provide details of alternative referees who are acceptable to NHS England or the relevant delegated integrated care board bearing in mind the bullet points above.

|  |
| --- |
| Attach a continuation sheet if more space is needed. |

**Section C – fitness information**

Please note that all convictions are to be declared, even those that would otherwise be classed as ‘spent’.

Please delete “yes” or “no” as appropriate to indicate whether you:

|  |  |  |
| --- | --- | --- |
| A | have been convicted of any criminal offence in the United Kingdom | Yes/No |
|  | have been bound over following a criminal conviction in the United Kingdom | Yes/No |
|  | have accepted a police caution in the United Kingdom | Yes/No |
|  | have, in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging you absolutely (without proceeding to conviction) | Yes/No |
|  | have accepted and agreed to pay either a procurator fiscal fine under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution) | Yes/No |
| B | have at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England | Yes/No |
| C | are currently the subject of any criminal proceedings in the United Kingdom | Yes/No |
|  | are currently the subject of any criminal proceedings elsewhere than in the United Kingdom if the originating events, if they took place in England, could lead to a criminal conviction in England | Yes/No |
| D | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your fitness to practise by a licensing body[[1]](#footnote-1) | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, please give details of that investigation or proceedings.  Attach a continuation sheet if more space is needed. | | |
| If the investigation or proceedings have reached a final outcome that was adverse, please give details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| E | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your professional conduct by an employer | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, please give details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, please give details of the final outcome of that investigation or proceedings  Attach a continuation sheet if more space is needed | | |
| F | are, or have been to your knowledge, subject to any investigation or proceedings that could lead or could have led to your removal from a relevant list[[2]](#footnote-2) for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| Please give details of that investigation or those proceedings, and of any final outcome to that investigation or those proceedings.  Attach a continuation sheet if more space is needed. | | |
| G | are, or have been to your knowledge, where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud | Yes/No |
| H | have been refused inclusion in, or conditionally included in, or contingently removed or suspended from, any relevant list for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| If “yes” has been entered in response to any of the questions A, B, C, G or H please provide full details in this section and attach a continuation sheet if necessary. | | |
| If you are in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion where the refusal or conditional inclusion has not yet reached its final outcome  Attach a continuation sheet if necessary. | | |

**Section D – declarations and undertakings**

I declare:

1. that I am a registered pharmacist, and
2. the information given in this form and on any continuation sheets or addenda is true and complete.

I undertake:

1. to notify NHS England or the relevant delegated integrated care board within seven days of any material changes to the information provided in either this form and on any continuation sheets or addenda that occur before:
   1. the application is withdrawn,
   2. 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
   3. if the application is granted, I commence the provision of services to which the application relates,

whichever is the latest of these events to take place; and

1. to notify NHS England or the relevant delegated integrated care board if I am included, or apply to be included, in any other relevant list before:
   1. the application is withdrawn,
   2. 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
   3. if the application is granted, I commence the provision of services to which the application relates,

whichever is the latest of these events to take place.

|  |  |
| --- | --- |
| Full name |  |
| Date |  |
| Email address |  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 2**

**First Referral Questions**

* [The applicant has stated that they have previously provided the fitness information to [*insert details*] however we have been unable to locate it/all of it. Do you have a copy of the fitness information in your records?]
* [Attached is the fitness information that the applicant has previously provided.]
* [On comparing the previously provided information against the information provided with the application I have identified the following discrepancy/discrepancies:
  + [*Insert details*]]
* [On comparing the previously provided information against the information provided with the application I have not identified any discrepancies.]
* [I have identified the following missing information:
  + [*insert details*]

Please advise of any other missing information that you wish me to ask the applicant for.]

* [I have not identified any missing information. Is there any information that you wish me to ask the applicant for?]
* Please can you confirm that, at this stage, the referees are acceptable?

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 3**

**Confirmation of Receipt of Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*]**

I am writing to confirm receipt of the fitness to practise information supplied in connection with the above application on [*insert* *date*].

We will now begin to process the fitness information and you will be notified of [*NHS England/insert name of ICB*]’s decision within [*30 days/four months*]. In order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 4**

**Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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. [*NHS England/insert name of ICB*] will then decide whether or not it is 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 the request or unless [*NHS England/insert name of ICB*] has agreed to a delay.

If you believe this request to be unreasonable and wish to seek a review please write to [*insert* *name*] at [*insert* *address* *if different*] by [*insert* *date*].

Please note that in order to be successful your application must be granted under both market entry and fitness to practise procedures.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 5**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing information and/or documentation**

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

[*NHS England/insert name of ICB*] has 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. [*NHS England/insert name of ICB*] will then decide whether or not it is 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 [*NHS England/insert name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 6**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing information and/or documentation**

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

[*NHS England/insert name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 7**

**Confirmation of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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 now begin to process the fitness to practise information and you will be notified of [*NHS England/insert name of ICB*]’s decision within [*30 days/four months*]. As previously indicated, in order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 8**

**Missing Information Not Received**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing [*information and/or documentation*] not received**

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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 9**

**Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing undertakings**

I am writing to confirm receipt of the fitness to practise information supplied in connection with the above application on [*insert* *date*]. This 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*].

Please note that in order for your application to be successful it must be granted under both market entry and fitness to practise procedures. Consequently if we do not receive the requested undertakings by [*insert* *date*] 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 10**

**Confirmation of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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 fitness to practise information and you will be notified of [*NHS England/insert name of ICB*]’s decision within [*30 days/four months*]. As previously indicated, in order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 11**

**Missing Undertakings Not Received**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 12**

**Email to GPhC/PSNI**

**Subject line: [*name of pharmacist, registration number, date of birth*]**

Dear [*insert*]

In connection with an application for inclusion in the relevantpharmaceutical list please could you supply the following information:

1. Confirmation that the above named is currently fully registered with the [*General Pharmaceutical Council**/Pharmaceutical Society of Northern Ireland*].
2. If registration is subject to any conditions, details of those conditions.
3. Information as to whether the above named is currently subject to any investigations that have proceeded beyond the initial screening stage and, if so, the nature of those investigations.
4. Information as to whether the above named has previously been the subject of any investigations with an adverse outcome (including any resulting in the issue of a letter warning about future conduct), and, if so, the nature of those investigations and the penalty imposed.

This request is made pursuant to Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. I would be grateful to receive your reply by [*date*].

Yours sincerely

[email footer]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 13**

**Unable to Confirm GPhC/PSNI Registration**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address* *or best estimate*] – [*GPhC/PSNI*] registration status**

In connection with the fitness to practise information supplied with your application we have been unable to confirm your registration with the [*General Pharmaceutical Council (GPhC)/Pharmaceutical Society of Northern Ireland (PSNI)*]. Under the Medicines Act 1968 ownership of pharmacies is restricted to registered pharmacists or registered bodies corporate with a superintendent pharmacist and consequently we are unable to proceed with the application.

I would be grateful to receive your comments on this situation.

Please let me have your response to this letter by [*date*]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 14**

**Enquiry to NHS Counter Fraud Authority**

HEALTH & SOCIAL CARE ACT CHECK PURSUANT TO PART 6 OF THE NHS (PHARMACEUTICAL AND LOCAL PHARMACEUTICAL SERVICES) REGULATIONS 2013

Health body: [*insert commissioner's organisation*]

Postal address:

Contact name:

Telephone number: CFOS checks:

[hsca@nhscfa.gov.uk](mailto:hsca@nhscfa.gov.uk)

Please advise whether NHS Counter Fraud Authority has any record of any adverse outcomes recorded against the registered pharmacist listed below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname | First name | Date of birth | Profession | [GPhC/PSNI] Registration no | Home address |
|  |  |  | Pharmacist |  |  |

**Chapter 5**

**Annex 15**

**Reference Request**

[*date*]

Dear [*insert*]

**Re: [*Name and address*]: request for professional reference**

The above named has applied for inclusion in the pharmaceutical list and has given your name as a person willing to provide a reference in their professional capacity as a pharmacist.

Consequently I am writing to request a reference regarding the suitability of [*name*] to provide pharmaceutical services under the NHS terms of service. In this regard we are seeking confirmation that [*name*] is *at least* of an acceptable ability and competence in a range of professional attributes set out on the enclosed reference form.

Please note you must be able to comment on [*name*’s] knowledge, skills and competence as a pharmacist. If you are unable to do so please let me know at your earliest convenience.

If you have any reservations in any of the attribute areas, a cross in the relevant part of the form should indicate this and a statement of the reasons for your reservations is to be provided. In this eventuality the application will be subject to further enquiries in pursuit of which [*NHS England/insert name of ICB]* may wish to approach you confidentially for further background information on your reservations.

Under the remit of the Data Protection Act 2018, any information provided by you in the reference is deemed confidential and will not be communicated to the applicant without your written consent. Please be advised that you may be contacted by [*NHS England/insert name of ICB*] to verify completion of the reference.

I would be grateful to receive your reference by [*date* *that is in 10 working days’ time*]. If you are unable to meet that deadline please advise me at your earliest opportunity and confirm when it will be sent to me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Admission to the pharmaceutical list - confidential reference request**

The pharmacist named below has applied for inclusion in a pharmaceutical list and has given your name as a referee who is willing to provide a reference in respect of a recent post (which may include their current post) they have held as a pharmacist which lasted at least three months without a significant break.

Please note that NHS England or the relevant delegated integrated care board should not, without good reason, accept references from:

* family members;
* business partners providing references for each other;
* any person with a financial interest in the application;
* Trainee pharmacists previously known as pre-registration trainees; or
* Your designated supervisor previously known as pre-registration trainer.

Please confirm, by **ticking this box**, that none of the above apply to you as the referee for this applicant

[*Delete this sentence if the referee is not a registered healthcare professional*] [Please note that this is a professional declaration on your part as a registered healthcare professional and provision of a false declaration will be treated very seriously and may lead to a referral to your regulatory body. If you are not in a position to give observations on any of the questions please indicate so. Please confirm that you understand this statement by ticking this box.]

Name of pharmacist:

Date form to be returned by:

Please state the dates the applicant worked with you and the professional relationship:

|  |  |
| --- | --- |
| **Date started**  (mm/yyyy) |  |
| **Date finished**  (mm/yyyy) |  |
| **Position held by the applicant on which you are providing this reference** |  |
| **Was this a patient-facing role?** |  |
| This reference is based upon (tick as appropriate):   * Opinion of line manager/equivalent * Close observation * Opinion of employer * General impression * Other.   Please give details …………………………………………………………  …………………………………………………………………………………………… | |
| Would you be happy to work with this pharmacist again?  ☐ Yes ☐ No | |
| Would you recommend this pharmacist to your friends and family?  ☐ Yes ☐ No | |

Please carefully consider the following aspects of the applicant’s practise and tick the appropriate box in each section.

In questions 1-3 if you have ticked the ‘I have insufficient knowledge to form a judgement on this aspect” box for any aspect please give further information to support your score and how you have come to your opinion.

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Pharmaceutical care.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |
| **2. Keeping records e.g. clinical interventions, near misses and errors, training records, signposting patients.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |
| **3. Work practises in line with professional standards and ethics.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |

For questions 4-12, please give your opinion regarding the applicant’s present knowledge, skills and personal attributes by circling the appropriate box that applies or crossing out those that do not apply.

Statements are provided to give examples of behaviours that would constitute different levels of performance, although this is not intended to be an exhaustive list. Please use the space provided to give examples of the applicant’s behaviour that support the rating you have given them in each area; this is essential if you have given a rating of 1 or 2.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Learning and development: ability to identify own learning and development needs, commits time and resources to appropriate training and development activities.** | | | | | | | | | | | | |
| 1. Reacts badly to  constructive feedback, not interested  in own development | | | 2. Needs assistance in identifying own training needs/ developing  personal targets | | | | | 3. Often learns from experience, generally reacts well to constructive feedback | | | | 4. Actively seeks out and welcomes constructive  feedback |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **5. Communication skills: capacity to adjust behaviour and language (written/spoken) as appropriate to needs of differing situations. Actively and clearly engages patient (and colleagues) in equal/open dialogue.** | | | | | | | | | | | | |
| 1. Uses technical language that patients do not understand, ignores what they have to say | | | 2. Can be lacking in clarity and coherence when speaking to patients | | | | | | 3. Often uses lay language to help patients understand | 4. Always speaks clearly, gives adequate time and checks patients understand | | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **6. Professional relationships with patients – maintaining trust.** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **7. Avoiding discrimination and prejudice against patients.** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **8. If things go wrong (dealing with complaints and errors) how well does the applicant manage these?** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **9. Team involvement: collaborative style, works with colleagues in partnership, able to compromise. Undertakes leadership role if required. Provides support, views self as part of larger organisation.** | | | | | | | | | | | | |
| 1. Sticks rigidly to their own agenda and doesn’t  negotiate | | | | | 2. Tends to take a ‘back seat’ rather than participating | | | | 3. Good at negotiating and usually able to compromise | | 4. Is excellent at supporting and  motivating others and at negotiating | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **10. Empathy and sensitivity: Capacity and motivation to take in patient/colleague perspective and sense associated feelings. Generates safe/understanding atmosphere – an understanding approach.** | | | | | | | | | | | | |
| 1. Is not sensitive to the feelings of patients and treats them in an  impersonal manner | | | | 2. Shows some interest in the individual and  occasionally reassures patients | | | | | 3. Usually demonstrates  empathy towards patients | | 4. Always shows empathy and  sensitivity; gives reassurance to the patient | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **11. Would you expect the applicant to protect patients when his/her own health or the health, behaviour or professional performance of other pharmacists potentially puts patients at risk?** | | | | | | | | | | | | |
| Yes | | | | | | No | | | I have insufficient knowledge to form a judgement on this aspect | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **12. Understanding of the NHS terms of service relating to the provision of pharmaceutical services** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **13. Is the applicant open and honest in their financial and commercial dealings in the following aspects?**  If you have ticked no for any aspect please provide additional information below to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **Any financial arrangements with patients** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| **Financial and commercial dealings with colleagues, employers, insurers and other organisations or individuals** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| **Accuracy of claims for the provision of pharmaceutical services** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **14. Are you aware of any current or previous convictions or GPhC/PSNI investigations where the outcome was adverse against the applicant?** (We will not discriminate unfairly against any applicant following receipt of information.) | | | | | | | | | | | | |
| Yes | | | | | | | No | | | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| If you wish to include any further information about the applicant’s strengths and weaknesses that have not been covered in the above and which you consider may be helpful, please state below or attach a covering letter. A letter without the completed form will not be accepted. | | | | | | | | | | | | |

**To the best of my knowledge and belief the information provided above and on any continuation sheets or addenda is accurate and does not contain any material misstatement or omission.**

**I note the persons that NHS England or the relevant delegated integrated care board should not accept a reference from and can confirm that I am not such a person.**

Signature ………………………………………………………………………………………

Date ……………………………………………………………………………………………

Name …………………………………………………………………………………………..

(Please print)

GPhC/PSNI registration number ………………………………………………………….

Contact telephone number: …………………………………………………………………

**Please send the completed form to:**

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 16**

**Letter to Referee – Chasing Response**

[*date*]

Dear [*insert*]

**Re: [*name & address*]: request for professional reference**

I wrote to you on [*insert date of letter*] requesting a professional reference in respect of the above named. I have not yet heard from you and, as we are unable to proceed with the application in the absence of references, I would be grateful if you are able to provide this by [*insert date that is ten working days away*]. If you require a further copy of the reference pro forma sent with my earlier letter please contact me by email on [pcse.marketentry@nhs.net](mailto:pcse.marketentry@nhs.net).

If you feel unable to provide a reference, it would be helpful for you to confirm this by post or email including, if possible, the reasons for this.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 17**

**Letter to Applicant – Non-receipt of Reference**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address* *or best estimate*] – non receipt of professional reference**

In connection with your application you named [*name of referee*] as a person willing to provide a professional reference.

We have requested a reference but despite sending a reminder we have not received a response. My purpose in writing to you is to ask if you are aware of any reasons for this (such as the referee’s absence on holiday) and to invite you to contact them to expedite the provision of a reference.

Please note that we are unable to proceed with the application in the absence of two professional references so consequently your early attention to this will be helpful. I would therefore ask you to contact me by [*date that is ten working days away*] to advise the current position.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 18**

**Committee Report**

**[insert name of committee]**

**[*insert date of meeting*]**

**[*insert agenda item number*] - Consideration of fitness to practise information supplied in connection with an application for inclusion in the relevant pharmaceutical list – pharmacy sole trader**

|  |  |
| --- | --- |
| **CAS reference number** |  |
| **Type of application that has been submitted** | [Current needs/Future needs/Current improvements or better access/Future improvements or better access/Unforeseen benefits/No significant change relocation neighbouring HWB/Distance selling premises/Change of ownership/Combined change of ownership and no significant change relocation neighbouring HWB/Temporary listing arising out of suspension/Right of return - delete as required. If a change of ownership include the address of the pharmacy] |
| **Name of applicant** |  |
| **English language knowledge**  (Where applicable) |  |
| **GPhC/PSNI registration** | Attached |
| **NHS Counter Fraud Authority check** | Attached |
| **NHS Resolution check** | Attached |
| **References** | Attached |
| **Referees who refused to give a reference** (where applicable) | Attached |
| **Details of any convictions, cautions, investigations, proceedings** | [Attached if relevant] |
| **Relevant regulations and guidance** | Regulation 30 – refusal on language requirements  Regulation 33 – refusal on fitness grounds  Regulation 34 – deferral on fitness grounds  Regulation 35 – conditional inclusion |

|  |  |
| --- | --- |
| **Fitness form** |  |

|  |  |
| --- | --- |
| **Additional information** |  |

|  |  |
| --- | --- |
| **Recommendation[[3]](#footnote-3)** |  |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 5**

**Annex 19**

**Fitness Reviewed Letter**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – consideration of fitness to practise information**

Further to previous correspondence all statutory fitness to practise checks in connection with this application have been concluded. [*NHS England/[insert name of ICB*] will now consider the market entry element of your application and we will write to you separately on this aspect.

You are reminded that you are bound by an undertaking to notify us within seven days of any material changes to the fitness information provided in connection with this application, and to notify us if you are included, or apply to be included, in any other relevant list.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 20**

**Refusal – Language Requirement**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – refusal on language requirement**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has decided that the application is to be refused under the provisions of regulation 30. Please see the enclosed report for the full reasons.

Under paragraph 36, Schedule 2 you have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 21**

**Mandatory Refusal**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – refusal on fitness grounds**

[*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has concluded that the application must be refused under the provisions of regulation 33(1). Please see the enclosed report for the full reasons.

Under regulation 33(5)(b) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* *[if it’s a fraud case] [the NHS Counter Fraud Authority]*
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 22**

**Discretionary Refusal**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best* *estimate*] – refusal on fitness grounds**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has decided that the application is to be refused under the provisions of regulation 33(2). Please see the enclosed report for the full reasons.

Under regulation 33(5)(b) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email of the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* [*if it’s a fraud case*] [the NHS Counter Fraud Authority]
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 23**

**Minded to Place Conditions**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address* *or best estimate*]**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] is minded to place conditions on your inclusion in the pharmaceutical list should the market entry element of your application be granted. Please see the enclosed report for the full reasons.

Before [*NHS England/name of ICB*] makes its final decision you are invited to submit any written representations that you may wish to make on this matter. Please submit these to me no later than [*insert date that is at least 7 days in the future*]. [NHS England/name of ICB] will consider these at an oral hearing of the [*insert name of* committee] at [*insert date, time* *and place*].

Should you wish to make oral representations at the hearing then please let me know by [*insert* *date*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 24**

**Conditions**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best* *estimate*] – imposition of fitness to practise conditions**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has decided that, if the market entry element of your application is granted, your inclusion in the relevant pharmaceutical list is to be subject to certain conditions under the provisions of regulation 35. Please see the enclosed report for the full reasons.

Under regulation 35(4)(b) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* [*if it’s a fraud case*] [the NHS Counter Fraud Authority]
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

You are reminded that the application is still to be determined under the market entry provision of the regulations and we will write to you separately about this.

You are further reminded that you bound by an undertaking to notify us within seven days of any material changes to the fitness information provided in connection with this application, and to notify us if you are included, or apply to be included, in any other relevant list.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 25**

**Deferral**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best* *estimate*] – deferral on fitness grounds**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and it is noted that there is an outstanding investigation of the kind specified in regulation 34(1) of the regulations. Please see the enclosed report for the full reasons.

Accordingly [*NHS England/name of ICB*] has concluded that determination of the application for inclusion in the pharmaceutical list is to be deferred until the outcome of the investigation is known. I will contact you again at that time.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

.

**Chapter 5**

**Annex 26**

**No Further Grounds to Defer**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – deferral on fitness grounds**

Further to my letter of [*insert date Annex 25 sent*] I am writing to advise that the [*outcome of the cause for the deferral is now known/reason for the deferral of the above application no longer exists*]. Please could you therefore update your application and confirm whether you wish to proceed with the application or not within 30 days i.e. by [*insert* *date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 27**

**Application Withdrawn**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – deferral on fitness grounds**

Further to my letter of [*insert date Annex 26 sent*] [*I am writing to confirm that no response has been received*] [*you have confirmed that you do not wish to proceed with the above application*]. Your application is therefore being treated as withdrawn.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 28**

**Application Proceeding**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*]**

I am writing to confirm receipt of your letter confirming your wish to proceed with the above application.

We will undertake the required checks and you will be notified of [*NHS England/name of ICB*]’s decision in due course. In order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 29**

**Notification of Refusal of Application to Interested Parties**

[*date*]

Dear [*insert*]

**Re: Application by [*insert name of applicant*] for inclusion in the relevant pharmaceutical list at [*address or best estimate*]**

I am writing to confirm that the above application has been refused.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 30**

**Notification of Refusal – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name, address, date of birth and [GPhC/PSNI] registration number of applicant*] – application for inclusion in the relevant pharmaceutical list refused under regulation 33 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013**

The above named has submitted an application for inclusion in the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board. The fitness to practise information provided in connection with this has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has determined that the inclusion of [*name of applicant*] is to be refused under the provisions of regulation 33. Please see the enclosed report for the full reasons.

The applicant has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England or the ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 5**

**Annex 31**

**Notification of Conditions – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name, address, date of birth and [GPhC/PSNI] registration number of applicant*] – conditional inclusion in the relevant pharmaceutical list under regulation 35 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013**

The above named has submitted an application for inclusion in the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board. The fitness to practise information provided in connection with this has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has determined that the inclusion of [*name of applicant*] is to be subject to certain conditions under the provisions of regulation 35. Please see the enclosed report for the full reasons.

The applicant has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/the ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 1**

**Fitness Information Form**

**Fitness information to be provided in connection with an application for inclusion in the relevant pharmaceutical list - pharmacy partnership**

This form is to be completed where the applicant is applying to be included in the relevant pharmaceutical list for the first time. It must be submitted at the same time as the market entry element of the application.

Please complete in block capitals.

**Section A – details of the applicant**

Partnership name …………………………………………………………………………………….

Please provide the following information for each partner in the partnership.

|  |  |
| --- | --- |
| **Partner 1’s full name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **GPhC/PSNI registration number** |  |
| **Private address and phone number** |  |

|  |  |
| --- | --- |
| **Partner 2’s full name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **GPhC/PSNI registration number** |  |
| **Private address and phone number** |  |

|  |  |
| --- | --- |
| **Partner 3’s full name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **GPhC/PSNI registration number** |  |
| **Private address and phone number** |  |

|  |  |
| --- | --- |
| **Partner 4’s full name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **GPhC/PSNI registration number** |  |
| **Private address and phone number** |  |

(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.

…………………………………………………………………………………………………………..

…………………………………………………………………………………………………………..

I declare that:

1. the information given in this form, and on any continuation sheets or addenda is true and complete, and
2. 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 |  |
| On behalf of  (name of partnership) |  |
| Date |  |

**The information in sections B to D is to be provided by each partner.**

**Section B - Qualifications and work experience**

|  |  |
| --- | --- |
| Full name |  |

|  |  |  |
| --- | --- | --- |
| **Pharmaceutical qualifications** | **Where obtained** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If you qualified as a pharmacist in Switzerland or an EEA state other than the United Kingdom, NHS England or the relevant delegated integrated care board must be satisfied that you have the level of knowledge of English which, in the interests of yourself and the people who make use of the services to which your application relates, is necessary for the provision of those services.

In line with the GPhC, NHS England or the relevant delegated integrated care board requires either:

* a recent pass of the academic version of International English Language testing System (IELTS) test with an overall score of at least 7 and with no score less than 7 in each of the four areas of reading, writing, listening and speaking at one sitting of the test, or
* a recent pass of the Pharmacy Occupational English Language Test with a score of at least a B in each of the four areas of reading, writing, listening and speaking, at one sitting of the test.

‘Recent’ means evidence relating to the test that is less than two years old at the point of making this application.

I have enclosed a copy of my test certificate. Yes No Not applicable

Please enter below details of your professional experience starting with your current or most recent post, including your foundation training (previously known as pre-registration training) post.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date commenced (MM/YYYY)** | **Date finished (MM/YYYY)** | **Appointment or post held, employer, employer's address** |
| 1 |  |  |  |
| 2 |  |  |  |
|  | **Date commenced (MM/YYYY)** | **Date finished (MM/YYYY)** | **Appointment or post held, employer, employer's address** |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

Attach a continuation sheet if more space is needed.

|  |
| --- |
| Please provide an explanation of any gaps in employment  Attach a continuation sheet if more space is needed. |

Were you dismissed from any of the above appointments? Yes No

|  |
| --- |
| If yes provide details in this box    Attach a continuation sheet if more space is needed. |

**References**

Please provide details of two referees who are willing to provide references in respect of two recent posts you have held as a pharmacist (which may include any current post) which lasted at least three months without a significant break. The referee should be a pharmacist registered with the GPhC or PSNI and must be able to comment on the pharmacist’s knowledge, skills and competence.

NHS England or the relevant delegated integrated care board will not, without good reason, accept references from:

* Family members;
* Business partners providing references for each other;
* Any person with a financial interest in the application;
* Trainee pharmacists previously known as pre-registration trainees; or
* Your designated supervisor previously known as pre-registration trainer.

|  |  |
| --- | --- |
| Referee 1 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes | Referee 2 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes |

If it is not possible to provide two referees in respect of two recent posts as a pharmacist which lasted more than three months without a significant break, please state why and provide details of alternative referees who are acceptable to NHS England or the relevant delegated integrated care board bearing in mind the bullet points above.

|  |
| --- |
| Attach a continuation sheet if more space is needed. |

**Section C - fitness information**

Please note that all convictions are to be declared, even those that would otherwise be classed as ‘spent’.

Please delete “yes” or “no” as appropriate to indicate whether you:

|  |  |  |
| --- | --- | --- |
| A | have been convicted of any criminal offence in the United Kingdom | Yes/No |
|  | have been bound over following a criminal conviction in the United Kingdom | Yes/No |
|  | have accepted a police caution in the United Kingdom | Yes/No |
|  | have, in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging you absolutely (without proceeding to conviction) | Yes/No |
|  | have accepted and agreed to pay either a procurator fiscal fine under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution) | Yes/No |
| B | have at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England | Yes/No |
| C | are currently the subject of any criminal proceedings in the United Kingdom | Yes/No |
|  | are currently the subject of any criminal proceedings elsewhere than in the United Kingdom if the originating events, if they took place in England, could lead to a criminal conviction in England | Yes/No |
| D | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your fitness to practise by a licensing body[[4]](#footnote-4) | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, please give details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, please give details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| E | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your professional conduct by an employer | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, please give details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, please give details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| F | are, or have been to your knowledge, subject to any investigation or proceedings that could lead or could have led to your removal from a relevant list[[5]](#footnote-5) for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| Please give details of that investigation or those proceedings, and of any final outcome to that investigation or those proceedings.  Attach a continuation sheet if more space is needed | | |
| G | are, or have been to your knowledge, where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud | Yes/No |
| H | have been refused inclusion in, or conditionally included in, or contingently removed or suspended from, any relevant list for a reason relating to unsuitability , fraud or efficiency of service provision | Yes/No |
| If “yes” has been entered in response to any of the questions A, B, C, G or H please provide full details in this section and attach a continuation sheet if necessary. | | |
| If you are in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion where the refusal or conditional inclusion has not yet reached its final outcome  Attach a continuation sheet if necessary. | | |

**Section D - declarations and undertakings**

I declare that:

1. I am a registered pharmacist,
2. the information given in this form, and on any continuation sheets or addenda is true and complete, and
3. 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).

I undertake:

1. to notify NHS England or the relevant delegated integrated care board within seven days of any material changes to information provided in either this form and on any continuation sheets or addenda that occur before:
   1. the application is withdrawn,
   2. 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
   3. if the application is granted, the body corporate commences the provision of services to which the application relates,

whichever is the latest of these events to take place, and

1. to notify NHS England or the relevant delegated integrated care board if I am included, or apply to be included, in any other relevant list before:
   1. the application is withdrawn,
   2. 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
   3. if the application is granted, I commence the provision of services to which the application relates,

whichever is the latest of these events to take place.

|  |  |
| --- | --- |
| Name (partner) |  |
| Name of partnership |  |
| Date |  |
| Email address |  |

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**Chapter 6**

**Annex 2**

**First Referral Questions**

* [The applicant has stated that they have previously provided the fitness information to [insert details] however we have been unable to locate it/all of it. Do you have a copy of the fitness information in your records?]
* [Attached is the fitness information that the applicant has previously provided.]
* [On comparing the previously provided information against the information provided with the application I have identified the following discrepancy/discrepancies:
  + [Insert details]]
* [On comparing the previously provided information against the information provided with the application I have not identified any discrepancies.]
* [I have identified the following missing information:
  + [insert details]

Please advise of any other missing information that you wish me to ask the applicant for.

* [I have not identified any missing information. Is there any information that you wish me to ask the applicant for?]
* Please can you confirm, at this stage, that the referees are acceptable?

**Chapter 6**

**Annex 3**

**Confirmation of Receipt of Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*]**

I am writing to confirm receipt of the fitness to practise information supplied in connection with the above application on [*insert* *date*].

We will now begin to process the fitness information and you will be notified of [*NHS England’s/name of ICB*]’s decision within [30 days/four months]. In order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 4**

**Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 the request or unless [*NHS England/name of ICB*] has agreed to a delay.

If you believe this request to be unreasonable and wish to seek a review please write to [*insert* *name*] at [*insert* *address* *if different*] by [*insert* *date*].

Please note that in order to be successful your application must be granted under both market entry and fitness to practise procedures.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 5**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing information and/or documentation**

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

[*NHS England/insert name of ICB*] has 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 6**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing information and/or documentation**

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

[*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 7**

**Confirmation of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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 now begin to process the fitness to practise information and you will be notified of [*NHS England/insert name of ICB*]’s decision within [30 days/four months]. As previously indicated, in order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 8**

**Missing Information Not Received**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing [information and/or documentation] not received**

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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

C**hapter 6**

**Annex 9**

**Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing undertakings**

I am writing to confirm receipt of the fitness to practise information supplied in connection with the above application on [*insert* *date*]. This 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*].

Please note that in order for your application to be successful it must be granted under both market entry and fitness to practise procedures. Consequently if we do not receive the requested undertakings by [*insert* *date*] 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 10**

**Confirmation of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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 fitness to practise information and you will be notified of [*NHS England/name of ICB*]’s decision within [*30 days/four months*]. As previously indicated, in order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 11**

**Missing Undertakings Not Received**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 12**

**Email to GPhC/PSNI**

**Subject line: [*name of each partner, registration number, date of birth*]**

Dear [*insert*]

In connection with an application for inclusion in the relevantpharmaceutical list please could you supply the following information:

1. Confirmation that the above named are currently fully registered with the [*General Pharmaceutical Council/Pharmaceutical Society of Northern Ireland*].
2. If registration is subject to any conditions, details of those conditions.
3. Information as to whether the above named are currently subject to any investigations that have proceeded beyond the initial screening stage and, if so, the nature of those investigations.
4. Information as to whether the above named have previously been the subject of any investigations with an adverse outcome (including any resulting in the issue of a letter warning about future conduct), and, if so, the nature of those investigations and the penalty imposed.

This request is made pursuant to Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. I would be grateful to receive your reply by [*date*].

Yours sincerely

[*Email footer*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 13**

**Unable to Confirm GPhC/PSNI Registration**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address* *or best estimate*] – [*GPhC/PSNI*] registration status**

In connection with the fitness to practise information supplied with your application we have been unable to confirm [*insert name of partner*] registration with the [*General Pharmaceutical Council (GPhC)/Pharmaceutical Society of Northern Ireland (PSNI)*]. Under the Medicines Act 1968 ownership of pharmacies is restricted to registered pharmacists or registered bodies corporate with a superintendent pharmacist and consequently we are unable to proceed with the application.

I would be grateful to receive your comments on this situation.

Please let me have your response to this letter by [*date*]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 14**

**Enquiry to NHS Counter Fraud Authority**

HEALTH & SOCIAL CARE ACT CHECK PURSUANT TO PART 6 OF THE NHS (PHARMACEUTICAL AND LOCAL PHARMACEUTICAL SERVICES) REGULATIONS 2013

Health body: [*insert commissioner's organisation*]

Postal address:

Contact name:

Telephone number: CFOS checks: [hsca@nhscfa.gov.uk](mailto:hsca@nhscfa.gov.uk)

Please advise whether NHS Counter Fraud Authority has any record of any adverse outcomes recorded against the registered pharmacists listed below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname | First name | Date of birth | Profession | [GPhC/PSNI] registration no | Home address |
|  |  |  | Pharmacist |  |  |
|  |  |  | Pharmacist |  |  |

**Chapter 6**

**Annex 15**

**Reference Request**

[*date*]

Dear [*insert*]

**Re: [*Name and address*]: request for professional reference**

The above named has applied for inclusion in the pharmaceutical list and has given your name as a person willing to provide a reference in their professional capacity as a pharmacist.

Consequently I am writing to request a reference regarding the suitability of [*name*] to provide pharmaceutical services under the NHS terms of service. In this regard we are seeking confirmation that [*name*] is *at least* of an acceptable ability and competence in a range of professional attributes set out on the enclosed reference form.

Please note you must be able to comment on [*name*’s] knowledge, skills and competence as a pharmacist. If you are unable to do so please let me know at your earliest convenience.

If you have any reservations in any of the attribute areas, a cross in the relevant part of the form should indicate this and a statement of the reasons for your reservations is to be provided. In this eventuality the application will be subject to further enquiries in pursuit of which [*NHS England/name of ICB*] may wish to approach you confidentially for further background information on your reservations.

Under the remit of the Data Protection Act 1998, any information provided by you in the reference is deemed confidential and will not be communicated to the applicant without your written consent. Please be advised that you may be contacted by [*NHS England/name of ICB*] to verify completion of the reference.

I would be grateful to receive your reference by [*date that is in 10 working days’ time*]. If you are unable to meet that deadline please advise me at your earliest opportunity and confirm when it will be sent to me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Admission to the pharmaceutical list - confidential reference request**

The pharmacist named below has applied for inclusion in a pharmaceutical list and has given your name as a referee who is willing to provide a reference in respect of a recent post (which may include their current post) they have held as a pharmacist which lasted at least three months without a significant break.

Please note that NHS England or the relevant delegated integrated care board should not, without good reason, accept references from:

* family members;
* business partners providing references for each other;
* any person with a financial interest in the application;
* Trainee pharmacists previously known as pre-registration trainees; or
* Your designated supervisor previously known as pre-registration trainer.

Please confirm, by **ticking this box**, that none of the above apply to you as the referee for this applicant

[*Delete this sentence if the referee is not a registered healthcare professional*] [Please note that this is a professional declaration on your part as a registered healthcare professional and provision of a false declaration will be treated very seriously and may lead to a referral to your regulatory body. If you are not in a position to give observations on any of the questions please indicate so. Please confirm that you understand this statement by ticking this box.]

Name of pharmacist:

Date form to be returned by:

Please state the dates the applicant worked with you and the professional relationship:

|  |  |
| --- | --- |
| **Date started**  (mm/yyyy) |  |
| **Date finished**  (mm/yyyy) |  |
| **Position held by the applicant on which you are providing this reference** |  |
| **Was this a patient-facing role?** |  |
| This reference is based upon (tick as appropriate):   * Opinion of line manager/equivalent * Close observation * Opinion of employer * General impression * Other.   Please give details …………………………………………………………  …………………………………………………………………………………………… | |
| Would you be happy to work with this pharmacist again?  Yes No | |
| Would you recommend this pharmacist to your friends and family?  Yes No | |

Please carefully consider the following aspects of the applicant’s practise and tick the appropriate box in each section.

In questions 1-3 if you have ticked the ‘I have insufficient knowledge to form a judgement on this aspect” box for any aspect please give further information to support your score and how you have come to your opinion.

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Pharmaceutical care.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |
| **2. Keeping records e.g. clinical interventions, near misses and errors, training records, signposting patients.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |
| **3. Work practises in line with professional standards and ethics.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |

For questions 4-12, please give your opinion regarding the applicant’s present knowledge, skills and personal attributes by circling the appropriate box that applies or crossing out those that do not apply.

Statements are provided to give examples of behaviours that would constitute different levels of performance, although this is not intended to be an exhaustive list. Please use the space provided to give examples of the applicant’s behaviour that support the rating you have given them in each area; this is essential if you have given a rating of 1 or 2.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Learning and development: ability to identify own learning and development needs, commits time and resources to appropriate training and development activities.** | | | | | | | | | | | | |
| 1. Reacts badly to  constructive feedback, not interested  in own development | | | 2. Needs assistance in identifying own training needs/ developing  personal targets | | | | | 3. Often learns from experience, generally reacts well to constructive feedback | | | | 4. Actively seeks out and welcomes constructive  feedback |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **5. Communication skills: capacity to adjust behaviour and language (written/spoken) as appropriate to needs of differing situations. Actively and clearly engages patient (and colleagues) in equal/open dialogue.** | | | | | | | | | | | | |
| 1. Uses technical language that patients do not understand, ignores what they have to say | | | 2. Can be lacking in clarity and coherence when speaking to patients | | | | | | 3. Often uses lay language to help patients understand | 4. Always speaks clearly, gives adequate time and checks patients understand | | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **6. Professional relationships with patients – maintaining trust.** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **7. Avoiding discrimination and prejudice against patients.** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **8. If things go wrong (dealing with complaints and errors) how well does the applicant manage these?** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **9. Team involvement: collaborative style, works with colleagues in partnership, able to compromise. Undertakes leadership role if required. Provides support, views self as part of larger organisation.** | | | | | | | | | | | | |
| 1. Sticks rigidly to their own agenda and doesn’t  negotiate | | | | | 2. Tends to take a ‘back seat’ rather than participating | | | | 3. Good at negotiating and usually able to compromise | | 4. Is excellent at supporting and  motivating others and at negotiating | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **10. Empathy and sensitivity: Capacity and motivation to take in patient/colleague perspective and sense associated feelings. Generates safe/understanding atmosphere – an understanding approach.** | | | | | | | | | | | | |
| 1. Is not sensitive to the feelings of patients and treats them in an  impersonal manner | | | | 2. Shows some interest in the individual and  occasionally reassures patients | | | | | 3. Usually demonstrates  empathy towards patients | | 4. Always shows empathy and  sensitivity; gives reassurance to the patient | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **11. Would you expect the applicant to protect patients when his/her own health or the health, behaviour or professional performance of other pharmacists potentially puts patients at risk?** | | | | | | | | | | | | |
| Yes | | | | | | No | | | I have insufficient knowledge to form a judgement on this aspect | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **12. Understanding of the NHS terms of service relating to the provision of pharmaceutical services** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **13. Is the applicant open and honest in their financial and commercial dealings in the following aspects?**  If you have ticked no for any aspect please provide additional information below to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **Any financial arrangements with patients** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| **Financial and commercial dealings with colleagues, employers, insurers and other organisations or individuals** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| **Accuracy of claims for the provision of pharmaceutical services** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **14. Are you aware of any current or previous convictions or GPhC/PSNI investigations where the outcome was adverse against the applicant?** (We will not discriminate unfairly against any applicant following receipt of information.) | | | | | | | | | | | | |
| Yes | | | | | | | No | | | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| If you wish to include any further information about the applicant’s strengths and weaknesses that have not been covered in the above and which you consider may be helpful, please state below or attach a covering letter. A letter without the completed form will not be accepted. | | | | | | | | | | | | |

**To the best of my knowledge and belief the information provided above and on any continuation sheets or addenda is accurate and does not contain any material misstatement or omission.**

**I note the persons that NHS England or the relevant delegated integrated care board should not accept a reference from and can confirm that I am not such a person.**

Signature ………………………………………………………………………………………

Date ……………………………………………………………………………………………

Name …………………………………………………………………………………………..

(Please print)

GPhC/PSNI registration number ………………………………………………………….

Contact telephone number: …………………………………………………………………

**Please send the completed form to:**

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 16**

**Letter to Referee – Chasing Response**

[*date*]

Dear [*insert*]

**Re: [*name & address*]: request for professional reference**

I wrote to you on [*insert date of letter*] requesting a professional reference in respect of the above named. I have not yet heard from you and, as we are unable to proceed with the application in the absence of references, I would be grateful if you are able to provide this by [*insert date that is ten working days away*]. If you require a further copy of the reference pro forma sent with my earlier letter please contact me by email on [pcse.marketentry@nhs.net](mailto:pcse.marketentry@nhs.net).

If you feel unable to provide a reference, it would be helpful for you to confirm this by post or email including, if possible, the reasons for this.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 17**

**Letter to Applicant – Non-receipt of Reference**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address* *or best estimate*] – non receipt of professional reference**

In connection with your application you named [*name of referee*] as a person willing to provide a professional reference.

We have requested a reference but despite sending a reminder we have not received a response. My purpose in writing to you is to ask if you are aware of any reasons for this (such as the referee’s absence on holiday) and to invite you to contact them to expedite the provision of a reference.

Please note that we are unable to proceed with the application in the absence of two professional references so consequently your early attention to this will be helpful. I would therefore ask you to contact me by [*date* *that is ten working days away*] to advise the current position.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 18**

**Committee Report**

**[insert name of committee]**

[insert date of meeting]

**[*insert agenda item number*] - Consideration of fitness to practise information supplied in connection with an application for inclusion in the relevant pharmaceutical list – pharmacy partnership**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CAS reference number** | | |  | | | |
| **Type of application that has been submitted** | | | [Current needs/Future needs/Current improvements or better access/Future improvements or better access/Unforeseen benefits/No significant change relocation neighbouring HWB/Distance selling premises/Change of ownership/Combined change of ownership and no significant change relocation neighbouring HWB/Temporary listing arising out of suspension/Right of return - delete as required. If a change of ownership include the address of the pharmacy] | | | |
| **Name of partnership** |  | | | | | | |
| **Names of partners** |  |  | |  |  |  | |
| **English language knowledge**  (Where applicable) |  |  | |  |  |  | |
| **GPhC/PSNI registration** | Attached | Attached | | Attached | Attached | Attached | |
| **NHS Counter Fraud Authority check** | Attached | Attached | | Attached | Attached | Attached | |
| **NHS Resolution check** | Attached | Attached | | Attached | Attached | Attached | |
| **References** | Attached | Attached | | Attached | Attached | Attached | |
| **Referees who refused to give a reference** (where applicable) | Attached | Attached | | Attached | Attached | Attached | |
| **Details of any convictions, cautions, investigations, proceedings** | [Attached if relevant] | [Attached if relevant] | | [Attached if relevant] | [Attached if relevant] | [Attached if relevant] | |
| **Relevant regulations and guidance** | Regulation 33 – refusal on fitness grounds  Regulation 34 – deferral on fitness grounds  Regulation 35 – conditional inclusion | | | | | | |

|  |  |
| --- | --- |
| **Fitness form** |  |

|  |  |
| --- | --- |
| **Additional information** |  |

|  |  |
| --- | --- |
| **Recommendation[[6]](#footnote-6)** |  |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 6**

**Annex 19**

**Fitness Reviewed Letter**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – consideration of fitness to practise information**

Further to previous correspondence all statutory fitness to practise checks in connection with this application have been concluded. [*NHS England/[insert name of ICB*] will now consider the market entry element of your application and we will write to you separately on this aspect.

You are reminded that you are bound by an undertaking to notify us within seven days of any material changes to the fitness information provided in connection with this application, and to notify us if you are included, or apply to be included, in any other relevant list.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 20**

**Refusal – Language Requirement**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – refusal on language requirement**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has decided that the application is to be refused under the provisions of regulation 30. Please see the enclosed report for the full reasons.

Under paragraph 36, Schedule 2 you have a right of appeal to the Secretary of State against this decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 21**

**Mandatory Refusal**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – refusal on fitness grounds**

[*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has concluded that the application must be refused under the provisions of regulation 33(1). Please see the enclosed report for the full reasons.

Under regulation 33(5)(b) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service   
Darlington Magistrates' Court   
Parkgate   
Darlington   
DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* *[if it’s a fraud case] [the NHS Counter Fraud Authority]*
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 22**

**Discretionary Refusal**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best* *estimate*] – refusal on fitness grounds**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has decided that the application is to be refused under the provisions of regulation 33(2). Please see the enclosed report for the full reasons.

Under regulation 33(5)(b) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* [*if it’s a fraud case*] [the NHS Counter Fraud Authority]
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 23**

**Minded to Place Conditions**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address* *or best estimate*]**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] is minded to place conditions on your inclusion in the pharmaceutical list should the market entry element of your application be granted. Please see the enclosed report for the full reasons.

Before [*NHS England/name of ICB*] makes its final decision you are invited to submit any written representations that you may wish to make on this matter. Please submit these to me no later than [*insert date that is at least 7 days in the future*]. [*NHS England/name of ICB*] will consider these at an oral hearing of the [*insert name of committee*] at [*insert date, time* *and place*].

Should you wish to make oral representations at the hearing then please let me know by [*insert* *date*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 24**

**Conditions**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best* *estimate*] – imposition of fitness to practise conditions**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has decided that, if the market entry element of your application is granted, your inclusion in the relevant pharmaceutical list is to be subject to certain conditions under the provisions of regulation 35. Please see the enclosed report for the full reasons.

Under regulation 35(4)(b) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* [*if it’s a fraud case*] [the NHS Counter Fraud Authority]
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

You are reminded that the application is still to be determined under the market entry provision of the regulations and we will write to you separately about this.

You are further reminded that you bound by an undertaking to notify us within seven days of any material changes to the fitness information provided in connection with this application, and to notify us if you are included, or apply to be included, in any other relevant list.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 25**

**Deferral**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best* *estimate*] – deferral on fitness grounds**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and it is noted that there is an outstanding investigation of the kind specified in regulation 34(1) of the regulations. Please see the enclosed report for the full reasons.

Accordingly [*NHS England/name of ICB*] has concluded that determination of the application for inclusion in the pharmaceutical list is to be deferred until the outcome of the investigation is known. I will contact you again at that time.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 26**

**No Further Grounds to Defer**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – deferral on fitness grounds**

Further to my letter of [*insert date Annex 25 sent*] I am writing to advise that the [outcome of the cause for the deferral is now known/reason for the deferral of the above application no longer exists]. Please could you therefore update your application and confirm whether you wish to proceed with the application or not within 30 days, i.e. by [*insert* *date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 27**

**Application Withdrawn**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – deferral on fitness grounds**

Further to my letter of [*insert date Annex 26 sent*] [*I am writing to confirm that no response has been received*] [*you have confirmed that you do not wish to proceed with the above application*]. Your application is therefore being treated as withdrawn.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 28**

**Application Proceeding**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*]**

I am writing to confirm receipt of your letter confirming your wish to proceed with the above application.

We will undertake the required checks and you will be notified of [*NHS England/name of ICB*]’s decision in due course. In order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 29**

**Notification of Refusal of Application to Interested Parties**

[*date*]

Dear [*insert*]

**Re: Application by [*insert name of applicant*] for inclusion in the relevant pharmaceutical list at [*address or best estimate*]**

I am writing to confirm that the above application has been refused.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 30**

**Notification of Refusal – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name of partnership*] – application for inclusion in the relevant pharmaceutical list refused under regulation 33 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013**

The above-named partnership has submitted an application for inclusion in the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board. The fitness to practise information provided in connection with this has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has determined that the inclusion of [*name of applicant*] is to be refused under the provisions of regulation 33. Please see the enclosed report for the full reasons.

The details of the partners are as follows.

* [*insert the name, address, date of birth and GPhC/PSNI registration number of each partner]*

The applicant has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England or the ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 6**

**Annex 31**

**Notification of Conditions – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name of partnership*] – conditional inclusion in the relevant pharmaceutical list under regulation 35 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013**

The above-named partnership has submitted an application for inclusion in the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board. The fitness to practise information provided in connection with this has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has determined that the inclusion of [*name of applicant*] is to be subject to certain conditions under the provisions of regulation 35. Please see the enclosed report for the full reasons.

The details of the partners are as follows.

* [*insert the name, address, date of birth and GPhC/PSNI registration number of each partner]*

The applicant has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/the ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 1**

**Fitness Information Form**

**Fitness information to be provided in connection with an application for inclusion in the relevant pharmaceutical list – pharmacy body corporate**

This form is to be completed where the applicant is applying to be included in the relevant pharmaceutical list for the first time. It must be submitted at the same time as the market entry element of the application.

Please complete in block capitals.

**Section A – details of the body corporate**

|  |  |
| --- | --- |
| Full registered name of the body corporate |  |
| Trading names (if any) |  |
| Companies House company registration number |  |
| Address of registered office |  |
| Fixed line telephone number of registered office. If one is not available please state accordingly. |  |

Please provide the following information for each director and the superintendent.

|  |  |
| --- | --- |
| **Superintendent’s full name** |  |
| **Superintendent’s date of birth** |  |
| **Superintendent's private address** |  |
| **GPhC registration number** |  |
| **Director 1’s full name** |  |
| **Director 1’s date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |

|  |  |
| --- | --- |
| **Director 2’s full name** |  |
| **Director 2’s date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |

|  |  |
| --- | --- |
| **Director 3’s full name** |  |
| **Director 3’s date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |

|  |  |
| --- | --- |
| **Director 4’s full name** |  |
| **Director 4’s date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |

|  |  |
| --- | --- |
| **Director 5’s full name** |  |
| **Director 5’s date of birth** |  |
| **GPhC/PSNI 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.

…………………………………………………………………………………………………………..

…………………………………………………………………………………………………………..

…………………………………………………………………………………………………………..

…………………………………………………………………………………………………………..

(Please attach a continuation sheet if necessary.)

The following information must be provided in respect of the body corporate making the application (“the applicant”) for inclusion in the pharmaceutical list.

Please delete “yes” or “no” as appropriate

|  |  |
| --- | --- |
| Has the relevant body corporate any convictions for offences committed in the United Kingdom that are not spent convictions? | Yes/No |
| Has the relevant body corporate (being a body corporate registered in the UK) at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England? | Yes/No |
| Is the relevant body corporate currently subject to criminal proceedings in the UK or elsewhere than in the UK if the originating events, if they took place in England, could lead to criminal conviction in England? | Yes/No |
| Is the relevant body corporate, to its knowledge, subject to an investigation by the General Pharmaceutical Council in relation to an entry in Part 3 of the GPhC register, or has it been subject to an investigation by the General Pharmaceutical Council, the Royal Pharmaceutical Society of Great Britain or the Pharmaceutical Society of Northern Ireland in relation to an entry in the register required to be kept under section 75 of the Medicines Act 1968 (registration of premises) where the outcome was adverse? | Yes/No |
| Is the relevant body corporate, to its knowledge, or has it been subject to any investigation or proceedings that could lead or could have led to its removal from a relevant list[[7]](#footnote-7)? | Yes/No |
| Is the relevant body corporate, to its knowledge, or has it been where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud? | Yes/No |
| Has the relevant body corporate been refused inclusion in, or conditionally included (other than by reason of a condition imposed under Part 9 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013) in a relevant list? | Yes/No |
| If “yes” has been answered to any of the above questions please provide full details.  Attach a continuation sheet if necessary. | |
| If the relevant body corporate is in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion, where the refusal or conditional inclusion has not yet reached its final outcome.  Attach a continuation sheet if necessary. | |
| Is there any case in which an application by the body corporate has lapsed by virtue of regulation 35(8) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulation 2013? | Yes/No |
| If “yes” has been answered to the above question please provide full details.  Attach a continuation sheet if necessary |  |

I declare that:

1. the body corporate is, or is entitled to be, lawfully conducting a retail pharmacy business in accordance with Section 69 of the Medicines Act 1968; and
2. the information given in this form, and on any continuation sheets or addenda is true and complete.

The body corporate undertakes:

1. to notify NHS England or the relevant delegated integrated care board within seven days of any material changes to information provided in either this form and on any continuation sheets or addenda that occur before –
   1. the application is withdrawn,
   2. 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
   3. if the application is granted, the body corporate commences the provision of services to which the application relates,

whichever is the latest of these events to take place; and

1. to notify NHS England or the relevant delegated integrated care board if the body corporate is included, or applies to be included, in any other relevant list before –
   1. the application is withdrawn,
   2. 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
   3. if the application is granted, the body corporate commences the provision of services to which the application relates,

whichever is the latest of these events to take place.

|  |  |
| --- | --- |
| Full name (block capitals) |  |
| Position in body corporate |  |
| Date |  |

**The information in section B is to be provided by the superintendent pharmacist**

**Section B – the superintendent**

|  |  |
| --- | --- |
| Full name |  |

|  |  |  |
| --- | --- | --- |
| **Pharmaceutical qualifications** | **Where obtained** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please enter below details of your professional experience starting with your current or most recent post, including your foundation training (previously known as pre-registration training) post.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date commenced**  **(MM/YYYY)** | **Date finished**  **(MM/YYYY)** | **Appointment or post held, employer, employer's address** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |

Attach a continuation sheet if more space is needed.

|  |
| --- |
| Please provide an explanation of any gaps in employment.  Attach a continuation sheet if more space is needed. |

Were you dismissed from any of the above appointments? Yes No

|  |
| --- |
| If **yes** provide details in this box  Attach a continuation sheet if more space is needed. |

**References**

Please provide details of two referees who are willing to provide references in respect of two recent posts (which may include any current post) held by the superintendent as a pharmacist which lasted at least three months without a significant break. The referee should be a pharmacist registered with the GPhC or PSNI and must be able to comment on the pharmacist’s knowledge, skills and competence.

NHS England or the relevant delegated integrated care board will not, without good reason, accept references from:

* Family members;
* Business partners providing references for each other;
* Any person with a financial interest in the application;
* Persons with significant control (and where this is another body corporate, any director or superintendent of, or person with significant control of, that second body corporate) of the body corporate;
* Trainee pharmacists previously known as pre-registration trainees; or
* Your designated supervisor previously known as pre-registration trainer.

|  |  |
| --- | --- |
| Referee 1 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes | Referee 2 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes |

If it is not possible to provide two referees in respect of two recent posts as a pharmacist which lasted more than three months without a significant break, please state why and provide details of alternative referees who are acceptable to NHS England or the relevant delegated integrated care board bearing in mind the bullet points above.

|  |
| --- |
| Attach a continuation sheet if more space is needed. |

**Fitness information**

Please note that all convictions are to be declared, even those that would otherwise be classed as ‘spent’.

Please delete “yes” or “no” as appropriate to indicate whether you:

|  |  |  |
| --- | --- | --- |
| A | have been convicted of any criminal offence in the United Kingdom | Yes/No |
| A | have been bound over following a criminal conviction in the United Kingdom | Yes/No |
| A | have accepted a police caution in the United Kingdom | Yes/No |
| A | have, in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging the superintendent or any director absolutely (without proceeding to conviction) | Yes/No |
| A | have accepted and agreed to pay either a procurator fiscal fine under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution) | Yes/No |
| B | have at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England | Yes/No |
| C | are currently the subject of any criminal proceedings in the United Kingdom | Yes/No |
| C | are currently the subject of any criminal proceedings elsewhere than in the United Kingdom if the originating events, if they took place in England, could lead to a criminal conviction in England | Yes/No |
| D | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your fitness to practise by a licensing body[[8]](#footnote-8) | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| E | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your professional conduct by an employer | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| F | are, or have been to your knowledge subject to any investigation or proceedings that could lead or could have led to your removal from a relevant list[[9]](#footnote-9) for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| Details of that investigation or those proceedings, and of any final outcome to that investigation or those proceedings.  Attach a continuation sheet if more space is needed | | |
| G | are, or have been to your knowledge, where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud | Yes/No |
| H | have been refused inclusion in, or conditionally included in, or contingently removed or suspended from, any relevant list for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| If “yes” has been entered in response to any of the questions A, B, C, G or H please provide full details in this section and attach a continuation sheet if necessary.  Attach a continuation sheet if necessary. | | |
| If you are in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion where the refusal or conditional inclusion has not yet reached its final outcome.  Attach a continuation sheet if necessary. | | |

You are also required to provide certain information in respect of any other body corporate of which you:

* + - * Are or have been a director or superintendent in the six months prior to the date of this application, and/or
* Have been a director or superintendent for more than six months prior to the date of this application, where you were a director or superintendent of that body corporate at the time of the originating events to which the information in this section relates.

Do you have any declarations to make in respect of any other body corporate of which you are or have been a director or superintendent? Yes No

If you have answered yes, please provide the following information on the body corporate in relation to which you need to make a declaration.

|  |  |
| --- | --- |
| Full registered name of the other body corporate |  |
| Trading names (if any) |  |
| Companies House company registration number |  |
| Address of registered office |  |
| Fixed line telephone number of registered office. If one is not available please state accordingly. |  |

Attach a continuation sheet if you need to add the details of more than one body corporate.

Please delete “yes” or “no” as appropriate to indicate whether the body corporate:

|  |  |
| --- | --- |
| Has any convictions for offences committed in the United Kingdom that are not spent convictions? | Yes/No |
| Has (being a body corporate registered in the UK) at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England? | Yes/No |
| Is currently subject to criminal proceedings in the UK or elsewhere than in the UK if the originating events, if they took place in England, could lead to criminal conviction in England? | Yes/No |
| Is, to its knowledge, subject to an investigation by the General Pharmaceutical Council in relation to an entry in Part 3 of the GPhC register, or has it been subject to an investigation by the General Pharmaceutical Council, the Royal Pharmaceutical Society of Great Britain or the Pharmaceutical Society of Northern Ireland in relation to an entry in the register required to be kept under section 75 of the Medicines Act 1968 (registration of premises) where the outcome was adverse? | Yes/No |
| Is, to its knowledge, or has it been subject to any investigation or proceedings that could lead or could have led to its removal from a relevant list? | Yes/No |
| Is, to its knowledge, or has it been where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud? | Yes/No |
| Has been refused inclusion in, or conditionally included (other than by reason of a condition imposed under Part 9 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013) in a relevant list? | Yes/No |
| If “yes” has been answered to any of the above questions please provide full details.  Name of body corporate:  Attach a continuation sheet if necessary. | |
| If the body corporate is in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion, where the refusal or conditional inclusion has not yet reached its final outcome.  Name of body corporate:  Attach a continuation sheet if necessary. | |
| Is there any case in which an application by the relevant body corporate has lapsed by virtue of regulation 35(8) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulation 2013? | Yes/No |
| If “yes” has been answered to the above question please provide full details.  Name of body corporate:  Attach a continuation sheet if necessary |  |

**Declarations and undertakings**

I declare that the information given in this form and on any continuation sheets or addenda is true and complete.

I undertake:

1. to notify NHS England or the relevant delegated integrated care board within seven days of any material changes to information provided in either this form and on any continuation sheets or addenda that occur before –
   1. the application is withdrawn,
   2. 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
   3. if the application is granted, the body corporate commences the provision of services to which the application relates,

whichever is the latest of these events to take place; and

1. to notify NHS England or the relevant delegated integrated care board if the body corporate is included, or applies to be included, in any other relevant list before –
   1. the application is withdrawn,
   2. 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
   3. if the application is granted, the body corporate commences the provision of services to which the application relates,

whichever is the latest of these events to take place.

|  |  |
| --- | --- |
| Full name |  |
| Date |  |
| Email address |  |

**The information in section C is to be provided by each director**

**Section C – directors**

|  |  |
| --- | --- |
| Full name |  |

**Pharmaceutical qualifications**

If you are a pharmacist, please provide your pharmaceutical qualifications.

|  |  |  |
| --- | --- | --- |
| **Pharmaceutical qualification** | **Where obtained** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Professional experience**

If you are a pharmacist, please provide details of your professional experience starting with your current or most recent post, including your foundation training (previously known as pre-registration training) post.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date commenced**  **(MM/YYYY)** | **Date finished (MM/YYYY)** | **Appointment or post held, employer, employer's address** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |

Attach a continuation sheet if more space is needed.

|  |
| --- |
| Please provide an explanation of any gaps in employment  Attach a continuation sheet if more space is needed. |

Were you dismissed from any of the above appointments? Yes No

|  |
| --- |
| If yes, provide details below.    Attach a continuation sheet if more space is needed. |

**References**

If you are a pharmacist, please provide details of two referees who are willing to provide references in respect of two recent posts held (which may include any current post) as a pharmacist which lasted at least three months without a significant break.The referee should be a pharmacist registered with the GPhC or PSNI and must be able to comment on the pharmacist’s knowledge, skills and competence.

NHS England or the relevant delegated integrated care board will not, without good reason, accept references from:

* Family members;
* Business partners providing references for each other;
* Any person with a financial interest in the application;
* Persons with significant control (and where this is another body corporate, any director or superintendent of, or person with significant control of, that second body corporate) of the body corporate;
* Trainee pharmacists previously known as pre-registration trainees; or
* Your designated supervisor previously known as pre-registration trainer.

|  |  |
| --- | --- |
| Referee 1 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes | Referee 2 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes |

If it is not possible to provide two referees in respect of two recent posts as a pharmacist which lasted more than three months without a significant break, please state why and provide details of alternative referees who are acceptable to NHS England or the relevant delegated integrated care board bearing in mind the bullet points above.

|  |
| --- |
| Attach a continuation sheet if more space is needed. |

**Fitness information**

Please note that all convictions are to be declared, even those that would otherwise be classed as ‘spent’.

Please delete “yes” or “no” as appropriate to indicate whether you:

|  |  |  |
| --- | --- | --- |
| A | have been convicted of any criminal offence in the United Kingdom | Yes/No |
| A | have been bound over following a criminal conviction in the United Kingdom | Yes/No |
| A | have accepted a police caution in the United Kingdom | Yes/No |
| A | have, in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging the superintendent or any director absolutely (without proceeding to conviction) | Yes/No |
| A | have accepted and agreed to pay either a procurator fiscal fine under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution) | Yes/No |
| B | have at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England | Yes/No |
| C | are currently the subject of any criminal proceedings in the United Kingdom | Yes/No |
| C | are currently the subject of any criminal proceedings elsewhere than in the United Kingdom if the originating events, if they took place in England, could lead to a criminal conviction in England | Yes/No |
| D | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your fitness to practise by a licensing body[[10]](#footnote-10) | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| E | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your professional conduct by an employer | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| F | are, or have been to your knowledge subject to any investigation or proceedings that could lead or could have led to your removal from a relevant list[[11]](#footnote-11) for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| Details of that investigation or those proceedings, and of any final outcome to that investigation or those proceedings.  Attach a continuation sheet if more space is needed | | |
| G | are, or have been to your knowledge, where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud | Yes/No |
| H | have been refused inclusion in, or conditionally included in, or contingently removed or suspended from, any relevant list for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| If “yes” has been entered in response to any of the questions A, B, C, G or H please provide full details in this section and attach a continuation sheet if necessary.  Attach a continuation sheet if necessary. | | |
| If you are in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion where the refusal or conditional inclusion has not yet reached its final outcome.  Attach a continuation sheet if necessary. | | |

You are also required to provide certain information in respect of any other body corporate of which you:

* + - * Are or have been a director or superintendent in the six months prior to the date of this application, and/or
* Have been a director or superintendent for more than six months prior to the date of this application, where you were a director or superintendent of that body corporate at the time of the originating events to which the information in this section relates.

Do you have any declarations to make in respect of any other body corporate of which you are or have been a director or superintendent? Yes No

If you have answered yes, please provide the following information on the body corporate in relation to which you need to make a declaration.

|  |  |
| --- | --- |
| Full registered name of the other body corporate |  |
| Trading names (if any) |  |
| Companies House company registration number |  |
| Address of registered office |  |
| Fixed line telephone number of registered office. If one is not available please state accordingly. |  |

Attach a continuation sheet if you need to add the details of more than one body corporate.

Please delete “yes” or “no” as appropriate to indicate whether the body corporate:

|  |  |
| --- | --- |
| Has any convictions for offences committed in the United Kingdom that are not spent convictions? | Yes/No |
| Has (being a body corporate registered in the UK) at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England? | Yes/No |
| Is currently subject to criminal proceedings in the UK or elsewhere than in the UK if the originating events, if they took place in England, could lead to criminal conviction in England? | Yes/No |
| Is, to its knowledge, subject to an investigation by the General Pharmaceutical Council in relation to an entry in Part 3 of the GPhC register, or has it been subject to an investigation by the General Pharmaceutical Council, the Royal Pharmaceutical Society of Great Britain or the Pharmaceutical Society of Northern Ireland in relation to an entry in the register required to be kept under section 75 of the Medicines Act 1968 (registration of premises) where the outcome was adverse? | Yes/No |
| Is, to its knowledge, or has it been subject to any investigation or proceedings that could lead or could have led to its removal from a relevant list? | Yes/No |
| Is, to its knowledge, or has it been where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud? | Yes/No |
| Has been refused inclusion in, or conditionally included (other than by reason of a condition imposed under Part 9 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013) in a relevant list? | Yes/No |
| If “yes” has been answered to any of the above questions please provide full details.  Name of body corporate:  Attach a continuation sheet if necessary. | |
| If the body corporate is in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion, where the refusal or conditional inclusion has not yet reached its final outcome.  Name of body corporate:  Attach a continuation sheet if necessary. | |
| Is there any case in which an application by the relevant body corporate has lapsed by virtue of regulation 35(8) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulation 2013? | Yes/No |
| If “yes” has been answered to the above question please provide full details.  Name of body corporate:  Attach a continuation sheet if necessary |  |

I declare that the information given in this form and on any continuation sheets or addenda is true and complete.

I undertake:

1. to notify NHS England or the relevant delegated integrated care board within seven days of any material changes to information provided in either this form and on any continuation sheets or addenda that occur before –
   1. the application is withdrawn,
   2. 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
   3. if the application is granted, the body corporate commences the provision of services to which the application relates,

whichever is the latest of these events to take place; and

1. to notify NHS England or the relevant delegated integrated care board if the body corporate is included, or applies to be included, in any other relevant list before –
   1. the application is withdrawn,
   2. 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
   3. if the application is granted, the body corporate commences the provision of services to which the application relates,

whichever is the latest of these events to take place.

|  |  |
| --- | --- |
| Full name |  |
| Date |  |
| Email address |  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 2**

**First Referral Questions**

* [The applicant has stated that they have previously provided the fitness information to [insert details] however we have been unable to locate it/all of it. Do you have a copy of the fitness information in your records?]
* [Attached is the fitness information that the applicant has previously provided.]
* [On comparing the previously provided information against the information provided with the application I have identified the following discrepancy/discrepancies:
  + [Insert details]]
* [On comparing the previously provided information against the information provided with the application I have not identified any discrepancies.]
* [I have compared the directors listed in the fitness information against the Companies House website and can confirm they are the same.]
* [I have compared the directors listed in the fitness information against the Companies House website and have identified the following discrepancy/discrepancies:
  + [Insert details]]
* [I can confirm that the superintendent is registered as such with the General Pharmaceutical Council]
* [I have checked and the superintendent is not registered as such with the General Pharmaceutical Council]
* [I have identified the following missing information:
  + [insert details]

Please advise of any other missing information that you wish me to ask the applicant for.

* [I have not identified any missing information. Is there any information that you wish me to ask the applicant for?]
* Please can you confirm that, at this stage, the referees are acceptable?

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 3**

**Confirmation of Receipt of Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*]**

I am writing to confirm receipt of the fitness to practise information supplied in connection with the above application on [*insert* *date*].

We will now begin to process the fitness information and you will be notified of [*NHS England/name of ICB*]’s decision within [30 days/four months]. In order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 4**

**Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 the request or unless [*NHS England/name of ICB*] has agreed to a delay.

If you believe this request to be unreasonable and wish to seek a review please write to [*insert* *name*] at [*insert* *address* *if different*] by [*insert* *date*].

Please note that in order to be successful your application must be granted under both market entry and fitness to practise procedures.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 5**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing information and/or documentation**

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

*[NHS England/name of ICB]* has 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB]* has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 6**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing information and/or documentation**

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

*[NHS England/name of ICB]* has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 7**

**Confirmation of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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 now begin to process the fitness to practise information and you will be notified of [*NHS England/insert name of ICB*]’s decision within [*30 days/four months*]. As previously indicated, in order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 8**

**Missing Information Not Received**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing [information and/or documentation] not received**

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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 9**

**Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing undertakings**

I am writing to confirm receipt of the fitness to practise information supplied in connection with the above application on [*insert* *date*]. This 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*].

Please note that in order for your application to be successful it must be granted under both market entry and fitness to practise procedures. Consequently if we do not receive the requested undertakings by [*insert* *date*] 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 10**

**Confirmation of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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 fitness to practise information and you will be notified of [*NHS England/name of ICB*]’s decision within [*30 days/four months*]. As previously indicated, in order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 11**

**Missing Undertakings Not Received**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 12**

**Email to GPhC/PSNI**

**Subject line: [*name of pharmacist, registration number, date of birth*]**

Dear [*insert*]

In connection with an application for inclusion in the **relevant** pharmaceutical list please could you supply the following information:

1. Confirmation that the above named is currently fully registered with the [*General Pharmaceutical Council/Pharmaceutical Society of Northern Ireland*].
2. If registration is subject to any conditions, details of those conditions.
3. Information as to whether the above named is currently subject to any investigations that have proceeded beyond the initial screening stage and, if so, the nature of those investigations.
4. Information as to whether the above named has previously been the subject of any investigations with an adverse outcome (including any resulting in the issue of a letter warning about future conduct), and, if so, the nature of those investigations and the penalty imposed.

This request is made pursuant to Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. I would be grateful to receive your reply by [*date*].

Yours sincerely

[email footer]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 13**

**Unable to Confirm Registration of Superintendent**

[*date*]

Dear [*insert*]

**Re: Application by [*name of body corporate*] for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – registration status of superintendent**

According to information supplied in connection with the above application [*name of superintendent*] is named as the superintendent of [*name of body corporate*].

However, we have been unable to confirm that [*name*] is a pharmacist registered with the General Pharmaceutical Council.

Superintendent must be registered pharmacists and it is a requirement of the Medicines Act 1968 that bodies corporate conducting a retail pharmacy business must have a superintendent in post. Consequently we are unable to proceed with the application and therefore you are invited to either:

1. withdraw the application; or
2. provide full details of, and relevant declarations relating to, an alternative superintendent, in which case processing of the application will begin again following receipt of this.

Please advise how you wish to proceed by [*date*]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 14**

**Unable to Confirm Registration of Directors**

[*date*]

Dear [*insert*]

**Re: Application by [*name of body corporate*] for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – registration status of director[*s*]**

According to information supplied in connection with the above application the following registered pharmacist[*s*] are listed as directors of [*name of body corporate*].

* [*list name(s)*]

However, we have been unable to confirm that [*name(s)*] is/are [*a*] pharmacist[*s*] registered with the [*General Pharmaceutical Council (GPhC)/Pharmaceutical Society of Northern Ireland (PSNI)*]. This does not necessarily invalidate the application but it is important that full and accurate information is provided.

Consequently would you please clarify the position with regard to these directors and, if you wish to nominate [*an*] alternative director(s) please provide the information required by paragraphs 2 to 4, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Please advise how you wish to proceed by [*date*]. Processing of the application will begin again following receipt of your response.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 15**

**Enquiry to NHS Counter Fraud Authority**

HEALTH & SOCIAL CARE ACT CHECK PURSUANT TO PART 6 OF THE NHS (PHARMACEUTICAL AND LOCAL PHARMACEUTICAL SERVICES) REGULATIONS 2013

Health body: [*insert commissioner's organisation*]

Postal address:

Contact name:

Telephone number:

CFOS checks:

[hsca@nhscfa.gov.uk](mailto:hsca@nhscfa.gov.uk) (for checks on individuals)

[InformationGovernance@nhscfa.gsi.gov.uk](mailto:InformationGovernance@nhscfa.gsi.gov.uk) (for checks on the body corporate)

Please advise whether NHS Counter Fraud Authority has any record of any adverse outcomes recorded against the body corporate or person listed below:

|  |  |  |
| --- | --- | --- |
| Name of body corporate and trading name (if any) | Company registration number | Registered office address |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname | First name | Date of birth | Profession | [GPhC/PSNI] registration no | Home address |
|  |  |  |  |  |  |

**Chapter 7**

**Annex 16**

**Reference Request**

[*date*]

Dear [*insert*]

**Re: [*Name and address*]: request for professional reference**

The above named [*has applied for inclusion in/is a director of a body corporate that has applied for inclusion in/is the superintendent of a body corporate that has applied for inclusion in*] the pharmaceutical list and has given your name as a person willing to provide a reference in their professional capacity as a pharmacist.

Consequently I am writing to request a reference regarding the suitability of [*name*] to provide pharmaceutical services under the NHS terms of service. In this regard we are seeking confirmation that [*name*] is *at least* of an acceptable ability and competence in a range of professional attributes set out on the enclosed reference form.

Please note you must be able to comment on [*name*’s] knowledge, skills and competence as a pharmacist. If you are unable to do so please let me know at your earliest convenience.

If you have any reservations in any of the attribute areas, a cross in the relevant part of the form should indicate this and a statement of the reasons for your reservations is to be provided. In this eventuality the application will be subject to further enquiries in pursuit of which [*NHS England/name of ICB]* may wish to approach you confidentially for further background information on your reservations.

Under the remit of the Data Protection Act 1998, any information provided by you in the reference is deemed confidential and will not be communicated to the applicant without your written consent. Please be advised that you may be contacted by [*NHS England/name of ICB]* to verify completion of the reference.

I would be grateful to receive your reference by [*date that is in 10 working days’ time*]. If you are unable to meet that deadline please advise me at your earliest opportunity and confirm when it will be sent to me.

Yours sincerely

[*name*]

[*title*]

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**Admission to the pharmaceutical list - confidential reference request**

The pharmacist named below has applied for inclusion in a pharmaceutical list and has given your name as a referee who is willing to provide a reference in respect of a recent post (which may include their current post) they have held as a pharmacist which lasted at least three months without a significant break.

Please note that NHS England or the relevant delegated integrated care board should not, without good reason, accept references from:

* family members;
* business partners providing references for each other;
* any person with a financial interest in the application;
* Trainee pharmacists previously known as pre-registration trainees; or
* Your designated supervisor previously known as pre-registration trainer.

Please confirm, by **ticking this box**, that none of the above apply to you as the referee for this applicant

[*Delete this sentence if the referee is not a registered healthcare professional*] [Please note that this is a professional declaration on your part as a registered healthcare professional and provision of a false declaration will be treated very seriously and may lead to a referral to your regulatory body. If you are not in a position to give observations on any of the questions please indicate so. Please confirm that you understand this statement by ticking this box.]

Name of pharmacist:

Date form to be returned by:

Please state the dates the applicant worked with you and the professional relationship:

|  |  |
| --- | --- |
| **Date started**  (mm/yyyy) |  |
| **Date finished**  (mm/yyyy) |  |
| **Position held by the applicant on which you are providing this reference** |  |
| **Was this a patient-facing role?** |  |
| This reference is based upon (tick as appropriate):   * Opinion of line manager/equivalent * Close observation * Opinion of employer * General impression * Other.   Please give details …………………………………………………………  …………………………………………………………………………………………… | |
| Would you be happy to work with this pharmacist again?  Yes No | |
| Would you recommend this pharmacist to your friends and family?  Yes No | |

Please carefully consider the following aspects of the applicant’s practise and tick the appropriate box in each section.

In questions 1-3 if you have ticked the ‘I have insufficient knowledge to form a judgement on this aspect” box for any aspect please give further information to support your score and how you have come to your opinion.

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Pharmaceutical care.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |
| **2. Keeping records e.g. clinical interventions, near misses and errors, training records, signposting patients.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |
| **3. Work practises in line with professional standards and ethics.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |

For questions 4-12, please give your opinion regarding the applicant’s present knowledge, skills and personal attributes by circling the appropriate box that applies or crossing out those that do not apply.

Statements are provided to give examples of behaviours that would constitute different levels of performance, although this is not intended to be an exhaustive list. Please use the space provided to give examples of the applicant’s behaviour that support the rating you have given them in each area; this is essential if you have given a rating of 1 or 2.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Learning and development: ability to identify own learning and development needs, commits time and resources to appropriate training and development activities.** | | | | | | | | | | | | |
| 1. Reacts badly to  constructive feedback, not interested  in own development | | | 2. Needs assistance in identifying own training needs/ developing  personal targets | | | | | 3. Often learns from experience, generally reacts well to constructive feedback | | | | 4. Actively seeks out and welcomes constructive  feedback |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **5. Communication skills: capacity to adjust behaviour and language (written/spoken) as appropriate to needs of differing situations. Actively and clearly engages patient (and colleagues) in equal/open dialogue.** | | | | | | | | | | | | |
| 1. Uses technical language that patients do not understand, ignores what they have to say | | | 2. Can be lacking in clarity and coherence when speaking to patients | | | | | | 3. Often uses lay language to help patients understand | 4. Always speaks clearly, gives adequate time and checks patients understand | | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **6. Professional relationships with patients – maintaining trust.** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **7. Avoiding discrimination and prejudice against patients.** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **8. If things go wrong (dealing with complaints and errors) how well does the applicant manage these?** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **9. Team involvement: collaborative style, works with colleagues in partnership, able to compromise. Undertakes leadership role if required. Provides support, views self as part of larger organisation.** | | | | | | | | | | | | |
| 1. Sticks rigidly to their own agenda and doesn’t  negotiate | | | | | 2. Tends to take a ‘back seat’ rather than participating | | | | 3. Good at negotiating and usually able to compromise | | 4. Is excellent at supporting and  motivating others and at negotiating | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **10. Empathy and sensitivity: Capacity and motivation to take in patient/colleague perspective and sense associated feelings. Generates safe/understanding atmosphere – an understanding approach.** | | | | | | | | | | | | |
| 1. Is not sensitive to the feelings of patients and treats them in an  impersonal manner | | | | 2. Shows some interest in the individual and  occasionally reassures patients | | | | | 3. Usually demonstrates  empathy towards patients | | 4. Always shows empathy and  sensitivity; gives reassurance to the patient | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **11. Would you expect the applicant to protect patients when his/her own health or the health, behaviour or professional performance of other pharmacists potentially puts patients at risk?** | | | | | | | | | | | | |
| Yes | | | | | | No | | | I have insufficient knowledge to form a judgement on this aspect | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **12. Understanding of the NHS terms of service relating to the provision of pharmaceutical services** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **13. Is the applicant open and honest in their financial and commercial dealings in the following aspects?**  If you have ticked no for any aspect please provide additional information below to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **Any financial arrangements with patients** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| **Financial and commercial dealings with colleagues, employers, insurers and other organisations or individuals** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| **Accuracy of claims for the provision of pharmaceutical services** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **14. Are you aware of any current or previous convictions or GPhC/PSNI investigations where the outcome was adverse against the applicant?** (We will not discriminate unfairly against any applicant following receipt of information.) | | | | | | | | | | | | |
| Yes | | | | | | | No | | | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| If you wish to include any further information about the applicant’s strengths and weaknesses that have not been covered in the above and which you consider may be helpful, please state below or attach a covering letter. A letter without the completed form will not be accepted. | | | | | | | | | | | | |

**To the best of my knowledge and belief the information provided above and on any continuation sheets or addenda is accurate and does not contain any material misstatement or omission.**

**I note the persons that NHS England or the relevant delegated integrated care board should not accept a reference from and can confirm that I am not such a person.**

Signature ………………………………………………………………………………………

Date ……………………………………………………………………………………………

Name …………………………………………………………………………………………..

(Please print)

GPhC/PSNI registration number ………………………………………………………….

Contact telephone number: …………………………………………………………………

**Please send the completed form to:**

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

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**Chapter 7**

**Annex 17**

**Letter to Referee – Chasing Response**

[*date*]

Dear [*insert*]

**Re: [*name & address*]: request for professional reference**

I wrote to you on [*insert date of letter*] requesting a professional reference in respect of the above named. I have not yet heard from you and, as we are unable to proceed with the application in the absence of references, I would be grateful if you are able to provide this by [*insert date that is ten working days away*]. If you require a further copy of the reference pro forma sent with my earlier letter please contact me by email on [pcse.marketentry@nhs.net](mailto:pcse.marketentry@nhs.net).

If you feel unable to provide a reference, it would be helpful for you to confirm this by post or email including, if possible, the reasons for this.

Yours sincerely

[*name*]

[*title*]

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**Chapter 7**

**Annex 18**

**Letter to Applicant – Non-receipt of Reference**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address* *or best estimate*] – non receipt of professional reference**

In connection with your application you named [*name of referee*] as a person willing to provide a professional reference in respect of [*name of superintendent or director*].

We have requested a reference but despite sending a reminder we have not received a response. My purpose in writing to you is to ask if you are aware of any reasons for this (such as the referee’s absence on holiday) and to invite you to contact them to expedite the provision of a reference.

Please note that we are unable to proceed with the application in the absence of two professional references for the superintendent and any directors who are registered pharmacists so consequently your early attention to this will be helpful. I would therefore ask you to contact me by [*date* *that is ten working days away*] to advise the current position.

Yours sincerely

[*name*]

[*title*]

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**Chapter 7**

**Annex 19**

**Committee Report**

**[insert name of committee]**

**[insert date of meeting]**

**[insert agenda item number] - Consideration of fitness to practise information supplied in connection with an application for inclusion in the relevant pharmaceutical list – pharmacy body corporate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CAS reference number** |  | | | | |
| **Type of application that has been submitted** | [Current needs/Future needs/Current improvements or better access/Future improvements or better access/Unforeseen benefits/No significant change relocation neighbouring HWB/Distance selling premises/Change of ownership/Combined change of ownership and no significant change relocation neighbouring HWB/Temporary listing arising out of suspension/Right of return - delete as required. If a change of ownership include the address of the pharmacy] | | | | |
| **Name of body corporate** |  | | | | |
| **Name** | (Superintendent) | (Director) | (Director) | (Director) | (Body corporate) |
| **GPhC/PSNI registration** | Attached | Attached | Attached | Attached | Attached |
| **NHS Counter Fraud Authority check** | Attached | Attached | Attached | Attached | Attached |
| **NHS Resolution check** | Attached | Attached | Attached | Attached | Attached |
| **References** | Attached | Attached | Attached | Attached | Attached |
| **Referees who refused to give a reference** (where applicable) | Attached | Attached | Attached | Attached | Attached |
| **Details of any convictions, cautions, investigations, proceedings** | [Attached if relevant] | [Attached if relevant] | [Attached if relevant] | [Attached if relevant] | [Attached if relevant] |
| **Relevant regulations and guidance** | Regulation 33 – refusal on fitness grounds  Regulation 34 – deferral on fitness grounds  Regulation 35 – conditional inclusion | | | | |

|  |  |
| --- | --- |
| **Fitness form** |  |

|  |  |
| --- | --- |
| **Additional information** |  |

|  |  |
| --- | --- |
| **Recommendation[[12]](#footnote-12)** |  |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 7**

**Annex 20**

**Fitness Reviewed Letter**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – consideration of fitness to practise information**

Further to previous correspondence all statutory fitness to practise checks in connection with this application have been concluded. [*NHS England/insert name of ICB*] will now consider the market entry element of your application and we will write to you separately on this aspect.

You are reminded that you are bound by an undertaking to notify us within seven days of any material changes to the fitness information provided in connection with this application, and to notify us if the body corporate is included, or applies to be included, in any other relevant list.

Yours sincerely

[*name*]

[*title*]

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**Chapter 7**

**Annex 21**

**Mandatory Refusal**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – refusal on fitness grounds**

[*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has concluded that the application must be refused under the provisions of regulation 33(1). Please see the enclosed report for the full reasons.

Under regulation 33(5)(b) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB]* is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* *[if it’s a fraud case] [the NHS Counter Fraud Authority]*
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 22**

**Discretionary Refusal**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best* *estimate*] – refusal on fitness grounds**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has decided that the application is to be refused under the provisions of regulation 33(2). Please see the enclosed report for the full reasons.

Under regulation 33(5)(b) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* [*if it’s a fraud case*] [the NHS Counter Fraud Authority]
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 23**

**Minded to Place Conditions**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address* *or best estimate*]**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] is minded to place conditions on your inclusion in the pharmaceutical list should the market entry element of your application be granted. Please see the enclosed report for the full reasons.

Before [*NHS England/name of ICB*] makes its final decision you are invited to submit any written representations that you may wish to make on this matter. Please submit these to me no later than [*insert date that is at least 7 days in the future*]. [*NHS England/name of ICB*] will consider these at an oral hearing of the [*insert name of committee*] at [*insert date, time* *and place*].

Should you wish to make oral representations at the hearing then please let me know by [*insert* *date*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 24**

**Conditions**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best* *estimate*] – imposition of fitness to practise conditions**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has decided that, if the market entry element of your application is granted, inclusion of [*name of body corporate*] in the relevant pharmaceutical list is to be subject to certain conditions under the provisions of regulation 35. Please see the enclosed report for the full reasons.

Under regulation 35(4)(b) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* [*if it’s a fraud case*] [the NHS Counter Fraud Authority]
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

You are reminded that the application is still to be determined under the market entry provision of the regulations and we will write to you separately about this.

You are further reminded that you bound by an undertaking to notify us within seven days of any material changes to the fitness information provided in connection with this application, and to notify us if the body corporate is included, or applies to be included, in any other relevant list.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 25**

**Deferral**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best* *estimate*] – deferral on fitness grounds**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and it is noted that there is an outstanding investigation of the kind specified in regulation 34(1) of the regulations. Please see the enclosed report for the full reasons.

Accordingly [*NHS England/name of ICB*] has concluded that determination of the application for inclusion in the pharmaceutical list is to be deferred until the outcome of the investigation is known. I will contact you again at that time.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 26**

**No Further Grounds to Defer**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – deferral on fitness grounds**

Further to my letter of [*insert date Annex 25 sent*] I am writing to advise that the [*outcome of the cause for the deferral is now known/reason for the deferral of the above application no longer exists*]. Please could you therefore update your application and confirm whether you wish to proceed with the application or not within 30 days, i.e. by [*insert* *date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 27**

**Application Withdrawn**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – deferral on fitness grounds**

Further to my letter of [*insert date Annex 26 sent*] [*I am writing to confirm that no response has been received*] [*you have confirmed that you do not wish to proceed with the above application*]. Your application is therefore being treated as withdrawn.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 28**

**Application Proceeding**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*]**

I am writing to confirm receipt of your letter confirming your wish to proceed with the above application.

We will undertake the required checks and you will be notified of [*NHS England/name of ICB*]’s decision in due course. In order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 29**

**Notification of Refusal of Application to Interested Parties**

[*date*]

Dear [*insert*]

**Re: Application by [*insert name of applicant*] for inclusion in the relevant pharmaceutical list at [*address or best estimate*]**

I am writing to confirm that the above application has been refused.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 30**

**Notification of Refusal – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name and address of body corporate*] – application for inclusion in the relevant pharmaceutical list refused under regulation 33 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013**

The above named body corporate has submitted an application for inclusion in the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board. The fitness to practise information provided in connection with this has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB]* has determined that the inclusion of [*name of body corporate*] is to be refused under the provisions of regulation 33. Please see the enclosed report for the full reasons.

The decision is based on the following information.

* *[Insert name of body corporate]*
* *[Insert Companies House registration]*
* *[Insert registered office address]*
* *[Insert name and GPhC registration of superintendent]*
* *[Insert director name(s) and GPhC/PSNI registration where they are a registered pharmacist]*

The applicant has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/ICB]*.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 7**

**Annex 31**

**Notification of Conditions – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name and address of body corporate*] – conditional inclusion in the relevant pharmaceutical list under regulation 35 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013**

The above named body corporate has submitted an application for inclusion in the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board. The fitness to practise information provided in connection with this has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has determined that the inclusion of [*name of body corporate]*] is to be subject to certain conditions under the provisions of regulation 35. Please see the enclosed report for the full reasons.

The applicant has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/the ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 1**

**Fitness Information Form**

**Information to be provided in connection with an application for inclusion in the relevant pharmaceutical list – DAC sole trader**

This form is to be completed where the applicant is applying to be included in the relevant pharmaceutical list for the first time. It must be submitted at the same time as the market entry element of the application.

Please complete in block capitals.

**Section A – details of the applicant**

|  |  |
| --- | --- |
| **Applicant’s full name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **GPhC/PSNI registration number (pharmacists only)** |  |
| **Private address and phone number** |  |

**Section B - Qualifications and work experience**

(Only complete section B if you are a pharmacist – if you are not a pharmacist, go straight to section C)

|  |  |  |
| --- | --- | --- |
| **Pharmaceutical qualifications** | **Where obtained** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If you qualified as a pharmacist in Switzerland or an EEA state other than the United Kingdom, NHS England or the relevant delegated integrated care board must be satisfied that you have the level of knowledge of English which, in the interests of yourself and the people who make use of the services to which your application relates, is necessary for the provision of those services.

In line with the GPhC, NHS England or the relevant delegated integrated care board requires either:

* a recent pass of the academic version of International English Language testing System (IELTS) test with an overall score of at least 7 and with no score less than 7 in each of the four areas of reading, writing, listening and speaking at one sitting of the test, or
* a recent pass of the Pharmacy Occupational English Language Test with a score of at least a B in each of the four areas of reading, writing, listening and speaking, at one sitting of the test.

‘Recent’ means evidence relating to the test that is less than two years old at the point of making this application.

I have enclosed a copy of my test certificate. Yes No Not applicable

Please enter below details of your professional experience starting with your current or most recent post, including your foundation training (previously known as pre-registration training) post.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date commenced**  **(MM/YYYY)** | **Date finished**  **(MM/YYYY)** | **Appointment or post held, employer, employer's address** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

Attach a continuation sheet if more space is needed.

|  |
| --- |
| Please provide an explanation of any gaps in employment.  Attach a continuation sheet if more space is needed. |

Were you dismissed from any of the above appointments? Yes No

|  |
| --- |
| If yes, provide details below.    Attach a continuation sheet if more space is needed. |

**References**

Please provide details of two referees who are willing to provide references in respect of two recent posts you have held as a pharmacist (which may include any current post) which lasted at least three months without a significant break. The referee should be a pharmacist registered with the GPhC or PSNI and must be able to comment on the pharmacist’s knowledge, skills and competence.

NHS England or the relevant delegated integrated care board will not, without good reason, accept references from:

* Family members;
* Business partners providing references for each other;
* Any person with a financial interest in the application;
* Trainee pharmacists previously known as pre-registration trainees; or
* Your designated supervisor previously known as pre-registration trainer.

|  |  |
| --- | --- |
| Referee 1 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes | Referee 2 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes |

If it is not possible to provide two referees in respect of two recent posts as a pharmacist which lasted more than three months without a significant break, please state why and provide details of alternative referees who are acceptable to NHS England or the relevant delegated integrated care board bearing in mind the bullet points above.

|  |
| --- |
|  |

Attach a continuation sheet if more space is needed.

**Section C – fitness information**

Please note that all convictions are to be declared, even those that would otherwise be classed as ‘spent’.

Please delete “yes” or “no” as appropriate to indicate whether you:

|  |  |  |
| --- | --- | --- |
| A | have been convicted of any criminal offence in the United Kingdom | Yes/No |
|  | have been bound over following a criminal conviction in the United Kingdom | Yes/No |
|  | have accepted a police caution in the United Kingdom | Yes/No |
|  | have, in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging you absolutely (without proceeding to conviction) | Yes/No |
|  | have accepted and agreed to pay either a procurator fiscal fine under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution) | Yes/No |
| B | have at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England | Yes/No |
| C | are currently the subject of any criminal proceedings in the United Kingdom | Yes/No |
|  | are currently the subject of any criminal proceedings elsewhere than in the United Kingdom if the originating events, if they took place in England, could lead to a criminal conviction in England | Yes/No |
| D | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your fitness to practise by a licensing body[[13]](#footnote-13) | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, please give details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, please give details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| E | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your professional conduct by an employer | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, please details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, please give details of the final outcome of that investigation or proceedings  Attach a continuation sheet if more space is needed | | |
| F | are, or have been to your knowledge, subject to any investigation or proceedings that could lead or could have led to your removal from a relevant list[[14]](#footnote-14) for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| Please give details of that investigation or those proceedings, and of any final outcome to that investigation or those proceedings.  Attach a continuation sheet if more space is needed | | |
| G | are, or have been to your knowledge, where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud | Yes/No |
| H | have been refused inclusion in, or conditionally included in, or contingently removed or suspended from, any relevant list for a reason relating to unsuitability , fraud or efficiency of service provision | Yes/No |
| If “yes” has been entered in response to any of the questions A, B, C, G or H please provide full details in this section and attach a continuation sheet if necessary. | | |
| If you are in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion where the refusal or conditional inclusion has not yet reached its final outcome  Attach a continuation sheet if necessary. | | |

**Section D – declarations and undertakings**

I declare the information given in this form and on any continuation sheets or addenda is true and complete.

I undertake:

1. to notify NHS England or the relevant delegated integrated care board within seven days of any material changes to the information provided in either this form and on any continuation sheets or addenda that occur before:
   1. the application is withdrawn,
   2. 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
   3. if the application is granted, I commence the provision of services to which the application relates,

whichever is the latest of these events to take place; and

1. to notify NHS England or the relevant delegated integrated care board if I am included, or apply to be included, in any other relevant list before:
   1. the application is withdrawn,
   2. 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
   3. if the application is granted, I commence the provision of services to which the application relates,

whichever is the latest of these events to take place.

|  |  |
| --- | --- |
| Full name |  |
| Date |  |
| Email address |  |

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**Chapter 8**

**Annex 2**

**First Referral Questions**

* [The applicant has stated that they have previously provided the fitness information to [insert details] however we have been unable to locate it/all of it. Do you have a copy of the fitness information in your records?]
* [Attached is the fitness information that the applicant has previously provided.]
* [On comparing the previously provided information against the information provided with the application I have identified the following discrepancy/discrepancies:
  + [Insert details]]
* [On comparing the previously provided information against the information provided with the application I have not identified any discrepancies.]
* [I have identified the following missing information:
  + [insert details]

Please advise of any other missing information that you wish me to ask the applicant for.

* [I have not identified any missing information. Is there any information that you wish me to ask the applicant for?]
* Please can you confirm that, at this stage, the referees are acceptable?

**Chapter 8**

**Annex 3**

**Confirmation of Receipt of Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*]**

I am writing to confirm receipt of the fitness to practise information supplied in connection with the above application on [*insert* *date*].

We will now begin to process the fitness information and you will be notified of [*NHS England/name of ICB*]’s decision within [*30 days/four months*]. In order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 4**

**Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 the request or unless [*NHS England/name of ICB*] has agreed to a delay.

If you believe this request to be unreasonable and wish to seek a review please write to [*insert* *name*] at [*insert* *address* *if different*] by [*insert* *date*].

Please note that in order to be successful your application must be granted under both market entry and fitness to practise procedures.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 5**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing information and/or documentation**

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

[*NHS England/name of ICB*] has 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 6**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing information and/or documentation**

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

[*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 7**

**Confirmation of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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 now begin to process the fitness to practise information and you will be notified of [*NHS England/insert name of ICB*]’s decision within [*30 days/four months*]. As previously indicated, in order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 8**

**Missing Information Not Received**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing [*information and/or documentation*] not received**

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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 9**

**Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing undertakings**

I am writing to confirm receipt of the fitness to practise information supplied in connection with the above application on [*insert* *date*]. This 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*].

Please note that in order for your application to be successful it must be granted under both market entry and fitness to practise procedures. Consequently if we do not receive the requested undertakings by [*insert* *date*] 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 10**

**Confirmation of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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 fitness to practise information and you will be notified of [*NHS England/name of ICB*]’s decision within [*30 days/four months*]. As previously indicated, in order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 11**

**Missing Undertakings Not Received**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 12**

**Email to GPhC/PSNI**

**Subject line: [*name of pharmacist, registration number, date of birth*]**

Dear [*insert*]

In connection with an application for inclusion in the relevant pharmaceutical list please could you supply the following information:

1. Confirmation that the above named is currently fully registered with the [*General Pharmaceutical Council/Pharmaceutical Society of Northern Ireland*].
2. If registration is subject to any conditions, details of those conditions.
3. Information as to whether the above named is currently subject to any investigations that have proceeded beyond the initial screening stage and, if so, the nature of those investigations.
4. Information as to whether the above named has previously been the subject of any investigations with an adverse outcome (including any resulting in the issue of a letter warning about future conduct), and, if so, the nature of those investigations and the penalty imposed.

This request is made pursuant to Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. I would be grateful to receive your reply by [*date*].

Yours sincerely

[email footer]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 13**

**Unable to Confirm GPhC/PSNI Registration**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address* *or best estimate*] – [*GPhC/PSNI*] registration status**

In connection with the fitness to practise information supplied with your application we have been unable to confirm your registration with the [*General Pharmaceutical Council (GPhC) /Pharmaceutical Society of Northern Ireland (PSNI)*]. Whilst registration with the [*GPhC/PSNI*] is not required for dispensing appliance contractors, I would be grateful to receive your comments on the discrepancy between the information given by you and the [*GPhC/PSNI*] register.

Please let me have your response to this letter by [*date*]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 14**

**Enquiry to NHS Counter Fraud Authority**

HEALTH & SOCIAL CARE ACT CHECK PURSUANT TO PART 6 OF THE NHS (PHARMACEUTICAL AND LOCAL PHARMACEUTICAL SERVICES) REGULATIONS 2013

Health body: [*insert commissioner's organisation*]

Postal address:

Contact name:

Telephone number: CFOS checks: [hsca@nhscfa.gov.uk](mailto:hsca@nhscfa.gov.uk)

Please advise whether NHS Counter Fraud Authority has any record of any adverse outcomes recorded against the persons listed below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname | First name | Date of birth | Profession | [GPhC/PSNI] registration no | Home address |
|  |  |  |  |  |  |

**Chapter 8**

**Annex 15**

**Reference Request**

[*date*]

Dear [*insert*]

**Re: [*Name and address*]: request for professional reference**

The above named has applied for inclusion in the pharmaceutical list and has given your name as a person willing to provide a reference in their professional capacity as a pharmacist.

Consequently I am writing to request a reference regarding the suitability of [*name*] to provide pharmaceutical services under the NHS terms of service. In this regard we are seeking confirmation that [*name*] is *at least* of an acceptable ability and competence in a range of professional attributes set out on the enclosed reference form.

Please note you must be able to comment on [*name*’s] knowledge, skills and competence as a pharmacist. If you are unable to do so please let me know at your earliest convenience.

If you have any reservations in any of the attribute areas, a cross in the relevant part of the form should indicate this and a statement of the reasons for your reservations is to be provided. In this eventuality the application will be subject to further enquiries in pursuit of which [*NHS England/name of ICB*] may wish to approach you confidentially for further background information on your reservations.

Under the remit of the Data Protection Act 1998, any information provided by you in the reference is deemed confidential and will not be communicated to the applicant without your written consent. Please be advised that you may be contacted [*NHS England/name of ICB*] to verify completion of the reference.

I would be grateful to receive your reference by [*date that is in 10 working days’ time* *that is in 10 working days’ time*]. If you are unable to meet that deadline please advise me at your earliest opportunity and confirm when it will be sent to me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Admission to the pharmaceutical list - confidential reference request**

The pharmacist named below has applied for inclusion in a pharmaceutical list and has given your name as a referee who is willing to provide a reference in respect of a recent post (which may include their current post) they have held as a pharmacist which lasted at least three months without a significant break.

Please note that NHS England or the relevant delegated integrated care board should not, without good reason, accept references from:

* family members;
* business partners providing references for each other;
* any person with a financial interest in the application;
* Trainee pharmacists previously known as pre-registration trainees; or
* Your designated supervisor previously known as pre-registration trainer.

Please confirm, by **ticking this box**, that none of the above apply to you as the referee for this applicant

[*Delete this sentence if the referee is not a registered healthcare professional*] [Please note that this is a professional declaration on your part as a registered healthcare professional and provision of a false declaration will be treated very seriously and may lead to a referral to your regulatory body. If you are not in a position to give observations on any of the questions please indicate so. Please confirm that you understand this statement by ticking this box.]

Name of pharmacist:

Date form to be returned by:

Please state the dates the applicant worked with you and the professional relationship:

|  |  |
| --- | --- |
| **Date started**  (mm/yyyy) |  |
| **Date finished**  (mm/yyyy) |  |
| **Position held by the applicant on which you are providing this reference** |  |
| **Was this a patient-facing role?** |  |
| This reference is based upon (tick as appropriate):   * Opinion of line manager/equivalent * Close observation * Opinion of employer * General impression * Other.   Please give details …………………………………………………………  …………………………………………………………………………………………… | |
| Would you be happy to work with this pharmacist again?  Yes No | |
| Would you recommend this pharmacist to your friends and family?  Yes No | |

Please carefully consider the following aspects of the applicant’s practise and tick the appropriate box in each section.

In questions 1-3 if you have ticked the ‘I have insufficient knowledge to form a judgement on this aspect” box for any aspect please give further information to support your score and how you have come to your opinion.

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Pharmaceutical care.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |
| **2. Keeping records e.g. clinical interventions, near misses and errors, training records, signposting patients.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |
| **3. Work practises in line with professional standards and ethics.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |

For questions 4-12, please give your opinion regarding the applicant’s present knowledge, skills and personal attributes by circling the appropriate box that applies or crossing out those that do not apply.

Statements are provided to give examples of behaviours that would constitute different levels of performance, although this is not intended to be an exhaustive list. Please use the space provided to give examples of the applicant’s behaviour that support the rating you have given them in each area; this is essential if you have given a rating of 1 or 2.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Learning and development: ability to identify own learning and development needs, commits time and resources to appropriate training and development activities.** | | | | | | | | | | | | |
| 1. Reacts badly to  constructive feedback, not interested  in own development | | | 2. Needs assistance in identifying own training needs/ developing  personal targets | | | | | 3. Often learns from experience, generally reacts well to constructive feedback | | | | 4. Actively seeks out and welcomes constructive  feedback |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **5. Communication skills: capacity to adjust behaviour and language (written/spoken) as appropriate to needs of differing situations. Actively and clearly engages patient (and colleagues) in equal/open dialogue.** | | | | | | | | | | | | |
| 1. Uses technical language that patients do not understand, ignores what they have to say | | | 2. Can be lacking in clarity and coherence when speaking to patients | | | | | | 3. Often uses lay language to help patients understand | 4. Always speaks clearly, gives adequate time and checks patients understand | | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **6. Professional relationships with patients – maintaining trust.** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **7. Avoiding discrimination and prejudice against patients.** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **8. If things go wrong (dealing with complaints and errors) how well does the applicant manage these?** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **9. Team involvement: collaborative style, works with colleagues in partnership, able to compromise. Undertakes leadership role if required. Provides support, views self as part of larger organisation.** | | | | | | | | | | | | |
| 1. Sticks rigidly to their own agenda and doesn’t  negotiate | | | | | 2. Tends to take a ‘back seat’ rather than participating | | | | 3. Good at negotiating and usually able to compromise | | 4. Is excellent at supporting and  motivating others and at negotiating | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **10. Empathy and sensitivity: Capacity and motivation to take in patient/colleague perspective and sense associated feelings. Generates safe/understanding atmosphere – an understanding approach.** | | | | | | | | | | | | |
| 1. Is not sensitive to the feelings of patients and treats them in an  impersonal manner | | | | 2. Shows some interest in the individual and  occasionally reassures patients | | | | | 3. Usually demonstrates  empathy towards patients | | 4. Always shows empathy and  sensitivity; gives reassurance to the patient | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **11. Would you expect the applicant to protect patients when his/her own health or the health, behaviour or professional performance of other pharmacists potentially puts patients at risk?** | | | | | | | | | | | | |
| Yes | | | | | | No | | | I have insufficient knowledge to form a judgement on this aspect | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **12. Understanding of the NHS terms of service relating to the provision of pharmaceutical services** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **13. Is the applicant open and honest in their financial and commercial dealings in the following aspects?**  If you have ticked no for any aspect please provide additional information below to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **Any financial arrangements with patients** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| **Financial and commercial dealings with colleagues, employers, insurers and other organisations or individuals** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| **Accuracy of claims for the provision of pharmaceutical services** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **14. Are you aware of any current or previous convictions or GPhC/PSNI investigations where the outcome was adverse against the applicant?** (We will not discriminate unfairly against any applicant following receipt of information.) | | | | | | | | | | | | |
| Yes | | | | | | | No | | | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| If you wish to include any further information about the applicant’s strengths and weaknesses that have not been covered in the above and which you consider may be helpful, please state below or attach a covering letter. A letter without the completed form will not be accepted. | | | | | | | | | | | | |

**To the best of my knowledge and belief the information provided above and on any continuation sheets or addenda is accurate and does not contain any material misstatement or omission.**

**I note the persons that NHS England or the relevant delegated integrated care board should not accept a reference from and can confirm that I am not such a person.**

Signature ………………………………………………………………………………………

Date ……………………………………………………………………………………………

Name …………………………………………………………………………………………..

(Please print)

GPhC/PSNI registration number ………………………………………………………….

Contact telephone number: …………………………………………………………………

**Please send the completed form to:**

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 16**

**Letter to Referee – Chasing Response**

[*date*]

Dear [*insert*]

**Re: [*name & address*]: request for professional reference**

I wrote to you on [*insert date of letter*] requesting a professional reference in respect of the above named. I have not yet heard from you and, as we are unable to proceed with the application in the absence of references, I would be grateful if you are able to provide this by [*insert date that is ten working days away*]. If you require a further copy of the reference pro forma sent with my earlier letter please contact me by email on [pcse.marketentry@nhs.net](mailto:pcse.marketentry@nhs.net).

If you feel unable to provide a reference, it would be helpful for you to confirm this by post or email including, if possible, the reasons for this.

Yours sincerely

[*name*]

[*insert*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018..

**Chapter 8**

**Annex 17**

**Letter to Applicant – Non-receipt of Reference**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address* *or best estimate*] – non receipt of professional reference**

In connection with your application you named [*name of referee*] as a person willing to provide a professional reference.

We have requested a reference but despite sending a reminder we have not received a response. My purpose in writing to you is to ask if you are aware of any reasons for this (such as the referee’s absence on holiday) and to invite you to contact them to expedite the provision of a reference.

Please note that we are unable to proceed with the application in the absence of two professional references so consequently your early attention to this will be helpful. I would therefore ask you to contact me by [*date that is ten working days away*] to advise the current position.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 18**

**Committee Report**

**[insert name of committee]**

**[insert date of meeting]**

**[insert agenda item number] - Consideration of fitness to practise information supplied in connection with an application for inclusion in the pharmaceutical list – dispensing appliance contractor sole trader**

|  |  |  |
| --- | --- | --- |
| **CAS reference number** |  | |
| **Type of application that has been submitted** | [Current needs/Future needs/Current improvements or better access/Future improvements or better access/Unforeseen benefits/No significant change relocation neighbouring HWB/Change of ownership/Combined change of ownership and no significant change relocation neighbouring HWB/Temporary listing arising out of suspension - delete as required. If a change of ownership include the address of the premises] | |
| **Name of applicant** | |  |
| **English language knowledge**  (Where applicable) | |  |
| **GPhC/PSNI registration**  (Pharmacists only) | | [Attached / Not applicable] |
| **NHS Counter Fraud Authority check**  (Where applicable) | | [Attached / Not applicable] |
| **NHS Resolution check**  (Where applicable) | | [Attached / Not applicable] |
| **References**  (Pharmacists only) | | [Attached / Not applicable] |
| **Referees who refused to give a reference** (where applicable) | | [Attached / Not applicable] |
| **Details of any convictions, cautions, investigations, proceedings** | | [Attached if relevant] |
| **Relevant regulations and guidance** | | Regulation 30 – refusal on language requirements  Regulation 33 – refusal on fitness grounds  Regulation 34 – deferral on fitness grounds  Regulation 35 – conditional inclusion |

|  |  |
| --- | --- |
| **Fitness form** |  |

|  |  |
| --- | --- |
| **Additional information** |  |

|  |  |
| --- | --- |
| **Recommendation[[15]](#footnote-15)** |  |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 8**

**Annex 19**

**Fitness Reviewed Letter**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – consideration of fitness to practise information**

Further to previous correspondence all statutory fitness to practise checks in connection with this application have been concluded. [*NHS England/name of ICB*] will now consider the market entry element of your application and we will write to you separately on this aspect.

You are reminded that you are bound by an undertaking to notify us within seven days of any material changes to the fitness information provided in connection with this application, and to notify us if you are included, or apply to be included, in any other relevant list.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 20**

**Refusal – Language Requirement**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – refusal on language requirement**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has decided that the application is to be refused under the provisions of regulation 30. Please see the enclosed report for the full reasons.

Under paragraph 36, Schedule 2 you have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 21**

**Mandatory Refusal**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – refusal on fitness grounds**

[*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has concluded that the application must be refused under the provisions of regulation 33(1). Please see the enclosed report for the full reasons.

Under regulation 33(5)(b) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28 day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* *[if it’s a fraud case] [the NHS Counter Fraud Authority]*
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 22**

**Discretionary Refusal**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best* *estimate*] – refusal on fitness grounds**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has decided that the application is to be refused under the provisions of regulation 33(2). Please see the enclosed report for the full reasons.

Under regulation 33(5)(b) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* [*if it’s a fraud case*] [the NHS Counter Fraud Authority]
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 23**

**Minded to Place Conditions**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address* *or best estimate*]**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] is minded to place conditions on your inclusion in the pharmaceutical list should the market entry element of your application be granted. Please see the enclosed report for the full reasons.

Before [*NHS England/name of ICB*] makes its final decision you are invited to submit any written representations that you may wish to make on this matter. Please submit these to me no later than [*insert date that is at least 7 days in the future*]. [*NHS England/name of ICB*] will consider these at an oral hearing of the [*insert name of committee*] at [*insert date, time* *and place*].

Should you wish to make oral representations at the hearing then please let me know by [*insert* *date*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018

.**Chapter 8**

**Annex 24**

**Conditions**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best* *estimate*] – imposition of fitness to practise conditions**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has decided that, if the market entry element of your application is granted, your inclusion in the relevant pharmaceutical list is to be subject to certain conditions under the provisions of regulation 35. Please see the enclosed report for the full reasons.

Under regulation 35(4)(b) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28 day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* [*if it’s a fraud case*] [the NHS Counter Fraud Authority]
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

You are reminded that the application is still to be determined under the market entry provision of the regulations and we will write to you separately about this.

You are further reminded that you bound by an undertaking to notify us within seven days of any material changes to the fitness information provided in connection with this application, and to notify us if you are included, or apply to be included, in any other relevant list.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 25**

**Deferral**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best* *estimate*] – deferral on fitness grounds**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and it is noted that there is an outstanding investigation of the kind specified in regulation 34(1) of the regulations. Please see the enclosed report for the full reasons.

Accordingly [*NHS England/name of ICB*] has concluded that determination of the application for inclusion in the pharmaceutical list is to be deferred until the outcome of the investigation is known. I will contact you again at that time.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 26**

**No Further Grounds to Defer**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – deferral on fitness grounds**

Further to my letter of [*insert date Annex 25 sent*] I am writing to advise that the [*outcome of the cause for the deferral is now known/reason for the deferral of the above application no longer exists*]. Please could you therefore update your application and confirm whether you wish to proceed with the application or not within 30 days i.e. by [*insert* *date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 27**

**Application Withdrawn**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – deferral on fitness grounds**

Further to my letter of [*insert date Annex 26 sent*] [*I am writing to confirm that no response has been received*] [*you have confirmed that you do not wish to proceed with the above application*]. Your application is therefore being treated as withdrawn.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 28**

**Application Proceeding**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*]**

I am writing to confirm receipt of your letter confirming your wish to proceed with the above application.

We will undertake the required checks and you will be notified of [*NHS England/name of ICB*]’s decision in due course. In order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 29**

**Notification of Refusal of Application to Interested Parties**

[*date*]

Dear [*insert*]

**Re: Application by [*insert name of applicant*] for inclusion in the relevant pharmaceutical list at [*address or best estimate*]**

I am writing to confirm that the above application has been refused.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 30**

**Notification of Refusal – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name, address, date of birth and [GPhC/PSNI] registration number (where relevant) of applicant*] – application for inclusion in the relevant pharmaceutical list refused under regulation 33 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013**

The above named has submitted an application for inclusion in the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board. The fitness to practise information provided in connection with this has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has determined that the inclusion of [*name of applicant*] is to be refused under the provisions of regulation 33. Please see the enclosed report for the full reasons.

The applicant has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by [NHS England/ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 8**

**Annex 31**

**Notification of Conditions – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name, address, date of birth and [GPhC/PSNI] registration number of applicant*] – conditional inclusion in the relevant pharmaceutical list under regulation 35 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013**

The above named has submitted an application for inclusion in the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board. The fitness to practise information provided in connection with this has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has determined that the inclusion of [*name of applicant*] is to be subject to certain conditions under the provisions of regulation 35. Please see the enclosed report for the full reasons.

The applicant has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/the ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 1**

**Fitness Information Form**

**Information to be provided in connection with an application for inclusion in the relevant pharmaceutical list - DAC partnership**

This form is to be completed where the applicant is applying to be included in the relevant pharmaceutical list for the first time. It must be submitted at the same time as the market entry element of the application.

Please complete this form in block capitals.

**Section A – details of the applicant**

Partnership name …………………………………………………………………………………….

Please provide the following information for each partner in the partnership.

|  |  |
| --- | --- |
| **Partner 1’s full name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **GPhC/PSNI registration number (pharmacists only)** |  |
| **Private address and phone number** |  |

|  |  |
| --- | --- |
| **Partner 2’s full name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **GPhC/PSNI registration number (pharmacists only)** |  |
| **Private address and phone number** |  |
| **Partner 3’s full name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **GPhC/PSNI registration number (pharmacists only)** |  |
| **Private address and phone number** |  |

|  |  |
| --- | --- |
| **Partner 4’s full name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **GPhC/PSNI registration number (pharmacists only)** |  |
| **Private address and phone number** |  |

(Please attach a continuation sheet if necessary.)

I declare that the information given in this form and on any continuation sheets or addenda is true and complete.

|  |  |
| --- | --- |
| Name |  |
| On behalf of  (name of partnership) |  |
| Date |  |

**The information in sections B to D is to be provided by each partner.**

**Section B - Qualifications and work experience**

(Only complete section B if you are a pharmacist. If you are not a pharmacist, go to section C.)

|  |  |
| --- | --- |
| Full name |  |

|  |  |  |
| --- | --- | --- |
| **Pharmaceutical qualifications** | **Where obtained** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If you qualified as a pharmacist in Switzerland or an EEA state other than the United Kingdom, NHS England or the relevant delegated integrated care board must be satisfied that you have the level of knowledge of English which, in the interests of yourself and the people who make use of the services to which your application relates, is necessary for the provision of those services.

In line with the GPhC, NHS England or the relevant delegated integrated care board requires either:

* a recent pass of the academic version of International English Language testing System (IELTS) test with an overall score of at least 7 and with no score less than 7 in each of the four areas of reading, writing, listening and speaking at one sitting of the test, or
* a recent pass of the Pharmacy Occupational English Language Test with a score of at least a B in each of the four areas of reading, writing, listening and peaking, at one sitting of the test.

‘Recent’ means evidence relating to the test that is less than two years old at the point of making this application.

I have enclosed a copy of my test certificate.

Yes No Not applicable

Please enter below details of your professional experience starting with your current or most recent post, including your foundation training (previously known as pre-registration training) post.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date commenced**  **(MM/YYYY)** | **Date finished**  **(MM/YYYY)** | **Appointment or post held, employer, employer's address** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

Attach a continuation sheet if more space is needed.

|  |
| --- |
| Please provide an explanation of any gaps in employment  Attach a continuation sheet if more space is needed |

Were you dismissed from any of the above appointments? Yes No

|  |
| --- |
| If yes provide details in this box    Attach a continuation sheet if more space is needed. |

**References**

Please provide details of two referees who are willing to provide references in respect of two recent posts you have held as a pharmacist (which may include any current post) which lasted at least three months without a significant break. The referee should be a pharmacist registered with the GPhC or PSNI and must be able to comment on the pharmacist’s knowledge, skills and competence.

NHS England or the relevant delegated integrated care board will not, without good reason, accept references from:

* Family members;
* Business partners providing references for each other;
* Any person with a financial interest in the application;
* Trainee pharmacists previously known as pre-registration trainees; or
* Your designated supervisor previously known as pre-registration trainer.

|  |  |
| --- | --- |
| Referee 1 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes | Referee 2 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes |

If it is not possible to provide two referees in respect of two recent posts as a pharmacist which lasted more than three months without a significant break, please state why and provide details of alternative referees who are acceptable to NHS England or the relevant delegated integrated care board bearing in mind the bullet points above.

|  |
| --- |
| Attach a continuation sheet if more space is needed. |

**Section C - fitness information**

Please note that all convictions are to be declared, even those that would otherwise be classed as ‘spent’.

Please delete “yes” or “no” as appropriate to indicate whether you:

|  |  |  |
| --- | --- | --- |
| A | have been convicted of any criminal offence in the United Kingdom | Yes/No |
|  | have been bound over following a criminal conviction in the United Kingdom | Yes/No |
|  | have accepted a police caution in the United Kingdom | Yes/No |
|  | have, in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging you absolutely (without proceeding to conviction) | Yes/No |
|  | have accepted and agreed to pay either a procurator fiscal fine under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution) | Yes/No |
| B | have at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England | Yes/No |
| C | are currently the subject of any criminal proceedings in the United Kingdom | Yes/No |
|  | are currently the subject of any criminal proceedings elsewhere than in the United Kingdom if the originating events, if they took place in England, could lead to a criminal conviction in England | Yes/No |
| D | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your fitness to practise by a licensing body[[16]](#footnote-16) | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, please give details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, please give details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| E | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your professional conduct by an employer | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, please give details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, please give details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| F | are, or have been to your knowledge, subject to any investigation or proceedings that could lead or could have led to your removal from a relevant list[[17]](#footnote-17) for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| Please give details of that investigation or those proceedings, and of any final outcome to that investigation or those proceedings.  Attach a continuation sheet if more space is needed | | |
| G | are, or have been to your knowledge, where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud | Yes/No |
| H | have been refused inclusion in, or conditionally included in, or contingently removed or suspended from, any relevant list for a reason relating to unsuitability , fraud or efficiency of service provision | Yes/No |
| If “yes” has been entered in response to any of the questions A, B, C, G or H please provide full details in this section and attach a continuation sheet if necessary.  Attach a continuation sheet if necessary. | | |
| If you are in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion where the refusal or conditional inclusion has not yet reached its final outcome  Attach a continuation sheet if necessary. | | |

**Section D - declarations and undertakings**

I declare that the information given in this form and on any continuation sheets or addenda is true and complete.

I undertake:

1. to notify NHS England or the relevant delegated integrated care board within seven days of any material changes to information provided in either this form and on any continuation sheets or addenda that occur before –
   1. the application is withdrawn,
   2. 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
   3. if the application is granted, the body corporate commences the provision of services to which the application relates,

whichever is the latest of these events to take place

1. to notify NHS England or the relevant delegated integrated care board if I am included, or apply to be included, in any other relevant list before –
   1. the application is withdrawn,
   2. 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
   3. if the application is granted, I commence the provision of services to which the application relates,

whichever is the latest of these events to take place.

|  |  |
| --- | --- |
| Name (partner) |  |
| Name of partnership |  |
| Date |  |
| Email address |  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 2**

**First referral questions**

* [The applicant has stated that they have previously provided the fitness information to [insert details] however we have been unable to locate it/all of it. Do you have a copy of the fitness information in your records?]
* [Attached is the fitness information that the applicant has previously provided.]
* [On comparing the previously provided information against the information provided with the application I have identified the following discrepancy/discrepancies:
  + [Insert details]]
* [On comparing the previously provided information against the information provided with the application I have not identified any discrepancies.]
* [I have identified the following missing information:
  + [insert details]

Please advise of any other missing information that you wish me to ask the applicant for.

* [I have not identified any missing information. Is there any information that you wish me to ask the applicant for?]
* Please can you confirm, at this stage, that the referees are acceptable?

**Chapter 9**

**Annex 3**

**Confirmation of Receipt of Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*]**

I am writing to confirm receipt of the fitness to practise information supplied in connection with the above application on [*insert* *date*].

We will now begin to process the fitness information and you will be notified of *[NHS England/name of ICB]*’s decision within [30 days/four months]. In order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 4**

**Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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. *[NHS England/name of ICB]* will then decide whether or not it is 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 the request or unless *[NHS England/name of ICB]* has agreed to a delay.

If you believe this request to be unreasonable and wish to seek a review please write to [*insert* *name*] at [*insert* *address* *if different*] by [*insert* *date*].

Please note that in order to be successful your application must be granted under both market entry and fitness to practise procedures.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 5**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing information and/or documentation**

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

[*NHS England/insert name of ICB*] has 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. *[NHS England/name of ICB]* will then decide whether or not it is 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 *[NHS England/name of ICB]* has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 6**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing information and/or documentation**

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

*[NHS England/name of ICB]* has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 7**

**Confirmation of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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 now begin to process the fitness to practise information and you will be notified of [*NHS England/insert name of ICB*]’s decision within [30 days/four months]. As previously indicated, in order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 8**

**Missing Information Not Received**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing [information and/or documentation] not received**

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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 9**

**Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing undertakings**

I am writing to confirm receipt of the fitness to practise information supplied in connection with the above application on [*insert* *date*]. This 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*].

Please note that in order for your application to be successful it must be granted under both market entry and fitness to practise procedures. Consequently if we do not receive the requested undertakings by [*insert* *date*] 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 10**

**Confirmation of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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 fitness to practise information and you will be notified of *[NHS England/name of ICB]*’s decision within [*30 days/four months*]. As previously indicated, in order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 11**

**Missing Undertakings Not Received**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 12**

**Email to GPhC/PSNI**

**Subject line: [*name of each partner, registration number, date of birth*]**

Dear [*insert*]

In connection with an application for inclusion in the relevant pharmaceutical list please could you supply the following information:

1. Confirmation that the above named are currently fully registered with the [*General Pharmaceutical Council/Pharmaceutical Society of Northern Ireland*].
2. If registration is subject to any conditions, details of those conditions.
3. Information as to whether the above named are currently subject to any investigations that have proceeded beyond the initial screening stage and, if so, the nature of those investigations.
4. Information as to whether the above named have previously been the subject of any investigations with an adverse outcome (including any resulting in the issue of a letter warning about future conduct), and, if so, the nature of those investigations and the penalty imposed.

This request is made pursuant to Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. I would be grateful to receive your reply by [*date*].

Yours sincerely

[email footer]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 13**

**Unable to Confirm GPhC/PSNI Registration**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address* *or best estimate*] – [*GPhC/PSNI*] registration status**

In connection with the fitness to practise information supplied with your application we have been unable to confirm [*insert name of partner*] registration with the [*General Pharmaceutical Council (GPhC) /Pharmaceutical Society of Northern Ireland (PSNI)*]. Whilst registration with [*GPhC/PSNI*] is not required for dispensing appliance contractors, I would be grateful to receive your comments on the discrepancy between the information given in respect of {*insert name of partner*] and the [*GPhC/PSNI*] register.

Please let me have your response to this letter by [*date*]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 14**

**Enquiry to NHS Counter Fraud Authority**

HEALTH & SOCIAL CARE ACT CHECK PURSUANT TO PART 6 OF THE NHS (PHARMACEUTICAL AND LOCAL PHARMACEUTICAL SERVICES) REGULATIONS 2013

Health body: [*insert commissioner's organisation*]

Postal address:

Contact name:

Telephone number: CFOS checks: [hsca@nhscfa.gov.uk](mailto:hsca@nhscfa.gov.uk)

Please advise whether NHS Counter Fraud Authority has any record of any adverse outcomes recorded against the registered pharmacist/GP/dentist/optometrist listed below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname | First name | Date of birth | Profession | Registration no | Home address |
|  |  |  | Pharmacist/GP/dentist/optometrist |  |  |
|  |  |  | Pharmacist/GP/dentist/optometrist |  |  |

**Chapter 9**

**Annex 15**

**Reference Request**

[*date*]

Dear [*insert*]

**Re: [*Name and address*]: request for professional reference**

The above named has applied for inclusion in the pharmaceutical list and has given your name as a person willing to provide a reference in their professional capacity as a pharmacist.

Consequently I am writing to request a reference regarding the suitability of [*name*] to provide pharmaceutical services under the NHS terms of service. In this regard we are seeking confirmation that [*name*] is *at least* of an acceptable ability and competence in a range of professional attributes set out on the enclosed reference form.

Please note you must be able to comment on [*name*’s] knowledge, skills and competence as a pharmacist. If you are unable to do so please let me know at your earliest convenience.

If you have any reservations in any of the attribute areas, a cross in the relevant part of the form should indicate this and a statement of the reasons for your reservations is to be provided. In this eventuality the application will be subject to further enquiries in pursuit of which *[NHS England/name of ICB]* may wish to approach you confidentially for further background information on your reservations.

Under the remit of the Data Protection Act 1998, any information provided by you in the reference is deemed confidential and will not be communicated to the applicant without your written consent. Please be advised that you may be contacted by *[NHS England/name of ICB]* to verify completion of the reference.

I would be grateful to receive your reference by [*date that is in 10 working days’ time*]. If you are unable to meet that deadline please advise me at your earliest opportunity and confirm when it will be sent to me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Admission to the pharmaceutical list - confidential reference request**

The pharmacist named below has applied for inclusion in a pharmaceutical list and has given your name as a referee who is willing to provide a reference in respect of a recent post (which may include their current post) they have held as a pharmacist which lasted at least three months without a significant break.

Please note that NHS England or the relevant delegated integrated care board should not, without good reason, accept references from:

* family members;
* business partners providing references for each other;
* any person with a financial interest in the application;
* Trainee pharmacists previously known as pre-registration trainees; or
* Your designated supervisor previously known as pre-registration trainer.

Please confirm, by **ticking this box**, that none of the above apply to you as the referee for this applicant

[*Delete this sentence if the referee is not a registered healthcare professional*] [Please note that this is a professional declaration on your part as a registered healthcare professional and provision of a false declaration will be treated very seriously and may lead to a referral to your regulatory body. If you are not in a position to give observations on any of the questions please indicate so. Please confirm that you understand this statement by ticking this box.]

Name of pharmacist:

Date form to be returned by:

Please state the dates the applicant worked with you and the professional relationship:

|  |  |
| --- | --- |
| **Date started**  (mm/yyyy) |  |
| **Date finished**  (mm/yyyy) |  |
| **Position held by the applicant on which you are providing this reference** |  |
| **Was this a patient-facing role?** |  |
| This reference is based upon (tick as appropriate):   * Opinion of line manager/equivalent * Close observation * Opinion of employer * General impression * Other.   Please give details …………………………………………………………  …………………………………………………………………………………………… | |
| Would you be happy to work with this pharmacist again?  Yes No | |
| Would you recommend this pharmacist to your friends and family?  Yes No | |

Please carefully consider the following aspects of the applicant’s practise and tick the appropriate box in each section.

In questions 1-3 if you have ticked the ‘I have insufficient knowledge to form a judgement on this aspect” box for any aspect please give further information to support your score and how you have come to your opinion.

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Pharmaceutical care.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |
| **2. Keeping records e.g. clinical interventions, near misses and errors, training records, signposting patients.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |
| **3. Work practises in line with professional standards and ethics.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |

For questions 4-12, please give your opinion regarding the applicant’s present knowledge, skills and personal attributes by circling the appropriate box that applies or crossing out those that do not apply.

Statements are provided to give examples of behaviours that would constitute different levels of performance, although this is not intended to be an exhaustive list. Please use the space provided to give examples of the applicant’s behaviour that support the rating you have given them in each area; this is essential if you have given a rating of 1 or 2.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Learning and development: ability to identify own learning and development needs, commits time and resources to appropriate training and development activities.** | | | | | | | | | | | | |
| 1. Reacts badly to  constructive feedback, not interested  in own development | | | 2. Needs assistance in identifying own training needs/ developing  personal targets | | | | | 3. Often learns from experience, generally reacts well to constructive feedback | | | | 4. Actively seeks out and welcomes constructive  feedback |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **5. Communication skills: capacity to adjust behaviour and language (written/spoken) as appropriate to needs of differing situations. Actively and clearly engages patient (and colleagues) in equal/open dialogue.** | | | | | | | | | | | | |
| 1. Uses technical language that patients do not understand, ignores what they have to say | | | 2. Can be lacking in clarity and coherence when speaking to patients | | | | | | 3. Often uses lay language to help patients understand | 4. Always speaks clearly, gives adequate time and checks patients understand | | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **6. Professional relationships with patients – maintaining trust.** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **7. Avoiding discrimination and prejudice against patients.** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **8. If things go wrong (dealing with complaints and errors) how well does the applicant manage these?** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **9. Team involvement: collaborative style, works with colleagues in partnership, able to compromise. Undertakes leadership role if required. Provides support, views self as part of larger organisation.** | | | | | | | | | | | | |
| 1. Sticks rigidly to their own agenda and doesn’t  negotiate | | | | | 2. Tends to take a ‘back seat’ rather than participating | | | | 3. Good at negotiating and usually able to compromise | | 4. Is excellent at supporting and  motivating others and at negotiating | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **10. Empathy and sensitivity: Capacity and motivation to take in patient/colleague perspective and sense associated feelings. Generates safe/understanding atmosphere – an understanding approach.** | | | | | | | | | | | | |
| 1. Is not sensitive to the feelings of patients and treats them in an  impersonal manner | | | | 2. Shows some interest in the individual and  occasionally reassures patients | | | | | 3. Usually demonstrates  empathy towards patients | | 4. Always shows empathy and  sensitivity; gives reassurance to the patient | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **11. Would you expect the applicant to protect patients when his/her own health or the health, behaviour or professional performance of other pharmacists potentially puts patients at risk?** | | | | | | | | | | | | |
| Yes | | | | | | No | | | I have insufficient knowledge to form a judgement on this aspect | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **12. Understanding of the NHS terms of service relating to the provision of pharmaceutical services** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **13. Is the applicant open and honest in their financial and commercial dealings in the following aspects?**  If you have ticked no for any aspect please provide additional information below to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **Any financial arrangements with patients** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| **Financial and commercial dealings with colleagues, employers, insurers and other organisations or individuals** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| **Accuracy of claims for the provision of pharmaceutical services** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **14. Are you aware of any current or previous convictions or GPhC/PSNI investigations where the outcome was adverse against the applicant?** (We will not discriminate unfairly against any applicant following receipt of information.) | | | | | | | | | | | | |
| Yes | | | | | | | No | | | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| If you wish to include any further information about the applicant’s strengths and weaknesses that have not been covered in the above and which you consider may be helpful, please state below or attach a covering letter. A letter without the completed form will not be accepted. | | | | | | | | | | | | |

**To the best of my knowledge and belief the information provided above and on any continuation sheets or addenda is accurate and does not contain any material misstatement or omission.**

**I note the persons that NHS England or the relevant delegated integrated care board should not accept a reference from and can confirm that I am not such a person.**

Signature ………………………………………………………………………………………

Date ……………………………………………………………………………………………

Name …………………………………………………………………………………………..

(Please print)

GPhC/PSNI registration number ………………………………………………………….

Contact telephone number: …………………………………………………………………

**Please send the completed form to:**

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

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**Chapter 9**

**Annex 16**

**Letter to Referee – Chasing Response**

[*date*]

Dear [*insert*]

**Re: [*name & address*]: request for professional reference**

I wrote to you on [*insert date of letter*] requesting a professional reference in respect of the above named. I have not yet heard from you and, as we are unable to proceed with the application in the absence of references, I would be grateful if you are able to provide this by [*insert date that is ten working days away*]. If you require a further copy of the reference pro forma sent with my earlier letter please contact me by email on [pcse.marketentry@nhs.net](mailto:pcse.marketentry@nhs.net).

If you feel unable to provide a reference, it would be helpful for you to confirm this by post or email including, if possible, the reasons for this.

Yours sincerely

[*name*]

[*title*]

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**Chapter 9**

**Annex 17**

**Letter to Applicant – Non-receipt of Reference**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address* *or best estimate*] – non receipt of professional reference**

In connection with your application you named [*name of referee*] as a person willing to provide a professional reference.

We have requested a reference but despite sending a reminder we have not received a response. My purpose in writing to you is to ask if you are aware of any reasons for this (such as the referee’s absence on holiday) and to invite you to contact them to expedite the provision of a reference.

Please note that we are unable to proceed with the application in the absence of two professional references so consequently your early attention to this will be helpful. I would therefore ask you to contact me by [*date that is ten working days away*] to advise the current position.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 18**

**Committee Report**

**[*insert name of committee*]**

**[insert date of meeting]**

**[insert agenda item number] - Consideration of fitness to practise information supplied in connection with an application for inclusion in the relevant pharmaceutical list - dispensing appliance contractor partnership**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CAS reference number** | | |  | | | |
| **Type of application that has been submitted** | | | [Current needs/Future needs/Current improvements or better access/Future improvements or better access/Unforeseen benefits/No significant change relocation neighbouring HWB/ Change of ownership/Combined change of ownership and no significant change relocation neighbouring HWB/Temporary listing arising out of suspension - delete as required. If a change of ownership include the address of the premises] | | | |
| **Name of partnership** |  | | | | | |
| **Names of partners** |  |  | |  |  |  |
| **English language knowledge** (where applicable) |  |  | |  |  |  |
| **GPhC/PSNI registration** (pharmacists only) | [Attached / Not applicable] | [Attached / Not applicable] | | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] |
| **NHS Counter Fraud Authority check**  (Where applicable) | [Attached / Not applicable] | [Attached / Not applicable] | | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] |
| **NHS Resolution check**  (Where applicable) | [Attached / Not applicable] | [Attached / Not applicable] | | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] |
| **References**  (pharmacists only) | [Attached / Not applicable] | [Attached / Not applicable] | | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] |
| **Referees who refused to give a reference** (where applicable) | [Attached / Not applicable] | [Attached / Not applicable] | | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] |
| **Details of any convictions, cautions, investigations, proceedings** | [Attached / Not applicable] | [Attached / Not applicable] | | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] |
| **Relevant regulations and guidance** | Regulation 33 – refusal on fitness grounds  Regulation 34 – deferral on fitness grounds  Regulation 35 – conditional inclusion | | | | | |

|  |  |
| --- | --- |
| **Fitness form** |  |

|  |  |
| --- | --- |
| **Additional information** |  |

|  |  |
| --- | --- |
| **Recommendation[[18]](#footnote-18)** |  |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 9**

**Annex 19**

**Fitness Reviewed Letter**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – consideration of fitness to practise information**

Further to previous correspondence all statutory fitness to practise checks in connection with this application have been concluded. *NHS England/[insert name of ICB*] will now consider the market entry element of your application and we will write to you separately on this aspect.

You are reminded that you are bound by an undertaking to notify us within seven days of any material changes to the fitness information provided in connection with this application, and to notify us if you are included, or apply to be included, in any other relevant list.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 20**

**Refusal – Language Requirement**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – refusal on language requirement**

I am writing to advise you that *[NHS England/name of ICB]* has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and *[NHS England/name of ICB]* has decided that the application is to be refused under the provisions of regulation 30. Please see the enclosed report for the full reasons.

Under paragraph 36, Schedule 2 you have a right of appeal to the Secretary of State against *this* decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 21**

**Mandatory Refusal**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – refusal on fitness grounds**

*[NHS England/name of ICB]* has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and *[NHS England/name of ICB]* has concluded that the application must be refused under the provisions of regulation 33(1). Please see the enclosed report for the full reasons.

Under regulation 33(5)(b) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 *[NHS England/name of ICB]* is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* *[if it’s a fraud case] [the NHS Counter Fraud Authority]*
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 22**

**Discretionary Refusal**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best* *estimate*] – refusal on fitness grounds**

I am writing to advise you that *[NHS England/name of ICB]* has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and *[NHS England/name of ICB]* has decided that the application is to be refused under the provisions of regulation 33(2). The reasons for this decision are set out below:

[*insert full details and quote relevant regulation and paragraph*]

Under regulation 33(5)(b) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 *[NHS England/name of ICB]* is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* [*if it’s a fraud case*] [the NHS Counter Fraud Authority]
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 23**

**Minded to Place Conditions**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address* *or best estimate*]**

I am writing to advise you that *[NHS England/name of ICB]* has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and *[NHS England/name of ICB]* is minded to place conditions on your inclusion in the pharmaceutical list should the market entry element of your application be granted. Please see the enclosed report for the full reasons.

Before *[NHS England/name of ICB]* makes its final decision you are invited to submit any written representations that you may wish to make on this matter. Please submit these to me no later than [*insert date that is at least 7 days in the future*]. *[NHS England/name of ICB]* will consider these at an oral hearing of the [*insert name of committee*] at [*insert date, time* *and place*].

Should you wish to make oral representations at the hearing then please let me know by [*insert* *date*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 24**

**Conditions**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best* *estimate*] – imposition of fitness to practise conditions**

I am writing to advise you that *[NHS England/name of ICB]* has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and *[NHS England/name of ICB]* has decided that, if the market entry element of your application is granted, your inclusion in the relevant pharmaceutical list is to be subject to certain conditions under the provisions of regulation 35. Please see the enclosed report for the full reasons.

Under regulation 35(4)(b) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 *[NHS England/name of ICB]* is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* [*if it’s a fraud case*] [the NHS Counter Fraud Authority]
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

You are reminded that the application is still to be determined under the market entry provision of the regulations and we will write to you separately about this.

You are further reminded that you bound by an undertaking to notify us within seven days of any material changes to the fitness information provided in connection with this application, and to notify us if you are included, or apply to be included, in any other relevant list.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 25**

**Deferral**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best* *estimate*] – deferral on fitness grounds**

I am writing to advise you that *[NHS England/name of ICB]* now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and it is noted that there is an outstanding investigation of the kind specified in regulation 34(1) of the regulations. Please see the enclosed report for the full reasons.

Accordingly *[NHS England/name of ICB]* has concluded that determination of the application for inclusion in the pharmaceutical list is to be deferred until the outcome of the investigation is known. I will contact you again at that time.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 26**

**No Further Grounds to Defer**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – deferral on fitness grounds**

Further to my letter of [*insert date Annex 25 sent*] I am writing to advise that the [outcome of the cause for the deferral is now known/reason for the deferral of the above application no longer exists]. Please could you therefore update your application and confirm whether you wish to proceed with the application or not within 30 days, i.e. by [*insert* *date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 27**

**Application Withdrawn**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – deferral on fitness grounds**

Further to my letter of [*insert date Annex 26 sent*] [*I am writing to confirm that no response has been received*] [*you have confirmed that you do not wish to proceed with the above application*]. Your application is therefore being treated as withdrawn.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 28**

**Application Proceeding**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*]**

I am writing to confirm receipt of your letter confirming your wish to proceed with the above application.

We will undertake the required checks and you will be notified of *[NHS England/name of ICB]*’s decision in due course. In order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 29**

**Notification of Refusal of Application to Interested Parties**

[*date*]

Dear [*insert*]

**Re: Application by [*insert name of applicant*] for inclusion in the relevant pharmaceutical list at [*address or best estimate*]**

I am writing to confirm that the above application has been refused.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 30**

**Notification of Refusal – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name of partnership*] – application for inclusion in the relevant pharmaceutical list refused under regulation 33 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013**

The above named partnership has submitted an application for inclusion in the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board. The fitness to practise information provided in connection with this has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and *[NHS England/name of ICB]* has determined that the inclusion of [*name of applicant*] is to be refused under the provisions of regulation 33. Please see the enclosed report for the full reasons.

The details of the partners are as follows.

* [*insert the name, address, date of birth and GPhC/PSNI registration number of each partner]*

The applicant has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/the ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 9**

**Annex 31**

**Notification of Conditions – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name of partnership*] – conditional inclusion in the relevant pharmaceutical list under regulation 35 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013**

The above named partnership has submitted an application for inclusion in the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board. The fitness to practise information provided in connection with this has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and *[NHS England/name of ICB]* has determined that the inclusion of [*name of applicant*] is to be subject to certain conditions under the provisions of regulation 35. Please see the enclosed report for the full reasons.

The details of the partners are as follows.

* [*insert the name, address, date of birth and GPhC/PSNI registration number of each partner]*

The applicant has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/the ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 1**

**Fitness Information Form**

**Fitness information to be provided in connection with an application for inclusion in the relevant pharmaceutical list – DAC body corporate**

This form is to be completed where the applicant is applying to be included in the relevant pharmaceutical list for the first time. It must be submitted at the same time as the market entry element of the application.

Please complete in block capitals.

**Section A – details of the body corporate**

|  |  |
| --- | --- |
| Full registered name of the body corporate |  |
| Trading names (if any) |  |
| Companies House company registration number |  |
| Address of registered office |  |
| Fixed line telephone number of registered office. If one is not available please state accordingly. |  |

Please provide the following information for each director.

|  |  |
| --- | --- |
| **Director 1’s full name** |  |
| **Director 1’s date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |

|  |  |
| --- | --- |
| **Director 2’s full name** |  |
| **Director 2’s date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |

|  |  |
| --- | --- |
| **Director 3’s full name** |  |
| **Director 3’s date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |

|  |  |
| --- | --- |
| **Director 4’s full name** |  |
| **Director 4’s date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |

|  |  |
| --- | --- |
| **Director 5’s full name** |  |
| **Director 5’s date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |

(Please attach a continuation sheet if necessary.)

The following information must be provided in respect of the body corporate making the application (“the applicant”) for inclusion in the pharmaceutical list.

Please delete “yes” or “no” as appropriate

|  |  |
| --- | --- |
| Has the relevant body corporate any convictions for offences committed in the United Kingdom that are not spent convictions? | Yes/No |
| Has the relevant body corporate (being a body corporate registered in the UK) at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England? | Yes/No |
| Is the relevant body corporate currently subject to criminal proceedings in the UK or elsewhere than in the UK if the originating events, if they took place in England, could lead to criminal conviction in England? | Yes/No |
| Is the relevant body corporate, to its knowledge, subject to an investigation by the General Pharmaceutical Council in relation to an entry in Part 3 of the GPhC register, or has it been subject to an investigation by the General Pharmaceutical Council, the Royal Pharmaceutical Society of Great Britain or the Pharmaceutical Society of Northern Ireland in relation to an entry in the register required to be kept under section 75 of the Medicines Act 1968 (registration of premises) where the outcome was adverse? | Yes/No |
| Is the relevant body corporate, to its knowledge, or has it been subject to any investigation or proceedings that could lead or could have led to its removal from a relevant list[[19]](#footnote-19)? | Yes/No |
| Is the relevant body corporate, to its knowledge, or has it been where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud? | Yes/No |
| Has the relevant body corporate been refused inclusion in, or conditionally included (other than by reason of a condition imposed under Part 9 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013)) in a relevant list? | Yes/No |
| If “yes” has been answered to any of the above questions, please provide full details.  Attach a continuation sheet if necessary. | |
| If the relevant body corporate is in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion, where the refusal or conditional inclusion has not yet reached its final outcome.  Attach a continuation sheet if necessary. | |
| Is there any case in which an application by the body corporate has lapsed by virtue of regulation 35(8) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013? | Yes/No |
| If “yes” has been answered to the above question, please provide full details.  Attach a continuation sheet if necessary. | |

I declare that the information given in this form and on any continuation sheets or addenda is true and complete.

The body corporate undertakes:

1. to notify NHS England or the relevant delegated integrated care board within seven days of any material changes to information provided in either this form and on any continuation sheets or addenda that occur before –
   1. the application is withdrawn,
   2. 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
   3. if the application is granted, the body corporate commences the provision of services to which the application relates,

whichever is the latest of these events to take place; and

1. to notify NHS England or the relevant delegated integrated care board if the body corporate is included, or applies to be included, in any other relevant list before –
   1. the application is withdrawn,
   2. 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
   3. if the application is granted, the body corporate commences the provision of services to which the application relates,

whichever is the latest of these events to take place.

|  |  |
| --- | --- |
| Full name (block capitals) |  |
| Position in body corporate |  |
| Date |  |

**The information in this section must be provided by each director.**

**Section B – details of the directors**

|  |  |
| --- | --- |
| Full name |  |

**Pharmaceutical qualifications**

If you are a pharmacist, please provide your pharmaceutical qualifications.

|  |  |  |
| --- | --- | --- |
| **Pharmaceutical qualification** | **Where obtained** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Professional experience**

If you are a pharmacist, please provide details of your professional experience starting with your current or most recent post, including your foundation training (previously known as pre-registration training) post. .

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date commenced**  **(MM/YYYY)** | **Date finished (MM/YYYY)** | **Appointment or post held, employer, employer's address** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |

Attach a continuation sheet if more space is needed.

|  |
| --- |
| Please provide an explanation of any gaps in employment  Attach a continuation sheet if more space is needed. |

Were you dismissed from any of the above appointments? Yes ☐ No ☐

|  |
| --- |
| If yes, provide details below.    Attach a continuation sheet if more space is needed. |

**References**

If you are a pharmacist, please provide details of two referees who are willing to provide references in respect of two recent posts you have held as a pharmacist (which may include any current post) which lasted at least three months without a significant break. The referee should be a pharmacist registered with the GPhC or PSNI and must be able to comment on the pharmacist’s knowledge, skills and competence.

NHS England or the relevant delegated integrated care board will not, without good reason, accept references from:

* Family members;
* Business partners providing references for each other;
* Any person with a financial interest in the application;
* Persons with significant control (and where this is another body corporate, any director or superintendent of, or person with significant control over, that second body corporate) of the body corporate;
* Trainee pharmacists previously known as pre-registration trainees; or
* Your designated supervisor previously known as pre-registration trainer.

|  |  |
| --- | --- |
| Referee 1 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes ☐ | Referee 2 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes ☐ |

If it is not possible to provide two referees in respect of two recent posts as a pharmacist which lasted more than three months without a significant break, please state why and provide details of alternative referees who are acceptable to NHS England or the relevant delegated integrated care board bearing in mind the bullet points above.

|  |
| --- |
| Attach a continuation sheet if more space is needed. |

**Fitness information**

Please note that all convictions are to be declared, even those that would otherwise be classed as ‘spent’.

Please delete “yes” or “no” as appropriate to indicate whether you:

|  |  |  |
| --- | --- | --- |
| A | have been convicted of any criminal offence in the United Kingdom | Yes/No |
| A | have been bound over following a criminal conviction in the United Kingdom | Yes/No |
| A | have accepted a police caution in the United Kingdom | Yes/No |
| A | have, in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging the superintendent or any director absolutely (without proceeding to conviction) | Yes/No |
| A | have accepted and agreed to pay either a procurator fiscal fine under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution) | Yes/No |
| B | have at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England | Yes/No |
| C | are currently the subject of any criminal proceedings in the United Kingdom | Yes/No |
| C | are currently the subject of any criminal proceedings elsewhere than in the United Kingdom if the originating events, if they took place in England, could lead to a criminal conviction in England | Yes/No |
| D | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your fitness to practise by a licensing body[[20]](#footnote-20) | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| E | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your professional conduct by an employer | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| F | are, or have been to your knowledge subject to any investigation or proceedings that could lead or could have led to your removal from a relevant list[[21]](#footnote-21) for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| Details of that investigation or those proceedings, and of any final outcome to that investigation or those proceedings.  Attach a continuation sheet if more space is needed | | |
| G | are, or have been to the superintendent’s or any director’s knowledge, where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud | Yes/No |
| H | have been refused inclusion in, or conditionally included in, or contingently removed or suspended from, any relevant list for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| If “yes” has been entered in response to any of the questions A, B, C, G or H please provide full details in this section and attach a continuation sheet if necessary  Attach a continuation sheet if necessary. | | |
| If you are in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion where the refusal or conditional inclusion has not yet reached its final outcome.  Attach a continuation sheet if necessary. | | |

You are also required to provide certain information in respect of any other body corporate of which you:

* + - * Are or have been a director or superintendent in the six months prior to the date of this application, and/or
* Have been a director or superintendent for more than six months prior to the date of this application, where you were a director or superintendent of that body corporate at the time of the originating events to which the information in this section relates.

Do you have any declarations to make in respect of any other body corporate of which you are or have been a director or superintendent? Yes No

If you have answered yes, please provide the following information on the body corporate in relation to which you need to make a declaration.

|  |  |
| --- | --- |
| Full registered name of the other body corporate |  |
| Trading names (if any) |  |
| Companies House company registration number |  |
| Address of registered office |  |
| Fixed line telephone number of registered office. If one is not available please state accordingly. |  |

Attach a continuation sheet if you need to add the details of more than one body corporate.

Please delete “yes” or “no” as appropriate to indicate whether the body corporate:

|  |  |
| --- | --- |
| Has any convictions for offences committed in the United Kingdom that are not spent convictions? | Yes/No |
| Has (being a body corporate registered in the UK) at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England? | Yes/No |
| Is currently subject to criminal proceedings in the UK or elsewhere than in the UK if the originating events, if they took place in England, could lead to criminal conviction in England? | Yes/No |
| Is, to its knowledge, subject to an investigation by the General Pharmaceutical Council in relation to an entry in Part 3 of the GPhC register, or has it been subject to an investigation by the General Pharmaceutical Council, the Royal Pharmaceutical Society of Great Britain or the Pharmaceutical Society of Northern Ireland in relation to an entry in the register required to be kept under section 75 of the Medicines Act 1968 (registration of premises) where the outcome was adverse? | Yes/No |
| Is, to its knowledge, or has it been subject to any investigation or proceedings that could lead or could have led to its removal from a relevant list? | Yes/No |
| Is, to its knowledge, or has it been where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud? | Yes/No |
| Has been refused inclusion in, or conditionally included (other than by reason of a condition imposed under Part 9 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013) in a relevant list? | Yes/No |
| If “yes” has been answered to any of the above questions, please provide full details.  Name of body corporate:  Attach a continuation sheet if necessary. | |
| If the body corporate is in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion, where the refusal or conditional inclusion has not yet reached its final outcome.  Name of body corporate:  Attach a continuation sheet if necessary. | |
| Is there any case in which an application by the relevant body corporate has lapsed by virtue of regulation 35(8) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulation 2013? | Yes/No |
| If “yes” has been answered to the above question, please provide full details.  Name of body corporate:  Attach a continuation sheet if necessary |  |

**Declarations and undertakings**

I declare that the information given in this form and on any continuation sheets or addenda is true and complete.

I undertake:

1. to notify NHS England or the relevant delegated integrated care board within seven days of any material changes to information provided in either this form and on any continuation sheets or addenda that occur before –the application is withdrawn,
   1. 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
   2. if the application is granted, the body corporate commences the provision of services to which the application relates,

whichever is the latest of these events to take place; and

1. to notify NHS England or the relevant delegated integrated care board if the body corporate is included, or applies to be included, in any other relevant list before –
   1. the application is withdrawn,
   2. 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
   3. if the application is granted, the body corporate commences the provision of services to which the application relates,

whichever is the latest of these events to take place.

|  |  |
| --- | --- |
| Full name |  |
| Date |  |
| Email address |  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 2**

**First referral questions**

* [The applicant has stated that they have previously provided the fitness information to [insert details] however we have been unable to locate it/all of it. Do you have a copy of the fitness information in your records?]
* [Attached is the fitness information that the applicant has previously provided.]
* [On comparing the previously provided information against the information provided with the application I have identified the following discrepancy/discrepancies:
  + [Insert details]]
* [On comparing the previously provided information against the information provided with the application I have not identified any discrepancies.]
* [I have compared the directors listed in the fitness information against the Companies House website and can confirm they are the same.]
* [I have compared the directors listed in the fitness information against the Companies House website and have identified the following discrepancy/discrepancies:
  + [Insert details]]
* [I have identified the following missing information:
  + [insert details]

Please advise of any other missing information that you wish me to ask the applicant for.

* [I have not identified any missing information. Is there any information that you wish me to ask the applicant for?]
* Please can you confirm that, at this stage, the referees are acceptable?

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 3**

**Confirmation of Receipt of Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*]**

I am writing to confirm receipt of the fitness to practise information supplied in connection with the above application on [*insert* *date*].

We will now begin to process the fitness information and you will be notified of [*NHS England/name of ICB*]’s decision within [30 days/four months]. In order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 4**

**Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 the request or unless [*NHS England/name of ICB*] has agreed to a delay.

If you believe this request to be unreasonable and wish to seek a review please write to [*insert* *name*] at [*insert* *address* *if different*] by [*insert* *date*].

Please note that in order to be successful your application must be granted under both market entry and fitness to practise procedures.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 5**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing information and/or documentation**

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

[*NHS England/name of ICB*] has 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 6**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing information and/or documentation**

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

[*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 7**

**Confirmation of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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 now begin to process the fitness to practise information. As previously indicated, in order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 8**

**Missing Information Not Received**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing [information and/or documentation] not received**

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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 9**

**Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – missing undertakings**

I am writing to confirm receipt of the fitness to practise information supplied in connection with the above application on [*insert* *date*]. This 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*].

Please note that in order for your application to be successful it must be granted under both market entry and fitness to practise procedures. Consequently if we do not receive the requested undertakings by [*insert* *date*] 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 10**

**Confirmation of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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 fitness to practise information and you will be notified of [*NHS England/name of ICB*]’s decision within [*30 days/four months*]. As previously indicated, in order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 11**

**Missing Undertakings Not Received**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 12**

**Email to GPhC/PSNI**

**Subject line: [*name of pharmacist, registration number, date of birth*]**

Dear [*insert*]

In connection with an application for inclusion in the relevant pharmaceutical list please could you supply the following information:

1. Confirmation that the above named is currently fully registered with the [*General Pharmaceutical Council/Pharmaceutical Society of Northern Ireland*].
2. If registration is subject to any conditions, details of those conditions.
3. Information as to whether the above named is currently subject to any investigations that have proceeded beyond the initial screening stage and, if so, the nature of those investigations.
4. Information as to whether the above named has previously been the subject of any investigations with an adverse outcome (including any resulting in the issue of a letter warning about future conduct), and, if so, the nature of those investigations and the penalty imposed.

This request is made pursuant to Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. I would be grateful to receive your reply by [*date*].

Yours sincerely

[email footer]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 13**

**Unable to Confirm Registration of Director(s)**

[*date*]

Dear [*insert*]

**Re: Application by [*name of body corporate*] for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – registration status of director[*s*]**

According to information supplied in connection with the above application [*name of director(s)*] [is/are] [a] registered pharmacist[s].

However, we have been unable to confirm that [*name(s)*] [is/are] [*a*] pharmacist[*s*] registered with the [*General Pharmaceutical Council (GPhC) /Pharmaceutical Society of Northern Ireland (PSNI)*]. Whilst registration with the [*GPhC/PSNI*] is not required for dispensing appliance contractors I would be grateful to receive your comments on the discrepancy between the information given in respect of [insert name of director] and the [*GPhC/PSNI*] register.

Please let me have your response by [*date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 14**

**Enquiry to NHS Counter Fraud Authority**

HEALTH & SOCIAL CARE ACT CHECK PURSUANT TO PART 6 OF THE NHS (PHARMACEUTICAL AND LOCAL PHARMACEUTICAL SERVICES) REGULATIONS 2013

Health body: [*insert commissioner's organisation*]

Postal address:

Contact name:

Telephone number:

CFOS checks:

[hsca@nhscfa.gov.uk](mailto:hsca@nhscfa.gov.uk) (for checks on individuals)

[InformationGovernance@nhscfa.gsi.gov.uk](mailto:InformationGovernance@nhscfa.gsi.gov.uk) (for checks on the body corporate)

Please advise whether NHS Counter Fraud Authority has any record of any adverse outcomes recorded against the body corporate or persons listed below:

|  |  |  |
| --- | --- | --- |
| Name of body corporate and trading name (if any) | Company registration number | Registered office address |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname | First name | Date of birth | Profession | Registration no | Home address |
|  |  |  | Pharmacist/GP/dentist/optometrist |  |  |
|  |  |  | Pharmacist/GP/dentist/optometrist |  |  |

**Chapter 10**

**Annex 15**

**Reference Request**

[*date*]

Dear [*insert*]

**Re: [*Name and address*]: request for professional reference**

The above named [has applied for inclusion in/is a director of a body corporate that has applied for inclusion in/] the pharmaceutical list and has given your name as a person willing to provide a reference in their professional capacity as a pharmacist.

Consequently I am writing to request a reference regarding the suitability of [*name*] to provide pharmaceutical services under the NHS terms of service. In this regard we are seeking confirmation that [*name*] is *at least* of an acceptable ability and competence in a range of professional attributes set out on the enclosed reference form.

Please note you must be able to comment on [*name*’s] knowledge, skills and competence as a pharmacist. If you are unable to do so please let me know at your earliest convenience.

If you have any reservations in any of the attribute areas, a cross in the relevant part of the form should indicate this and a statement of the reasons for your reservations should be provided. In this eventuality the application will be subject to further enquiries in pursuit of which [*NHS England/name of ICB*] may wish to approach you confidentially for further background information on your reservations.

Under the remit of the Data Protection Act 1998, any information provided by you in the reference is deemed confidential and will not be communicated to the applicant without your written consent. Please be advised that you may be contacted by [*NHS England/name of ICB*] to verify completion of the reference.

I would be grateful to receive your reference by [*date that is in 10 working days’ time*]. If you are unable to meet that deadline please advise me at your earliest opportunity and confirm when it will be sent to me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Admission to the pharmaceutical list - confidential reference request**

The pharmacist named below has applied for inclusion in a pharmaceutical list and has given your name as a referee who is willing to provide a reference in respect of a recent post (which may include their current post) they have held as a pharmacist which lasted at least three months without a significant break.

Please note that NHS England or the relevant delegated integrated care board should not, without good reason, accept references from:

* family members;
* business partners providing references for each other;
* any person with a financial interest in the application;
* Trainee pharmacists previously known as pre-registration trainees; or
* Your designated supervisor previously known as pre-registration trainer.

Please confirm, by **ticking this box**, that none of the above apply to you as the referee for this applicant

[*Delete this sentence if the referee is not a registered healthcare professional*] [Please note that this is a professional declaration on your part as a registered healthcare professional and provision of a false declaration will be treated very seriously and may lead to a referral to your regulatory body. If you are not in a position to give observations on any of the questions please indicate so. Please confirm that you understand this statement by ticking this box.]

Name of pharmacist:

Date form to be returned by:

Please state the dates the applicant worked with you and the professional relationship:

|  |  |
| --- | --- |
| **Date started**  (mm/yyyy) |  |
| **Date finished**  (mm/yyyy) |  |
| **Position held by the applicant on which you are providing this reference** |  |
| **Was this a patient-facing role?** |  |
| This reference is based upon (tick as appropriate):   * Opinion of line manager/equivalent * Close observation * Opinion of employer * General impression * Other.   Please give details …………………………………………………………  …………………………………………………………………………………………… | |
| Would you be happy to work with this pharmacist again?  ☐ Yes ☐ No | |
| Would you recommend this pharmacist to your friends and family?  ☐ Yes ☐ No | |

Please carefully consider the following aspects of the applicant’s practise and tick the appropriate box in each section.

In questions 1-3 if you have ticked the ‘I have insufficient knowledge to form a judgement on this aspect” box for any aspect please give further information to support your score and how you have come to your opinion.

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Pharmaceutical care.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |
| **2. Keeping records e.g. clinical interventions, near misses and errors, training records, signposting patients.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |
| **3. Work practises in line with professional standards and ethics.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |

For questions 4-12, please give your opinion regarding the applicant’s present knowledge, skills and personal attributes by circling the appropriate box that applies or crossing out those that do not apply.

Statements are provided to give examples of behaviours that would constitute different levels of performance, although this is not intended to be an exhaustive list. Please use the space provided to give examples of the applicant’s behaviour that support the rating you have given them in each area; this is essential if you have given a rating of 1 or 2.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Learning and development: ability to identify own learning and development needs, commits time and resources to appropriate training and development activities.** | | | | | | | | | | | | |
| 1. Reacts badly to  constructive feedback, not interested  in own development | | | 2. Needs assistance in identifying own training needs/ developing  personal targets | | | | | 3. Often learns from experience, generally reacts well to constructive feedback | | | | 4. Actively seeks out and welcomes constructive  feedback |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **5. Communication skills: capacity to adjust behaviour and language (written/spoken) as appropriate to needs of differing situations. Actively and clearly engages patient (and colleagues) in equal/open dialogue.** | | | | | | | | | | | | |
| 1. Uses technical language that patients do not understand, ignores what they have to say | | | 2. Can be lacking in clarity and coherence when speaking to patients | | | | | | 3. Often uses lay language to help patients understand | 4. Always speaks clearly, gives adequate time and checks patients understand | | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **6. Professional relationships with patients – maintaining trust.** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **7. Avoiding discrimination and prejudice against patients.** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **8. If things go wrong (dealing with complaints and errors) how well does the applicant manage these?** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **9. Team involvement: collaborative style, works with colleagues in partnership, able to compromise. Undertakes leadership role if required. Provides support, views self as part of larger organisation.** | | | | | | | | | | | | |
| 1. Sticks rigidly to their own agenda and doesn’t  negotiate | | | | | 2. Tends to take a ‘back seat’ rather than participating | | | | 3. Good at negotiating and usually able to compromise | | 4. Is excellent at supporting and  motivating others and at negotiating | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **10. Empathy and sensitivity: Capacity and motivation to take in patient/colleague perspective and sense associated feelings. Generates safe/understanding atmosphere – an understanding approach.** | | | | | | | | | | | | |
| 1. Is not sensitive to the feelings of patients and treats them in an  impersonal manner | | | | 2. Shows some interest in the individual and  occasionally reassures patients | | | | | 3. Usually demonstrates  empathy towards patients | | 4. Always shows empathy and  sensitivity; gives reassurance to the patient | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **11. Would you expect the applicant to protect patients when his/her own health or the health, behaviour or professional performance of other pharmacists potentially puts patients at risk?** | | | | | | | | | | | | |
| Yes | | | | | | No | | | I have insufficient knowledge to form a judgement on this aspect | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **12. Understanding of the NHS terms of service relating to the provision of pharmaceutical services** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **13. Is the applicant open and honest in their financial and commercial dealings in the following aspects?**  If you have ticked no for any aspect please provide additional information below to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **Any financial arrangements with patients** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| **Financial and commercial dealings with colleagues, employers, insurers and other organisations or individuals** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| **Accuracy of claims for the provision of pharmaceutical services** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **14. Are you aware of any current or previous convictions or GPhC/PSNI investigations where the outcome was adverse against the applicant?** (We will not discriminate unfairly against any applicant following receipt of information.) | | | | | | | | | | | | |
| Yes | | | | | | | No | | | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| If you wish to include any further information about the applicant’s strengths and weaknesses that have not been covered in the above and which you consider may be helpful, please state below or attach a covering letter. A letter without the completed form will not be accepted. | | | | | | | | | | | | |

**To the best of my knowledge and belief the information provided above and on any continuation sheets or addenda is accurate and does not contain any material misstatement or omission.**

**I note the persons that NHS England or the relevant delegated integrated care board should not accept a reference from and can confirm that I am not such a person.**

Signature ………………………………………………………………………………………

Date ……………………………………………………………………………………………

Name …………………………………………………………………………………………..

(Please print)

GPhC/PSNI registration number ………………………………………………………….

Contact telephone number: …………………………………………………………………

**Please send the completed form to:**

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 16**

**Letter to Referee – Chasing Response**

[*date*]

Dear [*insert*]

**Re: [*name & address*]: request for professional reference**

I wrote to you on [*insert date of letter*] requesting a professional reference in respect of the above named. I have not yet heard from you and, as we are unable to proceed with the application in the absence of references, I would be grateful if you are able to provide this by [*insert date that is ten working days away*]. If you require a further copy of the reference pro forma sent with my earlier letter please contact me by email on [pcse.marketentry@nhs.net](mailto:pcse.marketentry@nhs.net).

If you feel unable to provide a reference, it would be helpful for you to confirm this by post or email including, if possible, the reasons for this.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 17**

**Letter to Applicant – Non-receipt of Reference**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address* *or best estimate*] – non receipt of professional reference**

In connection with your application you named [*name of referee*] as a person willing to provide a professional reference in respect of [*name of director*].

We have requested a reference but despite sending a reminder we have not received a response. My purpose in writing to you is to ask if you are aware of any reasons for this (such as the referee’s absence on holiday) and to invite you to contact them to expedite the provision of a reference.

Please note that we are unable to proceed with the application in the absence of two professional references for the directors who are registered pharmacists so consequently your early attention to this will be helpful. I would therefore ask you to contact me by [*date that is ten working days away*] to advise the current position.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 18**

**Committee Report**

**[insert name of committee]**

**[insert date of meeting]**

**[insert agenda item number] - Consideration of fitness to practise information supplied in connection with an application for inclusion in the relevant pharmaceutical list – dispensing appliance contractor body corporate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CAS reference number** |  | | | | |
| **Type of application that has been submitted** | [Current needs/Future needs/Current improvements or better access/Future improvements or better access/Unforeseen benefits/No significant change relocation neighbouring HWB/Change of ownership/Combined change of ownership and no significant change relocation neighbouring HWB/Temporary listing arising out of suspension - delete as required. If a change of ownership include the address of the premises] | | | | |
| **Name of body corporate** |  | | | | |
| **Names** | (Director) | (Director) | (Director) | (Director) | (Body corporate) |
| **GPhC/PSNI registration** (pharmacists only) | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] |
| **NHS Counter Fraud Authority check**  (Where applicable) | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] |
| **NHS Resolution check**  (Where applicable) | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] |
| **References**  (pharmacists only) | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] |
| **Referees who refused to give a reference** (where applicable) | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] |
| **Details of any convictions, cautions, investigations, proceedings** | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] | [Attached / Not applicable] |
| **Relevant regulations and guidance** | Regulation 33 – refusal on fitness grounds  Regulation 34 – deferral on fitness grounds  Regulation 35 – conditional inclusion | | | | |

|  |  |
| --- | --- |
| **Fitness form** |  |

|  |  |
| --- | --- |
| **Additional information** |  |

|  |  |
| --- | --- |
| **Recommendation[[22]](#footnote-22)** |  |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 10**

**Annex 19**

**Fitness Reviewed Letter**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or* *best estimate*] – consideration of fitness to practise information**

Further to previous correspondence all statutory fitness to practise checks in connection with this application have been concluded. [*NHS England/insert name of ICB*] will now consider the market entry element of your application and we will write to you separately on this aspect.

You are reminded that you are bound by an undertaking to notify us within seven days of any material changes to the fitness information provided in connection with this application, and to notify us if the body corporate is included, or applies to be included, in any other relevant list.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 20**

**Mandatory Refusal**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – refusal on fitness grounds**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has concluded that the application must be refused under the provisions of regulation 33(1). Please see the enclosed report for the full reasons.

Under regulation 33(5)(b) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* *[if it’s a fraud case] [the NHS Counter Fraud Authority]*
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 21**

**Discretionary Refusal**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best* *estimate*] – refusal on fitness grounds**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has decided that the application is to be refused under the provisions of regulation 33(2). Please see the enclosed report for the full reasons.

Under regulation 33(5)(b) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* [*if it’s a fraud case*] [the NHS Counter Fraud Authority]
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 22**

**Minded to Place Conditions**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address* *or best estimate*]**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] is minded to place conditions on your inclusion in the pharmaceutical list should the market entry element of your application be granted. Please see the enclosed report for the full reasons.

Before [*NHS England/name of ICB*] makes its final decision you are invited to submit any written representations that you may wish to make on this matter. Please submit these to me no later than [*insert date that is at least 7 days in the future*]. [*NHS England/name of ICB*] will consider these at an oral hearing of the [*insert name of committee*] at [*insert date, time* *and place*].

Should you wish to make oral representations at the hearing then please let me know by [*insert* *date*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 23**

**Conditions**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application by [*name of body corporate*] for inclusion in the relevant pharmaceutical list at [*address or best* *estimate*] – imposition of fitness to practise conditions**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has decided that, if the market entry element of your application is granted, inclusion of [*name of body corporate*] in the relevant pharmaceutical list is to be subject to certain conditions under the provisions of regulation 35. Please see the enclosed report for the full reasons.

Under regulation 35(4)(b) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* [*if it’s a fraud case*] [the NHS Counter Fraud Authority]
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

You are reminded that the application is still to be determined under the market entry provision of the regulations and we will write to you separately about this.

You are further reminded that you bound by an undertaking to notify us within seven days of any material changes to the fitness information provided in connection with this application, and to notify us if the body corporate is included, or applies to be included, in any other relevant list.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 24**

**Deferral**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application by [name of body corporate] for inclusion in the relevant pharmaceutical list at [*address or best* *estimate*] – deferral on fitness grounds**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above application.

The information you have provided has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and it is noted that there is an outstanding investigation of the kind specified in regulation 34(1) of the regulations. Please see the enclosed report for the full reasons.

Accordingly [*NHS England/name of ICB*] has concluded that determination of the application for inclusion in the pharmaceutical list is to be deferred until the outcome of the investigation is known. I will contact you again at that time.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 25**

**No Further Grounds to Defer**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – deferral on fitness grounds**

Further to my letter of [*insert date Annex 24 sent*] I am writing to advise that the [*outcome of the cause for the deferral is now known/reason for the deferral of the above application no longer exists*]. Please could you therefore update your application and confirm whether you wish to proceed with the application or not within 30 days, i.e. by [*insert* *date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 26**

**Application Withdrawn**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*] – deferral on fitness grounds**

Further to my letter of [*insert date Annex 25 sent*] *[I am writing to confirm that no response has been received*] [*you have confirmed that you do not wish to proceed with the above application*]. Your application is therefore being treated as withdrawn.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 27**

**Application Proceeding**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in the relevant pharmaceutical list at [*address or best estimate*]**

I am writing to confirm receipt of your letter confirming your wish to proceed with the above application.

We will undertake the required checks and you will be notified of [*NHS England/name of ICB*]’s decision in due course. In order for your application to be successful it must be granted under both fitness to practise and market entry procedures.

You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 28**

**Notification of Refusal of Application to Interested Parties**

[*date*]

Dear [*insert*]

**Re: Application by [*insert name of applicant*] for inclusion in the relevant pharmaceutical list at [*address or best estimate*]**

I am writing to confirm that the above application has been refused.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 29**

**Notification of Refusal – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name and address of body corporate*] – application for inclusion in the relevant pharmaceutical list refused under regulation 33 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013**

The above named body corporate has submitted an application for inclusion in the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board. The fitness to practise information provided in connection with this has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has determined that the inclusion of [*name of body corporate*] is to be refused under the provisions of regulation 33. Please see the enclosed report for the full reasons.

The decision is based on the following information.

* *[Insert name of body corporate]*
* *[Insert Companies House registration]*
* *[Insert registered office address]*
* *[Insert director name(s) and GPhC/PSNI registration where they are a registered pharmacist]*

The applicant has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/the ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 10**

**Annex 30**

**Notification of Conditions – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name and address of body corporate*] – conditional inclusion in the relevant pharmaceutical list under regulation 35 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013**

The above named body corporate has submitted an application for inclusion in the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board. The fitness to practise information provided in connection with this has been considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has determined that the inclusion of [*name of body corporate]*] is to be subject to certain conditions under the provisions of regulation 35. Please see the enclosed report for the full reasons.

The applicant has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/the ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 1**

**Change of Director and/or Superintendent - Pharmacy**

**Fitness information to be provided following a change of director and/or superintendent – pharmacy body corporate**

Where a pharmacy body corporate appoints a new director and/or superintendent it must notify NHS England or the relevant delegated integrated care board via the Primary Care Support Service Provider within 30 days of the person taking up their new post, and supply the information set out in this form.

Please complete in block capitals.

**Section A – details of the body corporate**

|  |  |
| --- | --- |
| Full registered name of the body corporate |  |
| Trading name (if any) |  |
| Companies House company registration number |  |
| Address of registered office |  |
| Fixed line telephone number of registered office. If one is not available please state accordingly. |  |

A new director(s) and/or superintendent\* was/were appointed on

……………………………………………………………… (insert date or dates, as applicable)

\*delete as appropriate

Please note that details of the director, directors or superintendent who have left are to be sent to NHS England or the relevant delegated integrated care board using annex 28, chapter 11 of the Pharmacy Manual.

Please provide the following information for the new director/superintendent.

|  |  |
| --- | --- |
| **Superintendent’s full name** |  |
| **Superintendent’s date of birth** |  |
| **Superintendent's private address** |  |
| **GPhC registration number** |  |

|  |  |
| --- | --- |
| **Director’s full name** |  |
| **Director’s date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |

|  |  |
| --- | --- |
| **Director’s full name** |  |
| **Director’s date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |

|  |  |
| --- | --- |
| **Director’s full name** |  |
| **Director’s date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |

Where a new superintendent is appointed the information in section B must be provided by that individual.

Where a new director is, or directors are, appointed the information in section C must be provided by each individual.

|  |  |
| --- | --- |
| Full name (block capitals) |  |
| Position in body corporate |  |
| Date |  |

**The information in section B is to be provided by the new superintendent**

**Section B – the superintendent**

|  |  |
| --- | --- |
| Full name |  |

|  |  |  |
| --- | --- | --- |
| **Pharmaceutical qualifications** | **Where obtained** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please enter below details of your professional experience starting with your current or most recent post, including your foundation training (previously known as pre-registration training) post.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date commenced**  **(MM/YYYY)** | **Date finished (MM/YYYY)** | **Appointment or post held, employer, employer's address** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

Attach a continuation sheet if more space is needed.

|  |
| --- |
| Please provide an explanation of any gaps in employment.  Attach a continuation sheet if more space is needed. |

Were you dismissed from any of the above appointments? Yes ☐ No ☐

|  |
| --- |
| If **yes** provide details in this box  Attach a continuation sheet if more space is needed. |

**References**

Please provide details of two referees who are willing to provide references in respect of two recent posts (which may include any current post) held by the superintendent as a pharmacist which lasted at least three months without a significant break. The referee should be a pharmacist registered with the GPhC or PSNI and must be able to comment on the pharmacist’s knowledge, skills and competence.

NHS England or the relevant delegated integrated care board will not, without good reason, accept references from:

* Family members;
* Business partners providing references for each other;
* Any person with a financial interest in the application;
* Persons with significant control (and where this is another body corporate, any director or superintendent of, or person with significant control of, that second body corporate) of the body corporate;
* Trainee pharmacists previously known as pre-registration trainees; or
* Your designated supervisor previously known as pre-registration trainer.

|  |  |
| --- | --- |
| Referee 1 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes ☐ | Referee 2 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes ☐ |

If it is not possible to provide two referees in respect of two recent posts as a pharmacist which lasted more than three months without a significant break, please state why and provide details of alternative referees who are acceptable to NHS England or the relevant delegated integrated care board bearing in mind the bullet points above.

|  |
| --- |
| Attach a continuation sheet if more space is needed. |

**Fitness information**

Please note that all convictions are to be declared, even those that would otherwise be classed as ‘spent’.

Please delete “yes” or “no” as appropriate to indicate whether you:

|  |  |  |
| --- | --- | --- |
| A | have been convicted of any criminal offence in the United Kingdom | Yes/No |
|  | have been bound over following a criminal conviction in the United Kingdom | Yes/No |
|  | have accepted a police caution in the United Kingdom | Yes/No |
|  | have, in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging the superintendent or any director absolutely (without proceeding to conviction) | Yes/No |
|  | have accepted and agreed to pay either a procurator fiscal fine under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution) | Yes/No |
| B | have at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England | Yes/No |
| C | are currently the subject of any criminal proceedings in the United Kingdom | Yes/No |
|  | are currently the subject of any criminal proceedings elsewhere than in the United Kingdom if the originating events, if they took place in England, could lead to a criminal conviction in England | Yes/No |
| D | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your fitness to practise by a licensing body[[23]](#footnote-23) | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| E | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your professional conduct by an employer | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| F | are, or have been to your knowledge subject to any investigation or proceedings that could lead or could have led to your removal from a relevant list[[24]](#footnote-24) for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| Details of that investigation or those proceedings, and of any final outcome to that investigation or those proceedings.  Attach a continuation sheet if more space is needed | | |
| G | are, or have been to your knowledge, where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud | Yes/No |
| H | have been refused inclusion in, or conditionally included in, or contingently removed or suspended from, any relevant list for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| If “yes” has been entered in response to any of the questions A, B, C, G or H please provide full details in this section and attach a continuation sheet if necessary.  Attach a continuation sheet if necessary. | | |
| If you are in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion where the refusal or conditional inclusion has not yet reached its final outcome.  Attach a continuation sheet if necessary. | | |

You are also required to provide certain information in respect of any other body corporate of which you:

* + - * Are or have been a director or superintendent in the six months prior to the date of this application, and/or
* Have been a director or superintendent for more than six months prior to the date of this application, where you were a director or superintendent of that body corporate at the time of the originating events to which the information in this section relates.

Do you have any declarations to make in respect of any other body corporate of which you are or have been a director or superintendent? Yes No

If you have answered yes, please provide the following information on the body corporate in relation to which you need to make a declaration.

|  |  |
| --- | --- |
| Full registered name of the other body corporate |  |
| Trading names (if any) |  |
| Companies House company registration number |  |
| Address of registered office |  |
| Fixed line telephone number of registered office. If one is not available please state accordingly. |  |

Attach a continuation sheet if you need to add the details of more than one body corporate.

Please delete “yes” or “no” as appropriate to indicate whether the body corporate:

|  |  |
| --- | --- |
| Has any convictions for offences committed in the United Kingdom that are not spent convictions? | Yes/No |
| Has (being a body corporate registered in the UK) at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England? | Yes/No |
| Is currently subject to criminal proceedings in the UK or elsewhere than in the UK if the originating events, if they took place in England, could lead to criminal conviction in England? | Yes/No |
| Is, to its knowledge, subject to an investigation by the General Pharmaceutical Council in relation to an entry in Part 3 of the GPhC register, or has it been subject to an investigation by the General Pharmaceutical Council, the Royal Pharmaceutical Society of Great Britain or the Pharmaceutical Society of Northern Ireland in relation to an entry in the register required to be kept under section 75 of the Medicines Act 1968 (registration of premises) where the outcome was adverse? | Yes/No |
| Is, to its knowledge, or has it been subject to any investigation or proceedings that could lead or could have led to its removal from a relevant list? | Yes/No |
| Is, to its knowledge, or has it been where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud? | Yes/No |
| Has been refused inclusion in, or conditionally included (other than by reason of a condition imposed under Part 9 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013) in a relevant list? | Yes/No |
| If “yes” has been answered to any of the above questions please provide full details.  Name of body corporate:  Attach a continuation sheet if necessary. | |
| If the body corporate is in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion, where the refusal or conditional inclusion has not yet reached its final outcome.  Name of body corporate:  Attach a continuation sheet if necessary. | |
| Is there any case in which an application by the relevant body corporate has lapsed by virtue of regulation 35(8) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulation 2013? | Yes/No |
| If “yes” has been answered to the above question please provide full details.  Name of body corporate:  Attach a continuation sheet if necessary |  |

I declare that the information given in this form and on any continuation sheets or addenda is true and complete.

|  |  |
| --- | --- |
| Full name |  |
| Date |  |
| Email address |  |

**The information in section C is to be provided by the new director**

**Section C – directors**

|  |  |
| --- | --- |
| Full name |  |

**Pharmaceutical qualifications**

If you are a pharmacist, please provide your pharmaceutical qualifications.

|  |  |  |
| --- | --- | --- |
| **Pharmaceutical qualification** | **Where obtained** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Professional experience**

If you are a pharmacist, please provide details of your professional experience starting with your current or most recent post, including your foundation training (previously known as pre-registration training) post.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date commenced**  **(MM/YYYY)** | **Date finished**  **(MM/YYYY)** | **Appointment or post held, employer, employer's address** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |

Attach a continuation sheet if more space is needed.

|  |
| --- |
| Please provide an explanation of any gaps in employment  Attach a continuation sheet if more space is needed. |

Were you dismissed from any of the above appointments? Yes No

|  |
| --- |
| If yes, provide details below.    Attach a continuation sheet if more space is needed. |

**References**

If you are a pharmacist, please provide details of two referees who are willing to provide references in respect of two recent posts held (which may include any current post) as a pharmacist which lasted at least three months without a significant break. The referee should be a pharmacist registered with the GPhC/PSNI and must be able to comment on the pharmacist’s knowledge, skills and competence.

NHS England or the relevant delegated integrated care board will not, without good reason, accept references from:

* Family members;
* Business partners providing references for each other;
* Any person with a financial interest in the application;
* Persons with significant control (and where this is another body corporate, any director or superintendent of, or person with significant control of, that second body corporate) of the body corporate;
* Trainee pharmacists previously known as pre-registration trainees; or
* Your designated supervisor previously known as pre-registration trainer.

|  |  |
| --- | --- |
| Referee 1 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes | Referee 2 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes |

If it is not possible to provide two referees in respect of two recent posts as a pharmacist which lasted more than three months without a significant break, please state why and provide details of alternative referees who are acceptable to NHS England or the relevant delegated integrated care board bearing in mind the bullet points above.

|  |
| --- |
| Attach a continuation sheet if more space is needed. |

**Fitness information**

Please note that all convictions are to be declared, even those that would otherwise be classed as ‘spent’.

Please delete “yes” or “no” as appropriate to indicate whether you:

|  |  |  |
| --- | --- | --- |
| A | have been convicted of any criminal offence in the United Kingdom | Yes/No |
| A | have been bound over following a criminal conviction in the United Kingdom | Yes/No |
| A | have accepted a police caution in the United Kingdom | Yes/No |
| A | have, in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging the superintendent or any director absolutely (without proceeding to conviction) | Yes/No |
| A | have accepted and agreed to pay either a procurator fiscal fine under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution) | Yes/No |
| B | have at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England | Yes/No |
| C | are currently the subject of any criminal proceedings in the United Kingdom | Yes/No |
| C | are currently the subject of any criminal proceedings elsewhere than in the United Kingdom if the originating events, if they took place in England, could lead to a criminal conviction in England | Yes/No |
| D | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your fitness to practise by a licensing body[[25]](#footnote-25) | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| E | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your professional conduct by an employer | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| F | are, or have been to your knowledge subject to any investigation or proceedings that could lead or could have led to your removal from a relevant list[[26]](#footnote-26) for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| Details of that investigation or those proceedings, and of any final outcome to that investigation or those proceedings.  Attach a continuation sheet if more space is needed | | |
| G | are, or have been to your knowledge, where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud | Yes/No |
| H | have been refused inclusion in, or conditionally included in, or contingently removed or suspended from, any relevant list for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| If “yes” has been entered in response to any of the questions A, B, C, G or H please provide full details in this section and attach a continuation sheet if necessary.  Attach a continuation sheet if necessary. | | |
| If you are in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion where the refusal or conditional inclusion has not yet reached its final outcome.  Attach a continuation sheet if necessary. | | |

You are also required to provide certain information in respect of any other body corporate of which you:

* + - * Are or have been a director or superintendent in the six months prior to the date of this application, and/or
* Have been a director or superintendent for more than six months prior to the date of this application, where you were a director or superintendent of that body corporate at the time of the originating events to which the information in this section relates.

Do you have any declarations to make in respect of any other body corporate of which you are or have been a director or superintendent? Yes No

If you have answered yes, please provide the following information on the body corporate in relation to which you need to make a declaration.

|  |  |
| --- | --- |
| Full registered name of the other body corporate |  |
| Trading names (if any) |  |
| Companies House company registration number |  |
| Address of registered office |  |
| Fixed line telephone number of registered office. If one is not available please state accordingly. |  |

Attach a continuation sheet if you need to add the details of more than one body corporate.

Please delete “yes” or “no” as appropriate to indicate whether the body corporate:

|  |  |
| --- | --- |
| Has any convictions for offences committed in the United Kingdom that are not spent convictions? | Yes/No |
| Has (being a body corporate registered in the UK) at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England? | Yes/No |
| Is currently subject to criminal proceedings in the UK or elsewhere than in the UK if the originating events, if they took place in England, could lead to criminal conviction in England? | Yes/No |
| Is, to its knowledge, subject to an investigation by the General Pharmaceutical Council in relation to an entry in Part 3 of the GPhC register, or has it been subject to an investigation by the General Pharmaceutical Council, the Royal Pharmaceutical Society of Great Britain or the Pharmaceutical Society of Northern Ireland in relation to an entry in the register required to be kept under section 75 of the Medicines Act 1968 (registration of premises) where the outcome was adverse? | Yes/No |
| Is, to its knowledge, or has it been subject to any investigation or proceedings that could lead or could have led to its removal from a relevant list? | Yes/No |
| Is, to its knowledge, or has it been where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud? | Yes/No |
| Has been refused inclusion in, or conditionally included (other than by reason of a condition imposed under Part 9 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013) in a relevant list? | Yes/No |
| If “yes” has been answered to any of the above questions please provide full details.  Name of body corporate:  Attach a continuation sheet if necessary. | |
| If the body corporate is in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion, where the refusal or conditional inclusion has not yet reached its final outcome.  Name of body corporate:  Attach a continuation sheet if necessary. | |
| Is there any case in which an application by the relevant body corporate has lapsed by virtue of regulation 35(8) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulation 2013? | Yes/No |
| If “yes” has been answered to the above question please provide full details.  Name of body corporate:  Attach a continuation sheet if necessary |  |

I declare that the information given in this form and on any continuation sheets or addenda is true and complete.

|  |  |
| --- | --- |
| Full name |  |
| Date |  |
| Email address |  |

I declare that the information given in this form and on any continuation sheets or addenda is true and complete.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 2**

**Change of Director - DAC**

**Fitness information to be provided following a change of director – DAC body corporate**

Where a dispensing appliance contractor body corporate appoints a new director it must notify NHS England or the relevant delegated integrated care board via the Primary Care Support Service Provider within 30 days and supply the information set out in this form.

Please complete in block capitals.

**Section A – details of the body corporate**

|  |  |
| --- | --- |
| Full registered name of the body corporate |  |
| Trading name (if any) |  |
| Companies House company registration number |  |
| Address of registered office |  |
| Fixed line telephone number of registered office. If one is not available please state accordingly. |  |

A new director was appointed on

………………………………………………………………………. (insert date)

Please provide the following information for the new director.

|  |  |
| --- | --- |
| **Director’s full name** |  |
| **Director’s date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |

Where a new director is appointed the information in section B must be provided by that individual.

|  |  |
| --- | --- |
| Full name (block capitals) |  |
| Position in body corporate |  |
| Date |  |

**The information in section B is to be provided by the new director**

**Section B – directors**

|  |  |
| --- | --- |
| Full name |  |

**Pharmaceutical qualifications**

If you are a pharmacist, please provide your pharmaceutical qualifications.

|  |  |  |
| --- | --- | --- |
| **Pharmaceutical qualification** | **Where obtained** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Professional experience**

If you are a pharmacist, please provide details of your professional experience starting with your current or most recent post, including your foundation training (previously known as pre-registration training) post.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date commenced**  **(MM/YYYY)** | **Date finished**  **(MM/YYYY)** | **Appointment or post held, employer, employer's address** |
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| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |

Attach a continuation sheet if more space is needed.

|  |
| --- |
| Please provide an explanation of any gaps in employment  Attach a continuation sheet if more space is needed. |

Were you dismissed from any of the above appointments? Yes No

|  |
| --- |
| If yes, provide details below.    Attach a continuation sheet if more space is needed. |

**References**

If you are a pharmacist, please provide details of two referees who are willing to provide references in respect of two recent posts held (which may include any current post) as a pharmacist which lasted at least three months without a significant break. The referee should be a pharmacist registered with the GPhC or PSNI and must be able to comment on the pharmacist’s knowledge, skills and competence.

NHS England or the relevant delegated integrated care board will not, without good reason, accept references from:

* Family members;
* Business partners providing references for each other;
* Any person with a financial interest in the application;
* Persons with significant control (and where this is another body corporate, any director or superintendent of, or person with significant control of, that second body corporate) of the body corporate;
* Trainee pharmacists previously known as pre-registration trainees; or
* Your designated supervisor previously known as pre-registration trainer.

|  |  |
| --- | --- |
| Referee 1 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes | Referee 2 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes |

If it is not possible to provide two referees in respect of two recent posts as a pharmacist which lasted more than three months without a significant break, please state why and provide details of alternative referees who are acceptable to NHS England or the relevant delegated integrated care board bearing in mind the bullet points above.

|  |
| --- |
| Attach a continuation sheet if more space is needed. |

**Fitness information**

Please note that all convictions are to be declared, even those that would otherwise be classed as ‘spent’.

Please delete “yes” or “no” as appropriate to indicate whether you:

|  |  |  |
| --- | --- | --- |
| A | have been convicted of any criminal offence in the United Kingdom | Yes/No |
| A | have been bound over following a criminal conviction in the United Kingdom | Yes/No |
| A | have accepted a police caution in the United Kingdom | Yes/No |
| A | have, in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging the superintendent or any director absolutely (without proceeding to conviction) | Yes/No |
| A | have accepted and agreed to pay either a procurator fiscal fine under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution) | Yes/No |
| B | have at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England | Yes/No |
| C | are currently the subject of any criminal proceedings in the United Kingdom | Yes/No |
| C | are currently the subject of any criminal proceedings elsewhere than in the United Kingdom if the originating events, if they took place in England, could lead to a criminal conviction in England | Yes/No |
| D | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your fitness to practise by a licensing body[[27]](#footnote-27) | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| E | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your professional conduct by an employer | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| F | are, or have been to your knowledge subject to any investigation or proceedings that could lead or could have led to your removal from a relevant list[[28]](#footnote-28) for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| Details of that investigation or those proceedings, and of any final outcome to that investigation or those proceedings.  Attach a continuation sheet if more space is needed | | |
| G | are, or have been to your knowledge, where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud | Yes/No |
| H | have been refused inclusion in, or conditionally included in, or contingently removed or suspended from, any relevant list for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| If “yes” has been entered in response to any of the questions A, B, C, G or H please provide full details in this section and attach a continuation sheet if necessary.  Attach a continuation sheet if necessary. | | |
| If you are in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion where the refusal or conditional inclusion has not yet reached its final outcome.  Attach a continuation sheet if necessary. | | |

You are also required to provide certain information in respect of any other body corporate of which you:

* + - * Are or have been a director or superintendent in the six months prior to the date of this application, and/or
* Have been a director or superintendent for more than six months prior to the date of this application, where you were a director or superintendent of that body corporate at the time of the originating events to which the information in this section relates.

Do you have any declarations to make in respect of any other body corporate of which you are or have been a director or superintendent? Yes No

If you have answered yes, please provide the following information on the body corporate in relation to which you need to make a declaration.

|  |  |
| --- | --- |
| Full registered name of the other body corporate |  |
| Trading names (if any) |  |
| Companies House company registration number |  |
| Address of registered office |  |
| Fixed line telephone number of registered office. If one is not available please state accordingly. |  |

Attach a continuation sheet if you need to add the details of more than one body corporate.

Please delete “yes” or “no” as appropriate to indicate whether the body corporate:

|  |  |
| --- | --- |
| Has any convictions for offences committed in the United Kingdom that are not spent convictions? | Yes/No |
| Has (being a body corporate registered in the UK) at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England? | Yes/No |
| Is currently subject to criminal proceedings in the UK or elsewhere than in the UK if the originating events, if they took place in England, could lead to criminal conviction in England? | Yes/No |
| Is, to its knowledge, subject to an investigation by the General Pharmaceutical Council in relation to an entry in Part 3 of the GPhC register, or has it been subject to an investigation by the General Pharmaceutical Council, the Royal Pharmaceutical Society of Great Britain or the Pharmaceutical Society of Northern Ireland in relation to an entry in the register required to be kept under section 75 of the Medicines Act 1968 (registration of premises) where the outcome was adverse? | Yes/No |
| Is, to its knowledge, or has it been subject to any investigation or proceedings that could lead or could have led to its removal from a relevant list? | Yes/No |
| Is, to its knowledge, or has it been where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud? | Yes/No |
| Has been refused inclusion in, or conditionally included (other than by reason of a condition imposed under Part 9 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013) in a relevant list? | Yes/No |
| If “yes” has been answered to any of the above questions please provide full details.  Name of body corporate:  Attach a continuation sheet if necessary. | |
| If the body corporate is in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion, where the refusal or conditional inclusion has not yet reached its final outcome.  Name of body corporate:  Attach a continuation sheet if necessary. | |
| Is there any case in which an application by the relevant body corporate has lapsed by virtue of regulation 35(8) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulation 2013? | Yes/No |
| If “yes” has been answered to the above question please provide full details.  Name of body corporate:  Attach a continuation sheet if necessary |  |

I declare that the information given in this form and on any continuation sheets or addenda is true and complete.

|  |  |
| --- | --- |
| Full name |  |
| Date |  |
| Email address |  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 3**

**First Referral Questions**

* [I have identified the following missing information:
  + [*insert details*]

Please advise of any other missing information that you wish me to request.]

* [I have not identified any missing information. Is there any information that you wish me to request?]
* Please can you confirm that, at this stage, the referees are acceptable?
* Please can you confirm whether or not the body corporate only holds an LPS contract and if so, whether the contract contains a requirement to notify of changes of director and/or superintendent?

**Chapter 11**

**Annex 4**

**Confirmation of Receipt of Information**

[*date*]

Dear [*insert*]

**Change of [director/superintendent] – [*insert contractor name*]**

I am writing to confirm receipt of the fitness to practise information on [*insert* *date*].

We will now begin to process the fitness information and you will be notified of [*NHS England/name of ICB*]’s decision in due course.

You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 5**

**Request for Missing Information**

[*date*]

Dear [*insert*]

**Change of [director/superintendent] – [*insert contractor name*]**

I am writing to confirm receipt of the above information on [*insert* *date*]. It 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*].

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 6**

**Confirmation of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Change of [director/superintendent] – [*insert contractor name*]**

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

We will now begin to process the fitness to practise information and you will be notified of [*NHS England/name of ICB*]’s decision in due course.

Should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 7**

**Email to GPhC/PSNI**

**Subject line: [*name of pharmacist, registration number, date of birth*]**

Dear [*insert*]

In connection with a change in [*director/superintendent*] please could you supply the following information:

1. Confirmation that the above named is currently fully registered with the [*General Pharmaceutical Council/Pharmaceutical Society of Northern Ireland*].
2. If registration is subject to any conditions, details of those conditions.
3. Information as to whether the above named is currently subject to any investigations that have proceeded beyond the initial screening stage and, if so, the nature of those investigations.
4. Information as to whether the above named has previously been the subject of any investigations with an adverse outcome (including any resulting in the issue of a letter warning about future conduct), and, if so, the nature of those investigations and the penalty imposed.

This request is made pursuant to Part 11 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. I would be grateful to receive your reply by [*date*].

Yours sincerely

[email footer]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 8**

**Unable to Confirm GPhC Registration**

[*date*]

Dear [*insert*]

**Re: Change of superintendent – [*insert contractor name*]**

In connection with the fitness to practise information supplied we have been unable to confirm your registration with the General Pharmaceutical Council. Under the Medicines Act 1968 ownership of pharmacies is restricted to registered pharmacists, partnerships of registered pharmacies, or registered bodies corporate with a superintendent pharmacist.

I would be grateful to receive your comments on this situation.

Please let me have your response to this letter by [*date*]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 9**

**Unable to Confirm GPhC/PSNI Registration**

[*date*]

Dear [*insert*]

**Re: Change of director – [*insert contractor name*]**

In connection with the fitness to practise information supplied we have been unable to confirm your registration with the [*General Pharmaceutical Council/Pharmaceutical Society of Northern Ireland*].

I would be grateful to receive your comments on this situation.

Please let me have your response to this letter by [*date*]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 10**

**Enquiry to NHS Counter Fraud Authority**

HEALTH & SOCIAL CARE ACT CHECK PURSUANT TO PART 6 OF THE NHS (PHARMACEUTICAL AND LOCAL PHARMACEUTICAL SERVICES) REGULATIONS 2013

Health body: [*insert commissioner's organisation*]

Postal address:

Contact name:

Telephone number: CFOS checks: [hsca@nhscfa.gov.uk](mailto:hsca@nhscfa.gov.uk)

Please advise whether NHS Counter Fraud Authority has any record of any adverse outcomes recorded against the registered pharmacist listed below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname | First name | Date of birth | Profession | [GPhC/PSNI] registration no | Home address |
|  |  |  | Pharmacist |  |  |

**Chapter 11**

**Annex 11**

**Reference Request**

[*date*]

Dear [*insert*]

**Re: [*Name and address*]: request for professional reference**

The above named has given your name as a person willing to provide a reference in their professional capacity as a pharmacist.

Consequently I am writing to request a reference regarding the suitability of [*name*] to provide pharmaceutical services under the NHS terms of service. In this regard we are seeking confirmation that [*name*] is *at least* of an acceptable ability and competence in a range of professional attributes set out on the enclosed reference form.

Please note you must be able to comment on [*name*’s] knowledge, skills and competence as a pharmacist. If you are unable to do so please let me know at your earliest convenience.

If you have any reservations in any of the attribute areas, a cross in the relevant part of the form should indicate this and a statement of the reasons for your reservations is to be provided. In this eventuality the application will be subject to further enquiries in pursuit of which [*NHS England/name of ICB*] may wish to approach you confidentially for further background information on your reservations.

Under the remit of the Data Protection Act 1998, any information provided by you in the reference is deemed confidential and will not be communicated to the individual without your written consent. Please be advised that you may be contacted by [*NHS England/name of ICB*] to verify completion of the reference.

I would be grateful to receive your reference by [*date that is in 10 working days’ time*]. If you are unable to meet that deadline please advise me at your earliest opportunity and confirm when it will be sent to me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Admission to the pharmaceutical list - confidential reference request**

The pharmacist named below has applied for inclusion in a pharmaceutical list and has given your name as a referee who is willing to provide a reference in respect of a recent post (which may include their current post) they have held as a pharmacist which lasted at least three months without a significant break.

Please note that NHS England or the relevant delegated integrated care board should not, without good reason, accept references from:

* family members;
* business partners providing references for each other;
* any person with a financial interest in the application;
* Trainee pharmacists previously known as pre-registration trainees; or
* Your designated supervisor previously known as pre-registration trainer.

Please confirm, by **ticking this box**, that none of the above apply to you as the referee for this applicant

[*Delete this sentence if the referee is not a registered healthcare professional*] [Please note that this is a professional declaration on your part as a registered healthcare professional and provision of a false declaration will be treated very seriously and may lead to a referral to your regulatory body. If you are not in a position to give observations on any of the questions please indicate so. Please confirm that you understand this statement by ticking this box.]

Name of pharmacist:

Date form to be returned by:

Please state the dates the applicant worked with you and the professional relationship:

|  |  |
| --- | --- |
| **Date started**  (mm/yyyy) |  |
| **Date finished**  (mm/yyyy) |  |
| **Position held by the applicant on which you are providing this reference** |  |
| **Was this a patient-facing role?** |  |
| This reference is based upon (tick as appropriate):   * Opinion of line manager/equivalent * Close observation * Opinion of employer * General impression * Other.   Please give details …………………………………………………………  …………………………………………………………………………………………… | |
| Would you be happy to work with this pharmacist again?  ☐ Yes ☐ No | |
| Would you recommend this pharmacist to your friends and family?  ☐ Yes ☐ No | |

Please carefully consider the following aspects of the applicant’s practise and tick the appropriate box in each section.

In questions 1-3 if you have ticked the ‘I have insufficient knowledge to form a judgement on this aspect” box for any aspect please give further information to support your score and how you have come to your opinion.

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Pharmaceutical care.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |
| **2. Keeping records e.g. clinical interventions, near misses and errors, training records, signposting patients.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |
| **3. Work practises in line with professional standards and ethics.** | | | |
| * I have insufficient knowledge to form a judgement on this aspect | * Less than satisfactory | * Satisfactory | * Good to excellent |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | |

For questions 4-12, please give your opinion regarding the applicant’s present knowledge, skills and personal attributes by circling the appropriate box that applies or crossing out those that do not apply.

Statements are provided to give examples of behaviours that would constitute different levels of performance, although this is not intended to be an exhaustive list. Please use the space provided to give examples of the applicant’s behaviour that support the rating you have given them in each area; this is essential if you have given a rating of 1 or 2.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Learning and development: ability to identify own learning and development needs, commits time and resources to appropriate training and development activities.** | | | | | | | | | | | | |
| 1. Reacts badly to  constructive feedback, not interested  in own development | | | 2. Needs assistance in identifying own training needs/ developing  personal targets | | | | | 3. Often learns from experience, generally reacts well to constructive feedback | | | | 4. Actively seeks out and welcomes constructive  feedback |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **5. Communication skills: capacity to adjust behaviour and language (written/spoken) as appropriate to needs of differing situations. Actively and clearly engages patient (and colleagues) in equal/open dialogue.** | | | | | | | | | | | | |
| 1. Uses technical language that patients do not understand, ignores what they have to say | | | 2. Can be lacking in clarity and coherence when speaking to patients | | | | | | 3. Often uses lay language to help patients understand | 4. Always speaks clearly, gives adequate time and checks patients understand | | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **6. Professional relationships with patients – maintaining trust.** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **7. Avoiding discrimination and prejudice against patients.** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **8. If things go wrong (dealing with complaints and errors) how well does the applicant manage these?** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **9. Team involvement: collaborative style, works with colleagues in partnership, able to compromise. Undertakes leadership role if required. Provides support, views self as part of larger organisation.** | | | | | | | | | | | | |
| 1. Sticks rigidly to their own agenda and doesn’t  negotiate | | | | | 2. Tends to take a ‘back seat’ rather than participating | | | | 3. Good at negotiating and usually able to compromise | | 4. Is excellent at supporting and  motivating others and at negotiating | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **10. Empathy and sensitivity: Capacity and motivation to take in patient/colleague perspective and sense associated feelings. Generates safe/understanding atmosphere – an understanding approach.** | | | | | | | | | | | | |
| 1. Is not sensitive to the feelings of patients and treats them in an  impersonal manner | | | | 2. Shows some interest in the individual and  occasionally reassures patients | | | | | 3. Usually demonstrates  empathy towards patients | | 4. Always shows empathy and  sensitivity; gives reassurance to the patient | |
| Please give details to aid our assessment of the applicant’s fitness to practise.  I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | | | |
| **11. Would you expect the applicant to protect patients when his/her own health or the health, behaviour or professional performance of other pharmacists potentially puts patients at risk?** | | | | | | | | | | | | |
| Yes | | | | | | No | | | I have insufficient knowledge to form a judgement on this aspect | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **12. Understanding of the NHS terms of service relating to the provision of pharmaceutical services** | | | | | | | | | | | | |
| 1. I have insufficient  knowledge to form a judgement on this aspect | | | | | | 2. Less than  satisfactory | | | 3. Satisfactory | | 4. Good to excellent | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **13. Is the applicant open and honest in their financial and commercial dealings in the following aspects?**  If you have ticked no for any aspect please provide additional information below to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **Any financial arrangements with patients** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| **Financial and commercial dealings with colleagues, employers, insurers and other organisations or individuals** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| **Accuracy of claims for the provision of pharmaceutical services** | | | | | | | | | | | | |
| Yes | No | I have insufficient knowledge to form a judgement on this aspect | | | | | | | | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| **14. Are you aware of any current or previous convictions or GPhC/PSNI investigations where the outcome was adverse against the applicant?** (We will not discriminate unfairly against any applicant following receipt of information.) | | | | | | | | | | | | |
| Yes | | | | | | | No | | | | | |
| Please give details to aid our assessment of the applicant’s fitness to practise. | | | | | | | | | | | | |
| If you wish to include any further information about the applicant’s strengths and weaknesses that have not been covered in the above and which you consider may be helpful, please state below or attach a covering letter. A letter without the completed form will not be accepted. | | | | | | | | | | | | |

**To the best of my knowledge and belief the information provided above and on any continuation sheets or addenda is accurate and does not contain any material misstatement or omission.**

**I note the persons that NHS England or the relevant delegated integrated care board should not accept a reference from and can confirm that I am not such a person.**

Signature ………………………………………………………………………………………

Date ……………………………………………………………………………………………

Name …………………………………………………………………………………………..

(Please print)

GPhC/PSNI registration number ………………………………………………………….

Contact telephone number: …………………………………………………………………

**Please send the completed form to:**

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 12**

**Letter to Referee – Chasing Response**

[*date*]

Dear [*insert*]

**Re: [*name & address*]: request for professional reference**

I wrote to you on [*insert date of letter*] requesting a professional reference in respect of the above named. I have not yet heard from you and, as we are unable to proceed in the absence of references, I would be grateful if you are able to provide this by [*insert date that is ten working days away*]. If you require a further copy of the reference pro forma sent with my earlier letter please contact me by email on [pcse.marketentry@nhs.net](mailto:pcse.marketentry@nhs.net).

If you feel unable to provide a reference, it would be helpful for you to confirm this by post or email including, if possible, the reasons for this.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 13**

**Letter to Individual – Non-receipt of Reference**

[*date*]

Dear [*insert*]

**Re: Change of [director/superintendent] – [*insert contractor name*]**

You previously named [*name of referee*] as a person willing to provide a professional reference.

We have requested a reference but despite sending a reminder we have not received a response. My purpose in writing to you is to ask if you are aware of any reasons for this (such as the referee’s absence on holiday) and to invite you to contact them to expedite the provision of a reference.

Please note that we are unable to proceed in determining whether [*insert body corporate name*] remains a fit and proper person in the absence of two professional references so consequently your early attention to this will be helpful. I would therefore ask you to contact me by [*date that is ten working days away*] to advise the current position.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 14**

**Committee Report**

**[insert name of committee]**

**[*insert date of meeting*]**

**[*insert agenda item number*] - Consideration of fitness to practise information supplied in connection with a change of [director/superintendent]**

|  |  |
| --- | --- |
| **CAS reference number** |  |
| **Name of body corporate** |  |
| **Name of [director/superintendent]**  **(Add columns if more than one person)** |  |
| **GPhC/PSNI registration** | Attached |
| **NHS Counter Fraud Authority check** | Attached |
| **NHS Resolution check** | Attached |
| **References** | Attached |
| **Referees who refused to give a reference** (where applicable) | Attached |
| **Details of any convictions, cautions, investigations, proceedings** | [Attached if relevant] |
| **Relevant regulations and guidance** | Regulation 30 – refusal on language requirements  Regulation 33 – refusal on fitness grounds  Regulation 34 – deferral on fitness grounds  Regulation 35 – conditional inclusion |

|  |  |
| --- | --- |
| **Fitness form** |  |

|  |  |
| --- | --- |
| **Additional information** |  |

|  |  |
| --- | --- |
| **Recommendation[[29]](#footnote-29)** |  |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 11**

**Annex 15**

**Suitable Letter**

[*date*]

Dear [*insert*]

**Re: Change of [director/superintendent] – [*insert contractor name*]**

Further to previous correspondence all statutory fitness to practise checks in connection with the change of [director/superintendent] have been concluded. As a result I am pleased to confirm that [*NHS England/name of ICB*] has determined that [*insert body corporate name*] remains a fit and proper person to be included in the pharmaceutical list in respect of the area of [*insert name*] Health and Wellbeing Board.

This decision is based on the following people.

* [*insert names of all directors and superintendent (if applicable) and include their GPhC/PSNI registration numbers if they are registered pharmacists. Include the date(s) the new director/superintendent was appointed*]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 16**

**Letter of Removal**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Change of [director/superintendent] – [*insert contractor name*]**

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above.

The information you have provided has been considered in accordance with Part 11 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has decided that [*insert name of body corporate*] is to be removed from the pharmaceutical list[s] for the area of [*insert names*] Health and Wellbeing Board[s]. Please see the enclosed report for the full reasons.

Under regulation 82(3) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email of the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* [*if it’s a fraud case*] [the NHS Counter Fraud Authority]
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

I can confirm that [*insert name of the body corporate*] and its premises will be removed from the pharmaceutical list for the area of [*insert names*] Health and Wellbeing Board at the end of the appeal period unless an appeal is made. This means that the provision of pharmaceutical services must cease at that point. If we are notified of an appeal [*insert name of the body corporate*] and its premises will not be removed until the outcome of the appeal is known.

We would advise that you speak to any other organisations that commission services from you, for example the local authority, of the decision that [*NHS England/name of ICB*] has come to.

You may also like to speak to your local pharmaceutical committee regarding the implications of this decision.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 17**

**Letter of Contingent Removal**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Change of [director/superintendent] – [*insert contractor name***

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above.

The information you have provided has been considered in accordance with Part 11 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has decided your continued inclusion in the pharmaceutical list[s] for the area of [*insert names*] Health and Wellbeing Board[s] is to be subject to certain conditions under the provisions of section 152 of the NHS Act 2006. Please see the enclosed report for full reasons.

Under regulation 82(3) you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* [*if it’s a fraud case*] [the NHS Counter Fraud Authority]
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

We would advise that you speak to any other organisations that commission services from you, for example the local authority, of the decision that [*NHS England/name of ICB*] has come to.

This decision will take effect at the end of the appeal period, or once any appeal is heard and the decision is upheld. This means that the inclusion of [*insert name of body corporate*] in the pharmaceutical list for the area of [*insert names*] Health and Wellbeing Board[s] will be subject to conditions. Should these conditions be breached, [*NHS England/name of ICB*] may remove [*insert name of body corporate*] and its premises from the relevant pharmaceutical list[*s*] meaning that the provision of pharmaceutical services must cease.

You may like to speak to your local pharmaceutical committee regarding the implications of this decision.

Yours sincerely

*[name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 18**

**Letter of Suspension**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: Change of [director/superintendent] – [*insert contractor name]***

I am writing to advise you that [*NHS England/name of ICB*] has now considered the fitness to practise information provided in connection with the above.

The information you have provided has been considered in accordance with Part 11 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has decided you are to be suspended from the pharmaceutical list[s] for the area of [*insert name(s*)] Health and Wellbeing Board[s] under the provisions of section 154(1) of the NHS Act 2006. Please see the enclosed report for full reasons.

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify the statutory bodies listed below of its decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* [*if it’s a fraud case*] [the NHS Counter Fraud Authority]
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

We would advise that you speak to any other organisations that commission services from you, for example the local authority, of the decision that [*NHS England/name of ICB*] has come to.

Yours sincerely

*[name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 19**

**Notification of Suspension – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name of body corporate*] – suspension from the relevant pharmaceutical list[*s*] on fitness grounds**

Following a change of [*director/superintendent*] the fitness to practise information provided has been considered in accordance with Part 11 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has determined that [*name of body corporate]* is to be suspended from the pharmaceutical list for the area of [insert *name(s)*] Health and Wellbeing Board[*s*] under the provisions of section 154 of the NHS Act 2006. Please see the enclosed report for the full reasons.

Name of previous [*directors and superintendent*] –

Name of current [*directors/superintendent*] –

[*Insert GPhC/PSNI registration numbers as appropriate*]

[*insert name of body corporate*] has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/the ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 20**

**Notification of Removal – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name of body corporate*] – removal from the relevant pharmaceutical list[*s*] on fitness grounds**

Following a change of [director/superintendent] the fitness to practise information provided has been considered in accordance with Part 11 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has determined that [*name of body corporate]* has been removed from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board under the provisions of regulation 82 with effect from [*insert date*]. Please see the enclosed report for the full reasons.

Name of previous [*directors and superintendent*] –

Name of current [*directors/superintendent*] –

[*Insert GPhC/PSNI registration numbers as appropriate*]

[*insert name of body corporate*] has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 21**

**Change to the Pharmaceutical List – Memo**

From: [*Name*] – PCSE Market Entry Officer

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [*insert name of*] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note the below [*pharmacy/dispensing appliance contractor*] has been removed from the pharmaceutical list for the area of [*insert name(s) of*] Health and Wellbeing Board[*s*] with effect from [*insert date*]. Details are as follows:

[*Insert name of contractor and any trading name*]

[*Insert address*]

|  |  |
| --- | --- |
| ODS code: |  |

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 22**

**Confirmation of Removal – Appeal Upheld Decision**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Removal from the relevant pharmaceutical list[*s*] – [*insert body corporate name*]**

I am writing to confirm that, further to the decision of the First-tier Tribunal, [*insert name of body corporate*] has been removed from the pharmaceutical list for the area of [*insert name(s)*] Health and Wellbeing Board[*s*] with effect from [insert date].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 23**

**Confirmation of Removal – No Appeal**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Removal from the relevant pharmaceutical list[*s*] – [*insert contractor name*]**

I am writing to confirm that we have not been notified of appeal against the decision to remove [*insert name of body corporate*] from the pharmaceutical list for the area of [*insert name(s)*] Health and Wellbeing Board[*s*]. As a result that removal took effect on [*insert date*] and the provision of pharmaceutical services at the following premises must therefore cease:

* [*insert address or addresses*]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 24**

**Notification of Contingent Removal – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name of body corporate*] – contingent removal from the relevant pharmaceutical list[*s*] on fitness grounds**

Following a change of [*director and/or superintendent*] the fitness to practise information provided has been considered in accordance with Part 11 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has determined that [*name of body corporate]* is to be contingently removed from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board under the provisions of section 152 of the NHS Act 2006. Please see the enclosed report for the full reasons.

Name of previous [*directors and superintendent*] –

Name of current [*directors/superintendent*] –

[*Insert GPhC/PSNI registration numbers as appropriate*]

[*insert name of body corporate*] has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 25**

**Confirmation of Contingent Removal – Appeal Upheld Decision**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Contingent removal from the relevant pharmaceutical list[*s*] – [*insert body corporate name*]**

I am writing to confirm that, further to the decision of the First-tier Tribunal, conditions have been placed on the continued inclusion of [*insert name of body corporate*] in the pharmaceutical list for the area of [*insert name(s)*] Health and Wellbeing Board[*s*] with effect from [*insert date*]. This is referred to in the NHS Act 2006 as a ‘contingent removal’. It means that [*insert name of body corporate*] may continue to provide pharmaceutical services but a breach of the conditions placed on its inclusion in the relevant pharmaceutical list[*s*] may lead to its removal.

You may like to speak to your local pharmaceutical committee regarding the implications of this decision

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 26**

**Confirmation of Contingent Removal – Appeal Upheld Decision**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Contingent removal from the relevant pharmaceutical list[*s*] – [*insert body corporate name*]**

I am writing to confirm that we have not been notified of appeal against the decision to place conditions on the continued inclusion of [*insert name of body corporate*] in the pharmaceutical list for the area of [*insert name(s)*] Health and Wellbeing Board[*s*]. As a result conditions have been placed on the continued inclusion of [*insert name of body corporate*] in the pharmaceutical list for the area of [*insert name(s)*] Health and Wellbeing Board[*s*] with effect from [*insert date*]. This is referred to in the NHS Act 2006 as a ‘contingent removal’. It means that [*insert name of body corporate*] may continue to provide pharmaceutical services but a breach of the conditions placed on its inclusion in the relevant pharmaceutical list[*s*] may lead to its removal.

You may like to speak to your local pharmaceutical committee regarding the implications of this decision

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 27**

**Notification of Changes of Director Name and/or Name and/or Address of Superintendent**

**Notification of changes of name of a director and/or superintendent and/or the address of the superintendent**

Pharmacy and dispensing appliance contractor bodies corporate are required to notify NHS England or the relevant delegated integrated care board via Primary Care Support England within 30 days of changes to the name of their director or directors. In addition pharmacy bodies corporate must notify of changes to the name and/or home address of the superintendent.

This form is to be used where just a name or address changes. It is not to used where a new director and/or superintendent is appointed.

Please complete in block capitals.

|  |  |
| --- | --- |
| Full registered name of the body corporate |  |
| Trading name (if any) |  |
| Companies House company registration number |  |
| Address of registered office |  |

|  |  |
| --- | --- |
| Previous name of the director |  |
| New name of the director |  |
| Date of change |  |

|  |  |
| --- | --- |
| Previous name of the superintendent |  |
| New name of the superintendent |  |
| Date of change |  |

|  |  |
| --- | --- |
| Previous home address of the superintendent |  |
| New home address of the superintendent |  |
| Date of change |  |

|  |  |
| --- | --- |
| Full name (block capitals) |  |
| Position in body corporate |  |
| Date |  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 28**

**Notification of Changes to the Names of a Body Corporate**

**Notification of changes to the names of a body corporate’s directors**

Pharmacy and dispensing appliance contractor bodies corporate are required to notify NHS England or the relevant delegated integrated care board via Primary Care Support England within 30 days of changes to the name of their director or directors.

This form is to be used to notify NHS England or the relevant delegated integrated care board when a director resigns or directors resign.

Please complete in block capitals.

|  |  |
| --- | --- |
| Full registered name of the body corporate |  |
| Trading name (if any) |  |
| Companies House company registration number |  |
| Address of registered office |  |

|  |  |
| --- | --- |
| Name of the director that has resigned |  |
| Date of resignation |  |

|  |  |
| --- | --- |
| Name of the director that has resigned |  |
| Date of resignation |  |

|  |  |
| --- | --- |
| Name of the director that has resigned |  |
| Date of resignation |  |

|  |  |
| --- | --- |
| Full name (block capitals) |  |
| Position in body corporate |  |
| Date |  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 29**

**Notification of Suspension – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name of body corporate*] – suspension from the relevant pharmaceutical list[*s*] on fitness grounds**

Following a notification of fitness matters the information provided has been considered in accordance with Part 11 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has determined that [*name of body corporate]* is to be suspended from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board under the provisions of section 154 of the NHS Act 2006. Please see the enclosed report for the full reasons.

Name of previous [*directors and superintendent*] –

Name of current [*directors/superintendent*] –

[*Insert GPhC/PSNI registration numbers as appropriate]*

[*insert name of body corporate*] has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 30**

**Notification of Removal – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name of body corporate*] – removal from the relevant pharmaceutical list[*s*] on fitness grounds**

Following a notification of fitness matters the information provided has been considered in accordance with Part 11 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has determined that [*name of body corporate]* is to be removed from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board under the provisions of regulation 82. Please see the enclosed report for the full reasons.

Name of previous [*directors and superintendent*] –

Name of current [*directors/superintendent*] –

[*Insert GPhC/PSNI registration numbers as appropriate*]

[*insert name of body corporate*] has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/ICB*].

Yours sincerely

[*name*]

[*title*]

nc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 31**

**Change to the Pharmaceutical List – Memo**

From: [*Name*] – PCSE Market Entry Officer

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [*insert name of*] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note the below [*pharmacy/dispensing appliance contractor*] has been removed from the pharmaceutical list for the area of [*insert name of*] Health and Wellbeing Board with effect from [*insert date*]. Details are as follows:

[*Insert name of contractor and any trading name*]

[*Insert address*]

|  |  |
| --- | --- |
| ODS code: |  |

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 32**

**Notification of Contingent Removal – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name of body corporate*] – contingent removal from the relevant pharmaceutical list[*s*] on fitness grounds**

Following a notification of fitness matters the information provided has been considered in accordance with Part 11 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] has determined that [*name of body corporate]* is to be contingently removed from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board under the provisions of section 152 of the NHS Act 2006. Please see the enclosed report for the full reasons.

Name of previous [*directors and superintendent*] –

Name of current [*directors/superintendent*] –

[*Insert GPhC/PSNI registration numbers as appropriate*]

[*insert name of body corporate*] has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

.

**Chapter 11**

**Annex 33**

**Notification of Varied Conditions – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name of contractor*] – conditional inclusion in the relevant pharmaceutical list[*s*] under regulation 35 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013**

We previously notified you that the above named had submitted an application for inclusion in the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board. The fitness to practise information provided in connection with the application was considered in accordance with Part 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and [*NHS England/name of ICB*] determined that the inclusion of [*name of contractor*] is to be subject to certain conditions under the provisions of regulation 35.

[*NHS England/name of ICB*] has subsequently varied these conditions. Please see the enclosed report for further information.

The decision has been based on the following information:

* [*if a sole trader, insert name, address and date of birth*]
* [*if a partnership,* *insert the name, address, date of birth and GPhC/PSNI registration number of each partner]*
* [*if a body corporate, insert name, Companies House registration and registered office address, name and GPhC registration of superintendent and director name(s) and GPhC/PSNI registration where they are a registered pharmacist]*

The applicant has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 34**

**Notification of Suspension – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name of contractor*] – suspension from the relevant pharmaceutical list[*s*] under section 154(1) or 155(2) of the NHS Act 2006**

[*NHS England/name of ICB*] has determined that the above named contractor is to be suspended from the relevant pharmaceutical list[(s)]. Please see the enclosed report for further information.

The decision has been based on the following information:

* [*if a sole trader, insert name, address and date of birth*]
* [*if a partnership,* *insert the name, address, date of birth and GPhC/PSNI registration number of each partner]*
* [*if a body corporate, insert name, Companies House registration and registered office address, name and GPhC registration of superintendent and director name(s) and GPhC/PSNI registration where they are a registered pharmacist]*

The applicant has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 35**

**Notification of Removal – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name of contractor*] – removal from the relevant pharmaceutical list[*s*] under section 151 or 152(3)(b) of the NHS Act 2006**

[*NHS England/name of ICB*] has determined that the above named contractor is to be removed from the relevant pharmaceutical list[(s)]. Please see the enclosed report for further information.

The decision has been based on the following information:

* [*if a sole trader, insert name, address and date of birth*]
* [*if a partnership,* *insert the name, address, date of birth and GPhC/PSNI registration number of each partner]*
* [*if a body corporate, insert name, Companies House registration and registered office address, name and GPhC registration of superintendent and insert director name(s) and GPhC/PSNI registration where they are a registered pharmacist]*

The applicant has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 36**

**Notification of Contingent Removal – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name of contractor*] – removal from the relevant pharmaceutical list[*s*] under section 152(1) of the NHS Act 2006**

[*NHS England/name of ICB*] has determined that the above named contractor is to be contingently removed from the relevant pharmaceutical list[(s)]. Please see the enclosed report for further information.

The decision has been based on the following information:

* [*if a sole trader, insert name, address and date of birth*]
* [*if a partnership,* *insert the name, address, date of birth and GPhC/PSNI registration number of each partner]*
* [*if a body corporate, insert name, Companies House registration and registered office address, name and GPhC registration of superintendent and director name(s) and GPhC/PSNI registration where they are a registered pharmacist]*

The applicant has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 11**

**Annex 37**

**Notification of Varied Conditions – Regulation 88 Notification**

[*date*]

Dear [*insert*]

**Re: [*Name of contractor*] – contingent removal from the relevant pharmaceutical list[*s*] under regulation 35 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013**

We previously notified you that the above named had been contingently removed from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board. [*NHS England/name of ICB*] has subsequently varied the conditions. Please see the enclosed report for further information.

The decision has been based on the following information:

* [*if a sole trader, insert name, address and date of birth*]
* [*if a partnership,* *insert the name, address, date of birth and GPhC/PSNI registration number of each partner]*
* [*if a body corporate, insert name, Companies House registration and registered office address, name and GPhC registration of superintendent and director name(s) and GPhC/PSNI registration where they are a registered pharmacist]*

The applicant has been advised that this decision has been notified to you. Should you require any further information please contact [*insert contact details of the person as provided by NHS England/ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 1**

**Application Form**

**Application offering to meet an identified current need**

Application for inclusion in the pharmaceutical list for the area of

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

This is an application to meet an identified current need and as such is a routine application under regulation 13 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 or the relevant delegated integrated care board's responsibilities in relation to information provided in this application form which an applicant advises is confidential.

**1 Information regarding the applicant**

* 1. **Full name and correspondence address of the applicant[[30]](#footnote-30)**

|  |
| --- |

Is this a personal address? Yes No

**1.2 Applicant’s legal entity**

**I/we am/are applying as a:**

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

**Sole trader** **My GPhC/PSNI registration number is ………………………**

**Partnership**

|  |
| --- |
| **Please list each partner and their GPhC/PSNI registration number:**  **Please continue on a separate sheet if necessary.** |

**Corporate Body**

|  |  |
| --- | --- |
| **Superintendent’s name and GPhC registration number is** |  |

**1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations**

(Please tick relevant box)

|  |  |
| --- | --- |
| I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate. |  |
| Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | |
| I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate. |  |
| Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | |

|  |  |
| --- | --- |
| I/We have provided the required fitness information with this application. |  |

**1.4 Relevant fee**

I/we include the relevant fee for this application.

**2 Proposed premises**

(Please tick relevant box. Only one box may be selected.)

I/we know the address of the proposed premises

I/we provide a best estimate of the location of the proposed premises

|  |
| --- |
| Please provide the address or best estimate[[31]](#footnote-31) of the proposed premises  Please continue on a separate sheet if necessary. |

(Only complete the question below if you know the address of the proposed premises)

The premises above are currently in my/our possession\* Yes No

\* by rental, leasehold or freehold

**3 Opening hours**

**3.1 Proposed core opening hours[[32]](#footnote-32)**

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

**3.2 Total proposed opening hours[[33]](#footnote-33)**

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

**4 Pharmaceutical services to be provided at these premises**

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

Or

Terms of service (paragraphs 3 to 12, Schedule 5 – DACs)

If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write ‘none’ if it is intended that the pharmacy will not provide appliances).

|  |
| --- |
|  |

Please give details of any advanced and enhanced services[[34]](#footnote-34) you intend to provide. These details should include:

* confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
* confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
* 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.

|  |  |  |
| --- | --- | --- |
| **Service** | **Accredited to provide (Y/N/NA)** | **Premises accredited (Y/N/NA)** |
|  |  |  |
|  |  |  |
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Please continue on a separate sheet if necessary.

I/we confirm that the pharmacy premises will have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations. Yes

**Floor plan showing consultation area**

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.**5 Applications in relation to premises that are in close proximity to other listed chemist premises**

This section should only be completed if the premises included in section 2 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons: |

Please continue on a separate sheet if necessary.

**6 Information in support of the application**

In making this application I/we am/are seeking to meet the current need identified on page ………[[35]](#footnote-35) of the HWB’s pharmaceutical needs assessment.

|  |
| --- |
| Please insert the identified current need you are offering to meet here. |

In the box below please explain how you intend to meet the identified current need either in whole or in part.

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

**7 Undertakings**

By virtue of submitting this application I/we undertake to notify NHS England or the relevant delegated integrated care board 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 NHS England or the relevant delegated integrated care board 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.

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:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 2**

**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 paragraph 2, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Please complete this form as legibly as possible

* 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)** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI 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.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **I declare that I am a registered pharmacist.** | |
| **Name** |  |
| **Date** |  |

* 1. **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/PSNI 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** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 2** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 3** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 4** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

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.

|  |
| --- |
|  |

(Pharmacy applications only) I declare that:

* each partner named above is a registered pharmacist, and
* 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** |  |
| **On behalf of (name of partnership)** |  |
| **Date** |  |

* 1. **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. If one is not available please state accordingly.** |  |

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

|  |  |
| --- | --- |
| **Superintendent** | |
| **Full name** |  |
| **GPhC registration number** |  |
| **Date of birth** |  |
| **Superintendent's private address** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 1** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 2** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 3** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 4** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

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.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

|  |  |
| --- | --- |
| **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** |  |
| **Position** |  |
| **On behalf of (name of body corporate)** |  |
| **Date** |  |

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**Chapter 12**

**Annex 3**

**First Referral Questions**

* Has the applicant identified the correct health and wellbeing board?
* Is the address/best estimate in a controlled locality?
* If yes, do you wish to review the controlled locality determination before determining the application?
* If yes, please confirm the centre point to be used for the patient count [delete if a specific address has been given]
* If yes, does the five year bar in regulation 40(2) apply?
* Is the address/best estimate within 1.6km of a controlled locality?
* Is the address/best estimate in an LPS designation?
* If yes, do you wish to defer the application under regulation 32?
* The applicant has given the following best estimate:
  + [*insert best estimate*]
* Are you satisfied that:
  + This is the best estimate that the applicant can reasonably make at this time, and
  + Your reasons for granting the application would be essentially the same if the applicant located, if the application was granted, at any location within the range of possible locations covered by the estimate? [*Delete these two questions if not relevant*]
* I have identified the following missing information/documentation/undertakings:
  + [*insert details*]

Please advise of any other missing information/documentation/undertakings that you wish me to ask the applicant for.

* Do you wish to invite applications from other persons offering to meet the same current need?
* [Another application has been received offering to meet the same current need. Do you wish to consider the applications at the same time? A copy of this later application is attached.] Or [No other application has been received offering to meet the same current need*.*]
* [An appeal relating to another application which offered to meet the same current need is pending. Do you wish to await the outcome of that appeal before considering this application? A copy of that application and decision letter is attached.] Or [There is no pending appeal relating to another application which offered to meet the same current need.]
* The applicant is offering to provide a number of services. Please can you confirm which of the services listed at section 4 are enhanced services that are commissioned by NHS England/the relevant delegated integrated care board and provide copies of the service specifications?
* Attached is the interested parties list. Please can you review it for accuracy and completeness, adding or removing interested parties as relevant?
* Please can you provide contact details for the following persons/organisations:
  + Public health team
  + DoS lead
  + Unwanted medicines collection and disposal contractor
  + Local Registration Authority (if you would like them to be notified if the application is granted and the applicant is subsequently included in the relevant pharmaceutical list).

**Chapter 12**

**Annex 4**

**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 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. Conversely, if the distances do not identify any persons then they may be increased accordingly. When identifying contractors who may be significantly affected by the grant of the application, the Commissioner may wish to look at practice prescribing dispensing data which is published by the [NHSBSA](https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data) on a monthly basis as this shows where prescriptions written by GP practices are dispensed. Alternatively this information is available via the Strategic Health Asset Planning and Evaluation (SHAPE) application[[36]](#footnote-36).

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

1. 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) if:

* where the applicant's proposed premises or best estimate is not in a controlled locality, the contractor's premises is within 2km in a direct line from the applicant's proposed premises or best estimate, or
* where the applicant's proposed premises or best estimate are in a controlled locality, the contractor's premises is located within 8km in a direct line from the applicant's proposed premises or best estimate.

1. Head offices of bodies corporate are also to be notified where this information is known, but this is as a courtesy as it is the premises that are included in the relevant pharmaceutical list that are to be notified in accordance with the regulations.

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

1. 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:

* where the applicant's proposed premises or best estimate is not in a controlled locality, the person's proposed premises is located within 2km in a direct line from the applicant's proposed premises or best estimate, or
* where the applicant's proposed premises or best estimate is in a controlled locality, the person's proposed premises is located within 8km in a direct line from the applicant's proposed premises or best estimate.

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

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

* where the applicant's proposed premises or best estimate are not in a controlled locality, the LPS contractor's premises is located within 2km in a direct line from the applicant's proposed premises or best estimate, or
* where the applicant's proposed premises or best estimate is in a controlled locality, the LPS contractor's premises is located within 8km in a direct line from the applicant's proposed premises or best estimate.

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

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

* where the applicant's proposed premises are in a controlled locality, the relevant Parish Council;
* where the application offers to provide unforeseen benefits for a specific patient group, any group that is representative of that group of patients.

1. The Commissioner should consider whether there are any other groups that are to be notified of the application, for example residents associations.

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

1. For routine pharmacy applications, dispensing practices that have dispensing patients within 1.6km of the applicant's proposed premises or best estimate should be considered to have a significant interest in the outcome of the application and should be notified of it.
2. For excepted pharmacy applications that include a relocation that does not result in significant change dispensing practices that have dispensing patients within 1.6km of the applicant's proposed premises should be considered to have a significant interest in the outcome of the application and should be notified of it.
3. It is not envisaged that dispensing practices will have a significant interest in the outcome of other types of notifiable applications and therefore need not routinely be notified of them. Ultimately though it is for the decision-maker to decide on a case by case basis.

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

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

**Welsh health boards (paragraph 19(1)(g))**

1. Where the premises or best estimate is within 2km of a Welsh health board that organisation is to be notified. Applications are to be sent to NHS Wales Shared Service Partnership ([nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)) who will forward them to the appropriate health board.

**Chapter 12**

**Annex 5**

**Acknowledgement of Receipt of Application**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*]**

I am writing to confirm receipt of the above application on [*insert date*]. [*NHS England/name of ICB*] is required to determine the application within four months, unless it has good cause to take longer. You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Should you need to contact us regarding your application please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

[As part of your application you are offering to meet an identified current need for enhanced services. Please find enclosed copies of the specifications for these services.]

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 6**

**Acknowledgment of Receipt of Application and Request for Further Information**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*] – missing information and 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. [*NHS England/name of ICB]* will then decide whether or not it is 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 the request or unless [*NHS England/name of ICB*] has 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*].

Please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 7**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*] – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 8**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*] – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 9**

**Acknowledgement of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*] – 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 [*NHS England/name of ICB*]’s decision within 4 months.

[As part of your application you are offering to meet an identified current need for enhanced services. Please find enclosed copies of the specifications for these services.]

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

Yours sincerely

[*name*]

*[title]*

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 10**

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

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address/best estimate*] – 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.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 11**

**Acknowledgement of Receipt of Application and Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [insert address or best estimate] – 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 12**

**Acknowledgement of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [insert address or best estimate] – missing undertakings**

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

We will begin to process the application and you will be notified of [*NHS England/name of ICB*]’s decision within 4 months.

[As part of your application you are offering to meet an identified current need for enhanced services. Please find enclosed copies of the specifications for these services.]

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

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 13**

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

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*] – 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.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 14**

**Notification of Decision to Defer on Non-fitness Grounds**

[*date*]

Dear [*insert*[

**Re: Application offering to meet an identified current need at [*insert address or best estimate*]**

Further to my previous letter of [*insert date*] regarding the above application, [*NHS England/name of ICB*] has decided to defer consideration of your application as it is satisfied that:

1. [it would be desirable to consider applications from other persons offering to meet the identified current need that you are offering to meet.
2. a later application offering to meet the same identified current need has been submitted and it is desirable to consider the two together.
3. an appeal relating to another application offering to meet the same identified current need is pending and it is desirable to await the outcome of that appeal before considering your application.
4. the [best estimate of location of the] proposed premises are located within an area that has been designated for LPS. A copy of that designation is enclosed.]

[delete and tailor as necessary]

Your application is therefore deferred:

1. [for a period of [insert amount of time] whilst other applications are invited.
2. for a period of [insert amount of time] to allow the other application to reach the same stage as yours.
3. until the outcome of the appeal is known.
4. until the LPS designation is varied so that it no longer applies to your proposed premises or has been cancelled.]

[delete and tailor as necessary]

Should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 15**

**Notification of Cessation of Deferral – Non-fitness Grounds**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*]**

Further to my previous letter of [*insert date*] regarding deferral of the above application, I can now confirm that:

1. [[*NHS England/name of ICB*] *has invited and received applications from other persons offering to meet the same identified current need and will now process all the applications together.*
2. *the other application offering to meet the same identified current need is now at the same stage as yours and the two will be processed together.*
3. *the outcome of the appeal relating to the other application offering to meet the same identified current need has been received and a copy of the decision is enclosed. You are now required to update your application and notify us as to whether or not you still wish to proceed with it within 30 days of the date of this letter, i.e. by [insert date]. If you do not wish to proceed or do not respond to this letter then your application will be treated as withdrawn.]*
4. *the [best estimate of the location of the] proposed premises are no longer located within an area that has been designated for LPS. You are now required to update your application and notify us as to whether or not you still wish to proceed with it within 30 days of the date of this letter, i.e. by [insert date]. If you do not wish to proceed or do not respond to this letter then your application will be treated as withdrawn.*]

[*delete and tailor as necessary*]

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 16**

**Notification that Best Estimate is Unacceptable**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert best estimate*]**

Further to my letter of [*insert date*], [*NHS England/name of ICB*] has considered the best estimate that you have given in your application and is not satisfied that it is the best estimate that you can reasonably make at this time. The reasons for this decision are:

[*insert reasons*]

You are therefore asked to provide a revised best estimate of the location of the premises that addresses these issues. 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 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. [*NHS England/name of ICB*] will then decide whether it is satisfied that there is good cause for the delay or not.

If we do not receive the requested information by [*insert date*] the application will be treated as withdrawn, unless you have sought a review of the request or unless [*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 17**

**Confirmation Revised Best Estimate Acceptable**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert best estimate*]**

Further to my letter of [*insert date*] I am writing to confirm receipt of the revised best estimate and that [*NHS England/name of ICB*] is satisfied it is the best estimate that can be made.

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

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 18**

**Notification of Application to Interested Parties**

[date]

Dear [insert]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*] by [*insert applicant’s name*]**

We have received the above application, a copy of which is enclosed and [*NHS England/name of ICB*] has completed its 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.

[*NHS England/name of ICB*] will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

Please ensure you include our reference (see above) in the subject line of your email as this will help us file your representations with the correct application as quickly as possible.

[I can confirm that no information that has been received in relation to this application is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. / I can confirm that the following information is being withheld by under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:

* *Insert as relevant*]

[*The following text is to be inserted if relevant*]

[[*NHS England/name of ICB*] intends to consider this application together and in relation to the following application:

* *Insert details of the other application*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**How we will involve patients in decisions on pharmacy applications**

When we receive an application to move an existing pharmacy or to open a new pharmacy we must write to:

* nearby pharmacies
* in some cases, nearby doctors’ surgeries
* the Health & Wellbeing Board which is a committee of the borough, county or city council, and
* the local Healthwatch organisation, which exists to represent local patients in general

We send them a copy of the application and invite them to make comments within 45 days. Comments can be made by letter or email.

In addition, the law requires us to involve patients in our decision-making. We may do this by sending copies of pharmacy applications to:

* city/district and county councillors covering the area involved
* the town or parish council covering the area. In areas which do not have a town or parish council we may instead contact prominent community, neighbourhood or residents’ groups
* patient representative groups attached to nearby doctors’ surgeries.

They will also be invited to make comments within 45 days.

When we send them a copy of an application we will also send notes to explain:

* what the application is about
* why they are being asked for comments
* what we will consider when making a decision, and
* what happens next after a decision is made.

Applications are not confidential. If they want, councillors or patient groups may share details with local people so they can also make comments within the same 45-day period.

Any comments we receive will be sent to the pharmacy applicant. They will have a chance to respond to us about those comments.

Most applications are decided using written information, including any comments received.

In general, we will not hold public meetings about pharmacy applications. This is because an applicant cannot be made to attend to respond directly to any questions from members of the public.

However, we may hold a hearing if we need more information before making a decision. Where written comments from councillors or patient groups suggest that local people hold strong views, we will invite those councillors or patient groups to attend the hearing.

The hearing will be held in public so that (although members of the public will not be able to ask questions) they will be able to hear the arguments for and against the application. These will include any comments made by their representatives and the responses received.

All comments at the meeting will be taken into account in making a final decision on the pharmacy application.

**Chapter 12**

**Annex 19**

**Application Treated As Withdrawn**

[date]

Dear [insert]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*] by [*insert applicant’s name*]**

Further to my previous letter please be advised that this application is being treated as withdrawn.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 20**

**Request for Payment**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*]**

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 [*NHS England/name of ICB*] 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]*

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 21**

**Circulation of Comments on Application**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*] by [*insert applicant’s name*]**

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*]. Please note that any new information that you submit at this stage will have little or no weight placed upon it unless it can be demonstrated that you are presenting it in response to representations submitted by another party that you believe are not true or are incorrect.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 22**

**Notification That Payment Has Not Cleared and Application Is Withdrawn**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*]**

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.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 23**

**Notification of Oral Hearing - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*]**

[*NHS England/name of ICB*] has 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*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 24**

**Notification of Oral Hearing – Additional Presenters**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of ICB*] has 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*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 25**

**Committee Report**

**[*insert name of committee*]**

[*insert date of meeting*]

[*insert agenda item number*] – Application for inclusion in a pharmaceutical list: routine application offering to meet a current need

|  |  |  |
| --- | --- | --- |
| **CAS reference number** |  | |
| **Name of applicant** |  | |
| **Fitness to practise** | [Delete as appropriate:   * Not applicable, already included in respect of other premises. * Cleared for inclusion. * To be conditionally included – see attached letter.] | |
| **Address/best estimate of proposed premises** |  | |
| **Identified current need that the applicant is offering to meet, as stated in the HWB’s PNA** |  | |
| **Status of location** | [Delete as appropriate:   * Not a controlled locality. * Controlled locality.] | |
| **Relevant regulations and guidance** | Regulations 13 and 14 – current needs: additional matters and consequences.  Regulation 31 – refusal: same or adjacent premises.  Regulation 32 – deferral arising out of LPS designations.  [Regulations 40 to 44 – applications in a controlled locality.]  [Regulation 50 – gradualisation for doctors[[37]](#footnote-37).]  [Regulation 65 – core opening hours conditions[[38]](#footnote-38).]  [Regulation 66 – conditions relating to providing directed services[[39]](#footnote-39).]  [Paragraph 31, schedule 2 – conditional grant of applications where the address of the premises is unknown[[40]](#footnote-40).] | |
| **Additional information** | | |
| Initial additional matters considered. Was NHS England/the ICB satisfied that:   * It would be desirable to consider, at the same time as this application, applications from other persons offering to meet the same current need? * Another application offering to meet the same current need has been submitted and it would be desirable to consider it at the same time as this application? * An appeal relating to another application offering to meet the same current need is pending, and it would be desirable to await the outcome of that appeal before considering this application? | | [Yes/No]  [Yes/No]  [Yes/No] |
| Regulation 31 – Must the application be refused?  [insert comments] | | [insert outcome] |
| Regulation 32 – Is the application to be deferred?  [insert comments] | | [insert outcome] |
| [Regulation 41 – Is the relevant location in a reserved location?]  [insert comments] | | [insert outcome] |
| [Regulation 44 – Prejudice test]  [insert comments] | | [insert outcome] |
| [Regulation 13(1) – does the need on which the applicant based its application satisfy the elements of Regulation 13(1)?  [Work through Regulation 13(2) addressing each matter, adding comments, referring to Regulation 14 where necessary and arriving at an outcome on each matter]  [Example information that may be relevant to the committee’s discussion:   * Have there been changes to the needs for pharmaceutical services in the HWB’s area since the PNA was published? * Are there any other pharmacies or DACs in the area and what services do they provide? * Has the current need been met by another person who is providing services in the area? * Is the current need due to be met by another person who has undertaken to provide services in the area? Such persons are those whose application has been granted but have not yet submitted their notice of commencement. They may also be contractors who have entered into an LPS scheme but have not commenced service provision.] | | [insert outcome] |
| If the application is in a controlled locality or the premises are within 1.6km of a controlled locality then gradualisation for doctors may need to be considered. Numbers of dispensing patients who may be affected should be included, along with information on what percentage of a practice’s dispensing patient list this equates to. | | [insert outcome |
| [Consider impact of decision on those with protected characteristics under the Equalities Act 2010 and is this in accordance with NHS England/the ICB's Public Sector Equality Duty]  [Consider impact of decision on NHS England/the ICB's duty on health inequality] | | [insert outcome |

|  |  |
| --- | --- |
| **Recommendation[[41]](#footnote-41)** | [*insert recommendation*] |

**Enclosures**

|  |  |
| --- | --- |
| **Application** |  |
| **Interested parties list** |  |
| **Representations received from 45 day notification period** |  |
| **Representations received outside the 45 day notification period** |  |
| **Unsolicited representations** |  |
| **Representations received from circulation of first representations** |  |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 12**

**Annex 26**

**Granted (Address Known) - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address]***

[*NHS England/name of 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.

[*Where advised to so by NHS England/the ICB, insert the following*]

[Enclosed is a form confirming acceptance of the condition imposed by virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which should be completed by an authorised person and returned to me.]

[Also] [E/e]nclosed 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.

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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board, or on appeal\* …………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England* *or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 27**

**Acceptance of Regulation 66(5) condition**

**Name of applicant**:

**Application offering to meet an identified current need at [*insert address*]**

I agree to the 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 …………..

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership ..……………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 28**

**Granted (Address Known) – Third Party with No Appeal Rights**

[*date*]

Dear [*insert*[

**Re: Application offering to meet an identified current need at [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 29**

**Granted (Address Known) – Third Party with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 30**

**Granted (Best Estimate) – Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert best estimate*]**

[*NHS England/name of 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.

You are required to notify the address of the premises from which you will provide pharmaceutical services to us within six months of the date of this letter or six months from the date of determination of any appeal to the Secretary of State. Please find enclosed the relevant form for you to use for this purpose.

[*Where advised to so by NHS England/the ICB, insert the following*]

[Enclosed is a form confirming acceptance of the condition imposed by virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which should be completed by an authorised person and returned to me.]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notification of premises following conditional grant of a routine application**

This is a notification of the address of premises following grant of a routine application that gave a best estimate. As such it is made under paragraph 31, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

1. **Full name and correspondence address of the applicant**

|  |
| --- |
|  |

1. **Details of original routine application**

**2.1 Type of routine application**

This notification is in connection with a previously granted routine application which offered to meet an identified current need.

Please enter below details of the current need you offered to meet in your original application.

|  |
| --- |
|  |

**2.2** **Date on which the routine application was granted**

Please state the date on which your routine application was granted either by NHS England, the relevant delegated integrated care board or, on appeal, the Secretary of State.

Date of grant ………………………………………….

It is a condition of the grant of your original application that you notify us of the address of the proposed premises within six months of the application being granted either by NHS England, the relevant delegated integrated care board or the Secretary of State

**2.3 Best estimate for the location of the proposed premises**

Please enter below the best estimate given in your original application.

|  |
| --- |
|  |

1. **Full address of the premises to be listed- this address must fall within the original best estimate**

Please enter below the address at which you intend to provide pharmaceutical services.

|  |
| --- |
|  |

I confirm that to the best of my knowledge the information contained in this notification is correct.

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership .……………………………………………………

Registered office

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|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 31**

**Granted (Best Estimate) – Third Party Without Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

The applicant is required to notify the address of the premises from which they will provide pharmaceutical services to us within six months of the date of this letter or six months from the date of determination of any appeal to the Secretary of State.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 32**

**Granted (Best Estimate) – Third Party with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

The applicant is required to notify the address of the premises from which they will provide pharmaceutical services to us within six months of the date of this letter or six months from the date of determination of any appeal to the Secretary of State.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 33**

**Notification of Refusal of Application - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 34**

**Notification of Refusal of Application – Third Party**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 35**

**Notification that Secretary of State Grants Application**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address*]**

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 commencement which you are required to submit to us.

Please 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 [*NHS England/name of 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.

Also enclosed is a copy of the banking mandate which should be completed and returned with your notice of commencement.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different …………………………………………………………………

Address of the premises to which the application relates

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ………………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises\*

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, or the relevant delegated integrated care board, or on appeal \* …………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date* *giving no fewer than 30 days’ notice unless NHS England* *or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 36**

**Notification that Secretary of State Grants Application**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address*]**

We have been notified that the Secretary of State has [*granted/confirmed the grant*] of the above application.

You are required to notify the address of the premises from which you will provide pharmaceutical services to us within six months of the date of determination of the appeal. Please find enclosed the relevant form for you to use for this purpose.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notification of premises following conditional grant of a routine application**

This is a notification of the address of premises following grant of a routine application that gave a best estimate. As such it is made under paragraph 31, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

**1. Full name and correspondence address of the applicant**

|  |
| --- |
|  |

**2. Details of original routine application**

**2.1 Type of routine application**

This notification is in connection with a previously granted routine application which offered to meet a current need.

Please enter below details of the current need you offered to meet in your original application.

|  |
| --- |
|  |

**2.2** **Date on which the routine application was granted**

Please state the date on which your routine application was granted either by NHS England, the relevant delegated integrated care board or, on appeal, the Secretary of State.

Date of grant ………………………………………….

It is a condition of the grant of your original application that you notify us of the address of the proposed premises within six months of the application being granted either by NHS England, the relevant delegated integrated care board or the Secretary of State.

**2.3 Best estimate for the location of the proposed premises**

Please enter below the best estimate given in your original application.

|  |
| --- |
|  |

**3. Full address of the premises to be listed- this address must fall within the original best estimate**

Please enter below the address at which you intend to provide pharmaceutical services.

|  |
| --- |
|  |

I confirm that to the best of my knowledge the information contained in this notification is correct.

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership .……………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 37**

**Confirmation of No Appeal (Address Known)**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert address*]**

I am writing to confirm that no appeal against [*NHS England/name of ICB*]’s decision on the above application has been submitted to the Secretary of State.

You therefore have 12 months from the date of my previous letter dated [*insert date*] within which to submit your notice of commencement and commence service provision.

Please 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 [*NHS England/name of 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.

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

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 38**

**Confirmation of No Appeal (Best Estimate)**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*insert best estimate*]**

I am writing to confirm that no appeal against [*NHS England/name of ICB*]’s decision on the above application has been submitted to the Secretary of State.

You therefore have six months from the date of my previous letter dated [*insert date*] within which to notify us of the address of the premises from which you intend to provide pharmaceutical services. I enclose a copy of the relevant form for you to use for this purpose.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notification of premises following conditional grant of a routine application**

This is a notification of the address of premises following grant of a routine application that gave a best estimate. As such it is made under paragraph 31, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

**1. Full name and correspondence address of the applicant**

|  |
| --- |
|  |

**2. Details of original routine application**

**2.1 Type of routine application**

This notification is in connection with a previously granted routine application which offered to meet a current need.

Please enter below details of the current need you offered to meet in your original application.

|  |
| --- |
|  |

**2.2** **Date on which the routine application was granted**

Please state the date on which your routine application was granted either by NHS England, the relevant delegated integrated care board or, on appeal, the Secretary of State.

Date of grant ………………………………………….

It is a condition of the grant of your original application that you notify us of the address of the proposed premises within six months of the application being granted either by NHS England, the relevant delegated integrated care board or the Secretary of State.

**2.3 Best estimate for the location of the proposed premises**

Please enter below the best estimate given in your original application.

|  |
| --- |
|  |

**3. Full address of the premises to be listed- this address must fall within the original best estimate**

Please enter below the address at which you intend to provide pharmaceutical services.

|  |
| --- |
|  |

I confirm that to the best of my knowledge the information contained in this notification is correct.

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership .……………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 39**

**Notification of Receipt of Premises – Not Valid**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

I am writing to confirm that we have received your notification of the premises from which you intend to provide pharmaceutical services.

However as it was received outside of the regulatory six-month grant period it is not valid and cannot be actioned.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 40**

**Acknowledgement of Receipt of Premises – Valid - Applicant**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

I am writing to confirm that we have received your notification of the premises from which you intend to provide pharmaceutical services.

[*NHS England/name of ICB*] is satisfied that this is a valid notification and you have 12 months from the date of this letter within which to commence service provision. Enclosed is the template notice of commencement and the banking mandate which you are required to complete and return to me.

Please 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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different …………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises\*

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal \* …………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date* *giving no fewer than 30 days’ notice unless NHS England* *or relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 41**

**Notification of Premises – Third Parties**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*] by [*insert applicant’s name*]**

I am writing to confirm that we have received notification of the premises from which [*insert applicant’s name*] intends to provide pharmaceutical services. The address that has been notified to us is:

[*insert address*]

[*NHS England/name of ICB*] is satisfied that this is a valid notification and [*insert applicant’s name*] has 12 months within which to commence service provision.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 42**

**Notification of Non-Valid Premises**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

I am writing to confirm that [*NHS England/name of ICB*] has considered your notification of the premises from which you intend to provide pharmaceutical services. It is not satisfied that it is a valid notification. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 43**

**Notification of Valid Appeal**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

We have been notified that the Secretary of State has determined that your notification was valid. Please find enclosed the notice of commencement which you are required to submit to us. Please 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 [*NHS England/name of 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.

Also enclosed is a copy of the banking mandate which should be completed and returned with your notice of commencement.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different …………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ………………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises\*

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal \* …………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert* *date giving no fewer than 30 days’ notice unless NHS England* *or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership ……………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 44**

**No Notice of Commencement Received – Grant Lapsed**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*address*]**

I am writing to confirm that [*NHS England/name of ICB*] has not received a notice of commencement in relation to this application and therefore the grant of it has lapsed.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 45**

**Shorter Notice Period Agreed To**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*address*]**

[*NHS England/name of ICB*] has considered your application and has agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. Please therefore complete and submit the previously provided notice of commencement to us when you are ready.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 46**

**Shorter Notice Period Not Agreed To**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*address*]**

[*NHS England/name of ICB*] has considered your application and has not agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. You are therefore required to submit a notice of commencement with a date of service commencement no fewer than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 47**

**Request for an extension to the time within which to submit a notice of commencement**

Name of applicant ……………………………………………………………………………

Address of the premises to which the granted application relates

|  |
| --- |
|  |

Date on which the application was granted by NHS England, the relevant delegated integrated care board or, on appeal, NHS Resolution

…………………………………

Original date by which the notice of commencement is to be submitted by ……………….. (Requests for an extension may only be made during the 12-month period following the grant of an application.)

I/we would like to request an extension to the time within which to submit the notice of commencement relating to the application submitted for the above premises. The additional period of time I/we are requesting is ………………………………………………………………..

Please explain in the box below the reasons for your request.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 48**

**Grant of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*address*]**

I am writing to confirm that [*NHS England/name of ICB*] has granted your request for an extension to the time within which to submit a notice of commencement in relation to the above application.

The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period using the previously provided application form.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 49**

**Refusal of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*address*]**

I am writing to confirm that [*NHS England/name of ICB*] has refused your request for an extension to the time within which to submit a notice of commencement in relation to the above application. Please see the enclosed report for the full reasoning.

[*Insert the following if there is still time for the applicant to submit their notice of commencement*] [The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 50**

**NoC Received Outside of The Grant Period**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as it was received outside of the [*12-month*] grant period it is not valid and cannot be actioned. The grant of your application has therefore lapsed. Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 51**

**Date In The NoC Fewer Than 30 Days After The Date Received**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as the date of service commencement is fewer than 30 days before the date we received your notice, it is not valid. Please therefore resubmit your notice of commencement noting that the date of service commencement must be more than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 52**

**Missing/incorrect Information**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 53**

**Acknowledgement of Receipt of Notice of Commencement**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*address*]**

I am writing to confirm receipt of your notice of commencement and can confirm that it is valid. You will be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 54**

**Notice of Commencement Not Valid**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified current need at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 55**

**Notification of Contractor Code**

[*date*]

Dear [*Insert*]

**Re:** **Current Needs Application at [*insert premises*]**

Further to recent correspondence, I am writing to advise you that the following ODS code has been allocated:

* [*insert*]

This code should be used in all correspondence with the NHS Business Services Authority.

[Insert the following if the application was for a pharmacy][Should you require a private controlled drugs pharmacy contractor code please contact [*NHS England/name of ICB*] on *[insert generic email address for the relevant Commissioner*].]

[*The following is to be added where the application relates to a pharmacy*.]

[Now that you have the ODS code (also known as the F code) for your pharmacy you will need to do the following.

* Register for a NHSmail premises-specific email address and link at least two staff personal NHSmail accounts to it - <https://portal.nhs.net/pharmacyregistration#/> Further information about this requirement can be found at <https://psnc.org.uk/contract-it/pharmacy-it/nhs-mail/>
* Register for the new NHS Profile Manager in order to update the pharmacy’s NHS website profile and Directory of service profile - <https://organisation.nhswebsite.nhs.uk/campaign-start>.]

Yours sincerely

[*name*]

[t*itle*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 56**

**Date of inclusion cannot be changed**

[*date*]

Dear [*insert*]

**Re:** **current needs application at [*insert premises*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the original date of commencement.

You have therefore been included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 57**

**Date of inclusion cannot be changed**

[*date*]

Dear [*insert*]

**Re:** **current needs application at [*insert premises*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the new date of commencement.

You will therefore be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert original date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 58**

**Date of inclusion changed**

[*date*]

Dear [*Insert*]

**Re:** **current needs application at [*insert premises*]**

Further to your recent notification I am writing to confirm that you will now be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 12**

**Annex 59**

**Change to the Pharmaceutical List – Memo**

From: [*Name*] – PCSE Market Entry Officer

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [*insert name of*] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note a new [*pharmacy/dispensing appliance contractor*] will start to provide pharmaceutical services on [*insert date*] and will be included in the pharmaceutical list for the area of [*insert name of*] Health and Wellbeing Board with effect from that date. Details are as follows:

[*Insert name of contractor and any trading name*]

[*Insert address*]

Opening hours:

|  |  |  |
| --- | --- | --- |
|  | **Core opening hours** | **Total opening hours** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

|  |  |
| --- | --- |
| ODS code: |  |
| Phone number: |  |

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 1**

**Application Form**

**Application offering to meet an identified future need**

Application for inclusion in the pharmaceutical list for the area of

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

This is an application to meet an identified future need and as such is a routine application under regulation 15 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 or the relevant delegated integrated care board's responsibilities in relation to information provided in this application form which an applicant advises is confidential.

1. **Information regarding the applicant**
   1. **Full name and correspondence address of the applicant[[42]](#footnote-42)**

|  |
| --- |

Is this a personal address? Yes No

**1.2 Applicant’s legal entity**

**I/we am/are applying as a:**

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

**Sole trader** **My GPhC/PSNI registration number is …………………**

**Partnership**

|  |
| --- |
| **Please list each partner and their GPhC/PSNI registration number:**  **Please continue on a separate sheet if necessary.** |

**Corporate Body**

|  |  |
| --- | --- |
| **Superintendent’s name and GPhC registration number is** |  |

**1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations**

(Please tick relevant box)

|  |  |
| --- | --- |
| I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate. |  |
| Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | |
| I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate. |  |
| Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | |

|  |  |
| --- | --- |
| I/We have provided the required fitness information with this application. |  |

**1.4 Relevant fee**

I/we include the relevant fee for this application.

**2 Proposed premises**

(Please tick relevant box. Only one box may be selected.)

I/we know the address of the proposed premises

I/we provide a best estimate of the location of the proposed premises

|  |
| --- |
| Please provide the address or best estimate[[43]](#footnote-43) of the proposed premises  Please continue on a separate sheet if necessary. |

(Only complete the question below if you know the address of the proposed premises)

The premises above are currently in my/our possession\* Yes No

\* by rental, leasehold or freehold

**3 Opening hours**

**3.1 Proposed core opening hours[[44]](#footnote-44)**

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

**3.2 Total proposed opening hours[[45]](#footnote-45)**

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

**4 Pharmaceutical services to be provided at these premises**

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

Or

Terms of service (paragraphs 3 to 12, Schedule 5 – DACs)

If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write ‘none’ if it is intended that the pharmacy will not provide appliances).

Please give details of any advanced and enhanced services[[46]](#footnote-46) you intend to provide. These details should include:

* confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
* confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
* 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.

|  |  |  |
| --- | --- | --- |
| **Service** | **Accredited to provide (Y/N/NA)** | **Premises accredited (Y/N/NA)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please continue on a separate sheet if necessary.

I/we confirm that the pharmacy premises will have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations. Yes

**Floor plan showing consultation area**

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.**5 Applications in relation to premises that are in close proximity to other listed chemist premises**

This section should only be completed if the premises included in section 2 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons: |

Please continue on a separate sheet if necessary.

**6 Information in support of the application**

In making this application I/we am/are seeking to meet the future need identified on page ………[[47]](#footnote-47) of the HWB’s pharmaceutical needs assessment.

|  |
| --- |
| Please insert the identified future need you are offering to meet here. |

In the box below please explain how you intend to meet the identified future need either in whole or in part.

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

**7 Undertakings**

By virtue of submitting this application I/we undertake to notify NHS England or the relevant delegated integrated care board 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 NHS England or the relevant delegated integrated care board 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.

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:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 2**

**Information on the applicant**

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

This form must accompany all routine and excepted applications for inclusion in a pharmaceutical list in accordance with paragraph 2, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Please complete this form as legibly as possible

* 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)** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI 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.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **I declare that I am a registered pharmacist.** | |
| **Name** |  |
| **Date** |  |

* 1. **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/PSNI 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** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 2** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 3** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 4** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

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.

|  |
| --- |
|  |

(Pharmacy applications only) I declare that:

* each partner named above is a registered pharmacist, and
* 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).
  1. **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. If one is not available please state accordingly.** |  |

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

|  |  |
| --- | --- |
| **Superintendent** | |
| **Full name** |  |
| **GPhC registration number** |  |
| **Date of birth** |  |
| **Superintendent's private address** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 1** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 2** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 3** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 4** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

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.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

|  |  |
| --- | --- |
| **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** |  |
| **Position** |  |
| **On behalf of (name of body corporate)** |  |
| **Date** |  |

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**Chapter 13**

**Annex 3**

**First Referral Questions**

* Has the applicant identified the correct health and wellbeing board?
* Is the address/best estimate in a controlled locality?
* If yes, do you wish to review the controlled locality determination before determining the application?
* If yes, please confirm the centre point to be used for the patient count [*delete if a specific address has been given*]
* If yes, does the five year bar in regulation 40(2) apply?
* Is the address/best estimate within 1.6km of a controlled locality?
* Is the address/best estimate in an LPS designation?
* If yes, do you wish to defer the application under regulation 32?
* The applicant has given the following best estimate:
  + [*insert best estimate*]
* Are you satisfied that:
  + This is the best estimate that the applicant can reasonably make at this time, and
  + Your reasons for granting the application would be essentially the same if the applicant located, if the application was granted, at any location within the range of possible locations covered by the estimate? [*Delete these two questions if not relevant*]
* I have identified the following missing information/documentation/ undertakings:
  + [*insert details*]

Please advise of any other missing information/documentation/undertakings that you wish me to ask the applicant for.

* Do you wish to invite applications from other persons offering to meet the same future need?
* Do you wish to defer the application until some or all of the identified future circumstances have arisen?
* [Another application has been received offering to meet the same future need. Do you wish to consider the applications at the same time? A copy of this later application is attached.] Or [No other application has been received offering to meet the same future need.]
* [An appeal relating to another application which offered to meet the same future need is pending. Do you wish to await the outcome of that appeal before considering this application? A copy of that application and decision letter is attached.] Or [There is no pending appeal relating to another application which offered to meet the same future need.]
* The applicant is offering to provide a number of services. Please can you confirm which of the services listed at section 4 are enhanced services that are commissioned by NHS England/the relevant delegated integrated care board, and provide copies of the service specifications?
* Attached is the interested parties list. Please can you review it for accuracy and completeness, adding or removing interested parties as relevant?
* Please can you provide contact details for the following persons/organisations:
  + Public health team
  + DoS lead
  + Unwanted medicines collection and disposal contractor
  + Local Registration Authority (if you would like them to be notified if the application is granted and the applicant is subsequently included in the relevant pharmaceutical list).

**Chapter 13**

**Annex 4**

**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 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. Conversely, if the distances do not identify any persons then they may be increased accordingly. When identifying contractors who may be significantly affected by the grant of the application, the Commissioner may wish to look at practice prescribing dispensing data which is published by the [NHSBSA](https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data) on a monthly basis as this shows where prescriptions written by GP practices are dispensed. Alternatively this information is available via the Strategic Health Asset Planning and Evaluation application[[48]](#footnote-48).

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

1. 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) if:
   * where the applicant's proposed premises or best estimate are not in a controlled locality, the contractor's premises is within 2km in a direct line from the applicant's proposed premises or best estimate, or
   * where the applicant's proposed premises or best estimate are in a controlled locality, the contractor's premises is located within 8km in a direct line from the applicant's proposed premises or best estimate.
2. Head offices of bodies corporate are also to be notified where this information is known, but this is as a courtesy as it is the premises that are included in the relevant pharmaceutical list that are to be notified in accordance with the regulations.

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

1. 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:
   * where the applicant's proposed premises or best estimate is not in a controlled locality, the person's proposed premises is located within 2km in a direct line from the applicant's proposed premises or best estimate, or
   * where the applicant's proposed premises or best estimate is in a controlled locality, the person's proposed premises is located within 8km in a direct line from the applicant's proposed premises or best estimate.

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

1. LPS contractors should be considered to be significantly affected by the grant of the application (and notified of it) if:
   * where the applicant's proposed premises or best estimate is not in a controlled locality, the LPS contractor's premises is located within 2km in a direct line from the applicant's proposed premises or best estimate, or
   * where the applicant's proposed premises or best estimate is in a controlled locality, the LPS contractor's premises is located within 8km in a direct line from the applicant's proposed premises or best estimate.

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

1. The following groups should be considered to have a significant interest in the outcome of the application and be notified:
   * where the applicant's proposed premises are in a controlled locality, the relevant Parish Council;
   * where the application offers to provide unforeseen benefits for a specific patient group, any group that is representative of that group of patients.
2. The Commissioner should consider whether there are any other groups that are to be notified of the application, for example residents associations.

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

1. For routine pharmacy applications, dispensing practices that have dispensing patients within 1.6km of the applicant's proposed premises or best estimate should be considered to have a significant interest in the outcome of the application and should be notified of it.
2. For excepted pharmacy applications that include a relocation that does not result in significant change, dispensing practices that have dispensing patients within 1.6km of the applicant's proposed premises should be considered to have a significant interest in the outcome of the application and should be notified of it.
3. It is not envisaged that dispensing practices will have a significant interest in the outcome of other types of notifiable applications and therefore need not routinely be notified of them. Ultimately though it is for the decision-maker to decide on a case by case basis.
4. **GP performers included in the dispensing doctor list (paragraph 19(1)(f)(ii))**
5. GP performers included in the dispensing doctors list that have dispensing patients within 1.6km of the proposed premises or best estimate should be considered to have a significant interest in the outcome of the application and should be notified of it in line with the above section (if the practice has not already been notified under paragraph 19(1)(f)(i)).

**Welsh health boards (paragraph 19(1)(g))**

1. Where the premises or best estimate is within 2km of a Welsh health board that organisation is to be notified. Applications are to be sent to NHS Wales Shared Service Partnership ([nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)) who will forward them to the appropriate health board.

**Chapter 13**

**Annex 5**

**Acknowledgement of Receipt of Application**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address or best estimate*]**

I am writing to confirm receipt of the above application on [*insert date*]. [*NHS England/name of ICB*] is required to determine the application within four months, unless it has good cause to take longer. You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Should you need to contact us regarding your application please ensure you include our reference in the subject line of your email as this will help us deal with your communication as quickly as possible.

[As part of your application you are offering to meet an identified future need for enhanced services. Please find enclosed copies of the specifications for these services.]

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 6**

**Acknowledgment of Receipt of Application and Request for Further Information**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address or best estimate*] – missing information and 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. [*NHS England/name of ICB]* will then decide whether or not it is 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 NHS England’s request or unless [*NHS England/name of ICB]* has 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*].

Please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

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

Yours sincerely

[*name*]

[*title*]

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**Chapter 13**

**Annex 7**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address or best estimate*] – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018

**Chapter 13**

**Annex 8**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address or best estimate*] – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 9**

**Acknowledgement of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address or best estimate*] – 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 [*NHS England/name of ICB*]’s decision within 4 months.

[As part of your application you are offering to meet an identified future need for enhanced services. Please find enclosed copies of the specifications for these services.]

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

Yours sincerely

[*name*]

*[title]*

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 10**

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

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address/best estimate*] – 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.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 11**

**Acknowledgement of Receipt of Application and Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [insert address or best estimate] – 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 12**

**Acknowledgement of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [insert address or best estimate] – missing undertakings**

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

We will begin to process the application and you will be notified of [*NHS England/name of ICB*]’s decision within 4 months.

[As part of your application you are offering to meet an identified future need for enhanced services. Please find enclosed copies of the specifications for these services.]

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

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 13**

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

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address or best estimate*] – 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.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 14**

**Notification of Decision to Defer on Non-fitness Grounds**

[*date*]

Dear [*insert*[

**Re: Application offering to meet an identified future need at [*insert address or best estimate*]**

Further to my previous letter of [*insert date*] regarding the above application, [*NHS England/name of ICB*] has decided to defer consideration of your application as it is satisfied that:

1. [it would be desirable to consider applications from other persons offering to meet the identified future need that you are offering to meet.
2. a later application offering to meet the same identified future need has been submitted and it is desirable to consider the two together.
3. an appeal relating to another application offering to meet the same identified future need is pending and it is desirable to await the outcome of that appeal before considering your application.
4. the [best estimate of location of the] proposed premises are located within an area that has been designated for LPS. A copy of that designation is enclosed.]

[delete and tailor as necessary]

Your application is therefore deferred:

1. [for a period of [insert amount of time] whilst other applications are invited.
2. for a period of [insert amount of time] to allow the other application to reach the same stage as yours.
3. until the outcome of the appeal is known.
4. until the LPS designation is varied so that it no longer applies to your proposed premises or has been cancelled.]

[delete and tailor as necessary]

Should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 15**

**Notification of Cessation of Deferral – Non-fitness Grounds**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address or best estimate*]**

Further to my previous letter of [*insert date*] regarding deferral of the above application, I can now confirm that:

1. [[*NHS England/name of ICB*] has invited and received applications from other persons offering to meet the same identified future need and will now process all the applications together.
2. the other application offering to meet the same identified future need is now at the same stage as yours and the two will be processed together.
3. the outcome of the appeal relating to the other application offering to meet the same identified future need has been received and a copy of the decision is enclosed. You are now required to update your application and notify us as to whether or not you still wish to proceed with it within 30 days of the date of this letter, i.e. by [*insert date*]. If you do not wish to proceed or do not respond to this letter then your application will be treated as withdrawn.]
4. the [best estimate of the location of the] proposed premises are no longer located within an area that has been designated for LPS. You are now required to update your application and notify us as to whether or not you still wish to proceed with it within 30 days of the date of this letter, i.e. by [insert date]. If you do not wish to proceed or do not respond to this letter then your application will be treated as withdrawn.]

[*delete and tailor as necessary*]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 16**

**Notification that Best Estimate is Unacceptable**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert best estimate*]**

Further to my letter of [*insert date*], [*NHS England/name of ICB*] has considered the best estimate that you have given in your application and is not satisfied that it is the best estimate that you can reasonably make at this time. The reasons for this decision are:

[*insert reasons*]

You are therefore asked to provide a revised best estimate of the location of the premises that addresses these issues. 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 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. [*NHS England/name of ICB*] will then decide whether it is satisfied that there is good cause for the delay or not.

If we do not receive the requested information by [*insert date*] the application will be treated as withdrawn, unless you have sought a review of the request or unless [*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 17**

**Confirmation Revised Best Estimate Acceptable**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert best estimate*]**

Further to my letter of [*insert date*] I am writing to confirm receipt of the revised best estimate and that [*NHS England/name of ICB*] is satisfied it is the best estimate that can be made.

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

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 18**

**Notification of Application to Interested Parties**

[date]

Dear [insert]

**Re: Application offering to meet an identified future need at [*insert address or best estimate*] by [*insert applicant’s name*]**

We have received the above application, a copy of which is enclosed and [*NHS England/name of ICB*] has completed its 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.

[*NHS England/name of ICB*] will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

Please ensure you include our reference (see above) in the subject line of your email as this will help us file your representations with the correct application as quickly as possible.

[I can confirm that no information that has been received in relation to this application is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. / I can confirm that the following information is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:

* *Insert as relevant*]

[*The following text is to be inserted if relevant*]

[[*NHS England/name of ICB*] intends to consider this application together and in relation to the following application:

* *Insert details of the other application*]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**How we will involve patients in decisions on pharmacy applications**

When we receive an application to move an existing pharmacy or to open a new pharmacy we must write to:

* nearby pharmacies
* in some cases, nearby doctors’ surgeries
* the Health & Wellbeing Board which is a committee of the borough, county or city council, and
* the local Healthwatch organisation, which exists to represent local patients in general

We send them a copy of the application and invite them to make comments within 45 days. Comments can be made by letter or email.

In addition, the law requires us to involve patients in our decision-making. We may do this by sending copies of pharmacy applications to:

* city/district and county councillors covering the area involved
* the town or parish council covering the area. In areas which do not have a town or parish council we may instead contact prominent community, neighbourhood or residents’ groups
* patient representative groups attached to nearby doctors’ surgeries.

They will also be invited to make comments within 45 days.

When we send them a copy of an application we will also send notes to explain:

* what the application is about
* why they are being asked for comments
* what we will consider when making a decision, and
* what happens next after a decision is made.

Applications are not confidential. If they want, councillors or patient groups may share details with local people so they can also make comments within the same 45 day period.

Any comments we receive will be sent to the pharmacy applicant. They will have a chance to respond to us about those comments.

Most applications are decided using written information, including any comments received.

In general, we will not hold public meetings about pharmacy applications. This is because an applicant cannot be made to attend to respond directly to any questions from members of the public.

However, we may hold a hearing if we need more information before making a decision. Where written comments from councillors or patient groups suggest that local people hold strong views, we will invite those councillors or patient groups to attend the hearing.

The hearing will be held in public so that (although members of the public will not be able to ask questions) they will be able to hear the arguments for and against the application. These will include any comments made by their representatives and the responses received.

All comments at the meeting will be taken into account in making a final decision on the pharmacy application.

**Chapter 13**

**Annex 19**

**Application Treated As Withdrawn**

[date]

Dear [insert]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*] by [*insert applicant’s name*]**

Further to my previous letter please be advised that this application is being treated as withdrawn.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 20**

**Request for Payment**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address or best estimate*]**

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 [*NHS England/name of ICB*] 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]*

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 21**

**Circulation of Comments on Application**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address or best estimate*] by [*insert applicant’s name*]**

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*]. Please note that any new information that you submit at this stage will have little or no weight placed upon it unless it can be demonstrated that you are presenting it in response to representations submitted by another party that you believe are not true or are incorrect.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 22**

**Notification That Payment Has Not Cleared And Application Is Withdrawn**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address or best estimate*]**

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.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 23**

**Notification of Oral Hearing - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address or best estimate*]**

[*NHS England/name of ICB*] has 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*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 24**

**Notification of Oral Hearing – Additional Presenters**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address or best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of ICB*] has 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*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 25**

**Committee Report**

**[*insert name of committee*]**

[*insert date of meeting*]

[*insert agenda item number*] – Application for inclusion in a pharmaceutical list: routine application offering to meet a futureneed

|  |  |  |
| --- | --- | --- |
| **CAS reference number** |  | |
| **Name of applicant** |  | |
| **Fitness to practise** | [Delete as appropriate:   * Not applicable, already included in respect of other premises. * Cleared for inclusion. * To be conditionally included – see attached letter.] | |
| **Address/best estimate of proposed premises** |  | |
| **Identified future need that the applicant is offering to meet, as stated in the HWB’s PNA** |  | |
| **Status of location** | [Delete as appropriate:   * Not a controlled locality. * Controlled locality.] | |
| **Relevant regulations and guidance** | Regulations 15 and 16 – futureneeds: additional matters and consequences.  Regulation 31 – refusal: same or adjacent premises.  Regulation 32 – deferral arising out of LPS designations.  [Regulations 40 to 44 – applications in a controlled locality.]  [Regulation 50 – gradualisation for doctors[[49]](#footnote-49).]  [Regulation 65 – core opening hours conditions[[50]](#footnote-50).]  [Regulation 66 – conditions relating to providing directed services[[51]](#footnote-51).]  [Paragraph 31, schedule 2 – conditional grant of applications where the address of the premises is unknown[[52]](#footnote-52).] | |
| **Additional information** | | |
| Initial additional matters considered. Was NHS England/the ICB satisfied that:   * It would be desirable to consider, at the same time as this application, applications from other persons offering to meet the same future need? * It would be desirable to defer consideration of this application until some or all of the relevant future circumstances have arisen (should they arise)? * Another application offering to meet the same future need has been submitted and it would be desirable to consider it at the same time as this application? * An appeal relating to another application offering to meet the same future need is pending, and it would be desirable to await the outcome of that appeal before considering this application? | | [Yes/No]  [Yes/No]  [Yes/No]  [Yes/No] |
| Regulation 31 – Must the application be refused?  [insert comments] | | [insert outcome] |
| Regulation 32 – Is the application to be deferred?  [insert comments] | | [insert outcome] |
| [Regulation 41 – Is the relevant location in a reserved location?]  [insert comments] | | [insert outcome] |
| [Regulation 44 – Prejudice test]  [insert comments] | | [insert outcome] |
| [Regulation 15(1) – does the need on which the applicant based its application satisfy the elements of Regulation 15(1)?  [Work through Regulation 15(2) addressing each matter, adding comments, referring to Regulation 16 where necessary and arriving at an outcome on each matter]  [Example information that may be relevant to the committee’s discussion:   * Have there been changes to current or future needs for pharmaceutical services in the HWB’s area since the PNA was published? * Are the future circumstances still due to arise? * Are there any other pharmacies or DACs in the area and what services do they provide? * Has the future need been met by another person who is providing services in the area? * Is the future need due to be met by another person who has undertaken to provide services in the area? Such persons are those whose application has been granted but have not yet submitted their notice of commencement. They may also be contractors who have entered into an LPS scheme but have not commenced service provision. | | [insert outcome] |
| If the application is in a controlled locality or the premises are within 1.6km of a controlled locality then gradualisation for doctors may need to be considered. Numbers of dispensing patients who may be affected should be included, along with information on what percentage of a practice’s dispensing patient list this equates to]. | | [insert outcome] |
| [Consider impact of decision on those with protected characteristics under the Equalities Act 2010 and is this in accordance with NHS England/the ICB's Public Sector Equality Duty]  [Consider impact of decision on NHS England/the ICB's duty on health inequality] | | [insert outcome] |

|  |  |
| --- | --- |
| **Recommendation[[53]](#footnote-53)** | [*insert recommendation*] |

**Enclosures**

|  |  |
| --- | --- |
| **Application** |  |
| **Interested parties list** |  |
| **Representations received from 45 day notification period** |  |
| **Representations received outside the 45 day notification period** |  |
| **Unsolicited representations** |  |
| **Representations received from circulation of first representations** |  |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 13**

**Annex 26**

**Granted (Address Known) - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address]***

[*NHS England/name of 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.

[*Where advised to so by* [*NHS England/ICB*]*, insert the following*]

[Enclosed is a form confirming acceptance of the condition imposed by virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which should be completed and returned to me.]

[Also] [E/e]nclosed 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 and until the appeal has been determined and a final decision issued relating to your application.

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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England/the integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different …………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ………………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board, or on appeal\* ………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council ……………

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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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NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership ……………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 27**

**Acceptance of Regulation 66(5) condition**

**Name of applicant**:

**Application offering to meet an identified future need at [*insert address*]**

I agree to the 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 …………..

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership ..……………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 28**

**Granted (Address Known) – Third Party with No Appeal Rights**

[*date*]

Dear [*insert*[

**Re: Application offering to meet an identified future need at [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 29**

**Granted (Address Known) – Third Party with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net)or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 30**

**Granted (Best Estimate) - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert best estimate*]**

[*NHS England/name of 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.

You are required to notify the address of the premises from which you will provide pharmaceutical services to us within six months of the date of this letter or six months from the date of determination of any appeal to the Secretary of State. Please find enclosed the relevant form for you to use for this purpose.

[*Where advised to so by NHS England/the ICB, insert the following*]

[Enclosed is a form confirming acceptance of the condition imposed by virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which should be completed and returned to me.]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notification of premises following conditional grant of a routine application**

This is a notification of the address of premises following grant of a routine application that gave a best estimate. As such it is made under paragraph 31, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

1. **Full name and correspondence address of the applicant**

|  |
| --- |
|  |

1. **Details of original routine application**

**2.1 Type of routine application**

This notification is in connection with a previously granted routine application which offered to meet an identified future need.

Please enter below details of the future need you offered to meet in your original application.

|  |
| --- |
|  |

**2.2** **Date on which the routine application was granted**

Please state the date on which your routine application was granted either by NHS England, the relevant delegated integrated care board or, on appeal, the Secretary of State.

Date of grant …………………………………………………………

It is a condition of the grant of your original application that you notify us of the address of the proposed premises within six months of the application being granted either by NHS England, the relevant delegated integrated care board or the Secretary of State.

**2.3 Best estimate for the location of the proposed premises**

Please enter below the best estimate given in your original application.

|  |
| --- |
|  |

1. **Full address of the premises to be listed- this address must fall within the original best estimate**

Please enter below the address at which you intend to provide pharmaceutical services.

|  |
| --- |
|  |

I confirm that to the best of my knowledge the information contained in this notification is correct.

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership .……………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 31**

**Granted (Best Estimate) – Third Party without Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

The applicant is required to notify the address of the premises from which they will provide pharmaceutical services to us within six months of the date of this letter or six months from the date of determination of any appeal to the Secretary of State.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 32**

**Granted (Best Estimate) – Third Party with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

The applicant is required to notify the address of the premises from which they will provide pharmaceutical services to us within six months of the date of this letter or six months from the date of determination of any appeal to the Secretary of State.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 33**

**Notification of Refusal of Application - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address or best estimate*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 34**

**Notification of Refusal of Application – Third Party**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address or best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 35**

**Notification that Secretary of State Grants Application**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address*]**

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 commencement which you are required to submit to us.

Also enclosed is a copy of the banking mandate which should be completed and returned with your notice of commencement.

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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different …………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ………………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, or the relevant delegated integrated care board, or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council ……………

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 36**

**Notification that Secretary of State Grants Application**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address*]**

We have been notified that the Secretary of State has [*granted/confirmed the grant*] of the above application.

You are required to notify the address of the premises from which you will provide pharmaceutical services to us within six months of the date of determination of the appeal. Please find enclosed the relevant form for you to use for this purpose.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notification of premises following conditional grant of a routine application**

This is a notification of the address of premises following grant of a routine application that gave a best estimate. As such it is made under paragraph 31, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

1. **Full name and correspondence address of the applicant**

|  |
| --- |
|  |

1. **Details of original routine application**

**2.1 Type of routine application**

This notification is in connection with a previously granted routine application which offered to meet a future need.

Please enter below details of the future need you offered to meet in your original application.

|  |
| --- |
|  |

**2.2** **Date on which the routine application was granted**

Please state the date on which your routine application was granted either by NHS England, the relevant delegated integrated care board or, on appeal, the Secretary of State.

Date of grant ………………………………………….

It is a condition of the grant of your original application that you notify us of the address of the proposed premises within six months of the application being granted either by NHS England, the relevant delegated integrated care board or the Secretary of State

**2.3 Best estimate for the location of the proposed premises**

Please enter below the best estimate given in your original application.

|  |
| --- |
|  |

1. **Full address of the premises to be listed- this address must fall within the original best estimate**

Please enter below the address at which you intend to provide pharmaceutical services.

|  |
| --- |
|  |

I confirm that to the best of my knowledge the information contained in this notification is correct.

Name ………………………………………………………………………………….

Position ………………………………………………………………………………

Date ………………………………........................................................................

On behalf of the company/partnership .………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 37**

**Confirmation of No Appeal (Address Known)**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert address*]**

I am writing to confirm that no appeal against [*NHS England/name of ICB*]’s decision on the above application has been submitted to the Secretary of State.

You therefore have 12 months from the date of my previous letter dated [*insert date*] within which to submit your notice of commencement and commence service provision.

Please 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 [*NHS England/name of 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.

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

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership ……………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 38**

**Confirmation of No Appeal (Best Estimate)**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*insert best estimate*]**

I am writing to confirm that no appeal against [*NHS England/name of ICB*]’s decision on the above application has been submitted to the Secretary of State.

You therefore have six months from the date of my previous letter dated [*insert date*] within which to notify us of the address of the premises from which you intend to provide pharmaceutical services. I enclose a copy of the relevant form for you to use for this purpose.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notification of premises following conditional grant of a routine application**

This is a notification of the address of premises following grant of a routine application that gave a best estimate. As such it is made under paragraph 31, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

1. **Full name and correspondence address of the applicant**

|  |
| --- |
|  |

1. **Details of original routine application**

**2.1 Type of routine application**

This notification is in connection with a previously granted routine application which offered to meet a future need.

Please enter below details of the future need you offered to meet in your original application.

|  |
| --- |
|  |

**2.2** **Date on which the routine application was granted**

Please state the date on which your routine application was granted either by NHS England, the relevant delegated integrated care board or, on appeal, the Secretary of State.

Date of grant ………………………………………….

It is a condition of the grant of your original application that you notify us of the address of the proposed premises within six months of the application being granted either by NHS England, the relevant delegated integrated care board or the Secretary of State.

**2.3 Best estimate for the location of the proposed premises**

Please enter below the best estimate given in your original application.

|  |
| --- |
|  |

**3. Full address of the premises to be listed- this address must fall within the original best estimate**

Please enter below the address at which you intend to provide pharmaceutical services.

|  |
| --- |
|  |

I confirm that to the best of my knowledge the information contained in this notification is correct.

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership .……………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 39**

**Notification of Receipt of Premises – Not Valid**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

I am writing to confirm that we have received your notification of the premises from which you intend to provide pharmaceutical services.

However as it was received outside of the regulatory six-month grant period it is not valid and cannot be actioned.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 40**

**Acknowledgement of Receipt of Premises – Valid - Applicant**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

I am writing to confirm that we have received your notification of the premises from which you intend to provide pharmaceutical services.

[*NHS England/name of ICB*] is satisfied that this is a valid notification and you have 12 months from the date of this letter within which to commence service provision. Enclosed is the template notice of commencement and the banking mandate which you are required to complete and return to me.

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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises …………………………………………………

Email for the premises ……….……………………………………………………….

Name of superintendent pharmacist …………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or relevant delegated integrated care board has previously agreed to a shorter notice period*)

Premises registration number with the General Pharmaceutical Council ……………

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership ……………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 41**

**Notification of Premises – Third Parties**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*] by [*insert applicant’s name*]**

I am writing to confirm that we have received notification of the premises from which [*insert applicant’s name*] intends to provide pharmaceutical services. The address that has been notified to us is:

[*insert address*]

[*NHS England/name of ICB*] is satisfied that this is a valid notification and [*insert applicant’s name*] has 12 months within which to commence service provision.

Yours sincerely

[*name*[

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 42**

**Notification of Non-valid Premises**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

I am writing to confirm that [*NHS England/name of ICB*] has considered your notification of the premises from which you intend to provide pharmaceutical services. It is not satisfied that it is a valid notification. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 43**

**Notification of Valid Appeal**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

We have been notified that the Secretary of State has determined that your notification was valid. Please find enclosed the notice of commencement which you are required to submit to us. Please 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 [*NHS England/name of 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.

Also enclosed is a copy of the banking mandate which should be completed and returned with your notice of commencement.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ………………………………………………………………….

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ……………………………………………………

Email for the premises ……….……………………………………………………………

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.)*)

Premises registration number with the General Pharmaceutical Council ……………

(pharmacies only)

Signature …………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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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|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 44**

**No Notice of Commencement Received – Grant Lapsed**

**[*date*]**

**Dear [*insert*]**

**Re: Application offering to meet an identified future need at [*address*]**

I am writing to confirm that [*NHS England/name of ICB*] has not received a notice of commencement in relation to this application and therefore the grant of it has lapsed.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 45**

**Shorter Notice Period Agreed To**

[*date*]

Dear [*Insert*]

**Re: Application offering to meet an identified future need at [*address*]**

[*NHS England/name of ICB*] has considered your application and has agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. Please therefore complete and submit the previously provided notice of commencement to us when you are ready.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 46**

**Shorter Notice Period Not Agreed To**

[*date*]

Dear [*Insert*]

**Re: Application offering to meet an identified future need at [*address*]**

[*NHS England/name of ICB*] has considered your application and has not agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. You are therefore required to submit a notice of commencement with a date of service commencement no fewer than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 47**

**Request for an extension to the time within which to submit a notice of commencement**

Name of applicant ……………………………………………………………………………

Address of the premises to which the granted application relates

|  |
| --- |
|  |

Date on which the application was granted by NHS England, the relevant delegated integrated care board or, on appeal, NHS Resolution …………………………………………

Original date by which the notice of commencement is to be submitted by ……………….. (Requests for an extension may only be made during the 12-month period following the grant of an application.)

I/we would like to request an extension to the time within which to submit the notice of commencement relating to the application submitted for the above premises. The additional period of time I/we are requesting is …………………………………………

Please explain in the box below the reasons for your request.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 48**

**Grant of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*address*]**

I am writing to confirm that [*NHS England/name of ICB*] has granted your request for an extension to the time within which to submit a notice of commencement in relation to the above application.

The latest date by which you must submit your notice of commencement is [*insert date*]. 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period using the previously provided application form.

Yours sincerely

[Name]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 49**

**Refusal of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*address*]**

I am writing to confirm that [*NHS England/name of ICB*] has refused your request for an extension to the time within which to submit a notice of commencement in relation to the above application. Please see the enclosed report for the full reasoning.

[*Insert the following if there is still time for the applicant to submit their notice of commencement*] [The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period.]

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 50**

**Notice of Commencement Received Outside of The Grant Period**

[*date*]

Dear [*insert*]

**Re: [Application offering to meet an identified future need at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as it was received outside of the [*12-month*] grant period it is not valid and cannot be actioned. The grant of your application has therefore lapsed. Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 51**

**Date in the Notice of Commencement fewer than 30 days after the date received**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as the date of service commencement is fewer than 30 days before the date we received your notice, it is not valid. Please therefore resubmit your notice of commencement noting that the date of service commencement must be more than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 52**

**Missing/incorrect information**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 53**

**Acknowledgement of Receipt of Notice of Commencement**

[*date*]

Dear [*insert*]

**Re: Application offering to meet an identified future need at [*address*]**

I am writing to confirm receipt of your notice of commencement and can confirm that it is valid. You will be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 54**

**Notice of Commencement Not Valid**

[*date*]

Dear [*insert*]

**Re: [Application offering to meet an identified future need at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 55**

**Notification of Contractor Code**

[*date*]

Dear [*Insert*]

**Re:** **future needs application at [*insert premises*]**

Further to recent correspondence, I am writing to advise you that the following ODS code has been allocated:

* [*insert*]

This code should be used in all correspondence with the NHS Business Services Authority.

[Insert the following if the application was for a pharmacy]

[Should you require a private controlled drugs pharmacy contractor code please contact [*NHS England/name of ICB*] on *[insert generic email address for the relevant Commissioner*].]

[*The following is to be added where the application relates to a pharmacy.]*

[Now that you have the ODS code (also known as the F code) for your pharmacy you will need to do the following.

* Register for a NHSmail premises-specific email address and link at least two staff personal NHSmail accounts to it - <https://portal.nhs.net/pharmacyregistration#/> Further information about this requirement can be found at <https://psnc.org.uk/contract-it/pharmacy-it/nhs-mail/>
* Register for the new NHS Profile Manager in order to update the pharmacy’s NHS website profile and Directory of service profile - <https://organisation.nhswebsite.nhs.uk/campaign-start>.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 56**

**Date of inclusion cannot be changed**

[*date*]

Dear [*Insert*]

**Re:** **future needs application at [*insert premises*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the original date of commencement.

You have therefore been included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 57**

**Date of inclusion cannot be changed**

[*date*]

Dear [*Insert*]

**Re:** **future needs application at [*insert premises*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the new date of commencement.

You will therefore be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert original date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 58**

**Date of inclusion changed**

[*date*]

Dear [*Insert*]

**Re:** **future needs application at [*insert premises*]**

Further to your recent notification I am writing to confirm that you will now be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 13**

**Annex 59**

**Change to the Pharmaceutical List – Memo**

From: [*Name*] – PCSE Market Entry Officer

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [*insert name of*] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note a new [*pharmacy/dispensing appliance contractor*] will start to provide pharmaceutical services on [*insert date*] and will be included in the pharmaceutical list for the area of [*insert name of*] Health and Wellbeing Board with effect from that date. Details are as follows:

[*Insert name of contractor and any trading name*]

[*Insert address*]

Opening hours:

|  |  |  |
| --- | --- | --- |
|  | **Core opening hours** | **Total opening hours** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

|  |  |
| --- | --- |
| ODS code: |  |
| Phone number: |  |

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 1**

**Application Form**

**Application offering to secure identified improvements or better access**

Application for inclusion in the pharmaceutical list for the area of

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

This is an application to secure identified improvements or better access and as such is a routine application under regulation 17 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 or the relevant delegated integrated care board's responsibilities in relation to information provided in this application form which an applicant advises is confidential.

1. **Information regarding the applicant**

**1.1Full name and correspondence address of the applicant[[54]](#footnote-54)**

|  |
| --- |

Is this a personal address? Yes  No 

**1.2 Applicant’s legal entity**

**I/we am/are applying as a:**

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

**Sole trader**  **My GPhC/PSNI registration number is …………………**

**Partnership** 

|  |
| --- |
| **Please list each partner and their GPhC/PSNI registration number:**  **Please continue on a separate sheet if necessary.** |

**Corporate Body** 

|  |  |
| --- | --- |
| **Superintendent’s name and GPhC registration number is** |  |

**1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations**

(Please tick relevant box)

|  |  |  |
| --- | --- | --- |
| I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate. |  | |
| Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | | |
| I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate | |  | |
| Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | | |

|  |  |
| --- | --- |
| I/We have provided the required fitness information with this application. |  |

**1.4 Relevant fee**

I/we include the relevant fee for this application. 

**2 Proposed premises**

(Please tick relevant box. Only one box may be selected.)

I/we know the address of the proposed premises 

I/we provide a best estimate of the location of the proposed premises 

|  |
| --- |
| Please provide the address or best estimate[[55]](#footnote-55) of the proposed premises  Please continue on a separate sheet if necessary. |

(Only complete the question below if you know the address of the proposed premises)

The premises above are currently in my/our possession\* Yes  No 

\* by rental, leasehold or freehold

**3 Opening hours**

**3.1 Proposed core opening hours[[56]](#footnote-56)**

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

**3.2 Total proposed opening hours[[57]](#footnote-57)**

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

**4 Pharmaceutical services to be provided at these premises**

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

Or

Terms of service (paragraphs 3 to 12, Schedule 5 – DACs) 

If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write ‘none’ if it is intended that the pharmacy will not provide appliances).

Please give details of any advanced and enhanced services[[58]](#footnote-58) you intend to provide. These details should include:

* confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
* confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
* 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.

|  |  |  |
| --- | --- | --- |
| **Service** | **Accredited to provide (Y/N/NA)** | **Premises accredited (Y/N/NA)** |
|  |  |  |
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Please continue on a separate sheet if necessary.

I/we confirm that the pharmacy premises will have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations. Yes 

**Floor plan showing consultation area**

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.**5 Applications in relation to premises that are in close proximity to other listed chemist premises**

This section should only be completed if the premises included in section 2 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons: |

Please continue on a separate sheet if necessary.

**6 Information in support of the application**

In making this application I/we am/are seeking to secure the improvements or better access identified on page ………[[59]](#footnote-59) of the HWB’s pharmaceutical needs assessment.

|  |
| --- |
| Please insert the identified improvement or better access you are offering to secure here. |

In the box below please explain how you intend to secure the identified improvements or better access either in whole or in part.

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

**7 Undertakings**

By virtue of submitting this application I/we undertake to notify NHS England or the relevant delegated integrated care board 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 NHS England or the relevant delegated integrated care board 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.

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:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 2**

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

This form must accompany all routine and excepted applications for inclusion in a pharmaceutical list in accordance with paragraph 2, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Please complete this form as legibly as possible

* 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)** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI 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.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **I declare that I am a registered pharmacist.** | |
| **Name** |  |
| **Date** |  |

* 1. **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 /PSNI 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** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 2** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 3** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 4** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

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.

|  |
| --- |
|  |

(Pharmacy applications only) I declare that:

* each partner named above is a registered pharmacist, and
* 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** |  |
| **On behalf of (name of partnership)** |  |
| **Date** |  |

* 1. **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. If one is not available please state accordingly.** |  |

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

|  |  |
| --- | --- |
| **Superintendent** | |
| **Full name** |  |
| **GPhC registration number** |  |
| **Date of birth** |  |
| **Superintendent's private address** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 1** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 2** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 3** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 4** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

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.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

|  |  |
| --- | --- |
| **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** |  |
| **Position** |  |
| **On behalf of (name of body corporate)** |  |
| **Date** |  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 3**

**First Referral Questions**

* Has the applicant identified the correct health and wellbeing board?
* Is the address/best estimate in a controlled locality?
* If yes, do you wish to review the controlled locality determination before determining the application?
* If yes, please confirm the centre point to be used for the patient count [delete if a specific address has been given]
* If yes, does the five year bar in regulation 40(2) apply?
* Is the address/best estimate within 1.6km of a controlled locality?
* Is the address/best estimate in an LPS designation?
* If yes, do you wish to defer the application under regulation 32?
* The applicant has given the following best estimate:
  + [*insert best estimate*]
* Are you satisfied that:
  + This is the best estimate that the applicant can reasonably make at this time, and
  + Your reasons for granting the application would be essentially the same if the applicant located, if the application was granted, at any location within the range of possible locations covered by the estimate? [Delete these two questions if not relevant]
* I have identified the following missing information/documentation/undertakings:
  + [*insert details*]

Please advise of any other missing information/documentation/undertakings that you wish me to ask the applicant for.

* Do you wish to invite applications from other persons offering to secure the same improvements or better access?
* [Another application has been received offering to secure the same improvements or better access. Do you wish to consider the applications at the same time? A copy of this later application is attached.] Or [No other application has been received offering to secure the same current improvements or better access.]
* [An appeal relating to another application which offered to secure the same improvements or better access need is pending. Do you wish to await the outcome of that appeal before considering this application? A copy of that application and decision letter is attached.] Or [There is no pending appeal relating to another application which offered to secure the same improvements or better access.]
* The applicant is offering to provide a number of services. Please can you confirm which of those services listed at section 4 are enhanced services that are commissioned by NHS England/the relevant delegated integrated care board, and provide copies of the service specifications?
* Attached is the interested parties list. Please can you review it for accuracy and completeness, adding or removing interested parties as relevant?
* Please can you provide contact details for the following persons/organisations:
  + Public health team
  + DoS lead
  + Unwanted medicines collection and disposal contractor
  + Local Registration Authority (if you would like them to be notified if the application is granted and the applicant is subsequently included in the relevant pharmaceutical list).

**Chapter 14**

**Annex 4**

**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 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. Conversely, if the distances do not identify any persons then they may be increased accordingly. When identifying contractors who may be significantly affected by the grant of the application, the Commissioner may wish to look at practice prescribing dispensing data which is published by the [NHSBSA](https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data) on a monthly basis as this shows where prescriptions written by GP practices are dispensed. Alternatively this information is available via the Strategic Health Asset Planning and Evaluation application[[60]](#footnote-60).

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

1. 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) if:
   * where the applicant's proposed premises or best estimate are not in a controlled locality, the contractor's premises is within 2km in a direct line from the applicant's proposed premises or best estimate, or
   * where the applicant's proposed premises or best estimate are in a controlled locality, the contractor's premises is located within 8km in a direct line from the applicant's proposed premises or best estimate.
2. Head offices of bodies corporate are also to be notified where this information is known, but this is as a courtesy as it is the premises that are included in the relevant pharmaceutical list that are to be notified in accordance with the regulations.

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

1. 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:
   * where the applicant's proposed premises or best estimate is not in a controlled locality, the person's proposed premises is located within 2km in a direct line from the applicant's proposed premises or best estimate, or
   * where the applicant's proposed premises or best estimate is in a controlled locality, the person's proposed premises is located within 8km in a direct line from the applicant's proposed premises or best estimate.

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

1. LPS contractors should be considered to be significantly affected by the grant of the application (and notified of it) if:
   * where the applicant's proposed premises or best estimate is not in a controlled locality, the LPS contractor's premises is located within 2km in a direct line from the applicant's proposed premises or best estimate, or
   * where the applicant's proposed premises or best estimate is in a controlled locality, the LPS contractor's premises is located within 8km in a direct line from the applicant's proposed premises or best estimate.

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

1. The following groups should be considered to have a significant interest in the outcome of the application and be notified:
   * where the applicant's proposed premises are in a controlled locality, the relevant Parish Council;
   * where the application offers to provide unforeseen benefits for a specific patient group, any group that is representative of that group of patients.
2. The Commissioner should consider whether there are any other groups that are to be notified of the application, for example residents associations.

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

1. For routine pharmacy applications, dispensing practices that have dispensing patients within 1.6km of the applicant's proposed premises or best estimate should be considered to have a significant interest in the outcome of the application and should be notified of it.
2. For excepted pharmacy applications that include a relocation that does not result in significant change, dispensing practices that have dispensing patients within 1.6km of the applicant's proposed premises should be considered to have a significant interest in the outcome of the application and should be notified of it.
3. It is not envisaged that dispensing practices will have a significant interest in the outcome of other types of notifiable applications and therefore need not routinely be notified of them. Ultimately though it is for the decision-maker to decide on a case by case basis.
4. **GP performers included in the dispensing doctor list (paragraph 19(1)(f)(ii))**
5. GP performers included in the dispensing doctors list that have dispensing patients within 1.6km of the proposed premises or best estimate should be considered to have a significant interest in the outcome of the application and should be notified of it in line with the above section (if the practice has not already been notified under paragraph 19(1)(f)(i)).

**Welsh health boards (paragraph 19(1)(g))**

1. Where the premises or best estimate is within 2km of a Welsh health board that organisation is to be notified. Applications are to be sent to NHS Wales Shared Service Partnership ([nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)) who will forward them to the appropriate health board.

**Chapter 14**

**Annex 5**

**Acknowledgement of Receipt of Application**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address or best estimate*]**

I am writing to confirm receipt of the above application on [*insert date*]. [*NHS England/name of ICB*] is required to determine the application within four months, unless it has good cause to take longer. You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Should you need to contact us regarding your application please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

[As part of your application you are offering to secure identified improvements or better access to enhanced services. Please find enclosed copies of the specifications for these services.]

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

.

**Chapter 14**

**Annex 6**

**Acknowledgment of Receipt of Application and Request for Further Information**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address or best estimate*] – missing information and 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. [*NHS England/name of ICB]* will then decide whether or not it is 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 NHS England’s request or unless [*NHS England/name of ICB]* has 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.

Please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 7**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address or best estimate*] – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB]*’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB]* has 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. [*NHS England/name of ICB]* will then decide whether or not it is 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 [*NHS England/name of ICB]* has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 8**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address or best estimate*] – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB]’s* request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB]* has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 9**

**Acknowledgement of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address or best estimate*] – 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 [*NHS England/name of ICB]*’s decision within 4 months.

[As part of your application you are offering to secure identified improvements or better access to enhanced services. Please find enclosed copies of the specifications for these services.]

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

Yours sincerely

[*name*]

*[title]*

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

.

**Chapter 14**

**Annex 10**

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

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address/best estimate*] – 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.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 11**

**Acknowledgement of Receipt of Application and Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [insert address or best estimate] – 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 12**

**Acknowledgement of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [insert address or best estimate] – missing undertakings**

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

We will begin to process the application and you will be notified of [*NHS England/name of ICB]*’s decision within 4 months.

[As part of your application you are offering to secure identified improvements or better access to enhanced services. Please find enclosed copies of the specifications for these services.]

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

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 13**

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

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address or best estimate*] – 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.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 14**

**Notification of Decision to Defer on Non-fitness Grounds**

[*date*]

Dear [*insert*[

**Re: Application offering to secure identified improvements or better access at [*insert address or best estimate*]**

Further to my previous letter of [*insert date*] regarding the above application, [*NHS England/name of ICB]* has decided to defer consideration of your application as it is satisfied that:

1. [it would be desirable to consider applications from other persons offering to secure the same identified improvements or better access that you are offering to secure.
2. a later application offering to secure the same identified improvements or better access has been submitted and it is desirable to consider the two together.
3. an appeal relating to another application offering to secure the same identified improvements or better access is pending and it is desirable to await the outcome of that appeal before considering your application.
4. the proposed premises are located within an area that has been designated for LPS. A copy of that designation is enclosed.]

[delete and tailor as necessary]

Your application is therefore deferred:

1. [for a period of [insert amount of time] whilst other applications are invited.
2. for a period of [insert amount of time] to allow the other application to reach the same stage as yours.
3. until the outcome of the appeal is known.
4. until the LPS designation is varied so that it no longer applies to your proposed premises or has been cancelled.]

[delete and tailor as necessary]

Should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 15**

**Notification of Cessation of Deferral – Non-fitness Grounds**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address or best estimate*]**

Further to my previous letter of [*insert date*] regarding deferral of the above application, I can now confirm that:

1. [[*NHS England/name of ICB]* has invited and received applications from other persons offering to secure the same identified improvements or better access and will now process all the applications together.
2. the other application offering to secure the same identified improvements or better access is now at the same stage as yours and the two will be processed together.
3. the outcome of the appeal relating to the other application offering to secure the same identified improvements or better access has been received and a copy of the decision is enclosed. You are now required to update your application and notify us as to whether or not you still wish to proceed with it within 30 days of the date of this letter i.e. by [insert date]. If you do not wish to proceed or do not respond to this letter then your application will be treated as withdrawn.]
4. the proposed premises are no longer located within an area that has been designated for LPS. You are now required to update your application and notify us as to whether or not you still wish to proceed with it within 30 days of the date of this letter i.e. by [insert date]. If you do not wish to proceed or do not respond to this letter then your application will be treated as withdrawn.]

[*delete and tailor as necessary*]

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 16**

**Notification that Best Estimate is Unacceptable**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert best estimate*]**

Further to my letter of [*insert date*], [*NHS England/name of ICB]* has considered the best estimate that you have given in your application and is not satisfied that it is the best estimate that you can reasonably make at this time. The reasons for this decision are:

[*insert reasons*]

You are therefore asked to provide a revised best estimate of the location of the premises that addresses these issues. 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 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. [*NHS England/name of ICB]* will then decide whether it is satisfied that there is good cause for the delay or not.

If we do not receive the requested information by [*insert date*] the application will be treated as withdrawn, unless you have sought a review of the request or unless [*NHS England/name of ICB]* has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 17**

**Confirmation Revised Best Estimate Acceptable**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert best estimate*]**

Further to my letter of [*insert date*] I am writing to confirm receipt of the revised best estimate and that [*NHS England/name of ICB]* is satisfied it is the best estimate that can be made.

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

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 18**

**Notification of Application to Interested Parties**

[date]

Dear [insert]

**Re: Application offering to secure identified improvements or better access at [*insert address or best estimate*] by [*insert applicant’s name*]**

We have received the above application, a copy of which is enclosed, and [*NHS England/name of ICB]* has completed its 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.

[*NHS England/name of ICB]* will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

Please ensure you include our reference (see above) in the subject line of your email as this will help us file your representations with the correct application as quickly as possible.

[I can confirm that no information that has been received in relation to this application is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. / I can confirm that the following information is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:

* *Insert as relevant*]

[*The following text is to be inserted if relevant*]

[[*NHS England/name of ICB]* intends to consider this application together and in relation to the following application:

* *Insert details of the other application*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**How we will involve patients in decisions on pharmacy applications**

When we receive an application to move an existing pharmacy or to open a new pharmacy we must write to:

* nearby pharmacies
* in some cases, nearby doctors’ surgeries
* the Health & Wellbeing Board which is a committee of the borough, county or city council, and
* the local Healthwatch organisation, which exists to represent local patients in general

We send them a copy of the application and invite them to make comments within 45 days. Comments can be made by letter or email.

In addition, the law requires us to involve patients in our decision-making. We may do this by sending copies of pharmacy applications to:

* city/district and county councillors covering the area involved
* the town or parish council covering the area. In areas which do not have a town or parish council we may instead contact prominent community, neighbourhood or residents’ groups
* patient representative groups attached to nearby doctors’ surgeries.

They will also be invited to make comments within 45 days.

When we send them a copy of an application we will also send notes to explain:

* what the application is about
* why they are being asked for comments
* what we will consider when making a decision, and
* what happens next after a decision is made.

Applications are not confidential. If they want, councillors or patient groups may share details with local people so they can also make comments within the same 45 day period.

Any comments we receive will be sent to the pharmacy applicant. They will have a chance to respond to us about those comments.

Most applications are decided using written information, including any comments received.

In general, we will not hold public meetings about pharmacy applications. This is because an applicant cannot be made to attend to respond directly to any questions from members of the public.

However, we may hold a hearing if we need more information before making a decision. Where written comments from councillors or patient groups suggest that local people hold strong views, we will invite those councillors or patient groups to attend the hearing.

The hearing will be held in public so that (although members of the public will not be able to ask questions) they will be able to hear the arguments for and against the application. These will include any comments made by their representatives and the responses received.

All comments at the meeting will be taken into account in making a final decision on the pharmacy application.

**Chapter 14**

**Annex 19**

**Application Treated As Withdrawn**

[date]

Dear [insert]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*] by [*insert applicant’s name*]**

Further to my previous letter please be advised that this application is being treated as withdrawn.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 20**

**Request for Payment**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address or best estimate*]**

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 [*NHS England/name of ICB]* 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]*

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 21**

**Circulation of Comments on Application**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address or best estimate*] by [*insert applicant’s name*]**

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*]. Please note that any new information that you submit at this stage will have little or no weight placed upon it unless it can be demonstrated that you are presenting it in response to representations submitted by another party that you believe are not true or are incorrect.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 22**

**Notification That Payment Has Not Cleared and Application Is Withdrawn**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address or best estimate*]**

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.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 23**

**Notification of Oral Hearing - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address or best estimate*]**

[*NHS England/name of ICB]* has 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*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 24**

**Notification of Oral Hearing – Additional Presenters**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address or best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of ICB]* has 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*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 25**

**Committee Report**

**[*insert name of committee*]**

[*insert date of meeting*]

[*insert agenda item number*] – Application for inclusion in a pharmaceutical list: routine application offering to secure improvements or better access

|  |  |  |
| --- | --- | --- |
| **CAS reference number** |  | |
| **Name of applicant** |  | |
| **Fitness to practise** | [Delete as appropriate:   * Not applicable, already included in respect of other premises. * Cleared for inclusion. * To be conditionally included – see attached letter.] | |
| **Address/best estimate of proposed premises** |  | |
| **Identified improvement or better access that the applicant is offering to secure, as stated in the HWB’s PNA** |  | |
| **Status of location** | [Delete as appropriate:   * Not a controlled locality. * Controlled locality.] | |
| **Relevant regulations and guidance** | Regulations 17 and 19 – improvements or better access: additional matters and consequences.  Regulation 31 – refusal: same or adjacent premises.  Regulation 32 – deferral arising out of LPS designations.  [Regulations 40 to 44 – applications in a controlled locality.]  [Regulation 50 – gradualisation for doctors[[61]](#footnote-61).]  [Regulation 65 – core opening hours conditions[[62]](#footnote-62).]  [Regulation 66 – conditions relating to providing directed services[[63]](#footnote-63).]  [Paragraph 31, schedule 2 – conditional grant of applications where the address of the premises is unknown[[64]](#footnote-64).] | |
| **Additional information** | | |
| Initial additional matters considered. Was NHS England/the ICB satisfied that:   * It would be desirable to consider, at the same time as this application, applications from other persons offering to secure the same improvements or better access? * Another application offering to secure the same improvements or better access has been submitted and it would be desirable to consider it at the same time as this application? * An appeal relating to another application offering secure the same improvements or better access is pending, and it would be desirable to await the outcome of that appeal before considering this application? | | [Yes/No]  [Yes/No]  [Yes/No] |
| [Regulation 31 – Must the application be refused?]  [insert comments] | | [insert outcome] |
| Regulation 32 – Is the application to be deferred?  [insert comments] | | [insert outcome] |
| [Regulation 41 – Is the relevant location in a reserved location?]  [insert comments] | | [insert outcome] |
| [Regulation 44 – Prejudice test]  [insert comments] | | [insert outcome] |
| [Look at regulation 17 and include information that may be relevant to the committee’s discussion. Examples:  [Work through Regulation 17(2) addressing each matter, adding comments, referring to Regulation 19 where necessary and arriving at an outcome on each matter]   * Have there been changes to the profile of pharmaceutical services in the HWB’s area since the PNA was published? * Are there any other pharmacies or DACs in the area and what services do they provide? * Has the improvement or better access been secured by another person who is providing services in the area? * Is the improvement or better access due to be met by another person who has undertaken to provide services in the area? Such persons are those whose application has been granted but they have not yet submitted their notice of commencement. They may also be contractors who have entered into an LPS scheme with the AT but have not commenced service provision. | | [insert outcome] |
| If the application is in a controlled locality or the premises are within 1.6km of a controlled locality then gradualisation for doctors may need to be considered. Numbers of dispensing patients who may be affected should be included, along with information on what percentage of a practice’s dispensing patient list this equates to.] | | [insert outcome] |
| [Consider impact of decision on those with protected characteristics under the Equalities Act 2010 and is this in accordance with NHS England/the ICB's Public Sector Equality Duty]  [Consider impact of decision on NHS England/the ICB's duty on health inequality] | | [insert outcome |

|  |  |
| --- | --- |
| **Recommendation[[65]](#footnote-65)** |  |

**Enclosures**

|  |  |
| --- | --- |
| **Application** |  |
| **Interested parties list** |  |
| **Representations received from 45 day notification period** |  |
| **Representations received outside the 45 day notification period** |  |
| **Unsolicited representations** |  |
| **Representations received from circulation of first representations** |  |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 14**

**Annex 26**

**Granted (Address Known) - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address]***

[*NHS England/name of 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.

[*Where advised to so by NHS England/the ICB, insert the following*]

[Enclosed is a form confirming acceptance of the condition imposed by virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which should be completed by an authorised person and returned to me.]

[Also] [E/e]nclosed 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 NHS Resolution, 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.

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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England/the integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different …………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ………………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board, or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ………………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership ……………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 27**

**Acceptance of Regulation 66(5) condition**

**Name of applicant**:

**Application offering to secure identified improvements or better access at [*insert address*]**

I agree to the 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 …………..

Name …………………………………………………………………………………………..

Position………………………………………………………………………………………...

Date ………………………………...................................................................................

On behalf of the company/partnership ..……………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 28**

**Granted (Address Known) – Third Party with No Appeal Rights**

[*date*]

Dear [*insert*[

**Re: Application offering to secure identified improvements or better access at [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 29**

**Granted (Address Known) – Third Party with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB]*’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title]*

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 30**

**Granted (Best Estimate) - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert best estimate*]**

[*NHS England/name of 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.

You are required to notify the address of the premises from which you will provide pharmaceutical services to us within six months of the date of this letter or six months from the date of determination of any appeal to the Secretary of State. Please find enclosed the relevant form for you to use for this purpose.

[*Where advised to so by NHS England/the ICB, insert the following*]

[Enclosed is a form confirming acceptance of the condition imposed by virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which should be completed by an authorised person and returned to me.]

Yours sincerely

[*name*]

[*title]*

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notification of premises following conditional grant of a routine application**

This is a notification of the address of premises following grant of a routine application that gave a best estimate. As such it is made under paragraph 31, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

1. **Full name and correspondence address of the applicant**

|  |
| --- |
|  |

1. **Details of original routine application**

**2.1 Type of routine application**

This notification is in connection with a previously granted routine application which offered to secure identified improvements or better access.

Please enter below details of the identified improvements or better access you offered to secure in your original application.

|  |
| --- |
|  |

**2.2** **Date on which the routine application was granted**

Please state the date on which your routine application was granted either by NHS England, the relevant delegated integrated care board or, on appeal, the Secretary of State.

Date of grant ………………………………………….

It is a condition of the grant of your original application that you notify us of the address of the proposed premises within six months of the application being granted either by NHS England, the relevant delegated integrated care board or the Secretary of State.

**2.3 Best estimate for the location of the proposed premises**

Please enter below the best estimate given in your original application.

|  |
| --- |
|  |

1. **Full address of the premises to be listed- this address must fall within the original best estimate**

Please enter below the address at which you intend to provide pharmaceutical services.

|  |
| --- |
|  |

I confirm that to the best of my knowledge the information contained in this notification is correct.

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership .……………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 31**

**Granted (Best Estimate) – Third Party without Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

The applicant is required to notify the address of the premises from which they will provide pharmaceutical services to us within six months of the date of this letter or six months from the date of determination of any appeal to the Secretary of State.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 32**

**Granted (Best Estimate) – Third Party with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

The applicant is required to notify the address of the premises from which they will provide pharmaceutical services to us within six months of the date of this letter or six months from the date of determination of any appeal to the Secretary of State.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB]*’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 33**

**Notification of Refusal of Application - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address or best estimate*]**

[*NHS England/name of ICB]* has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB]*’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 34**

**Notification of Refusal of Application – Third Party**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address or best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of ICB]* has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 35**

**Notification that Secretary of State Grants Application**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address*]**

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 commencement which you are required to submit to us.

Also enclosed is a copy of the banking mandate which should be completed and returned with your notice of commencement.

Please 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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different …………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England or the relevant delegated integrated care board

or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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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NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
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|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 36**

**Notification that Secretary of State Grants Application**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address*]**

We have been notified that the Secretary of State has [*granted/confirmed the grant*] of the above application.

You are required to notify the address of the premises from which you will provide pharmaceutical services to us within six months of the date of determination of the appeal. Please find enclosed the relevant form for you to use for this purpose.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notification of premises following conditional grant of a routine application**

This is a notification of the address of premises following grant of a routine application that gave a best estimate. As such it is made under paragraph 31, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

1. **Full name and correspondence address of the applicant**

|  |
| --- |
|  |

1. **Details of original routine application**

**2.1 Type of routine application**

This notification is in connection with a previously granted routine application which offered to secure identified improvements or better access.

Please enter below details of the improvements or better access you offered to secure in your original application.

|  |
| --- |
|  |

**2.2** **Date on which the routine application was granted**

Please state the date on which your routine application was granted either by NHS England, or the relevant delegated integrated care board or, on appeal, the Secretary of State.

Date of grant ………………………………………….

It is a condition of the grant of your original application that you notify us of the address of the proposed premises within six months of the application being granted either by NHS England, the relevant delegated integrated care board or the Secretary of State

**2.3 Best estimate for the location of the proposed premises**

Please enter below the best estimate given in your original application.

|  |
| --- |
|  |

1. **Full address of the premises to be listed- this address must fall within the original best estimate**

Please enter below the address at which you intend to provide pharmaceutical services.

|  |
| --- |
|  |

I confirm that to the best of my knowledge the information contained in this notification is correct.

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date………………………………....................................................................................

On behalf of the company/partnership .……………………………………………………

Registered office

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NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 37**

**Confirmation of No Appeal (Address Known)**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address*]**

I am writing to confirm that no appeal against [*NHS England/name of ICB]*’s decision on the above application has been submitted to the Secretary of State.

You therefore have 12 months from the date of my previous letter dated [*insert date*] within which to submit your notice of commencement and commence service provision.

Please 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 [*NHS England/name of 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.

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

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership ……………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 38**

**Confirmation of No Appeal (Best Estimate)**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert best estimate*]**

I am writing to confirm that no appeal against [*NHS England/name of ICB]*’s decision on the above application has been submitted to the Secretary of State.

You therefore have six months from the date of my previous letter dated [*insert date*] within which to notify us of the address of the premises from which you intend to provide pharmaceutical services. I enclose a copy of the relevant form for you to use for this purpose.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notification of premises following conditional grant of a routine application**

This is a notification of the address of premises following grant of a routine application that gave a best estimate. As such it is made under paragraph 31, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

1. **Full name and correspondence address of the applicant**

|  |
| --- |
|  |

1. **Details of original routine application**

**2.1 Type of routine application**

This notification is in connection with a previously granted routine application which offered to secure identified improvements or better access.

Please enter below details of the identified improvements or better access you offered to secure in your original application.

|  |
| --- |
|  |

**2.2** **Date on which the routine application was granted**

Please state the date on which your routine application was granted either by NHS England, or the relevant delegated integrated care board or, on appeal, the Secretary of State.

Date of grant ………………………………………….

It is a condition of the grant of your original application that you notify us of the address of the proposed premises within six months of the application being granted either by NHS England, the relevant delegated integrated care board or the Secretary of State.

**2.3 Best estimate for the location of the proposed premises**

Please enter below the best estimate given in your original application.

|  |
| --- |
|  |

1. **Full address of the premises to be listed- this address must fall within the original best estimate**

Please enter below the address at which you intend to provide pharmaceutical services.

|  |
| --- |
|  |

I confirm that to the best of my knowledge the information contained in this notification is correct.

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership .……………………………………………………

Registered office

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NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 39**

**Notification of Receipt of Premises – Not Valid**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

I am writing to confirm that we have received your notification of the premises from which you intend to provide pharmaceutical services.

However as it was received outside of the regulatory six-month grant period it is not valid and cannot be actioned.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 40**

**Acknowledgement of Receipt of Premises – Valid - Applicant**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

I am writing to confirm that we have received your notification of the premises from which you intend to provide pharmaceutical services.

[*NHS England/name of ICB]* is satisfied that this is a valid notification and you have 12 months from the date of this letter within which to commence service provision. Enclosed is the template notice of commencement and the banking mandate which you are required to complete and return to me.

Please 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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* …………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date* *giving no fewer than 30 days’ notice unless NHS England or relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 41**

**Notification of Premises – Third Parties**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*] by [*insert applicant’s name*]**

I am writing to confirm that we have received notification of the premises from which [*insert applicant’s name*] intends to provide pharmaceutical services. The address that has been notified to us is:

[*insert address*]

[*NHS England/name of ICB]* is satisfied that this is a valid notification and [*insert applicant’s name*] has 12 months within which to commence service provision.

Yours sincerely

[*name*[

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 42**

**Notification of Non-valid Premises**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

I am writing to confirm that [*NHS England/name of ICB]* has considered your notification of the premises from which you intend to provide pharmaceutical services. It is not satisfied that it is a valid notification. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB]*’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 43**

**Notification of Valid Appeal**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

We have been notified that the Secretary of State has determined that your notification was valid. Please find enclosed the notice of commencement which you are required to submit to us. Please 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 [*NHS England/name of 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.

Also enclosed is a copy of the banking mandate which should be completed and returned with your notice of commencement.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different …………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council ……………

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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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NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
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|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 44**

**No Notice of Commencement Received – Grant Lapsed**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB]* has not received a notice of commencement in relation to this application and therefore the grant of it has lapsed.

Yours sincerely

[Name]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 45**

**Shorter Notice Period Agreed To**

[*date*]

Dear [*Insert*]

**Re: Application offering to secure identified improvements or better access at [*address*]**

[*NHS England/name of ICB]* has considered your application and has agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. Please therefore complete and submit the previously provided notice of commencement to us when you are ready.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 46**

**Shorter Notice Period Not Agreed To**

[*date*]

Dear [*Insert*]

**Re: Application offering to secure identified improvements or better access at [*address*]**

[*NHS England/name of ICB]* has considered your application and has not agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. You are therefore required to submit a notice of commencement with a date of service commencement no fewer than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 47**

**Request for an extension to the time within which to submit a notice of commencement**

Name of applicant ……………………………………………………………………………

Address of the premises to which the granted application relates

|  |
| --- |
|  |

Date on which the application was granted by NHS England, the relevant delegated integrated care board or, on appeal, NHS Resolution

…………………………………

Original date by which the notice of commencement is to be submitted by ……………….. (Requests for an extension may only be made during the 12-month period following the grant of an application.)

I/we would like to request an extension to the time within which to submit the notice of commencement relating to the application submitted for the above premises. The additional period of time I/we are requesting is ………………………………………………………………..

Please explain in the box below the reasons for your request.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

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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|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 48**

**Grant Of Request For An Extension**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*address*]**

I am writing to confirm that [*NHS England/name of ICB]* has granted your request for an extension to the time within which to submit a notice of commencement in relation to the above application.

The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB]* unless you successfully ask to give a shorter notice period using the previously provided application form.

Yours sincerely

[Name]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 49**

**Refusal Of Request For An Extension**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*address*]**

I am writing to confirm that [*NHS England/name of ICB]* has refused your request for an extension to the time within which to submit a notice of commencement in relation to the above application. Please see the enclosed report for the full reasoning.

[*Insert the following if there is still time for the applicant to submit their notice of commencement*] [The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB]* unless you successfully ask to give a shorter notice period.]

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB]*’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 50**

**Notice of commencement received outside of the grant period**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as it was received outside of the [*12-month*] grant period it is not valid and cannot be actioned. The grant of your application has therefore lapsed. Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 51**

**Date in the notice of commencement fewer than 30 days after the date received**

[*date*]

Dear [*insert*]

**Re: [Application offering to secure identified improvements or better access at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as the date of service commencement is fewer than 30 days before the date we received your notice, it is not valid. Please therefore resubmit your notice of commencement noting that the date of service commencement must be more than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 52**

**Missing/Incorrect Information**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 53**

**Notice Of Commencement Is Valid**

[*date*]

Dear [*insert*]

**Re: [Application offering to secure identified improvements or better access at [*address*]**

I am writing to confirm receipt of your notice of commencement and can confirm that it is valid. You will be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 54**

**Notice Of Commencement Not Valid**

[*date*]

Dear [*insert*]

**Re: [Application offering to secure identified improvements or better access at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 55**

**Notification of Contractor Code**

[*date*]

Dear [*Insert*]

**Re:** **securing identified improvements or better access application at [*insert premises*]**

Further to recent correspondence, I am writing to advise you that the following ODS contractor code has been allocated:

* + [*insert*]

This code should be used in all correspondence with the NHS Business Services Authority.

[Insert the following if the application was for a pharmacy][Should you require a private controlled drugs pharmacy contractor code please contact [*NHS England/name of ICB*] on *[insert generic email address for the Commissioner*].]

[*The following is to be added where the application relates to a pharmacy.]*

[Now that you have the ODS code (also known as the F code) for your pharmacy you will need to do the following.

* Register for a NHSmail premises-specific email address and link at least two staff personal NHSmail accounts to it - <https://portal.nhs.net/pharmacyregistration#/> Further information about this requirement can be found at <https://psnc.org.uk/contract-it/pharmacy-it/nhs-mail/>
* Register for the new NHS Profile Manager in order to update the pharmacy’s NHS website profile and Directory of service profile - <https://organisation.nhswebsite.nhs.uk/campaign-start>.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

C**hapter 14**

**Annex 56**

**Date of inclusion cannot be changed**

[*date*]

Dear [*Insert*]

**Re:** **securing identified improvements or better access application at [*insert premises*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the original date of commencement.

You have therefore been included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 57**

**Date of inclusion cannot be changed**

[*date*]

Dear [*insert*]

**Re:** **securing identified improvements or better access application at [*insert premises*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the new date of commencement.

You will therefore be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert original date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 58**

**Date of inclusion changed**

[*date*]

Dear [*Insert*]

**Re:** **securing identified improvements or better access application at [*insert premises*]**

Further to your recent notification I am writing to confirm that you will now be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 14**

**Annex 59**

**Change to the Pharmaceutical List – Memo**

From: [*Name*] – PCSE Market Entry Officer

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [*insert name of*] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note a new [*pharmacy/dispensing appliance contractor*] will start to provide pharmaceutical services on [*insert date*] and will be included in the pharmaceutical list for the area of [*insert name of*] Health and Wellbeing Board with effect from that date. Details are as follows:

[*Insert name of contractor and any trading name*]

[*Insert address*]

Opening hours:

|  |  |  |
| --- | --- | --- |
|  | **Core opening hours** | **Total opening hours** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

|  |  |
| --- | --- |
| ODS code: |  |
| Phone number: |  |

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 1**

**Application Form**

**Application offering unforeseen benefits**

Application for inclusion in the pharmaceutical list for the area of

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

This is an application offering unforeseen benefits and as such is a routine application under regulation 18 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 or the relevant delegated integrated care board's responsibilities in relation to information provided in this application form which an applicant advises is confidential.

**1 Information regarding the applicant**

* 1. **Full name and correspondence address of the applicant[[66]](#footnote-66)**

|  |
| --- |

Is this a personal address? Yes  No 

**1.2 Applicant’s legal entity**

**I/we am/are applying as a:**

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

**Sole trader**  **My GPhC/PSNI registration number is …………………**

**Partnership** 

|  |
| --- |
| **Please list each partner and their GPhC/PSNI registration number:**  **Please continue on a separate sheet if necessary.** |

**Corporate Body** 

|  |  |
| --- | --- |
| **Superintendent’s name and GPhC registration number is** |  |

**1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations**

(Please tick relevant box)

|  |  |
| --- | --- |
| I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate. |  |
| Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | |
| I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate |  |
| Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | |

|  |  |
| --- | --- |
| I/We have provided the required fitness information with this application. |  |

**1.4 Relevant fee**

I/we include the relevant fee for this application. 

**2 Proposed premises**

(Please tick relevant box. Only one box may be selected.)

I/we know the address of the proposed premises 

I/we provide a best estimate of the location of the proposed premises 

|  |
| --- |
| Please provide the address or best estimate[[67]](#footnote-67) of the proposed premises  Please continue on a separate sheet if necessary. |

(Only complete the question below if you know the address of the proposed premises)

The premises above are currently in my/our possession\* Yes  No 

\* by rental, leasehold or freehold

**3 Opening hours**

**3.1 Proposed core opening hours[[68]](#footnote-68)**

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

**3.2 Total proposed opening hours[[69]](#footnote-69)**

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

**4 Pharmaceutical services to be provided at these premises**

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

Or

Terms of service (paragraphs 3 to 12, Schedule 5 – DACs)

If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write ‘none’ if it is intended that the pharmacy will not provide appliances).

|  |
| --- |
|  |

Please give details of any advanced and enhanced services[[70]](#footnote-70) you intend to provide. These details should include:

* confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
* confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
* a floor plan showing the consultation area where you propose to offer the services, where relevant. Where a floor plan cannot be provided please set out the reasons for this.

|  |  |  |
| --- | --- | --- |
| **Service** | **Accredited to provide (Y/N/NA)** | **Premises accredited (Y/N/NA)** |
|  |  |  |
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Please continue on a separate sheet if necessary.

I/we confirm that the pharmacy premises will have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations. Yes 

**Floor plan showing consultation area**

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

**5 Applications in relation to premises that are in close proximity to other listed chemist premises**

This section should only be completed if the premises included in section 2 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons: |

Please continue on a separate sheet if necessary.

**6 Information in support of the application**

In making this application I/we am/are offering to secure improvements or better access that were not included in the HWB’s pharmaceutical needs assessment.

|  |
| --- |
| 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. |

Please continue on a separate sheet if necessary.

|  |
| --- |
| Please explain how you intend to secure the unforeseen benefit(s). |

Please continue on a separate sheet if necessary.

**7 Undertakings**

By virtue of submitting this application I/we undertake to notify NHS England or the relevant delegated integrated care board 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 1) 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 NHS England or the relevant delegated integrated care board 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.

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:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

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**Chapter 15**

**Annex 2**

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

This form must accompany all routine and excepted applications for inclusion in a pharmaceutical list in accordance with paragraph 2, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Please complete this form as legibly as possible

* 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)** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI 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.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **I declare that I am a registered pharmacist.** | |
| **Name** |  |
| **Date** |  |

* 1. **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/PSNI 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** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 2** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 3** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 4** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

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.

|  |
| --- |
|  |

(Pharmacy applications only) I declare that:

* each partner named above is a registered pharmacist, and
* 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** |  |
| **On behalf of (name of partnership)** |  |
| **Date** |  |

* 1. **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. If one is not available please state accordingly.** |  |

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

|  |  |
| --- | --- |
| **Superintendent** | |
| **Full name** |  |
| **GPhC/PSNI registration number** |  |
| **Date of birth** |  |
| **Superintendent's private address** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 1** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 2** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 3** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 4** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

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.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

|  |  |
| --- | --- |
| **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** |  |
| **Position** |  |
| **On behalf of (name of body corporate)** |  |
| **Date** |  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 3**

**First referral questions**

* Has the applicant identified the correct health and wellbeing board?
* Is the address/best estimate in a controlled locality?
* If yes, do you wish to review the controlled locality determination before determining the application?
* If yes, please confirm the centre point to be used for the patient count [delete if a specific address has been given]
* If yes, does the five year bar in regulation 40(2) apply?
* Is the address/best estimate within 1.6km of a controlled locality?
* Is the address/best estimate in an LPS designation?
* If yes, do you wish to defer the application under regulation 32?
* The applicant has given the following best estimate:
  + [*insert best estimate*]
* Are you satisfied that:
  + This is the best estimate that the applicant can reasonably make at this time, and
  + Your reasons for granting the application would be essentially the same if the applicant located, if the application was granted, at any location within the range of possible locations covered by the estimate? [Delete these two questions if not relevant]
* I have identified the following missing information/documentation/undertakings:
  + [*insert details*]

Please advise of any other missing information/documentation/undertakings that you wish me to ask the applicant for.

* Do you wish to invite applications from other persons offering to the same unforeseen benefits?
* [Another application has been received offering the same unforeseen benefits. Do you wish to consider the applications at the same time? A copy of this later application is attached.] Or [No other application has been received offering the same unforeseen benefits.]
* [An appeal relating to another application which offered the same unforeseen benefits is pending. Do you wish to await the outcome of that appeal before considering this application? A copy of that application and decision letter is attached.] Or [There is no pending appeal relating to another application which offered the same current unforeseen benefits.]
* The applicant is offering to provide a number of services. Please can you confirm which of those services listed at section 4 are enhanced services that are commissioned by NHS England/the relevant delegated integrated care board, and provide copies of the service specifications?
* Attached is the interested parties list. Please can you review it for accuracy and completeness, adding or removing interested parties as relevant?
* Please can you provide contact details for the following persons/organisations:
  + Public health team
  + DoS lead
  + Unwanted medicines collection and disposal contractor
  + Local Registration Authority (if you would like them to be notified if the application is granted and the applicant is subsequently included in the relevant pharmaceutical list).

**Chapter 15**

**Annex 4**

**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 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. Conversely, if the distances do not identify any persons then they may be increased accordingly. When identifying contractors who may be significantly affected by the grant of the application, the Commissioner may wish to look at practice prescribing dispensing data which is published by the [NHSBSA](https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data) on a monthly basis as this shows where prescriptions written by GP practices are dispensed. Alternatively this information is available via the Strategic Health Asset Planning and Evaluation application[[71]](#footnote-71).

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

1. 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) if:
   * where the applicant's proposed premises or best estimate are not in a controlled locality, the contractor's premises is within 2km in a direct line from the applicant's proposed premises or best estimate, or
   * where the applicant's proposed premises or best estimate are in a controlled locality, the contractor's premises is located within 8km in a direct line from the applicant's proposed premises or best estimate.
2. Head offices of bodies corporate are also to be notified where this information is known, but this is as a courtesy as it is the premises that are included in the relevant pharmaceutical list that are to be notified in accordance with the regulations.

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

1. 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:
   * where the applicant's proposed premises or best estimate is not in a controlled locality, the person's proposed premises is located within 2km in a direct line from the applicant's proposed premises or best estimate, or
   * where the applicant's proposed premises or best estimate is in a controlled locality, the person's proposed premises is located within 8km in a direct line from the applicant's proposed premises or best estimate.

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

1. LPS contractors should be considered to be significantly affected by the grant of the application (and notified of it) if:
   * where the applicant's proposed premises or best estimate is not in a controlled locality, the LPS contractor's premises is located within 2km in a direct line from the applicant's proposed premises or best estimate, or
   * where the applicant's proposed premises or best estimate is in a controlled locality, the LPS contractor's premises is located within 8km in a direct line from the applicant's proposed premises or best estimate.

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

1. The following groups should be considered to have a significant interest in the outcome of the application and be notified:
   * where the applicant's proposed premises are in a controlled locality, the relevant Parish Council;
   * where the application offers to provide unforeseen benefits for a specific patient group, any group that is representative of that group of patients.
2. The Commissioner should consider whether there are any other groups that are to be notified of the application, for example residents associations.

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

1. For routine pharmacy applications, dispensing practices that have dispensing patients within 1.6km of the applicant's proposed premises or best estimate should be considered to have a significant interest in the outcome of the application and should be notified of it.
2. For excepted pharmacy applications that include a relocation that does not result in significant change, dispensing practices that have dispensing patients within 1.6km of the applicant's proposed premises should be considered to have a significant interest in the outcome of the application and should be notified of it.
3. It is not envisaged that dispensing practices will have a significant interest in the outcome of other types of notifiable applications and therefore need not routinely be notified of them. Ultimately though it is for the decision-maker to decide on a case by case basis.
4. **GP performers included in the dispensing doctor list (paragraph 19(1)(f)(ii))**
5. GP performers included in the dispensing doctors list that have dispensing patients within 1.6km of the proposed premises or best estimate should be considered to have a significant interest in the outcome of the application and should be notified of it in line with the above section (if the practice has not already been notified under paragraph 19(1)(f)(i)).

**Welsh health boards (paragraph 19(1)(g))**

1. Where the premises or best estimate is within 2km of a Welsh health board that organisation is to be notified. Applications are to be sent to NHS Wales Shared Service Partnership ([nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)) who will forward them to the appropriate health board.

**Chapter 15**

**Annex 5**

**Acknowledgement of Receipt of Application**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address or best estimate*]**

I am writing to confirm receipt of the above application on [*insert date*]. [*NHS England/name of ICB*] is required to determine the application within four months, unless it has good cause to take longer. You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Should you need to contact us regarding your application please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

[As part of your application you are offering to provide enhanced services. Please find enclosed copies of the specifications for these services.]

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 6**

**Acknowledgment of Receipt of Application and Request for Further Information**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address or best estimate*] – missing information and 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 NHS England’s request or unless [*NHS England/name of ICB*] has 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.

Please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 7**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address or best estimate*] – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 8**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address or best estimate*] – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 9**

**Acknowledgement of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address or best estimate*] – 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 [*NHS England/name of ICB*]’s decision within 4 months.

[As part of your application you are offering to provide enhanced services. Please find enclosed copies of the specifications for these services.]

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

Yours sincerely

[*name*]

*[title]*

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 10**

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

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address/best estimate*] – 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.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 11**

**Acknowledgement of Receipt of Application and Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [insert address or best estimate] – 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 12**

**Acknowledgement of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [insert address or best estimate] – missing undertakings**

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

We will begin to process the application and you will be notified of [*NHS England/name of ICB*]’s decision within 4 months.

[As part of your application you are offering to provide enhanced services. Please find enclosed copies of the specifications for these services.]

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

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 13**

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

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address or best estimate*] – 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.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 14**

**Notification of Decision to Defer on Non-fitness Grounds**

[*date*]

Dear [*insert*[

**Re: Application offering unforeseen benefits at [*insert address or best estimate*]**

Further to my previous letter of [*insert date*] regarding the above application, [*NHS England/name of ICB*] has decided to defer consideration of your application as it is satisfied that:

1. [it would be desirable to consider applications from other persons offering to secure the same unforeseen benefits.
2. a later application offering the same unforeseen benefits has been submitted and it is desirable to consider the two together.
3. an appeal relating to another application offering the same unforeseen benefit is pending and it is desirable to await the outcome of that appeal before considering your application.
4. the proposed premises are located within an area that has been designated for LPS. A copy of that designation is enclosed.]

[delete and tailor as necessary]

Your application is therefore deferred:

1. [for a period of [insert amount of time] whilst other applications are invited.
2. for a period of [insert amount of time] to allow the other application to reach the same stage as yours.
3. until the outcome of the appeal is known.
4. until the LPS designation is varied so that it no longer applies to your proposed premises or has been cancelled.]

[delete and tailor as necessary]

Should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 15**

**Notification of Cessation of Deferral – Non-fitness Grounds**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address or best estimate*]**

Further to my previous letter of [*insert date*] regarding deferral of the above application, I can now confirm that:

1. [[*NHS England/name of ICB*] has invited and received applications from other persons offering the same unforeseen benefits and will now process all the applications together.
2. the other application offering the same unforeseen benefit is now at the same stage as yours and the two will be processed together.
3. the outcome of the appeal relating to the other application offering the same unforeseen benefit has been received and a copy of the decision is enclosed. You are now required to update your application and notify us as to whether or not you still wish to proceed with it within 30 days of the date of this letter i.e. by [insert date]. If you do not wish to proceed or do not respond to this letter then your application will be treated as withdrawn.]
4. the proposed premises are no longer located within an area that has been designated for LPS. You are now required to update your application and notify us as to whether or not you still wish to proceed with it within 30 days of the date of this letter i.e. by [insert date]. If you do not wish to proceed or do not respond to this letter then your application will be treated as withdrawn.]

[*delete and tailor as necessary*]

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 16**

**Notification that Best Estimate is Unacceptable**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert best estimate*]**

Further to my letter of [*insert date*], [*NHS England/name of ICB*] has considered the best estimate that you have given in your application and is not satisfied that it is the best estimate that you can reasonably make at this time. The reasons for this decision are:

[*insert reasons*]

You are therefore asked to provide a revised best estimate of the location of the premises that addresses these issues. 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 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. [*NHS England/name of ICB*] will then decide whether it is satisfied that there is good cause for the delay or not.

If we do not receive the requested information by [*insert date*] the application will be treated as withdrawn, unless you have sought a review of NHS England’s request or unless [*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 17**

**Confirmation Revised Best Estimate Acceptable**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert best estimate*]**

Further to my letter of [*insert date*] I am writing to confirm receipt of the revised best estimate and that [*NHS England/name of ICB*] is satisfied it is the best estimate that can be made.

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

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 18**

**Notification of Application to Interested Parties**

[date]

Dear [insert]

**Re: Application offering unforeseen benefits at [*insert address or best estimate*] by [*insert applicant’s name*]**

We have received the above application, a copy of which is enclosed, and [*NHS England/name of ICB*] has completed its 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.

[*NHS England/name of ICB*] will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

Please ensure you include our reference (see above) in the subject line of your email as this will help us file your representations with the correct application as quickly as possible.

[I can confirm that no information that has been received in relation to this application is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. / I can confirm that the following information is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:

* *Insert as relevant*]

[*The following text is to be inserted if relevant*]

[[*NHS England/name of ICB*] intends to consider this application together and in relation to the following application:

*Insert details of the other application*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**How we will involve patients in decisions on pharmacy applications**

When we receive an application to move an existing pharmacy or to open a new pharmacy we must write to:

* nearby pharmacies
* in some cases, nearby doctors’ surgeries
* the Health & Wellbeing Board which is a committee of the borough, county or city council, and
* the local Healthwatch organisation, which exists to represent local patients in general

We send them a copy of the application and invite them to make comments within 45 days. Comments can be made by letter or email.

In addition, the law requires us to involve patients in our decision-making. We may do this by sending copies of pharmacy applications to:

* city/district and county councillors covering the area involved
* the town or parish council covering the area. In areas which do not have a town or parish council we may instead contact prominent community, neighbourhood or residents’ groups
* patient representative groups attached to nearby doctors’ surgeries.

They will also be invited to make comments within 45 days.

When we send them a copy of an application we will also send notes to explain:

* what the application is about
* why they are being asked for comments
* what we will consider when making a decision, and
* what happens next after a decision is made.

Applications are not confidential. If they want, councillors or patient groups may share details with local people so they can also make comments within the same 45 day period.

Any comments we receive will be sent to the pharmacy applicant. They will have a chance to respond to us about those comments.

Most applications are decided using written information, including any comments received.

In general, we will not hold public meetings about pharmacy applications. This is because an applicant cannot be made to attend to respond directly to any questions from members of the public.

However, we may hold a hearing if we need more information before making a decision. Where written comments from councillors or patient groups suggest that local people hold strong views, we will invite those councillors or patient groups to attend the hearing.

The hearing will be held in public so that (although members of the public will not be able to ask questions) they will be able to hear the arguments for and against the application. These will include any comments made by their representatives and the responses received.

All comments at the meeting will be taken into account in making a final decision on the pharmacy application.

**Chapter 15**

**Annex 19**

**Application Treated As Withdrawn**

[date]

Dear [insert]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*] by [*insert applicant’s name*]**

Further to my previous letter please be advised that this application is being treated as withdrawn.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 20**

**Request for Payment**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address or best estimate*]**

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 [*NHS England/name of ICB*] 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]*

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 21**

**Circulation of Comments on Application**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address or best estimate*] by [*insert applicant’s name*]**

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*]. Please note that any new information that you submit at this stage will have little or no weight placed upon it unless it can be demonstrated that you are presenting it in response to representations submitted by another party that you believe are not true or are incorrect.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 22**

**Notification that Payment has not Cleared and Application is Withdrawn**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address or best estimate*]**

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.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 23**

**Notification of Oral Hearing - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address or best estimate*]**

[*NHS England/name of ICB*] has 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*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 24**

**Notification of Oral Hearing – Additional Presenters**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address or best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of ICB*] has 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*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 25**

**Committee Report**

**[*insert name of committee*]**

[*insert date of meeting*]

[*insert agenda item number*] – Application for inclusion in a pharmaceutical list: routine application offering to secure unforeseen benefits

|  |  |  |
| --- | --- | --- |
| **CAS reference number** |  | |
| **Name of applicant** |  | |
| **Fitness to practise** | [Delete as appropriate:   * Not applicable, already included in respect of other premises. * Cleared for inclusion. * To be conditionally included – see attached letter.] | |
| **Address/best estimate of proposed premises** |  | |
| **Status of location** | [Delete as appropriate:   * Not a controlled locality. * Controlled locality.] | |
| **Relevant regulations and guidance** | Regulations 18 and 19 – unforeseen benefits: additional matters and consequences.  Regulation 31 – refusal: same or adjacent premises.  Regulation 32 – deferral arising out of LPS designations.  [Regulations 40 to 44 – applications in a controlled locality.]  [Regulation 50 – gradualisation for doctors[[72]](#footnote-72).]  [Regulation 65 – core opening hours conditions[[73]](#footnote-73).]  [Regulation 66 – conditions relating to providing directed services[[74]](#footnote-74).]  [Paragraph 31, schedule 2 – conditional grant of applications where the address of the premises is unknown[[75]](#footnote-75).] | |
| **Additional information** |  | |
| Initial additional matters considered. Was NHS England/the ICB satisfied that:   * It would be desirable to consider, at the same time as this application, applications from other persons offering to secure the same improvements or better access? * Another application offering to secure the same improvements or better access has been submitted and it would be desirable to consider it at the same time as this application? * An appeal relating to another application offering secure the same improvements or better access is pending, and it would be desirable to await the outcome of that appeal before considering this application? | | [Yes/No]  [Yes/No]  [Yes/No] |
| [Regulation 31 – Must the application be refused?]  [insert comments] | | [insert outcome] |
| Regulation 32 – Is the application to be deferred?  [insert comments] | | [insert outcome] |
| [Regulation 41 – Is the relevant location in a reserved location?]  [insert comments] | | [insert outcome] |
| [Regulation 44 – Prejudice test]  [insert comments] | | [insert outcome] |
| [Regulation 18(1) – does the need on which the applicant based its application satisfy the elements of Regulation 18(1)?  [Work through Regulation 18(2) addressing each matter, adding comments, referring to Regulation 19 where necessary and arriving at an outcome on each matter]  [Example information that may be relevant to the committee’s discussion:   * Are there any other pharmacies or DACs in the area and what services do they provide? | | [insert outcome] |
| If the application is in a controlled locality or the premises are within 1.6km of a controlled locality then gradualisation for doctors may need to be considered. Numbers of dispensing patients who may be affected should be included, along with information on what percentage of a practice’s dispensing patient list this equates to. | | [insert outcome |
| [Consider impact of decision on those with protected characteristics under the Equalities Act 2010 and is this in accordance with NHS England/the ICB's Public Sector Equality Duty]  [Consider impact of decision on NHS England/the ICB's duty on health inequality] | | [insert outcome |

|  |  |
| --- | --- |
| **Recommendation[[76]](#footnote-76)** |  |

**Enclosures**

|  |  |
| --- | --- |
| **Application** |  |
| **Interested parties list** |  |
| **Representations received from 45 day notification period** |  |
| **Representations received outside the 45 day notification period** |  |
| **Unsolicited representations** |  |
| **Representations received from circulation of first representations** |  |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 15**

**Annex 26**

**Granted (Address Known) - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address]***

[*NHS England/name of 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.

[*Where advised to so by NHS England/the ICB, insert the following*]

[Enclosed is a form confirming acceptance of the condition imposed by virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which should be completed by an authorised person and returned to me.]

[Also] [E/e]nclosed 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.

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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England/the integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board, or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature …………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 27**

**Acceptance of Regulation 66(5) condition**

**Name of applicant**:

**Application offering unforeseen benefits at [*insert address*]**

I agree to the 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 ………..

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership ..……………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 28**

**Granted (Address Known) – Third Party with No Appeal Rights**

[*date*]

Dear [*insert*[

**Re: Application offering unforeseen benefits at [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 29**

**Granted (Address Known) – Third Party with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 30**

**Granted (Best Estimate) - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert best estimate*]**

[*NHS England/name of 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.

You are required to notify the address of the premises from which you will provide pharmaceutical services to us within six months of the date of this letter or six months from the date of determination of any appeal to the Secretary of State. Please find enclosed the relevant form for you to use for this purpose.

[*Where advised to do so by NHS England, insert the following]*

[Enclosed is a form confirming acceptance of this. It should be completed 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.]

Yours sincerely

[*name*]

[*title]*

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notification of premises following conditional grant of a routine application**

This is a notification of the address of premises following grant of a routine application that gave a best estimate. As such it is made under paragraph 31, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

1. **Full name and correspondence address of the applicant**

|  |
| --- |
|  |

1. **Details of original routine application**

**2.1 Type of routine application**

This notification is in connection with a previously granted routine application which offered unforeseen benefits.

Please enter below details of the unforeseen benefits you offered in your original application.

|  |
| --- |
|  |

**2.2** **Date on which the routine application was granted**

Please state the date on which your routine application was granted either by NHS England, the relevant delegated integrated care board or, on appeal, the Secretary of State.

It is a condition of the grant of your original application that you notify us of the address of the proposed premises within six months of the application being granted either by NHS England, the relevant delegated integrated care board or the Secretary of State.

**2.3 Best estimate for the location of the proposed premises**

Please enter below the best estimate given in your original application.

|  |
| --- |
|  |

1. **Full address of the premises to be listed- this address must fall within the original best estimate**

Please enter below the address at which you intend to provide pharmaceutical services.

|  |
| --- |
|  |

I confirm that to the best of my knowledge the information contained in this notification is correct.

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership .……………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 31**

**Granted (Best Estimate) – Third Party without Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

The applicant is required to notify the address of the premises from which they will provide pharmaceutical services to us within six months of the date of this letter or six months from the date of determination of any appeal to the Secretary of State.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 32**

**Granted (Best Estimate) – Third Party with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

The applicant is required to notify the address of the premises from which they will provide pharmaceutical services to us within six months of the date of this letter or six months from the date of determination of any appeal to the Secretary of State.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision.

Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 33**

**Notification of Refusal of Application - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address or best estimate*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 34**

**Notification of Refusal of Application – Third Party**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address or best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 35**

**Notification that Secretary of State Grants Application**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address*]**

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 commencement which you are required to submit to us.

Also enclosed is a copy of the banking mandate which should be completed and returned with your notice of commencement.

Please 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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, or the relevant delegated integrated care board or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council ………….

(pharmacies only)

Signature …………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care boardwill consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 36**

**Notification that Secretary of State Grants Application**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address*]**

We have been notified that the Secretary of State has [*granted/confirmed the grant*] of the above application.

You are required to notify the address of the premises from which you will provide pharmaceutical services to us within six months of the date of determination of the appeal. Please find enclosed the relevant form for you to use for this purpose.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notification of premises following conditional grant of a routine application**

This is a notification of the address of premises following grant of a routine application that gave a best estimate. As such it is made under paragraph 31, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

1. **Full name and correspondence address of the applicant**

|  |
| --- |
|  |

1. **Details of original routine application**

**2.1 Type of routine application**

This notification is in connection with a previously granted routine application which offered unforeseen benefits.

Please enter below details of the unforeseen benefits you offered to secure in your original application.

|  |
| --- |
|  |

**2.2** **Date on which the routine application was granted**

Please state the date on which your routine application was granted either by NHS England, the relevant delegated integrated care board or, on appeal, the Secretary of State.

Date of grant ………………………………………….

It is a condition of the grant of your original application that you notify us of the address of the proposed premises within six months of the application being granted either by NHS England, the relevant delegated integrated care board or the Secretary of State

**2.3 Best estimate for the location of the proposed premises**

Please enter below the best estimate given in your original application.

|  |
| --- |
|  |

1. **Full address of the premises to be listed- this address must fall within the original best estimate**

Please enter below the address at which you intend to provide pharmaceutical services.

|  |
| --- |
|  |

I confirm that to the best of my knowledge the information contained in this notification is correct.

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership .……………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 37**

**Confirmation of No Appeal (Address Known)**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address*]**

I am writing to confirm that no appeal against [*NHS England/name of ICB*]’s decision on the above application has been submitted to the Secretary of State.

You therefore have 12 months from the date of my previous letter dated [*insert date*] within which to submit your notice of commencement and commence service provision.

Please 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 [*NHS England/name of 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.

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

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership ……………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 38**

**Confirmation of No Appeal (Best Estimate)**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert best estimate*]**

I am writing to confirm that no appeal against [*NHS England/name of ICB*]’s decision on the above application has been submitted to the Secretary of State.

You therefore have six months from the date of my previous letter dated [*insert date*] within which to notify us of the address of the premises from which you intend to provide pharmaceutical services. I enclose a copy of the relevant form for you to use for this purpose.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notification of premises following conditional grant of a routine application**

This is a notification of the address of premises following grant of a routine application that gave a best estimate. As such it is made under paragraph 31, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

1. **Full name and correspondence address of the applicant**

|  |
| --- |
|  |

1. **Details of original routine application**

**2.1 Type of routine application**

This notification is in connection with a previously granted routine application which offered unforeseen benefits.

Please enter below details of the unforeseen benefits you offered in your original application.

|  |
| --- |
|  |

**2.2** **Date on which the routine application was granted**

Please state the date on which your routine application was granted either by NHS England, the relevant delegated integrated care board or, on appeal, the Secretary of State.

Date of grant ………………………………………….

It is a condition of the grant of your original application that you notify us of the address of the proposed premises within six months of the application being granted either by NHS England, the relevant delegated integrated care board or the Secretary of State.

**2.3 Best estimate for the location of the proposed premises**

Please enter below the best estimate given in your original application.

|  |
| --- |
|  |

1. **Full address of the premises to be listed- this address must fall within the original best estimate**

Please enter below the address at which you intend to provide pharmaceutical services.

|  |
| --- |
|  |

I confirm that to the best of my knowledge the information contained in this notification is correct.

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership .……………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 39**

**Notification of Receipt of Premises – Not Valid**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

I am writing to confirm that we have received your notification of the premises from which you intend to provide pharmaceutical services.

However as it was received outside of the regulatory six-month grant period it is not valid and cannot be actioned.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 40**

**Acknowledgement of Receipt of Premises – Valid - Applicant**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

I am writing to confirm that we have received your notification of the premises from which you intend to provide pharmaceutical services.

[*NHS England/name of ICB*] is satisfied that this is a valid notification and you have 12 months from the date of this letter within which to commence service provision. Enclosed is the template notice of commencement and the banking mandate which you are required to complete and return to me.

Please 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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………...

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ………………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* …………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date* *giving no fewer than 30 days’ notice unless NHS England or relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council ……………

(pharmacies only)

Signature …………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership ……………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 41**

**Notification of Premises – Third Parties**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*] by [*insert applicant’s name*]**

I am writing to confirm that we have received notification of the premises from which [*insert applicant’s name*] intends to provide pharmaceutical services. The address that has been notified to us is:

[*insert address*]

[*NHS England/name of ICB*] is satisfied that this is a valid notification and [*insert applicant’s name*] has 12 months within which to commence service provision.

Yours sincerely

[*name*[

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 42**

**Notification of Non-valid Premises**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

I am writing to confirm that [*NHS England/name of ICB*] has considered your notification of the premises from which you intend to provide pharmaceutical services. It is not satisfied that it is a valid notification. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018..

**Chapter 15**

**Annex 43**

**Notification of Valid Appeal**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

We have been notified that the Secretary of State has determined that your notification was valid. Please find enclosed the notice of commencement which you are required to submit to us.

Also enclosed is a copy of the banking mandate which should be completed and returned with your notice of commencement.

Please 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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ………………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* …………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council ……………

(pharmacies only)

Signature …………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 44**

**No Notice of Commencement Received – Grant Lapsed**

[*date*]

Dear [*insert*]

**Re: Application offering to secure unforeseen benefits at [*address*]**

I am writing to confirm that [*NHS England/name of ICB*] has not received a notice of commencement in relation to this application and therefore the grant of it has lapsed.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 45**

**Shorter Notice Period Agreed To**

[*date*]

Dear [*Insert*]

**Re: Application offering to secure unforeseen benefits at [*address*]**

[*NHS England/name of ICB*] has considered your application and has agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. Please therefore complete and submit the previously provided notice of commencement to us when you are ready.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 46**

**Shorter Notice Period Not Agreed To**

[*date*]

Dear [*insert*]

**Re: Application offering to secure unforeseen benefits at [*address*]**

[*NHS England/name of ICB*] has considered your application and has not agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. You are therefore required to submit a notice of commencement with a date of service commencement no fewer than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 47**

**Request for an extension to the time within which to submit a notice of commencement**

Name of applicant ……………………………………………………………………………

Address of the premises to which the granted application relates

|  |
| --- |
|  |

Date on which the application was granted by NHS England, the relevant delegated integrated care board or, on appeal, NHS Resolution

…………………………………

Original date by which the notice of commencement is to be submitted by ……………….. (Requests for an extension may only be made during the 12-month period following the grant of an application.)

I/we would like to request an extension to the time within which to submit the notice of commencement relating to the application submitted for the above premises. The additional period of time I/we are requesting is

…………………………………………………

Please explain in the box below the reasons for your request.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 48**

**Grant of Request For An Extension**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has granted your request for an extension to the time within which to submit a notice of commencement in relation to the above application.

The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period using the previously provided application form.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 49**

**Refusal of Request For An Extension**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*address*]**

I am writing to confirm that [*NHS England/name of ICB*] has refused your request for an extension to the time within which to submit a notice of commencement in relation to the above application. Please see the enclosed report for the full reasoning.

[*Insert the following if there is still time for the applicant to submit their notice of commencement*] [The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period.]

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 50**

**Notice Of Commencement Received Outside of The Grant Period**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as it was received outside of the [*12-month*] grant period it is not valid and cannot be actioned. The grant of your application has therefore lapsed. Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 51**

**Date in the notice of commencement fewer than 30 days after the date received**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as the date of service commencement is fewer than 30 days before the date we received your notice, it is not valid. Please therefore resubmit your notice of commencement noting that the date of service commencement must be more than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 52**

**Missing/Incorrect information**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 53**

**Acknowledgement of Receipt of Notice of Commencement**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*address*]**

I am writing to confirm receipt of your notice of commencement and can confirm that it is valid. You will be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 54**

**Notice Of Commencement Not Valid**

[*date*]

Dear [*insert*]

**Re: Application offering unforeseen benefits at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 55**

**Notification of Contractor Code**

[*date*]

Dear [*Insert*]

**Re:** **offering unforeseen benefits application at [*insert premises*]**

Further to recent correspondence, I am writing to advise you that the following ODS code has been allocated:

* [*insert*]

This code should be used in all correspondence with the NHS Business Services Authority.

[Insert the following if the application was for a pharmacy]]Should you require a private controlled drugs pharmacy contractor code please contact [*NHS England/name of ICB*] on *[insert generic email address for the Commissioner*].]

[The following is to be added where the application relates to a pharmacy.]

[Now that you have the ODS code (also known as the F code) for your pharmacy you will need to do the following.

* Register for a NHSmail premises-specific email address and link at least two staff personal NHSmail accounts to it - <https://portal.nhs.net/pharmacyregistration#/> Further information about this requirement can be found at <https://psnc.org.uk/contract-it/pharmacy-it/nhs-mail/>
* Register for the new NHS Profile Manager in order to update the pharmacy’s NHS website profile and Directory of service profile - <https://organisation.nhswebsite.nhs.uk/campaign-start>.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 56**

**Date of inclusion cannot be changed**

[*date*]

Dear [*insert*]

**Re:** **offering unforeseen benefits application at [*insert premises*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the original date of commencement.

You have therefore been included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 57**

**Date of inclusion cannot be changed**

[*date*]

Dear [*insert*]

**Re:** **offering unforeseen benefits application at [*insert premises*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the new date of commencement.

You will therefore be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert original date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 58**

**Date of inclusion changed**

[*date*]

Dear [*insert*]

**Re:** **offering unforeseen benefits application at [*insert premises*]**

Further to your recent notification I am writing to confirm that you will now be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 15**

**Annex 59**

**Change to the Pharmaceutical List – Memo**

From: [*Name*] – PCSE Market Entry Officer

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [*insert name of*] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note a new [*pharmacy/dispensing appliance contractor*] will start to provide pharmaceutical services on [*insert date*] and will be included in the pharmaceutical list for the area of [*insert name of*] Health and Wellbeing Board with effect from that date. Details are as follows:

[*Insert name of contractor and any trading name*]

[*Insert address*]

Opening hours:

|  |  |  |
| --- | --- | --- |
|  | **Core opening hours** | **Total opening hours** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

|  |  |
| --- | --- |
| ODS code: |  |
| Phone number: |  |

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 1**

**Application Form**

**Application offering to secure identified future improvements or better access**

Application for inclusion in the pharmaceutical list for the area of

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

This is an application to secure identified future improvements or better access and as such is a routine application under regulation 20 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 or the relevant delegated integrated care board 's responsibilities in relation to information provided in this application form which an applicant advises is confidential.

**1 Information regarding the applicant**

* 1. **Full name and correspondence address of the applicant[[77]](#footnote-77)**

|  |
| --- |

Is this a personal address? Yes  No 

**1.2 Applicant’s legal entity**

**I/we am/are applying as a:**

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

**Sole trader**  **My GPhC/PSNI registration number is …………………………**

**Partnership **

|  |
| --- |
| **Please list each partner and their GPhC/PSNI registration number:**  **Please continue on a separate sheet if necessary.** |

**Corporate Body** 

|  |  |
| --- | --- |
| **Superintendent’s name and GPhC registration number is** |  |

**1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations**

(Please tick relevant box)

|  |  |  |
| --- | --- | --- |
| I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate. | |  |
| Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | | |
| I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate |  | |
| Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | | |

|  |  |
| --- | --- |
| I/We have provided the required fitness information with this application. |  |

**1.4 Relevant fee**

I/we include the relevant fee for this application. 

**2 Proposed premises**

(Please tick relevant box. Only one box may be selected.)

I/we know the address of the proposed premises 

I/we provide a best estimate of the location of the proposed premises 

|  |
| --- |
| Please provide the address or best estimate[[78]](#footnote-78) of the proposed premises  Please continue on a separate sheet if necessary. |

(Only complete the question below if you know the address of the proposed premises)

The premises above are currently in my/our possession\* Yes  No 

\* by rental, leasehold or freehold

**3 Opening hours**

**3.1 Proposed core opening hours[[79]](#footnote-79)**

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

**3.2 Total proposed opening hours[[80]](#footnote-80)**

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

**4 Pharmaceutical services to be provided at these premises**

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

Or

Terms of service (paragraphs 3 to 12, Schedule 5 – DACs) 

If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write ‘none’ if it is intended that the pharmacy will not provide appliances).

|  |
| --- |
|  |

Please give details of any advanced and enhanced services[[81]](#footnote-81) you intend to provide. These details should include:

* confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
* confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
* a floor plan showing the consultation area where you propose to offer the services, where relevant. Where a floor plan cannot be provided please set out the reasons for this.

|  |  |  |
| --- | --- | --- |
| **Service** | **Accredited to provide (Y/N/NA)** | **Premises accredited (Y/N/NA)** |
|  |  |  |
|  |  |  |
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Please continue on a separate sheet if necessary.

I/we confirm that the pharmacy premises will have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations. Yes 

**Floor plan showing consultation area**

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

**5 Applications in relation to premises that are in close proximity to other listed chemist premises**

This section should only be completed if the premises included in section 2 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons: |

Please continue on a separate sheet if necessary.

**6 Information in support of the application**

In making this application I/we am/are seeking to secure future improvements or better access identified on page ………[[82]](#footnote-82) of the HWB’s pharmaceutical needs assessment.

|  |
| --- |
| Please insert the identified future improvements or better access you are offering to secure here. |

In the box below please explain how you intend to secure the identified future improvements or better access either in whole or in part.

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

**7 Undertakings**

By virtue of submitting this application I/we undertake to notify NHS England or the relevant delegated integrated care board 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 NHS England or the relevant delegated integrated care board 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.

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:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

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**Chapter 16**

**Annex 2**

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

This form must accompany all routine and excepted applications for inclusion in a pharmaceutical list in accordance with paragraph 2, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Please complete this form as legibly as possible

* 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)** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI 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.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **I declare that I am a registered pharmacist.** | |
| **Name** |  |
| **Date** |  |

* 1. **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/PSNI 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** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 2** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 3** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 4** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

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.

|  |
| --- |
|  |

(Pharmacy applications only) I declare that:

* each partner named above is a registered pharmacist, and
* 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** |  |
| **On behalf of (name of partnership)** |  |
| **Date** |  |

* 1. **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. If one is not available please state accordingly.** |  |

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

|  |  |
| --- | --- |
| **Superintendent** | |
| **Full name** |  |
| **GPhC registration number** |  |
| **Date of birth** |  |
| **Superintendent's private address** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 1** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 2** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |
| **Director 3** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 4** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

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.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

|  |  |
| --- | --- |
| **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** |  |
| **Position** |  |
| **On behalf of (name of body corporate)** |  |
| **Date** |  |

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**Chapter 16**

**Annex 3**

**First referral questions**

* Has the applicant identified the correct health and wellbeing board?

* Is the address/best estimate in a controlled locality?
* If yes, do you wish to review the controlled locality determination before determining the application?
* If yes, please confirm the centre point to be used for the patient count [delete if a specific address has been given]
* If yes, does the five year bar in regulation 40(2) apply?
* Is the address/best estimate within 1.6km of a controlled locality?
* Is the address/best estimate in an LPS designation?
* If yes, do you wish to defer the application under regulation 32?
* The applicant has given the following best estimate:
  + [*insert best estimate]*
* Are you satisfied that:
  + This is the best estimate that the applicant can reasonably make at this time, and
  + Your reasons for granting the application would be essentially the same if the applicant located, if the application was granted, at any location within the range of possible locations covered by the estimate? [Delete these two questions if not relevant]
* I have identified the following missing information/documentation/undertakings:
  + [*insert details*]

Please advise of any other missing information/documentation/undertakings that you wish me to ask the applicant for.

* Do you wish to invite applications from other persons offering to secure the same future improvements or better access?
* [Another application has been received offering to secure the same future improvements or better access. Do you wish to consider the applications at the same time? A copy of this later application is attached.] Or [No other application has been received offering to secure the same future improvements or better access.]
* [An appeal relating to another application which offered to secure the same future improvements or better access is pending. Do you wish to await the outcome of that appeal before considering this application? A copy of that application and decision letter is attached.] Or [There is no pending appeal relating to another application which offered to secure the same future improvements or better access.]
* The applicant is offering to provide a number of services. Please can you confirm which of the services listed at section 4 are enhanced services that are commissioned by NHS England or the relevant delegated integrated care board, and provide copies of the service specifications?
* Attached is the interested parties list. Please can you review it for accuracy and completeness, adding or removing interested parties as relevant?
* Please can you provide contact details for the following persons/organisations:
  + Public health team
  + DoS lead
  + Unwanted medicines collection and disposal contractor
  + Local Registration Authority (if you would like them to be notified if the application is granted and the applicant is subsequently included in the relevant pharmaceutical list).

**Chapter 16**

**Annex 4**

**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 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. Conversely, if the distances do not identify any persons then they may be increased accordingly. When identifying contractors who may be significantly affected by the grant of the application, the Commissioner may wish to look at practice prescribing dispensing data which is published by the [NHSBSA](https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data) on a monthly basis as this shows where prescriptions written by GP practices are dispensed. Alternatively this information is available via the Strategic Health Asset Planning and Evaluation application[[83]](#footnote-83).

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

1. 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) if:
   * where the applicant's proposed premises or best estimate are not in a controlled locality, the contractor's premises is within 2km in a direct line from the applicant's proposed premises or best estimate, or
   * where the applicant's proposed premises or best estimate are in a controlled locality, the contractor's premises is located within 8km in a direct line from the applicant's proposed premises or best estimate.
2. Head offices of bodies corporate are also to be notified where this information is known, but this is as a courtesy as it is the premises that are included in the relevant pharmaceutical list that are to be notified in accordance with the regulations.

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

1. 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:
   * where the applicant's proposed premises or best estimate is not in a controlled locality, the person's proposed premises is located within 2km in a direct line from the applicant's proposed premises or best estimate, or
   * where the applicant's proposed premises or best estimate is in a controlled locality, the person's proposed premises is located within 8km in a direct line from the applicant's proposed premises or best estimate.

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

1. LPS contractors should be considered to be significantly affected by the grant of the application (and notified of it) if:
   * where the applicant's proposed premises or best estimate is not in a controlled locality, the LPS contractor's premises is located within 2km in a direct line from the applicant's proposed premises or best estimate, or
   * where the applicant's proposed premises or best estimate is in a controlled locality, the LPS contractor's premises is located within 8km in a direct line from the applicant's proposed premises or best estimate.

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

1. The following groups should be considered to have a significant interest in the outcome of the application and be notified:
   * where the applicant's proposed premises are in a controlled locality, the relevant Parish Council;
   * where the application offers to provide unforeseen benefits for a specific patient group, any group that is representative of that group of patients.
2. The Commissioner should consider whether there are any other groups that are to be notified of the application, for example residents associations.

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

1. For routine pharmacy applications, dispensing practices that have dispensing patients within 1.6km of the applicant's proposed premises or best estimate should be considered to have a significant interest in the outcome of the application and should be notified of it.
2. For excepted pharmacy applications that include a relocation that does not result in significant change, dispensing practices that have dispensing patients within 1.6km of the applicant's proposed premises should be considered to have a significant interest in the outcome of the application and should be notified of it.
3. It is not envisaged that dispensing practices will have a significant interest in the outcome of other types of notifiable applications and therefore need not routinely be notified of them. Ultimately though it is for the decision-maker to decide on a case by case basis.
4. **GP performers included in the dispensing doctor list (paragraph 19(1)(f)(ii))**
5. GP performers included in the dispensing doctors list that have dispensing patients within 1.6km of the proposed premises or best estimate should be considered to have a significant interest in the outcome of the application and should be notified of it in line with the above section (if the practice has not already been notified under paragraph 19(1)(f)(i)).

**Welsh health boards (paragraph 19(1)(g))**

1. Where the premises or best estimate is within 2km of a Welsh health board that organisation is to be notified. Applications are to be sent to NHS Wales Shared Service Partnership ([nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)) who will forward them to the appropriate health board.

**Chapter 16**

**Annex 5**

**Acknowledgement of Receipt of Application**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address or best estimate*]**

I am writing to confirm receipt of the above application on [*insert date*]. [*NHS England/name of ICB*] is required to determine the application within four months, unless it has good cause to take longer. You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Should you need to contact us regarding your application please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

[As part of your application you are offering to secure identified future improvements or better access to enhanced services. Please find enclosed copies of the specifications for these services.]

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 6**

**Acknowledgment of Receipt of Application and Request for Further Information**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address or best estimate*] – missing information and 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 NHS England’s request or unless [*NHS England/name of ICB*] has 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*].

Please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 7**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address or best estimate*] – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 8**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address or best estimate*] – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 9**

**Acknowledgement of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address or best estimate*] – 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 [*NHS England/name of ICB*]’s decision within 4 months.

[As part of your application you are offering to secure identified future improvements or better access to enhanced services. Please find enclosed copies of the specifications for these services.]

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

Yours sincerely

[*name*]

*[title]*

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 10**

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

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address/best estimate*] – 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.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 11**

**Acknowledgement of Receipt of Application and Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [insert address or best estimate] – 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 12**

**Acknowledgement of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [insert address or best estimate] – missing undertakings**

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

We will begin to process the application and you will be notified of [*NHS England/name of ICB*]’s decision within 4 months.

[As part of your application you are offering to secure identified future improvements or better access to enhanced services. Please find enclosed copies of the specifications for these services.]

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

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 13**

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

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address or best estimate*] – 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.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 14**

**Notification of Decision to Defer on Non-fitness Grounds**

[*date*]

Dear [*insert*[

**Re: Application offering to secure identified future improvements or better access at [*insert address or best estimate*]**

Further to my previous letter of [*insert date*] regarding the above application, [*NHS England/name of ICB*] decided to defer consideration of your application as it is satisfied that:

1. [it would be desirable to consider applications from other persons offering to secure the same identified future improvements or better access that you are offering to meet.
2. it would be desirable to consider your application once [insert the future circumstance identified in the PNA].
3. a later application offering to secure the same identified future improvements or better access has been submitted and it is desirable to consider the two together.
4. an appeal relating to another application offering to secure the same identified future improvements or better access is pending and it is desirable to await the outcome of that appeal before considering your application.
5. the proposed premises are located within an area that has been designated for LPS. A copy of that designation is enclosed.]

[delete and tailor as necessary]

Your application is therefore deferred:

1. [for a period of [insert amount of time] whilst other applications are invited.
2. for a period of [insert amount of time] to allow the other application to reach the same stage as yours.
3. until the outcome of the appeal is known.
4. until the LPS designation is varied so that it no longer applies to your proposed premises or has been cancelled.]

[delete and tailor as necessary]

Should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 15**

**Notification of Cessation of Deferral – Non-fitness Grounds**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address or best estimate*]**

Further to my previous letter of [*insert date*] regarding deferral of the above application, I can now confirm that:

1. [[*NHS England/name of ICB*] has invited and received applications from other persons offering to secure the same identified future improvement or better access and will now process all the applications together.
2. [insert future circumstance] has occurred.
3. the other application offering to secure the same identified future improvements or better access is now at the same stage as yours and the two will be processed together.
4. the outcome of the appeal relating to the other application offering to secure the same identified future improvements or better access has been received and a copy of the decision is enclosed. You are now required to update your application and notify us as to whether or not you still wish to proceed with it within [30 days of the date of this letter i.e. by [insert date]. If you do not wish to proceed or do not respond to this letter then your application will be treated as withdrawn.]
5. the proposed premises are no longer located within an area that has been designated for LPS. You are now required to update your application and notify us as to whether or not you still wish to proceed with it within 30 days of the date of this letter ie by [insert date]. If you do not wish to proceed or do not respond to this letter then your application will be treated as withdrawn.]

[*delete and tailor as necessary*]

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 16**

**Notification that Best Estimate is Unacceptable**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert best estimate*]**

Further to my letter of [*insert date*], [*NHS England/name of ICB*] has considered the best estimate that you have given in your application and is not satisfied that it is the best estimate that you can reasonably make at this time. The reasons for this decision are:

[*insert reasons*]

You are therefore asked to provide a revised best estimate of the location of the premises that addresses these issues. 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 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. [*NHS England/name of ICB*] will then decide whether it is satisfied that there is good cause for the delay or not.

If we do not receive the requested information by [*insert date*] the application will be treated as withdrawn, unless you have sought a review of [*NHS England/name of ICB*]’s request or unless [*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 17**

**Confirmation Revised Best Estimate Acceptable**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert best estimate*]**

Further to my letter of [*insert date*] I am writing to confirm receipt of the revised best estimate and that [*NHS England/name of ICB*] is satisfied it is the best estimate that can be made.

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

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 18**

**Notification of Application to Interested Parties**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address or best estimate*] by [*insert applicant’s name*]**

We have received the above application, a copy of which is enclosed, and [*NHS England/name of ICB*] has completed its 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.

[*NHS England/name of ICB*] will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

Please ensure you include our reference (see above) in the subject line of your email as this will help us file your representations with the correct application as quickly as possible.

[I can confirm that no information that has been received in relation to this application is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. / I can confirm that the following information is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:

* *Insert as relevant*]

[*The following text is to be inserted if relevant*]

[[*NHS England/name of ICB*] intends to consider this application together and in relation to the following application:

* *Insert details of the other application*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**How we will involve patients in decisions on pharmacy applications**

When we receive an application to move an existing pharmacy or to open a new pharmacy we must write to:

* nearby pharmacies
* in some cases, nearby doctors’ surgeries
* the Health & Wellbeing Board which is a committee of the borough, county or city council, and
* the local Healthwatch organisation, which exists to represent local patients in general

We send them a copy of the application and invite them to make comments within 45 days. Comments can be made by letter or email.

In addition, the law requires us to involve patients in our decision-making. We may do this by sending copies of pharmacy applications to:

* city/district and county councillors covering the area involved
* the town or parish council covering the area. In areas which do not have a town or parish council we may instead contact prominent community, neighbourhood or residents’ groups
* patient representative groups attached to nearby doctors’ surgeries.

They will also be invited to make comments within 45 days.

When we send them a copy of an application we will also send notes to explain:

* what the application is about
* why they are being asked for comments
* what we will consider when making a decision, and
* what happens next after a decision is made.

Applications are not confidential. If they want, councillors or patient groups may share details with local people so they can also make comments within the same 45 day period.

Any comments we receive will be sent to the pharmacy applicant. They will have a chance to respond to us about those comments.

Most applications are decided using written information, including any comments received.

In general, we will not hold public meetings about pharmacy applications. This is because an applicant cannot be made to attend to respond directly to any questions from members of the public.

However, we may hold a hearing if we need more information before making a decision. Where written comments from councillors or patient groups suggest that local people hold strong views, we will invite those councillors or patient groups to attend the hearing.

The hearing will be held in public so that (although members of the public will not be able to ask questions) they will be able to hear the arguments for and against the application. These will include any comments made by their representatives and the responses received.

All comments at the meeting will be taken into account in making a final decision on the pharmacy application.

**Chapter 16**

**Annex 19**

**Application Treated As Withdrawn**

[*date*]

Dear [*inser*t]

**Re: Application offering to meet an identified current need at [*insert address or best estimate*] by [*insert applicant’s name*]**

Further to my previous letter please be advised that this application is being treated as withdrawn.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 20**

**Request for Payment**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address or best estimate*]**

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 [*NHS England/name of ICB*] will not be in a position to determine your application. Should no further payment be received or your subsequent payment does not clear then your application will be treated as withdrawn.

Yours sincerely

[*name*]

*[title]*

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 21**

**Circulation of Comments on Application**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address or best estimate*] by [*insert applicant’s name*]**

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*]. Please note that any new information that you submit at this stage will have little or no weight placed upon it unless it can be demonstrated that it is adduced by way of rebuttal of representations submitted by another party.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 22**

**Notification that Payment has not Cleared and Application is Withdrawn**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address or best estimate*]**

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.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 23**

**Notification of Oral Hearing - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address or best estimate*]**

[*NHS England/name of ICB*] has 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*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 24**

**Notification of Oral Hearing – Additional Presenters**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address or best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of ICB*] has 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*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 25**

**Committee Report**

**[*insert name of committee*]**

[*insert date of meeting*]

[*insert agenda item number*] – Application for inclusion in a pharmaceutical list: routine application offering to secure future improvements or better access

|  |  |  |
| --- | --- | --- |
| **CAS reference number** |  | |
| **Name of applicant** |  | |
| **Fitness to practise** | [Delete as appropriate:   * Not applicable, already included in respect of other premises. * Cleared for inclusion. * To be conditionally included – see attached letter.] | |
| **Address/best estimate of proposed premises** |  | |
| **Identified future improvement or better access that the applicant is offering to secure, as stated in the HWB’s PNA** |  | |
| **Status of location** | [Delete as appropriate:   * Not a controlled locality. * Controlled locality.] | |
| **Relevant regulations and guidance** | Regulations 20 and 21 – future improvements or better access: additional matters and consequences.  Regulation 31 – refusal: same or adjacent premises.  Regulation 32 – deferral arising out of LPS designations.  [Regulations 40 to 44 – applications in a controlled locality.]  [Regulation 50 – gradualisation for doctors[[84]](#footnote-84).]  [Regulation 65 – core opening hours conditions[[85]](#footnote-85).]  [Regulation 66 – conditions relating to providing directed services[[86]](#footnote-86).]  [Paragraph 31, schedule 2 – conditional grant of applications where the address of the premises is unknown[[87]](#footnote-87).] | |
| **Additional information** |  | |
| Initial additional matters considered. Was NHS England/the ICB satisfied that:   * It would be desirable to consider, at the same time as this application, applications from other persons offering to secure the same future improvements or better access? * It would be desirable to defer consideration of this application until some or all of the relevant future circumstances have arisen (should they arise)? * Another application offering to secure the same future improvements or better access has been submitted and it would be desirable to consider it at the same time as this application? * An appeal relating to another application offering secure the same future improvements or better access is pending, and it would be desirable to await the outcome of that appeal before considering this application? | | [Yes/No]  [Yes/No]  [Yes/No]  [Yes/No] |
| [Regulation 31 – Must the application be refused?]  [insert comments] | | [insert outcome] |
| Regulation 32 – Is the application to be deferred?  [insert comments] | | [insert outcome] |
| [Regulation 41 – Is the relevant location in a reserved location?]  [insert comments] | | [insert outcome] |
| [Regulation 44 – Prejudice test]  [insert comments] | | [insert outcome] |
| [Regulation 20(1) – does the need on which the applicant based its application satisfy the elements of Regulation 20(1)?  [Work through Regulation 20(2) addressing each matter, adding comments, referring to Regulation 20(3) and 21 where necessary and arriving at an outcome on each matter]  [Example information that may be relevant to the committee’s discussion:   * Have there been changes to the profile of pharmaceutical services in the HWB’s area since the PNA was published? * Have there been changes to the profile or future profile of pharmaceutical services such that the future circumstances included in the PNA will not, or are unlikely to, arise? * Are there any other pharmacies or DACs in the area and what services do they provide? * Has the future improvement or better access been secured by another person who is providing services in the area? * Is the future improvement or better access due to be met by another person who has undertaken to provide services in the area? Such persons are those whose application has been granted but they have not yet submitted their notice of commencement. They may also be contractors who have entered into an LPS scheme but have not started service provision. | | [insert outcome] |
| If the application is in a controlled locality or the premises are within 1.6km of a controlled locality then gradualisation for doctors may need to be considered. Numbers of dispensing patients who may be affected should be included, along with information on what percentage of a practice’s dispensing patient list this equates to. | | [insert outcome |
| [Consider impact of decision on those with protected characteristics under the Equalities Act 2010 and is this in accordance with NHS England/the ICB's Public Sector Equality Duty]  [Consider impact of decision on NHS England/the ICB's duty on health inequality] | | [insert outcome |

|  |  |
| --- | --- |
| **Recommendation[[88]](#footnote-88)** |  |

**Enclosures**

|  |  |
| --- | --- |
| **Application** |  |
| **Interested parties list** |  |
| **Representations received from 45 day notification period** |  |
| **Representations received outside the 45 day notification period** |  |
| **Unsolicited representations** |  |
| **Representations received from circulation of first representations** |  |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 16**

**Annex 26**

**Granted (Address Known) - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address]***

[*NHS England/name of 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.

[*Where advised to do so by NHS England/the ICB, insert the following*]

[Enclosed is a form confirming acceptance of the condition imposed by virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which should be completed by an authorised person and returned to me.]

[Also] [E/e]nclosed 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.

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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 27**

**Acceptance of Regulation 66(5) condition**

**Name of applicant**:

**Application offering to secure identified future improvements or better access at [*insert address*]**

I agree to the 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 …………..

Name ………………………………………………………………………………………….

Position ……………………………………………………………………………………….

Date ………………………………...................................................................................

On behalf of the company/partnership ..…………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 28**

**Granted (Address Known) – Third Party with No Appeal Rights**

[*date*]

Dear [*insert*[

**Re: Application offering to secure identified future improvements or better access at [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 29**

**Granted (Address Known) – Third Party with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 30**

**Granted (Best Estimate) - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert best estimate*]**

[*NHS England/name of 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.

You are required to notify the address of the premises from which you will provide pharmaceutical services to us within six months of the date of this letter or six months from the date of determination of any appeal to the Secretary of State. Please find enclosed the relevant form for you to use for this purpose.

[*Where advised to do by NHS England/the ICB, insert the following*]

[Enclosed is a form confirming acceptance of the condition imposed by virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which should be completed by an authorised person and returned to me.]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notification of premises following conditional grant of a routine application**

This is a notification of the address of premises following grant of a routine application that gave a best estimate. As such it is made under paragraph 31, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

1. **Full name and correspondence address of the applicant**

|  |
| --- |
|  |

1. **Details of original routine application**

**2.1 Type of routine application**

This notification is in connection with a previously granted routine application which offered to secure future improvements or better access.

Please enter below details of the future improvements or better access you offered to secure in your original application.

|  |
| --- |
|  |

**2.2** **Date on which the routine application was granted**

Please state the date on which your routine application was granted either by NHS England, or the relevant delegated integrated care board or, on appeal, the Secretary of State.

Date of grant ………………………………………….

It is a condition of the grant of your original application that you notify us of the address of the proposed premises within six months of the application being granted either by NHS England, the relevant delegated integrated care board or the Secretary of State.

**2.3 Best estimate for the location of the proposed premises**

Please enter below the best estimate given in your original application.

|  |
| --- |
|  |

1. **Full address of the premises to be listed- this address must fall within the original best estimate**

Please enter below the address at which you intend to provide pharmaceutical services.

|  |
| --- |
|  |

I confirm that to the best of my knowledge the information contained in this notification is correct.

Name ………………………………………………………………………………………….

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership .……………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 31**

**Granted (Best Estimate) – Third Party without Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

The applicant is required to notify the address of the premises from which they will provide pharmaceutical services to us within six months of the date of this letter or six months from the date of determination of any appeal to the Secretary of State.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 32**

**Granted (Best Estimate) – Third Party with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

The applicant is required to notify the address of the premises from which they will provide pharmaceutical services to us within six months of the date of this letter or six months from the date of determination of any appeal to the Secretary of State.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 33**

**Notification of Refusal of Application - Applicant**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address or best estimate*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 34**

**Notification of Refusal of Application – Third Party**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address or best estimate*] by [*insert applicant’s name*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 35**

**Notification that Secretary of State Grants Application**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address*]**

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 commencement which you are required to submit to us.

Also enclosed is a copy of the banking mandate which should be completed and returned with your notice of commencement.

Please 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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England or the relevant delegated integrated care board or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature …………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 36**

**Notification that Secretary of State Grants Application**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address*]**

We have been notified that the Secretary of State has [*granted/confirmed the grant*] of the above application.

You are required to notify the address of the premises from which you will provide pharmaceutical services to us within six months of the date of determination of the appeal. Please find enclosed the relevant form for you to use for this purpose.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notification of premises following conditional grant of a routine application**

This is a notification of the address of premises following grant of a routine application that gave a best estimate. As such it is made under paragraph 31, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

1. **Full name and correspondence address of the applicant**

|  |
| --- |
|  |

1. **Details of original routine application**

**2.1 Type of routine application**

This notification is in connection with a previously granted routine application which offered to secure identified future improvements or better access.

Please enter below details of the identified future improvements or better access you offered to secure in your original application.

|  |
| --- |
|  |

**2.2** **Date on which the routine application was granted**

Please state the date on which your routine application was granted either by NHS England, the relevant delegated integrated care board or, on appeal, the Secretary of State.

Date of grant ………………………………………….

It is a condition of the grant of your original application that you notify us of the address of the proposed premises within six months of the application being granted either by NHS England, the relevant delegated integrated care board or the Secretary of State.

**2.3 Best estimate for the location of the proposed premises**

Please enter below the best estimate given in your original application.

|  |
| --- |
|  |

1. **Full address of the premises to be listed – this address must fall within the original best estimate**

Please enter below the address at which you intend to provide pharmaceutical services.

|  |
| --- |
|  |

I confirm that to the best of my knowledge the information contained in this notification is correct.

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership .……………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 37**

**Confirmation of No Appeal (Address Known)**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert address*]**

I am writing to confirm that no appeal against [*NHS England/name of ICB]*’s decision on the above application has been submitted to the Secretary of State.

You therefore have 12 months from the date of my previous letter dated [*insert date*] within which to submit your notice of commencement and commence service provision.

Please 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 [*NHS England/name of 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.

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

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership ……………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

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**Chapter 16**

**Annex 38**

**Confirmation of No Appeal (Best Estimate)**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*insert best estimate*]**

I am writing to confirm that no appeal against [*NHS England/name of ICB]*’s decision on the above application has been submitted to the Secretary of State.

You therefore have six months from the date of my previous letter dated [*insert date*] within which to notify us of the address of the premises from which you intend to provide pharmaceutical services. I enclose a copy of the relevant form for you to use for this purpose.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notification of premises following conditional grant of a routine application**

This is a notification of the address of premises following grant of a routine application that gave a best estimate. As such it is made under paragraph 31, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

1. **Full name and correspondence address of the applicant**

|  |
| --- |
|  |

1. **Details of original routine application**

**2.1 Type of routine application**

This notification is in connection with a previously granted routine application which offered to secure identified future improvements or better access.

Please enter below details of the identified future improvements or better access you offered to secure in your original application.

|  |
| --- |
|  |

**2.2** **Date on which the routine application was granted**

Please state the date on which your routine application was granted either by NHS England, the relevant delegated integrated care board or, on appeal, the Secretary of State.

Date of grant ………………………………………….

It is a condition of the grant of your original application that you notify us of the address of the proposed premises within six months of the application being granted either by NHS England, the relevant delegated integrated care board or the Secretary of State.

**2.3 Best estimate for the location of the proposed premises**

Please enter below the best estimate given in your original application.

|  |
| --- |
|  |

1. **Full address of the premises to be listed- this address must fall within the original best estimate**

Please enter below the address at which you intend to provide pharmaceutical services.

|  |
| --- |
|  |

I confirm that to the best of my knowledge the information contained in this notification is correct.

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership .……………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 39**

**Notification of Receipt of Premises – Not Valid**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

I am writing to confirm that we have received your notification of the premises from which you intend to provide pharmaceutical services.

However as it was received outside of the regulatory six-month grant period it is not valid and cannot be actioned.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 40**

**Acknowledgement of Receipt of Premises – Valid - Applicant**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

I am writing to confirm that we have received your notification of the premises from which you intend to provide pharmaceutical services.

[*NHS England/name of ICB]* is satisfied that this is a valid notification and you have 12 months from the date of this letter within which to commence service provision. Enclosed is the template notice of commencement and the banking mandate which you are required to complete and return to me.

Please 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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date* *giving no fewer than 30 days’ notice unless NHS England or relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature …………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership ……………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 41**

**Notification of Premises – Third Parties**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*] by [*insert applicant’s name*]**

I am writing to confirm that we have received notification of the premises from which [*insert applicant’s name*] intends to provide pharmaceutical services. The address that has been notified to us is:

[*insert address*]

[*NHS England/name of ICB]* is satisfied that this is a valid notification and [*insert applicant’s name*] has 12 months within which to commence service provision.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 42**

**Notification of Non-valid Premises**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

I am writing to confirm that [*NHS England/name of ICB]* has considered your notification of the premises from which you intend to provide pharmaceutical services. It is not satisfied that it is a valid notification. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB]*’s decision. Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

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**Chapter 16**

**Annex 43**

**Notification of Valid Appeal**

[*date*]

Dear [*insert*]

**Re: Notification of address of premises – application relating to [*insert best estimate*]**

We have been notified that the Secretary of State has determined that your notification was valid. Please find enclosed the notice of commencement which you are required to submit to us.

Please 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 [*NHS England/name of 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.

Also enclosed is a copy of the banking mandate which should be completed and returned with your notice of commencement.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature …………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

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**Chapter 16**

**Annex 44**

**No Notice of Commencement Received – Grant Lapsed**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*address*]**

I am writing to confirm that [*NHS England/name of ICB]* has not received a notice of commencement in relation to this application and therefore the grant of it has lapsed.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 45**

**Shorter Notice Period Agreed To**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*address*]**

[*NHS England/name of ICB]* has considered your application and has agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. Please therefore complete and submit the previously provided notice of commencement to us when you are ready.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 46**

**Shorter Notice Period Not Agreed To**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified improvements or better access at [*address*]**

[*NHS England/name of ICB]* has considered your application and has not agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. You are therefore required to submit a notice of commencement with a date of service commencement no fewer than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 47**

**Request for an extension to the time within which to submit a notice of commencement**

Name of applicant …………………………………………………………………………

Address of the premises to which the granted application relates

|  |
| --- |
|  |

Date on which the application was granted by NHS England, the relevant delegated integrated care board or, on appeal, NHS Resolution

……………………

Original date by which the notice of commencement is to be submitted by ……………….. (Requests for an extension may only be made during the 12-month period following the grant of an application.)

I/we would like to request an extension to the time within which to submit the notice of commencement relating to the application submitted for the above premises. The additional period of time I/we are requesting is ………………………………………………………………..

Please explain in the box below the reasons for your request.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 48**

**Grant of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*address*]**

I am writing to confirm that [*NHS England/name of ICB]* has granted your request for an extension to the time within which to submit a notice of commencement in relation to the above application.

The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB]* unless you successfully ask to give a shorter notice period using the previously provided application form.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 49**

**Refusal of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*address*]**

I am writing to confirm that [*NHS England/name of ICB]* has refused your request for an extension to the time within which to submit a notice of commencement in relation to the above application. Please see the enclosed report for the full reasoning.

[*Insert the following if there is still time for the applicant to submit their notice of commencement*] [The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB]* unless you successfully ask to give a shorter notice period.]

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB]*’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 50**

**Notice of commencement received outside of the grant period**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as it was received outside of the [*12-month*] grant period it is not valid and cannot be actioned. The grant of your application has therefore lapsed. Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 51**

**Date in the notice of commencement fewer than 30 days after the date received**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as the date of service commencement is fewer than 30 days before the date we received your notice, it is not valid. Please therefore resubmit your notice of commencement noting that the date of service commencement must be more than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 52**

**Missing/Incorrect Information**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB]* is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 53**

**Acknowledgement of Receipt of Notice of Commencement**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*address*]**

I am writing to confirm receipt of your notice of commencement and can confirm that it is valid. You will be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 54**

**Notice of Commencement Not Valid**

[*date*]

Dear [*insert*]

**Re: Application offering to secure identified future improvements or better access at [*address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB]* is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 55**

**Notification of Contractor Code**

[*date*]

Dear [*Insert*]

**Re:** **securing identified future improvements or better access application at [*insert premises*]**

Further to recent correspondence, I am writing to advise you that the following ODS code has been allocated:

* + [*insert*]

This code should be used in all correspondence with the NHS Business Services Authority.

[Insert the following if the application was for a pharmacy][Should you require a private controlled drugs pharmacy contractor code please contact [*NHS England/name of ICB]* on *[insert generic email address for the Commissioner*].]

[The following is to be added where the application relates to a pharmacy.]

[Now that you have the ODS code (also known as the F code) for your pharmacy you will need to do the following.

* Register for a NHSmail premises-specific email address and link at least two staff personal NHSmail accounts to it - <https://portal.nhs.net/pharmacyregistration#/> Further information about this requirement can be found at <https://psnc.org.uk/contract-it/pharmacy-it/nhs-mail/>
* Register for the new NHS Profile Manager in order to update the pharmacy’s NHS website profile and Directory of service profile - <https://organisation.nhswebsite.nhs.uk/campaign-start>.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 56**

**Date of inclusion cannot be changed**

[*date*]

Dear [*Insert*]

**Re:** **securing identified future improvements or better access application at [*insert premises*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the original date of commencement.

You have therefore been included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 57**

**Date of inclusion cannot be changed**

[*date*]

Dear [*Insert*]

**Re:** **securing identified future improvements or better access application at [*insert premises*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the new date of commencement.

You will therefore be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert original date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 16**

**Annex 58**

**Date of inclusion changed**

[*date*]

Dear [*Insert*]

**Re:** **securing identified future improvements or better access application at [*insert premises*]**

Further to your recent notification I am writing to confirm that you will now be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

.

**Chapter 16**

**Annex 59**

**Change to the Pharmaceutical List – Memo**

From: [Name] – PCSE Market Entry Officer

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [insert name of] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note a new [*pharmacy/dispensing appliance contractor*] will start to provide pharmaceutical services on [*insert date*] and will be included in the pharmaceutical list for the area of [*insert name of*] Health and Wellbeing Board with effect from that date. Details are as follows:

[*Insert name of contractor and any trading name*]

[*Insert address*]

Opening hours:

|  |  |  |
| --- | --- | --- |
|  | **Core opening hours** | **Total opening hours** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

|  |  |
| --- | --- |
| ODS code: |  |

|  |  |
| --- | --- |
| Phone number: |  |

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 1**

**Application Form – Same HWB**

**Application in respect of a relocation within a HWB area that does not result in significant change to pharmaceutical services provision**

Application for inclusion in the pharmaceutical list for the area of

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

This is an application for a no significant change relocation of premises within a HWB’s area and as such is an excepted application under regulation 24(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 or the relevant delegated integrated care board’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[[89]](#footnote-89)**

|  |
| --- |

Is this a personal address? Yes  No 

**1.2 Applicant’s legal entity**

**I/we am/are applying as a:**

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

**Sole trader**  **My GPhC/PSNI registration number is …………………**

**Partnership** 

|  |
| --- |
| **Please list each partner and their GPhC/PSNI registration number:**  **Please continue on a separate sheet if necessary.** |

**Corporate Body** 

|  |  |
| --- | --- |
| **Superintendent’s name and GPhC registration number is** |  |

**1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations**

(Please tick relevant box)

|  |  |
| --- | --- |
| I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate. |  |
| Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | |
| I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate |  |
| Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | |

**1.4 Relevant fee**

I/we include the relevant fee for this application. 

**2 Address of the current premises**

|  |
| --- |
|  |

Were these premises included in a pharmaceutical list as a result of an application to which Regulation 13(1)(a) of the NHS (Pharmaceutical Services) Regulations 2005, applied (approved retail areas)? (If yes, please complete section 7.1 below) Yes  No 

Were these premises included in a pharmaceutical list as a result of an application to which Regulation 13(1)(c) of the NHS (Pharmaceutical Services) Regulations 2005, applied (one stop primary care centre)? (If yes, please complete section 7.2 below) Yes  No 

Did you relocate to these premises within the last twelve months? (If yes, please complete section 7.3 below) Yes  No 

**3 Address of the premises to which you are applying to relocate[[90]](#footnote-90)**

|  |
| --- |
|  |

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

* by rental, leasehold or freehold

**4 Opening hours**

**4.1 Core opening hours[[91]](#footnote-91)**

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

**4.2 Total opening hours[[92]](#footnote-92)**

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

**5 Pharmaceutical services to be provided at these premises**

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

Or

Terms of service (paragraphs 3 to 12, Schedule 5 – DACs) 

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).

|  |
| --- |
|  |

Please give details of any advanced and enhanced services[[93]](#footnote-93) you intend to provide. These details should include:

* confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
* confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
* 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.

|  |  |  |
| --- | --- | --- |
| **Service** | **Accredited to provide (Y/N/NA)** | **Premises accredited (Y/N/NA)** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please continue on a separate sheet if necessary.

I/we confirm that the pharmacy premises will have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations. Yes 

**Floor plan showing consultation area**

Please continue on a separate sheet if necessary.

**6 Applications in relation to premises that are in close proximity to other listed chemist premises**

This section should only be completed if the premises included in section 3 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons: |

Please continue on a separate sheet if necessary.

**7 Information in support of the certain applications**

**7.1 Relocation of premises in an approved retail area**

This section applies where the current premises were included in a pharmaceutical list as a result of an application to which Regulation 13(1)(a) of the NHS (Pharmaceutical Services) Regulations 2005 applied (approved retail areas)

|  |
| --- |
| If the new address is not in the same approved retail area please explain why you believe your application should not be refused in accordance with Regulation 24(3)(a). |

Please continue on a separate sheet if necessary.

**7.2 Relocation of premises in a one-stop primary care centre**

This section applies where the current premises were included in a pharmaceutical list as a result of an application to which Regulation 13(1)(c) of the NHS (Pharmaceutical Services) Regulations 2005 applied (one stop primary care centre).

|  |
| --- |
| Are all the providers of primary medical services at the one stop primary care centre relocating to the new address? Yes  No   Will there still be a list or combined list of at least 18,000 patients served from the new address? Yes  No   Will the services of a broad range of health care professionals be regularly and frequently provided at the new address (together, where appropriate with other health or social services)? Yes  No   If the answer to any of the questions above is “no” please explain below why you believe your application should not be refused in accordance with regulation 24(3)(b). |

Please continue on a separate sheet if necessary.

**7.3 Relocation following a relocation in the last twelve months**

This section applies where you relocated to the current premises within the last twelve months, whether that was the result of an application under Regulation 24 of the 2012 Regulations or the 2013 Regulations or Regulation 6 or 7 of the 2005 Regulations.

Please explain why you believe your application should not be refused in accordance with Regulation 24(3)(c).

Please continue on a separate sheet if necessary.

**8 Information in support of all no significant change applications**

Please use the box below to explain why you consider that the new premises are not significantly less accessible for the patient groups that are accustomed to accessing pharmaceutical services at the existing premises.

Please use the box below to explain why you consider that granting the application will not result in a significant change to the arrangements that are in place for the provision of local pharmaceutical services or pharmaceutical services (other than those provided by dispensing doctors) in any part of the HWB’s area or any controlled locality within 1.6 kilometres of the new premises.

Please use the box below to explain why you consider granting the application will not cause significant detriment to the proper planning in respect of the provision of pharmaceutical services in the HWB’s area.

|  |
| --- |
|  |

Are the services to be provided at the new premises the same as those that have been provided at the current premises (whether or not, in the case of enhanced services, NHS England or the relevant delegated integrated care board chooses to commission them)?

Yes  No 

If no, please give full details in the box below.

|  |
| --- |
|  |

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

If yes, please give full details in the box below.

Please continue on a separate sheet if necessary.

**9 Distance selling premises**

**9.1 Are you applying for a relocation in relation to distance selling premises?**

Yes  No 

If no, continue to section 10.

If yes, please continue with this section.

**9.2 Proposed premises that are on the same site or in the same building as the premises of a provider of primary medical services with a patient list.**

This section should only be completed if the premises included in section 2 above are on the same site or in the same building as the premises of a provider of primary medical services with a patient list.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 25(2)(a) for the following reasons: |

Please continue on a separate sheet if necessary.

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

1. the uninterrupted provision of essential services during the opening hours of the premises, to persons anywhere in England who request those services, and
2. the safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or someone else’s behalf, and the applicant or the applicant’s staff.

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

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

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

**10 Undertakings**

By virtue of submitting this application I/we undertake to notify NHS England or the relevant delegated integrated care board 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 NHS England or the relevant delegated integrated care board 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.

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:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 2**

**Application Form – Neighbouring HWB**

**Application in respect of a relocation to a neighbouring HWB area that does not result in significant change to pharmaceutical services provision**

Application to relocate premises from the pharmaceutical list for …………………

…………………………… Health and Well-being Board’s (HWB) area

to the pharmaceutical list for …………………………………………………….. HWB’s area.

This is an application for a no significant change relocation of premises to a neighbouring HWB’s area and as such is an excepted application under regulation 24(2) 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 or the relevant delegated integrated care board'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[[94]](#footnote-94)**

|  |
| --- |

Is this a personal address? Yes  No 

**1.2 Applicant’s legal entity**

**I/we am/are applying as a:**

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

**Sole trader ☐ My GPhC/PSNI registration number is ………………..**

**Partnership ☐**

|  |
| --- |
| **Please list each partner and their GPhC/PSNI registration number:**  Please continue on a separate sheet if necessary. |

**Corporate Body ☐**

|  |  |
| --- | --- |
| **Superintendent’s name and GPhC registration number is** |  |

**1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations**

(Please tick relevant box)

|  |  |  |
| --- | --- | --- |
| I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate. | | ☐ |
| Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | | |
| I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate. | ☐ | |
| Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | | |

|  |  |
| --- | --- |
| I/We have provided the required fitness information with this application. | ☐ |

**1.4 Relevant fee**

I/we include the relevant fee for this application. ☐

**2 Address of the current premises**

|  |
| --- |
|  |

Were these premises included in a pharmaceutical list as a result of an application to which Regulation 13(1)(a) of the NHS (Pharmaceutical Services) Regulations 2005 applied (approved retail areas)? (If yes, please complete section 7.1 below) Yes ☐ No ☐

Were these premises included in a pharmaceutical list as a result of an application to which Regulation 13(1)(c) of the NHS (Pharmaceutical Services) Regulations 2005 applied (one stop primary care centre)? (If yes, please complete section 7.2 below) Yes ☐ No ☐

Did you relocate to these premises within the last twelve months? (If yes, please complete section 7.3 below) Yes ☐ No ☐

**3 Address of the premises to which you are applying to relocate[[95]](#footnote-95)**

|  |
| --- |
|  |

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

\* by rental, leasehold or freehold

**4 Opening hours**

**4.1 Core opening hours[[96]](#footnote-96)**

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

**4.2 Total opening hours[[97]](#footnote-97)**

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

**5 Pharmaceutical services to be provided at these premises**

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

Or

Terms of service (paragraphs 3 to 12, Schedule 5 – DACs) ☐

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).

|  |
| --- |
|  |

Please give details of any advanced and enhanced services[[98]](#footnote-98) you intend to provide.

These details should include:

* confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
* confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
* 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.

|  |  |  |
| --- | --- | --- |
| **Service** | **Accredited to provide (Y/N/NA)** | **Premises accredited (Y/N/NA)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please continue on a separate sheet if necessary.

I/we confirm that the pharmacy premises will have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations. Yes ☐

**Floor plan showing consultation area**

Please continue on a separate sheet if necessary.

**6 Applications in relation to premises that are in close proximity to other listed chemist premises**

This section should only be completed if the premises included in section 3 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons: |

Please continue on a separate sheet if necessary.

**7 Information in support of the certain applications**

**7.1 Relocation of premises in an approved retail area**

This section applies where the current premises were included in a pharmaceutical list as a result of an application to which Regulation 13(1)(a) of the NHS (Pharmaceutical Services) Regulations 2005 applied (approved retail areas)

|  |
| --- |
| If the new address is not in the same approved retail area please explain why you believe your application should not be refused in accordance with Regulation 24(3)(a). |

Please continue on a separate sheet if necessary.

**7.2 Relocation of premises in a one-stop primary care centre**

This section applies where the current premises were included in a pharmaceutical list as a result of an application to which Regulation 13(1)(c) of the NHS (Pharmaceutical Services) Regulations 2005 applied (one stop primary care centre).

|  |
| --- |
| Are all the providers of primary medical services at the one stop primary care centre relocating to the new address? Yes ☐ No ☐  Will there still be a list or combined list of at least 18,000 patients served from the new address? Yes ☐ No ☐  Will the services of a broad range of health care professionals be regularly and frequently provided at the new address (together, where appropriate with other health or social services)? Yes ☐ No ☐  If the answer to any of the questions above is “no” please explain below why you believe your application should not be refused in accordance with regulation 24(3)(b). |

Please continue on a separate sheet if necessary.

**7.3 Relocation following a relocation in the last twelve months**

This section applies where you relocated to the current premises within the last twelve months, whether that was the result of an application under Regulation 24 of the 2012 Regulations or the 2013 Regulations or Regulation 6 or 7 of the 2005 Regulations.

Please explain why you believe your application should not be refused in accordance with Regulation 24(3)(c).

Please continue on a separate sheet if necessary.

**8 Information in support of all no significant change applications**

Please use the box below to explain why you consider that the new premises are not significantly less accessible for the patient groups that are accustomed to accessing pharmaceutical services at the existing premises.

Please use the box below to explain why you consider that granting the application will not result in a significant change to the arrangements that are in place for the provision of local pharmaceutical services or pharmaceutical services (other than those provided by dispensing doctors) in any part of the HWB’s area to which you wish to relocate to or any controlled locality within 1.6 kilometres of the new premises.

Please use the box below to explain why you consider granting the application will not cause significant detriment to the proper planning in respect of the provision of pharmaceutical services in the area of the HWB’s to which you wish to relocate to.

|  |
| --- |
|  |

Are the services to be provided at the new premises the same as those that have been provided at the current premises (whether or not, in the case of enhanced services, NHS England or the relevant delegated integrated care board chooses to commission them)?

Yes ☐ No ☐

If no, please give full details in the box below.

|  |
| --- |
|  |

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

If yes, please give full details in the box below.

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

**9 Distance selling premises**

**9.1 Are you applying for a relocation in relation to distance selling premises?**

Yes ☐ No ☐

If no, continue to section 10.

If yes, please continue with this section.

**9.2 Proposed premises that are on the same site or in the same building as the premises of a provider of primary medical services with a patient list.**

This section should only be completed if the premises included in section 2 above are on the same site or in the same building as the premises of a provider of primary medical services with a patient list.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 25(2)(a) for the following reasons: |

Please continue on a separate sheet if necessary.

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

1. the uninterrupted provision of essential services during the opening hours of the premises, to persons anywhere in England who request those services, and
2. the safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or someone else’s behalf, and the applicant or the applicant’s staff.

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

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

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

**10 Consent**

I/we only have one set of premises in the pharmaceutical list in respect of

………………………………………….. HWB[[99]](#footnote-99) and therefore consent to the removal of my/our name from NHS England/the relevant delegated integrated care board’s pharmaceutical list in respect of that HWB should my/our application be granted and I/we am/are included in the pharmaceutical list in respect of

………………………………………….. HWB[[100]](#footnote-100). ☐

I/we have more than one set of premises in the pharmaceutical list in respect of

………………………………………….. HWB[[101]](#footnote-101) and therefore consent to the removal of the premises named in section 2 from NHS England/the relevant delegated integrated care board’s pharmaceutical list in respect of that HWB should my/our application be granted and I/we am/are included in the pharmaceutical list in respect of

………………………………………….. HWB[[102]](#footnote-102). ☐

(Please tick relevant box. Only one box may be selected.)

**11 Undertakings**

By virtue of submitting this application I/we undertake to notify NHS England or the relevant delegated integrated care board 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 NHS England or the relevant delegated integrated care board 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.

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:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 3**

**Fitness Information Form**

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

This form must accompany all routine and excepted applications for inclusion in a pharmaceutical list in accordance with paragraph 2, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Please complete this form as legibly as possible

* 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)** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI 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.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **I declare that I am a registered pharmacist.** | |
| **Name** |  |
| **Date** |  |

* 1. **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/PSNI 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** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 2** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 3** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 4** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

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.

|  |
| --- |
|  |

(Pharmacy applications only) I declare that:

* each partner named above is a registered pharmacist, and
* 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** |  |
| **On behalf of (name of partnership)** |  |
| **Date** |  |

* 1. **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. If one is not available please state accordingly.** |  |

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

|  |  |
| --- | --- |
| **Superintendent** | |
| **Full name** |  |
| **GPhC registration number** |  |
| **Date of birth** |  |
| **Superintendent's private address** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 1** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 2** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 3** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 4** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

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.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

|  |  |
| --- | --- |
| **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** |  |
| **Position** |  |
| **On behalf of (name of body corporate)** |  |
| **Date** |  |

England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 4**

**First Referral Questions**

* Does this application relate to a LPS contract?
* Has the applicant identified the correct health and wellbeing board? If the applicant is seeking to relocate to a neighbouring health and wellbeing board’s area, that is the health and wellbeing board that should be named in the application.
* Is the address to which the applicant wishes to relocate in a controlled locality or within 1.6km of a controlled locality?
* I have identified the following missing information/documentation/undertakings:
  + [*insert details*]

Please advise of any other missing information/documentation/undertakings that you wish me to ask the applicant for.

* Please can you confirm that the core and supplementary opening hours in section 3 are the same as the current opening hours?
* Please can you confirm that the pharmaceutical services listed in section 4 are the same as the services that are provided at the current premises?
* Attached is the interested parties list. Please can you review it for accuracy and completeness, adding or removing interested parties as relevant?
* Please can you provide contact details for the following persons/organisations:
  + Public health team
  + DoS lead
  + Unwanted medicines collection and disposal contractor

[Where the relocation is to a neighbouring HWB’s area add the following]

* [As the relocation is to a neighbouring HWB’s area please can you provide contact details for the following persons/organisations:
  + The NHS England region or delegated integrated care board from whose area the applicant is relocating,
  + The HWB from whose area the applicant is relocating,
  + The HWB to whose area the applicant is relocating,
  + The LPC for both areas, if different
  + Public health team for both areas,
  + DoS lead for both areas,
  + Unwanted medicines collection and disposal contractor for both areas]

**Chapter 17**

**Annex 5**

**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 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. Conversely, if the distances do not identify any persons then they may be increased accordingly. When identifying contractors who may be significantly affected by the grant of the application, the Commissioner may wish to look at practice prescribing dispensing data which is published by the [NHSBSA](https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data) on a monthly basis as this shows where prescriptions written by GP practices are dispensed. Alternatively this information is available via the Strategic Health Asset Planning and Evaluation application[[103]](#footnote-103).

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

1. 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) if:
   * where the applicant's proposed premises are not in a controlled locality, the contractor's premises is within 2km in a direct line from the applicant's proposed premises, or
   * where the applicant's proposed premises are in a controlled locality, the contractor's premises is located within 8km in a direct line from the applicant's proposed premises.
2. Head offices of bodies corporate are also to be notified where this information is known, but this is as a courtesy as it is the premises that are included in the relevant pharmaceutical list that are to be notified in accordance with the regulations.

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

1. 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:
   * where the applicant's proposed premises is not in a controlled locality, the person's proposed premises is located within 2km in a direct line from the applicant's proposed premises, or
   * where the applicant's proposed premises is in a controlled locality, the person's proposed premises is located within 8km in a direct line from the applicant's proposed premises.

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

1. LPS contractors should be considered to be significantly affected by the grant of the application (and notified of it) if:
   * where the applicant's proposed premises is not in a controlled locality, the LPS contractor's premises is located within 2km in a direct line from the applicant's proposed premises, or
   * where the applicant's proposed premises is in a controlled locality, the LPS contractor's premises is located within 8km in a direct line from the applicant's proposed premises.

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

1. The following groups should be considered to have a significant interest in the outcome of the application and be notified:
   * where the applicant's proposed premises are in a controlled locality, the relevant Parish Council;
   * where the application offers to provide unforeseen benefits for a specific patient group, any group that is representative of that group of patients.
2. The Commissioner should consider whether there are any other groups that are to be notified of the application, for example residents associations.

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

1. For routine pharmacy applications, dispensing practices that have dispensing patients within 1.6km of the applicant's proposed premises should be considered to have a significant interest in the outcome of the application and should be notified of it.
2. For excepted pharmacy applications that include a relocation that does not result in significant change, dispensing practices that have dispensing patients within 1.6km of the applicant's proposed premises should be considered to have a significant interest in the outcome of the application and should be notified of it.
3. It is not envisaged that dispensing practices will have a significant interest in the outcome of other types of notifiable applications and therefore need not routinely be notified of them. Ultimately though it is for the decision-maker to decide on a case by case basis.

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

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

**Welsh health boards (paragraph 19(1)(g))**

1. Where the premises is within 2km of a Welsh health board that organisation is to be notified. Applications are to be sent to NHS Wales Shared Service Partnership ([nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)) who will forward them to the appropriate health board.

**Chapter 17**

**Annex 6**

**Acknowledgement of Receipt of Application**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

I am writing to confirm receipt of the above application on [*insert date*]. [*NHS England/name of ICB*] is required to determine the application within four months, unless it has good cause to take longer. You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Should you need to contact us regarding your application please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

[As part of your application you are offering to provide enhanced services. Please find enclosed copies of the specifications for these services.]

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

.

**Chapter 17**

**Annex 7**

**Acknowledgment of Receipt of Application and Request for Further Information**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*] – missing information and 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*]’s request or unless [*NHS England/name of ICB*] has 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*].

Please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 8**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*] – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 9**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*] – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 10**

**Acknowledgement of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*] – 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 [*NHS England/name of ICB*]’s decision within 4 months.

[As part of your application you are offering to provide enhanced services. Please find enclosed copies of the specifications for these services.]

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

Yours sincerely

[*name*]

*[title]*

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

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**Chapter 17**

**Annex 11**

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

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*] – 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.

Should you still wish to relocate to the premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 12**

**Acknowledgement of Receipt of Application and Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*] – 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 13**

**Acknowledgement of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*] – missing undertakings**

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

We will begin to process the application and you will be notified of [*NHS England/name of ICB*]’s decision within 4 months.

[As part of your application you are offering to provide enhanced services. Please find enclosed copies of the specifications for these services.]

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

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 14**

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

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*] – 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.

Should you still wish to relocate to the premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 15**

**Notification of Application to Interested Parties**

[date]

Dear [insert]

**Re: No significant change relocation to [*insert address*] by [*insert applicant’s name*]**

We have received the above application, a copy of which is enclosed, and [*NHS England/name of ICB*] has completed its 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.

[*NHS England/name of ICB*] will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

Please ensure you include our reference (see above) in the subject line of your email as this will help us file your representations with the correct application as quickly as possible.

[I can confirm that no information that has been received in relation to this application is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. / I can confirm that the following information is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:

* *Insert as relevant*]

[*The following text is to be inserted if relevant*]

[[*NHS England/name of ICB*] intends to consider this application together and in relation to the following application:

* *Insert details of the other application*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**How we will involve patients in decisions on pharmacy applications**

When we receive an application to move an existing pharmacy or to open a new pharmacy we must write to:

* nearby pharmacies
* in some cases, nearby doctors’ surgeries
* the Health & Wellbeing Board which is a committee of the borough, county or city council, and
* the local Healthwatch organisation, which exists to represent local patients in general

We send them a copy of the application and invite them to make comments within 45 days. Comments can be made by letter or email.

In addition, the law requires us to involve patients in our decision-making. We may do this by sending copies of pharmacy applications to:

* city/district and county councillors covering the area involved
* the town or parish council covering the area. In areas which do not have a town or parish council we may instead contact prominent community, neighbourhood or residents’ groups
* patient representative groups attached to nearby doctors’ surgeries.

They will also be invited to make comments within 45 days.

When we send them a copy of an application we will also send notes to explain:

* what the application is about
* why they are being asked for comments
* what we will consider when making a decision, and
* what happens next after a decision is made.

Applications are not confidential. If they want, councillors or patient groups may share details with local people so they can also make comments within the same 45 day period.

Any comments we receive will be sent to the pharmacy applicant. They will have a chance to respond to us about those comments.

Most applications are decided using written information, including any comments received.

In general, we will not hold public meetings about pharmacy applications. This is because an applicant cannot be made to attend to respond directly to any questions from members of the public.

However, we may hold a hearing if we need more information before making a decision. Where written comments from councillors or patient groups suggest that local people hold strong views, we will invite those councillors or patient groups to attend the hearing.

The hearing will be held in public so that (although members of the public will not be able to ask questions) they will be able to hear the arguments for and against the application. These will include any comments made by their representatives and the responses received.

All comments at the meeting will be taken into account in making a final decision on the pharmacy application.

**Chapter 17**

**Annex 16**

**Application Treated As Withdrawn**

[date]

Dear [insert]

**Re: No significant change relocation to [*insert address*] by [*insert applicant’s name*]**

Further to my previous letter please be advised that this application is being treated as withdrawn.

Should you still wish to relocate to the premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 17**

**Request for Payment**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

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 [*NHS England/name of ICB*] will not be in a position to determine your application. Should no further payment be made, or your subsequent payment not be cleared then your application will be treated as withdrawn.

Yours sincerely

[*name*]

*[title]*

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 18**

**Circulation of Comments on Application**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*] by [*insert applicant’s name*]**

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*]. Please note that any new information that you submit at this stage will have little or no weight placed upon it unless it can be demonstrated that you are presenting it in response to representations submitted by another party that you believe are not true or are incorrect.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

.

**Chapter 17**

**Annex 19**

**Notification that Payment has not Cleared and Application is Withdrawn**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

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.

Should you still wish to relocate to the premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

.

**Chapter 17**

**Annex 20**

**Notification of Oral Hearing - Applicant**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

[*NHS England/name of ICB*] has 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*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 21**

**Notification of Oral Hearing – Additional Presenters**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of ICB*] has 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*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 22**

**Committee Report**

**[*insert name of committee*]**

[*insert date of meeting*]

[*insert agenda item number*] – Application for inclusion in a pharmaceutical list: no significant change relocation application [within a HWB's area / to another HWB's area]

|  |  |  |  |
| --- | --- | --- | --- |
| **CAS reference number** |  | | |
| **Name of applicant** |  | | |
| **Fitness to practise** | [Delete as appropriate:   * Not applicable, already included in respect of other premises. * Cleared for inclusion. * To be conditionally included – see attached letter.] | | |
| **Address of current premises** |  | | |
| **Address of proposed premises** |  | | |
| **Status of location** | [Delete as appropriate:   * Not a controlled locality. * Controlled locality.] | | |
| **Relevant regulations and guidance** | Regulations 24 – relocations that do not result in significant change to pharmaceutical services provision.  Regulation 31 – refusal: same or adjacent premises.  [Regulation 50 – gradualisation for doctors[[104]](#footnote-104).]  [Regulation 66 – conditions relating to providing directed services[[105]](#footnote-105).] | | |
| **Additional information** | | |  |
| [Regulation 31 – Must the application be refused?]  [insert comments] | | | [insert outcome] |
| [Regulation 24 – does the need on which the applicant based its application satisfy the elements of Regulation 24?  [Work through:   * Regulation 24(1) – relocations within the same HWB’s area, * Regulation 24(2) – relocations to a neighbouring HWB’s area, * Regulation 24(3)(a) – relocations involving a pharmacy that applied under the previous out of town retail area exemption, * Regulation 24(3)(b) – relocations involving a pharmacy that applied under the previous one stop primary care centre exemption, * Regulation 24(3)(c)- relocations involving a pharmacy that relocation within the 12 months prior to this application, * Regulation 24(3)(d) – relocations involving a distance selling premises,   addressing each matter, adding comments and arriving at an outcome on each matter.]  [Example information that may be relevant to the committee’s discussion:   * Is the location of the new premises less accessible than the current premises, and if so why? * Are there other pharmacies or DACs in the area of both sets of premises? If so, what services do they provide and what hours are they open * Is there a controlled locality within 1.6km of the new premises? * Is the applicant offering to provide the same services as they currently provide? * Will there be an interruption in service provision and if so has the applicant given reasons for this? * If the application relates to a distance selling premises, has the applicant provided sufficient evidence to satisfy regulation 25(2)?] | | | [insert outcome] |
| If the application is in a controlled locality or the premises are within 1.6km of a controlled locality then gradualisation for doctors may need to be considered (does not apply to relocations involving distance selling premises). Numbers of dispensing patients who may be affected should be included, along with information on what percentage of a practice’s dispensing patient list this equates to. | | | [insert outcome |
| [Consider impact of decision on those with protected characteristics under the Equalities Act 2010 and is this in accordance with NHS England/the ICB's Public Sector Equality Duty]  [Consider impact of decision on NHS England/the ICB's duty on health inequality] | | | [insert outcome |
|  | [*name*] | Representations [not] submitted | |
| [*name*] | Representations [not] submitted | |
| [*name*] | Representations [not] submitted | |
| [*name*] | Representations [not] submitted | |
| [*name*] | Representations [not] submitted | |
| [*name*] | Representations [not] submitted | |

|  |  |
| --- | --- |
| **Recommendation[[106]](#footnote-106)** |  |

**Enclosures**

|  |  |
| --- | --- |
| **Application** |  |
| **Interested parties list** |  |
| **Representations received from 45-day notification period** |  |
| **Representations received outside the 45-day notification period** |  |
| **Unsolicited representations** |  |
| **Representations received from circulation of first representations** |  |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 17**

**Annex 23**

**Application Granted - Applicant**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

[*NHS England/name of 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.

[*Where advised to do so by NHS England/the ICB, insert the following:*]

[Enclosed is a form confirming acceptance of the condition imposed by virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which should be completed by an authorised person and returned to me.]

[Also] [E/e]nclosed 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 relocated to your new premises then you will be required to close with immediate effect and move back to your current premises.

Please note that you must submit the notice of commencement no fewer than 30 days before the date you intend to start service provision at your new premises. If it is received fewer than 30 days in advance it is not a valid notice of commencement and will not be accepted by [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates i.e. the premises you are relocating to\*

|  |
| --- |
|  |

Telephone number for the premises ……………………………………………………

Email for the premises ……….……………………………………………………………

Name of superintendent pharmacist ………………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant integrated care board or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

I hereby give notice that I will cease provision of pharmaceutical services at

…………………………………………………………………………………………………

[*insert current address*] with effect from ……………………………………… (*insert the date of the last day on which services will be provided at this address*)

Premises registration number with the General Pharmaceutical Council ……………

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………..

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 24**

**Acceptance of Regulation 66(5) Condition**

**Name of applicant**:

**Application for no significant change relocation to [insert address]**

I agree to the 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 …………..

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership ..……………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 25**

**Granted – Third Party with No Appeal Rights**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 26**

**Granted – Third Party with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [[nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net)](mailto:fhsau@resolution.nhs.uk) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

.

**Chapter 17**

**Annex 27**

**Notification of Refusal of Application - Applicant**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 28**

**Notification of Refusal of Application – Third Party**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 29**

**Notification that Secretary of State Grants Application**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

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 commencement which you are required to submit to us. Please 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 [*NHS England/name of 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.

Also enclosed is a copy of the banking mandate which should be completed and returned with your notice of commencement.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates i.e. the premises you are relocating to\*

|  |
| --- |
|  |

Telephone number for the premises ……………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board

or on appeal\* …………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England* *or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

I hereby give notice that I will cease provision of pharmaceutical services at

…………………………………………………………………………………………………

…………………………………………………………………………………………………

[*insert current address*] with effect from ……………………………………… (*insert the date of the last day on which services will be provided at this address*)

Premises registration number with the General Pharmaceutical Council ……………

(pharmacies only)

Signature ……………………………………………………………………………….

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership ……………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 30**

**Confirmation of No Appeal**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

I am writing to confirm that no appeal against [*NHS England/name of ICB*]’s decision on the above application has been submitted to the Secretary of State.

You therefore have 12 months from the date of my previous letter dated [*insert date*] within which to submit your notice of commencement and commence service provision.

Please 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 [*NHS England/name of 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.

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

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ………………………………………………………………….

Address of the premises to which the application relates i.e. the premises you are relocating to\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ………………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, or the relevant delegated integrated care board

or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date* *giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

I hereby give notice that I will cease provision of pharmaceutical services at

…………………………………………………………………………………………………

[*insert current address*] with effect from ……………………………………… (*insert the date of the last day on which services will be provided at this address*)

Premises registration number with the General Pharmaceutical Council ……………

(pharmacies only)

Signature …………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership ……………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 31**

**No Notice of Commencement Received – Grant Lapsed**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has not received a notice of commencement in relation to this application and therefore the grant of it has lapsed.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 32**

**Shorter Notice Period Agreed To**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

[*NHS England/name of ICB*] has considered your application and has agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. Please therefore complete and submit the previously provided notice of commencement to us when you are ready.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 33**

**Shorter Notice Period Not Agreed To**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

[*NHS England/name of ICB*] has considered your application and has not agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. You are therefore required to submit a notice of commencement with a date of service commencement no fewer than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 34**

**Request for an extension to the time within which to submit a notice of commencement**

Name of applicant ……………………………………………………………………………

Address of the premises to which the granted application relates

|  |
| --- |
|  |

Date on which the application was granted by NHS England, the relevant delegated integrated care board or, on appeal, NHS Resolution

………………………..

Original date by which the notice of commencement is to be submitted by ……………….. (Requests for an extension may only be made during the twelve-month period following the grant of an application.)

I/we would like to request an extension to the time within which to submit the notice of commencement relating to the application submitted for the above premises. The additional period of time I/we are requesting is ………………………………………………………………..

Please explain in the box below the reasons for your request.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 35**

**Grant of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has granted your request for an extension to the time within which to submit a notice of commencement in relation to the above application.

Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period using the previously provided application form.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 36**

**Refusal of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has refused your request for an extension to the time within which to submit a notice of commencement in relation to the above application. Please see the enclosed report for the full reasoning.

[*Insert the following if there is still time for the applicant to submit their notice of commencement*] [The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period.]

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 37**

**Notice of Commencement Received Outside of The Grant Period**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as it was received outside of the [*12-month*] grant period it is not valid and cannot be actioned.

The grant of your application has therefore lapsed. Should you still wish to relocate to the premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 38**

**Date in the notice of commencement fewer than 30 days after the date received**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as the date of service commencement is fewer than 30 days before the date we received your notice, it is not valid. Please therefore resubmit your notice of commencement noting that the date of service commencement must be more than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 39**

**Missing/Incorrect Information**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 40**

**Acknowledgement of Receipt of Notice of Commencement**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

I am writing to confirm receipt of your notice of commencement. You will be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*]. [You will be removed from the pharmaceutical list for the area of [*insert name of HWB*] in respect of the premises at [*insert previous address*] with effect from [*insert date*]]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 41**

**Notice of Commencement Not Valid**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 42**

**Date of inclusion cannot be changed**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the original date of commencement.

You have therefore been included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 43**

**Date of inclusion cannot be changed**

[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the new date of commencement.

You will therefore be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert original date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 44**

**Date of inclusion changed**

[[*date*]

Dear [*insert*]

**Re: No significant change relocation to [*insert address*]**

Further to your recent notification I am writing to confirm that you will now be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 17**

**Annex 45**

**Change to the Pharmaceutical List – Memo**

From: [Name] – PCSE Market Entry Officer

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [insert name of] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note the [pharmacy/dispensing appliance contractor] previously at [insert old address] will start to provide pharmaceutical services from [insert new address] on [insert date]. The pharmaceutical list for the area of [insert name of] Health and Wellbeing Board will be amended with effect from that date. Details are as follows:

[Insert name of contractor and any trading name]

Opening hours:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Core opening hours** | | **Total opening hours** | |
| Monday |  | |  | |
| Tuesday |  | |  | |
| Wednesday |  | |  | |
| Thursday |  | |  | |
| Friday |  | |  | |
| Saturday |  | |  | |
| Sunday |  | |  | |
| ODS code: | |  | |
| Phone number: | |  | |

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 1**

**Application Form**

**Application in respect of distance selling premises[[107]](#footnote-107)**

Application for inclusion in a pharmaceutical list for the area of

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

This is an application in respect of distance selling premises and as such is an excepted application under regulation 25 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 or the relevant delegated integrated care board'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[[108]](#footnote-108)**

|  |
| --- |
|  |

Is this a personal address? Yes  No 

**1.2 Applicant’s legal entity**

**I/we am/are applying as a:**

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

**Sole trader** **☐** **My GPhC/PSNI registration number is …………………**

**Partnership ☐**

|  |
| --- |
| **Please list each partner and their GPhC/PSNI registration number:**  **Please continue on a separate sheet if necessary.** |

**Corporate Body ☐**

|  |  |
| --- | --- |
| **Superintendent’s name and GPhC registration number is** |  |

**1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations**

(Please tick relevant box)

|  |  |
| --- | --- |
| I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate. | ☐ |
| Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | |
| I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate | ☐ |
| Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | |

|  |  |
| --- | --- |
| I/We have provided the required fitness information with this application. | ☐ |

**1.4 Relevant fee**

I/we include the relevant fee for this application. ☐

**2 Address of the proposed premises[[109]](#footnote-109)**

|  |
| --- |
|  |

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

\* by rental, leasehold or freehold

**3 Opening hours**

**3.1 Proposed core opening hours[[110]](#footnote-110)**

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

**3.2 Total proposed opening hours[[111]](#footnote-111)**

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

**4 Pharmaceutical services to be provided at these premises**

Essential services are to be provided (paragraphs 3 to 22, Schedule 4) ☐

If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write ‘none’ if it is intended that the pharmacy will not provide appliances).

Please give details of any advanced and enhanced services[[112]](#footnote-112) you intend to provide[[113]](#footnote-113). These details should include:

* confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
* confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
* 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.

|  |  |  |
| --- | --- | --- |
| **Service** | **Accredited to provide (Y/N/NA)** | **Premises accredited (Y/N/NA)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please continue on a separate sheet if necessary.

**Floor plan showing consultation area**

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

**5 Applications in relation to premises that are in close proximity to other listed chemist premises**

This section should only be completed if the premises included in section 2 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons: |

Please continue on a separate sheet if necessary.

1. **Information in support of the application**

**6.1 Proposed premises that are on the same site or in the same building as the premises of a provider of primary medical services with a patient list.**

This section should only be completed if the premises included in section 2 above are on the same site or in the same building as the premises of a provider of primary medical services with a patient list.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 25(2)(a) for the following reasons: |

Please continue on a separate sheet if necessary.

1. **Pharmacy procedures**

|  |
| --- |
| 7.1 Please explain how the pharmacy procedures used within the premises will secure:   1. the uninterrupted provision of essential services during the opening hours of the premises, to persons anywhere in England who request those services, and 2. the safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or someone else’s behalf, and the applicant or the applicant’s staff.   7.2 Please describe the procedure that will be followed where a patient attends the premises and asks for one or more of the essential services.  7.3 If you are undertaking to provide advanced services at the premises please describe how you will do so without providing any element of essential services.  You must ensure that you provide sufficient information within this application form to satisfy NHS England or the relevant delegated integrated care board on the above points. You are not required to submit your standard operating procedures for the premises but if you do they will be circulated to interested parties unless NHS England or the relevant delegated integrated care board is satisfied that the full disclosure principle does not apply. |

Please continue on a separate sheet if necessary.

1. **Undertakings**

By virtue of submitting this application I/we undertake to notify NHS England or the relevant delegated integrated care board 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 NHS England or the relevant delegated integrated care board 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.

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:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

.

**Chapter 18**

**Annex 2**

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

This form must accompany all routine and excepted applications for inclusion in a pharmaceutical list in accordance with paragraph 2, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations.

Please complete this form as legibly as possible

* 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)** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI 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.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **I declare that I am a registered pharmacist.** | |
| **Name** |  |
| **Date** |  |

* 1. **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/PSNI 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** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 2** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 3** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 4** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

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.

|  |
| --- |
|  |

(Pharmacy applications only) I declare that:

* each partner named above is a registered pharmacist, and
* 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** |  |
| **On behalf of (name of partnership)** |  |
| **Date** |  |

* 1. **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. If one is not available please state accordingly.** |  |

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

|  |  |
| --- | --- |
| **Superintendent** | |
| **Full name** |  |
| **GPhC registration number** |  |
| **Date of birth** |  |
| **Superintendent's private address** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 1** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 2** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 3** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 4** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

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.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

|  |  |
| --- | --- |
| **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** |  |
| **Position** |  |
| **On behalf of (name of body corporate)** |  |
| **Date** |  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 3**

**First Referral Questions**

* Has the applicant identified the correct health and wellbeing board?
* I have identified the following missing information/documentation/undertakings:
  + [*insert details*]

Please advise of any other missing information/documentation/undertakings that you wish me to ask the applicant for.

* [The applicant has submitted standard operating procedures with the application. These will be circulated to interested parties unless you confirm that the full disclosure principle does not apply in which case they will not be circulated.]
* The applicant is offering to provide a number of services. Please can you confirm which of the services listed at section 4 are enhanced services that are commissioned by NHS England, and provide copies of the service specifications?
* Attached is the interested parties list. Please can you review it for accuracy and completeness, adding or removing interested parties as relevant?
* Please can you provide contact details for the following persons/organisations:
  + Public health team
  + DoS lead
  + Unwanted medicines collection and disposal contractor
  + Local Registration Authority (if you would like them to be notified if the application is granted and the applicant is subsequently included in the relevant pharmaceutical list).

**Chapter 18**

**Annex 4**

**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 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. Conversely, if the distances do not identify any persons then they may be increased accordingly. When identifying contractors who may be significantly affected by the grant of the application, the Commissioner may wish to look at practice prescribing dispensing data which is published by the [NHSBSA](https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data) on a monthly basis as this shows where prescriptions written by GP practices are dispensed. Alternatively this information is available via the Strategic Health Asset Planning and Evaluation application[[114]](#footnote-114).

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

1. 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) if:
   * where the applicant's proposed premises are not in a controlled locality, the contractor's premises is within 2km in a direct line from the applicant's proposed premises , or
   * where the applicant's proposed premises are in a controlled locality, the contractor's premises is located within 8km in a direct line from the applicant's proposed premises .
2. Head offices of bodies corporate are also to be notified where this information is known, but this is as a courtesy as it is the premises that are included in the relevant pharmaceutical list that are to be notified in accordance with the regulations.

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

1. 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:
   * where the applicant's proposed premises is not in a controlled locality, the person's proposed premises is located within 2km in a direct line from the applicant's proposed premises , or
   * where the applicant's proposed premises is in a controlled locality, the person's proposed premises is located within 8km in a direct line from the applicant's proposed premises .

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

1. LPS contractors should be considered to be significantly affected by the grant of the application (and notified of it) if:
   * where the applicant's proposed premises is not in a controlled locality, the LPS contractor's premises is located within 2km in a direct line from the applicant's proposed premises , or
   * where the applicant's proposed premises is in a controlled locality, the LPS contractor's premises is located within 8km in a direct line from the applicant's proposed premises .

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

1. The following groups should be considered to have a significant interest in the outcome of the application and be notified:
   * where the applicant's proposed premises are in a controlled locality, the relevant Parish Council;
   * where the application offers to provide unforeseen benefits for a specific patient group, any group that is representative of that group of patients.
2. The Commissioner should consider whether there are any other groups that are to be notified of the application, for example residents associations.

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

1. For routine pharmacy applications, dispensing practices that have dispensing patients within 1.6km of the applicant's proposed premises should be considered to have a significant interest in the outcome of the application and should be notified of it.
2. For excepted pharmacy applications that include a relocation that does not result in significant change, dispensing practices that have dispensing patients within 1.6km of the applicant's proposed premises should be considered to have a significant interest in the outcome of the application and should be notified of it.
3. It is not envisaged that dispensing practices will have a significant interest in the outcome of other types of notifiable applications and therefore need not routinely be notified of them. Ultimately though it is for the decision-maker to decide on a case by case basis.

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

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

**Welsh health boards (paragraph 19(1)(g))**

1. Where the premises is within 2km of a Welsh health board that organisation is to be notified. Applications are to be sent to NHS Wales Shared Service Partnership ([nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)) who will forward them to the appropriate health board.

**Chapter 18**

**Annex 5**

**Acknowledgement of Receipt of Application**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

I am writing to confirm receipt of the above application on [*insert date*]. [*NHS England/name of ICB*] is required to determine the application within four months, unless it has good cause to take longer. You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Should you need to contact us regarding your application please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

[As part of your application you are offering to provide enhanced services. Please find enclosed copies of the specifications for these services.]

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 6**

**Acknowledgment of Receipt of Application and Request for Further Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises – 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*]’s request or unless [*NHS England/name of ICB*] has 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*].

Please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 7**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 8**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 9**

**Acknowledgement of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises – 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 [*NHS England/name of ICB*]’s decision within 4 months.

[As part of your application you are offering to provide enhanced services. Please find enclosed copies of the specifications for these services.]

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

Yours sincerely

[*name*]

*[title]*

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 10**

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

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises – 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.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

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**Chapter 18**

**Annex 11**

**Acknowledgement of Receipt of Application and Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises – 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 12**

**Acknowledgement of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises – missing undertakings**

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

We will begin to process the application and you will be notified of [*NHS England/name of ICB*]’s decision within 4 months.

[As part of your application you are offering to provide enhanced services. Please find enclosed copies of the specifications for these services.]

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

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 13**

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

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises – 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.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 14**

**Notification of Application to Interested Parties**

[date]

Dear [insert]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises by [*insert applicant’s name*]**

We have received the above application, a copy of which is enclosed, and [*NHS England/name of ICB*] has completed its 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.

[*NHS England/name of ICB*] will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

Please ensure you include our reference (see above) in the subject line of your email as this will help us file your representations with the correct application as quickly as possible.

[I can confirm that no information that has been received in relation to this application is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. / I can confirm that the following information is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:

* *Insert as relevant*]

[*The following text is to be inserted if relevant*]

[[*NHS England/name of ICB*] intends to consider this application together and in relation to the following application:

* *Insert details of the other application*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**How we will involve patients in decisions on pharmacy applications**

When we receive an application to move an existing pharmacy or to open a new pharmacy we must write to:

* nearby pharmacies
* in some cases, nearby doctors’ surgeries
* the Health & Wellbeing Board which is a committee of the borough, county or city council, and
* the local Healthwatch organisation, which exists to represent local patients in general

We send them a copy of the application and invite them to make comments within 45 days. Comments can be made by letter or email.

In addition, the law requires us to involve patients in our decision-making. We may do this by sending copies of pharmacy applications to:

* city/district and county councillors covering the area involved
* the town or parish council covering the area. In areas which do not have a town or parish council we may instead contact prominent community, neighbourhood or residents’ groups
* patient representative groups attached to nearby doctors’ surgeries.

They will also be invited to make comments within 45 days.

When we send them a copy of an application we will also send notes to explain:

* what the application is about
* why they are being asked for comments
* what we will consider when making a decision, and
* what happens next after a decision is made.

Applications are not confidential. If they want, councillors or patient groups may share details with local people so they can also make comments within the same 45 day period.

Any comments we receive will be sent to the pharmacy applicant. They will have a chance to respond to us about those comments.

Most applications are decided using written information, including any comments received.

In general, we will not hold public meetings about pharmacy applications. This is because an applicant cannot be made to attend to respond directly to any questions from members of the public.

However, we may hold a hearing if we need more information before making a decision. Where written comments from councillors or patient groups suggest that local people hold strong views, we will invite those councillors or patient groups to attend the hearing.

The hearing will be held in public so that (although members of the public will not be able to ask questions) they will be able to hear the arguments for and against the application. These will include any comments made by their representatives and the responses received.

All comments at the meeting will be taken into account in making a final decision on the pharmacy application.

**Chapter 18**

**Annex 15**

**Application Treated As Withdrawn**

[date]

Dear [insert]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises by [*insert applicant’s name*]**

Further to my previous letter please be advised that this application is being treated as withdrawn.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

.

**Chapter 18**

**Annex 16**

**Request for Payment**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

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 [*NHS England/name of ICB*] will not be in a position to determine your application. Should no further payment be made, or your subsequent payment does not clear then your application will be treated as withdrawn.

Yours sincerely

[*name*]

*[title]*

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

.

**Chapter 18**

**Annex 17**

**Circulation of Comments on Application**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises by [*insert applicant’s name*]**

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*]. Please note that any new information that you submit at this stage will have little or no weight placed upon it unless it can be demonstrated that you are presenting it in response to representations submitted by another party that you believe are not true or are incorrect.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 18**

**Notification that Payment Has Not Cleared and Application Is Withdrawn**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

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.

Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 19**

**Notification of Oral Hearing - Applicant**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

[*NHS England/name of ICB*] has 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*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 20**

**Notification of Oral Hearing – Additional Presenters**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises by [*insert applicant’s name*]**

[*NHS England/name of ICB*] has 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*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 21**

**Committee Report**

**[*insert name of committee*]**

[*insert date of meeting*]

[*insert agenda item number*] – Application for inclusion in a pharmaceutical list: distance selling premises excepted application

|  |  |  |
| --- | --- | --- |
| **CAS reference number** |  | |
| **Name of applicant** |  | |
| **Fitness to practise** | [Delete as appropriate:   * Not applicable, already included in respect of other premises. * Cleared for inclusion. * To be conditionally included – see attached letter.] | |
| **Address of proposed premises** |  | |
| **Status of location** | [Delete as appropriate:   * Not a controlled locality. * Controlled locality.] | |
| **Relevant regulations and guidance** | Regulations 25 – distance selling premises.  Regulation 31 – refusal: same or adjacent premises.  [Regulation 66 – conditions relating to providing directed services[[115]](#footnote-115).] | |
| **Additional information** | |  |
| [Regulation 31 – Must the application be refused?]  [insert comments] | | [insert outcome] |
| [Work through Regulation 25 addressing each matter, adding comments and arriving at an outcome on each matter]  [Example information that may be relevant to the committee’s discussion:   * Are the premises listed in the application on the same site or in the same building as a GP practice? * Is the applicant seeking to restrict the provision of essential services in any way? * Does any element of essential service provision involve face to face contact with the applicant or their staff? | | [insert outcome] |
| [Consider impact of decision on those with protected characteristics under the Equalities Act 2010 and is this in accordance with NHS England/the ICB's Public Sector Equality Duty]  [Consider impact of decision on NHS England/the ICB's duty on health inequality] | | [insert outcome |

|  |  |
| --- | --- |
| **Recommendation[[116]](#footnote-116)** |  |

**Enclosures**

|  |  |
| --- | --- |
| **Application** |  |
| **Interested parties list** |  |
| **Representations received from 45 day notification period** |  |
| **Representations received outside the 45 day notification period** |  |
| **Unsolicited representations** |  |
| **Representations received from circulation of first representations** |  |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 18**

**Annex 22**

**Application Granted - Applicant**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

[*NHS England/name of 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.

The report details the conditions that will be placed upon your inclusion in the relevant pharmaceutical list should a valid notice of commencement be received. Enclosed is a form confirming acceptance of these conditions. It should be completed by an authorised person and returned to me with your notice of commencement.

Also 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.

Please 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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Name of applicant**:

**Application for inclusion in the pharmaceutical list in respect of distance selling premises [*insert address*]**

I agree to the conditions imposed by virtue of regulations 64(3) [*insert the following where advised to do so by NHS England/the ICB]* [and 66(5)] of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as set out in your letter dated …………..

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date …………………………….....................................................................................

On behalf of the company/partnership ..……………………………………………………

Registered office

|  |
| --- |
|  |

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Website for the premises ……….…………………………………………………………

Name of superintendent pharmacist ………………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

I hereby give notice that I will cease provision of pharmaceutical services at

…………………………………………………………………………………………………

*(insert current address)* with effect from ……………………………………… (*insert the date of the last day on which services will be provided at this address*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership ……………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 23**

**Granted – Third Party with No Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises by [*insert applicant’s name*]**

[*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 24**

**Granted – Third Party with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises by [*insert applicant’s name*]**

[*NHS England/name of 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.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 25**

**Notification of Refusal of Application - Applicant**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 26**

**Notification of Refusal of Application – Third Party**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises by [*insert applicant’s name*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 27**

**Notification that Secretary of State Grants Application**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

We have been notified that the Secretary of State has [*granted/confirmed the grant*] of the above application. Please find enclosed a form to indicate your acceptance of the certain conditions set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and a revised template of the notice of commencement which you are required to submit to us.

Also enclosed is a copy of the banking mandate which should be completed and returned with your notice of commencement.

Please 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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Name of applicant**:

**Application for inclusion in the pharmaceutical list in respect of distance selling premises [*insert address*]**

I agree to the conditions imposed by virtue of regulations 64(3) [*insert the following where advised to do so by NHS England]* [and 66(5)] of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as set out in your letter dated …………..

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date …………………………….....................................................................................

On behalf of the company/partnership ..……………………………………………………

Registered office

|  |
| --- |
|  |

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Website for the premises ……….…………………………………………………………

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

I hereby give notice that I will cease provision of pharmaceutical services at

…………………………………………………………………………………………………

*(insert current address)* with effect from ……………………………………… (*insert the date of the last day on which services will be provided at this address*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 28**

**Confirmation of No Appeal**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

I am writing to confirm that no appeal against [*NHS England/name of ICB*]’s decision on the above application has been submitted to the Secretary of State.

You therefore have 12 months from the date of my previous letter dated [*insert date*] within which to submit your notice of commencement and commence service provision.

Please 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 [*NHS England/name of 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.

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

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ………………………………………………………………….

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Website for the premises ……….…………………………………………………………

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, or the relevant delegated integrated care board

or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date* *giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

I hereby give notice that I will cease provision of pharmaceutical services at

…………………………………………………………………………………………………

*(insert current address)* with effect from ……………………………………… (*insert the date of the last day on which services will be provided at this address*)

Premises registration number with the General Pharmaceutical Council ……………

(pharmacies only)

Signature …………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 29**

**No Notice of Commencement Received – Grant Lapsed**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

I am writing to confirm that [*NHS England/name of ICB*] has not received a notice of commencement in relation to this application and therefore the grant of it has lapsed.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 30**

**Shorter Notice Period Agreed To**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

[*NHS England/name of ICB*] has considered your application and has agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. Please therefore complete and submit the previously provided notice of commencement to us when you are ready.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

.

**Chapter 18**

**Annex 31**

**Shorter Notice Period Not Agreed To**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

[*NHS England/name of ICB*] has considered your application and has not agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. You are therefore required to submit a notice of commencement with a date of service commencement no fewer than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

.

**Chapter 18**

**Annex 32**

**Request for an extension to the time within which to submit a notice of commencement**

Name of applicant ……………………………………………………………………………

Address of the premises to which the granted application relates

|  |
| --- |
|  |

Date on which the application was granted by NHS England, the relevant delegated integrated care board or, on appeal, NHS Resolution

…………………………………

Original date by which the notice of commencement is to be submitted by ……………….. (Requests for an extension may only be made during the 12-month period following the grant of an application.)

I/we would like to request an extension to the time within which to submit the notice of commencement relating to the application submitted for the above premises. The additional period of time I/we are requesting is ………………………………………………………………..

Please explain in the box below the reasons for your request.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 33**

**Grant of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

I am writing to confirm that [*NHS England/name of ICB*] has granted your request for an extension to the time within which to submit a notice of commencement in relation to the above application.

The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period using the previously provided application form.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 34**

**Refusal of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

I am writing to confirm that [*NHS England/name of ICB*] has refused your request for an extension to the time within which to submit a notice of commencement in relation to the above application. Please see the enclosed report for the full reasoning.

[*Insert the following if there is still time for the applicant to submit their notice of commencement*] [The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period.]

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) <mailto:>or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 35**

**Notice of Commencement Received Outside of the Grant Period**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as it was received outside of the [*12-month*] grant period it is not valid and cannot be actioned.

The grant of your application has therefore lapsed. Should you still wish to open premises at the above location you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 36**

**Date in the notice of commencement fewer than 30 days after the date received**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as the date of service commencement is fewer than 30 days before the date we received your notice, it is not valid. Please therefore resubmit your notice of commencement noting that the date of service commencement must be more than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 37**

**Missing/Incorrect Information**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 38**

**Acknowledgement of Receipt of Notice of Commencement**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

I am writing to confirm receipt of your notice of commencement. You will be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

I would like to remind you that inclusion in the pharmaceutical list in respect of these premises is subject to the following conditions:

* you must not offer to provide pharmaceutical services to persons who are present at (which includes in the vicinity of) the proposed premises;
* the means by which you provide pharmaceutical services must be such that any person receiving those services does so otherwise than at the proposed premises;
* the proposed premises must not be on the same site or in the same building as the premises of a provider of primary medical services with a patient list;
* the pharmacy procedures for the premises must be such as to secure:
  + the uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services, and
  + the safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or on someone else’s behalf, and you or your staff; and
* nothing in your practice leaflet, in your publicity material in respect of the proposed premises, in material published on behalf of you publicising services provided at or from the proposed premises or in any communication (written or oral) from you or your staff to any person seeking the provision of essential services from you must represent, either expressly or impliedly, that:
  + the essential services provided at or from the premises are only available to persons in particular areas of England, or
  + you are likely to refuse, for reasons other than those provided for in your terms of service, to provide drugs or appliances ordered on prescription forms or repeatable prescription forms which are presented by particular categories of patients (for example, because the availability of essential services from you is limited to other categories of patients).

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 39**

**Notice of Commencement Not Valid**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 40**

**Notification of Contractor Code**

[*date*]

Dear [*Insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

Further to recent correspondence, I am writing to advise you that the following ODS code has been allocated:

* [*insert*]

This code should be used in all correspondence with the NHS Business Services Authority.

Should you require a private controlled drugs pharmacy contractor code please contact [*NHS England/name of ICB*] on *[insert generic email address for the Commissioner*].

Now that you have the ODS code (also known as the F code) for your pharmacy you will need to do the following.

* Register for a NHSmail premises-specific email address and link at least two staff personal NHSmail accounts to it - <https://portal.nhs.net/pharmacyregistration#/> Further information about this requirement can be found at <https://psnc.org.uk/contract-it/pharmacy-it/nhs-mail/>
* Register for the new NHS Profile Manager in order to update the pharmacy’s NHS website profile and Directory of service profile - <https://organisation.nhswebsite.nhs.uk/campaign-start>.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

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**Chapter 18**

**Annex 41**

**Date of inclusion cannot be changed**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the original date of commencement.

You have therefore been included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 42**

**Date of inclusion cannot be changed**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the new date of commencement.

You will therefore be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert original date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 43**

**Date of inclusion changed**

[*date*]

Dear [*insert*]

**Re: Application for inclusion in a pharmaceutical list at [*insert address*] in respect of distance selling premises**

Further to your recent notification I am writing to confirm that you will now be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 18**

**Annex 44**

**Change to the Pharmaceutical List – Memo**

From: [Name] – PCSE Market Entry Officer

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [insert name of] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note a new distance selling premises will start to provide pharmaceutical services on [insert date] and will be included in the pharmaceutical list for the area of [insert name of] Health and Wellbeing Board with effect from that date. Details are as follows:

[Insert name of contractor and any trading name]

[Insert address]

Opening hours:

|  |  |  |
| --- | --- | --- |
|  | **Core opening hours** | **Total opening hours** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

|  |  |
| --- | --- |
| ODS code: |  |
| Website:  Phone number: |  |

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 1**

**Application Form**

**Application in respect of a change of ownership**

Application for inclusion in the pharmaceutical list for the area of

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

This is an application in respect of the change of ownership of premises and as such is an excepted application under regulation 26(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 or the relevant delegated integrated care board'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[[117]](#footnote-117)**

|  |
| --- |
|  |

Is this a personal address? Yes  No 

**1.2 Applicant’s legal entity**

**I/we am/are applying as a:**

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

**Sole trader** **☐** **My GPhC/PSNI registration number is ……………………**

**Partnership ☐**

|  |
| --- |
| **Please list each partner and their GPhC/PSNI registration number:**  **Please continue on a separate sheet if necessary.** |

**Corporate Body ☐**

|  |  |
| --- | --- |
| **Superintendent’s name and GPhC registration number is** |  |

**1.3 Provision of fitness information required by Part 1, Schedule 2 of Regulations**

(Please tick relevant box)

|  |  |
| --- | --- |
| I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate. | ☐ |
| Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | |
| I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate | ☐ |
| Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | |

|  |  |
| --- | --- |
| I/We have provided the required fitness information with this application. | ☐ |

**1.4 Relevant fee**

I/we include the relevant fee for this application[[118]](#footnote-118). ☐

**1.5 Basis for the change of ownership[[119]](#footnote-119)**

Please can you confirm whether you are buying the pharmacy business on a:

Non debts and liabilities basis Yes  No 

Debts and liabilities basis, with or without access to the existing bank account Yes  No 

**2 Name of the current owner and address of the listed premises[[120]](#footnote-120)**

|  |
| --- |
|  |

I/we propose to carry on at the above premises, the business in the course of which the above owner is providing pharmaceutical services at the above premises.

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

\* by rental, leasehold or freehold

**3 Opening hours**

**3.1 Core opening hours[[121]](#footnote-121)**

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

**3.2 Total opening hours[[122]](#footnote-122)**

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

**4 Pharmaceutical services to be provided at these premises**

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

Or

Terms of service (paragraphs 3 to 12, Schedule 5 – DACs) ☐

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).

|  |
| --- |
|  |

Please give details of any advanced and enhanced services[[123]](#footnote-123) you intend to provide. These details should include:

* confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
* confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
* 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.

|  |  |  |
| --- | --- | --- |
| **Service** | **Accredited to provide (Y/N/NA)** | **Premises accredited (Y/N/NA)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

Please continue on a separate sheet if necessary.

I/we confirm that the pharmacy premises will have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations. Yes ☐

Or

I/we confirm that NHS England or the relevant delegated integrated care board has previously determined that the pharmacy premises is too small to have a consultation room. I/we confirm that there will be arrangements in place which enable the person performing pharmaceutical services to communicate confidentially with a person accessing pharmaceutical services:

1. by telephone or other live audio link, and
2. via a live video link. Yes ☐

**Floor plan showing consultation area**

Please continue on a separate sheet if necessary.

**5 Applications in relation to premises that are in close proximity to other listed chemist premises**

This section should only be completed if the premises included in section 2 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons: |

Please continue on a separate sheet if necessary.

**6 Information in support of the application**

6.1 Are the services you are undertaking to provide the same as those that the current owner is providing? Yes ☐ No ☐

6.2 Will there be any interruption to service provision? Yes ☐ No ☐

6.3 If the answer to question 6.1 is “no” or the answer to question 6.2 is “yes” please give full details in the box below:

Please continue on a separate sheet if necessary.

**7 Distance selling premises**

7.1 Are you applying for a change of ownership in relation to distance selling premises?

Yes ☐ No ☐

If no, continue to section 8.

If yes, please continue with this section.

7.2 Proposed premises that are on the same site or in the same building as the premises of a provider of primary medical services with a patient list.

This section should only be completed if the premises included in section 2 above are on the same site or in the same building as the premises of a provider of primary medical services with a patient list.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 25(2)(a) for the following reasons: |

Please continue on a separate sheet if necessary.

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

1. the uninterrupted provision of essential services during the opening hours of the premises, to persons anywhere in England who request those services, and
2. the safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or someone else’s behalf, and the applicant or the applicant’s staff.

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

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

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

**8 Declaration to be signed by the current owner**

I confirm that this application is being made with my full knowledge and consent, and that I will withdraw from the pharmaceutical list in respect of the premises listed in section 2 consequent upon the inclusion of the new owner in the list at that address.

Signature ………………………………………………………………………………………

Name …………………………………………………………………………………………..

Email …………………………………………………………………………………………

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership ……………………………………………………

**9 Undertakings and declaration by applicant**

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

* that are already listed chemist premises, and
* at which another person is providing pharmaceutical services.

I/We also undertake to notify NHS England or the relevant delegated integrated care board 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 NHS England or the relevant delegated integrated care board 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.

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:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 2**

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

This form must accompany all routine and excepted applications for inclusion in a pharmaceutical list in accordance with paragraph 2, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Please complete this form as legibly as possible

* 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)** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI 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.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **I declare that I am a registered pharmacist.** | |
| **Name** |  |
| **Date** |  |

* 1. **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/PSNI 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** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 2** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 3** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 4** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

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.

|  |
| --- |
|  |

(Pharmacy applications only) I declare that:

* each partner named above is a registered pharmacist, and
* 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** |  |
| **On behalf of (name of partnership)** |  |
| **Date** |  |

* 1. **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. If one is not available please state accordingly.** |  |

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

|  |  |
| --- | --- |
| **Superintendent** | |
| **Full name** |  |
| **GPhC registration number** |  |
| **Date of birth** |  |
| **Superintendent's private address** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 1** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 2** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 3** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 4** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

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.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

|  |  |
| --- | --- |
| **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** |  |
| **Position** |  |
| **On behalf of (name of body corporate)** |  |
| **Date** |  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 3**

**First Referral Questions**

* Does this application relate to a LPS contract?
* Has the applicant identified the correct health and wellbeing board?
* I have identified the following missing information/documentation/undertakings:
  + [*insert details*]

Please advise of any other missing information/documentation/undertakings that you wish me to ask the applicant for.

* Please can you confirm that the core and supplementary opening hours in section 3 are the same as the current owner’s opening hours?
* Please can you confirm that the pharmaceutical services listed in section 4 are the same as the services that the current owner provides?
* Please can you provide contact details for the following persons/organisations:
  + Public health team
  + DoS lead
  + Unwanted medicines collection and disposal contractor
  + Local Registration Authority (if you would like them to be notified if the application is granted and the applicant is subsequently included in the relevant pharmaceutical list).
* Attached is the interested parties list. Please can you review it for accuracy and completeness, adding or removing interested parties as relevant? If the premises are within 2km of the border of a neighbouring HWB, please include contact details for that HWB.

**Chapter 19**

**Annex 4**

**Identifying Interested Parties: Change of Ownership Applications**

**Introduction**

1. Determining the parties who must be notified of the decision on a change of ownership application pursuant to paragraph 28(3)(c) of Schedule 2 to the Regulations is the responsibility of the 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 the decision on a non-notifiable application rests with the decision-maker.

**Contractors included in a pharmaceutical list (paragraph 28(3)(c)(iv))**

1. NHS England has determined that the interests of no contractors that are included in a pharmaceutical list might be significantly affected by the grant of this type of application.

**Persons entitled to be included in a pharmaceutical list (paragraph 28(3)(c)(iv))**

1. NHS England has determined that the interests of no contractors that are entitled to be included in a pharmaceutical list might be significantly affected by the grant this type of application.

**Local pharmaceutical services (LPS) contractors (paragraph 28(3)(c)(v))**

1. NHS England has determined that the interests of no LPS contractors might be significantly affected by the grant of a change of ownership.

**Patient, consumer or community groups in the HWB area (paragraph 28(3)(c)(vi))**

1. It is unlikely that any of these groups will have a significant interest in the outcome of a change of ownership application, however consideration is to be given as to whether any are to be notified of the decision.

**Welsh health boards (paragraph 28(3)(c)(vii))**

1. Where the premises is within 2km of a Welsh health board that organisation is to be notified. Applications are to be sent to NHS Wales Shared Service Partnership ([nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)) who will forward them to the appropriate health board.

**Chapter 19**

**Annex 5**

**Acknowledgement of Receipt of Application**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

I am writing to confirm receipt of the above application on [*insert date*]. [*NHS England/name of ICB*] is required to determine the application within 30 days, unless it has good cause to take longer. You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Should you need to contact us regarding your application please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

[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]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 6**

**Acknowledgment of Receipt of Application and Request for Further Information**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*] – 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*]’s request or unless [*NHS England/name of ICB*] has 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*].

Please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 7**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*] – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 8**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*] – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 9**

**Acknowledgement of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*] – 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 [*NHS England/name of ICB*]’s decision within 30 days.

[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.]

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

Yours sincerely

[*name*]

*[title]*

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 10**

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

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*] – 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.

If the change of ownership is still to go ahead you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 11**

**Acknowledgement of Receipt of Application and Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*] – 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 12**

**Acknowledgement of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*] – missing undertakings**

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

We will begin to process the application and you will be notified of [*NHS England/name of ICB*]’s decision within 30 days.

[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.]

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

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 13**

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

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*] – 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.

If the change of ownership is still to go ahead you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 14**

**Request for Payment**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

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 [*NHS England/name of ICB*] will not be in a position to determine your application. Should no further payment be made, or your subsequent payment does not clear then your application will be treated as withdrawn.

Yours sincerely

[*name*]

*[title]*

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 15**

**Notification that Payment Has Not Cleared and Application Is Withdrawn**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

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.

If the change of ownership is still to go ahead you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 16**

**Committee Report**

[*insert agenda item number*] – Application for inclusion in a pharmaceutical list: change of ownership

|  |  |  |
| --- | --- | --- |
| **CAS reference number** |  | |
| **Name of applicant** |  | |
| **Fitness to practise** | [Delete as appropriate:   * Not applicable, already included in respect of other premises. * Cleared for inclusion. * To be conditionally included – see attached letter.] | |
| **Address of proposed premises** |  | |
| **Status of location** | [Delete as appropriate:   * Not a controlled locality. * Controlled locality.] | |
| **Relevant regulations and guidance** | Regulations 26(1) – change of ownership.  Regulation 31 – refusal: same or adjacent premises.  [Regulation 66 – conditions relating to providing directed services[[124]](#footnote-124).] | |
| **Additional information** | |  |
| [Regulation 31 – Must the application be refused?]  [insert comments] | | [insert outcome] |
| Work through Regulation 26(1) addressing each criterion, adding comments and arriving at an outcome on each]   * Is the applicant undertaking to provide the same pharmaceutical services as the current owner? * Will there be an interruption in service provision and if so has the applicant given reasons for this? | | [insert outcome] |
| [Consider impact of decision on those with protected characteristics under the Equalities Act 2010 and is this in accordance with NHS England/the ICB's Public Sector Equality Duty]  [Consider impact of decision on NHS England/ the ICB's duty on health inequality] | | [insert outcome] |

|  |  |
| --- | --- |
| **Recommendation[[125]](#footnote-125)** |  |

|  |  |  |
| --- | --- | --- |
| **Enclosures** | Application | Annex A |
| [Fitness to practise decision | Annex B] |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 19**

**Annex 17**

**Application Granted - Applicant**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

[*NHS England/name of 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.

[*Where advised to do so by NHS England/the ICB, insert the following:*]

[Enclosed is a form confirming acceptance of the condition imposed by virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which should be completed by an authorised person and returned to me.]

[Also] [E/e]nclosed 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. Should this happen [*NHS England/name of ICB*] will remove you from the relevant pharmaceutical list in respect of these premises and reinstate the previous contractor.

Please 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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Website for the premises ……….…………………………………………………………

(distance selling premises only)

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* …………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 18**

**Acceptance of Regulation 66(5) Condition**

**Name of applicant**:

**Change of ownership application for [*insert name of pharmacy / DAC*] from [*insert address*]**

I agree to the 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 …………..

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership ..……………………………………………………

Registered office

|  |
| --- |
|  |

**Chapter 19**

**Annex 19**

**Granted – Third Party with No Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 20**

**Granted – Third Party with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 21**

**Notification of Refusal of Application - Applicant**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

We have considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 22**

**Notification of Refusal of Application – Third Party**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 23**

**Notification that Secretary of State Grants Application**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

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 commencement which you are required to submit to us.

Also enclosed is a copy of the banking mandate which should be completed and returned with your notice of commencement.

Please 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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different …………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ……………………………………………………

Email for the premises ……….……………………………………………………………

Website for the premises ……….…………………………………………………………

(distance selling premises only)

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* …………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council ……………

(pharmacies only)

Signature …………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 24**

**Confirmation of No Appeal**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

I am writing to confirm that no appeal against [*NHS England/name of ICB*]’s decision on the above application has been submitted to the Secretary of State.

You therefore have 12 months from the date of my previous letter dated [*insert date*] within which to submit your notice of commencement and commence service provision.

Please 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 [*NHS England/name of 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.

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

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 25**

**No Notice of Commencement Received – Grant Lapsed**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has not received a notice of commencement in relation to this application and therefore the grant of it has lapsed.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 26**

**Shorter Notice Period Agreed To**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

[*NHS England/name of ICB*] has considered your application and has agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. Please therefore complete and submit the previously provided notice of commencement to us when you are ready.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 27**

**Shorter Notice Period Not Agreed To**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

[*NHS England/name of ICB*] has considered your application and has not agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. You are therefore required to submit a notice of commencement with a date of service commencement no fewer than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 28**

**Request for an extension to the time within which to submit a notice of commencement**

Name of applicant ……………………………………………………………………………

Address of the premises to which the granted application relates

|  |
| --- |
|  |

Date on which the application was granted by NHS England, the relevant delegated integrated care board or, on appeal, NHS Resolution

…………………………………

Original date by which the notice of commencement is to be submitted by ……………….. (Requests for an extension may only be made during the 12-month period following the grant of an application.)

I/we would like to request an extension to the time within which to submit the notice of commencement relating to the application submitted for the above premises. The additional period of time I/we are requesting is ………………………………………………………………..

Please explain in the box below the reasons for your request.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 29**

**Grant of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has granted your request for an extension to the time within which to submit a notice of commencement in relation to the above application.

The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period using the previously provided application form.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 30**

**Refusal of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]]**

I am writing to confirm that [*NHS England/name of ICB*] has refused your request for an extension to the time within which to submit a notice of commencement in relation to the above application. Please see the enclosed report for the full reasoning.

[*Insert the following if there is still time for the applicant to submit their notice of commencement*] [The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period.]

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 31**

**Notice of Commencement Received Outside of the Grant Period**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as it was received outside of the [*12-month*] grant period it is not valid and cannot be actioned.

If the change of ownership is still to go ahead you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 32**

**Date in the notice of commencement fewer than 30 days after the date received**

[*date*]

Dear [*insert*]

**Re: [*insert subject heading for relevant type of application*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as the date of service commencement is fewer than 30 days before the date we received your notice, it is not valid. Please therefore resubmit your notice of commencement noting that the date of service commencement must be more than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 33**

**Missing/Incorrect Information**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 34**

**Acknowledgement of Receipt of Notice of Commencement**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

I am writing to confirm receipt of your notice of commencement and can confirm that it is valid. You will be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 35**

**Removal from Pharmaceutical List following Change of Ownership Application**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

I am writing to confirm that, following the above successful change of ownership application, [*insert name of contractor who is being removed*] will be removed from the pharmaceutical list for the area of [*insert*] Health and Wellbeing Board in respect of the premises at *[insert address]* with effect from[*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 36**

**Notice of Commencement Not Valid**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 37**

**Notification of Contractor Code**

[*date*]

Dear [*Insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

Further to recent correspondence, I am writing to advise you that the following ODS code has been allocated:

* [*insert*]

This code should be used in all correspondence with the NHS Business Services Authority.

[Insert the following if the application was for a pharmacy]

[Where the previous owner of this pharmacy had a private controlled drugs pharmacy contractor code you will automatically be issued with a new one by the NHS Business Services Authority. Should this not happen and you require a private controlled drugs pharmacy contractor code please contact [*NHS England/name of ICB*] on *[insert generic email address for the relevant regional team*].]

[The following is to be added where the application relates to a pharmacy.]

[Now that you have the ODS code (also known as the F code) for your pharmacy you will need to do the following.

* Register for a NHSmail premises-specific email address and link at least two staff personal NHSmail accounts to it - <https://portal.nhs.net/pharmacyregistration#/> Further information about this requirement can be found at <https://psnc.org.uk/contract-it/pharmacy-it/nhs-mail/>
* Register for the new NHS Profile Manager in order to update the pharmacy’s NHS website profile and Directory of service profile - <https://organisation.nhswebsite.nhs.uk/campaign-start>.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 38**

**Date of inclusion cannot be changed**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the original date of commencement.

You have therefore been included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 39**

**Date of inclusion cannot be changed**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the new date of commencement.

You will therefore be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert original date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 40**

**Date of inclusion changed**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

Further to your recent notification I am writing to confirm that you will now be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 41**

**Removal from Pharmaceutical List following Change of Ownership Application**

[*date*]

Dear [*insert*]

**Re: Change of ownership application for [*insert name of pharmacy / DAC*] at [*insert address*]**

Further to my letter of [*insert date Annex 35 was sent*] I am writing to confirm that we have been notified that [*insert name of applicant*] will now begin to provide services at the above premises with effect from [*insert date*].

As a result [*insert name of contractor who is being removed*] will now be removed from the pharmaceutical list for the area of [*insert*] Health and Wellbeing Board in respect of the premises at *[insert address]* with effect from[*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 19**

**Annex 42**

**Change to the Pharmaceutical List – Memo**

From: [Name] – PCSE Market Entry Officer

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [insert name of] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note that with effect from [insert date] the [pharmacy/dispensing appliance contractor] at [insert address] will be operated by [insert name of new owner] and the pharmaceutical list for the area of [insert name of] Health and Wellbeing Board will be amended with effect from that date. Details are as follows:

[Insert name of new contractor and any trading name]

[Insert address]

Opening hours:

|  |  |  |
| --- | --- | --- |
|  | **Core opening hours** | **Total opening hours** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

|  |  |
| --- | --- |
| ODS code: |  |
| Phone number: |  |

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**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 or the relevant delegated integrated care board'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****[[126]](#footnote-126) (i.e. the contractor who will continue to provide services)**

|  |
| --- |
|  |

Is this a personal address? Yes  No 

**1.2 Applicant’s legal entity**

**I/we am/are applying as a:**

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

**Sole trader**  **My GPhC/PSNI registration number is ……………………**

**Partnership** 

|  |
| --- |
| **Please list each partner and their GPhC/PSNI registration number:**  **Please continue on a separate sheet if necessary.** |

**Corporate Body** 

|  |  |
| --- | --- |
| **Superintendent’s name and GPhC registration number is** |  |

**1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations 2013**

(Please tick relevant box)

|  |  |
| --- | --- |
| I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate. |  |
| Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | | |
| I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate |  | |
| Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | | |

**1.4 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)****[[127]](#footnote-127)**

|  |
| --- |
|  |

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 2 (the closing site) 127**

|  |
| --- |
|  |

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. Yes  No 

If the current owners of the two listed premises are different, please can you confirm whether you are buying the pharmacy business on a[[128]](#footnote-128):

Non debts and liabilities basis Yes  No 

Debts and liabilities basis, with or without access to the existing bank account Yes  No 

Are either or both of the listed premises above distance selling premises or appliance contractor premises[[129]](#footnote-129)? Yes  No 

**3 Opening hours**

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

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

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

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

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

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

**3.4 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 neither pharmacy provides appliances).

|  |
| --- |
|  |

**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[[130]](#footnote-130) that are currently provided from both sites; and the services that you intend to provide from the consolidated site.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Currently provided at site 1**  **(Y/N)** | **Currently provided at site 2**    **(Y/N)** | **To be provided at Site 1 after consolidation (Y/N)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please continue on a separate sheet if necessary.

I/we confirm that the pharmacy premises at site 1 have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations. Yes ☐

Or

I/we confirm that NHS England or the relevant delegated integrated care board has previously determined that the pharmacy premises at site 1 is too small to have a consultation room. I/we confirm that there are/will be arrangements in place which enable the person performing pharmaceutical services to communicate confidentially with a person accessing pharmaceutical services:

1. by telephone or other live audio link, and
2. via a live video link. Yes ☐

**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.

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 relevant 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 relevant 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 …………………………………………………………………………………………...

Email ……………………………………………………………………………………………

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 NHS England or the relevant delegated integrated care board 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 NHS England or the relevant delegated integrated care board 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.

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:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 2**

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

This form must accompany all routine and excepted applications for inclusion in a pharmaceutical list in accordance with paragraph 2, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations,.

Please complete this form as legibly as possible

* 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)** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI 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.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **I declare that I am a registered pharmacist.** | |
| **Name** |  |
| **Date** |  |

* 1. **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/PSNI 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** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 2** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 3** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 4** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

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.

|  |
| --- |
|  |

(Pharmacy applications only) I declare that:

* each partner named above is a registered pharmacist, and
* 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** |  |
| **On behalf of (name of partnership)** |  |
| **Date** |  |

* 1. **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. If one is not available please state accordingly.** |  |

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

|  |  |
| --- | --- |
| **Superintendent** | |
| **Full name** |  |
| **GPhC registration number** |  |
| **Date of birth** |  |
| **Superintendent's private address** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 1** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 2** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 3** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 4** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

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.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

|  |  |
| --- | --- |
| **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** |  |
| **Position** |  |
| **On behalf of (name of body corporate)** |  |
| **Date** |  |

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**Chapter 20**

**Annex 3**

**First Referral Questions**

* Is either site a distance selling premises or a LPS pharmacy?
* Does the application relate to dispensing appliance contractor premises?
* Has the applicant named the correct health and wellbeing board?
* Are the core and supplementary opening hours for both sites correct?
* Has the applicant listed all the enhanced services that are currently provided at sites 1 and 2?
* I have identified the following missing information/documentation/undertakings:
  + [*insert details*]

Please advise of any other missing information/documentation/undertakings that you wish me to ask the applicant for.

* Attached is the interested parties list. Please can you review it for accuracy and completeness, adding or removing interested parties as relevant?
* Please can you provide contact details for the following persons/organisations:
  + Public health team
  + DoS lead
  + Unwanted medicines collection and disposal contractor

**Chapter 20**

**Annex 4**

**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 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. Conversely, if the distances do not identify any persons then they may be increased accordingly. When identifying contractors who may be significantly affected by the grant of the application, the Commissioner may wish to look at practice prescribing dispensing data which is published by the [NHSBSA](https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data) on a monthly basis as this shows where prescriptions written by GP practices are dispensed. Alternatively, this information is available via the Strategic Health Asset Planning and Evaluation application[[131]](#footnote-131).

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

1. 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) if:
   * where the applicant's proposed premises + are not in a controlled locality, the contractor's premises is within 2km in a direct line from the applicant's proposed premises , or
   * where the applicant's proposed premises are in a controlled locality, the contractor's premises is located within 8km in a direct line from the applicant's proposed premises .
2. Head offices of bodies corporate are also to be notified where this information is known, but this is as a courtesy as it is the premises that are included in the relevant pharmaceutical list that are to be notified in accordance with the regulations.
3. Currently, the NHS website is used to identify these contractors. The decision- maker should be aware that this search will not identify distance-selling premises or dispensing appliance contractors as these are listed separately on the NHS website. The decision-maker will therefore need to identify any distance-selling premises or dispensing appliance contractors that fall within the above distances or are considered to be significantly affected.

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

1. 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:
   * where the applicant's proposed premises is not in a controlled locality, the person's proposed premises is located within 2km in a direct line from the applicant's proposed premises , or
   * where the applicant's proposed premises is in a controlled locality, the person's proposed premises is located within 8km in a direct line from the applicant's proposed premises .

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

1. LPS contractors should be considered to be significantly affected by the grant of the application (and notified of it) if:
   * where the applicant's proposed premises is not in a controlled locality, the LPS contractor's premises is located within 2km in a direct line from the applicant's proposed premises , or
   * where the applicant's proposed premises is in a controlled locality, the LPS contractor's premises is located within 8km in a direct line from the applicant's proposed premises .

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

1. The following groups should be considered to have a significant interest in the outcome of the application and be notified:
   * where the applicant's proposed premises are in a controlled locality, the relevant Parish Council;
   * where the application offers to provide unforeseen benefits for a specific patient group, any group that is representative of that group of patients.
2. The Commissioner should consider whether there are any other groups that are to be notified of the application, for example residents associations.

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

1. For routine pharmacy applications, dispensing practices that have dispensing patients within 1.6km of the applicant's proposed premises should be considered to have a significant interest in the outcome of the application and should be notified of it.
2. For excepted pharmacy applications that include a relocation that does not result in significant change, dispensing practices that have dispensing patients within 1.6km of the applicant's proposed premises should be considered to have a significant interest in the outcome of the application and should be notified of it.
3. It is not envisaged that dispensing practices will have a significant interest in the outcome of other types of notifiable applications and therefore need not routinely be notified of them. Ultimately though it is for the decision-maker to decide on a case by case basis.
4. **GP performers included in the dispensing doctor list (paragraph 19(1)(f)(ii))**
5. GP performers included in the dispensing doctors list that have dispensing patients within 1.6km of the proposed premises should be considered to have a significant interest in the outcome of the application and should be notified of it in line with the above section (if the practice has not already been notified under paragraph 19(1)(f)(i)).

**Welsh health boards (paragraph 19(1)(g))**

1. Where the premises is within 2km of a Welsh health board that organisation is to be notified. Applications are to be sent to NHS Wales Shared Service Partnership ([nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)) who will forward them to the appropriate health board.

**Chapter 20**

**Annex 5**

**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*]. [*NHS England/name of ICB*] is required to determine the application within 4 months, unless it has good cause to take longer. You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Should you need to contact us regarding your application please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

[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]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 6**

**Preliminary Refusal - Dispensing Appliance Contractor 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.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 7**

**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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*]’s request or unless [*NHS England/name of ICB*] has 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*].

Please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 8**

**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 [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 9**

**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 [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 10**

**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 [*NHS England/name of ICB*]’s 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]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 11**

**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.

Should you still wish to consolidate the two premises identified above you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 12**

**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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 13**

**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/name of ICB*] 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 service[s] 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*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Name of applicant:**

**Continuing premises:**

**Closing premises:**

I/We acknowledge notice from [*NHS England/name of ICB*] 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/name of ICB*] 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.

Name …………………………………………………………………………………………...

Position ………………………………………………………………………………………...

Date ……………………………….....................................................................................

On behalf of the company/partnership ..……………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 14**

**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 [*NHS England/name of ICB*]’s decision within 4 months, unless [*NHS England/name of ICB*] has 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]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 15**

**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.

Should you still wish to consolidate the two premises identified above you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 16**

**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 [*NHS England/name of ICB*] has completed its 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 30 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.

[*NHS England/name of ICB*] will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

Please ensure you include our reference (see above) in the subject line of your email as this will help us file your representations with the correct application as quickly as possible.

[I can confirm that no information that has been received in relation to this application is being withheld by [*NHS England/name of ICB*] under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. / I can confirm that the following information is being withheld by [*NHS England/name of ICB*] under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:

* *Insert as relevant*]

[*The following text is to be inserted if relevant*]

[[*NHS England/name of ICB*] intends to consider this application together and in relation to the following application:

* *Insert details of the other application*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**How we will involve patients in decisions on pharmacy applications**

When we receive an application to move an existing pharmacy or to open a new pharmacy we must write to:

* nearby pharmacies
* in some cases, nearby doctors’ surgeries
* the Health & Wellbeing Board which is a committee of the borough, county or city council, and
* the local Healthwatch organisation, which exists to represent local patients in general

We send them a copy of the application and invite them to make comments within 30 days. Comments can be made by letter or email.

In addition, the law requires us to involve patients in our decision-making. We may do this by sending copies of pharmacy applications to:

* city/district and county councillors covering the area involved
* the town or parish council covering the area. In areas which do not have a town or parish council we may instead contact prominent community, neighbourhood or residents’ groups
* patient representative groups attached to nearby doctors’ surgeries.

They will also be invited to make comments within 30 days.

When we send them a copy of an application we will also send notes to explain:

* what the application is about
* why they are being asked for comments
* what we will consider when making a decision, and
* what happens next after a decision is made.

Applications are not confidential. If they want, councillors or patient groups may share details with local people so they can also make comments within the same 30 day period.

Any comments we receive will be sent to the pharmacy applicant. They will have a chance to respond to us about those comments.

Most applications are decided using written information, including any comments received.

In general, we will not hold public meetings about pharmacy applications. This is because an applicant cannot be made to attend to respond directly to any questions from members of the public.

However, we may hold a hearing if we need more information before making a decision. Where written comments from councillors or patient groups suggest that local people hold strong views, we will invite those councillors or patient groups to attend the hearing.

The hearing will be held in public so that (although members of the public will not be able to ask questions) they will be able to hear the arguments for and against the application. These will include any comments made by their representatives and the responses received.

All comments at the meeting will be taken into account in making a final decision on the pharmacy application.

**Chapter 20**

**Annex 17**

**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 [*NHS England/name of ICB*] has completed its 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 requires the Health and Wellbeing Board to make representations on consolidation applications to [*NHS England/name of ICB*].

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 30 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.

[*NHS England/name of ICB*] will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 18**

**Application Treated As 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 previous letter please be advised that this application is being treated as withdrawn.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 19**

**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.

[*NHS England/name of ICB*] has reviewed your representations and considers 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 your representations on this point within the next 10 days, i.e. by [*insert date 10 days from the date of this letter*].

[*NHS England/name of ICB*] will consider all representations that we receive from you.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 20**

**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 [*NHS England/name of ICB*] will not be in a position to determine your application. Should no further payment be made, or your subsequent payment does not clear then your application will be treated as withdrawn.

Yours sincerely

[*name*]

*[title]*

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 21**

**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*]. Please note that any new information that you submit at this stage will have little or no weight placed upon it unless it can be demonstrated that you are presenting it in response to representations submitted by another party that you believe are not true or are incorrect.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 22**

**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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 23**

**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.

Should you still wish to consolidate the two premises identified above you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 24**

**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]**

[*NHS England/name of ICB*] has 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*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 25**

**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]**

[*NHS England/name of ICB*] has 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*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 26**

**Committee Report**

[*insert agenda item number*] - Application for inclusion in a pharmaceutical list: consolidation onto an existing site

|  |  |  |
| --- | --- | --- |
| **CAS reference number** |  | |
| **Name of applicant** |  | |
| **Address of consolidating premises** | Site X – premises remaining open | |
| Site X – premises closing | |
| **Relevant regulations and guidance** | Regulation 26A – consolidation onto an existing site.  [Regulation 65 – core opening hours conditions]  [Regulation 66 – conditions relating to providing directed services[[132]](#footnote-132).]  Regulation 67 - conditions relating to voluntary closure of premises  Opening hours schedule | |
| **Additional information** | |  |
| [Work through Regulation 26A addressing each criterion, adding comments and arriving at an outcome on each]   * 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? | | [insert outcome] |
| [Has the impact of the decision on those with protected characteristics under the Equalities Act 2010 been considered?  Is this in accordance with NHS England/the ICB's Public Sector Equality Duty?  Has the impact of the decision on NHS England/the ICB's duty on health inequality been considered?  Have other statutory duties of NHS England/the ICB been considered in making the decision?] | | [insert outcome] |

|  |  |
| --- | --- |
| **Recommendation[[133]](#footnote-133)** |  |

**Enclosures**

|  |  |
| --- | --- |
| **Application** |  |
| **Interested parties list** |  |
| **Representations received from 30-day notification period** |  |
| **Representations received outside the 30-day notification period** |  |
| **Unsolicited representations** |  |
| **Representations received from circulation of first representations** |  |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 20**

**Annex 27**

**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]**

[*NHS England/name of 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.

[*Where advised to do so by NHS England/the ICB, insert the following:*]

[Enclosed is a form confirming acceptance of the condition imposed by virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which should be completed by an authorised person and returned to me.]

[Also] enclosed is a template of the notice of consolidation 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 consolidation will cease to have effect. This means that you will be required to reopen the premises at [*insert closing site address*] with immediate effect.

Please also note that you may only submit the notice of consolidation up to 14 days before the date you intend to start service provision. If it is received more than 14 days in advance it is not a valid notice of consolidation and will not be accepted by [*NHS England/name of ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of consolidation**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* ……………………………………………………………………………...

Trading name if different ………………………………………………………………………..

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

|  |
| --- |
|  |

The last day on which pharmaceutical services will be provided at the closing premises is

……………………………………… *(insert date)*

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

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………………

Email for the premises ……….…………………………………………………………………….

Premises registration number with the General Pharmaceutical Council …………………..

Name of superintendent pharmacist ……………………………………………………………

(bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board.

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 ………………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

To be signed by a person who has the authority to do so on behalf of the contractor.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 28**

**Acceptance of Regulation 66(5) Condition**

**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 …………..

Name …………………………………………………………………………………………...

Position ………………………………………………………………………………………...

Date ……………………………….....................................................................................

On behalf of the company/partnership ..……………………………………………………

Registered office

|  |
| --- |
|  |

**Chapter 20**

**Annex 29**

**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]**

[*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 30**

**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]**

[*NHS England/name of 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.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 31**

**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]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 32**

**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]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 33**

**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. Please note that you may only submit the notice of consolidation up to 14 days before the date you intend to start service provision. If it is received more than 14 days in advance it is not a valid notice of consolidation and will not be accepted by [*NHS England/name of ICB*].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of consolidation**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* ……………………………………………………………………………...

Trading name if different ………………………………………………………………………..

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

|  |
| --- |
|  |

The last day on which pharmaceutical services will be provided at the closing premises is

……………………………………… *(insert date)*

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

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………………

Email for the premises ……….…………………………………………………………………….

Premises registration number with the General Pharmaceutical Council …………………..

Name of superintendent pharmacist ……………………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, or the relevant delegated integrated care board

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 ………………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

To be signed by a person who has the authority to do so on behalf of the contractor.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 34**

**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 [*NHS England/name of ICB*]’s 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. Please note that you may only submit the notice of consolidation up to 14 days before the date you intend to start service provision. If it is received more than 14 days in advance it is not a valid notice of consolidation and will not be accepted by [*NHS England/name of ICB*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 35**

**No Notice of Consolidation Received – Grant Lapsed**

[*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 [*NHS England/name of ICB*] has not received a notice of consolidation in relation to this application and therefore the grant of it has lapsed.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 36**

**Request for an extension to the time within which to submit a notice of consolidation**

Name of applicant ……………………………………………………………………………...

Address of the premises to which the granted application relates

|  |
| --- |
|  |

Date on which the application was granted by NHS England, the relevant delegated integrated care board or, on appeal, NHS Resolution

…………………………………

Original date by which the notice of consolidation is to be submitted by ……………….. (Requests for an extension may only be made during the six month period following the grant of an application.)

I/we would like to request an extension to the time within which to submit the notice of consolidation relating to the application submitted for the above premises. The additional period of time I/we are requesting is ………………………………………………………………..

Please explain in the box below the reasons for your request.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 37**

**Grant of Request for An Extension**

[*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 [*NHS England/name of ICB*] has granted your request for an extension to the time within which to submit a notice of consolidation in relation to the above application.

The latest date by which you must submit your notice of consolidation is [*insert date*]. Please note that you may only submit the notice of consolidation up to 14 days before the date you intend to start service provision. If it is received more than 14 days in advance it is not a valid notice of consolidation and will not be accepted by [*NHS England/name of ICB*].

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 38**

**Refusal of Request for An Extension**

[*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 [*NHS England/name of ICB*] has refused your request for an extension to the time within which to submit a notice of consolidation in relation to the above application. Please see the enclosed report for the full reasoning.

[*Insert the following if there is still time for the applicant to submit their notice of consolidation*] [The latest date by which you must submit your notice of consolidation is [*insert date*]. Please note that you may only submit the notice of consolidation up to 14 days before the date you intend to start service provision. If it is received more than 14 days in advance it is not a valid notice of consolidation and will not be accepted by [*NHS England/name of ICB*].]

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 39**

**Notice of Consolidation Received Outside of the Grant Period**

[*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 on [*insert date*]. However, as it was received outside of the [*six month*] grant period it is not valid and cannot be actioned.

Should you still wish to consolidate the two premises identified above you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 40**

**Date in the notice of consolidation more than 14 days after the date received**

[*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 on [*insert date*]. However, as the date the consolidation is to take effect is more than 14 days after the date we received your notice, it is not valid. Please therefore resubmit your notice of consolidation noting that the date the consolidation is to take effect must be within 14 days of the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 41**

**Missing/Incorrect 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]**

I am writing to confirm receipt of your notice of consolidation on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of consolidation is not valid.

Please could you therefore amend and resubmit your notice of consolidation? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of consolidation is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 42**

**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] in the pharmaceutical list for the area of [*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]:
* [*list the services.*

[*Insert the following if the owner of site 1 has changed*]

[Where the previous owner of this pharmacy had a private controlled drugs pharmacy contractor code you will automatically be issued with a new one by the NHS Business Services Authority. Should this not happen and you require a private controlled drugs pharmacy contractor code please contact [*NHS England/name of ICB*] on *[insert generic email address for the Commissioner*].

Enclosed is a letter confirming that any EPS nominations in relation to the closing pharmacy may be transferred to the remaining pharmacy, which you may need to share with NHS Digital.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 43**

**Authorisation Letter for EPS Nominations Transfer – No New ODS code**

To whom it may concern

**Consolidation of [insert name, address and ODS code of remaining pharmacy] (the remaining pharmacy) and [insert name, address and ODS code of closing pharmacy] (the closing pharmacy)**

Since 5 December 2016 it has been possible for a pharmacy contractor to apply to [*NHS England/name of ICB*] to consolidate two pharmacies, i.e. to close one pharmacy and consolidate service provision onto the site of another pharmacy. Such applications are made under regulation 26A of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The potential options for such an application are:

1. The pharmacy contractor that submits the application (the applicant) owns both pharmacies;
2. The applicant owns the remaining pharmacy but not the closing pharmacy; and
3. The applicant owns the closing pharmacy but not the remaining pharmacy.

Where the application is granted the applicant is required to notify [*NHS England/name of ICB*], no earlier than 14 days beforehand, of the date on which the consolidation will take effect. This is done via a document that is called a ‘notice of consolidation’.

As part of the ‘notice of consolidation’ the applicant is required to confirm to [*NHS England/name of ICB*] that reasonable steps have been taken to advise any patients who have nominated the closing pharmacy as their nominated dispensing contractor that their nomination will transfer to the remaining pharmacy unless they (the patient) change their nomination beforehand. This is the case even if the applicant doesn’t own both pharmacies.

I can confirm that a valid notice of consolidation has been received in relation to the pharmacies identified above, and therefore the required confirmation of reasonable steps having been taken in relation to any Electronic Prescription Services (EPS) dispensing contractor notifications has been received.

Please therefore take this letter as confirmation that any EPS nominations in relation to [insert ODS code of closing pharmacy] may be transferred to [insert ODS code of remaining pharmacy].

Should you have any further queries regarding the transfer of EPS nominations please contact [insert relevant Commissioner email address].

**Chapter 20**

**Annex 44**

**Authorisation Letter for EPS Nominations Transfer – New ODS code**

To whom it may concern

**Consolidation of [insert name, address and new ODS code of remaining pharmacy] (the remaining pharmacy) and [insert name, address and ODS code of closing pharmacy] (the closing pharmacy)**

Since 5 December 2016 it has been possible for a pharmacy contractor to apply to [*NHS England/name of ICB*] to consolidate two pharmacies, i.e. to close one pharmacy and consolidate service provision onto the site of another pharmacy. Such applications are made under regulation 26A of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The potential options for such an application are:

1. The pharmacy contractor that submits the application (the applicant) owns both pharmacies;
2. The applicant owns the remaining pharmacy but not the closing pharmacy; and
3. The applicant owns the closing pharmacy but not the remaining pharmacy.

Where the application is granted the applicant is required to notify [*NHS England/name of ICB*], no earlier than 14 days beforehand, of the date on which the consolidation will take effect. This is done via a document that is called a ‘notice of consolidation’.

As part of the ‘notice of consolidation’ the applicant is required to confirm [*NHS England/name of ICB*] that reasonable steps have been taken to advise any patients who have nominated the closing pharmacy as their nominated dispensing contractor that their nomination will transfer to the remaining pharmacy unless they (the patient) change their nomination beforehand. This is the case even if the applicant doesn’t own both pharmacies.

I can confirm that a valid notice of consolidation has been received in relation to the pharmacies identified above, and therefore the required confirmation of reasonable steps having been taken in relation to any Electronic Prescription Services (EPS) dispensing contractor notifications has been received.

Please therefore take this letter as confirmation that any EPS nominations in relation to [insert ODS code of closing pharmacy and the old ODS code of the remaining pharmacy] may be transferred to [insert new ODS code of remaining pharmacy].

Should you have any further queries regarding the transfer of EPS nominations please contact [insert relevant Commissioner email address].

**Chapter 20**

**Annex 45**

**Notice of Consolidation Not Valid**

[*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 on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of consolidation is not valid.

Please could you therefore amend and resubmit your notice of consolidation? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of consolidation is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 46**

**Removal from Pharmaceutical List following Consolidation 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 that, following the above successful consolidation application, [*insert name of contractor who is being removed*] will be removed from the pharmaceutical list for the area of [*insert*] Health and Wellbeing Board in respect of the premises at *[insert address]* with effect from[*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 47**

**Notification of Contractor Code**

[*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 recent correspondence, I am writing to advise you that the following ODS code has been allocated to the pharmacy at [address 1]:

* [insert]

This code should be used in all correspondence with the NHS Business Services Authority.

Where the previous owner of this pharmacy had a private controlled drugs pharmacy contractor code you will automatically be issued with a new one by the NHS Business Services Authority. Should this not happen and you require a private controlled drugs pharmacy contractor code please contact [*NHS England/name of ICB*] on *[insert generic email address for the relevant Commissioner*].]

Now that you have the ODS code (also known as the F code) for your pharmacy you will need to do the following.

* Register for a NHSmail premises-specific email address and link at least two staff personal NHSmail accounts to it - <https://portal.nhs.net/pharmacyregistration#/> Further information about this requirement can be found at <https://psnc.org.uk/contract-it/pharmacy-it/nhs-mail/>
* Register for the new NHS Profile Manager in order to update the pharmacy’s NHS website profile and Directory of service profile - <https://organisation.nhswebsite.nhs.uk/campaign-start>.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 20**

**Annex 48**

**Change to the Pharmaceutical List – Memo**

From: [Name] – PCSE Market Entry Officer

To: All on distribution list for the area of [insert name of] Health and Wellbeing Board

Date: 00-00-00

Dear all

Please note the consolidation of the pharmacies at [insert address of remaining site] (the remaining site) and [insert address of closing site] (the closing site) will take effect from [insert date] and the pharmaceutical list for the area of [insert name of] Health and Wellbeing Board will be amended with effect from that date. The details of the two affected pharmacies are:

|  |  |  |
| --- | --- | --- |
|  | **Remaining site** | **Closing site** |
| Name of the previous owner and trading name, if any | [insert] | [insert] |
| Name of contractor and trading name, if any | [insert] | [insert] |
| Address | [insert] | [insert] |
| Total opening hours – Monday | [insert] | [insert] |
| Total opening hours – Tuesday | [insert] | [insert] |
| Total opening hours - Wednesday | [insert] | [insert] |
| Total opening hours – Thursday | [insert] | [insert] |
| Total opening hours – Friday | [insert] | [insert] |
| Total opening hours - Saturday | [insert] | [insert] |
| Total opening hours - Sunday | [insert] | [insert] |
| ODS code | [insert] | [insert] |
| Phone number | [insert] | [insert] |

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 1**

**Application Form**

**Combined application for a change of ownership and relocation within a HWB area that does not result in significant change to pharmaceutical services provision**

Application for inclusion in the pharmaceutical list for the area of

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

This is a combined application in respect of a change of ownership and a no significant change relocation of premises within a HWB’s area and as such is an excepted application under regulation 26(2) 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 or the relevant delegated integrated care board's responsibilities in relation to information provided in this application form which an applicant advises is confidential.

1. **Information regarding the applicant[[134]](#footnote-134)**
   1. **Full name and correspondence address of the applicant**

|  |
| --- |
|  |

Is this a personal address? Yes  No 

**1.2 Applicant’s legal entity**

**I/we am/are applying as a:**

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

**Sole trader  My GPhC/PSNI registration number is …………………**

**Partnership **

|  |
| --- |
| **Please list each partner and their GPhC/PSNI registration number:**  **Please continue on a separate sheet if necessary.** |

**Corporate Body **

|  |  |
| --- | --- |
| **Superintendent’s name and GPhC registration number is** |  |

**1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations**

(Please tick relevant box)

|  |  |
| --- | --- |
| I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate. |  |
| Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | | |
| I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate |  |
| Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | | |

|  |  |
| --- | --- |
| I/We have provided the required fitness information with this application |  |

**1.4 Relevant fee**

I/we include the relevant fee for this application[[135]](#footnote-135). 

**1.5 Basis for the change of ownership[[136]](#footnote-136)**

Please can you confirm whether you are buying the pharmacy business on a:

Non debts and liabilities basis Yes  No 

Debts and liabilities basis, with or without access to the existing bank account Yes  No 

**2 Name and address of the current owner and current premises[[137]](#footnote-137)**

|  |
| --- |
|  |

Were these premises included in a pharmaceutical list as a result of an application to which Regulation 13(1)(a) of the NHS (Pharmaceutical Services) Regulations 2005 applied (approved retail areas)? (If yes, please complete section 8.1 below) Yes  No 

Were these premises included in a pharmaceutical list as a result of an application to which Regulation 13(1)(c) of the NHS (Pharmaceutical Services) Regulations 2005 applied (one stop primary care centre)? (If yes, please complete section 8.2 below) Yes  No 

Did you relocate to these premises within the last twelve months? (If yes, please complete section 8.3 below) Yes  No 

**3 Address of the premises to which you are applying to relocate**

|  |
| --- |
|  |

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

\* by rental, leasehold or freehold

I/we propose to carry on at the above premises, the business in the course of which the owner named in section 2 is providing pharmaceutical services at the premises listed in section 2.

**4 Opening hours**

**4.1 Core opening hours[[138]](#footnote-138)**

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

**4.2 Total opening hours[[139]](#footnote-139)**

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

**5 Pharmaceutical services to be provided at these premises**

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

or

Terms of service (paragraphs 3 to 12, Schedule 5 – DACs) 

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).

|  |
| --- |
|  |

Please give details of any advanced and enhanced services[[140]](#footnote-140) you intend to provide. These details should include:

* confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
* confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
* 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.

|  |  |  |
| --- | --- | --- |
| **Service** | **Accredited to provide (Y/N/NA)** | **Premises accredited (Y/N/NA)** |
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Please continue on a separate sheet if necessary.

I/we confirm that the pharmacy premises will have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations. Yes 

**Floor plan showing consultation area**

Please continue on a separate sheet if necessary.

**6 Applications in relation to premises that are in close proximity to other listed chemist premises**

This section should only be completed if the premises included in section 3 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons: |

Please continue on a separate sheet if necessary.

**7 Information in support of the change of ownership application**

7.1 Are the services you are undertaking to provide the same as those that the current owner is providing? Yes  No 

7.2 Will there be any interruption to service provision? Yes  No 

7.3 If the answer to question 7.1 is “no” and/or the answer to question 7.2 is “yes” please give full details in the box below:

Please continue on a separate sheet if necessary.

**8 Information in relation to the no significant change application**

**8.1 Relocation of premises in an approved retail area**

This section applies where the current premises were included in a pharmaceutical list as a result of an application to which Regulation 13(1)(a) of the NHS (Pharmaceutical Services) Regulations 2005 applied (approved retail areas)

|  |
| --- |
| If the new address is not in the same approved retail area please explain why you believe your application should not be refused in accordance with Regulation 24(3)(a). |

Please continue on a separate sheet if necessary.

**8.2 Relocation of premises in a one-stop primary care centre**

This section applies where the current premises were included in a pharmaceutical list as a result of an application to which Regulation 13(1)(c) of the NHS (Pharmaceutical Services) Regulations 2005 applied (one stop primary care centre).

|  |
| --- |
| Are all the providers of primary medical services at the one stop primary care centre relocating to the new address? Yes  No   Will there still be a list or combined list of at least 18,000 patients served from the new address? Yes  No   Will the services of a broad range of health care professionals be regularly and frequently provided at the new address (together, where appropriate with other health or social services)? Yes  No   If the answer to any of the questions above is “no” please explain below why you believe your application should not be refused in accordance with regulation 24(3)(b). |

Please continue on a separate sheet if necessary.

**8.3 Relocation following a relocation in the last twelve months**

This section applies where the business relocated to the current premises within the last twelve months, whether that was the result of an application under Regulation 24 of the 2012 Regulations or the 2013 Regulations or Regulation 6 or 7 of the 2005 Regulations.

Please explain why you believe your application should not be refused in accordance with Regulation 24(3)(c)

Please continue on a separate sheet if necessary.

**9 Information in support of the no significant change application**

Please use the box below to explain why you consider that the new premises are not significantly less accessible for the patient groups that are accustomed to accessing pharmaceutical services at the existing premises.

Please use the box below to explain why you consider that granting the application will not result in a significant change to the arrangements that are in place for the provision of local pharmaceutical services or pharmaceutical services (other than those provided by dispensing doctors) in any part of the HWB’s area or any controlled locality within 1.6 kilometres of the new premises.

Please use the box below to explain why you consider granting the application will not cause significant detriment to the proper planning in respect of the provision of pharmaceutical services in the HWB’s area.

|  |
| --- |
|  |

Are the services to be provided at the new premises the same as those that have been provided at the current premises (whether or not, in the case of enhanced services, NHS England or the relevant delegated integrated care board chooses to commission them)?

Yes  No 

If no, please give full details in the box below.

|  |
| --- |
|  |

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

If yes, please give full details in the box below.

Please continue on a separate sheet if necessary.

**10 Distance selling premises**

**10.1 Are you applying for a combined change of ownership and relocation in relation to distance selling premises?**

Yes  No 

If no, continue to section 11.

If yes, please continue with this section.

**10.2 Proposed premises that are on the same site or in the same building as the premises of a provider of primary medical services with a patient list.**

This section should only be completed if the premises included in section 2 above are on the same site or in the same building as the premises of a provider of primary medical services with a patient list.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 25(2)(a) for the following reasons: |

Please continue on a separate sheet if necessary.

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

1. the uninterrupted provision of essential services during the opening hours of the premises, to persons anywhere in England who request those services, and
2. the safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or someone else’s behalf, and the applicant or the applicant’s staff.

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

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

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

**11 Declaration to be signed by the current owner**

I confirm that this application is being made with my full knowledge and consent, and that I will withdraw from the pharmaceutical list in respect of the premises listed in section 2 consequent upon the inclusion of the new owner in the list at the premises listed in section 3.

Signature ………………………………………………………………………………………

Name ………………………………………………………………………………………….

Email …………………………………………………………………………………………

Position ……………………………………………………………………………………….

Date ………………………………..................................................................................

On behalf of the company/partnership ……………………………………………………

**12 Undertakings**

By virtue of submitting this application I/we undertake to provide pharmaceutical services at the premises listed at section 3:

* services which another person is providing at listed chemist premises at section 2.

I/We also undertake to notify NHS England or the relevant delegated integrated care board 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 NHS England or the relevant delegated integrated care board 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.

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:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 2**

**Application Form**

**Combined application for a change of ownership and relocation to a neighbouring HWB that does not result in significant change to pharmaceutical services provision**

Application to relocate premises from the pharmaceutical list for

…………………………………… Health and Well-being Board’s (HWB) area

to the pharmaceutical list for …………………………………………… HWB’s area.

This is a combined application in respect of a change of ownership and a no significant change relocation of premises to a different HWB’s area and as such is an excepted application under regulation 26(2) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

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 or the relevant delegated integrated care board's responsibilities in relation to information provided in this application form which an applicant advises is confidential.

**1 Information regarding the applicant**

**1.1Full name and correspondence address of the applicant[[141]](#footnote-141)**

|  |
| --- |
|  |

Is this a personal address? Yes  No 

**1.2 Applicant’s legal entity**

**I/we am/are applying as a:**

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

**Sole trader  My GPhC/PSNI registration number is ……………………**

**Partnership **

|  |
| --- |
| **Please list each partner and their GPhC/PSNI registration number:**  **Please continue on a separate sheet if necessary.** |

**Corporate Body **

|  |  |
| --- | --- |
| **Superintendent’s name and GPhC registration number is** |  |

**1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations**

(Please tick relevant box)

|  |  |  |
| --- | --- | --- |
| I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate. | |  |
| Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | | | |
| I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate |  | |
| Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | | | |

|  |  |
| --- | --- |
| I/We have provided the required fitness information with this application. |  |

**1.4 Relevant fee**

I/we include the relevant fee for this application[[142]](#footnote-142). 

**1.5 Basis for the change of ownership[[143]](#footnote-143)**

Please can you confirm whether you are buying the pharmacy business on a:

Non debts and liabilities basis Yes  No 

Debts and liabilities basis, with or without access to the existing bank account Yes  No 

**2 Name and address of the current owner and current premises[[144]](#footnote-144)**

|  |
| --- |
|  |

Were these premises included in a pharmaceutical list as a result of an application to which Regulation 13(1)(a) of the NHS (Pharmaceutical Services) Regulations 2005 applied (approved retail areas)? (If yes, please complete section 8.1 below) Yes  No 

Were these premises included in a pharmaceutical list as a result of an application to which Regulation 13(1)(c) of the NHS (Pharmaceutical Services) Regulations 2005 applied (one stop primary care centre)? (If yes, please complete section 8.2 below) Yes  No 

Did you relocate to these premises within the last twelve months? (If yes, please complete section 8.3 below) Yes  No 

**3 Address of the premises to which you are applying to relocate[[145]](#footnote-145)**

|  |
| --- |
|  |

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

\* by rental, leasehold or freehold

I/we propose to carry on at the above premises, the business in the course of which the owner named in section 2 is providing pharmaceutical services at the premises listed in section 2.

**4 Opening hours**

**4.1 Core opening hours[[146]](#footnote-146)**

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

**4.2 Total opening hours[[147]](#footnote-147)**

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

**5 Pharmaceutical services to be provided at these premises**

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

or

Terms of service (paragraphs 3 to 12, Schedule 5 – DACs) 

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).

|  |
| --- |
|  |

Please give details of any advanced and enhanced services[[148]](#footnote-148) you intend to provide. These details should include:

* confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
* confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
* 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.

|  |  |  |
| --- | --- | --- |
| **Service** | **Accredited to provide (Y/N/NA)** | **Premises accredited (Y/N/NA)** |
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Please continue on a separate sheet if necessary.

I/we confirm that the pharmacy premises will have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations. Yes 

**Floor plan showing consultation area**

Please continue on a separate sheet if necessary.

**6 Applications in relation to premises that are in close proximity to other listed chemist premises**

This section should only be completed if the premises included in section 3 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons: |

Please continue on a separate sheet if necessary.

**7 Information in support of the change of ownership application**

7.1 Are the services you are undertaking to provide the same as those that the current owner is providing? Yes  No 

7.2 Will there be any interruption to service provision? Yes  No 

7.3 If the answer to question 7.1 is “no” or the answer to question 7.2 is “yes” please give full details in the box below:

Please continue on a separate sheet if necessary.

**8 Information in relation to the no significant change application**

**8.1 Relocation of premises in an approved retail area**

This section applies where the current premises were included in a pharmaceutical list as a result of an application to which Regulation 13(1)(a) of the NHS (Pharmaceutical Services) Regulations 2005 applied (approved retail areas)

|  |
| --- |
| If the new address is not in the same approved retail area please explain why you believe your application should not be refused in accordance with Regulation 24(3)(a). |

Please continue on a separate sheet if necessary.

**8.2 Relocation of premises in a one-stop primary care centre**

This section applies where the current premises were included in a pharmaceutical list as a result of an application to which Regulation 13(1)(c) of the NHS (Pharmaceutical Services) Regulations 2005 applied (one stop primary care centre).

|  |
| --- |
| Are all the providers of primary medical services at the one stop primary care centre relocating to the new address? Yes  No   Will there still be a list or combined list of at least 18,000 patients served from the new address? Yes  No   Will the services of a broad range of health care professionals be regularly and frequently provided at the new address (together, where appropriate with other health or social services)? Yes  No   If the answer to any of the questions above is “no” please explain below why you believe your application should not be refused in accordance with regulation 24(3)(b). |

Please continue on a separate sheet if necessary.

**8.3 Relocation following a relocation in the last twelve months**

This section applies where the business relocated to the current premises within the last twelve months, whether that was the result of an application under Regulation 24 of the 2012 Regulations or the 2013 Regulations or Regulation 6 or 7 of the 2005 Regulations.

Please explain why you believe your application should not be refused in accordance with Regulation 24(3)(c)

Please continue on a separate sheet if necessary.

**9 Information in support of the no significant change application**

Please use the box below to explain why you consider that the new premises are not significantly less accessible for the patient groups that are accustomed to accessing pharmaceutical services at the existing premises.

Please use the box below to explain why you consider that granting the application will not result in a significant change to the arrangements that are in place for the provision of local pharmaceutical services or pharmaceutical services (other than those provided by dispensing doctors) in any part of the HWB’s area or any controlled locality within 1.6 kilometres of the new premises.

Please use the box below to explain why you consider granting the application will not cause significant detriment to the proper planning in respect of the provision of pharmaceutical services in the HWB’s area.

|  |
| --- |
|  |

Are the services to be provided at the new premises the same as those that have been provided at the current premises (whether or not, in the case of enhanced services, NHS England or the relevant delegated integrated care board chooses to commission them)?

Yes  No 

If no, please give full details in the box below.

|  |
| --- |
|  |

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

If yes, please give full details in the box below.

Please continue on a separate sheet if necessary.

**10 Distance selling premises**

**10.1 Are you applying for a combined change of ownership and relocation in relation to distance selling premises?**

Yes  No 

If no, continue to section 11.

If yes, please continue with this section.

**10.2 Proposed premises that are on the same site or in the same building as the premises of a provider of primary medical services with a patient list.**

This section should only be completed if the premises included in section 2 above are on the same site or in the same building as the premises of a provider of primary medical services with a patient list.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 25(2)(a) for the following reasons: |

Please continue on a separate sheet if necessary.

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

1. the uninterrupted provision of essential services during the opening hours of the premises, to persons anywhere in England who request those services, and
2. the safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or someone else’s behalf, and the applicant or the applicant’s staff.

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

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

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

**11 Declaration to be signed by the current owner**

I confirm that this application is being made with my full knowledge and consent, and that I will withdraw from the pharmaceutical list in respect of the premises listed at section 2 consequent upon the inclusion of the new owner in the pharmaceutical list in respect of the premises listed at section 3.

Signature ………………………………………………………………………………………

Name ………………………………………………………………………………………….

Email ………………………………………………………………………………………

Position ……………………………………………………………………………………….

Date ………………………………..................................................................................

On behalf of the company/partnership ……………………………………………………

**12 Undertakings**

By virtue of submitting this application I/we undertake to provide pharmaceutical services at the premises listed at section 3:

* services which another person is providing at listed chemist premises at section 2.

I/We also undertake to notify NHS England or the relevant delegated integrated care board 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 NHS England or the relevant delegated integrated care board 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.

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:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 3**

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

This form must accompany all routine and excepted applications for inclusion in a pharmaceutical list in accordance with paragraph 2, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Please complete this form as legibly as possible

* 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)** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI 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.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **I declare that I am a registered pharmacist.** | |
| **Name** |  |
| **Date** |  |

* 1. **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/PSNI 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** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 2** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 3** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 4** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

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.

|  |
| --- |
|  |

(Pharmacy applications only) I declare that:

* each partner named above is a registered pharmacist, and
* 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** |  |
| **On behalf of (name of partnership)** |  |
| **Date** |  |

* 1. **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. If one is not available please state accordingly.** |  |

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

|  |  |
| --- | --- |
| **Superintendent** | |
| **Full name** |  |
| **GPhC registration number** |  |
| **Date of birth** |  |
| **Superintendent's private address** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 1** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 2** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 3** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 4** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

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.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

|  |  |
| --- | --- |
| **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** |  |
| **Position** |  |
| **On behalf of (name of body corporate)** |  |
| **Date** |  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 4**

**First Referral Questions**

* Does this application relate to a LPS contract?
* Has the applicant identified the correct health and wellbeing board?
* Is the address to which the applicant wishes to relocate in a controlled locality?
* Is the address within 1.6km of a controlled locality?
* I have identified the following missing information/documentation/undertakings:
  + [*insert details*]

Please advise of any other missing information/documentation/undertakings that you wish me to ask the applicant for.

* Please can you confirm that the core and supplementary opening hours in section 3 are the same as the current owner’s opening hours?
* Please can you confirm that the pharmaceutical services listed in section 4 are the same as the services that the current owner provides?
* Attached is the interested parties list. Please can you review it for accuracy and completeness, adding or removing interested parties as relevant?
* Please can you provide contact details for the following persons/organisations:
  + Public health team
  + DoS lead
  + Unwanted medicines collection and disposal contractor
  + Local Registration Authority (if you would like them to be notified if the application is granted and the applicant is subsequently included in the relevant pharmaceutical list).

**Chapter 21**

**Annex 5**

**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 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. Conversely, if the distances do not identify any persons then they may be increased accordingly. When identifying contractors who may be significantly affected by the grant of the application, the Commissioner may wish to look at practice prescribing dispensing data which is published by the [NHSBSA](https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data) on a monthly basis as this shows where prescriptions written by GP practices are dispensed. Alternatively this information is available via the Strategic Health Asset Planning and Evaluation application[[149]](#footnote-149).

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

1. 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) if:
   * where the applicant's proposed premises are not in a controlled locality, the contractor's premises is within 2km in a direct line from the applicant's proposed premises , or
   * where the applicant's proposed premises are in a controlled locality, the contractor's premises is located within 8km in a direct line from the applicant's proposed premises .
2. Head offices of bodies corporate are also to be notified where this information is known, but this is as a courtesy as it is the premises that are included in the relevant pharmaceutical list that are to be notified in accordance with the regulations.

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

1. 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:
   * where the applicant's proposed premises is not in a controlled locality, the person's proposed premises is located within 2km in a direct line from the applicant's proposed premises , or
   * where the applicant's proposed premises is in a controlled locality, the person's proposed premises is located within 8km in a direct line from the applicant's proposed premises .

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

1. LPS contractors should be considered to be significantly affected by the grant of the application (and notified of it) if:
   * where the applicant's proposed premises is not in a controlled locality, the LPS contractor's premises is located within 2km in a direct line from the applicant's proposed premises , or
   * where the applicant's proposed premises is in a controlled locality, the LPS contractor's premises is located within 8km in a direct line from the applicant's proposed premises .

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

1. The following groups should be considered to have a significant interest in the outcome of the application and be notified:
   * where the applicant's proposed premises are in a controlled locality, the relevant Parish Council;
   * where the application offers to provide unforeseen benefits for a specific patient group, any group that is representative of that group of patients.
2. The Commissioner should consider whether there are any other groups that are to be notified of the application, for example residents associations.

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

1. For routine pharmacy applications, dispensing practices that have dispensing patients within 1.6km of the applicant's proposed premises should be considered to have a significant interest in the outcome of the application and should be notified of it.
2. For excepted pharmacy applications that include a relocation that does not result in significant change, dispensing practices that have dispensing patients within 1.6km of the applicant's proposed premises should be considered to have a significant interest in the outcome of the application and should be notified of it.
3. It is not envisaged that dispensing practices will have a significant interest in the outcome of other types of notifiable applications and therefore need not routinely be notified of them. Ultimately though it is for the decision-maker to decide on a case by case basis.

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

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

**Welsh health boards (paragraph 19(1)(g))**

1. Where the premises is within 2km of a Welsh health board that organisation is to be notified. Applications are to be sent to NHS Wales Shared Service Partnership ([nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)) who will forward them to the appropriate health board.

**Chapter 21**

**Annex 6**

**Acknowledgement of Receipt of Application**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

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

[*NHS England/name of ICB*] is required to determine the application within four months, unless it has good cause to take longer. You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Should you need to contact us regarding your application please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

[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]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 7**

**Acknowledgment of Receipt of Application and Request for Further Information**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*] – 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*]’s request or unless it has 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*].

Please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 8**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*] – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 9**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*] – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 10**

**Acknowledgement of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*] – 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 [*NHS England/name of ICB*]’s decision within 4 months.

[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.]

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

Yours sincerely

[*name*]

*[title]*

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 11**

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

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*] – 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.

Should you still wish to proceed with the change of ownership and relocation you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 12**

**Acknowledgement of Receipt of Application and Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*] – 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 13**

**Acknowledgement of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*] – missing undertakings**

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

We will begin to process the application and you will be notified of [*NHS England/name of ICB*]’s decision within 4 months.

[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.]

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

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 14**

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

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*] – 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.

Should you still wish to proceed with the change of ownership and relocation you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 15**

**Notification of Application to Interested Parties**

[date]

Dear [insert]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*] by [*insert applicant’s name*]**

We have received the above application, a copy of which is enclosed, and [*NHS England/name of ICB*] has completed its 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.

[*NHS England/name of ICB*] will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

Please ensure you include our reference (see above) in the subject line of your email as this will help us file your representations with the correct application as quickly as possible.

[I can confirm that no information that has been received in relation to this application is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. / I can confirm that the following information is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:

* *Insert as relevant*]

[*The following text is to be inserted if relevant*]

[[*NHS England/name of ICB*] intends to consider this application together and in relation to the following application:

* *Insert details of the other application*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**How we will involve patients in decisions on pharmacy applications**

When we receive an application to move an existing pharmacy or to open a new pharmacy we must write to:

* nearby pharmacies
* in some cases, nearby doctors’ surgeries
* the Health & Wellbeing Board which is a committee of the borough, county or city council, and
* the local Healthwatch organisation, which exists to represent local patients in general

We send them a copy of the application and invite them to make comments within 45 days. Comments can be made by letter or email.

In addition, the law requires us to involve patients in our decision-making. We may do this by sending copies of pharmacy applications to:

* city/district and county councillors covering the area involved
* the town or parish council covering the area. In areas which do not have a town or parish council we may instead contact prominent community, neighbourhood or residents’ groups
* patient representative groups attached to nearby doctors’ surgeries.

They will also be invited to make comments within 45 days.

When we send them a copy of an application we will also send notes to explain:

* what the application is about
* why they are being asked for comments
* what we will consider when making a decision, and
* what happens next after a decision is made.

Applications are not confidential. If they want, councillors or patient groups may share details with local people so they can also make comments within the same 45 day period.

Any comments we receive will be sent to the pharmacy applicant. They will have a chance to respond to us about those comments.

Most applications are decided using written information, including any comments received.

In general, we will not hold public meetings about pharmacy applications. This is because an applicant cannot be made to attend to respond directly to any questions from members of the public.

However, we may hold a hearing if we need more information before making a decision. Where written comments from councillors or patient groups suggest that local people hold strong views, we will invite those councillors or patient groups to attend the hearing.

The hearing will be held in public so that (although members of the public will not be able to ask questions) they will be able to hear the arguments for and against the application. These will include any comments made by their representatives and the responses received.

All comments at the meeting will be taken into account in making a final decision on the pharmacy application.

**Chapter 21**

**Annex 16**

**Application Treated As Withdrawn**

[date]

Dear [insert]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*] by [*insert applicant’s name*]**

Further to my previous letter please be advised that this application is being treated as withdrawn.

Should you still wish to proceed with the change of ownership and relocation you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 17**

**Request for Payment**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

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 [*NHS England/name of ICB*] 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]*

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 18**

**Circulation of Comments on Application**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*] by [*insert applicant’s name*]**

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*]. Please note that any new information that you submit at this stage will have little or no weight placed upon it unless it can be demonstrated that you are presenting it in response to representations submitted by another party that you believe are not true or are incorrect.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 19**

**Notification that Payment has not Cleared and Application is Withdrawn**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

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.

Should you still wish to proceed with the change of ownership and relocation you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 20**

**Notification of Oral Hearing - Applicant**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

[*NHS England/name of ICB*] has 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*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 21**

**Notification of Oral Hearing – Additional Presenters**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of ICB*] has 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*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within [insert number] days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 22**

**Committee Report**

**[*insert name of committee*]**

[*insert date of meeting*]

[*insert agenda item number*] – Application for inclusion in a pharmaceutical list:Combined change of ownership and no significant change relocation[within a HWB's area / to another HWB's area]

|  |  |  |
| --- | --- | --- |
| **CAS reference number** |  | |
| **Name of applicant** |  | |
| **Fitness to practise** | [Delete as appropriate:   * Not applicable, already included in respect of other premises. * Cleared for inclusion. * To be conditionally included – see attached letter.] | |
| **Address of current premises** |  | |
| **Address of proposed premises** |  | |
| **Status of location** | [Delete as appropriate:   * Not a controlled locality. * Controlled locality.] | |
| **Relevant regulations and guidance** | Regulations 26(2) – combined change of ownership and relocations that do not result in significant change to pharmaceutical services provision.  Regulation 31 – refusal: same or adjacent premises.  [Regulation 50 – gradualisation for doctors[[150]](#footnote-150).]  [Regulation 65 – core opening hours conditions[[151]](#footnote-151).]  [Regulation 66 – conditions relating to providing directed services[[152]](#footnote-152).] | |
| **Additional information** | |  |
| [Regulation 31 – Must the application be refused?]  [insert comments] | | [insert outcome] |
| [Work through Regulation 26(2) and 26(4) addressing each matter, adding comments and arriving at an outcome on each matter]  [Example information that may be relevant to the committee’s discussion:   * Is the applicant undertaking to provide the same pharmaceutical services as the current owner? * Will there be an interruption in service provision and if so has the applicant given reasons for this? * Is the location of the new premises less accessible than the current premises, and if so why? * Are there other pharmacies or DACs in the area of both sets of premises? If so, what services do they provide and what hours are they open? * Is there a controlled locality within 1.6km of the new premises? | | [insert outcome] |
| If the application is in a controlled locality or the premises are within 1.6km of a controlled locality then gradualisation for doctors may need to be considered. Numbers of dispensing patients who may be affected should be included, along with information on what percentage of a practice’s dispensing patient list this equates to. | | [insert outcome |
| [Consider impact of decision on those with protected characteristics under the Equalities Act 2010 and is this in accordance with NHS England/the ICB's Public Sector Equality Duty]  [Consider impact of decision on NHS England/the ICB's duty on health inequality] | | [insert outcome |

|  |  |
| --- | --- |
| **Recommendation[[153]](#footnote-153)** |  |

**Enclosures**

|  |  |
| --- | --- |
| **Application** |  |
| **Interested parties list** |  |
| **Representations received from 45 day notification period** |  |
| **Representations received outside the 45 day notification period** |  |
| **Unsolicited representations** |  |
| **Representations received from circulation of first representations** |  |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 21**

**Annex 23**

**Application Granted - Applicant**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

[*NHS England/name of 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.

[*Where advised to do so by NHS England/the ICB, insert the following:*]

[Enclosed is a form confirming acceptance of the condition imposed by virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which should be completed by an authorised person and returned to me.]

[Also] [E/e]nclosed 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.

Please 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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different …………………………………………………………………

Address of the premises to which the application relates i.e. the premises you are relocating to\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Website for the premises ……………………………………………………………………..

(Distance selling premises only)

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* ……………………………

on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board* *has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership ……………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 24**

**Acceptance of Regulation 66(5) Condition**

**Name of applicant**:

**Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*]**

I agree to the 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 …………..

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership ..………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 25**

**Granted – Third Party with No Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 26**

**Granted – Third Party with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 27**

**Notification of Refusal of Application - Applicant**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 28**

**Notification of Refusal of Application – Third Party**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 29**

**Notification that Secretary of State Grants Application**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

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 commencement which you are required to submit to us.

Also enclosed is a copy of the banking mandate which should be completed and returned with your notice of commencement.

Please 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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different …………………………………………………………………

Address of the premises to which the application relates i.e. the premises you are relocating to \*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Website for the premises ……………………………………………………………………..

(Distance selling premises only)

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership ..…………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 30**

**Confirmation of No Appeal**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

I am writing to confirm that no appeal against [*NHS England/name of ICB*]’s decision on the above application has been submitted to the Secretary of State.

You therefore have 12 months from the date of my previous letter dated [*insert date*] within which to submit your notice of commencement and commence service provision.

Please 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 [*NHS England/name of 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.

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

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ………………………………………………………………….

Address of the premises to which the application relates i.e. the premises you are relocating to\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Fax number for the premises ………………………………………………………………

Email for the premises ……….………………………………………………………………

Website for the premises ……….…………………………………………………………

(distance selling premises only)

Name of superintendent pharmacist ………………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises within the next 14 days, ie on: …………………………………………………… (*insert date* *giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

I hereby give notice that I will cease provision of pharmaceutical services at

…………………………………………………………………………………………………

[*insert current address*] with effect from ……………………………………… (*insert the date of the last day on which services will be provided at this address*)

Premises registration number with the General Pharmaceutical Council ……………

(pharmacies only)

Signature …………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership ……………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 31**

**No Notice of Commencement Received – Grant Lapsed**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has not received a notice of commencement in relation to this application and therefore the grant of it has lapsed.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 32**

**Shorter Notice Period Agreed To**

[*date*]

Dear [*Insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

[*NHS England/name of ICB*] has considered your application and has agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. Please therefore complete and submit the previously provided notice of commencement to us when you are ready.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 33**

**Shorter Notice Period Not Agreed To**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

[*NHS England/name of ICB*] has considered your application and has not agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. You are therefore required to submit a notice of commencement with a date of service commencement no fewer than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 34**

**Request for an extension to the time within which to submit a notice of commencement**

Name of applicant ……………………………………………………………………………

Address of the premises to which the granted application relates

|  |
| --- |
|  |

Date on which the application was granted by NHS England, the relevant delegated integrated care board or, on appeal, NHS Resolution

…………………………………

Original date by which the notice of commencement is to be submitted by ……………….. (Requests for an extension may only be made during the 12-month period following the grant of an application.)

I/we would like to request an extension to the time within which to submit the notice of commencement relating to the application submitted for the above premises. The additional period of time I/we are requesting is ………………………………………………………………..

Please explain in the box below the reasons for your request.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 35**

**Grant of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has granted your request for an extension to the time within which to submit a notice of commencement in relation to the above application.

Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period using the previously provided application form.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 36**

**Refusal of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has refused your request for an extension to the time within which to submit a notice of commencement in relation to the above application. Please see the enclosed report for the full reasoning.

[*Insert the following if there is still time for the applicant to submit their notice of commencement*] [The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net)or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 37**

**Notice of Commencement Received Outside of the Grant Period**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as it was received outside of the [*12-month*] grant period it is not valid and cannot be actioned.

Should you still wish to proceed with the change of ownership and relocation you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 38**

**Date in the notice of commencement fewer than 30 days after the date received**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as the date of service commencement is fewer than 30 days before the date we received your notice, it is not valid. Please therefore resubmit your notice of commencement noting that the date of service commencement must be more than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 39**

**Missing/Incorrect Information**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that NHS England is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 40**

**Acknowledgement of Receipt of Notice of Commencement**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

I am writing to confirm receipt of your notice of commencement. You will be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the premises at [*insert new address*] with effect from [*insert date*]. [You will be removed from the pharmaceutical list for the area of [*insert name of HWB*] in respect of the premises at [*insert previous address*] with effect from [*insert date*]]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 41**

**Removal from Pharmaceutical List following Combined Change of Ownership Application and No Significant Change Relocation**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

I am writing to confirm that, following the above successful combined change of ownership and no significant change relocation application, [*insert name of contractor who is being removed*] will be removed from the pharmaceutical list for the area of [*insert*] Health and Wellbeing Board in respect of the premises at *[insert address]* with effect from[*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 42**

**Notice of Commencement Not Valid**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 43**

**Notification of Contractor Code**

[*date*]

Dear [*Insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

Further to recent correspondence, I am writing to advise you that the following ODS code has been allocated:

* [*insert*]

This code should be used in all correspondence with the NHS Business Services Authority.

[Insert the following if the application was for a pharmacy]

[Where the previous owner of this pharmacy had a private controlled drugs pharmacy contractor code you will automatically be issued with a new one by the NHS Business Services Authority. Should this not happen and you require a private controlled drugs pharmacy contractor code please contact [*NHS England/name of ICB*] on *[insert generic email address for the Commissioner*].]

[The following is to be added where the application relates to a pharmacy.]

[Now that you have the ODS code (also known as the F code) for your pharmacy you will need to do the following.

* Register for a NHSmail premises-specific email address and link at least two staff personal NHSmail accounts to it - <https://portal.nhs.net/pharmacyregistration#/> Further information about this requirement can be found at <https://psnc.org.uk/contract-it/pharmacy-it/nhs-mail/>
* Register for the new NHS Profile Manager in order to update the pharmacy’s NHS website profile and Directory of service profile - <https://organisation.nhswebsite.nhs.uk/campaign-start>.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 44**

**Date of inclusion cannot be changed**

[*date*]

Dear [*Insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the original date of commencement.

You have therefore been included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 45**

**Date of inclusion cannot be changed**

[*date*]

Dear [*Insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the new date of commencement.

You will therefore be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert original date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 46**

**Date of inclusion changed**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

Further to your recent notification I am writing to confirm that you will now be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 47**

**Removal from Pharmaceutical List following Change of Ownership Application**

[*date*]

Dear [*insert*]

**Re: Combined change of ownership and no significant change relocation application for [*insert name of pharmacy / DAC*] from [*insert address*] to [*insert address*]**

Further to my letter of [*insert date Annex 35 was sent*] I am writing to confirm that we have been notified that [*insert name of applicant*] will now begin to provide services at the above premises with effect from [*insert date*].

As a result [*insert name of contractor who is being removed*] will now be removed from the pharmaceutical list for the area of [*insert*] Health and Wellbeing Board in respect of the premises at *[insert address]* with effect from[*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 21**

**Annex 48**

**Change to the Pharmaceutical List – Memo**

From: [Name] – PCSE Market Entry Officer

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [insert name of] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note that with effect from [insert date] the [pharmacy/dispensing appliance contractor] at [insert address] run by [insert name of previous owner] has relocated to [insert new address] and is now operated by [insert name of new owner]. The pharmaceutical list for the area of [insert name of] Health and Wellbeing Board will be amended with effect from that date. Details are as follows:

[Insert name of new contractor and any trading name]

[Insert new address]

Opening hours:

|  |  |  |
| --- | --- | --- |
|  | **Core opening hours** | **Total opening hours** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

|  |  |
| --- | --- |
| ODS code: |  |
| Phone number: |  |

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 22**

**Annex 1**

**Notification of Decision to Defer**

[*date*]

Dear [*insert*]

**[*insert wording appropriate to the type of market entry application*]**

I am writing to advise that [*NHS England/name of ICB*] is of the opinion that in order to determine the above application it must first determine whether or not the [*premises/best estimate*] included in your application are within a controlled locality. It has therefore determined that your application is deferred until that matter has been resolved. Please be aware that this process may take several months especially if there is an appeal.

The controlled locality determination is being undertaken by [*NHS England/name of ICB*] who will keep you informed.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 22**

**Annex 2**

**Acknowledgement to Applicant - not in a Controlled Locality**

[*date*]

Dear [*insert*]

**Re: [*insert wording appropriate to the type of market entry application*]**

Further to my previous letter dated [*insert date of earlier letter*] it has been determined by [*NHS England/name of ICB/NHS Resolution*] that the [*premises/best estimate*] included in your application is not within a controlled locality. We will now continue to process your application and you will be kept informed of progress.

Should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 22**

**Annex 3**

**Acknowledgement to Applicant - in a Controlled Locality**

[*date*]

Dear [*insert*]

**Re: [*insert wording appropriate to the type of market entry application*]**

Further to my previous letter dated [*insert date of earlier letter*] it has been determined by [*NHS England/name of ICB/NHS Resolution*] that the [*premises/best estimate*] included in your application is within a controlled locality. We will now continue to process your application and you will be kept informed of progress.

Should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 22**

**Annex 4**

**Acknowledgement to Applicant – Controlled Locality and Regulation 40(2) Applicable**

[*date*]

Dear [*insert*]

**Re: [*insert wording appropriate to the type of market entry application*]**

[*NHS England/name of ICB*] has confirmed that the [*premises/best estimate*] included in your application is within a controlled locality. Therefore, before progressing further with your application, [*NHS England/name of ICB/NHS Resolution*] must first decide whether it is required to refuse the application by virtue of regulation 40(2).

Regulation 40(2) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 directs [*NHS England/name of ICB*] to refuse applications relating to the listing of pharmacy premises at a location which is—

1. in an area in relation to which outline consent has been granted within the 5-year period starting on the date on which the proceedings relating to the grant of outline consent reached their final outcome, and ending on the date on which your application was made; or
2. within 1.6 kilometres of the location of the proposed pharmacy premises (other than proposed distance selling premises), in respect of which a routine application or an application to which regulation 22(1) or (3) of the NHS (Pharmaceutical Services) Regulations 2005 applied, was refused within the 5-year period as defined above.

If however [NHS England*/name of ICB*] is satisfied that since the date on which the 5 year period started, there has been a substantial and relevant change of circumstances affecting the controlled locality then this regulation does not apply. In addition this regulation does not apply where [*NHS England/name of ICB*] is satisfied that there are reasonable grounds for believing that the person making the refused application was motivated (wholly or in part) by a desire for that application to be refused.

The following decisions have been made within the last 5 years and are pertinent to your application:

[*insert details of any relevant decisions relating to regulation 40(2)*]

If you have any evidence as to why [*NHS England/name of ICB*] should not refuse this application by virtue of regulation 40(2) I would be grateful if you could send it to me by [*insert date 10 working days later*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 22**

**Annex 5**

**Notification that Regulation 40(2) Not Applicable**

[*date*]

Dear [*insert*]

**Re: [*insert wording appropriate to the type of market entry application*]**

Further to my letter of [*insert date*], [*NHS England/name of ICB*] has considered the above application and has determined that it is not required to refuse the application by virtue of regulation 40(2) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. We will continue to process the application and will keep you informed.

If you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title]*

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 22**

**Annex 6**

**Refusal Under Regulation 40(2)**

[*date*]

Dear [*insert*]

**Re: [*insert wording appropriate to the type of market entry application*]**

Further to my letter of [*insert date*], [*NHS England/name of ICB*] has considered the above application and has determined that by virtue of regulation 40(2) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 it must be refused. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against this decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 22**

**Annex 7**

**Outcome of Appeal**

[*date*]

Dear [*insert*]

**Re: [*insert wording appropriate to the type of market entry application*]**

As you are aware, the Secretary of State has overturned [NHS England*/name of ICB*]’s decision to refuse your application by virtue of regulation 40(2).

We will continue to process the application and will keep you informed.

If you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 22**

**Annex 8**

**Notification of Application to Interested Parties – in a Controlled Locality**

[*date*]

Dear [*insert*]

**Re: [*insert wording appropriate to the type of market entry application*]**

We have received the above application, a copy of which is enclosed and [*NHS England/name of ICB*] has completed its 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.

[*NHS England/name of ICB*] will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

The location for the proposed pharmacy is within a controlled locality and consequently the application must also be considered in accordance with Part 7 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. In this regard [*NHS England/name of ICB*] must first consider whether the location of the proposed pharmacy is in a reserved location as defined in regulation 41(3)[[154]](#footnote-154). The effect of a reserved location is that doctors may continue to provide pharmaceutical services to their patients living in that reserved location, although patients may themselves choose to use a pharmacy. According to our records the number of registered patients living within 1.6 kilometres of [*insert pharmacy proposed address or in the case of a best estimate state what address the patient count was centered on*] is [*insert number of patients*].

If the address or location of the pharmacy is determined not to be in a reserved location, [*NHS England/name of ICB*] must then consider whether granting the application would prejudice the proper provision of relevant pharmaceutical services, local pharmaceutical services and primary medical services in the relevant Health and Well-being Board (HWB) area or in the area of a neighbouring HWB (regulation 44 – the prejudice test).

If prejudice is not found, [*NHS England/name of ICB*] will go on to determine the application under the relevant market entry provisions of the Regulations and if it is granted and the pharmacy opens, dispensing doctors will normally lose the right to dispense to patients living within 1.6 km of the pharmacy when it opens. However, under regulation 50(2), [*NHS England/name of ICB*] may postpone for such period as it sees fit, the discontinuation of dispensing rights if it considers that the dispensing practice will be adversely affected[[155]](#footnote-155).

Your written representations may, therefore, include views on the specific tests and procedures set out above.

[*The following text is to be inserted if relevant]*

[[*NHS England/name of ICB*] intends to consider this application together and in relation to the following application:

* *Insert details of the other application*]

[I can confirm that no information that has been received in relation to this application is being withheld by [*NHS England/name of ICB*] under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. / I can confirm that the following information is being withheld by [*NHS England/name of ICB*] under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:

* *Insert as relevant*]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**How we will involve patients in decisions on pharmacy applications**

When we receive an application to move an existing pharmacy or to open a new pharmacy we must write to:

* nearby pharmacies
* in some cases, nearby doctors’ surgeries
* the Health & Wellbeing Board which is a committee of the borough, county or city council, and
* the local Healthwatch organisation, which exists to represent local patients in general

We send them a copy of the application and invite them to make comments within 45 days. Comments can be made by letter or email.

In addition, the law requires us to involve patients in our decision-making. We may do this by sending copies of pharmacy applications to:

* city/district and county councillors covering the area involved
* the town or parish council covering the area. In areas which do not have a town or parish council we may instead contact prominent community, neighbourhood or residents’ groups
* patient representative groups attached to nearby doctors’ surgeries.

They will also be invited to make comments within 45 days.

When we send them a copy of an application we will also send notes to explain:

* what the application is about
* why they are being asked for comments
* what we will consider when making a decision, and
* what happens next after a decision is made.

Applications are not confidential. If they want, councillors or patient groups may share details with local people so they can also make comments within the same 45-day period.

Any comments we receive will be sent to the pharmacy applicant. They will have a chance to respond to us about those comments.

Most applications are decided using written information, including any comments received.

In general, we will not hold public meetings about pharmacy applications. This is because an applicant cannot be made to attend to respond directly to any questions from members of the public.

However, we may hold a hearing if we need more information before making a decision. Where written comments from councillors or patient groups suggest that local people hold strong views, we will invite those councillors or patient groups to attend the hearing.

The hearing will be held in public so that (although members of the public will not be able to ask questions) they will be able to hear the arguments for and against the application. These will include any comments made by their representatives and the responses received.

All comments at the meeting will be taken into account in making a final decision on the pharmacy application.

**Chapter 22**

**Annex 9**

**Notification of Application to Interested Parties – Near a Controlled Locality**

[*date*]

Dear [*insert*]

**Re: [*insert wording appropriate to the type of market entry application*]**

We have received the above application, a copy of which is enclosed and [*NHS England/name of ICB*] has completed its 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.

[*NHS England/name of ICB*] will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

As the location for the proposed pharmacy is within 1.6km of a controlled locality if it is granted and the pharmacy opens, dispensing doctors will normally lose the right to dispense to patients living within 1.6 km of the pharmacy when it opens. However, under regulation 50(2), [*NHS England/name of ICB*] may postpone for such period as it sees fit, the discontinuation of dispensing rights if it considers that the dispensing practice will be adversely affected[[156]](#footnote-156). Your written representations may, therefore, include views on this matter.

[*The following text is to be inserted if relevant]*

[[*NHS England/name of ICB*] intends to consider this application together and in relation to the following application:

* *Insert details of the other application*]

[I can confirm that no information that has been received in relation to this application is being withheld by [*NHS England/name of ICB*] under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. / I can confirm that the following information is being withheld by [*NHS England/name of ICB*] under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:

* *Insert as relevant*]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**How we will involve patients in decisions on pharmacy applications**

When we receive an application to move an existing pharmacy or to open a new pharmacy we must write to:

* nearby pharmacies
* in some cases, nearby doctors’ surgeries
* the Health & Wellbeing Board which is a committee of the borough, county or city council, and
* the local Healthwatch organisation, which exists to represent local patients in general

We send them a copy of the application and invite them to make comments within 45 days. Comments can be made by letter or email.

In addition, the law requires us to involve patients in our decision-making. We may do this by sending copies of pharmacy applications to:

* city/district and county councillors covering the area involved
* the town or parish council covering the area. In areas which do not have a town or parish council we may instead contact prominent community, neighbourhood or residents’ groups
* patient representative groups attached to nearby doctors’ surgeries.

They will also be invited to make comments within 45 days.

When we send them a copy of an application we will also send notes to explain:

* what the application is about
* why they are being asked for comments
* what we will consider when making a decision, and
* what happens next after a decision is made.

Applications are not confidential. If they want, councillors or patient groups may share details with local people so they can also make comments within the same 45-day period.

Any comments we receive will be sent to the pharmacy applicant. They will have a chance to respond to us about those comments.

Most applications are decided using written information, including any comments received.

In general, we will not hold public meetings about pharmacy applications. This is because an applicant cannot be made to attend to respond directly to any questions from members of the public.

However, we may hold a hearing if we need more information before making a decision. Where written comments from councillors or patient groups suggest that local people hold strong views, we will invite those councillors or patient groups to attend the hearing.

The hearing will be held in public so that (although members of the public will not be able to ask questions) they will be able to hear the arguments for and against the application. These will include any comments made by their representatives and the responses received.

All comments at the meeting will be taken into account in making a final decision on the pharmacy application.

**Chapter 23**

**Annex 1**

**Outline Consent and Premises Approval Application Form**

|  |  |
| --- | --- |
| **Name of doctor/practice** |  |
| **Correspondence address** |  |

I/we wish to apply for outline consent and premises approval as follows.

|  |
| --- |
| Please precisely describe the area for which you are seeking outline consent. Ideally you should provide a map which shows the area, but please ensure it clearly shows which properties fall within the area for which you are seeking outline consent and which don’t. |

Please insert below the address of the premises for which you are seeking premises approval.

|  |
| --- |
|  |

Please confirm if these premises are already included in the relevant dispensing doctor list in relation to a different area for which you have outline consent or historic rights. Yes  No 

I have included with this application copies of the requests from patients who live within the area described above to be dispensed to. Yes  No 

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the practice ……………………………………………………………………

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

Contact email number in case of queries ………………………………………………….

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 2**

**First Referral Questions – outline consent and premises approval application**

* Please can you confirm that the information required by regulation 51(1) and (3) has been provided?
* Do you wish to defer the application in order to undertake a controlled locality determination in relation to all or part of the area for which the doctor is seeking outline consent?
* Please review the attached list of interested parties for accuracy and completeness, adding or removing interested parties as relevant.

**Chapter 23**

**Annex 3**

**Identifying Interested Parties: Notifiable Applications**

**Introduction**

1. Determining the parties who must be notified of applications pursuant to regulation 52 of the Regulations is the responsibility of the 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 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. Conversely, if the distances do not identify any persons then they may be increased accordingly. When identifying contractors who may be significantly affected by the grant of the application, the Commissioner may wish to look at practice prescribing dispensing data which is published by the [NHSBSA](https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data) on a monthly basis as this shows where prescriptions written by GP practices are dispensed. Alternatively this information is available via the Strategic Health Asset Planning and Evaluation application[[157]](#footnote-157).

**Contractors included in a pharmaceutical list (regulation 52(1)(c)(i))**

1. The interests of contractors included in one of the pharmaceutical lists might be significantly affected by the grant of the application (and notified of it) if:

* where the applicant's proposed premises is not in a controlled locality, the contractor's premises is within 2km in a direct line from the applicant's proposed premises, or
* where the applicant's proposed premises are in a controlled locality, the contractor's premises is located within 8km in a direct line from the applicant's proposed premises.

1. Head offices of bodies corporate are also to be notified where this information is known, but this is as a courtesy as it is the premises that are included in the relevant pharmaceutical list that are to be notified in accordance with the regulations.

**Persons entitled to be included in a pharmaceutical list (regulation 52(1)(c)(ii))**

1. The interests of persons whose applications for inclusion have been granted (but who are yet to be included) might be significantly affected by the grant of the application (and notified of it) if:

* where the applicant's proposed premises is not in a controlled locality, the person's proposed premises is located within 2km in a direct line from the applicant's proposed premises, or
* where the applicant's proposed premises is in a controlled locality, the person's proposed premises is located within 8km in a direct line from the applicant's proposed premises.

**Local pharmaceutical services (LPS) contractors (regulation 52(1)(d))**

1. The interests of LPS contractors might be significantly affected by the grant of the application (and notified of it) if:

* where the applicant's proposed premises is not in a controlled locality, the LPS contractor's premises is located within 2km in a direct line from the applicant's proposed premises, or
* where the applicant's proposed premises is in a controlled locality, the LPS contractor's premises is located within 8km in a direct line from the applicant's proposed premises.

**Patient, consumer or community groups in the HWB area (regulation 52(1)(e))**

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

* where the applicant's proposed premises are in a controlled locality, the relevant Parish Council.

1. The Commissioner should consider whether there are any other groups that are to be notified of the application, for example residents associations.

**GP practices (regulation 52(1)(f))**

1. Dispensing practices that have dispensing patients within the area identified in the application 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 (regulation 52(1)(f))**

1. GP performers included in the dispensing doctors list that have dispensing patients within the area identified in the application should be considered to have a significant interest in the outcome of the application and should be notified of it (if the practice is not already being notified).

**Welsh health boards (regulation 52(1)(g))**

1. Where the premises is within 2km of a Welsh health board that organisation is to be notified. Applications are to be sent to NHS Wales Shared Service Partnership ([nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)) who will forward them to the appropriate health board.

**Chapter 23**

**Annex 4**

**Request for Further Information**

[*date*]

Dear [*insert*]

**Re: Application for outline consent and premises approval at [insert address] by [insert applicant’s name]**

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

[*NHS England/name of ICB*] has checked against the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and has identified that 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 – 5 working days*].

Please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 5**

**Acknowledgement of Receipt of Application**

[*date*]

Dear [*insert*]

**Re: Application for outline consent and premises approval at [insert address] by [insert applicant’s name]**

I am writing to confirm receipt of the above application on [*insert date*]. You will be kept informed of [*NHS England/name of ICB*]’s progress but should you have any questions please do not hesitate to contact me.

Should you need to contact us regarding your application please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 6**

**Controlled Locality Determination**

[*date*]

Dear [*insert*]

**Re: Application for outline consent and premises approval at [insert address] by [insert applicant’s name]**

[*NHS England/name of ICB*] has reviewed the above application and has decided to first make a controlled locality determination in relation to it. Your application has therefore been deferred whilst this determination is made. Please note that this may take a number of months. We will contact you again once the controlled locality determination has been made.

Should you need to contact us regarding your application please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 7**

**Cessation of Deferral**

[*date*]

Dear [*insert*]

**Re: Application for outline consent and premises approval at [insert address] by [insert applicant’s name]**

Further to my previous letter of [*insert date annex 6 sent*] I am writing to confirm that the controlled locality determination has now concluded and your application will now be progressed.

I will keep you informed of progress.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 8**

**Notification of Application**

[*date*]

Dear [*insert*]

**Re: Application for outline consent and premises approval at [*insert address*] by [*insert applicant’s name*]**

We have received the above application, a copy of which is enclosed, and [*NHS England/name of ICB*] has completed its 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*].

[*The following text is to be inserted as relevant*]

[I can confirm that no information that has been received in relation to this application is being withheld under regulation 52(9) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. / I can confirm that the following information is being withheld under regulation 52(9) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:

* *Insert as relevant*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**How we will involve patients in decisions on applications by doctors to dispense**

Normally doctors write prescriptions which are then dispensed at a pharmacy. However, in certain circumstances the prescription can be dispensed by the doctors’ surgery. There are a number of rules that have to be met in order for this to happen and one of those is that the doctors’ surgery must have approval to dispense to its patients who live in a specified area (known as ‘outline consent’) and the premises where the dispensing will happen must be approved (‘premises approval’).

Where a doctors’ surgery is asked to dispense to patients who don’t live in an area for which the surgery has outline consent and premises approval it must first apply to [*NHS England/name of ICB*]. We must then write to:

* nearby pharmacies
* in some cases, other doctors’ surgeries
* the Health and Wellbeing Board which is a committee of the borough, county or city council, and
* the local Healthwatch organisation, which exists to represent local patients in general

We send them a copy of the application and invite them to make comments within 45 days. Comments can be made by letter or email.

In addition, the law requires us to involve patients in our decision-making. We may do this by sending copies of applications to:

* city/district and county councillors covering the area involved
* the town or parish council covering the area. In areas which do not have a town or parish council we may instead contact prominent community, neighbourhood or residents’ groups
* patient representative groups attached to nearby doctors’ surgeries.

They will also be invited to make comments within 45 days.

When we send them a copy of an application we will also send notes to explain:

* what the application is about
* why they are being asked for comments
* what we will consider when making a decision, and
* what happens next after a decision is made.

Applications are not confidential. If they want, councillors or patient groups may share details with local people so they can also make comments within the same 45 day period.

Any comments we receive will be sent to the doctors’ surgery. They will have a chance to respond to us about those comments.

Most applications are decided using written information, including any comments received.

In general, we will not hold public meetings about applications from doctors’ surgeries. This is because the doctors’ surgery cannot be made to attend to respond directly to any questions from members of the public.

However, we may hold a hearing if we need more information before making a decision. Where written comments from councillors or patient groups suggest that local people hold strong views, we will invite those councillors or patient groups to attend the hearing.

The hearing will be held in public so that (although members of the public will not be able to ask questions) they will be able to hear the arguments for and against the application. These will include any comments made by their representatives and the responses received.

All comments at the meeting will be taken into account in making a final decision on the application.

**Chapter 23**

**Annex 9**

**Circulation of Representations**

[*date*]

Dear [*insert*]

**Re: Application for outline consent and premises approval at [*insert* *address*] by [*insert applicant’s name*]**

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*]. Please note that any new information that you submit at this stage will have little or no weight placed upon it unless it can be demonstrated that you are presenting it in response to representations submitted by another party that you believe are not true or are incorrect.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 10**

**Committee Report**

**[*insert name of committee*]**

**[*insert date of meeting*]**

**[*insert agenda item number*] - Application for outline consent and premises approval**

|  |  |
| --- | --- |
| **CAS reference** |  |
| **Name of applicant** |  |
| **Address for premises approval** |  |
| **Area for which outline consent is sought** |  |
| **Relevant regulations and guidance** | Regulations 51(5) to (10) – specific grounds to refuse the application in full or in part  Regulation 53 – taking effect of grants  Regulation 57 – gradual introduction of premises approval |
| **Additional information** | [Look at regulation 51 and include information that may be relevant to the committee’s discussion. Examples:   * Details of any pharmacy premises that are within 1.6km of the practice premises * Details of controlled/uncontrolled locality covered by the application * Details of any relevant outstanding pharmacy applications * Information that will assist in a decision as to whether gradualisation should be imposed under reg 57.] |

|  |  |
| --- | --- |
| **Recommendation[[158]](#footnote-158)** |  |

|  |  |  |
| --- | --- | --- |
| **Enclosures** | Application | Annex A |
| Map of area seeking outline consent for | Annex B |
| Relevant outline consent map(s) | Annex C |
| Representations | Annex D |
| Further comments in response to representations | Annex E |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 23**

**Annex 11**

**Granted – Applicant**

[*date*]

Dear [*insert*]

**Re: Application for outline consent and premises approval at [*insert* *address*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been granted in [full/part]. We will write and let you know when the decision is to take effect. Please see the enclosed report for full reasoning.

[[*If gradual introduction of premises approval has been given under reg 57, insert the following*:]

[You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision regarding the gradual introduction of premises approval. 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 [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 12**

**Granted – Interested Parties with no Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application for outline consent and premises approval at [*insert* *address*] by [*insert* *applicant’s* *name*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been granted in [full/part]. Please see the enclosed report for full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 13**

**Granted – Interested Parties with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application for outline consent and premises approval at [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been granted in [full/part]. Please see the enclosed report for full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s 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 [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 14**

**Refused - Applicant**

[*date*]

Dear [*insert*]

**Re: Application for outline consent and premises approval at [*insert* *address*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s 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 [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 15**

**Refused – Interested Parties**

[*date*]

Dear [*insert*]

**Re: Application for outline consent and premises approval at [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 16**

**Taking Effect – No Outstanding Applications**

[*date*]

Dear [*insert*]

**Re: Application for outline consent and premises approval at [*insert address*]**

Further to my recent letter regarding your application I can confirm that there have been no appeals. I can also confirm that there are no outstanding pharmacy applications for premises that are within 1.6km of [*insert address*]. Outline consent and premises approval therefore takes effect immediately for [*insert the area that outline consent was given for and the address of the premises that have been given premises approval*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 17**

**Notification of Grant of an Application for Outline Consent and Premises Approval**

From: [Name] – PCSE Market Entry Officer

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [insert name of] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note that [insert name of doctor] has been granted outline consent and premises approval as follows:

Name of the practice –

Address that premises approval has been given in relation to –

Area for which outline consent has been granted – [insert map or description]

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 18**

**Outstanding Application**

[*date*]

Dear [*insert*]

**Re: Application for outline consent and premises approval at [*insert address*]**

Further to [*my recent letter/NHS Resolution’s letter*] regarding your application I can confirm that your application has been finally granted. However as there is an outstanding pharmacy application for premises that are within 1.6km of [*insert address*] outline consent cannot yet take effect.

[*insert details of the pharmacy application*]

The earliest date on which you can therefore make an application for a determination of when the outline consent is to take effect is [*insert date as per regulation 53(9)*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 19**

**Confirmation of Determination Request Date**

[*date*]

Dear [*insert*]

**Re: Application for outline consent and premises approval at [*insert* *address*]**

Further to my letter of [*insert date annex 18 sent*] I am writing to confirm that you may within three months of this letter, i.e. by [*insert* *date*], request a determination as to whether the outline consent is to take effect.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 20**

**Confirmation of Taking Effect**

[*date*]

Dear [*insert*]

**Re: Application for outline consent and premises approval at [*insert* *address*]**

Further to your request for a determination for whether outline consent and premises approval are to take effect, I am writing to confirm that they may take effect with immediate effect.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 21**

**Lapse of Application**

[*date*]

Dear [*insert*]

**Re: Application for outline consent and premises approval at [*insert* *address*]**

Further to your request for a determination as to whether outline consent is to take effect, I am writing to confirm that it has lapsed as [*primary medical services are not being provided at the premises / pharmaceutical services are being provided at the pharmacy premises to which the outstanding pharmacy application related*.]

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s 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 [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 22**

**Relocation of Practice Premises Before Outline Consent Takes Effect**

**Application Form**

|  |  |
| --- | --- |
| **Name of doctor/practice** |  |
| **Correspondence address** |  |

I/we wish to change the premises from which I/we wish to dispense prior to the taking effect of an application for outline consent.

|  |  |
| --- | --- |
| Reference number for related outline consent and premises approval application |  |

Insert the address of the premises for which premises approval was previously given

|  |
| --- |
|  |

Please insert below the address of the premises for which you are now seeking premises approval.

|  |
| --- |
|  |

Please confirm which patient groups who would be accustomed to accessing the dispensing service at the original premises.

|  |
| --- |
|  |

Please use the box below to explain why you consider that the new premises are not significantly less accessible for the patient groups that would be accustomed to accessing pharmaceutical services at the original premises.

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

Please use the box below to explain why you consider that granting the application will not result 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 of local pharmaceutical services in any part of the HWB’s area or in a controlled locality in the area of a neighbouring HWB area where that controlled locality is within 1.6km of your proposed new premises.

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

Please use the box below to explain why you consider granting the application would not cause significant detriment to the proper planning in respect of the provision of pharmaceutical services in the HWB’s area.

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

Please confirm if these premises are already included in the relevant dispensing doctor list in relation to a different area for which you have outline consent or historic rights. Yes  No 

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the practice ……………………………………………………………………

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

Contact email number in case of queries ………………………………………………….

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 23**

**First Referral Questions – relocation before outline consent takes effect**

* Please can you confirm that the information required by regulation 51 (3) has been provided and is correct?
* Please review the attached list of interested parties for accuracy and completeness, adding or removing interested parties as relevant.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 24**

**Identifying Interested Parties: Notifiable Applications**

**Introduction**

1. Determining the parties who must be notified of applications pursuant to regulation 52 of the Regulations is the responsibility of the 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 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. Conversely, if the distances do not identify any persons then they may be increased accordingly. When identifying contractors who may be significantly affected by the grant of the application, the Commissioner may wish to look at practice prescribing dispensing data which is published by the [NHSBSA](https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data) on a monthly basis as this shows where prescriptions written by GP practices are dispensed. Alternatively this information is available via the Strategic Health Asset Planning and Evaluation application[[159]](#footnote-159).

**Contractors included in a pharmaceutical list (regulation 52(1)(c)(i))**

1. The interests of contractors included in one of the pharmaceutical lists might be significantly affected by the grant of the application (and notified of it) if:

* where the applicant's proposed premises is not in a controlled locality, the contractor's premises is within 2km in a direct line from the applicant's proposed premises, or
* where the applicant's proposed premises are in a controlled locality, the contractor's premises is located within 8km in a direct line from the applicant's proposed premises.

1. Head offices of bodies corporate are also to be notified where this information is known, but this is as a courtesy as it is the premises that are included in the relevant pharmaceutical list that are to be notified in accordance with the regulations.

**Persons entitled to be included in a pharmaceutical list (regulation 52(1)(c)(ii))**

1. The interests of persons whose applications for inclusion have been granted (but who are yet to be included) might be significantly affected by the grant of the application (and notified of it) if:

* where the applicant's proposed premises is not in a controlled locality, the person's proposed premises is located within 2km in a direct line from the applicant's proposed premises, or
* where the applicant's proposed premises are in a controlled locality, the person's proposed premises is located within 8km in a direct line from the applicant's proposed premises.

**Local pharmaceutical services (LPS) contractors (regulation 52(1)(d))**

1. The interests of LPS contractors might be significantly affected by the grant of the application (and notified of it) if:

* where the applicant's proposed premises are not in a controlled locality, the LPS contractor's premises is located within 2km in a direct line from the applicant's proposed premises, or
* where the applicant's proposed premises are in a controlled locality, the LPS contractor's premises is located within 8km in a direct line from the applicant's proposed premises.

**Patient, consumer or community groups in the HWB area (regulation 52(1)(e))**

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

* where the applicant's proposed premises are in a controlled locality, the relevant Parish Council.

1. The Commissioner should consider whether there are any other groups that are to be notified of the application, for example residents associations.

**GP practices (regulation 52(1)(f))**

1. Dispensing practices that have dispensing patients within the area identified in the application 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 (regulation 52(1)(f))**

1. GP performers included in the dispensing doctors list that have dispensing patients within the area identified in the application should be considered to have a significant interest in the outcome of the application and should be notified of it (if the practice is not already being notified).

**Welsh health boards (regulation 52(1)(g))**

1. Where the premises is within 2km of a Welsh health board that organisation is to be notified. Applications are to be sent to NHS Wales Shared Service Partnership ([nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)) who will forward them to the appropriate health board.

**Chapter 23**

**Annex 25**

**Notification of Relocation Application**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of premises before outline consent takes effect by [*insert* *applicant’s* *name*]**

You may recall that [*insert* *name* *of* *applicant*] successfully applied for outline consent to dispense to [*insert* *details* *of* *area*] from the premises at [*insert* *address*].

We have now received an application for a” relocation of practice premises which is not significant” before the outline consent takes effect. A copy is enclosed, and preliminary checks on it have been completed by [*NHS England/name of ICB*]. 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*].

[*The following text is to be inserted as relevant*]

[I can confirm that no information that has been received in relation to this application is being withheld under regulation 52(9) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. / I can confirm that the following information is being withheld under regulation 52(9) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:

* *Insert as relevant*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**How we will involve patients in decisions on applications by doctors to dispense**

Normally doctors write prescriptions which are then dispensed at a pharmacy. However, in certain circumstances the prescription can be dispensed by the doctors’ surgery. There are a number of rules that have to be met in order for this to happen and one of those is that the doctors’ surgery must have approval to dispense to its patients who live in a specified area (known as ‘outline consent’) and the premises where the dispensing will happen must be approved (‘premises approval’).

Where a doctors’ surgery wants to move to new premises and wishes to dispense to its eligible patients at those premises it must first apply to [*NHS England/name of ICB*]. We must then write to:

* nearby pharmacies
* in some cases, other doctors’ surgeries
* the Health and Wellbeing Board which is a committee of the borough, county or city council, and
* the local Healthwatch organisation, which exists to represent local patients in general.

We send them a copy of the application and invite them to make comments within 45 days. Comments can be made by letter or email.

In addition, the law requires us to involve patients in our decision-making. We may do this by sending copies of applications to:

* city/district and county councillors covering the area involved
* the town or parish council covering the area. In areas which do not have a town or parish council we may instead contact prominent community, neighbourhood or residents’ groups
* patient representative groups attached to nearby doctors’ surgeries.

They will also be invited to make comments within 45 days.

When we send them a copy of an application we will also send notes to explain:

* what the application is about
* why they are being asked for comments
* what we will consider when making a decision, and
* what happens next after a decision is made.

Applications are not confidential. If they want, councillors or patient groups may share details with local people so they can also make comments within the same 45 day period.

Any comments we receive will be sent to the doctors’ surgery. They will have a chance to respond to us about those comments.

Most applications are decided using written information, including any comments received.

In general, we will not hold public meetings about applications from doctors’ surgeries. This is because the doctors’ surgery cannot be made to attend to respond directly to any questions from members of the public.

However, we may hold a hearing if we need more information before making a decision. Where written comments from councillors or patient groups suggest that local people hold strong views, we will invite those councillors or patient groups to attend the hearing.

The hearing will be held in public so that (although members of the public will not be able to ask questions) they will be able to hear the arguments for and against the application. These will include any comments made by their representatives and the responses received.

All comments at the meeting will be taken into account in making a final decision on the application.

**Chapter 23**

**Annex 26**

**Representations on Relocation Application**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of premises before outline consent takes effect by [*insert* *applicant’s* *name*]**

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*]. Please note that any new information that you submit at this stage will have little or no weight placed upon it unless it can be demonstrated that you are presenting it in response to representations submitted by another party that you believe are not true or are incorrect.

Yours sincerely

[*name*]

[*title*]

Enc

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**Chapter 23**

**Annex 27**

**Committee Report – Relocation before Outline Consent Takes Effect**

**[*insert name of committee*]**

**[*insert date of meeting*]**

**[*insert agenda item number*] - Relocation of practice premises before outline consent takes effect**

|  |  |
| --- | --- |
| **CAS reference** |  |
| **Name of applicant** |  |
| **Original address for premises approval** |  |
| **New address for premises approval** |  |
| **Description of the area for which outline consent has been granted** |  |
| **Relevant regulations and guidance** | Regulation 54 – relocations of practice premises which are not significant before outline consent has taken effect  Regulation 56 – Taking effect of premises approval where there is no related application for outline consent |
| **Additional information** | [Look at regulation 54 (which refers to regulation 55(2)) and include information that may be relevant to the committee’s discussion. Examples:   * is the location of the new premises less accessible than the current premises, and if so why? * are there other pharmacies, DACs or dispensing doctors in the area of both sets of premises? If so, what services do they provide and what hours are they open] |

|  |  |
| --- | --- |
| **Recommendation[[160]](#footnote-160)** |  |

|  |  |  |
| --- | --- | --- |
| **Enclosures** | Application | Annex A |
| Representations | Annex B |
| Further comments in response to representations | Annex C |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 23**

**Annex 28**

**Granted - Applicant**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of practice premises before outline consent takes effect from [*insert* *address*] to [*insert* *address*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been granted. Please see the enclosed report for full reasoning.

[*Insert* *the* *following* *as* *relevant*]

[Outline consent and premises approval for [*insert* *area*] therefore take effect from [*insert* *date*] unless there is an appeal against this decision. / Premises approval therefore takes effect once the period for any appeals has passed, or where there is an appeal once it has been finally determined, unless the appeal overturns [*NHS England/name of ICB*]’s decision.]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 29**

**Granted – Interested Parties with no Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of practice premises from [*insert* *address*] to [*insert* *address*] before outline consent takes effect following an application for outline consent and premises approval by [*insert* *applicant’s* *name*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been granted. Please see the enclosed report for full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 30**

**Granted – Interested Parties with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of practice premises from [*insert* *address*] to [*insert* *address*] before outline consent takes effect following an application for outline consent and premises approval by [*insert* *applicant’s* *name*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been granted. Please see the enclosed report for full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s 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 [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 31**

**Refused - Applicant**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of practice premises before outline consent takes effect from [*insert address*] to [*insert address*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s 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 [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 32**

**Refused – Interested Parties**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of practice premises from [*insert* *address*] to [*insert* *address*] before outline consent takes effect following an application for outline consent and premises approval by [*insert* *applicant’s* *name*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 33**

**Taking Effect – No Outstanding Applications**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of practice premises from [*insert* *address*] to [*insert* *address*] before outline consent takes effect following an application for outline consent and premises approval by [*insert* *applicant’s* *name*]**

Further to my recent letter regarding your application I can confirm that there have been no appeals. I can also confirm that there are no outstanding pharmacy applications for premises that are within 1.6km of [*insert* *address*]. Premises approval therefore takes effect immediately for [*insert the area that outline consent was given for*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 34**

**Notification of Grant of an Application for Relocation of Premises Approval Before Outline Consent Takes Effect**

From: [Name] – PCSE Market Entry Officer

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [insert name of] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note that an application by [insert name of doctor] for a relocation of premises approval before outline consent has taken effect:

Name of the practice –

New address that premises approval has been given in relation to –

Please note that the relocation has not yet taken effect.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 35**

**Outstanding Application**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of practice premises from [*insert* *address*] to [*insert* *address*] before outline consent takes effect following an application for outline consent and premises approval by [*insert* *applicant’s* *name*]**

Further to [my recent letter/NHS Resolution’s letter] regarding your application I can confirm that your application has been finally granted. However as there is an outstanding pharmacy application for premises that are within 1.6km of [*insert* *address*] regulation 53(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 directs that outline consent cannot yet take effect.

[*insert* *details* *of* *the* *application*]

Under Regulation 53(9) premises approval will therefore take effect one year after the outstanding pharmacy application reaches its final outcome. I will advise you when that happens.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 36**

**Confirmation of Final Outcome**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of practice premises from [*insert address*] to [*insert address*] before outline consent takes effect following an application for outline consent and premises approval by [*insert applicant’s name*]**

Further to my letter dated [*insert date of annex 35*] regarding your application I can confirm that the outstanding pharmacy application has reached its final outcome and has been [granted/refused].

Premises approval for [*insert address*] will therefore take effect from [*insert date one year after the date the outstanding application reached its final outcome*], unless before then pharmaceutical services are provided at [*insert address for outstanding application*].

Should pharmaceutical services provision commence I will advise you accordingly.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 37**

**Lapse of Grant**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of practice premises from [*insert* *address*] to [*insert* *address*] before outline consent takes effect following an application for outline consent and premises approval by [*insert* *applicant’s* *name*]**

Further to my letter dated [*insert date of Annex 36*] regarding your application I can confirm that the pharmacy to which the outstanding pharmacy application related has now opened and is providing pharmaceutical services. Your premises approval has therefore lapsed.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 38**

**Taking Effect of Grant**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of practice premises from [*insert address*] to [*insert address*] before outline consent takes effect following an application for outline consent and premises approval by [*insert applicant’s name*]**

Further to my letter dated [*insert date of Annex 37*] regarding your application I can confirm that the pharmacy to which the outstanding pharmacy application related did not open. Your premises approval will therefore take effect from [*insert* *date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 39**

**Relocation of Practice Premises After Outline Consent Takes Effect**

**Application Form**

|  |  |
| --- | --- |
| **Name of doctor/practice** |  |
| **Correspondence address** |  |

I/we wish to change the premises from which I/we dispense.

Insert the address of the premises for which premises approval was previously given

|  |
| --- |
|  |

Please insert below the address of the premises for which you are now seeking premises approval.

|  |
| --- |
|  |

Please confirm which patient groups are accustomed to accessing the dispensing service at your current premises.

|  |
| --- |
|  |

Please use the box below to explain why you consider that the new premises are not significantly less accessible for the patient groups that are accustomed to accessing pharmaceutical services at the existing premises.

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

Please use the box below to explain why you consider that granting the application will not result 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 of local pharmaceutical services in any part of the HWB’s area or in a controlled locality in the area of a neighbouring HWB area where that controlled locality is within 1.6km of your proposed new premises.

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

Please use the box below to explain why you consider granting the application would not cause significant detriment to the proper planning in respect of the provision of pharmaceutical services in the HWB’s area.

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

Please confirm if these premises are already included in the relevant dispensing doctor list in relation to a different area for which you have outline consent or historic rights. Yes  No 

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the practice ……………………………………………………………………

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

Contact email number in case of queries ………………………………………………….

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

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**Chapter 23**

**Annex 40**

**First Referral Questions – relocation after outline consent takes effect**

* Please can you confirm that the information required by regulation 51(3) has been provided and is correct?
* Please review the attached list of interested parties for accuracy and completeness, adding or removing interested parties as relevant.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 41**

**Identifying Interested Parties: Notifiable Applications**

**Introduction**

1. Determining the parties who must be notified of applications pursuant to regulation 52 of the Regulations is the responsibility of the 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 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. Conversely, if the distances do not identify any persons then they may be increased accordingly. When identifying contractors who may be significantly affected by the grant of the application, the Commissioner may wish to look at practice prescribing dispensing data which is published by the [NHSBSA](https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data) on a monthly basis as this shows where prescriptions written by GP practices are dispensed. Alternatively this information is available via the Strategic Health Asset Planning and Evaluation application[[161]](#footnote-161).

**Contractors included in a pharmaceutical list (regulation 52(1)(c)(i))**

1. The interests of contractors included in one of the pharmaceutical lists might be significantly affected by the grant of the application (and notified of it) if:

* where the applicant's proposed premises is not in a controlled locality, the contractor's premises is within 2km in a direct line from the applicant's proposed premises, or
* where the applicant's proposed premises are in a controlled locality, the contractor's premises is located within 8km in a direct line from the applicant's proposed premises.

1. Head offices of bodies corporate are also to be notified where this information is known, but this is as a courtesy as it is the premises that are included in the relevant pharmaceutical list that are to be notified in accordance with the regulations.

**Persons entitled to be included in a pharmaceutical list (regulation 52(1)(c)(ii))**

1. The interests of persons whose applications for inclusion have been granted (but who are yet to be included) might be significantly affected by the grant of the application (and notified of it) if:

* where the applicant's proposed premises is not in a controlled locality, the person's proposed premises is located within 2km in a direct line from the applicant's proposed premises, or
* where the applicant's proposed premises is in a controlled locality, the person's proposed premises is located within 8km in a direct line from the applicant's proposed premises.

**Local pharmaceutical services (LPS) contractors (regulation 52(1)(d))**

1. The interests of LPS contractors might be significantly affected by the grant of the application (and notified of it) if:

* where the applicant's proposed premises is not in a controlled locality, the LPS contractor's premises is located within 2km in a direct line from the applicant's proposed premises, or
* where the applicant's proposed premises is in a controlled locality, the LPS contractor's premises is located within 8km in a direct line from the applicant's proposed premises.

**Patient, consumer or community groups in the HWB area (regulation 52(1)(e))**

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

* where the applicant's proposed premises are in a controlled locality, the relevant Parish Council.

1. The Commissioner should consider whether there are any other groups that are to be notified of the application, for example residents associations.

**GP practices (regulation 52(1)(f))**

1. Dispensing practices that have dispensing patients within the area identified in the application 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 (regulation 52(1)(f))**

1. GP performers included in the dispensing doctors list that have dispensing patients within the area identified in the application should be considered to have a significant interest in the outcome of the application and should be notified of it (if the practice is not already being notified).

**Welsh health boards (regulation 52(1)(g))**

1. Where the premises is within 2km of a Welsh health board that organisation is to be notified. Applications are to be sent to NHS Wales Shared Service Partnership ([nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)) who will forward them to the appropriate health board.

**Chapter 23**

**Annex 42**

**Notification of Relocation Application – After Outline Consent**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of premises after outline consent has taken effect by [*insert applicant’s name*] from [*insert address*] to [*insert address*]**

We have received the above application, a copy of which is enclosed, and [*NHS England/name of ICB*] has completed its 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*].

[*The following text is to be inserted as relevant*]

[I can confirm that no information that has been received in relation to this application is being withheld under regulation 52(9) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. / I can confirm that the following information is being withheld under regulation 52(9) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:

* *Insert as relevant*]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**How we will involve patients in decisions on applications by doctors to dispense**

Normally doctors write prescriptions which are then dispensed at a pharmacy. However, in certain circumstances the prescription can be dispensed by the doctors’ surgery. There are a number of rules that have to be met in order for this to happen and one of those is that the doctors’ surgery must have approval to dispense to its patients who live in a specified area (known as ‘outline consent’) and the premises where the dispensing will happen must be approved (‘premises approval’).

Where a doctors’ surgery wants to move to new premises and wishes to dispense to its eligible patients at those premises it must first apply to [*NHS England/name of ICB*]. We must then write to:

* nearby pharmacies
* in some cases, other doctors’ surgeries
* the Health and Wellbeing Board which is a committee of the borough, county or city council, and
* the local Healthwatch organisation, which exists to represent local patients in general

We send them a copy of the application and invite them to make comments within 45 days. Comments can be made by letter or email.

In addition, the law requires us to involve patients in our decision-making. We may do this by sending copies of applications to:

* city/district and county councillors covering the area involved
* the town or parish council covering the area. In areas which do not have a town or parish council we may instead contact prominent community, neighbourhood or residents’ groups
* patient representative groups attached to nearby doctors’ surgeries.

They will also be invited to make comments within 45 days.

When we send them a copy of an application we will also send notes to explain:

* what the application is about
* why they are being asked for comments
* what we will consider when making a decision, and
* what happens next after a decision is made.

Applications are not confidential. If they want, councillors or patient groups may share details with local people so they can also make comments within the same 45 day period.

Any comments we receive will be sent to the doctors’ surgery. They will have a chance to respond to us about those comments.

Most applications are decided using written information, including any comments received.

In general, we will not hold public meetings about applications from doctors’ surgeries. This is because the doctors’ surgery cannot be made to attend to respond directly to any questions from members of the public.

However, we may hold a hearing if we need more information before making a decision. Where written comments from councillors or patient groups suggest that local people hold strong views, we will invite those councillors or patient groups to attend the hearing.

The hearing will be held in public so that (although members of the public will not be able to ask questions) they will be able to hear the arguments for and against the application. These will include any comments made by their representatives and the responses received.

All comments at the meeting will be taken into account in making a final decision on the application.

**Chapter 23**

**Annex 43**

**Circulation of Representations**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of premises after outline consent has taken effect by [*insert* *applicant’s* *name*] from [*insert* *address*] to [*insert* *address*]**

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*]. Please note that any new information that you submit at this stage will have little or no weight placed upon it unless it can be demonstrated that you are presenting it in response to representations submitted by another party that you believe are not true or are incorrect.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 44**

**Committee Report – Relocation after Outline Consent Takes Effect**

**[*insert name of committee*]**

**[*insert date of meeting*]**

**[*insert agenda item number*] - Relocation of practice premises after outline consent takes effect**

|  |  |
| --- | --- |
| **CAS reference** |  |
| **Name of applicant** |  |
| **Current address from which services are being provided** |  |
| **New address for premises approval** |  |
| **Did the practice relocate to the current address within the last 12 months?** | Yes / No |
| **Relevant regulations and guidance** | Regulation 55 – relocations of practice premises which are not significant after outline consent has taken effect  Regulation 56 – taking effect of premises approval where there is no related application for outline consent  Regulation 57 – gradual introduction of premises approval |
| **Additional information** | [Look at regulation 55 and include information that may be relevant to the committee’s discussion. Examples:   * is the location of the new premises less accessible than the current premises, and if so why? * are there other pharmacies, DACs or dispensing doctors in the area of both sets of premises? If so, what services do they provide and what hours are they open] |

|  |  |
| --- | --- |
| **Recommendation[[162]](#footnote-162)** |  |

|  |  |  |
| --- | --- | --- |
| **Enclosures** | Application | Annex A |
| Representations | Annex B |
| Further comments in response to representations | Annex C |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

2018.

**Chapter 23**

**Annex 45**

**Granted – Applicant**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of practice premises after outline consent has taken effect from [*insert address*] to [*insert address*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been granted. Please see the enclosed report for full reasoning.

[*If there is to be a gradual introduction of premises approval under reg 57 advise of that fact and include the reasoning and the following wording*.]

[You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision relating to the gradual introduction of premises approval. 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 [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 46**

**Granted – Interested Parties with No Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application for a relocation after outline consent has taken effect of practice premises from [*insert address*] to [*insert address*].**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been granted. Please see the enclosed report for full reasoning.

[*If there is to be a gradual introduction of premises approval under reg 57 advise of that fact and include the reasoning*.]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 47**

**Granted – Interested Parties with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of premises after outline consent has taken effect by [*insert* *applicant’s* *name*] from [*insert* *address*] to [*insert* *address*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been granted. Please see the enclosed report for full reasoning.

[*If there is to be a gradual introduction of premises approval under regulation 57 advise of that fact and include the reasoning*.]

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision to grant the application. 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 [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 48**

**Refused – Applicant**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of practice premises after outline consent has taken effect from [*insert address*] to [*insert address*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for full reasoning.

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 [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 49**

**Refused – Interested Parties**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of premises after outline consent has taken effect by [*insert applicant’s name*] from [*insert address*] to [*insert address*]**

We have considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 50**

**Taking Effect**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of practice premises after outline consent has taken effect from [*insert* *address*] to [*insert* *address*]**

I am writing to confirm that the above application has been granted. Premises approval for [*insert* *address*] therefore takes effect immediately.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 51**

**Notification of Grant of an Application for Relocation of Premises Approval After Outline Consent Takes Effect**

From: [Name] – PCSE Market Entry Officer

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [insert name of] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note that an application by [insert name of doctor] for a relocation of premises approval before outline consent has taken effect:

Name of the practice –

New address that premises approval has been given in relation to –

Please note that the relocation has not yet taken effect.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 52**

**Outstanding Application**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of practice premises after outline consent has taken effect from [*insert* *address*] to [*insert* *address*]**

I am writing to confirm that the above application has been granted. However as there is an outstanding pharmacy application within 1.6km of the premises to which you wish to relocate, premises approval cannot take effect at this time. The details of this outstanding pharmacy application are as follows:

[*insert* *details*]

I will keep you informed of the progress of that application.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 53**

**Final Outcome**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of practice premises from [*insert address*] to [*insert address*] before outline consent takes effect following an application for outline consent and premises approval by [*insert applicant’s name*]**

Further to my letter dated [*insert date of Annex 42*] regarding your application I can confirm that the outstanding pharmacy application has reached its final outcome and has been [granted/refused].

Under Regulation 56(2)(b) premises approval for [*insert address*] will therefore take effect from [*insert date one year after the date the outstanding application reached its final outcome*], unless before then pharmaceutical services are provided at [*insert address for outstanding application*].

Should pharmaceutical services provision commence I will advise you accordingly.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 54**

**Lapse of Grant**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of practice premises from [*insert* *address*] to [*insert* *address*] before outline consent takes effect following an application for outline consent and premises approval by [*insert* *applicant’s* *name*]**

Further to my letter dated [*insert date of Annex 42*] regarding your application I can confirm that the pharmacy to which the outstanding pharmacy application related has now opened and is providing pharmaceutical services. Your premises approval has therefore lapsed.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 23**

**Annex 55**

**Taking Effect**

[*date*]

Dear [*insert*]

**Re: Application for a relocation of practice premises from [*insert address*] to [*insert address*] before outline consent takes effect following an application for outline consent and premises approval by [*insert applicant’s name*]**

Further to my letter dated [*insert date of Annex 43*] regarding your application I can confirm that the pharmacy to which the outstanding pharmacy application related did not open. Your premises approval will therefore take effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 1**

**Application Form**

**Application offering to provide additional directed services**

Application for inclusion in the pharmaceutical list for the area of

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

This is an application to provide additional directed services and as such is an excepted application under regulation 23 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 or the relevant delegated integrated care board'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[[163]](#footnote-163)**

|  |
| --- |
|  |

Is this a personal address? Yes  No 

**1.2 Applicant’s legal entity**

**I/we am/are applying as a:**

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

**Sole trader  My GPhC/PSNI registration number is …………………**

**Partnership **

|  |
| --- |
| **Please list each partner and their GPhC/PSNI registration number:**  **Please continue on a separate sheet if necessary.** |

**Corporate Body **

|  |  |
| --- | --- |
| **Superintendent’s name and GPhC registration number is** |  |

**1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations**

(Please tick relevant box)

|  |  |  |
| --- | --- | --- |
| I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate. |  | |
| Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | | |
| I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate | |  |
| Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | | |

**1.4 Relevant fee**

I/we include the relevant fee for this application. 

**2 Address of the premises at which the services are to be provided**

|  |
| --- |
|  |

**3 Details of the additional directed services to be provided**

Please give details of the additional advanced and enhanced services[[164]](#footnote-164) you intend to provide. These details should include:

* confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
* confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
* 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.

|  |  |  |
| --- | --- | --- |
| **Service** | **Accredited to provide (Y/N/NA)** | **Premises accredited (Y/N/NA)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please continue on a separate sheet if necessary.

I/we confirm that the pharmacy premises will have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations. Yes 

Or

I/we confirm that NHS England or the relevant delegated integrated care board has previously determined that the pharmacy premises is too small to have a consultation room. I/we confirm that there will be arrangements in place which enable the person performing pharmaceutical services to communicate confidentially with a person accessing pharmaceutical services:

1. by telephone or other live audio link, and
2. via a live video link. Yes 

**Floor plan showing consultation area**

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.**4 Undertakings**

By virtue of submitting this application I/we undertake to notify NHS England or the relevant delegated integrated care board 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 NHS England or the relevant delegated integrated care board 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.

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:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 2**

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

This form must accompany all routine and excepted applications for inclusion in a pharmaceutical list in accordance with paragraph 2, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Please complete this form as legibly as possible

* 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)** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI 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.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **I declare that I am a registered pharmacist.** | |
| **Name** |  |
| **Date** |  |

* 1. **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/PSNI 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** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 2** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 3** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 4** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

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.

|  |
| --- |
|  |

(Pharmacy applications only) I declare that:

* each partner named above is a registered pharmacist, and
* 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** |  |
| **On behalf of (name of partnership)** |  |
| **Date** |  |

* 1. **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. If one is not available please state accordingly.** |  |

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

|  |  |
| --- | --- |
| **Superintendent** | |
| **Full name** |  |
| **GPhC registration number** |  |
| **Date of birth** |  |
| **Superintendent's private address** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 1** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 2** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 3** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 4** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

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.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

|  |  |
| --- | --- |
| **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** |  |
| **Position** |  |
| **On behalf of (name of body corporate)** |  |
| **Date** |  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 3**

**First Referral Questions**

* Has the applicant identified the correct health and wellbeing board?
* I have identified the following missing information/documentation/undertakings:
  + [*insert details*]

Please advise of any other missing information/documentation/undertakings that you wish me to ask the applicant for.

* Please can you provide copies of the service specifications of the enhanced service that the applicant is offering to provide?
* Please can you provide contact details for the following persons/organisations:
  + Public health team
  + DoS lead

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 4**

**Acknowledgment of Receipt of Application**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

I am writing to confirm receipt of the above application on [*insert date*]. Please find enclosed copies of the specifications for the enhanced services you are applying to provide.

We will begin to process the application and you will be notified of

[*NHS England/name of ICB*]’s decision within 30 days.

You will be kept informed of its progress but should you have any questions please do not hesitate to contact me.

Should you need to contact us regarding your application please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 5**

**Acknowledgment of Receipt of Application and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*]’s request or unless [*NHS England/name of ICB*] has 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*].

Please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 6**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*] – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 7**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address]* – missing information and/or documentation**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 8**

**Acknowledgment of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

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 [*NHS England/name of ICB*]’s decision within 30 days.

As part of your application you are offering to provide enhanced services. Please find enclosed copies of the specifications for these services.

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

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 9**

**Confirmation of Non-Receipt of Missing Information and Withdrawal of Application**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

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.

Should you still wish to proceed with the provision of the additional directed services you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 10**

**Acknowledgment of Receipt of Application and Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 11**

**Acknowledgment of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

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

We will begin to process the application and you will be notified of [*NHS England/name of ICB*]’s decision within 30 days.

As part of your application you are offering to provide enhanced services. Please find enclosed copies of the specifications for these services.

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

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 12**

**Confirmation of Non-Receipt of Missing Undertakings and Withdrawal of Application**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

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.

Should you still wish to proceed with the provision of the additional directed services you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 13**

**Request for Payment**

[date]

Dear [insert]

**Re: Application to provide additional directed services at [*insert address*]**

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 [*NHS England/name of ICB*] 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 14**

**Payment Not Received - Application Withdrawn**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

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.

Should you still wish to proceed with the provision of the additional directed services you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 15**

**Committee Report**

**[*insert name of committee*]**

**[*insert date of meeting*]**

**[*insert agenda item number*] - Application to provide additional directed services**

|  |  |
| --- | --- |
| **CAS reference number** |  |
| **Name of applicant** |  |
| **Address of premises** |  |
| **Relevant regulations and guidance** | Regulations 23 – applications from NHS Chemists in respect of providing directed services  *(Regulation 66 – conditions relating to providing directed services)* |
| **Additional information** | [*Include information that may be relevant to the committee’s decision*.] |

|  |  |
| --- | --- |
| **Recommendation[[165]](#footnote-165)** |  |

|  |  |  |
| --- | --- | --- |
| **Enclosures** | Application | Annex A |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 24**

**Annex 16**

**Notification of Grant of Application**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been granted in relation to the following directed services:

* [*list services*]

Please see the enclosed report for the full reasoning.

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 started service provision then you will be required to stop with immediate effect.

Please 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 [*NHS England/name of 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.

Your listing in relation to the provision of these services will be subject to the conditions set out in regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board, or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ………………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 17**

**Notification of Refusal of Application - Applicant**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

[*NHS England/name of ICB*] has considered your application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against our decision. Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 18**

**Notification that Secretary of State Grants Application**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

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 commencement which you are required to submit to us once you are ready to commence service provision.

Please 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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ……………………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 19**

**Confirmation of No Appeal**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

I am writing to confirm that no appeal against [*NHS England/name of ICB*]’s decision on the above application has been submitted to the Secretary of State.

You therefore have 12 months from the date of my previous letter dated [*insert date*] within which to submit your notice of commencement and commence service provision.

Please 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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 20**

**No Notice of Commencement Received – Grant Lapsed**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has not received a notice of commencement in relation to this application and therefore the grant of it has lapsed.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 21**

**Shorter Notice Period Agreed To**

[*date*]

Dear [*Insert*]

**Re: Application to provide additional directed services at [*insert address*]**

[*NHS England/name of ICB*] has considered your application and has agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. Please therefore complete and submit the previously provided notice of commencement to us when you are ready.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 22**

**Shorter Notice Period Not Agreed To**

[*date*]

Dear [*Insert*]

**Re: Application to provide additional directed services at [*insert address*]**

[*NHS England/name of ICB*] has considered your application and has not agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. You are therefore required to submit a notice of commencement with a date of service commencement no fewer than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 23**

**Request for an extension to the time within which to submit a notice of commencement**

Name of applicant ……………………………………………………………………………

Address of the premises to which the granted application relates

|  |
| --- |
|  |

Date on which the application was granted by NHS England, the relevant delegated integrated care board or, on appeal, NHS Resolution ………………………………………

Original date by which the notice of commencement is to be submitted by ……………….. (Requests for an extension may only be made during the 12-month period following the grant of an application.)

I/we would like to request an extension to the time within which to submit the notice of commencement relating to the application submitted for the above premises. The additional period of time I/we are requesting is ………………………………………………………………..

Please explain in the box below the reasons for your request.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 24**

**Grant of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has granted your request for an extension to the time within which to submit a notice of commencement in relation to the above application.

The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period using the previously provided application form.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 25**

**Refusal of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has refused your request for an extension to the time within which to submit a notice of commencement in relation to the above application. Please see the enclosed report for the full reasoning.

[*Insert the following if there is still time for the applicant to submit their notice of commencement*] [The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period.]

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 26**

**Notice of Commencement Received Outside of the Grant Period**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as it was received outside of the [*12-month*] grant period it is not valid and cannot be actioned.

Should you still wish to proceed with the provision of the additional directed services you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 27**

**Date in the notice of commencement fewer than 30 days after the date received**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as the date of service commencement is fewer than 30 days before the date we received your notice, it is not valid. Please therefore resubmit your notice of commencement noting that the date of service commencement must be more than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 28**

**Missing/Incorrect Information**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 29**

**Inclusion in Pharmaceutical List**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

I am writing to confirm receipt of your notice of commencement. You will be included in the pharmaceutical list for the area of [*insert name of HWB*] at the above address in respect of the following directed services with effect from [*insert date*]:

* [*list services*]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 30**

**Notice of Commencement Not Valid**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 31**

**Date of inclusion cannot be changed**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the original date of commencement.

You have therefore been included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 32**

**Date of inclusion cannot be changed**

[*date*]

Dear [*insert*]

**Re: Application to provide additional directed services at [*insert address*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the new date of commencement.

You will therefore be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert original date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 33**

**Date of inclusion changed**

[*date*]

Dear [*insert*]

**Re:** **Current Needs Application at [*insert premises*]**

Further to your recent notification I am writing to confirm that you will now be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 24**

**Annex 34**

**Change to the Pharmaceutical List – Memo**

From: [Name] – PCSE Market Entry Officer

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [insert name of] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note the below [pharmacy/dispensing appliance contractor] will start to provide the following [advanced/enhanced] service[s] on [insert date]. Details are as follows:

[Insert name of contractor and any trading name]

[Insert address]

[Insert new advanced/enhanced service(s)]

|  |  |
| --- | --- |
| ODS code: |  |
| Phone number: |  |

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 1**

**Application Form**

**Application for a temporary listing arising out of a suspension**

Application for inclusion in the pharmaceutical list for the area of

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

This is an application for a temporary listing arising out of a suspension and as such is an excepted application under regulation 27 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 or the relevant delegated integrated care board'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[[166]](#footnote-166)**

|  |
| --- |
|  |

Is this a personal address? Yes  No 

**1.2 Applicant’s legal entity**

**I/we am/are applying as a:**

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

**Sole trader  My GPhC/PSNI registration number is ……………………**

**Partnership **

|  |
| --- |
| **Please list each partner and their GPhC/PSNI registration number:**  **Please continue on a separate sheet if necessary.** |

**Corporate Body **

|  |  |
| --- | --- |
| **Superintendent’s name and GPhC registration number is** |  |

**1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations**

(Please tick relevant box)

|  |  |  |
| --- | --- | --- |
| I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate. | |  |
| Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | | |
| I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate. |  | |
| Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | | |

|  |  |
| --- | --- |
| I/We have provided the required fitness information with this application. |  |

**2 Address of the premises**

|  |
| --- |
|  |

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

\* by rental, leasehold or freehold

**3 Opening hours**

**3.1 Core opening hours[[167]](#footnote-167)**

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

**3.2 Total opening hours[[168]](#footnote-168)**

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

**4 Pharmaceutical services to be provided at these premises**

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

Or

Terms of service (paragraphs 3 to 12, Schedule 5 – DACs) 

If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write ‘none’ if it is intended that the pharmacy will not provide appliances).

Please give details of any advanced and enhanced services[[169]](#footnote-169) you intend to provide. These details should include:

* confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
* confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
* 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.

|  |  |  |
| --- | --- | --- |
| **Service** | **Accredited to provide (Y/N/NA)** | **Premises accredited (Y/N/NA)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please continue on a separate sheet if necessary.

I/we confirm that the pharmacy premises will have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations. Yes 

Or

I/we confirm that NHS England or the relevant delegated integrated care board has previously determined that the pharmacy premises is too small to have a consultation room. I/we confirm that there will be arrangements in place which enable the person performing pharmaceutical services to communicate confidentially with a person accessing pharmaceutical services:

1. by telephone or other live audio link, and
2. via a live video link. Yes 

**Floor plan showing consultation area**

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.**5 Applications in relation to premises that are in close proximity to other listed chemist premises**

This section should only be completed if the premises included in section 2 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons: |

Please continue on a separate sheet if necessary.

**6 Information in support of the application**

6.1 Are the services you are undertaking to provide the same as those that the current owner is provided or had undertaken to provide before the suspension? Yes  No 

If the answer is “no” please give full details in the box below.

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

6.2 Is there any direct or indirect connection between you and the suspended contractor, including through a third party)?

Yes  No 

If “yes” please give full details in the box below.

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

**7 Nomination by the suspended contractor**

I confirm that this application is being made with my full knowledge and consent, and that I:

* nominate the person named in section 1.1 to provide pharmaceutical services at the premises listed in section 2 for the duration of my suspension from the pharmaceutical list; and
* that I consent to that person providing pharmaceutical services from those premises for the duration of my suspension from the pharmaceutical list or until I notify NHS England or the relevant delegated integrated care board that I no longer so consent.

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership ……………………………………………………

**8 Declaration by the applicant**

Please complete the following if the suspended contractor is a body corporate.

I/we confirm that I/we am/are not:

* an employee of the suspended contractor,
* or was/were not at the time of the suspension or of the originating events, a director or superintendent of the suspended contractor,
* a body corporate in which the suspended contractor or an employee of the suspended contractor is a majority shareholder,
* a body corporate in which a majority shareholder of the suspended contractor is, or was not at the time of the suspension or of the originating events, a director or superintendent of the person listed at section 1.1,
* a body corporate which has a director or superintendent who is an employee of the suspended contractor,
* a body corporate which has as a director or superintendent someone who is, or was at the time of the suspension or of the originating events, a director or superintendent of the suspended contractor.

Yes  No  N/A 

Please complete the following if the suspended contractor is an individual.

I/we confirm that I/we am/are not:

* an employee of the suspended contractor,
* a body corporate of which the suspended contractor or an employee of the suspended contractor is a director or superintendent,
* a body corporate in which the suspended contractor or an employee of the suspended contractor is a majority shareholder, or
* a body corporate which has a director or superintendent who is an employee of the suspended contractor.

Yes  No  N/A 

Please complete the following if the suspended contractor is a partnership.

I/we confirm that I/we am/are not:

* a member or an employee of the suspended contractor, and have not been a member or employee of the suspended contractor,
* a body corporate of which a member or employee of the suspended contractor is or has been a director, superintendent or majority shareholder, or
* a partnership of which the suspended contractor, or a member or employee of the suspended contractor, is or has been a member.

Yes  No  N/A 

**9 Undertakings**

By virtue of submitting this application I/we undertake to notify NHS England or the relevant delegated integrated care board 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 NHS England or the relevant delegated integrated care board 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.

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:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 2**

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

This form must accompany all routine and excepted applications for inclusion in a pharmaceutical list in accordance with paragraph 2, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Please complete this form as legibly as possible

* 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)** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI 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.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **I declare that I am a registered pharmacist.** | |
| **Name** |  |
| **Date** |  |

* 1. **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/PSNI 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** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 2** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 3** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 4** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

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.

|  |
| --- |
|  |

(Pharmacy applications only) I declare that:

* each partner named above is a registered pharmacist, and
* 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** |  |
| **On behalf of (name of partnership)** |  |
| **Date** |  |

* 1. **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. If one is not available please state accordingly.** |  |

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

|  |  |
| --- | --- |
| **Superintendent** | |
| **Full name** |  |
| **GPhC/PSNI registration number** |  |
| **Date of birth** |  |
| **Superintendent's private address** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 1** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 2** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 3** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 4** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

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.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

|  |  |
| --- | --- |
| **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** |  |
| **Position** |  |
| **On behalf of (name of body corporate)** |  |
| **Date** |  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 3**

**First Referral Questions**

* Has the applicant identified the correct health and wellbeing board?

* I have identified the following missing information/documentation/undertakings:
  + [*insert details*]

Please advise of any other missing information/documentation/undertakings that you wish me to ask the applicant for.

* Please can you confirm that the core and supplementary opening hours in section 3 are the same as the suspended owner’s opening hours?
* Please can you confirm that the pharmaceutical services listed in section 4 are the same as the services that the suspended owner provides?
* Please can you provide contact details for the following persons/organisations:
  + Public health team
  + DoS lead
  + Unwanted medicines collection and disposal contractor
  + Local Registration Authority (if you would like them to be notified if the application is granted and the applicant is subsequently included in the relevant pharmaceutical list).
* Attached is the interested parties list. Please can you review it for accuracy and completeness, adding or removing interested parties as relevant? If the premises are within 2km of the border of a neighbouring HWB, please include contact details for that HWB.

**Chapter 25**

**Annex 4**

**Identifying Interested Parties: Temporary Listings Arising Out of a Suspension Applications**

**Introduction**

1. Determining the parties who must be notified of the decision on a temporary listing arising out of a suspension application pursuant to paragraph 28(3)(c) of Schedule 2 to the Regulations is the responsibility of the 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 this type of application.
3. The following paragraphs will not cover every potential scenario and therefore ultimate responsibility to determine who is to be notified of the decision on a non-notifiable application rests with the decision-maker.

**Contractors included in a pharmaceutical list (paragraph 28(3)(c)(iv))**

1. NHS England has determined that the interests of no contractors that are included in a pharmaceutical list might be significantly affected by the grant of this type of application.

**Persons entitled to be included in a pharmaceutical list (paragraph 28(3)(c)(iv))**

1. NHS England has determined that the interests of no contractors that are entitled to be included in a pharmaceutical list might be significantly affected by the grant of this type of application.

**Local pharmaceutical services (LPS) contractors (paragraph 28(3)(c)(v))**

1. NHS England has determined that the interests of no LPS contractors might be significantly affected by the grant of this type of application.

**Patient, consumer or community groups in the HWB area (paragraph 28(3)(c)(vi))**

1. It is unlikely that any of these groups will have a significant interest in the outcome of this type of application, however consideration is to be given as to whether any are to be notified of the decision.

**Welsh health boards (paragraph 28(3)(c)(vii))**

1. Where the premises is within 2km of a Welsh health board that organisation is to be notified. Applications are to be sent to NHS Wales Shared Service Partnership ([nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)) who will forward them to the appropriate health board.

**Chapter 25**

**Annex 5**

**Acknowledgment of Receipt of Application**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

I am writing to confirm receipt of the above application on [*insert date*]. [*NHS England/name of ICB*] is required to determine the application within 30 days, unless it has good cause to take longer.

You will be kept informed of its progress but should you have any questions please do not hesitate to contact me.

Should you need to contact us regarding your application please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

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

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

.

**Chapter 25**

**Annex 6**

**Acknowledgment of Receipt of Application and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*] – missing information and 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 (the "Regulations") 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*]'s request or unless it has 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*].

Please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 7**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 8**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 9**

**Acknowledgment of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

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 [*NHS England/name of ICB*]’s decision within 30 days.

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

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

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 10**

**Confirmation of Non-Receipt of Missing Information and Withdrawal of Application**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

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.

Should you still wish to proceed you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 11**

**Acknowledgment of Receipt of Application and Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 12**

**Acknowledgment of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

Further to my letter of [*insert date*] I am writing to confirm receipt of the missing undertakings. We will begin to process the application and you will be notified of [*NHS England/name of ICB*]’s decision within 30 days.

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

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

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 13**

**Confirmation of Non-Receipt of Missing Undertakings and Withdrawal of Application**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

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.

Should you still wish to proceed you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 14**

**Committee Report**

**[*insert name of committee*]**

**[*insert date of meeting*]**

**[*insert agenda item number*] - Application for a temporary listing arising out of a suspension**

|  |  |
| --- | --- |
| **CAS reference number** |  |
| **Name of applicant** |  |
| **Fitness to practise** | * Not applicable, already included in respect of other premises. * Cleared for inclusion * To be conditionally included – see attached letter   (Delete as applicable) |
| **Name and address of suspended contractor** |  |
| **[Address at which services are to be provided by the applicant]** | [Not relevant if the address is the same as the suspended contractor’s address] |
| **Relevant regulations and guidance** | Regulations 27 – temporary listings arising out of suspensions  [Regulation 66 – conditions relating to providing directed services[[170]](#footnote-170)] |
| **Additional information** | [Look at regulation 27 and include information that may be relevant to the committee’s discussion. Examples:   * Is the applicant undertaking to provide the same pharmaceutical services as the suspended contractor? * Is there any direct or indirect connection between the suspended contractor and the applicant?] |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Recommendation[[171]](#footnote-171)** |  | | | |
| **Enclosures** | | Application | Annex A |
| Location map (if appropriate) | Annex B |
| [Fitness to practise decision | Annex C] |
| Further comments in response to representations | Annex [D] |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 25**

**Annex 15**

**Granted - Applicant**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

[*NHS England/name of 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.

By virtue of regulation 27(4) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the "Regulations") you will only be included in the relevant pharmaceutical list for a fixed period of time which is [*insert period of time to be included*].

[*Where advised to do so by NHS England/the ICB, insert the following*:]

[Enclosed is a form confirming acceptance of the condition imposed by virtue of regulation 66(5) of the Regulations, which should be completed by an authorised person and returned to me.]

[Also] [E/e]nclosed 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.

Please 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 [*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ……………………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* …………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ………………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 16**

**Acceptance of Regulation 66(5) Condition**

**Name of applicant**:

**Application for a temporary listing arising out of a suspension at [*insert address*]**

I agree to the 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 …………..

Name ………………………………………………………………………………………….

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership ..……………………………………………………

Registered office

|  |
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|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership…………………………………………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 17**

**Granted – Third Party with No Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [insert *address*] by [*insert name of applicant*]**

[*NHS England/name of 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.

By virtue of regulation 27(4) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the "Regulations") the applicant will only be included in the relevant pharmaceutical list for a fixed period of time which is [insert period of time to be included].

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 18**

**Granted – Third Party with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*] by [*insert name*]**

[*NHS England/name of 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.

By virtue of regulation 27(4) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the "Regulations") the applicant will only be included in the relevant pharmaceutical list for a fixed period of time which is [*insert period of time to be included*].

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 19**

**Refused - Applicant**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*] by [*insert name of applicant*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 20**

**Refused – Third Party**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*] by [*insert name of applicant*]**

We have considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 21**

**Notice of Commencement following Appeal**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*] by [*insert name of applicant*]**

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

Please 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 [*NHS England/name of 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.

Also enclosed is a copy of the banking mandate which should be completed and returned with your notice of commencement.

Yours sincerely

[*name*]

[*title*]

Enc

*[enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ………………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board, or on appeal\* …………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 22**

**Confirmation of No Appeal**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address]***

I am writing to confirm that no appeal against [*NHS England/name of ICB*]’s decision on the above application has been submitted to the Secretary of State.

You therefore have 12 months from the date of my previous letter dated [*insert date*] within which to submit your notice of commencement and commence service provision.

Please 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 [*NHS England/name of 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.

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

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………..

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 23**

**No Notice of Commencement Received – Grant Lapsed**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address]***

I am writing to confirm that [*NHS England/name of ICB*] has not received a notice of commencement in relation to this application and therefore the grant of it has lapsed.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 24**

**Shorter Notice Period Agreed To**

[*date*]

Dear [*Insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address]***

[*NHS England/name of ICB*] has considered your application and has agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. Please therefore complete and submit the previously provided notice of commencement to us when you are ready.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 25**

**Shorter Notice Period Not Agreed To**

[*date*]

Dear [*Insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address]***

[*NHS England/name of ICB*] has considered your application and has not agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. You are therefore required to submit a notice of commencement with a date of service commencement no fewer than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 26**

**Request for an extension to the time within which to submit a notice of commencement**

Name of applicant ……………………………………………………………………………

Address of the premises to which the granted application relates

|  |
| --- |
|  |

Date on which the application was granted by NHS England, the relevant delegated integrated care board or, on appeal, NHS Resolution

…………………………………

Original date by which the notice of commencement is to be submitted by ……………….. (Requests for an extension may only be made during the 12-month period following the grant of an application.)

I/we would like to request an extension to the time within which to submit the notice of commencement relating to the application submitted for the above premises. The additional period of time I/we are requesting is ………………………………………………………………..

Please explain in the box below the reasons for your request.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 27**

**Grant of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has granted your request for an extension to the time within which to submit a notice of commencement in relation to the above application.

The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period using the previously provided application form.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 28**

**Refusal of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has refused your request for an extension to the time within which to submit a notice of commencement in relation to the above application. Please see the enclosed report for the full reasoning.

[*Insert the following if there is still time for the applicant to submit their notice of commencement*] [The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period.]

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 29**

**Notice of Commencement Received Outside of the Grant Period**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as it was received outside of the [*12-month*] grant period it is not valid and cannot be actioned.

Should you still wish to proceed you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 30**

**Date in the notice of commencement fewer than 30 days after the date received**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as the date of service commencement is fewer than 30 days before the date we received your notice, it is not valid. Please therefore resubmit your notice of commencement noting that the date of service commencement must be more than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 31**

**Missing/Incorrect Information**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that NHS England is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 32**

**Confirmation of Receipt of Notice of Commencement**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

I am writing to confirm receipt of your notice of commencement. You will be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*] until [*insert details of fixed period*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 33**

**Notice of Commencement Not Valid**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 34**

**Notification of Contractor Code**

[*date*]

Dear [*Insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

Further to recent correspondence, I am writing to advise you that the following ODS code has been allocated

* [*insert*]

This code should be used in all correspondence with the NHS Business Services Authority.

[*Insert the following if the application was for a pharmacy*]

[Should you require a private controlled drugs pharmacy contractor code please contact [*NHS England/name of ICB*] on *[insert generic email address for the Commissioner*].]

[The following is to be added where the application relates to a pharmacy.]

[Now that you have the ODS code (also known as the F code) for your pharmacy you will need to do the following.

* Register for a NHSmail premises-specific email address and link at least two staff personal NHSmail accounts to it - <https://portal.nhs.net/pharmacyregistration#/> Further information about this requirement can be found at <https://psnc.org.uk/contract-it/pharmacy-it/nhs-mail/>
* Register for the new NHS Profile Manager in order to update the pharmacy’s NHS website profile and Directory of service profile - <https://organisation.nhswebsite.nhs.uk/campaign-start>.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 35**

**Date of inclusion cannot be changed**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the original date of commencement.

You have therefore been included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 36**

**Date of inclusion cannot be changed**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the new date of commencement.

You will therefore be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert original date*].

Yours sincerely

[*name*]

[*title*]

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**Chapter 25**

**Annex 37**

**Date of inclusion changed**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

Further to your recent notification I am writing to confirm that you will now be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 38**

**Change to the Pharmaceutical List – Memo**

From: [Name] – PCSE Market Entry Officer

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [insert name of] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note that with effect from [insert date] the [pharmacy/dispensing appliance contractor] at [insert address] will temporarily be operated by [insert name of new temporary owner] and the pharmaceutical list for the area of [insert name of] Health and Wellbeing Board will be amended with effect from that date. Details are as follows:

[Insert name of new temporary contractor and any trading name]

[Insert address]

Opening hours:

|  |  |  |
| --- | --- | --- |
|  | **Core opening hours** | **Total opening hours** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

|  |  |
| --- | --- |
| ODS code: |  |
| Phone number: |  |

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 39**

**Notification of Removal from the Relevant Pharmaceutical List**

[*date*]

Dear [*insert*]

**Re: Application for a temporary listing arising out of a suspension at [*insert address*]**

I am writing to confirm that with effect from [insert date] you [will be/have been] removed from the pharmaceutical list for the area of [insert name of HWB] in respect of the above premises.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 25**

**Annex 40**

**Change to the Pharmaceutical List – Memo**

From: [Name] – PCSE Market Entry Officer

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [insert name of] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note that with effect from [insert date] the [insert name of temporary pharmacy/dispensing appliance contractor] at [insert address] will be removed from the pharmaceutical list for the area of [insert name of] Health and Wellbeing Board in respect of the following premises:

[Insert address]

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 1**

**Application Form**

**Application exercising a right of return to the pharmaceutical list**

Application for inclusion in the pharmaceutical list for the area of

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

This is an application exercising a right of return to the pharmaceutical list and as such is an excepted application under regulation 28 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 or the relevant delegated integrated care board's responsibilities in relation to information provided in this application form which an applicant advises is confidential.

1. **Information regarding the applicant**
   1. **Full name and correspondence address of the applicant[[172]](#footnote-172)**

|  |
| --- |
|  |

Is this a personal address? Yes  No 

**1.2 Applicant’s legal entity**

**I/we am/are applying as a:**

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

**Sole trader  My GPhC/PSNI registration number is ……………………**

**Partnership **

|  |
| --- |
| **Please list each partner and their GPhC/PSNI registration number:**  **Please continue on a separate sheet if necessary.** |

**Corporate Body **

|  |  |
| --- | --- |
| **Superintendent’s name and GPhC registration number is** |  |

**1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations**

(Please tick relevant box)

|  |  |  |
| --- | --- | --- |
| I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate. | |  |
| Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | | |
| I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate |  | |
| Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | | |

|  |  |
| --- | --- |
| I/We have provided the required fitness information with this application. |  |

**2 Address of the premises**

|  |
| --- |
|  |

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

\* by rental, leasehold or freehold

**3 Opening hours**

**3.1 Proposed core opening hours[[173]](#footnote-173)**

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

**3.2 Total proposed opening hours[[174]](#footnote-174)**

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

**4 Pharmaceutical services to be provided at these premises**

Essential services are to be provided (paragraphs 3 to 22, Schedule 4) 

If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write ‘none’ if it is intended that the pharmacy will not provide appliances).

Please give details of any advanced and enhanced services[[175]](#footnote-175) you intend to provide. These details should include:

* confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
* confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
* 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.

|  |  |  |
| --- | --- | --- |
| **Service** | **Accredited to provide (Y/N/NA)** | **Premises accredited (Y/N/NA)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |

Please continue on a separate sheet if necessary.

I/we confirm that the pharmacy premises will have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations. Yes 

Or

I/we confirm that NHS England or the relevant delegated integrated care board has previously determined that the pharmacy premises is too small to have a consultation room. I/we confirm that there will be arrangements in place which enable the person performing pharmaceutical services to communicate confidentially with a person accessing pharmaceutical services:

1. by telephone or other live audio link, and
2. via a live video link. Yes 

**Floor plan showing consultation area**

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

**5 Applications in relation to premises that are in close proximity to other listed chemist premises**

This section should only be completed if the premises included in section 2 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons: |

Please continue on a separate sheet if necessary.

**6 Information in support of the application**

I/we confirm that it has been determined that I/we have a right of return to the relevant pharmaceutical list.

I am/we are seeking to exercise that right of return.

I/we confirm that the granting of that right of return arose out of the provision of local pharmaceutical services which I am/we are ceasing to provide.

I/we confirm that there will be no interruption in the receipt and dispensing of prescriptions.

|  |
| --- |
| If there will be an interruption please set out the reasons for this. |

Please continue on a separate sheet if necessary.

**7 Undertakings**

By virtue of submitting this application I/we undertake to notify NHS England or the relevant delegated integrated care board within 7 days of any material changes to the information provided in this application (including any fitness information provided under paragraph 3 or 4 of Schedule 2 to the Regulations) 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 NHS England or the relevant delegated integrated care board 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.

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:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

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**Chapter 26**

**Annex 2**

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

This form must accompany all routine and excepted applications for inclusion in a pharmaceutical list in accordance with paragraph 2, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Please complete this form as legibly as possible

* 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)** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI 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.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **I declare that I am a registered pharmacist.** | |
| **Name** |  |
| **Date** |  |

* 1. **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/PSNI 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** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 2** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 3** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 4** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

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.

|  |
| --- |
|  |

(Pharmacy applications only) I declare that:

* each partner named above is a registered pharmacist, and
* 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** |  |
| **On behalf of (name of partnership)** |  |
| **Date** |  |

* 1. **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. If one is not available please state accordingly.** |  |

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

|  |  |
| --- | --- |
| **Superintendent** | |
| **Full name** |  |
| **GPhC registration number** |  |
| **Date of birth** |  |
| **Superintendent's private address** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 1** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 2** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 3** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 4** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

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.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

|  |  |
| --- | --- |
| **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** |  |
| **Position** |  |
| **On behalf of (name of body corporate)** |  |
| **Date** |  |

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**Chapter 26**

**Annex 3**

**First Referral Questions**

* Has the applicant identified the correct health and wellbeing board?
* Please can you confirm that this applicant does have a right of return to a pharmaceutical list within their LPS contract?
* I have identified the following missing information/documentation/undertakings:
  + [*insert details*]

Please advise of any other missing information/documentation/undertakings that you wish me to ask the applicant for.

* Please can you provide contact details for the following persons/organisations:
  + Public health team
  + DoS lead
  + Unwanted medicines collection and disposal contractor
* Attached is the interested parties list. Please can you review it for accuracy and completeness, adding or removing interested parties as relevant? If the premises are within 2km of the border of a neighbouring HWB, please include contact details for that HWB.

**Chapter 26**

**Annex 4**

**Identifying Interested Parties: Right of Return Applications**

**Introduction**

1. Determining the parties who must be notified of the decision on a right of return application pursuant to paragraph 28(3)(c) of Schedule 2 to the Regulations is the responsibility of the 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 the decision on a non-notifiable application rests with the decision-maker.

**Contractors included in a pharmaceutical list (paragraph 28(3)(c)(iv))**

1. NHS England has determined that the interests of no contractors that are included in a pharmaceutical list might be significantly affected by the grant of this type of application.

**Persons entitled to be included in a pharmaceutical list (paragraph 28(3)(c)(iv))**

1. NHS England has determined that the interests of no contractors that are entitled to be included in a pharmaceutical list might be significantly affected by the grant of this type of application.

**Local pharmaceutical services (LPS) contractors (paragraph 28(3)(c)(v))**

1. NHS England has determined that the interests of no LPS contractors might be significantly affected by the grant of this type of application.

**Patient, consumer or community groups in the HWB area (paragraph 28(3)(c)(vi))**

1. It is unlikely that any of these groups will have a significant interest in the outcome of this type of application, however consideration is to be given as to whether any are to be notified of the decision.

**Welsh health boards (paragraph 28(3)(c)(vii))**

1. Where the premises is within 2km of a Welsh health board that organisation is to be notified. Applications are to be sent to NHS Wales Shared Service Partnership ([nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)) who will forward them to the appropriate health board.

**Chapter 26**

**Annex 5**

**Acknowledgement of Receipt of Application**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*]**

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

[*NHS England/name of ICB*] is required to determine the application within 30 days, unless it has good cause to take longer. You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Should you need to contact us regarding your application please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

[As part of your application you are offering to provide certain enhanced services. Please find enclosed copies of the specifications for these services.]

Yours sincerely

[*name*]

[*title*]

[*Enc*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 6**

**Acknowledgment of Receipt of Application and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*]**

**– missing information and 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 (the "Regulations") 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*]’s request or unless it has agreed to a delay.

Please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 7**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*]**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 8**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*]**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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. [*NHS England/name of ICB*] will then decide whether or not it is 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 9**

**Acknowledgment of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*]**

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 [*NHS England/name of ICB*]’s decision within 30 days.

[As part of your application you are offering to provide certain enhanced services. Please find enclosed copies of the specifications for these services.]

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

Yours sincerely

[*name*]

[*title*]

[Enc]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 10**

**Confirmation of Non-Receipt of Missing Information and Withdrawal of Application**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*]**

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.

Should you still wish to return to the relevant pharmaceutical list in respect of the above premises you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 11**

**Acknowledgment of Receipt of Application and Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*]**

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 of 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 12**

**Acknowledgment of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*]**

Further to my letter of [*insert date*] I am writing to confirm receipt of the missing undertakings. We will begin to process the application and you will be notified of [*NHS England/name of ICB*]’s decision within 30 days.

[As part of your application you are offering to provide certain enhanced services. Please find enclosed copies of the specifications for these services.]

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

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 13**

**Confirmation of Non-Receipt of Missing Undertakings and Withdrawal of Application**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*]**

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.

Should you still wish to return to the relevant pharmaceutical list in respect of the above premises you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 14**

**Committee Report**

**[*insert name of decision-maker*]**

**[*insert date of meeting*]**

**[*insert agenda item number*] - Application for inclusion in the pharmaceutical list – right of return application**

|  |  |
| --- | --- |
| **CAS reference number** |  |
| **Name of applicant** |  |
| **Fitness to practise** | [Delete as appropriate   * Not applicable, already included in respect of other premises. * Cleared for inclusion * To be conditionally included – see attached letter] |
| **Address of premises** |  |
| **Status of location** | * Not a controlled locality * Controlled locality   (Delete as applicable) |
| **Relevant regulations and guidance** | Regulations 28 – applications from persons exercising a right of return to a pharmaceutical list  [Regulation 66 – conditions relating to providing directed services[[176]](#footnote-176)] |
| **Additional information** | [Look at regulation 28 and include information that may be relevant to the committee’s discussion. Examples:   * Does the applicant have a right of return? * Will service provision be interrupted?] |

|  |  |
| --- | --- |
| **Recommendation[[177]](#footnote-177)** |  |

|  |  |  |
| --- | --- | --- |
| **Enclosures** | Application | Annex A |
| Location map (if appropriate) | Annex B |
| [Fitness to practise decision | Annex C] |
| Further comments in response to representations | Annex [D] |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 26**

**Annex 15**

**Granted - Applicant**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert address*]**

[*NHS England/name of 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.

[*Where advised to do so by NHS England/the ICB, insert the following*:]

[Enclosed is a form confirming acceptance of the condition imposed by virtue of regulation 66(5) of the Regulations, which should be completed by an authorised person and returned to me.]

[Also] 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 you will be required to close with immediate effect unless your LPS contract has not terminated.

Please 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 [*NHS England/name of 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.

May I remind you that your LPS contract terminates on [*insert date*] and after that date you will no longer be able to provide NHS services unless you have submitted your notice of commencement and are included in the relevant pharmaceutical list on or before that date.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different ……………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board, or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature …………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership……………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 16**

**Acceptance of Regulation 66(5) Condition**

**Name of applicant**:

**Right of return application for [*insert name of pharmacy*] at [*insert address*]**

I agree to the 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 …………..

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………....................................................................................

On behalf of the company/partnership ..……………………………………………………

Registered office

|  |
| --- |
|  |

**Chapter 26**

**Annex 17**

**Granted – Third Parties with No Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 18**

**Granted – Third Parties with Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of 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.

You have a right of appeal to the Secretary of State against our decision. Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 19**

**Refused - Applicant**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert address*] by [*insert name of applicant*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then you should either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

May I remind you that your LPS contract terminates on [*insert date*] and, unless our decision is overturned on appeal, after that date you will no longer be able to provide NHS services.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 20**

**Refused – Third Parties**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert address*] by [*insert applicant’s name*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 21**

**Notice of Commencement Following Appeal**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*]**

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

Also enclosed is a copy of the banking mandate which should be completed and returned with your notice of commencement.

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different …………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ………………………………………………………

Email for the premises ……….………………………………………………………………

s

Name of superintendent pharmacist ………………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England or the relevant delegated integrated care board will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership ……………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 22**

**Confirmation of No Appeal**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*]**

I am writing to confirm that no appeal against [*NHS England/name of ICB*]’s decision on the above application has been submitted to the Secretary of State.

You therefore have 12 months from the date of my previous letter dated [*insert date*] within which to submit your notice of commencement and commence service provision.

Please 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 [*NHS England/name of 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.

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

Yours sincerely

[*name*]

[*title*]

Enc

[*enclose a copy of the banking mandate*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. [*NHS England/name of ICB*] will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership …………………………………………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 23**

**No Notice of Commencement Received – Grant Lapsed**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*]**

I am writing to confirm that [*NHS England/name of ICB*] has not received a notice of commencement in relation to this application and therefore the grant of it has lapsed.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 24**

**Shorter Notice Period Agreed To**

[*date*]

Dear [*Insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*]**

[*NHS England/name of ICB*] has considered your application and has agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. Please therefore complete and submit the previously provided notice of commencement to us when you are ready.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 25**

**Shorter Notice Period Not Agreed To**

[*date*]

Dear [*Insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*]**

[*NHS England/name of ICB*] has considered your application and has not agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. You are therefore required to submit a notice of commencement with a date of service commencement no fewer than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 26**

**Request for an extension to the time within which to submit a notice of commencement**

Name of applicant ……………………………………………………………………………

Address of the premises to which the granted application relates

|  |
| --- |
|  |

Date on which the application was granted by NHS England, the relevant delegated integrated care board or, on appeal, NHS Resolution

…………………………………

Original date by which the notice of commencement is to be submitted by ……………….. (Requests for an extension may only be made during the 12-month period following the grant of an application.)

I/we would like to request an extension to the time within which to submit the notice of commencement relating to the application submitted for the above premises. The additional period of time I/we are requesting is ………………………………………………………………..

Please explain in the box below the reasons for your request.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 27**

**Grant of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has granted your request for an extension to the time within which to submit a notice of commencement in relation to the above application.

The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period using the previously provided application form.

Yours sincerely

[Name]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 28**

**Refusal of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has refused your request for an extension to the time within which to submit a notice of commencement in relation to the above application. Please see the enclosed report for the full reasoning.

[*Insert the following if there is still time for the applicant to submit their notice of commencement*] [The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period.]

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 29**

**Notice of Commencement Received Outside of the Grant Period**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as it was received outside of the [*12-month*] grant period it is not valid and cannot be actioned.

Should you still wish to return to the relevant pharmaceutical list in respect of the above premises you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 30**

**Date in the notice of commencement fewer than 30 days after the date received**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as the date of service commencement is fewer than 30 days before the date we received your notice, it is not valid. Please therefore resubmit your notice of commencement noting that the date of service commencement must be more than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 31**

**Missing/Incorrect Information**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 32**

**Confirmation of Receipt of Notice of Commencement**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert address*]**

I am writing to confirm receipt of your notice of commencement and can confirm that it is valid. You will be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 33**

**Notice of Commencement Not Valid**

[*date*]

Dear [*insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 34**

**Notification of Contractor Code**

[*date*]

Dear [*Insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*]**

Further to recent correspondence, I am writing to advise you that the following ODS code has been allocated:

* [*insert*]

This code should be used in all correspondence with the NHS Business Services Authority.

If you have a private controlled drugs pharmacy contractor code you may continue to use it. This code should be used in all correspondence with the NHS Business Services Authority relating to private CD prescriptions.

Now that you have the ODS code (also known as the F code) for your pharmacy you will need to do the following.

* Register for a NHSmail premises-specific email address and link at least two staff personal NHSmail accounts to it - <https://portal.nhs.net/pharmacyregistration#/> Further information about this requirement can be found at <https://psnc.org.uk/contract-it/pharmacy-it/nhs-mail/>
* Register for the new NHS Profile Manager in order to update the pharmacy’s NHS website profile and Directory of service profile - <https://organisation.nhswebsite.nhs.uk/campaign-start>.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 35**

**Date of inclusion cannot be changed**

[*date*]

Dear [*Insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the original date of commencement.

You have therefore been included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 36**

**Date of inclusion cannot be changed**

[*date*]

Dear [*Insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the new date of commencement.

You will therefore be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert original date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 37**

**Date of inclusion changed**

[*date*]

Dear [*Insert*]

**Re: Right of return application for [*insert name of pharmacy*] at [*insert* *address*]**

Further to your recent notification I am writing to confirm that you will now be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 26**

**Annex 38**

**Change to the Pharmaceutical List – Memo**

From: [Name] – PCSE Market Entry Officer

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [insert name of] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note [insert name of contractor] will start to provide pharmaceutical services on [insert date] and will be included in the pharmaceutical list for the area of [insert name of] Health and Wellbeing Board with effect from that date. Details are as follows:

[Insert name of contractor and any trading name]

[Insert address]

Opening hours:

|  |  |  |
| --- | --- | --- |
|  | **Core opening hours** | **Total opening hours** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

|  |  |
| --- | --- |
| ODS code: |  |
| Phone number: |  |

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Part 3**

**Chapter 29**

**Annex 1**

**List of Retail Areas Approved and Maintained by the Secretary of State for Health as at 20 January 2012**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Scheme** | **City/Town** | **Postcode** | **Scheme type** | **Date approved** |
| Altrincham retail park | Altrincham | WA14 5BT | Retail park | 01-Apr-05 |
| Ashford Designer Outlet | Ashford | TN24 0SD | Factory outlet | 01-Apr-05 |
| Ashford retail park | Ashford | TN24 0SG | Retail park | 01-Apr-05 |
| Snipe retail park | Ashton-under-Lyne | OL7 0DN | Retail park | 01-Apr-05 |
| Cortonwood retail park | Barnsley | S73 0TB | Retail park | 01-Apr-05 |
| Mayflower retail park | Basildon | SS6 7TR | Retail park | 01-Apr-05 |
| Pipps Hill retail park | Basildon | SS14 3AF | Retail park | 01-Apr-05 |
| Interchange retail park | Bedford | MK42 7AZ | Retail park | 01-Apr-05 |
| Perry Barr One Stop Shopping Centre | Birmingham | B42 1AA | Shopping Centre | 04-Sep-06 |
| St Andrews retail park | Birmingham | B10 0HH | Retail park | 01-Apr-05 |
| The Fort Shopping Park | Birmingham | B24 9FP | Shopping | 01-Apr-05 |
| Blackburn retail park | Blackburn | BB1 3HT | Retail park | 01-Apr-05 |
| Cherry Tree retail park | Blackpool | FY4 4PJ | Retail park | 01-Apr-05 |
| Milton Keynes Stadium retail park | Bletchley | MK1 | Retail park | 27-Oct-05 |
| Middlebrook Retail and Leisure Park | Bolton | BL6 6JA | Retail park | 01-Apr-05 |
| Castlepoint | Bournemouth | BH8 9UW | Shopping Park | 01-Apr-05 |
| Freeport Braintree Outlet Village | Braintree | CM7 8YH | Factory outlet | 01-Apr-05 |
| Ikea, Brent Park | Brent | NW10 OTH | Shopping | 01-Apr-05 |
| Abbey Wood retail park | Bristol | BS34 7JL | Retail park | 01-Apr-05 |
| Eastgate retail park (also known as Eastgate Centre) | Bristol | BS5 6XX | Retail park | 27-Oct-05 |
| Ikea Eastville | Bristol | BS5 6XX | Shopping | 01-Apr-05 |
| Imperial Park | Bristol | BS13 0HR | Retail park | 01-Apr-05 |
| Retail park at Cribbs Causeway | Bristol | BS34 5DG | Retail park | 01-Apr-05 |
| The Mall at Cribbs Causeway | Bristol | BS34 5DG | Shopping Centre | 01-Apr-05 |
| Westwood Cross Shopping Centre | Broadstairs | CT10 2BF | Shopping Centre | 27-Sep-05 |
| **Scheme** | **City/Town** | **Postcode** | **Scheme type** | **Date approved** |
| The Croft Retail and Leisure Park | Bromborough | CH62 3PN | Retail park | 14-Oct-08 |
| Brookfield Centre, Cheshunt | Broxbourne | EN8 0TA | Shopping | 01-Apr-05 |
| Giltbrook Ikea retail park | Broxtowe | NG16 2RP | Retail park | 01-Apr-05 |
| Beehive Centre | Cambridge | CB1 3ET | Retail park | 01-Apr-05 |
| Cambridge retail park | Cambridge | CB5 8WR | Retail park | 01-Apr-05 |
| Norman Park, Barhill | Cambridge | CB3 8EL | Shopping Centre | 01-Apr-05 |
| Orbital retail park | Cannock | WS11 | Retail park | 13-Oct-10 |
| Chelmer Village retail park | Chelmsford | CM2 6XE | Retail park | 01-Apr-05 |
| The Gallagher retail park | Cheltenham | GL51 9R | Retail park | 01-Apr-05 |
| Banbury Cross retail park | Cherwell | OX16 7NN | Retail park | 01-Apr-05 |
| The Greyhound retail park | Chester | CH1 4QG | Retail park | 01-Apr-05 |
| Phoenix retail park | Corby | NN17 5DT | Retail park | 01-Apr-05 |
| Coventry Arena retail park | Coventry | CV6 6AS | Retail park | 05-Oct-05 |
| Gallagher retail park | Coventry | CV6 5QQ | Retail park | 01-Apr-05 |
| The County Oak retail park | Crawley | RH11 7ST | Retail park | 21-Apr-10 |
| Ikea, Purley Way | Croydon | CR0 4UZ | Shopping | 01-Apr-05 |
| Darlington retail park | Darlington | DL1 4PU | Retail park | 01-Apr-05 |
| Morton Park | Darlington | DL1 4PJ | Retail park | 01-Apr-05 |
| Bluewater | Dartford | DA9 9BZ | Shopping Centre | 01-Apr-05 |
| Kingsway retail park | Derby | DE22 | Retail park | 28-Mar-06 |
| Meteor Centre | Derby | DE21 4SY | Retail park | 01-Apr-05 |
| Wyvern retail park | Derby | DE21 6NZ | Retail park | 01-Apr-05 |
| Wheatley Centre | Doncaster | DN2 4PE | Retail park | 01-Apr-05 |
| Merry Hill | Dudley | DY5 1QX | Shopping Centre | 01-Apr-05 |
| Merry Hill retail park Brierley Hill | Dudley | DY5 1SY | Retail park | 01-Apr-05 |
| Arnison retail park | Durham | DH1 5GB | Retail park | 10-Jul-06 |
| Durham City retail park | Durham | DT1 2RP | Retail park | 03-Sep-10 |
| Hedge End Park | Eastleigh | SO30 2UH | Shopping Park | 01-Apr-05 |
| Cheshire Oaks Designer Outlet | Ellesmere Port | CH65 9JJ | Factory outlet | 01-Apr-05 |
| The Coliseum | Ellesmere Port | L65 9HD | Retail park | 01-Apr-05 |
| Enfield retail park | Enfield | EN1 1TH | Retail park | 01-Mar-11 |
| Ikea, Edmonton | Enfield | N18 3HF | Shopping | 01-Apr-05 |
| Metro Park West | Gateshead | NE11 9XS | Retail park | 01-Apr-05 |
| **Scheme** | **City/Town** | **Postcode** | **Scheme type** | **Date approved** |
| Metro retail park | Gateshead | NE11 9XU | Retail park | 01-Apr-05 |
| Metrocentre | Gateshead | NE11 9YG | Shopping Centre | 01-Apr-05 |
| Retail World retail park | Gateshead | NE11 0BD | Retail park | 01-Apr-05 |
| Peel Centre | Gloucester | GL1 5SF | Retail park | 01-Apr-05 |
| St Oswalds retail park | Gloucester | GL1 5SF | Retail park | 27-Sep-10 |
| Queensgate Centre retail park | Harlow | CM20 2DA | Retail park | 01-Apr-05 |
| The Galleria | Hatfield | AL10 0XR | Factory outlet | 01-Apr-05 |
| Lombardy retail park | Hayes | UB3 3EX | Retail park | 11-Jan-12 |
| Anglia retail park | Ipswich | IP1 5QP | Retail park | 01-Apr-05 |
| Kingswood retail park | Kingston Upon Hull | HU7 3DA | Retail park | 20-Sep-05 |
| Mount retail park | Kingston Upon Hull | HU9 | Retail park | 01-Apr-05 |
| The Junction Hull | Kingston Upon Hull | HU3 4SA | Retail park | 01-Apr-05 |
| Ikea Junction 27 retail park, Birstall | Kirklees | WF17 9AE | Shopping | 01-Apr-05 |
| Leeds Rd retail park, Huddersfield | Kirklees | HD1 6PF | Retail park | 01-Apr-05 |
| The Shires retail park | Leamington Spa | CV34 | Retail park | 14-Nov-06 |
| Crown Point retail park | Leeds | LS10 1EW | Retail park | 01-Apr-05 |
| White Rose Shopping Centre | Leeds | LS11 8LU | Shopping Centre | 01-Apr-05 |
| Fosse Shopping Park | Leicester | LE3 2HX | Shopping Park | 01-Apr-05 |
| St George's retail park | Leicester | LE1 5SH | Retail park | 01-Apr-05 |
| Tritton Road retail Area | Lincoln | LN6 7AN/LN6 7QL | Retail Area | 20-Jan-12 |
| Edge Lane retail park | Liverpool | L13 1EW | Retail park | 01-Apr-05 |
| Hunts Cross shopping park | Liverpool | L24 9GB | Shopping Park | 01-Apr-05 |
| New Mersey retail park | Liverpool | L24 8AB | Retail park | 01-Apr-05 |
| Brent Cross shopping centre | London | NW4 3FP | Shopping Centre | 01-Apr-05 |
| Friern Bridge retail park | London | N11 3PW | Retail park | 01-Apr-05 |
| Gallions Reach shopping park | London | E6 | Shopping Park | 01-Apr-05 |
| Leyton Mills | London | E10 5NH | Retail park | 01-Apr-05 |
| Savacentre, Colliers Wood | London | SW19 1DD | Shopping | 01-Apr-05 |
| The Junction East London | London | E6 6LA | Retail park | 01-Apr-05 |
| The Junction Wembley | London | HA9 0TL | Retail park | 01-Apr-05 |
| Tottenham Hale retail park | London | N15 4QD | Retail park | 01-Apr-05 |
| **Scheme** | **City/Town** | **Postcode** | **Scheme type** | **Date approved** |
| North Quay retail park | Lowestoft | NR32 2ED | Retail park | 01-Apr-05 |
| Handforth Dean Centre | Macclesfield | SK9 3PF | Retail park | 01-Apr-05 |
| Malvern retail park | Malvern | WR14 1TZ | Retail park | 08-Apr-10 |
| Manchester Fort shopping park | Manchester | M8 8EP | Retail park | 01-Apr-05 |
| The Central retail park | Manchester | M4 | Retail park | 07-Dec-06 |
| The Trafford Centre | Manchester | M17 8AA | Shopping Centre | 01-Apr-05 |
| White City retail park | Manchester | M16 0RP | Retail park | 01-Apr-05 |
| Cleveland retail park | Middlesbrough | TS6 6UW | Retail park | 01-Apr-05 |
| Newbury retail park | Newbury | RG14 7HU | Retail park | 15-Aug-06 |
| Wolstanton retail park | Newcastle Under Lyme | ST5 0AY | Retail park | 01-Apr-05 |
| Newcastle Shopping Park, Byker | Newcastle-upon-Tyne | NE6 2XP | Shopping Park | 01-Apr-05 |
| Beckton retail park | Newham | E6 6LH | Retail park | 01-Apr-05 |
| Gallagher retail park | North Lincs | DN15 8GR | Retail park | 01-Apr-05 |
| Lakeside retail park | North Lincs | DN16 3AU | Retail park | 01-Apr-05 |
| Silverlink Retail & Leisure Park | North Shields | NE28 9NG | Retail park | 01-Apr-05 |
| Riverside retail park | Northampton | NN3 9HU | Retail park | 01-Apr-05 |
| St James retail park | Northampton | NN1 1EE | Retail park | 01-Apr-05 |
| Riverside retail park | Norwich | NR1 1WR | Retail park | 01-Apr-05 |
| Castle Meadow retail park | Nottingham | NG7 1GX | Retail park | 01-Apr-05 |
| Riverside retail park | Nottingham | NG2 1RU | Retail park | 01-Apr-05 |
| Victoria retail park | Nottingham | NG4 2PA | Retail park | 01-Apr-05 |
| Elk Mill retail park | Oldham | OL2 5HX | Retail park | 01-Apr-05 |
| Nugent retail park | Orpington | BR5 3RP | Retail park | 09-Jun-10 |
| Ortongate Shopping Centre | Peterborough | PE2 5TD | Shopping Centre | 13-Dec-11 |
| Serpentine Green Shopping Centre | Peterborough | PE7 8BE | Shopping Centre | 27-Sep-05 |
| Crownhill retail park | Plymouth | PL6 5BL | Retail park | 01-Apr-05 |
| The Commerce Centre | Poole | BH12 1DN | Retail park | 26-Aug-08 |
| Gunwharf Quays | Portsmouth | PO1 3TZ | Factory outlet | 01-Apr-05 |
| Ocean Park | Portsmouth | PO3 5NP | Retail park | 01-Apr-05 |
| Pompey Centre | Portsmouth | PO4 | Retail park | 01-Apr-05 |
| The Boardwalk | Portsmouth | PO6 4TP | Shopping Centre | 01-Apr-05 |
| Capitol Centre retail park Preston | Preston | PR5 4AW | Retail park | 16-Oct-09 |
| **Scheme** | **City/Town** | **Postcode** | **Scheme type** | **Date approved** |
| Deepdale Shopping Park | Preston | PR1 6AF | Shopping Park | 01-Apr-05 |
| Riversway Retail park, Ashton on Ribble | Preston | PR2 2YN | Retail park | 01-Apr-05 |
| Owlescote Centre | Pudsey | LS28 6AN | Shopping Centre | 13-Sep-05 |
| Forbury retail park | Reading | RG1 3JD | Retail park | 01-Apr-05 |
| Reading Gate retail park | Reading | RG2 0SA | Retail park | 01-Apr-05 |
| Sandbrook Retail & Leisure Park | Rochdale | OL11 1RY | Retail park | 01-Apr-05 |
| Cortonwood retail park, Wath upon Dearne | Rotherham | S73 0TB | Retail park | 01-Apr-05 |
| Great Eastern Way retail park | Rotherham | S62 6EJ | Retail park | 01-Apr-05 |
| Retail World | Rotherham | S60 1TG | Retail park | 01-Apr-05 |
| Designer Outlet @ the Lowry | Salford | M5 2WZ | Factory outlet | 01-Apr-05 |
| Central 12 Shopping Park Southport | Sefton | PR9 0TY | Shopping Park | 01-Apr-05 |
| Meols Cop retail park | Sefton | PR9 7RG | Retail park | 01-Apr-05 |
| Racecourse retail park, Aintree | Sefton | L9 5AN | Retail park | 01-Apr-05 |
| Meadowhall retail park | Sheffield | S9 1EP | Retail park | 01-Apr-05 |
| The Junction Sheffield | Sheffield | S20 7JJ | Retail park | 01-Apr-05 |
| Holmbush Farm | Shoreham-by-Sea | BN4 3TD | Shopping Centre | 01-Apr-05 |
| Sundorne retail park | Shrewsbury | SY1 4YA | Retail park | 01-Apr-05 |
| The Meole Brace retail park | Shrewsbury | SY3 9NB | Retail park | 19-Jan-09 |
| Bath Road retail park | Slough | SL1 4EE | Retail park | 01-Apr-05 |
| Sears retail park | Solihull | B90 4QY | Retail park | 13-Sep-05 |
| Solihull retail park | Solihull | B90 4LD | Retail park | 01-Apr-05 |
| Ravenhead Park | St Helens | WA9 1JF | Retail park | 01-Apr-05 |
| Queen's retail park | Stafford | Bracknell | Retail park | 22-Apr-09 |
| Roaring Meg retail park | Stevenage | SG1 1XH | Retail park | 01-Apr-05 |
| Teesside retail park | Stockton-on-Tees | TS17 7BU | Retail park | 01-Apr-05 |
| Festival retail park | Stoke On Trent | ST1 5SJ | Retail park | 01-Apr-05 |
| Maybird Centre | Stratford upon Avon | CV37 0HZ | Shopping Centre | 26-Aug-08 |
| Great Western Designer Outlet | Swindon | SN2 2DY | Factory outlet | 01-Apr-05 |
| Greenbridge retail park | Swindon | SN3 3SQ | Retail park | 01-Apr-05 |
| Orbital retail park | Swindon | SN25 | Retail park | 20-Sep-05 |
| Ventura retail park | Tamworth | B78 3JD | Retail park | 01-Apr-05 |
| Riverside retail park | Taunton | TA1 2LP | Retail park | 01-Apr-05 |
| **Scheme** | **City/Town** | **Postcode** | **Scheme type** | **Date approved** |
| Telford Forge retail park | Telford | TF3 4AG | Retail park | 05-Oct-05 |
| Ikea | Thurrock | RM20 3WJ | Shopping | 01-Apr-05 |
| Lakeside | Thurrock | RM20 2ZP | Shopping Centre | 01-Apr-05 |
| Lakeside Extra retail park | Thurrock | RM16 1XD | Retail park | 01-Apr-05 |
| Lakeside retail park | Thurrock | RM20 3FG | Retail park | 01-Apr-05 |
| Trafford retail park | Trafford | M41 7LW | Retail park | 01-Apr-05 |
| Freeport Designer Outlet Village | Wakefield | WF10 4SB | Factory outlet | 01-Apr-05 |
| Gallagher retail park | Walsall | WS10 9QY | Retail park | 01-Apr-05 |
| Gemini retail park | Warrington | WA5 5TY | Retail park | 01-Apr-05 |
| Robin retail park | Wigan | WN5 0UH | Retail park | 27-Sep-05 |
| Bidston Moss retail park | Wirral | L44 2HE | Retail park | 01-Apr-05 |
| South Wirral retail park | Wirral | CH62 3PN | Retail park | 01-Apr-05 |
| Bentley Bridge retail park | Wolverhampton | WV11 1UP | Retail park | 27-Sep-05 |
| Dunmail Park Shopping Centre | Workington | CA14 1NQ | Shopping Centre | 01-Apr-05 |
| Clifton Moor Centre | York | YO30 4XU | Retail park | 01-Apr-05 |
| Mcarthurglen Designer Outlet York | York | YO19 4TA | Factory outlet | 01-Apr-05 |
| Monks Cross Shopping Park | York | YO32 9GX | Shopping Park | 01-Apr-05 |

**Chapter 29**

**Annex 2**

**Current or future need application - premises**

**Application by [*insert applicant’s name*] (the applicant) to open a pharmacy at [*insert proposed address*]**

**Explanatory notes by [*NHS England/name of ICB*]**

1. **What is this application for?**

The applicant wishes to open an NHS pharmacy at [*insert proposed address*].

A pharmacy can only give patients medicines prescribed by NHS GPs if it has [*NHS England/name of ICB*]’s permission. We give permission if we think that another pharmacy is needed in the area.

These notes explain the process we follow when deciding whether to give permission.

1. **Why have I been sent a copy of the application?**

You are being invited to make comments on the application before [*NHS England/name of ICB*] takes a decision on whether the pharmacy can go ahead. Any comments must be received before the end of the 45-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. They can also make comments within the same 45-day period.

Any comments we receive will be sent to the applicant. They will have a chance to respond to us about those comments.

When we come to make a decision, [*NHS England/name of ICB*] will consider any comments it has received and any response to those comments from the applicant.

1. **What would the pharmacy’s opening hours be and what services would it provide?**

Section 3 of the application form includes the proposed opening hours.

“Core opening hours” are those which the pharmacy would be unable to change without our permission.

The pharmacy may also open for longer. This is called having “supplementary opening hours”. The pharmacy would be able to change these by giving us five weeks’ notice.

Every pharmacy must dispense NHS prescriptions, accept unwanted medicines for disposal and give advice on how to treat minor illnesses yourself.

Pharmacies may also offer other services. Most pharmacies offer:

* the community pharmacist consultation service, which is where your GP practice refers you to a pharmacy for help with a minor ailment,
* the New Medicines Service, which is advice when someone starts a new drug, and
* vaccinations against flu.

The services that the applicant is offering to provide are listed in section 4 of the application form. Although the applicant has listed lots of other services, at the moment only the following services listed in the application are paid for in [*insert name of city/county*]:

* [*List enhanced services and those commissioned by the council and/or ICB if applicable*]

1. **Why does the applicant want to open a pharmacy?**

[The pharmaceutical needs assessment written by [*Insert name of HWB*] has identified that a pharmacy is needed or particular services are needed. OR. The applicant believes that the pharmaceutical needs assessment written by [*Insert name of HWB*] has identified that a pharmacy is needed or particular services are needed.] You can find the pharmaceutical needs assessment at [*insert weblink*].

1. **How will [*NHS England/name of ICB*] decide whether to give permission for a new pharmacy?**

Firstly we need to check to see exactly what the gap is that has been identified in the pharmaceutical needs assessment.

Then we need to consider whether, if the pharmacy opened, this would fill the gap that the pharmaceutical needs assessment has identified. If it would only fill part of the gap we will then need to consider whether anyone else would want to fill the rest of the gap.

We also have to consider what type of services the pharmaceutical needs assessment says is missing. It may be that we don’t need a new pharmacy as there are already enough of them, but what is needed is the existing pharmacies to provide a particular service or services.

Finally, we have to consider whether the pharmaceutical needs assessment is up-to-date or whether the gap that it has identified has already been filled. Pharmaceutical needs assessments are generally published every three years and so may not always be accurate.

1. **When will a decision be made?**

We expect to make a decision by [*insert date*].

1. **What will happen if permission is given?**

If we decide to give permission for the pharmacy to open, this does not automatically mean that it will happen. Other local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution.

If no appeals are received or if they are rejected by NHS Resolution, the applicant would then have up to 12 months to open, although this could be extended to 15 months. If those deadlines were not met, then the permission would expire.

1. **What if permission is refused?**

The applicant would be able to appeal.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 29**

**Annex 3**

**Current or future need application – best estimate**

**Application by [*insert applicant’s name*] (the applicant) to open a pharmacy at [*insert best estimate*]**

**Explanatory notes by [*NHS England/name of ICB*]**

1. **What is this application for?**

The applicant wishes to open an NHS pharmacy at [*insert proposed address*].

A pharmacy can only give patients medicines prescribed by NHS GPs if it has [*NHS England/name of ICB*]’s permission. We give permission if we think that another pharmacy is needed in the area.

These notes explain the process we follow when deciding whether to give permission.

1. **Why have I been sent a copy of the application?**

You are being invited to make comments on the application before [*NHS England/name of ICB*] takes a decision on whether the pharmacy can go ahead. Any comments must be received before the end of the 45-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. They can also make comments within the same 45-day period.

Any comments we receive will be sent to the applicant. They will have a chance to respond to us about those comments.

When we come to make a decision, [*NHS England/name of ICB*] will consider any comments it has received and any response to those comments from the applicant.

1. **What would the pharmacy’s opening hours be and what services would it provide?**

Section 3 of the application form includes the proposed opening hours.

“Core opening hours” are those which the pharmacy would be unable to change without our permission.

The pharmacy may also open for longer. This is called having “supplementary opening hours”. The pharmacy would be able to change these by giving us five weeks’ notice.

Every pharmacy must dispense NHS prescriptions, accept unwanted medicines for disposal and give advice on how to treat minor illnesses yourself.

Pharmacies may also offer other services. Most pharmacies offer:

* the community pharmacist consultation service, which is where your GP practice refers you to a pharmacy for help with a minor ailment,
* the New Medicines Service, which is advice when someone starts a new drug, and
* vaccinations against flu.

The services that the applicant is offering to provide are listed in section 4 of the application form. Although the applicant has listed lots of other services, at the moment only the following services listed in the application are paid for in [*insert name of city/county*]:

* [*List enhanced services and those commissioned by the council and/or ICB if applicable*]

1. **Why does the applicant want to open a pharmacy?**

[The pharmaceutical needs assessment written by [*Insert name of HWB*] has identified that a pharmacy is needed or particular services are needed. OR. The applicant believes that the pharmaceutical needs assessment written by [*Insert name of HWB*] has identified that a pharmacy is needed or particular services are needed.] You can find the pharmaceutical needs assessment at [*insert weblink*].

1. **How will** [***NHS England/name of ICB***] **decide whether to give permission for a new pharmacy?**

Firstly we need to check to see exactly what the gap is that has been identified in the pharmaceutical needs assessment.

Then we need to consider whether, if the pharmacy opened, this would fill the gap that the pharmaceutical needs assessment has identified. If it would only fill part of the gap we will then need to consider whether anyone else would want to fill the rest of the gap.

We also have to consider what type of services the pharmaceutical needs assessment says is missing. It may be that we don’t need a new pharmacy as there are already enough of them, but what is needed is the existing pharmacies to provide a particular service or services.

Finally, we have to consider whether the pharmaceutical needs assessment is up-to-date or whether the gap that it has identified has already been filled.

Pharmaceutical needs assessments are published every three years and so may not always be accurate.

1. **When will a decision be made?**

We expect to make a decision by [*insert date*].

1. **What will happen if permission is given?**

If we decide to give permission for the pharmacy to open, this does not automatically mean that it will happen. Other local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution.

If no appeals are received or if they are rejected by NHS Resolution, the applicant would then have six months to tell us the exact address of the pharmacy. The applicant would then have a further 12 months to open the pharmacy, although this could be extended to 15 months. If those deadlines were not met, then the permission would expire.

1. **What if permission is refused?**

The applicant would be able to appeal.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 29**

**Annex 4**

**Current or future improvements or better access application - premises**

**Application by [*insert applicant’s name*] (the applicant) to open a pharmacy at [*insert proposed address*]**

**Explanatory notes by [*NHS England/name of ICB*]**

1. **What is this application for?**

The applicant wishes to open an NHS pharmacy at [*insert proposed address*].

A pharmacy can only give patients medicines prescribed by NHS GPs if it has [*NHS England/name of ICB*]’s permission. We give permission if we think that another pharmacy is needed in the area.

These notes explain the process we follow when deciding whether to give permission.

1. **Why have I been sent a copy of the application?**

You are being invited to make comments on the application before [*NHS England/name of ICB*] takes a decision on whether the pharmacy can go ahead. Any comments must be received before the end of the 45-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. They can also make comments within the same 45-day period.

Any comments we receive will be sent to the applicant. They will have a chance to respond to us about those comments.

When we come to make a decision, [*NHS England/name of ICB*] will consider any comments it has received and any response to those comments from the applicant.

1. **What would the pharmacy’s opening hours be and what services would it provide?**

Section 3 of the application form includes the proposed opening hours.

“Core opening hours” are those which the pharmacy would be unable to change without our permission.

The pharmacy may also open for longer. This is called having “supplementary opening hours”. The pharmacy would be able to change these by giving us five weeks’ notice.

Every pharmacy must dispense NHS prescriptions, accept unwanted medicines for disposal and give advice on how to treat minor illnesses yourself.

Pharmacies may also offer other services. Most pharmacies offer:

* the community pharmacist consultation service, which is where your GP practice refers you to a pharmacy for help with a minor ailment,
* the New Medicines Service (NMS), which is advice when someone starts a new drug, and
* vaccinations against flu.

The services that the applicant is offering to provide are listed in section 4 of the application form. Although the applicant has listed lots of other services, at the moment only the following services listed in the application are paid for in [*insert name of city/county*]:

* [*List enhanced services and those commissioned by the council and/or ICB if applicable*]

1. **Why does the applicant want to open a pharmacy?**

[The pharmaceutical needs assessment written by [*Insert name of HWB*] has identified improvements or better access to the services provided by pharmacies. OR. The applicant believes that the pharmaceutical needs assessment written by [*Insert name of HWB*] has identified improvements or better access to the services provided by pharmacies.] You can find the pharmaceutical needs assessment, at [*insert weblink*].

1. **How will** [***NHS England/name of ICB***] **decide whether to give permission for a new pharmacy?**

Firstly we need to check to see exactly what the gap is that has been identified in the pharmaceutical needs assessment.

Then we need to consider whether, if the pharmacy opened, this would fill the gap that the pharmaceutical needs assessment has identified. If it would only fill part of the gap we will then need to consider whether anyone else would want to fill the rest of the gap.

We also have to consider what type of services the pharmaceutical needs assessment says is missing. It may be that we don’t need a new pharmacy as there are already enough of them, but what is needed is the existing pharmacies to provide a particular service or services.

Finally, we have to consider whether the pharmaceutical needs assessment is up-to-date or whether the gap that it has identified has already been filled.

Pharmaceutical needs assessments are published every three years and so may not always be accurate.

1. **When will a decision be made?**

We expect to make a decision by [*insert date*].

1. **What will happen if permission is given?**

If we decide to give permission for the pharmacy to open, this does not automatically mean that it will happen. Other local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution.

If no appeals are received or if they are rejected by NHS Resolution the applicant would then have up to 12 months to open, although this could be extended to 15 months. If those deadlines were not met, then the permission would expire.

1. **What if permission is refused?**

[*insert name of applicant*] would be able to appeal.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 29**

**Annex 5**

**Current or future improvements or better access application – best estimate**

**Application by [*insert applicant’s name*] (the applicant) to open a pharmacy at [*insert best estimate*]**

**Explanatory notes by** [***NHS England/name of ICB***]

1. **What is this application for?**

The applicant wishes to open an NHS pharmacy at [*insert proposed address*].

A pharmacy can only give patients medicines prescribed by NHS GPs if it has [*NHS England/name of ICB*]’s permission. We give permission if we think that another pharmacy is needed in the area.

These notes explain the process we follow when deciding whether to give permission.

1. **Why have I been sent a copy of the application?**

You are being invited to make comments on the application before [*NHS England/name of ICB*] takes a decision on whether the pharmacy can go ahead. Any comments must be received before the end of the 45-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. They can also make comments within the same 45-day period.

Any comments we receive will be sent to the applicant. They will have a chance to respond to us about those comments.

When we come to make a decision, [*NHS England/name of ICB*] will consider any comments it has received and any response to those comments from the applicant.

1. **What would the pharmacy’s opening hours be and what services would it provide?**

Section 3 of the application form includes the proposed opening hours.

“Core opening hours” are those which the pharmacy would be unable to change without our permission.

The pharmacy may also open for longer. This is called having “supplementary opening hours”. The pharmacy would be able to change these by giving us five weeks’ notice.

Every pharmacy must dispense NHS prescriptions, accept unwanted medicines for disposal and give advice on how to treat minor illnesses yourself.

Pharmacies may also offer other services. Most pharmacies offer:

* the community pharmacist consultation service, which is where your GP practice refers you to a pharmacy for help with a minor ailment,
* the New Medicines Service, which is advice when someone starts a new drug, and
* vaccinations against flu.

The services that the applicant is offering to provide are listed in section 4 of the application form. Although the applicant has listed lots of other services, at the moment only the following services listed in the application are paid for in [*insert name of city/county*]:

* [*List enhanced services and those commissioned by the council and/or ICB If applicable*]

1. **Why does the applicant want to open a pharmacy?**

[The pharmaceutical needs assessment written by [*Insert name of HWB*] has identified improvements or better access to the services provided by pharmacies. OR. The applicant believes that the pharmaceutical needs assessment written by [*Insert name of HWB*] has identified improvements or better access to the services provided by pharmacies.] You can find the pharmaceutical needs assessment at [*insert weblink*].

1. **How will** [***NHS England/name of ICB***] **decide whether to give permission for a new pharmacy?**

Firstly we need to check to see exactly what the gap is that has been identified in the pharmaceutical needs assessment.

Then we need to consider whether, if the pharmacy opened, this would fill the gap that the pharmaceutical needs assessment has identified. If it would only fill part of the gap we will then need to consider whether anyone else would want to fill the rest of the gap.

We also have to consider what type of services the pharmaceutical needs assessment says is missing. It may be that we don’t need a new pharmacy as there are already enough of them, but what is needed is the existing pharmacies to provide a particular service or services.

Finally, we have to consider whether the pharmaceutical needs assessment is up-to-date or whether the gap that it has identified has already been filled. Pharmaceutical needs assessments are published every three years and so may not always be accurate.

1. **When will a decision be made?**

We expect to make a decision by [*insert date*].

1. **What will happen if permission is given?**

If we decide to give permission for the pharmacy to open, this does not automatically mean that it will happen. Other local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution.

If no appeals are received or if they are rejected by NHS Resolution, the applicant would then have six months to tell us the exact address of the pharmacy. The applicant would then have a further 12 months to open the pharmacy, although this could be extended to 15 months. If those deadlines were not met, then the permission would expire.

1. **What if permission is refused?**

The applicant would be able to appeal.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 29**

**Annex 6**

**Unforeseen benefits application - premises**

**Application by [*insert applicant’s name*] (the applicant) to open a pharmacy at [*insert proposed address*]**

**Explanatory notes by** [***NHS England/name of ICB***]

1. **What is this application for?**

The applicant wishes to open an NHS pharmacy at [*insert proposed address*].

A pharmacy can only give patients medicines prescribed by NHS GPs if it has [*NHS England/name of ICB*]’s permission. We give permission if we think that another pharmacy is needed in the area.

These notes explain the process we follow when deciding whether to give permission.

1. **Why have I been sent a copy of the application?**

You are being invited to make comments on the application before [*NHS England/name of ICB*] takes a decision on whether the pharmacy can go ahead. Any comments must be received before the end of the 45-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. They can also make comments within the same 45-day period.

Any comments we receive will be sent to the applicant. They will have a chance to respond to us about those comments.

When we come to make a decision, [*NHS England/name of ICB*] will consider any comments it has received and any response to those comments from the applicant.

1. **What would the pharmacy’s opening hours be and what services would it provide?**

Section 3 of the application form includes the proposed opening hours.

“Core opening hours” are those which the pharmacy would be unable to change without our permission.

The pharmacy may also open for longer. This is called having “supplementary opening hours”. The pharmacy would be able to change these by giving us five weeks’ notice.

Every pharmacy must dispense NHS prescriptions, accept unwanted medicines for disposal and give advice on how to treat minor illnesses yourself.

Pharmacies may also offer other services. Most pharmacies offer:

* the community pharmacist consultation service, which is where your GP practice refers you to a pharmacy for help with a minor ailment,
* the New Medicines Service, which is advice when someone starts a new drug, and
* vaccinations against flu.

The services that the applicant is offering to provide are listed in section 4 of the application form. Although the applicant has listed lots of other services, at the moment only the following services listed in the application are paid for in [*insert name of city/county*]:

* [*List enhanced services and those commissioned by the council and/or ICB if applicable*]

1. **Why does the applicant want to open a pharmacy?**

To be given permission the applicant needs to prove that a new pharmacy would provide “significant benefits”. The reasons why the applicant thinks that there would be significant benefits are included in section 6 of the application form.

1. **How will [*NHS England/name of ICB*] decide whether to give permission for a new pharmacy?**

When considering whether to grant the application, we will look at:

* whether or not there is already a reasonable choice of pharmacy,
* how easy it is for people who live or work near the applicant’s proposed pharmacy to travel to existing pharmacies,
* walking routes, bus services and access by car (including parking) ,
* whether people who are disabled, elderly, have young children or have other particular needs currently have problems using local pharmacies, and would benefit from the proposed pharmacy, and
* whether opening another pharmacy would have any significant negative effects.

1. **When will a decision be made?**

We expect to make a decision by [*insert date*].

1. **What will happen if permission is given?**

If we decide to give permission for the pharmacy to open, this does not automatically mean that it will happen. Other local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution.

If no appeals are received or if they are rejected by NHS Resolution, the applicant would then have up to 12 months to open, although this could be extended to 15 months. If those deadlines were not met, then the permission would expire.

1. **What if permission is refused?**

The applicant would be able to appeal.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 29**

**Annex 7**

**Unforeseen benefits application – best estimate**

**Application by [*insert applicant’s name*] (the applicant) to open a pharmacy at [*insert best estimate*]**

**Explanatory notes by** [***NHS England/name of ICB***]

1. **What is this application for?**

The applicant wishes to open an NHS pharmacy at [*insert proposed address*].

A pharmacy can only give patients medicines prescribed by NHS GPs if it has [*NHS England/name of ICB*]’s permission. We give permission if we think that another pharmacy is needed in the area.

These notes explain the process we follow when deciding whether to give permission.

1. **Why have I been sent a copy of the application?**

You are being invited to make comments on the application before [*NHS England/name of ICB*] takes a decision on whether the pharmacy can go ahead. Any comments must be received before the end of the 45-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. They can also make comments within the same 45-day period.

Any comments we receive will be sent to the applicant. They will have a chance to respond to us about those comments.

When we come to make a decision, [*NHS England/name of ICB*] will consider any comments it has received and any response to those comments from the applicant.

1. **What would the pharmacy’s opening hours be and what services would it provide?**

Section 3 of the application form includes the proposed opening hours.

“Core opening hours” are those which the pharmacy would be unable to change without our permission.

The pharmacy may also open for longer. This is called having “supplementary opening hours”. The pharmacy would be able to change these by giving us five weeks’ notice.

Every pharmacy must dispense NHS prescriptions, accept unwanted medicines for disposal and give advice on how to treat minor illnesses yourself.

Pharmacies may also offer other services. Most pharmacies offer:

* the community pharmacist consultation service, which is where your GP practice refers you to a pharmacy for help with a minor ailment,
* the New Medicines Service, which is advice when someone starts a new drug, and
* vaccinations against flu.

The services that the applicant is offering to provide are listed in section 4 of the application form. Although the applicant has listed lots of other services, at the moment only the following services listed in the application are paid for in [*insert name of city/county*]:

* [*List enhanced services and those commissioned by the council and/or ICB if applicable*]

1. **Why does the applicant want to open a pharmacy?**

To be given permission the applicant needs to prove that a new pharmacy would provide “significant benefits”. The reasons why the applicant thinks that there would be significant benefits are included in section 6 of the application form.

1. **How will [*NHS England/name of ICB*] decide whether to give permission for a new pharmacy?**

When considering whether to grant the application, we will look at:

* whether or not there is already a reasonable choice of pharmacy
* how easy it is for people who live or work near the applicant’s proposed pharmacy to travel to existing pharmacies
* walking routes, bus services and access by car (including parking)
* whether people who are disabled, elderly, have young children or have other particular needs currently have problems using local pharmacies, and would benefit from the proposed pharmacy
* whether opening another pharmacy would have any significant negative effects.

1. **When will a decision be made?**

We expect to make a decision by [*insert date*].

1. **What will happen if permission is given?**

If we decide to give permission for the pharmacy to open, this does not automatically mean that it will happen. Other local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution.

If no appeals are received or if they are rejected by NHS Resolution, the applicant would then have six months to tell us the exact address of the pharmacy. The applicant would then have a further 12 months to open the pharmacy, although this could be extended to 15 months. If those deadlines were not met, then the permission would expire.

1. **What if permission is refused?**

The applicant would be able to appeal.

[NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 29**

**Annex 8**

**Relocation Application**

**Application by [*insert applicant’s name*] (the applicant) to relocate from [*insert current address*] to [*insert proposed address*]**

**Explanatory notes by** [***NHS England/name of ICB***]

1. **What is this application for?**

The applicant runs the NHS pharmacy at [*insert current address*]. They wish to move the pharmacy to the [*insert proposed address*].

A NHS pharmacy can only move if [*NHS England/name of ICB*] gives permission.

These notes explain the process we follow when deciding whether to give permission.

1. **Why have I been sent a copy of the application?**

You are being invited to make comments on the application before [*NHS England/name of ICB*] takes a decision on whether the pharmacy can move. Any comments must be received before the end of the 45-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. They can also make comments within the same 45-day period.

Any comments we receive will be sent to the applicant. They will have a chance to respond to us about those comments.

When we come to make a decision, [*NHS England/name of ICB*] will consider any comments it has received and any response to those comments from the applicant.

1. **How will [*NHS England/name of ICB*] decide whether to give permission for the move?**

We can only give permission for the move if we are sure that it will not be more difficult for the groups of patients who use the pharmacy in its current location at [*insert current address*] to get to [*insert proposed address*] instead.

When looking at this, we will try to identify groups of patients who use the current premises by factors such as:

* which doctors’ surgeries patients use (and so may have given the patient a prescription)
* where patients travel from when coming to the pharmacy
* how they travel to the pharmacy
* how they access the pharmacy’s services (in particular, whether they actually need to visit the premises to use those services).

If we find that the new location would be more difficult for any group of patients to access (even if it is accessible for all other groups of patients), then we would have to refuse the application.

We will also look at whether:

* The move will cause any major changes to how patients access pharmacy services in the area, and/or will have significant negative effects – if it will then we must refuse the application
* The same services will be provided at the new site, and check that there will not be any interruption to services caused by the move – if these requirements are not met then we must refuse the application.

1. **What would the pharmacy’s opening hours be and what services would it provide?**

Section 4 of the application form includes the proposed opening hours at the new premises.

“Core opening hours” are those which the pharmacy would be unable to change without our permission.

The pharmacy may also open for longer: this is called having “supplementary opening hours”. The pharmacy can change their supplementary opening hours by giving us five weeks’ notice.

The core and total opening hours included in this application are the same as for the current location.

Every pharmacy must dispense NHS prescriptions, accept unwanted medicines for disposal and give advice on how to treat minor illnesses yourself.

Pharmacies may also offer other services. Most pharmacies offer:

* the community pharmacist consultation service, which is where your GP practice refers you to a pharmacy for help with a minor ailment,
* the New Medicines Service, which is advice when someone starts a new drug, and
* vaccinations against flu (in the winter).

The applicant has also listed, in section 5 of the application, several other services which are paid for by [*insert name of council*], [*insert name of ICB if applicable*] or other organisations. [Delete this paragraph if not applicable.]

1. **When will a decision be made?**

We expect to make a decision by [*insert date*].

1. **What will happen if permission is given?**

If we decide to give permission for the pharmacy to move, this does not automatically mean that it will go ahead. Other local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution.

If no appeals are received or if they are rejected by NHS Resolution, the applicant would then have up to 12 months to relocate, although this could be extended to 15 months. If those deadlines were not met, then the permission would expire.

1. **What if permission is refused?**

The applicant would be able to appeal.

1. **Where can I find more information?**

See NHS Resolution’s guidance note on how it considers appeals on relocation applications:

<https://resolution.nhs.uk/resources/regulation-24/>

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 29**

**Annex 9**

**Relocation application – distance selling premises**

**Application by [*insert applicant’s name*] (the applicant) to relocate from [*insert current address*] to [*insert proposed address*]**

**Explanatory notes by [*NHS England/name of ICB*]**

1. **What is this application for?**

The applicant runs the NHS internet pharmacy at [*insert current address*]. They wish to move the pharmacy to [*insert proposed address*].

A NHS pharmacy can only move if [*NHS England/name of ICB*] gives permission.

These notes explain the process we follow when deciding whether to give permission.

1. **Why have I been sent a copy of the application?**

You are being invited to make comments on the application before [*NHS England/name of ICB*] takes a decision on whether the pharmacy can move. Any comments must be received before the end of the 45-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. They can also make comments within the same 45-day period.

Any comments we receive will be sent to the applicant. They will have a chance to respond to us about those comments.

When we come to make a decision, [*NHS England/name of ICB*] will consider any comments it has received and any response to those comments from the applicant.

1. **How will [*NHS England/name of ICB*] decide whether to give permission for the move?**

We can only give permission for the move if we are sure that it will not be more difficult for the groups of patients who receive services from the pharmacy at its current location at [*insert current address*] to do so from [*insert proposed address*] instead.

As this is an internet pharmacy, the applicant provides services remotely for example by delivering people’s medicines to them. Therefore it shouldn’t matter where it is located in England. However if we find that the new location would be more difficult for any group of patients to receive services from (even if it is accessible for all other groups of patients), then we would have to refuse the application.

We will also look at whether:

* The move will cause any major changes to how patients access pharmacy services in the area, and/or will have significant negative effects – if it will then we must refuse the application
* The same services will be provided at the new site, and check that there will not be any interruption to services caused by the move – if these requirements are not met then we must refuse the application.

We will also look at how the pharmacy will provide services without seeing people at the premises. If we aren’t satisfied that the pharmacy will be able to provide services safely and effectively then we must refuse the application.

1. **What would the pharmacy’s opening hours be and what services would it provide?**

Section 4 of the application form includes the proposed opening hours at the new premises.

“Core opening hours” are those which the pharmacy would be unable to change without our permission. The pharmacy may also open for longer: this is called having “supplementary opening hours”. The pharmacy can change their supplementary opening hours by giving us five weeks’ notice.

The core and total opening hours included in this application are the same as for the current location.

Every pharmacy must dispense NHS prescriptions, accept unwanted medicines for disposal and give advice on how to treat minor illnesses yourself.

Pharmacies may also offer other services. Most pharmacies offer:

* the community pharmacist consultation service, which is where your GP practice refers you to a pharmacy for help with a minor ailment,
* the New Medicines Service, which is advice when someone starts a new drug, and
* vaccinations against flu (in the winter).

The applicant has also listed, in section 5 of the application, several other services which are paid for by [*insert name of council*], [*insert name of ICB*] or other organisations. [Delete this paragraph if not applicable.]

1. **When will a decision be made?**

We expect to make a decision by [*insert date*].

1. **What will happen if permission is given?**

If we decide to give permission for the pharmacy to move, this does not automatically mean that it will go ahead. Other local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution.

If no appeals are received or if they are rejected by NHS Resolution, the applicant would then have up to 12 months to relocate, although this could be extended to 15 months. If those deadlines were not met, then the permission would expire.

1. **What if permission is refused?**

The applicant would be able to appeal.

1. **Where can I find more information?**

See also NHS Resolution’s guidance note on how it considers appeals on relocation applications:

<https://resolution.nhs.uk/resources/regulation-24/>

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 29**

**Annex 10**

**Combined change of ownership and relocation application**

**Application by [*insert applicant’s name*] (the applicant) to buy the pharmacy at [*insert name of pharmacy and current address*] and relocate it to [*insert proposed address*].**

**Explanatory notes by [*NHS England/name of ICB*]**

1. **What is this application for?**

[*insert name of current owner*] currently runs the NHS pharmacy at [*insert current address*]. The applicant wishes to buy this pharmacy and move it to [*insert proposed address*].

A NHS pharmacy can only move if [*NHS England/name of ICB*] gives permission. The ownership of a NHS pharmacy can also only change with [*NHS England/name of ICB*]’s permission.

These notes explain the process we follow when deciding whether to give permission.

1. **Why have I been sent a copy of the application?**

You are being invited to make comments on the application before [*NHS England/name of ICB*] takes a decision on whether the ownership of the pharmacy can change and it can move to the new addresses. Any comments must be received before the end of the 45-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. They can also make comments within the same 45-day period.

Any comments we receive will be sent to the applicant. They will have a chance to respond to us about those comments.

When we come to make a decision, [*NHS England/name of ICB*] will consider any comments it has received and any response to those comments from the applicant.

1. **How will [*NHS England/name of ICB*] decide whether to give permission for the move?**

We can only give permission for the move if we are sure that it will not be more difficult for the groups of patients who use the pharmacy in its current location at [*insert current address*] to get to [*insert proposed address*] instead.

When looking at this, we will try to identify groups of patients who use the current premises by factors such as:

* which doctors’ surgeries patients use (and so may have given the patient a prescription)
* where patients travel from when coming to the pharmacy
* how they travel to the pharmacy
* how they access the pharmacy’s services (in particular, whether they actually need to visit the premises to use those services).

If we find that the new location would be more difficult for any group of patients to access (even if it is accessible for all other groups of patients), then we would have to refuse the application.

We will also look at whether:

* The move will cause any major changes to how patients access pharmacy services in the area, and/or will have significant negative effects – if it will then we must refuse the application
* The same services will be provided at the new site, and check that there will not be any interruption to services caused by the move – if these requirements are not met then we must refuse the application.

1. **What would the pharmacy’s opening hours be and what services would it provide?**

Section 4 of the application form includes the proposed opening hours at the new premises.

“Core opening hours” are those which the pharmacy would be unable to change without our permission. The pharmacy may also open for longer: this is called having “supplementary opening hours”. The pharmacy can change their supplementary opening hours by giving us five weeks’ notice.

The core and total opening hours included in this application are the same as for the current location.

Every pharmacy must dispense NHS prescriptions, accept unwanted medicines for disposal and give advice on how to treat minor illnesses yourself. Pharmacies may also offer other services. Most pharmacies offer:

* the community pharmacist consultation service, which is where your GP practice refers you to a pharmacy for help with a minor ailment,
* the New Medicines Service, which is advice when someone starts a new drug, and
* vaccinations against flu (in the winter).

The applicant has also listed, in section 5 of the application, several other services which are paid for by [*insert name of council*], [*insert name of ICB*] or other organisations. [Delete this paragraph if not applicable.]

1. **How will [*NHS England/name of ICB*] decide whether to agree to the sale of the pharmacy?**

We will only give permission for the ownership of the pharmacy to change if we are satisfied that:

* The new owner will provide the same services as the current owner,
* The opening hours will remain the same,
* Services will continue to be provided at the pharmacy whilst the change of ownership takes place, although we may sometimes allow the pharmacy to close for a short time, and
* The new owner is suitable to run the pharmacy.

1. **When will a decision be made?**

We expect to make a decision by [*insert date*].

1. **What will happen if permission is given?**

If we decide to give permission for the pharmacy to move and the ownership to change, this does not automatically mean that it will go ahead. Other local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution.

If no appeals are received or if they are rejected by NHS Resolution, the applicant would then have up to 12 months to relocate, although this could be extended to 15 months. If those deadlines were not met, then the permission would expire.

1. **What if permission is refused?**

[*insert name of applicant*] would be able to appeal.

1. **Where can I find more information?**

See NHS Resolution’s guidance note on how it considers appeals on relocation applications:

<https://resolution.nhs.uk/resources/regulation-24/>

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 29**

**Annex 11**

**Distance Selling Premises Application**

**Application by [*insert applicant’s name*] (the applicant) to open a distance selling premises at [*insert proposed address*]**

**Explanatory notes by** [***NHS England/name of ICB***]

1. **What is this application for?**

The applicant wishes to open an NHS internet pharmacy at [*insert proposed address*]. This type of pharmacy is referred to as ‘distance selling premises’ in the regulations and operates under strict rules which means it is not able to provide services face to face at the premises.

A pharmacy can only give patients medicines prescribed by NHS GPs if it has [*NHS England/name of ICB*]’s permission. We give permission for this type of pharmacy where we are satisfied that they will be able to provide services safely and effectively without seeing the patient face to face. This type of pharmacy provides the same services as any other type of pharmacy but you can’t, for example, take your prescription there to be dispensed or collect it once it has been dispensed. Instead you could post it to the pharmacy or ask your GP to send it electronically. The pharmacy would then dispense it and send it to you either via the post or a courier.

These notes explain the process we follow when deciding whether to give permission.

1. **Why have I been sent a copy of the application?**

You are being invited to make comments on the application before [*NHS England/name of ICB*] takes a decision on whether the pharmacy can go ahead. Any comments must be received before the end of the 45-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. They can also make comments within the same 45-day period.

Any comments we receive will be sent to the applicant. They will have a chance to respond to us about those comments.

When we come to make a decision, [*NHS England/name of ICB*] will consider any comments it has received and any response to those comments from the applicant.

1. **How will [*NHS England/name of ICB*] decide whether to give permission for a new pharmacy?**

Firstly we need to check to make sure the applicant is offering to provide services to anyone in England who may want to use them.

Then we look at how they say they will provide services without seeing the patient face to face. We need to check to make sure they are able to provide all the services you would expect from a pharmacy safely and effectively.

1. **When will a decision be made?**

We expect to make a decision by [*insert date*].

1. **What will happen if permission is given?**

If we decide to give permission for the pharmacy to open, this does not automatically mean that it will happen. Other local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution.

If no appeals are received or if they are rejected by NHS Resolution, the applicant would then have up to 12 months to open, although this could be extended to 15 months. If those deadlines were not met, then the permission would expire.

1. **What if permission is refused?**

The applicant would be able to appeal.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 29**

**Annex 12**

**Consolidation Applications**

**Application by [*insert applicant’s name*] (the applicant) to close the pharmacy at [*insert site 2 address*] and move services to the pharmacy at [*insert site 1 address*]**

**Explanatory notes by** [***NHS England/name of ICB***]

1. **What is this application for?**

The applicant wishes to close the pharmacy at [*insert site 2 address*] and move the services to the pharmacy at [*insert site 1 address*].

These notes explain the process we follow when deciding whether to give permission.

1. **Why have I been sent a copy of the application?**

You are being invited to make comments on the application before [*NHS England/name of ICB*] takes a decision on whether the pharmacy can go ahead. Any comments must be received before the end of the 30-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. They can also make comments within the same 30-day period.

Any comments we receive will be sent to the applicant. They will have a chance to respond to us about those comments.

When we come to make a decision, [*NHS England/name of ICB*] consider any comments it has received and any response to those comments from the applicant.

1. **What would the pharmacy’s opening hours be and what services would it provide?**

Section 3 of the application form includes the proposed opening hours.

“Core opening hours” are those which the pharmacy would be unable to change without our permission.

The pharmacy may also open for longer. This is called having “supplementary opening hours”. The pharmacy would be able to change these by giving us five weeks’ notice.

Every pharmacy must dispense NHS prescriptions, accept unwanted medicines for disposal and give advice on how to treat minor illnesses yourself.

Pharmacies may also offer other services. Most pharmacies offer:

* the community pharmacist consultation service, which is where your GP practice refers you to a pharmacy for help with a minor ailment,
* the New Medicines Service, which is advice when someone starts a new drug, and
* vaccinations against flu.

The services that the applicant is offering to provide are listed in section 4 of the application form. Although the applicant has listed lots of other services, at the moment only the following services listed in the application are paid for in [*insert name of city/county*]:

* [*List enhanced services and those commissioned by the council and/or ICB if applicable*]

1. **Why does the applicant want to close the pharmacy at [*insert site 2 address*]?**

The applicant doesn’t think that closing this pharmacy will create a gap in the provision of services and they have explained why they think this in section 5.5 of the application.

1. **How will [*NHS England/name of ICB*] decide whether to give permission for a new pharmacy?**

If we think that the closure will create a gap in the provision of services we have to refuse the application. We will therefore look at what everybody has to say before we make our decision.

1. **When will a decision be made?**

We expect to make a decision by [*insert date*].

1. **What will happen if permission is given?**

If we decide to give permission for the pharmacy to close, this does not automatically mean that it will happen. Other local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution.

If no appeals are received or if they are rejected by NHS Resolution, the applicant would then have up to 12 months to close the pharmacy at [*insert site 2 address*] although this could be extended to 15 months. If those deadlines were not met, then the permission would expire.

1. **What if permission is refused?**

The applicant would be able to appeal. Even if the application is refused, the applicant could still give notice to close the pharmacy at [*insert site 2 address*] and [*NHS England/name of ICB*] cannot stop them doing that.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 29**

**Annex 13**

**Outline Consent and Premises Approval Application**

**[*insert name of GP practice*] (the applicant) outline consent and premises approval application - [*insert area applied for*]**

**Explanatory notes** [***NHS England/name of ICB***]

1. **What is this application for?**

The applicant has applied to be able to dispense to [*insert details of area*] from its premises at [*insert address*].

A doctors’ surgery can only give patients medicines prescribed by doctors and/or nurses at the practice if it has [*NHS England/name of ICB*]’s permission. We give permission as long as there is not a pharmacy within 1.6km of the doctors’ premises and if their patients live in an area that we have decided is ‘rural in character’ and if the patients live more than 1.6km (measured in a straight line) from a pharmacy. These rules are set out in legislation.

These notes explain the process we follow when deciding whether to give permission.

1. **Why have I been sent a copy of the application?**

You are being invited to make comments on the application before [*NHS England/name of ICB*] takes a decision on whether the doctors’ surgery can start dispensing the prescriptions of the patients who live in the new area. Any comments must be received before the end of the 45-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. They can also make comments within the same 45-day period.

Any comments we receive will be sent to the doctors’ surgery. They will have a chance to respond to us about those comments.

When it comes to make a decision, [*NHS England/name of ICB*] will consider any comments it receives and any response to those comments from the applicant.

1. **What services would the doctors’ surgery be able to provide?**

If we give permission it means that patients who live in the area the doctors have described in their application will be able to have their prescriptions dispensed at their doctors’ surgery, instead of taking them to a pharmacy (if they meet certain conditions set out within the Regulations).

1. **What is the difference between a pharmacy and a dispensary at a doctors’ surgery?**

A pharmacy is run by a pharmacist. Pharmacies may be operated by companies such as Boots or Lloyds, or by independent pharmacists.

As well as dispensing prescription-only medicines for patients of any surgery, pharmacies can also:

* sell ‘over the counter’ medicines, including those which can only be sold under the supervision of a pharmacist
* provide emergency supplies of repeat medication when a patient is unable to get a prescription, for example when a surgery is closed
* provide expert professional advice about medicines
* provide a number of other services, such as advice on treating minor illnesses, without the need for an appointment.

Doctors’ dispensaries are only found in rural areas where there is limited access to community pharmacies.

A dispensary at a doctors’ surgery is usually staffed by qualified dispensing assistants. There is not normally a pharmacist present to oversee dispensing, and legal and clinical responsibility for the dispensing of medicines rests with the doctors.

Dispensaries can only dispense medicines contained in a prescription: they cannot sell other medicines ‘over the counter’. Also they cannot dispense medicines to patients who are registered with a different surgery. Some patients at the practice may also not be eligible to have their prescriptions dispensed.

1. **How will [*NHS England/name of ICB*] decide whether to give permission to the doctors’ surgery?**

If there is a pharmacy within 1.6km (measured in a straight line) of the doctors’ surgery the law says that we must refuse the application.

We may only give permission to the doctors’ surgery to dispense to its patients who live in part of the area they would like to dispense to. For example, we cannot give permission to the doctors’ surgery to dispense to any patients who live within 1.6km (measured in a straight line) of a pharmacy. We also cannot give permission to the doctors’ surgery to dispense to part of the area which we have not determined to be ‘rural in character’ (areas which we have determined to be ‘rural in character’ are called ‘controlled localities’).

We need to consider whether the doctors’ surgery dispensing to its patients who live in the area described in the application would cause ‘prejudice’ to other NHS services. If there would be prejudice then we have to refuse the application.

When deciding whether there would be prejudice, we have to:

* consider whether evidence has been presented to us which shows that prejudice would occur – if there isn’t clear evidence then we would decide that there would not be prejudice
* take into account the standard level of service which should be provided, and not any extra services which may be being provided.

1. **What would happen if permission is given?**

If we decide to give permission to the doctors’ surgery this does not automatically mean the doctors’ surgery can start dispensing to its patients who live in the area described in the application.

Firstly, local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution. Secondly, we may receive an application for a pharmacy within 1.6km of the doctors’ surgery.

If no appeals are received or if they are rejected by NHS Resolution, and there is no pharmacy application within 1.6km of the doctors’ surgery, then the doctors’ surgery will be able to start dispensing. But if there is a pharmacy application within 1.6km of the doctors’ surgery then it will need to wait and see what happens to that application. If it is granted and the pharmacy opens the doctors’ surgery will not be able to dispense to its patients who live in the area described in its application. But if the pharmacy application is refused or if the pharmacy doesn’t open then the doctors’ surgery will be able to dispense to its patients who live in the area described in its application.

1. **What if permission is refused?**

The applicant would be able to appeal.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 29**

**Annex 14**

**Premises Approval Relocation Application**

**[*insert name of GP practice*] (the practice) premises approval: relocation application**

**Explanatory notes** [***NHS England/name of ICB***]

**Q1. What is this application for?**

The practice has applied to be able to dispense to eligible patients at some new premises at [*insert address*].

Generally if someone needs medicines their doctor will give them a prescription to take to the pharmacy or sends the prescription electronically to the person’s preferred pharmacy. Some doctors’ surgeries are able to dispense the prescription and therefore they give the patient the medicine they require rather than the patient having to go to a pharmacy. In order to be able to this the doctors’ surgery must have [*NHS England/name of ICB*]’s permission and patients must meet the rules set out in legislation.

If a doctors’ surgery wants to move and dispense from new premises then they must apply to [*NHS England/name of ICB]* for permission to be able to dispense from these new premises.

These notes explain the process we follow when deciding whether to give permission.

**Q2. Why have I been sent a copy of the application?**

You are being invited to make comments on the application before [*NHS England/name of ICB*] takes a decision on whether the doctors’ surgery can start dispensing the prescriptions of the patients at its new premises. Any comments must be received before the end of the 45-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. They can also make comments within the same 45-day period.

Any comments we receive will be sent to the doctors’ surgery. They will have a chance to respond to us about those comments.

When it comes to make a decision, [*NHS England/name of ICB*] will consider any comments it receives and any response to those comments from the applicant.

**Q3. How will [*NHS England/name of ICB*] decide whether to give permission to the doctors’ surgery?**

The regulations require us to consider three things:

* Whether or not people who travel to the doctors’ surgery current premises in order to pick up their medicines will be able to get to the new premises as easily? The phrase in the regulations is whether or not the new premises is “significantly less accessible” so it means that the application could be granted if some people might find it a bit harder to get to the new premises.
* Whether or not granting the application would result in a significant change to the arrangements that are in place for people to be able to collect their medicines and access other services that may be provided by pharmacies. This could be if they go to a pharmacy or the practice or both.
* Whether or not granting the application would mean that [*NHS England/name of ICB*] is not able to properly plan to ensure that people can have their prescriptions dispensed and access other services that may be provided by pharmacies.

**Q4. What would happen if permission is given?**

If we decide to give permission to the doctors’ surgery this does not automatically mean the doctors’ surgery can start dispensing to its patients when it moves to its new premises.

Firstly, local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution. Secondly, we may receive an application for a pharmacy within 1.6km of the doctors’ surgery.

If no appeals are received or if they are rejected by NHS Resolution, and there is no pharmacy application within 1.6km of the doctors’ surgery, then the doctors’ surgery will be able to start dispensing from its new premises. But if there is a pharmacy application within 1.6km of the doctors’ surgery then it will need to wait and see what happens to that application. If it is granted and the pharmacy opens the doctors’ surgery will not be able to dispense to its patients from its new premises. But if the pharmacy application is refused or if the pharmacy doesn’t open then the doctors’ surgery will be able to dispense to its patients from its new premises.

**Q5. What if permission is refused?**

The practice would be able to appeal.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 29**

**Annex 15**

**Supplementary Questions for Applications in Controlled Localities**

1. **Isn’t there already a pharmacy at [*insert name of GP surgery*]?**

No. [*insert name of GP surgery*] operates a dispensary but there is not a community pharmacy in the village.

The nearest community pharmacies are in [*insert details*].

1. **What is the difference between a community pharmacy and a dispensary at a doctors’ surgery?**

A community pharmacy is run by a pharmacist. Community pharmacies may be operated by companies such as Boots or Lloyds, or by independent pharmacists.

As well as dispensing prescription-only medicines for patients of any surgery, community pharmacies can also:

* sell ‘over the counter’ medicines, include those which can only be sold under the supervision of a pharmacist
* provide emergency supplies of repeat medication when a patient is unable to get a prescription, for example when a surgery is closed
* provide expert professional advice about medicines
* provide a number of other services, such as advice on treating minor illnesses, without the need for an appointment.

A dispensary at a doctors’ surgery is usually staffed by qualified dispensing assistants. There is not normally a pharmacist present to oversee dispensing, and legal and clinical responsibility for the dispensing of medicines rests with the doctors.

Dispensaries can only dispense medicines contained in a prescription: they cannot sell other medicines ‘over the counter’. Also they can only dispense to patients of that surgery who live more than 1.6 kilometres (about 1 mile) from a pharmacy – so they cannot dispense medicines to patients who are registered with a different surgery or who live near to a pharmacy.

1. **If a pharmacy opens, what will happen to the dispensary at the surgery?**

The surgery’s dispensary would still be able to dispense medicines to any patients of the surgery who live more than 1.6 kilometres (1 mile) from the pharmacy.

The dispensary would also continue to be able to dispense medicines to patients living within 1.6 km of the pharmacy if less than 2,750 people live within 1.6 km, unless we think that there is a level of demand equivalent to more than 2,750 people. This is known as the pharmacy being in a ‘reserved location’.

But if more than 2,750 people live within 1.6 km of the pharmacy – or we think that the level of demand would be equivalent to more than 2,750 people – then the pharmacy would not be in a reserved location. That would mean that the dispensary at the surgery would not be able to dispense medicines to patient living within 1.6 km. Instead those patients would need to use a community pharmacy to get their medicines.

Initial data indicates that [*insert number*] patients live within 1.6 km of [insert centre point/address]), of whom:

* [*insert number*] are dispensing patients registered with [*insert name of GP practice*]
* [*insert number*] are dispensing patients registered with *insert name of GP practice*]
* [*insert number*] are dispensing patients registered with *insert name of GP practice*]
* [*insert number*] are non-dispensing patients registered with a total [*insert number*] different surgeries.

1. **What does the paragraph in the letter about [*insert name of surgery*] patients mean?**

A small number of patients who live within 1 mile (1.6 kilometres) of the planned pharmacy are ‘dispensing patients’ and currently collect their medicines directly from [*insert name of GP practice*]. If the pharmacy opens those patients would no longer be able to get their medicines in that way and would need to get them from a pharmacy instead.

*[insert name of GP practice*] can ask [*NHS England/name of ICB*] to delay that change for a short period. This is known as gradualisation. If the surgery does request this, we will consider whether or not to do so.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 29**

**Annex 16**

**Wording for Opening Hours Direction under Regulation 65**

**open for more than 40 core opening hours a week**

This direction is in respect of the opening hours of [*insert name of pharmacy*] at [*insert address*] and is issued under regulation 65 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The total number of hours a week for which you must provide pharmaceutical services at the above premises is [*insert number*]. You have agreed with [*NHS England/name of ICB*] that the 40 core opening hours are:

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

The additional core opening hours during which you are required to provide pharmaceutical services at the above premises are as follows:

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

Dated:

Signed:

on behalf of [*NHS England/name of ICB*]

Print name:

**Chapter 31**

**Annex 1**

**Consideration of Removal on Fitness Grounds**

**Private and confidential**

[*date*]

Dear [*insert name of new director/superintendent*]

**[*Add contractor’s name and CAS reference*] – Consideration of removal from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board**

**Background**

[*Insert name of contractor*] is included in the pharmaceutical list[s] for the area[*s*] of [*insert name or names if included in more than one*] Health and Wellbeing Board in respect of premises at [*insert addresses*]. You were appointed as [*the superintendent/a director*] on [*insert date*] and as required by paragraph 32(4), Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the Regulations), the specified fitness information has been provided. [*NHS England/name of ICB*] must now consider whether [*insert contractor name*] remains a fit and proper person to be included in the above mentioned pharmaceutical list[*s*].

Your referees were contacted by PCSE on the following dates and asked to provide a reference:

* [*insert dates that PCSE emailed/wrote to the referee*]

As no response was received PCSE contacted you on [*insert date*] and asked you to expedite the matter. To date no response has been received from [*either referee/[insert name of non-responder*]].

**Proposed action and grounds**

At its meeting held on [*add date*] the [*insert name of committee*] determined that it was of the opinion that, due to the lack of [*references/the missing reference*], it could not be satisfied that [*insert contractor name*] remained a suitable person to be included in the abovementioned pharmaceutical list[s]. Consequently it is minded to remove [*insert contractor name*] from the abovementioned pharmaceutical list[*s*] under Section 151 of the NHS Act 2006, following the process set out in regulation 82 of the Regulations.

**Process**

In accordance with regulation 82(2) [*NHS England/name of ICB*] is required to:

* notify you of the action it is considering taking and its grounds for considering taking that action,
* inform you of any allegation against you,
* advise that you may make written representations on the proposed action as long as you submit those representations within 30 days of this letter, and
* advise that you may make oral representations to [*insert name of committee*] on the proposed action as long as you advise us that you wish to do so within 30 days of this letter and attend the hearing that we have arranged.

The matters set out here, together with any representations you make, will then be put to a meeting of the [*insert name of committee*], for a final determination to be made. The [*insert name of committee*] will comprise members who have not participated in these proceedings to date. The committee’s decision will be notified to you in accordance with regulation 82(3) of the Regulations.

However, should we receive [*the missing reference/the references*] by [*insert date 10 working days away with day 1 being the day after the day the letter is sent*] [*insert name of committee*] will consider [*this/these*] alongside the outcome of our other checks. If it is of the opinion that [*insert contractor name*] remains a suitable person to be included in the abovementioned pharmaceutical list[s] I will write to you accordingly and the process will be concluded.

**Representations**

This letter serves as notification of the action that [*NHS England/name of ICB*] is considering taking and the grounds it relies upon. You may now make either:

* written representations to [*NHS England/name of ICB*] with regard to the proposed action, provided that these are received within 30 days of the date of this letter; or
* oral representations to [*NHS England/name of ICB*] with regard to the proposed action, provided your request is received within 30 days of the date of this letter and you (or your representative) attend a hearing that [*NHS England/name of ICB*] has arranged for the purpose of hearing those representations.

**Hearing**

[*Insert arrangements for the hearing here*]

**Decision notification**

You will be informed of [*insert name of committee’s*] decision within seven days of the meeting or the oral hearing.

If you have any queries regarding the contents of this letter please do not hesitate to contact [*add name*] in the first instance on [*insert email address*].

Yours sincerely

[*Name*]

[*Title*]

CC [*other directors and the superintendent as applicable*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 31**

**Annex 2**

**Considering Removal on Fitness Grounds**

**Private and confidential**

[*date*]

Dear [*insert*]

**Consideration of removal from the relevant pharmaceutical list on fitness grounds – [*insert name of contractor*]**

I am writing to advise you that [*NHS England/name of ICB*] is considering removing [*insert name of contractor*] from the pharmaceutical list[*s*] for the area of [*insert name of HWB or HWBs*] on fitness grounds.

[*Insert details of the issues that have led to NHS England/the ICB considering taking this action*]

Taking into account the above, [*NHS England/name of ICB*] is concerned that [*insert name of contractor*] may no longer be a fit and proper person to be included in the above mentioned pharmaceutical list[*s*].

You are invited to make written representations on this matter and these will be taken into account before a decision is made by [*NHS England/name of ICB*]. Any written representations that you may wish to make should be sent to me at the above address within 30 days of the date of this letter i.e. by [*insert date*].

A hearing has been arranged for [*insert time*] on [*insert date*] at [*insert venue or details of how to access a virtual hearing*]. Should you also wish to make oral representations at the hearing please can you confirm your intention to attend the hearing to me at the above address within 30 days of the date of this letter i.e. by [*insert date*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within 30 days of the date of this letter*.]

I understand that this letter may cause you some distress and I would encourage you to consider making contact with [*insert name of LPC and contact details*] who may be able to support you at this time.

If you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 31**

**Annex 3**

**Decision to Remove on Fitness Grounds**

**Private and confidential**

[*date*]

Dear [*insert*]

**Re: Consideration of removal from the relevant pharmaceutical list on fitness grounds – [*insert name of contractor*]**

Further to [*my previous letter dated [insert date]/the hearing held on [insert date*]] I am writing to confirm that [*NHS England/name of ICB*] has decided to remove [*insert name of contractor*]from the pharmaceutical list[*s*] for the area of [*insert name of HWB or HWBs*] on fitness grounds.

[*insert facts relied upon and reasoning*]

Under Section 158 of the NHS Act 2006 and regulation 82(3)(b)(i) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify a number of statutory bodies of this decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period, or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* *[if it’s a fraud case*] [*the NHS Business Services Authority*]
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 31**

**Annex 4**

**Considering Contingent Removal on Fitness Grounds**

**Private and confidential**

[*date*]

Dear [*insert*]

**Consideration of contingent removal from the relevant pharmaceutical list on fitness grounds – [*insert name of contractor*]**

I am writing to advise you that [*NHS England/name of ICB*] is considering contingently removing [*insert name of contractor*]from the pharmaceutical list[*s*] for the area of [*insert name of HWB or HWBs*] on fitness grounds.

[*Insert details of the issues that have led to NHS England/ICB considering taking this action*]

Taking into account the above [*NHS England/name of ICB*] is concerned that [*insert name of contractor*]may no longer be a fit and proper person to be included in the above mentioned pharmaceutical list[*s*].

You are invited to make written representations on this matter and these will be taken into account before a decision is made by [*NHS England/name of ICB*]. Any written representations that you may wish to make should be sent to me at the above address within 30 days of the date of this letter i.e. by [*insert date*].

A hearing has been arranged for [*insert time*] on [*insert date*] at [*insert venue or details of how to access a virtual hearing*]. Should you also wish to make oral representations at the hearing please can you confirm your intention to attend the hearing to me at the above address within 30 days of the date of this letter i.e. by [*insert date*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within 30 days of the date of this letter*.]

I understand that this letter may cause you some distress and I would encourage you to consider making contact with [*insert name of LPC and contact details*] who may be able to support you at this time.

If you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

[NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 31**

**Annex 5**

**Decision to Contingently Remove on Fitness Grounds**

**Private and confidential**

[*date*]

Dear [*insert*]

**Re: Consideration of contingent removal from the relevant pharmaceutical list on fitness grounds – [*insert name of contractor*]**

Further to [*my previous letter dated [insert date]/the hearing held on [insert date*]] I am writing to confirm that [*NHS England/name of ICB*] has decided to contingently remove [*insert name of contractor*]from the pharmaceutical list[*s*] for the area of [*insert name of HWB or HWBs*] on fitness grounds.

[*insert conditions, facts relied upon and reasoning*]

Under Section 158 of the NHS Act 2006 and regulation 82(3)(b)(i) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 you have the right of appeal against this decision which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

E-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify a number of statutory bodies of this decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* *[if it’s a fraud case*] [*the NHS Business Services Authority*]
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

Where you provide services for [*insert name*] CCG and/or [*insert name of council*] you are advised to tell them of our decision.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 31**

**Annex 6**

**Considering Suspension on Fitness Grounds**

**Private and confidential**

[*date*]

Dear [*insert*]

**Re: Consideration of suspension from the relevant pharmaceutical list on fitness grounds – [*insert name of contractor*]**

I am writing to advise you that [*NHS England/name of ICB*] is considering suspending [*insert name of contractor*]from the pharmaceutical list[*s*] for the area of [*insert name of HWB or HWBs*] on fitness grounds.

[*Insert details of the issues that have led to NHS England/ICB considering taking this action*]

Taking into account the above [*NHS England/name of ICB*] is concerned that [*insert name of contractor*]may no longer be a fit and proper person to be included in the above mentioned pharmaceutical list[*s*].

A hearing has been arranged for [*insert time*] on [*insert date*] at [*insert venue or details of how to access a virtual hearing*]. Should you also wish to make oral representations at the hearing please can you confirm your intention to attend the hearing to me at the above address within 1 day of the date of this letter i.e. by [*insert date*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within 30 days of the date of this letter*.]

I understand that this letter may cause you some distress and I would encourage you to consider making contact with [*insert name of LPC and contact details*] who may be able to support you at this time.

If you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 31**

**Annex 7**

**Decision to Suspend on Fitness Grounds**

**Private and confidential**

[*date*]

Dear [*insert*]

**Re: Consideration of suspension from the relevant pharmaceutical list on fitness grounds – [*insert name of contractor*]**

Further to [*my previous letter dated [insert date]/the hearing held on [insert date*]] I am writing to confirm that [*NHS England/name of ICB*] has decided to suspend [*insert name of contractor*]from the pharmaceutical list[*s*] for the area of [*insert name of HWB or HWBs*] on fitness grounds with immediate effect.

[*insert facts relied upon and reasoning*]

The suspension will last [*for [insert date] OR while we await the outcome of the investigation by [insert organisation]*]. You may request a review, but not before the expiry of the period of three months beginning with the date of our decision to suspend you.

[*NHS England/name of ICB*] is required to make payments to [*insert name of contractor*]during the duration of the suspension and I will be in touch with you regarding that matter shortly.

Under regulation 88 [*NHS England/name of ICB*] is obliged to notify a number of statutory bodies of this decision. The notification includes verbatim details of the reasons for the decision as set out in this letter and will be sent either at the end of the 28-day appeal period or if an appeal is made once it has been heard.

* The Secretary of State for Health
* The Scottish Ministers
* The Welsh Ministers
* The Northern Ireland Executive
* The General Pharmaceutical Council
* The [*insert name of relevant LPC*] Local Pharmaceutical Committee
* *[if it’s a fraud case*] [*the NHS Business Services Authority*]
* [*where known include any other primary care organisation as per reg 88(2)(b)*]
* [*insert name of anyone falling within reg 88(2)(i)*]

Where you provide services for [*insert name of council*] you are advised to tell them of our decision.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 31**

**Annex 8**

**Suspension Payments Calculator**



**Chapter 31**

**Annex 9**

**Decision to Terminate a Suspension**

**Private and confidential**

[*date*]

Dear [*insert*]

**Decision to terminate suspension from the relevant pharmaceutical list on fitness grounds – [*insert name of contractor*]**

Further to [*my previous letter dated [insert date annex 4 sent]*] I am writing to confirm that [*NHS England/name of ICB*] has decided to terminate the suspension of [*insert name of contractor*] from the pharmaceutical list[*s*] for the area of [*insert name of HWB or HWBs*] on fitness grounds with immediate effect.

[*insert facts relied upon and reasoning*]

[*insert name of contractor*]may therefore recommence the provision of pharmaceutical services at [*insert address of premises*] with immediate effect.

Yours sincerely

[*name*]

[*title*]

[NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 31**

**Annex 10**

**Request to Review a Suspension**

**Private and confidential**

[*date*]

Dear [*insert*]

**Re: Request to review suspension from the relevant pharmaceutical list on fitness grounds – [*insert name of contractor*]**

Further to your letter dated *[insert date*] I am writing to confirm that [*NHS England/name of ICB*] will review its decision to suspend [*insert name of contractor*]from the pharmaceutical list[*s*] for the area of [*insert name of HWB or HWBs*].

Before doing so you are invited to make written representations on this matter and these will be taken into account before a decision is made by [*NHS England/name of ICB*]. Any written representations that you may wish to make should be sent to me at the above address within 30 days of the date of this letter i.e. by [*insert date*].

A hearing has been arranged for [*insert time*] on [*insert date*] at [*insert venue or details of how to access a virtual hearing*]. Should you also wish to make oral representations at the hearing please can you confirm your intention to attend the hearing to me at the above address within 30 days of the date of this letter i.e. by [*insert date*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within 30 days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 31**

**Annex 11**

**Decision on Review a Suspension**

**Private and confidential**

[*date*]

Dear [*insert*]

**Re: Request to review suspension from the relevant pharmaceutical list on fitness grounds – [*insert name of contractor*]**

Further to [*my previous letter dated [insert date]/the hearing held on [insert date*]] I am writing to confirm that [*NHS England/name of ICB*] has decided not to terminate the suspension of [*insert name of contractor*] from the pharmaceutical list[*s*] for the area of [*insert name of HWB or HWBs*].

[*insert facts relied upon and reasoning*]

The suspension will continue [*until [insert date] OR while we await the outcome of the investigation by [insert organisation]*].

You may request a review of the suspension of [*insert name of contractor*], but not before the expiry of the period of six months beginning with the date of this review.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 31**

**Annex 12**

**Decision on Review a Suspension**

**Private and confidential**

[*date*]

Dear [*insert*]

**Re: Request to review suspension from the relevant pharmaceutical list on fitness grounds – [*insert name of contractor*]**

Further to [*my previous letter dated [insert date]/the hearing held on [insert date*]] I am writing to confirm that [*NHS England/name of ICB*] has decided to terminate the suspension of [*insert name of contractor*] from the pharmaceutical list[*s*] for the area of [*insert name of HWB or HWBs*].

[*insert facts relied upon and reasoning*]

[*insert name of contractor*]may there recommence the provision of pharmaceutical services at [*insert address or addresses of premises*] with immediate effect.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 31**

**Annex 13**

**Request to Review Contingent Removal**

**Private and confidential**

[*date*]

Dear [*insert*]

**Re: Request to review contingent removal from the relevant pharmaceutical list on fitness grounds – [*insert name of contractor*]**

Further to your letter dated *[insert date*] I am writing to confirm that [*NHS England/name of ICB*] will review its decision to contingently remove [*insert name of contractor*]from the pharmaceutical list[*s*] for the area of [*insert name of HWB or HWBs*].

Before doing so you are invited to make written representations on this matter and these will be taken into account before a decision is made by [*NHS England/name of ICB*]. Any written representations that you may wish to make should be sent to me at the above address within 30 days of the date of this letter i.e. by [*insert date*].

A hearing has been arranged for [*insert time*] on [*insert date*] at [*insert venue or details of how to access a virtual hearing*]. Should you also wish to make oral representations at the hearing please can you confirm your intention to attend the hearing to me at the above address within 30 days of the date of this letter i.e. by [*insert date*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within 30 days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 31**

**Annex 14**

**Decision to Review Contingent Removal**

**Private and confidential**

[*date*]

Dear [*insert*]

**Decision to review contingent removal from the relevant pharmaceutical list on fitness grounds – [*insert name of contractor*]**

Further to my letter dated *[insert date*] I am writing to confirm that [*NHS England/name of ICB*] has decided to review its decision to contingently remove [*insert name of contractor*]from the pharmaceutical list[*s*] for the area of [*insert name of HWB or HWBs*].

Before doing so you are invited to make written representations on this matter and these will be taken into account before a decision is made by [*NHS England/name of ICB*]. Any written representations that you may wish to make should be sent to me at the above address within 30 days of the date of this letter i.e. by [*insert date*].

A hearing has been arranged for [*insert time*] on [*insert date*] at [*insert venue or details of how to access a virtual hearing*]. Should you also wish to make oral representations at the hearing please can you confirm your intention to attend the hearing to me at the above address within 30 days of the date of this letter i.e. by [*insert date*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within 30 days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 31**

**Annex 15**

**Request to Review a Conditional Inclusion**

**Private and confidential**

[*date*]

Dear [*insert*]

**Re: Request to review conditional inclusion in the relevant pharmaceutical list on fitness grounds – [*insert name of contractor*]**

Further to your letter dated *[insert date*] I am writing to confirm that [*NHS England/name of ICB*] will review its decision to conditionally include [*insert name of contractor*]in the pharmaceutical list[*s*] for the area of [*insert name of HWB or HWBs*].

Before doing so you are invited to make written representations on this matter and these will be taken into account before a decision is made by [*NHS England/name of ICB*]. Any written representations that you may wish to make should be sent to me at the above address within 30 days of the date of this letter i.e. by [*insert date*].

A hearing has been arranged for [*insert time*] on [*insert date*] at [*insert venue or details of how to access a virtual hearing*]. Should you also wish to make oral representations at the hearing please can you confirm your intention to attend the hearing to me at the above address within 30 days of the date of this letter i.e. by [*insert date*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within 30 days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 31**

**Annex 16**

**Decision to Review Conditional Inclusion**

**Private and confidential**

[*date*]

Dear [*insert*]

**Decision to review conditional inclusion in the relevant pharmaceutical list on fitness grounds – [*insert name of contractor*]**

Further to my letter dated *[insert date*] I am writing to confirm that [*NHS England/name of ICB*] has decided to review its decision to conditionally include [*insert name of contractor*]in the pharmaceutical list[*s*] for the area of [*insert name of HWB or HWBs*].

Before doing so you are invited to make written representations on this matter and these will be taken into account before a decision is made by [*NHS England/name of ICB*]. Any written representations that you may wish to make should be sent to me at the above address within 30 days of the date of this letter i.e. by [*insert date*].

A hearing has been arranged for [*insert time*] on [*insert date*] at [*insert venue or details of how to access a virtual hearing*]. Should you also wish to make oral representations at the hearing please can you confirm your intention to attend the hearing to me at the above address within 30 days of the date of this letter i.e. by [*insert date*]. [*If the hearing is to be held face to face, add the following*] [*If you intend to attend the hearing, please advise me if you have any accessibility support requirements within 30 days of the date of this letter*.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 32**

**Annex 1**

**Committee Report**

**[*insert name of committee*]**

**[*insert date of meeting*]**

**[*insert agenda item number*] - Controlled locality determination – 5-year bar**

|  |  |
| --- | --- |
| **Basis for determination** | * [Request from Local Medical Committee – attached] * [Request from Local Pharmaceutical Committee – attached] * [Internal decision]   [*Delete as applicable*] |
| **Description of the area to be determined**  [*Attach a map of the area*] |  |
| **Date last determined** |  |
| **Outcome of previous determination** |  |
| **Report and minutes of the meeting for previous determination**  [*Embed or attach report and minutes of the meeting*] |  |
| **Changes in service provision since last determination** |  |
| **Other relevant changes since last determination** |  |
| **Information from site visit[[178]](#footnote-178)** |  |
| **Relevant regulations and guidance** | Regulation 36(3) – determination that an area is a controlled locality  Regulation 50 – gradualisation for doctors |
| **Additional information** |  |

|  |  |
| --- | --- |
| **Recommendation[[179]](#footnote-179)** |  |

|  |  |  |
| --- | --- | --- |
| **Enclosures** | [Request from LMC/LPC | Annex A] |
| Map of area | Annex [A/B] |
| Report and minutes of previous meeting | Annex [B/C] |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 32**

**Annex 2**

**Notification of No Substantial Change**

[*date*]

Dear [*insert*]

**Controlled locality determination – [*insert description of area*]**

We have considered your request to determine whether or not [*insert description of area*] is a controlled locality, or is part of, a controlled locality. Having checked our records we note the issue was previously determined on [*insert date*]. As required by regulation 37(2) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, we have considered whether since that time there has been a substantial change in circumstances in relation to that area, and have decided that there has not.

[*insert reasoning*]

You have a right of appeal to the Secretary of State against this 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 [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 32**

**Annex 3**

**Notification to Interested Parties**

[*date*]

Dear [*insert*]

**Controlled locality determination – [*insert description of area*]**

We have [*received a request/decided*] to make a controlled locality determination [*as a result of receiving a pharmacy routine application*] and have determined that regulation 36(3) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 is not applicable. The area that is to be determined is [*insert description of area or map as appropriate*].

Controlled localities are those that have been determined to be ‘rural in character’ by [*NHS England/name of ICB*], or on appeal by NHS Resolution. No definition of ‘rural’ is given in the regulations however a rural area is normally characterised by a limited range of local services. A range of factors (as they pertain at the time of the determination) will therefore be considered when determining whether or not an area is rural. These include, but are not limited to:

* environmental factors such as the balance between different types of land use,
* employment patterns (bearing in mind that those who live in rural areas may not work there),
* the size of the community and distance between settlements,
* the overall population density,
* transportation – the availability or otherwise of public transport and the frequency of such provision including access to services such as shopping facilities, and
* the provision of other facilities, such as recreational and entertainment facilities.

[*If the area is currently a controlled locality, or part of a controlled locality, add the following paragraph*.] [*If the area is determined not to be a controlled locality/part of a controlled locality, [NHS England/name of ICB] will also consider whether or not gradualisation is to be given to any GP practices with dispensing patients living in the area.]*

Should you wish to make any written representations on either or both of these matters please send them to me within 30 days of the date of this letter. You should note that any comments submitted will be shared with other interested parties, and may also be shared under the Freedom of Information Act, as requested.

We anticipate making the determination by [*insert date which must be no later than six months after the date of this letter*].

I will advise you of the outcome, but should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 32**

**Annex 4**

**Committee Report**

**[*insert name of committee*]**

**[*insert date of meeting*]**

**[*insert agenda item number*] - Controlled locality determination**

|  |  |
| --- | --- |
| **Basis for determination** | * [Request from Local Medical Committee – attached] * [Request from Local Pharmaceutical Committee – attached] * [Internal decision]   [*Delete as applicable*] |
| **Description of the area to be determined**  [*Attach a map of the area*] |  |
| **Service provision in the area** |  |
| **Findings of the site visit** |  |
| **Relevant regulations and guidance** | Regulations 36 – 39 – determination that an area is a controlled locality  Regulation 50 – gradualisation for doctors |
| **Additional information** |  |

|  |  |
| --- | --- |
| **Recommendation[[180]](#footnote-180)** |  |

|  |  |  |
| --- | --- | --- |
| **Enclosures** | [Request from LMC/LPC | Annex A] |
| Map of area | Annex [A/B] |
| Representations received | Annex [B/C] |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 32**

**Annex 5**

**Notification of Determination – Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Controlled locality determination in relation to [*insert description of area*]**

We have now considered whether or not [*insert description of area*] is a controlled locality, and have determined that it [is/is not].

[*insert reasoning for decision*]

You have a right of appeal to the Secretary of State against this 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 [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

[NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 32**

**Annex 6**

**Notification of Determination to Dispensing Practices**

[*date*]

Dear [*insert*]

**Re: Controlled locality determination in relation to [*insert description of area*]**

We have now considered whether or not [*insert description of area*] is a controlled locality, and have determined that it [is/is not].

[*insert reasoning for decision*]

[*insert the following where it is determined not to be a controlled locality but doctors were dispensing to patients living in the area*:]

[*As the area has been determined not to be a controlled locality you may no longer provide pharmaceutical services to patients living within it. As the decision will adversely affect you, we have determined gradualisation for a period of [insert amount of time] for those patients who will be affected. This will begin when our decision reaches its final outcome, i.e. either at the end of the 30-day appeal period or once any appeals have been determined, whichever is the latest*.]

You have a right of appeal to the Secretary of State against [*both of these decisions/ this 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 [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

[NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 32**

**Annex 7**

**Determination of Determination – No Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Controlled locality determination in relation to [*insert description of area*]**

We have now considered whether or not [*insert description of area*] is a controlled locality and have determined that it [is/is not].

[*insert reasoning for decision*]

Yours sincerely

[name]

[title]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 32**

**Annex 8**

**Notification to Dispensing Practices - List of Affected Patients**

[*date*]

Dear [*insert*]

**Re: Gradualisation decision relating [*insert description of area that was determined not to be a controlled locality*]**

As you will be aware [*NHS England/name of ICB/NHS Resolution*] has determined that the above area is no longer [*a controlled locality/part of a controlled locality*]. I have therefore enclosed a list of patients who, according to our records, live within the area. If you believe this contains any inaccuracies please let me know by [*insert date*].

I am also enclosing, for information, a copy of the letter we will be sending to patients approximately one month before the date of their transfer to your prescribing list.

Yours sincerely

[*name*]

[*title*]

Enc [*enclose a copy of Annex 9 and list of patients*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 32**

**Annex 9**

**Letter to Affected Patients**

[*date*]

Dear [*insert*]

**Dispensing of medicines and appliances**

Under NHS regulations, doctors can normally only dispense prescriptions for their patients who live in an area that has been determined by [*NHS England/name of ICB*] or NHS Resolution on behalf of the Secretary of State as rural in character, and more than 1.6 kilometres (in a straight line) from a pharmacy. According to our records you currently have your prescriptions dispensed at your doctor’s surgery on this basis.

[*NHS England/name of ICB/NHS Resolution*] has determined that the area within which you live is no longer rural in character and consequently you no longer qualify to have your prescriptions dispensed at your doctor’s surgery. Therefore with effect from [*insert date on which gradualisation ends*] instead of your practice giving you your medicines, you will be given a prescription form to take to any pharmacy of your choice, or ask you which pharmacy you would like your prescription to be sent to via the Electronic Prescription Service. Details of your nearest pharmacies can be found at [www.nhs.uk](http://www.nhs.uk) or by telephoning NHS 111 by dialling 111. Information on how to nominate a pharmacy to receive your prescriptions electronically can also be found on the NHS website – search for ‘Nominating a pharmacy’.

Patients with serious difficulty in using a pharmacy because of distance or inadequate means of communication may apply to remain on their doctor’s dispensing list but there are very strict conditions to be met in this regard. If you believe that the serious difficulty rule might apply to you please discuss your situation with a local pharmacy in the first instance as they may be able to help by, for example, collecting prescriptions from the surgery on your behalf and delivering the dispensed medicines to your home.

Your doctor is aware of this change which also applies to other members of the household living at your address who have their medicines dispensed at a doctor’s surgery.

If you have any questions or concerns arising from this letter – or wish to apply under the serious difficulty rule if a local pharmacy is unable to help – please contact [*insert contact name*].

Yours sincerely

[*name*]

[*title*]

[NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 32**

**Annex 10**

**Re-determination of a Reserved Location**

[*date*]

Dear [*insert*]

**Re-determination of the reserved location in connection with [insert name and address of pharmacy]**

[*NHS England/name of ICB*] has received a request to re-determine whether the above named pharmacy is within a reserved location.

The effect of a reserved location is that doctors may continue to provide pharmaceutical services to their patients living in that reserved location, although patients may themselves choose to use a pharmacy. According to our records the number of registered patients living within 1.6 kilometres of [*insert pharmacy address*] is [*insert number of patients*].

[*NHS England/name of ICB*] must consider whether it is satisfied that a change in the classification of the area within 1.6km of the pharmacy, or part of that area, will prejudice the proper provision of relevant NHS services in the area of:

* [*Insert name of HWB*], or
* [*Insert name of neighbouring HWB*]

If [*NHS England/name of ICB*] determines that the pharmacy is no longer within a reserved location dispensing doctors will normally lose the right to dispense to patients living within 1.6 km of it. However [*NHS England/name of ICB*] may postpone for such period as it sees fit, the discontinuation of dispensing rights if it considers that the dispensing practice will be adversely affected[[181]](#footnote-181).

Your written representations may, therefore, include views on the specific tests and procedures set out above.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 32**

**Annex 11**

**Identifying Interested Parties: Reserved Location Re-determinations**

**Introduction**

1. Determining the parties who must be notified of an intention to re-determine a reserved location pursuant to paragraph 19 of Schedule 2 to the Regulations is the responsibility of the 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 decision/who might have a significant interest in the decision.
3. The following paragraphs will not cover every potential scenario and therefore ultimate responsibility to determine who is to be notified of an intention to re-determine a reserved location 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. Conversely, if the distances do not identify any persons then they may be increased accordingly. When identifying contractors who may be significantly affected by the decision, the Commissioner may wish to look at practice prescribing dispensing data which is published by the [NHSBSA](https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data)[[182]](#footnote-182) on a monthly basis as this shows where prescriptions written by GP practices are dispensed. Alternatively this information is available via the Strategic Health Asset Planning and Evaluation application[[183]](#footnote-183).

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

1. Contractors included in one of the pharmaceutical lists should be considered to be significantly affected by the decision (and notified of it) where their premises are located within 8km in a direct line from the pharmacy or the relevant location. Head offices of bodies corporate are also to be notified where this information is known, but this is as a courtesy as it is the premises that are included in the relevant pharmaceutical list that are to be notified in accordance with the regulations.

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

1. Persons whose applications for inclusion have been granted (but who are yet to be included) should be considered to be significantly affected by the decision (and notified of it) where the person's proposed premises are located within 8km in a direct line of the pharmacy or relevant location.

**LPS contractors (paragraph 19(1)(d))**

1. LPS contractors should be considered to be significantly affected by the decision (and notified of it) where the LPS contractor's premises are located within 8km in a direct line of the pharmacy or relevant location.

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

1. The following groups should be considered to have a significant interest in the decision and be notified:

* the relevant Parish Council,
* GP practices’ Patient Participation Groups.

1. The Commissioner should consider whether there are any other groups that are to be notified, for example residents associations.

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

1. Dispensing practices that have dispensing patients within 1.6km of the pharmacy or relevant location should be considered to have a significant interest and should be notified of it.

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

1. GP performers included in the dispensing doctors list that have dispensing patients within 1.6km of the pharmacy or relevant location should be considered to have a significant interest and should be notified of it in line with the above section (if the practice has not already been notified under paragraph 19(1)(f)(i)).

**Chapter 32**

**Annex 12**

**Committee Report**

**[*insert name of committee*]**

**[*insert date of meeting*]**

**[*insert agenda item number*] – Reserved location re-determination**

|  |  |
| --- | --- |
| **Basis for determination** | * Request from [*insert name of contractor*] |
| **Number of individuals residing within 1.6km of the pharmacy who are on a patient list** |  |
| **Relevant regulations and guidance** | Regulation 42 – second and subsequent determinations of reserved location status  Regulation 50 – gradualisation for doctors |
| **Additional information** |  |

|  |  |
| --- | --- |
| **Recommendation[[184]](#footnote-184)** |  |

|  |  |  |
| --- | --- | --- |
| **Enclosures** | Request from contractor | Annex A |
| Representations received | Annex B |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 32**

**Annex 13**

**Notification of Determination – Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Reserved location re-determination in relation to [*insert name of pharmacy*]**

We have now considered whether or not [*insert name of pharmacy*] is in a reserved location, and have determined that it [*is/is not*].

[*insert reasoning for decision*]

You have a right of appeal to the Secretary of State against this 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 [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

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**Chapter 32**

**Annex 14**

**Notification of Determination to Dispensing Practices**

[*date*]

Dear [*insert*]

**Re: Reserved location re-determination in relation to [*insert name of pharmacy*]**

We have now considered whether or not [*insert name of pharmacy*] is in a reserved location, and have determined that it [*is/is not*].

[*insert reasoning for decision*]

[*insert the following where it is determined the pharmacy is no longer in a reserved location and doctors were dispensing to patients living in the area*:]

[*As the area within 1.6km of the pharmacy has been determined to no longer be a reserved location you may no longer provide pharmaceutical services to patients living within it. As the decision will adversely affect you, we have determined gradualisation for a period of [insert amount of time] for those patients who will be affected. This will begin when our decision reaches its final outcome, i.e. either at the end of the 30-day appeal period or once any appeals have been determined, whichever is the latest.]*

You have a right of appeal to the Secretary of State against [*both of these decisions / this 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 [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

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**Chapter 32**

**Annex 15**

**Determination of Determination – No Appeal Rights**

[*date*]

Dear [*insert*]

**Re: Reserved location re-determination in relation to [*insert name of pharmacy*]**

We have now considered whether or not [*insert name of pharmacy*] is in a reserved location, and have determined that it [is/is not].

[*insert reasoning for decision*]

Yours sincerely

[name]

[title]

[NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

your information in line with the requirements of the Data Protection Act 2018.

**Chapter 32**

**Annex 16**

**Letter to Dispensing Practices – List of Affected Patients**

[*date*]

Dear [*insert*]

**Re: Reserved location re-determination in relation to [*insert name of pharmacy*]**

Further to my letter of [*insert date*] I am now enclosing a list of patients who, according to our records, live within the area that was determined to no longer be a reserved location. If you believe this contains any inaccuracies, please let me know by [*insert date*].

I am also enclosing, for information, a copy of the letter we will be sending to patients approximately one month before the date of their transfer to your prescribing list.

Yours sincerely

[name]

[title]

Enc [*insert copy of annex 17 and list of affected patients*]

[NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 32**

**Annex 17**

**Letter to Affected Patients**

[*date*]

Dear [*insert*]

**Dispensing of medicines and appliances**

Under NHS regulations, doctors can normally only dispense prescriptions for their patients who live in an area that has been determined by us as rural in character, and more than 1.6 kilometres (in a straight line) from a pharmacy.

One exception to this rule is where a ‘reserved location’ is determined in connection with the pharmacy. This means that patients living within 1.6km of the pharmacy may continue to be dispensed to by their doctor, although they may also choose to use a pharmacy. According to our records you currently have your prescriptions dispensed at your doctor’s surgery on this basis.

[*NHS England/name of ICB/The Secretary of State*] has determined that the pharmacy at [*insert address*] is no longer located within a ‘reserved location’ and consequently you no longer qualify to have your prescriptions dispensed at the doctor’s surgery. Therefore with effect from [*date on which gradualisation ends*] instead of your practice giving you your medicines, you will be given a prescription form to take to any pharmacy of your choice, or ask you which pharmacy you would like your prescription to be sent to via the Electronic Prescription Service. Details of your nearest pharmacies can be found at www.nhs.uk or by telephoning NHS 111 by dialling 111. Information on how to nominate a pharmacy to receive your prescriptions electronically can also be found on the NHS website – search for ‘Nominating a pharmacy’.

Patients with serious difficulty in using a pharmacy because of distance or inadequate means of communication may apply to remain on their doctor’s dispensing list but there are very strict conditions to be met in this regard. If you believe that the serious difficulty rule might apply to you, please discuss your situation with a local pharmacy in the first instance as they may be able to help by, for example, collecting prescriptions from the surgery on your behalf and delivering the dispensed medicines to your home.

Your doctor is aware of this change which also applies to other members of the household living at your address who have their medicines dispensed at a doctor’s surgery.

If you have any questions or concerns arising from this letter – or wish to apply under the serious difficulty rule if a local pharmacy is unable to help – please contact [*insert contact name*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 32**

**Annex 18**

**Notification of Opening to Dispensing Practices**

[*date*]

Dear [*insert*]

**Re: Application by [*insert name of applicant*] for inclusion in the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board at [*insert address*]**

Further to previous correspondence I am now writing to advise that this pharmacy will open on [*insert date*]. As a consequence your provision of pharmaceutical services will be affected as follows:

1. with effect from the date on which the pharmacy opens you will not be able to accept onto your dispensing lists any patients living within a radius of 1.6 kilometres from the pharmacy (other than those for whom a “serious difficulty” application is granted).
2. Patients on your dispensing lists at the date the pharmacy opens will be transferred to your prescribing lists on [*insert date on which gradualisation ends*] in accordance with the “gradualisation” decision previously notified to you. Patients in this category may independently choose to use a pharmacy before this date.

Please find enclosed a list of patients who, according to our records, live within 1.6 kilometres of the above-named pharmacy. If you believe this contains any inaccuracies please let me know by [*insert date*]. After that date we will write to the affected patients advising that from [*insert date gradualisation ends*] they will no longer be able to be dispensed to. A copy of the letter that will be sent is enclosed.

Yours sincerely

[*name*]

[*title*]

Enc [*ensure copy of Annex 19 is enclosed*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 32**

**Annex 19**

**Letter to Affected Patients**

[*date*]

Dear [*insert*]

**Dispensing of medicines and appliances**

Under NHS regulations, doctors can normally only dispense prescriptions for their patients who live in an area that has been determined by us as rural in character, and more than 1.6 kilometres (in a straight line) from a pharmacy. According to our records you currently have your prescriptions dispensed at your doctor’s surgery on this basis.

A pharmacy has now opened at [*insert address*] and as you live within 1.6km, in a straight line, from the pharmacy you will in future need to collect your medicines from a pharmacy. A period of time has been given to allow you to adjust to this change; therefore with effect from [*date on which gradualisation ends*] instead of your practice giving you your medicines, you will be given a prescription form to take to any pharmacy of your choice, or ask you which pharmacy you would like your prescription to be sent to via the Electronic Prescription Service. Details of your nearest pharmacies can be found at www.nhs.uk or by telephoning NHS 111 by dialling 111. Information on how to nominate a pharmacy to receive your prescriptions electronically can also be found on the NHS website – search for ‘Nominating a pharmacy’.

Patients with serious difficulty in using a pharmacy because of distance or inadequate means of communication may apply to remain on their doctor’s dispensing list but there are very strict conditions to be met in this regard. If you believe that the serious difficulty rule might apply to you please discuss your situation with a local pharmacy in the first instance as they may be able to help by, for example, collecting prescriptions from the surgery on your behalf and delivering the dispensed medicines to your home.

Your doctor is aware of this change which also applies to other members of the household living at your address who have their medicines dispensed at a doctor’s surgery.

If you have any questions or concerns arising from this letter – or wish to apply under the serious difficulty rule if a local pharmacy is unable to help – please contact [*insert contact name*].

Yours sincerely

[name]

[title]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 32**

**Annex 20**

**Letter to Dispensing Practices – Pharmacy Opening Date**

[*date*]

Dear [*insert*]

**Re: Application by [*name of applicant*] for inclusion in the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board at [*insert address*]**

Further to previous correspondence I am now writing to advise that this pharmacy will open on [*insert date*]. As a consequence your provision of pharmaceutical services will be affected as follows:

1. with effect from the date on which the pharmacy opens you will not be able to accept onto your dispensing lists any patients living within a radius of 1.6 kilometres from the pharmacy (other than those for whom a “serious difficulty” application is granted).
2. Patients who live within 1.6 kilometres and are on your dispensing lists at the date on which the pharmacy opens will be transferred to your prescribing list on [*insert date on which gradualisation ends*] in accordance with the “gradualisation” decision previously notified to you. Patients in this category may independently choose to use a pharmacy before this date.

Please find enclosed a list of patients who, according to our records, live within 1.6 kilometres of the above-named pharmacy. If you believe this contains any inaccuracies please let me know by [*insert date*]. After that date we will write to the affected patients advising that from [*insert date gradualisation ends*] they will no longer be able to be dispensed to. A copy of the letter that will be sent is enclosed.

Yours sincerely

[*name*]

[*title*]

Enc [*ensure copy of Annex 21 is enclosed*]

[NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 32**

**Annex 21**

**Letter to Affected Patients**

[*date*]

Dear [*insert*]

**Dispensing of medicines and appliances**

Under NHS regulations, doctors can normally only dispense prescriptions for their patients who live more than 1.6 kilometres (in a straight line) from a pharmacy. According to our records you currently have your prescriptions dispensed at your doctor’s surgery on this basis.

[NHS England/name of ICB/The Secretary of State] has granted consent for an NHS pharmacy at [address] and this opened on [*insert date*]. The pharmacy is within 1.6 kilometres (in a straight line) of your address and consequently you no longer qualify to have prescriptions dispensed at the doctor’s surgery. Therefore with effect from [*insert date on which gradualisation ends*] instead of your practice giving you your medicines, you will be given a prescription form to take to any pharmacy of your choice, or ask you which pharmacy you would like your prescription to be sent to via the Electronic Prescription Service. Details of your nearest pharmacies can be found at www.nhs.uk or by telephoning NHS 111 by dialling 111. Information on how to nominate a pharmacy to receive your prescriptions electronically can also be found on the NHS website – search for ‘Nominating a pharmacy’.

Patients with serious difficulty in using a pharmacy because of distance or inadequate means of communication may apply to remain on their doctor’s dispensing list but there are very strict conditions to be met in this regard. If you believe that the serious difficulty rule might apply to you please discuss your situation with a local pharmacy in the first instance as they may be able to help by, for example, collecting prescriptions from the surgery on your behalf and delivering the dispensed medicines to your home.

Your doctor is aware of this change which also applies to other members of the household living at your address who have their medicines dispensed at a doctor’s surgery.

If you have any questions or concerns arising from this letter – or wish to apply under the serious difficulty rule if a local pharmacy is unable to help – please contact [*insert contact name*].

Yours sincerely

[*name*]

[*title*]

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**Chapter 33**

**Annex 1**

**Serious Difficulty Application Form**

**Part A**

People who live within 1.6km of a pharmacy are not normally eligible to receive their medicines from their doctor’s surgery. You may however apply to NHS England or the integrated care board in whose area you live and if you satisfy NHS England or the integrated care board that you “*would have serious difficulty in obtaining any necessary drugs or appliances from pharmacy premises by reason of distance or inadequacy of means of communication*” you may receive your medicines from your doctor’s surgery.

This form is the means by which you can make an application and asks for information required to process and consider your individual case. Please complete and sign it and send to the practice manager at your doctor’s surgery. Your doctor will provide additional information on the form and send it to NHS England/the integrated care board for a decision to be made. You will be notified of the decision within 30 days of NHS England/the integrated care board receiving your application. Please note there is no right of appeal against the decision on your application.

All information on this form will be treated as private and confidential and will be handled accordingly. It will only be used for the purpose of considering this application.

If you need further advice, please contact the practice manager at your doctor’s surgery or [*insert NHS England/ICB contact*] on [*insert email address and/or phone number*].

**Part B - To be completed by the patient**

Full name ……………………………………………………………………………………

Address ………………………………………………………………………………………

……………………………………………………………………………………………….

…………………………………………………………………………………………………

Postcode ………………………………………….

Date of birth ……………………………

NHS number (If known) ………………………………

Name and address of my doctor

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

Are you able to leave your home without assistance? Yes / No

Do you live alone? Yes / No

If no, is the person you live with able to collect your medicines? Yes / No

If no, please can you say why? …………………………………………………………………………………………………

…………………………………………………………………………………………………

Is there anyone else nearby who could collect your prescriptions for you? Yes / No

Do you receive any of the following services?

Home help? Yes / No District nurse Yes / No

Meals on wheels? Yes / No

Please specify any other similar services that you receive

………………………………………………………………………………………………

Do you have:

A home telephone or mobile phone? Yes / No

Blue badge (disabled drivers scheme) Yes / No

When you need to see your doctor,

* Do you visit the practice? Yes / No
* Does your doctor visit you at home? Yes / No

What is the walking distance from your home to the nearest pharmacy?

…………………………

**PART C – TO BE COMPLETED BY THE SURGERY**

Application determined

Please confirm any above medical conditions and provide any additional comments to support the application.

I confirm that in my view this patient should receive dispensing services from the practice under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and I confirm that the practice is willing so to do.

**Signed:**

**Name:**

**Name:**

**Position: Date:**

**Please return this form to: [insert details]**

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 33**

**Annex 2**

**Serious Difficulty Decision Letter**

Dear

**Re: Application for GP dispensing on grounds of serious difficulty**

I am sorry to inform you that your application to have your medicines dispensed directly to you by [*insert name of practice*] has not been approved by the [*NHS England/name of ICB*]. A summary of how such decisions are made is set out on the enclosed sheet.

[*NHS England/name of ICB*]noted that there is no record of arrangements for dispensing by your GP having been approved in the past.

**Reasons for the decision**

[*NHS England/name of ICB*]was not satisfied that your application demonstrated serious difficulty*.*

The following matters raised in your application related neither to difficulty due to distance nor to difficulty due to inadequate means of communication:

* [*insert as relevant*]
* [*insert as relevant*]

**Distance**

[*NHS England/name of ICB*]considered [*insert as relevant*]

[*NHS England/name of ICB*]was not satisfied that serious difficulty resulted from these matters because [*insert as relevant*]

**Means of communication**

[*NHS England/name of ICB*]considered [*insert as relevant*]

[*NHS England/name of ICB*]was not satisfied that serious difficulty resulted from these matters because [*insert as relevant*]

**Options**

As an alternative to attending a pharmacy in person, you could use a distance selling premises (also known as an internet pharmacy). These pharmacies operate under the same NHS contractual framework as other pharmacies. They are not able to provide services face to face on their premises and are set up in such a way that means there is no need to visit the pharmacy. However, they are required to deliver your medicines to you.

In addition, [*insert name of pharmacy*] has confirmed that they provide a collection and delivery service that covers your area.

Yours sincerely

[*Name*]

[*Title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Summary of the decision-making framework for serious difficulty applications**

The general principle for the dispensing of drugs and appliances is that they are dispensed via pharmacies. There are some exceptions to that general principle and one of these allows any person who "*would have* *serious difficulty in obtaining any necessary drugs or appliances from pharmacy premises by reason of distance or inadequacy of means of communication*" to have their drugs and appliances dispensed by their GP.

No GP dispensing can take place, however, unless that arrangement has been approved by NHS England or an integrated care board (or by a predecessor, most recently a Primary Care Trust (PCT) or Family Health Services Authority (FHSA)).

The wording of the exception is set out on the application form. It is drawn from legislation which has applied for many decades - although that legislation does not itself expand on what is meant by 'serious difficulty'.

In order to ensure that NHS England or an integrated care board deals with making decisions about 'serious difficulty' in a fair and consistent way, it considers a number of relevant factors (and disregards irrelevant factors), and these have from time to time been recorded in guidance produced by the Department of Health and Social Care (DHSC) and by, or on behalf of, NHS England and integrated care boards.

The current DHSC guidance published in 2013 reminds NHS England and integrated care boards that a lack of (private) transport would not be a reason to approve an application. Earlier DHSC guidance issued in 2009, reminds NHS England and integrated are boards that each application is to be considered on its own merits and, in particular, it will be relevant to consider (alongside any other relevant factors):

* your personal circumstances,
* the local availability of medical and pharmaceutical services (and the distance to them, including the terrain involved),
* transport facilities,
* the existence of collection and delivery services, and
* telephone access.

To be a *relevant* factor, however, a factor must be something which would inform NHS England or an integrated are board's thinking either in relation to the question of your distance from a pharmacy or in relation to the question of adequate means of communication (or both).

With regard to distance and the local availability of services/'terrain', NHS England or an integrated care board takes into account that the layout or geographical features of your area may mean that the most practicable routes to access pharmacies present considerable difficulties.

With regard to means of communication, NHS England or the integrated care board may also consider (in addition to telephone access) the availability of internet access to you and to the pharmacy (noting the increase of internet-based services) where appropriate.

**Chapter 33**

**Annex 3**

**Letter to Practices re: 1.6km**

[*date*]

Dear [*insert*]

**Validation of your dispensing patient list**

As I am sure you are aware, GP practices may only dispense to their patients who live in a controlled locality at a distance of more than 1.6km from any pharmacy premises, other than distance selling premises (in addition a practice must have premises approval and either outline consent or premises approval for the area in which the patient lives). The only exceptions to this are where:

* the patient has satisfied [*NHS England/name of ICB*] or a preceding organisation that they would have serious difficulty in obtaining their drugs or appliances from a pharmacy by reason of distance or inadequacy of means of communication (the serious difficulty rule); or
* a reserved location was determined in connection with the pharmacy and this determination is extant.

We have recently checked your dispensing patient list and have identified a number of patients who live within 1.6km of a pharmacy and for whom we have no record of a successful application under the serious difficulty rule. A list of these patients is enclosed.

I would be grateful if you could review the list and if you have any comments to make please send them to me by [*insert date*].

Your comments will be taken into account before making a final decision as to whether to remove any patients from your dispensing patient list.

[As both you and your affected patients will require time in which to transition to being prescribing patients, we will also decide how quickly or otherwise the change will take place. This period of time will be based on various factors, including the number of patients who will be affected and the percentage of your dispensing patient list this equates to.]

Should you have any queries please contact me.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 33**

**Annex 4**

**Letter to Practices re: 1.6km – List of Patients to be Removed**

[*date*]

Dear [*insert*]

**Validation of your dispensing patient list**

Further to my earlier letter I would like to thank you for your time and assistance in reviewing your dispensing patient list.

Please find enclosed a list of patients who will be removed from your dispensing patient list because they live within 1.6km of a pharmacy and have not previously successfully applied under the serious difficulty rule.

[Although these patients are not eligible to be dispensed to, we recognise that you will need to communicate the change to prescribing-only status to your patients and to adjust your work practises. So we are giving you [*insert number of months*]’ notice that you should discontinue the provision of pharmaceutical services.

This period starts on [*insert date*] and ends on [*insert date*] at which point the affected patients will be changed to prescribing patients on NHAIS.]

As you will be aware, dispensing to ineligible patients is *ultra vires* and may mean that the practice is claiming funds inappropriately.

For patients who believe they would have ‘serious difficulty’ in obtaining their drugs or appliances from a pharmacy, I enclose an application form so that they can apply under regulation 48(2) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The ‘serious difficulty’ test enables any patient to apply to request that their doctor provides pharmaceutical services to them. We must be satisfied that the patient would have serious difficulty in obtaining any necessary drugs or appliances from a pharmacy by reason of distance or inadequacy of means of communication. There is no appeal within the aforementioned regulations against our decision.

Thank you for your assistance.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 33**

**Annex 5**

**Letter to Practices re: Controlled Locality**

[*date*]

Dear [*insert*]

**Validation of your dispensing patient list**

As I am sure you are aware, GP practices may only dispense to their patients who live in a controlled locality at a distance of more than 1.6km from any pharmacy premises, other than distance selling premises (in addition a practice must have premises approval and either outline consent or premises approval for the area in which the patient lives). The only exception to this is where the patient has satisfied NHS England or a preceding organisation that they would have serious difficulty in obtaining their drugs or appliances from a pharmacy by reason of distance or inadequacy of means of communication (the serious difficulty rule).

We have recently checked your dispensing patient list and have identified a number of patients who do not live in a controlled locality and for whom we have no record of a successful application under the serious difficulty rule. A list of these patients is enclosed.

I would be grateful if you could review the list and if you have any comments to make please send them to me by [*insert date*].

Your comments will be taken into account before making a final decision as to whether to remove any patients from your dispensing patient list.

[As both you and your affected patients will require time in which to transition to being prescribing patients, we will also decide how quickly or otherwise the change will take place. This period of time will be based on various factors, including the number of patients who will be affected and the percentage of your dispensing patient list this equates to.]

Should you have any queries please contact me.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 33**

**Annex 6**

**Letter to Practices re: Controlled Locality – List of Patients to be Removed**

[*date*]

Dear [*insert*]

**Validation of your dispensing patient list**

Further to my earlier letter I would like to thank you for your time and assistance in reviewing your dispensing patient list.

Please find enclosed a list of patients who will be removed from your dispensing patient list because they do not live within a controlled locality and have not previously successfully applied under the serious difficulty rule.

[Although these patients are not eligible to be dispensed to, we recognise that you will need to communicate the change to prescribing-only status to your patients and to adjust your work practises. So we are giving you [*insert number of months*]’ notice that you should discontinue the provision of pharmaceutical services.

This period starts on [*insert date*] and ends on [*insert date*] at which point they will be changed to prescribing patients on NHAIS.]

As you will be aware, dispensing to ineligible patients is *ultra vires* and may mean that the practice is claiming funds inappropriately.

For patients who believe they would have serious difficulty in obtaining their drugs or appliances from a pharmacy I enclose an application form, so that they can apply under regulation 48(2) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The ‘serious difficulty’ test enables any patient to apply to NHS England to request that their doctor provides pharmaceutical services to them. We must be satisfied that the patient would have serious difficulty in obtaining any necessary drugs or appliances from a pharmacy by reason of distance or inadequacy of means of communication. There is no appeal within the aforementioned regulations against the decision.

Thank you for your assistance.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 1**

**Notification of opening hours on bank and public holidays**

|  |  |
| --- | --- |
| **Name of contractor** |  |
| **ODS code (also known as the F code)** |  |
| **Full address of premises to which the application relates** |  |
| **Address for correspondence (if different)** |  |

Pursuant to paragraph 35(4) of Schedule 4 (pharmacy contractors) or paragraph 25(3), Schedule 5 (dispensing appliance contractors) to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, please provide your proposed opening days and times for the following bank and public holidays, and Easter Sunday.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Date** | **Open or Closed** | **Opening time** | **Closing time** | **Lunchtime** |
| **Good Friday** | Friday [date] |  |  |  |  |
| **Easter Sunday** | Sunday [date] |  |  |  |  |
| **Easter Monday** | Monday [date] |  |  |  |  |
| **May bank holiday** | Monday [date] May |  |  |  |  |
| **Spring bank holiday** | Monday [date] May |  |  |  |  |
| **August bank holiday** | Monday [date] August |  |  |  |  |
| **Christmas Day** | [Day] 25 December |  |  |  |  |
| **Boxing Day (in lieu)** | [Day] [date] December |  |  |  |  |
| **New year’s day** | [Day] [1] January |  |  |  |  |
| **[Any other declared bank holiday]** | [Full date] |  |  |  |  |

I confirm the above mentioned premises will be open on the above days as stated and that the premises NHS website and Directory of Services profiles will be amended, as required, using the NHS Profile Manager[[185]](#footnote-185).

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of …………………………………………………………………………………

(insert name of contractor)

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 2**

**Application to change core opening hours – dispensing appliance contractor premises**

|  |  |
| --- | --- |
| **Name of contractor** |  |
| **ODS code (also known as the F code)** |  |
| **Full address of premises to which the application relates** |  |
| **Address for correspondence (if different)** |  |

This is an application to:

* permanently change core opening hours
* make a one-off change

(Please tick as relevant).

Please insert below the current core opening hours for these premises.

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

Please insert below the proposed core opening hours for these premises.

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

If this is a permanent change, please state in the box below the date from which you would like the change to take effect.

|  |
| --- |
|  |

If this is a one-off change, please enter the dates for the change below.

|  |
| --- |
|  |

Please provide any relevant information in your possession which relates to the changes to the needs of people in the area of the Health and Wellbeing Board, or other likely users of the premises, for pharmaceutical services.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of …………………………………………………………………………………

(insert name of contractor)

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 2**

**Application to redistribute the total number of core opening hours – pharmacy contractors**

|  |  |
| --- | --- |
| **Name of contractor** |  |
| **ODS code (also known as the F code)** |  |
| **Full address of premises to which the application relates** |  |

This is an application to:

* permanently redistribute the total number of core opening hours
* redistribute the total number of core opening hours on a one-off basis

(Please tick as relevant).

Please insert below the current core opening hours for these premises.

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

Please insert below the proposed core opening hours for these premises[[186]](#footnote-186).

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

If this is a permanent change, please state in the box below the date from which you would like the change to take effect.

|  |
| --- |
|  |

If this is a one-off change, please enter the dates for the change below.

|  |
| --- |
|  |

**Applications to be determined on the basis of paragraph 24(1), Schedule 4 of the 2013 regulations**

I wish this application to be determined on the basis of:

* Paragraph 24(1), Schedule 4

Please provide the information that demonstrates that your proposed core opening hours will:

* either maintain as necessary the existing level of service provision for people in the area of the pharmacy, or other likely users of the pharmacy premises; or
* maintain a sustainable level of adequate service provision for the people in the area of the pharmacy, in circumstances where maintaining the existing level of service provision is either unnecessary or not a realistically achievable outcome.

|  |
| --- |
|  |

**Applications to be determined on the basis of paragraph 26(2ZB), Schedule 4 of the 2013 regulations**

I wish this application to be determined on the basis of:

* Paragraph 26(2ZB), Schedule 4

Please provide the information that demonstrates that your proposed core opening hours will ensure that the people who are accustomed to accessing pharmaceutical services at the pharmacy premises listed above are likely to benefit from the changes because, overall, they would be more likely to access those services at the pharmacy premises during the proposed core opening hours than during the existing core opening hours.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of …………………………………………………………………………………

(insert name of contractor)

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 2**

**Application to reduce the total number of core opening hours – pharmacy contractors**

|  |  |
| --- | --- |
| **Name of contractor** |  |
| **ODS code (also known as the F code)** |  |
| **Full address of premises to which the application relates** |  |

This is an application to:

* permanently reduce the total number of core opening hours
* make a one-off reduction to the total number of core opening hours

(Please tick as relevant).

Please insert below the current core opening hours for these premises.

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

Please insert below the proposed core opening hours for these premises[[187]](#footnote-187).

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

If this is a permanent change, please state in the box below the date from which you would like the change to take effect.

|  |
| --- |
|  |

If this is a one-off change, please enter the dates for the change below.

|  |
| --- |
|  |

Please provide the information that demonstrates that your proposed core opening hours will:

* either maintain as necessary the existing level of service provision for people in the area of the pharmacy, or other likely users of the pharmacy premises; or
* maintain a sustainable level of adequate service provision for the people in the area of the pharmacy, in circumstances where maintaining the existing level of service provision is either unnecessary or not a realistically achievable outcome.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of …………………………………………………………………………………

(insert name of contractor)

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 3**

**Request for Further Information**

[*date*]

Dear [*insert*]

**Re: Application to change core opening hours at [*insert address*]**

I am writing to confirm receipt of the above application. The application has been checked against our requirements and the following relevant information is missing:

* [*insert the information that is missing*]

I would be grateful if you could submit the above to me as soon as possible. Until the information is received [*NHS England/name of ICB*] will not be in a position to proceed with your application. Please note that your proposed change of core opening hours cannot be implemented unless and until your application is granted.

Should you have any questions, please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

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**Chapter 36**

**Annex 4**

**Acknowledgement of Receipt of Application**

[*date*]

Dear [*insert*]

**Re: Application to change core opening hours at [*insert address*]**

[*Where the application form is complete use the following wording*:

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

[*Where further information has been provided, use the following*:

I am writing to confirm receipt of the requested information in relation to the above application.]

We are required to determine the application within 60 days, i.e. by [*insert date 60 days from date of receipt of all information*],

Should you have any questions, please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 5**

**Consultation with the LPC**

[*date*]

Dear [*insert*]

**Re: Application to change core opening hours at [*insert address*] by [*insert applicant's name*]**

We have received the above application, a copy of which is enclosed.

We are sending you this application pursuant to paragraph 26(7) of Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Service) Regulation 2013 because:

* [the application seeks to [increase] [reduce] the number of core opening hours.]
* [there is an existing direction in place.]

If you wish to make any comments on this application, they should be sent to me at the above address by [*insert date*].

Should you have any questions, please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 6**

**Decision to refuse application to change core opening hours**

[*date*]

Dear [*insert*]

**Re: Application to change core opening hours at [*insert address*] by [*insert applicant's name*]**

Further to your application to change the core opening hours at the above address, I am writing to confirm that it has been refused.

[*Insert reasoning for the decision*]

You have a right of appeal to the Secretary of State against the issuing of this direction. Should you choose to appeal then you should send a concise and reasoned statement of the grounds for your appeal within 30 days of receiving this notice to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 7**

**Decision to grant application to change core opening hours**

[*date*]

Dear [*insert*]

**Re: Application to change core opening hours at [*insert address*] by [*insert applicant's name*]**

Further to your application to change the core opening hours at the above address, I am writing to confirm that it has been granted.

[*Insert reasoning for the decision*]

[*Insert if appropriate*] [*Please see the enclosed direction*.]

[*Insert the following for pharmacies other than DSPs][I would like to remind you that you are required by your terms of service to ensure your Directory of Service and NHS website profiles are amended using the NHS Profile Manager*.]

[*Insert the following for DSPs][I would like to remind you that you are required by your terms of service to ensure your Directory of Service profile is amended.*]

[*Insert the following for DACs][Please ensure that you have updated your Directory of Services profile. Please contact me if you are unsure how to do that*.]

Yours sincerely

[*name*]

[*title*]

[*Enc*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 8**

**Wording for Opening Hours Directions**

**open for more than 30 or 40 core opening hours a week**

This direction is in respect of the opening hours of [*insert name of pharmacy/DAC*] at [*insert address*] and is issued under paragraph [*insert relevant terms of service reference*] of Schedule [4/5] of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The total number of hours a week for which you must provide pharmaceutical services at the above premises is [*insert number*]. Your current core opening hours are:

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

The additional opening hours during which you are required to provide pharmaceutical services at the above premises are as follows:

[*insert days and times for these additional core opening hours*]

[*insert full reasoning for the direction*]

You have a right of appeal to the Secretary of State against the issuing of this direction. Should you choose to appeal then you should send a concise and reasoned statement of the grounds for your appeal within 30 days of receiving this notice to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

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**open for LESS than 30 or 40 core opening hours a week**

This direction is in respect of the opening hours of [*insert name of pharmacy/DAC*] at [*insert address*] and is issued under paragraph [*insert relevant terms of service reference*] of Schedule [4/5] of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The total number of hours each week for which you must provide pharmaceutical services at the above premises is [*insert number*]. The days on which, and times at which, you are to provide pharmaceutical services are:

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

You have a right of appeal to the Secretary of State against the issuing of this direction. Should you choose to appeal then you should send a concise and reasoned statement of the grounds for your appeal within 30 days of receiving this notice to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

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**Chapter 36**

**Annex 9**

**Notification of changes to supplementary opening hours**

|  |  |
| --- | --- |
| **Name of contractor** |  |
| **ODS code (also known as the F code)** |  |
| **Full address of premises to which the application relates** |  |
| **Address for correspondence (if different)** |  |

This is a notification to:

* permanently change supplementary opening hours
* make a one-off change

(Please tick as relevant).

Please insert below the current supplementary opening hours for these premises.

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

Please insert below the proposed supplementary opening hours for these premises.

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

If this is a permanent change, please state in the box below the date from which the change will take effect.

|  |
| --- |
|  |

If this is a one-off change, please enter the dates for the change below.

|  |
| --- |
|  |

At least three months’ notice must be given by dispensing appliance contractors. If you are seeking to change the supplementary opening hours within a shorter timescale please set out your reasons below and NHS England or the relevant delegated integrated care board will consider whether it can agree to a shorter notice period.

|  |
| --- |
|  |

Where a pharmacy contractor wishes to change its supplementary opening hours, five weeks’ notice must be given for a reduction in the total number of supplementary opening hours. If a pharmacy contractor wishes to change its supplementary opening hours and increase its total number of supplementary opening hours it is not required to give five weeks’ notice, but must notify NHS England or the relevant delegated integrated care board in advance of the change.

I confirm that I am/we are giving the required notice period.

* Yes
* No, but I have set out above why I/we wish to give a shorter notice period
* Not applicable

(Pharmacies only) I confirm that the pharmacy’s NHS website and Directory of Services profiles will be updated accordingly.

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of …………………………………………………………………………………

(insert name of contractor)

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 10**

**Clarification of Supplementary Opening Hours**

[*date*]

Dear [*insert*]

**Re: Notification to change supplementary opening hours at [*insert address*]**

I am writing to confirm receipt of the above notification.

We have checked the current supplementary opening hours against those included in the relevant pharmaceutical list and note they do not match.

The current supplementary opening hours included in the relevant pharmaceutical list are:

[*insert hours*]

The current supplementary opening hours indicated in your notification are:

[*insert hours*]

I would be grateful if you could contact me to clarify this.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 11**

**Confirmation of Date of Supplementary Opening Hours Change**

[*date*]

Dear [*insert*]

**Re: Notification to change supplementary opening hours at [*insert address*]**

I am writing to acknowledge the above notification and to confirm the date on which the changes are to take place.

The changes to your supplementary opening hours will take place on [*insert date*]. Please ensure your Directory of Services profile is updated with effect from that date. Please contact me if you are unsure how to do that.

Should you have any questions, please contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 12**

**Confirmation of Date of Supplementary Opening Hours Change – Increase/Reduction**

[*date*]

Dear [*insert*]

**Re: Notification to change supplementary opening hours at [*insert address*]**

I am writing to acknowledge the above notification and to confirm the change in supplementary opening hours and the date on which the changes are to take place.

You have notified us that your supplementary opening hours will change to:

[*insert hours*]

[*insert the following wording where NHS England/the ICB agrees to the change taking place sooner than the required three months*:

The above change to your supplementary opening hours will take place on [*insert date*].]

[*insert the following wording where NHS England/the ICB does not agree to the change taking place sooner than the required three months*:

You requested that the change to your supplementary opening hours takes place sooner than the required three months. We have determined that the change may not take place sooner than the required three months for the following reasons:

[*insert reasons*]

The earliest date on which the changes can take place will be [*insert date*]. We assume that you will change your supplementary opening hours on this date. If you do not wish the changes to take place on this date or wish to withdraw your notification of change to supplementary opening hours, you must contact me before this date.]

Please ensure that your Directory of Service profile is updated. Please contact me if you are unsure how to do that.

If you have any questions, please contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 13**

**Confirmation of Date of Supplementary Opening Hours Change**

[*date*]

Dear [*insert*]

**Re: Notification to change supplementary opening hours at [*insert address*]**

I am writing to acknowledge the above notification and to confirm the date on which the changes are to take place.

The changes to your supplementary opening hours will take place on [*insert date*]. [*Insert the following if not a distance selling premises*]. [Please ensure your NHS website and Directory of Services profiles are updated using the NHS Profile Manager with effect from that date.] [ [*Insert the following if a distance selling premises*]. [Please ensure your Directory of Services profile is updated using the profile updater with effect from that date.]

Should you have any questions, please contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 14**

**Confirmation of Date of Supplementary Opening Hours Change**

[*date*]

Dear [*insert*]

**Re: Notification to change supplementary opening hours at [*insert address*]**

I am writing to acknowledge the above notification and to confirm the date on which the changes are to take place, or have taken place.

The changes to your supplementary opening hours will take place, or took place, on [*insert date*]. [*Insert the following if not a distance selling premises*]. [Please ensure your NHS website and Directory of Services profiles are, or were, updated using the NHS Profile Manager with effect from that date.] [ [*Insert the following if a distance selling premises*]. [Please ensure your Directory of Services profile is, or was, updated using the profile updater with effect from that date.]

Should you have any questions, please contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 15**

**Consultation with the LPC**

[*date*]

Dear [*insert*]

**Re: Determination of core opening hours at [*insert name and address of pharmacy*]**

The core opening hours of the above pharmacy premises are:

[*insert hours*]

We consider that the current core opening hours of the above pharmacy premises may not meet the needs of people in the area or other likely users of the pharmacy premises for the following reasons:

[*insert reasons*]

We intend to carry out an assessment as to whether to issue a direction pursuant to paragraph 25(1) of Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 requiring the above pharmacy to provide pharmaceutical services at the following dates and times:

[*insert hours*]

If you wish to make any comments on this application, they should be sent to me at the above address by [*insert date which is 30 days away*].

If you have any questions, please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 16**

**Invitation to Submit Representations on Change to Core Opening Hours**

[*date*]

Dear [*insert*]

**Re: Determination of core opening hours at [*insert name and address of pharmacy*]**

Your current core opening hours are:

[*insert hours*]

We consider that the current core opening hours may not meet the needs of people in the area or other likely users of the pharmacy premises for the following reasons:

[*insert reasons*]

We are carrying out an assessment as to whether to issue a direction pursuant to paragraph 25(1) of Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 requiring you to provide pharmaceutical services at the following dates and times:

[*insert hours*]

If you wish to make written representations about the proposed changes, they should be sent to me at the above address within 30 days of the date of this letter, i.e. by [*insert date*].

If you have any questions, please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 17**

**Notification of Decision on Change to Core Opening Hours**

[*date*]

Dear [*insert*]

**Re: Determination of core opening hours at [*insert name and address of pharmacy*]**

We have concluded our assessment as to whether to issue a direction pursuant to paragraph 25(1) of Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and have [issued the enclosed direction/confirmed the existing direction/revoked the existing direction/not issued a direction].

Your core opening hours are therefore:

[*insert hours*]

[*include the following where there are new core opening hours*:

The reasons for the changes to your core opening hours are:

[*insert reasons*]

You have the right of appeal to the Secretary of State against our decision. Should you choose to appeal, then you should send in writing a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

If you have any questions, please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 18**

**Notification of a temporary suspension of services under paragraph 23(10), Schedule 4 (pharmacy contractors) or paragraph 13(9), Schedule 5 (dispensing appliance contractors) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013**

|  |  |
| --- | --- |
| **Name of contractor** |  |
| **ODS code (also known as the F code)** |  |
| **Full address of premises to which the application relates** |  |
| **Address for correspondence (if different)** |  |

Please set out the dates and times of the unplanned temporary suspension of pharmaceutical services. Please note that this form is not to be used for closures due to planned refurbishment. Nor is it to be used in situations where the pharmacy occupies part of a larger building and the rest of the premises is closed as it is expected that contractors will have put in place arrangements to ensure they are able to fulfil their terms of service regarding their core and supplementary opening hours.

|  |  |
| --- | --- |
| Date(s) of the temporary suspension | Times at which pharmaceutical services were not provided |
|  |  |

Please set out in the box below the reasons for the temporary suspension.

|  |
| --- |
|  |

Please set out in the box below any actions taken to limit the impact on users of the premises.

|  |
| --- |
|  |

Please note that you will not be in breach of your terms of service as long as:

* the temporary suspension is for a reason beyond your control,
* you notify NHS England or the relevant delegated integrated care board of the suspension as soon as practical, and
* use all reasonable endeavours to resume the provision of pharmaceutical services as soon as is practicable.

(Pharmacies only) I confirm that the pharmacy’s NHS website and Directory of Services profiles were/have been updated to reflect the fact the pharmacy/is closed.

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of …………………………………………………………………………………

(insert name of contractor)

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 19**

**Request for a planned temporary suspension of services**

|  |  |
| --- | --- |
| **Name of contractor** |  |
| **ODS code (also known as the F code)** |  |
| **Full address of premises to which the application relates** |  |
| **Address for correspondence (if different)** |  |

Please set out the dates and times of the planned temporary suspension of pharmaceutical services. Please note that at least three months’ notice must be given of a temporary suspension under paragraph 23(1), Schedule 4 or paragraph 13(1), Schedule 5 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

|  |  |
| --- | --- |
| Date(s) of the temporary suspension | Times at which pharmaceutical services would not be provided |
|  |  |

Please set out in the box below the reasons for the temporary suspension.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of …………………………………………………………………………………

(insert name of contractor)

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 20**

**Refusal of Request for Temporary Suspension of Services**

[*date*]

Dear [*insert*]

**Re: Request for Temporary Suspension of Services at [*insert address*]**

I am writing to confirm receipt of the above request.

Any such request must be made with at least three months' notice of the date the services are to be suspended. You have not provided three months' notice.

Your request is therefore refused.

Should you have any questions, please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 21**

**Request for Further Information**

[*date*]

Dear [*insert*]

**Re: Request for Temporary Suspension of Services at [*insert address*]**

I am writing to confirm receipt of the above request. The request has been checked against our requirements and the following relevant information is missing:

* [*insert the information that is missing*]

I would be grateful if you could submit the above to me as soon as possible. Until the information is received [*NHS England/name of ICB*] will not be in a position to proceed with your application.

Should you have any questions, please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 36**

**Annex 22**

**Determination of Request for Temporary Suspension of Services**

[*date*]

Dear [*insert*]

**Re: Request for Temporary Suspension of Services at [*insert address*]**

I am writing to notify you of the determination of the above request.

[*Insert the following wording if the request has been agreed*:

We have agreed your request to temporarily suspend services at the above pharmacy premises for the following period:

[*insert details*]

I would like to remind you that you are required by your terms of service to ensure your Directory of Service and NHS website profiles are amended using the NHS Profile Manager.

[*Insert the following wording if the request has been refused*:

We have refused your request to temporarily suspend services at the above pharmacy premises for the following reasons:

[*insert reasons*]

Should you have any questions, please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 37**

**Annex 1**

**Letter Confirming Visit**

[*date*]

Dear [*insert*]

**Re: contract monitoring visit for [*insert financial year*]**

**[*insert address*]**

Thank you for speaking to me on the phone on [*insert date*]. I am writing to confirm your contract monitoring visit will take place at [*insert time/date and if to be held virtually*]. The following [*NHS England/name of ICB*] representatives will be present:

* [*insert name and job title*]

The areas which we wish to discuss with you are as follows:

* [*insert details*]

I look forward to seeing you at the visit, and we will try to ensure that there is minimum disruption to service provision on that day. Should you wish to invite the [*insert name*] LPC to be present please feel free to do so. Should you not have the contact details for your LPC they can be found at [LPC Online](http://lpc-online.org.uk/).

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 37**

**Annex 2**

**Letter and Visit Report**

[*date*]

Dear [*insert*]

**Re: contract monitoring visit for [*insert financial year*]**

**[*insert address*]**

Thank you for making the time available on [*insert date*] for your contract monitoring visit. I am writing to confirm our findings at the visit and to set out the next steps as agreed with you on the day.

Please find enclosed a copy of the visit report which sets out:

* The terms of service we discussed,
* Our findings,
* The agreed action plan, and
* Timescales for completion of the actions.

I would be grateful if you could review the report, and confirm your agreement of it within [*insert date giving 10 working days*].

Where you are required to submit evidence of completion of a particular action, please can you send that to me by the specified date.

Should you have any questions please do not hesitate to contact me.

Yours sincerely

[name]

[title]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Report on the contract monitoring visit undertaken on [*insert date*]**

|  |  |
| --- | --- |
| Name of contractor |  |
| Address |  |

**Essential services - [*Insert name of service e.g. dispensing*][[188]](#footnote-188)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service indicator and terms of service (ToS) reference** | **Visit findings** | **Agreed action plan** | **Agreed timescale** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Clinical governance[[189]](#footnote-189)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service indicator and terms of service (ToS) reference** | **Visit findings** | **Agreed action plan** | **Agreed timescale** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Advanced services [*Insert name of service e.g. new medicine service*][[190]](#footnote-190)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service indicator andSecretary of State Direction (SD)** | **Visit findings** | **Agreed action plan** | **Agreed timescale** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I agree:

* That this report is an accurate representation of the contract monitoring visit undertaken on ………………….
* To complete the required actions within the agreed timescales, and
* To submit the required information within the agreed timescales

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Position |  |
| Date |  |
| On behalf of sole trader/partnership/body corporate |  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 37**

**Annex 3**

**Acknowledgement of Some Actions Completed**

[*date*]

Dear [*insert*]

**Re: contract monitoring visit for [*insert financial year*]**

**[*insert address*]**

Thank you for submitting evidence to demonstrate that you have completed the following agreed action(s).

* [*insert details*]

I look forward to receiving the evidence for the remaining [item/items] in due courses.

Yours sincerely

[*name*]

[*title*]

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**Chapter 37**

**Annex 4**

**Acknowledgement of All Actions Completed**

[*date*]

Dear [*insert*]

**Re: contract monitoring visit for [*insert financial year*]**

**[*insert address*]**

Thank you for submitting all the evidence required to demonstrate that you have completed all the actions from your contract monitoring visit. We are satisfied that you are now compliant with your terms of service and no further action is required.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 37**

**Annex 5**

**No Notification Received**

[*date*]

Dear [*insert*]

**Failure to open - [*insert name and address of premises*]**

We have been advised that the above premises were not open on [*insert details*]. As no notification of a temporary suspension of services has been received, I am writing to ask why the premises were closed and why we were not notified. Please could you send your response to me by [*insert date, allowing 10 working days*].

We will consider your response and will then decide what further action to take.

Yours sincerely

[*name*]

[*title*]

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**Chapter 37**

**Annex 6**

**Good Cause**

[*date*]

Dear [*insert*]

**Re: Failure to open - [*insert name and address of premises*]**

Thank you for your letter of [*insert date*] the contents of which have been noted. As there was good cause for the temporary suspension of service provision, we do not propose to take any further action at this time. The matter has however been noted on your file.

May I remind you that in future you must ensure that all temporary suspensions of service provision are notified to us and I enclose a copy of the form that you should use for this purpose.

[*Insert the following where relevant*]

[May I also remind you that you are required by your terms of service to ensure that the pharmacy profile on the NHS website and Directory of Services must be kept up-to-date, which includes updating the pharmacy’s opening hours. This can be done by using the NHS Profile Manager.]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 37**

**Annex 7**

**No Good Cause**

[*date*]

Dear [*insert*]

**Re: Failure to open - [*insert name and address of premises*]**

Thank you for your letter of [*insert date*] the contents of which have been noted. As there was no good cause for the temporary suspension of service provision, we are considering what further action will be taken with regards to this breach of your terms of service. I will be in touch in due course.

In the meantime may I remind you that in future you must ensure that all temporary suspensions of service provision are notified to us and I enclose a copy of the form that you should use for this purpose.

[*Insert the following where relevant*]

[May I also remind you that you are required by your terms of service to ensure that the pharmacy profile on the NHS website and Directory of Services must be kept up-to-date, which includes updating the pharmacy’s opening hours. This can be done by using the NHS Profile Manager.]

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 37**

**Annex 8**

**Template Breach Notice**

**Breach notice**

**Name of contractor:**

**Address of premises:**

**Date of inclusion in the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board:**

**This is a breach notice issued under regulation 71 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.**

**Nature of the breach:**

You are required to not repeat the breach again.

[*insert the following where relevant*]

**[Withholding of payments**

We have also determined that payment withholdings are to apply in respect of this breach.

[*insert reasoning for decision to withhold payments*]

[*insert details of how much or which fees or allowances are to be withheld*]

The withholding relates to the period from [*insert date*] to [*insert date*].]

You have a right of appeal to the Secretary of State against the issuing of this breach notice [and to withhold payments]. 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 notice to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Please note that should you fail to comply with the requirements of this breach notice we reserve the right to exercise our powers to take further action in relation to your inclusion in the pharmaceutical list in respect of the above named premises. This may include removal of the premises from the pharmaceutical list under regulation 73 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 201.

Dated:

Signed:

on behalf of [*NHS England/name of ICB*]

Print name

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 37**

**Annex 9**

**Template Remedial Notice**

**Remedial notice**

**Name of contractor:**

**Address of premises:**

**Date of inclusion in the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board:**

**This is a remedial notice issued under regulation 70 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.**

**Nature of the breach:**

**Steps you are required to take, to our satisfaction, in order to remedy the breach:**

**The required steps must be completed by:**

[*insert the following where relevant*]

**[Withholding of payments**

We have also determined that payment withholdings are to apply in respect of this breach.

[*insert reasoning for decision to withhold payments*]

[*insert details of how much or which fees or allowances are to be withheld*]

The withholding relates to the period from [*insert date*] to [*insert date*].]

You have a right of appeal to the Secretary of State against the issuing of this remedial notice [and to withhold payments]. 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 notice to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Please note that should you fail to comply with the requirements of this remedial notice we reserve the right to exercise our powers to take further action in relation to your inclusion in the pharmaceutical list in respect of the above named premises. This may include removal of the premises from the pharmaceutical list under regulation 73 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Dated:

Signed:

on behalf of [*NHS England/name of ICB*]

Print name:

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 37**

**Annex 10**

**Claim Refused**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: claim for restoration of payments**

Thank you for your letter dated [*insert date*] in which you requested that the withholding of payments in connection with the [*breach/remedial*] notice issued on [*insert date*] be restored.

Your claim has been considered and I am writing to advise that it has been refused.

[*insert reasoning*]

You have a right of appeal to the Secretary of State against this 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 [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

[NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 37**

**Annex 11**

**Notification of Decision - Removal**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: [*insert details of breach*]**

**[*insert name and address of premises*]**

Further to my previous letters on this matter [and the oral hearing on [*insert date*]] we have considered all the evidence and have decided that the above premises are to be removed from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board.

[*insert reasoning*]

You have a right of appeal to the Secretary of State against this 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 [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 37**

**Annex 12**

**Notification of Decision – No Removal**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: [*insert details of breach*]**

**[*insert name and address of premises*]**

Further to my previous letters on this matter [and the oral hearing on [*insert date*]] we have considered all the evidence and have decided that the above premises are not to be removed from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board.

[*insert reasoning*]

[*insert details of any other sanctions that are to be applied e.g. notices and withholding of payments.]*

Yours sincerely

[*name*]

[*title*]

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**Chapter 37**

**Annex 13**

**Outcome of Appeal – Decision Upheld**

**PRIVATE & CONFIDENTIAL**

[*date*]

Dear [*insert*]

**Re: [*insert details of breach*]**

**[*insert name and address of premises*]**

We have been advised that the Secretary of State has upheld the decision that the above premises are to be removed from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board. I can confirm that they were removed with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

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**Chapter 38**

**Annex 1**

**Closure of Premises Notification**

|  |  |
| --- | --- |
| **Name of contractor** |  |
| **Name of pharmacy** |  |
| **ODS code (also known as the F code)** |  |
| **Full address of premises to which the application relates** |  |
| **Address for correspondence (if different)** |  |

Pursuant to regulation 67 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to withdraw from the pharmaceutical list in respect of the area of

……………………………………………………. Health and Wellbeing Board in respect of the above premises with effect from

…………………………………………………… [insert date].

Please note that this form is not to be used where services are being provided under a local pharmaceutical services contract.

I/we confirm that I/we am/are giving:

* At least three months’ notice

(40 hour pharmacies and dispensing appliance contractors)

* At least six months’ notice

(100 hour pharmacies)

* Less than the required notice of period

If you are giving less than the required amount of notice please explain why in the box below. Please use an additional sheet where necessary.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of …………………………………………………………………………………

(insert name of contractor)

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please return to either the NHS England regional team in whose area the premises are located, or if the premises are in the area of an integrated care board that is delegated to commission pharmaceutical services, to the integrated care board.

As of November 2022, only the integrated care boards in the following NHS England regions are delegated:

* South East
* North West

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**Chapter 38**

**Annex 2**

**Acknowledgement of Closure Notice**

[*date*]

Dear [*insert*]

**Re: Notice of intention to withdraw from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board in respect of [*insert name and address*]**

I am writing to confirm receipt of the above notice on [*insert date*]. I can confirm that the relevant pharmaceutical list will be amended in accordance with your notice with effect from [*insert date premises will be closed*]*.*

There are a number of actions that we require you to complete and ask that you provide confirmation of completion to us at the relevant time.

|  |  |
| --- | --- |
| **Action** | **Timescale** |
| Inform any care homes that you provide services to of the closure date | One calendar month before closure |
| Inform patients, including EPS nomination patients, of the closure date. This is to be done via posters, patient leaflets, a message on any website and a message on your NHS website profile page [*delete latter for distance selling premises and DACs*]. | One calendar month before closure |
| Put arrangements in place for the transfer of disposal or excess stock on the day of the closure. Please note that we have asked [*insert name of company*] to contact you to arrange a final collection of unwanted medicines that have been returned to you under paragraphs 13 and 14, Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. [*Delete for DACs*] | Two weeks before closure |
| Ensure that all patient owings are dispensed and do not dispense any other incomplete prescriptions unless owings can be filled and collected/delivered to the patient before closure. | One week before closure |
| Ensure all patients with prescriptions awaiting collection are contacted and if necessary deliver the medication to patient’s home. | Three working days before closure |
| If there are still any outstanding owings, inform the patient’s GP practice so that new prescriptions can be issued where necessary unless you are assured that the outstanding items can and will be collected or delivered to the relevant patient before closure. | Three working days before closure |
| Switch off the EPS ‘automatic prescription download’ feature in your PMR system if you use it. Your system supplier should be able to support you with this if you are unable to. | Day before closing |
| Put an out of office message on premises specific shared NHSmail account [*Delete for distance selling premises and DACs*] | Day before closing |
| Return any paper prescriptions that have not been collected to the prescriber. | Day of closure |
| Return any electronic prescriptions that have not yet been dispensed to the Spine. This is to include any batches of electronic repeat dispensing prescriptions which have not yet been dispensed. Your system supplier may be able to support you with this. | Day of closure |
| Submit all dispensed paper and electronic prescriptions to the NHSBSA for payment. | Day of closure |
| Submit the final FP34C via Manage Your Service and advanced services claims | Day of closure |
| Submit all final enhanced services claims to [insert details] | Day of closure |
| Check the premises specific shared NHSmail account and ensure all emails are actioned. [*Delete for distance selling premises and DACs*] | Day of closure |
| Ensure that the premises are left secure and if any medication remains on site that it is securely stored. | Day of closure |
| Ensure any website is closed down. | Day of closure |
| Ensure a message is added to the NHS website profile page advising that the premises are now closed. [*Delete for distance selling premises and DACs*] | Day of closure |

If you intend to transfer patient EPS nominations to another of your premises, you must ensure that patients are told in advance of this intention, advise them that they may change their nomination to another contractor if they wish to do so, and give them the opportunity to do so. Please note that there is no provision within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for nominations to be automatically transferred to another of the contractor’s premises

Should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

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**Chapter 38**

**Annex 3**

**Notification of Closure Memo**

From: [*Name*]

|  |  |
| --- | --- |
| To: | [*insert names*] |

Date: 00-00-00

Dear all

Please note that [*insert organisation’s name*] has received notice that [*insert name of* *contractor*] will cease to provide pharmaceutical services on [*insert date*] and will therefore be removed from the pharmaceutical list for the area of [*insert name of*] Health and Wellbeing Board with effect from that date.

Details are as follows:

* [*Insert name of contractor and any trading name*]
* [*ODS code*]
* [*Insert address*]

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**Chapter 38**

**Annex 4**

**Request to withdraw notice of withdrawal agreed**

[*date*]

Dear [*insert*]

**Re: Notice of intention to withdraw from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board in respect of [*insert name and address*]**

Further to your request to withdraw the above notice, the matter has been considered by the [*insert name of committee*]. I am writing to confirm that it has been decided, under regulation 75(6) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, that the premises at [*insert address*] will not be removed from thepharmaceutical list for the area of [*insert name*] Health and Wellbeing Board.

The reason for this decision is that you no longer wish to withdraw these premises from the pharmaceutical list with effect from the date in your notice.

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 38**

**Annex 5**

**Request to withdraw notice of withdrawal refused**

[*date*]

Dear [*insert*]

**Re: Notice of intention to withdraw from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board in respect of [*insert name and address*]**

Further to your request to withdraw the above notice, the matter has been considered by the [*insert name of committee*]. I am writing to confirm that it has been decided, under regulation 75(6) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, that the premises at [*insert address*] will be removed from thepharmaceutical list for the area of [*insert name*] Health and Wellbeing Board with effect from [*insert date in the notice*].

The reason for this decision is [*insert reasoning*]. [*Include any particular actions that are required to be undertaken, if any*]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 38**

**Annex 6**

**Confirmation of Closure Memo**

From: [*Name*]

|  |  |
| --- | --- |
| To: | [*insert names*] |

Date: 00-00-00

Dear all

Please note that [*insert organisation’s name*] removed [*pharmacy/dispensing appliance contractor*] from the pharmaceutical list for the area of [*insert name of*] Health and Wellbeing Board in respect of the premises below with effect from [*insert date*]. Details are as follows:

* [*Insert name of contractor and any trading name*]
* [*ODS code*]
* [*Insert address*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 38**

**Annex 7**

**Confirmation of Removal of Premises**

[*date*]

Dear [*insert*]

**Re: Notice of intention to withdraw from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board in respect of [*insert name and address*]**

Further to my previous letter of [*insert date Annex 2 sent*] I am writing to confirm that [*insert name of contractor*] has been removed from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board in respect of the premises at [*insert address*] with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 38**

**Annex 8**

**No/Short Period Notice Given**

[*date*]

Dear [*insert*]

**Re: Notice of intention to withdraw from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board in respect of [*insert name and address*]**

I am writing in response to your notice of [*insert date*] in which you advised that you wish to withdraw from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board in respect of [*insert pharmacy name and address*].

You are required by regulation 67 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 to give at least [t*hree/six*] months’ notice but have, on this occasion, given [insert period of notice]. [*insert organisation’s name*] will now consider what further action, if any, it wishes to take.

I will advise you of that decision but should you have any questions in the meantime please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 38**

**Annex 9**

**Discovered Closure**

[*date*]

Dear [*insert*]

**Closure of [*insert name and address and ODS code*]**

I am writing to advise you that [*insert organisation’s name*] has become aware that the above premises has closed with no notice. [*Insert name of contractor*] has confirmed that this is a permanent closure and we are now working with them to ensure that our required actions are completed. I will write to you again to confirm when we have removed [*insert name of contractor*] and these premises from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board.

In the meantime should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 38**

**Annex 10**

**Discovered Closure – Cannot Contact Contractor**

[*date*]

Dear [*insert*]

**Closure of [*insert name and address and ODS code*]**

I am writing in advise you that [*insert organisation’s name*] has become aware that the above premises has closed with no notice and we have been unable to contact [*insert name of contractor*] in order to ascertain whether this is a temporary or permanent closure. I will write to you again once we have either made contact with the contractor or once we have completed the process of removing [*insert name of contractor*] and the premises at [*insert address*] from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board.

In the meantime should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 38**

**Annex 11**

**Contractor to be Removed on Fitness Grounds – Contractual Actions**

[*date*]

Dear [*insert*]

**Re: removal of [*insert name of contractor*] from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board in respect of [*insert name and address*] on fitness grounds**

I am writing following the decision by [*NHS England/name of ICB*] to remove [*insert name of contractor*] from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board on fitness grounds.

There are a number of actions that we require you to complete and ask that you provide confirmation of completion to us at the relevant time.

|  |  |
| --- | --- |
| **Action** | **Timescale** |
| Inform any care homes that you provide services to of the closure date | One calendar month before closure |
| Inform patients, including EPS nomination patients, of the closure date. This is to be done via posters, patient leaflets, a message on any website and a message on your NHS website profile page [*delete latter for distance selling premises and DACs*]. | One calendar month before closure |
| Put arrangements in place for the transfer of disposal or excess stock on the day of the closure. Please note that we have asked [*insert name of company*] to contact you to arrange a final collection of unwanted medicines that have been returned to you under paragraphs 13 and 14, Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. [*Delete for DACs*] | Two weeks before closure |
| Ensure that all patient owings are dispensed and do not dispense any other incomplete prescriptions unless owings can be filled and collected/delivered to the patient before closure. | One week before closure |
| Ensure all patients with prescriptions awaiting collection are contacted and if necessary deliver the medication to patient’s home. | Three working days before closure |
| If there are still any outstanding owings, inform the patient’s GP practice so that new prescriptions can be issued where necessary unless you are assured that the outstanding items can and will be collected or delivered to the relevant patient before closure. | Three working days before closure |
| Switch off the EPS ‘automatic prescription download’ feature in your PMR system if you use it. Your system supplier should be able to support you with this if you are unable to. | Day before closing |
| Put an out of office message on premises specific shared NHSmail account [*Delete for distance selling premises and DACs*] | Day before closing |
| Return any paper prescriptions that have not been collected to the prescriber. | Day of closure |
| Return any electronic prescriptions that have not yet been dispensed to the Spine. This is to include any batches of electronic repeat dispensing prescriptions which have not yet been dispensed. Your system supplier may be able to support you with this. | Day of closure |
| Submit all dispensed paper and electronic prescriptions to the NHSBSA for payment. | Day of closure |
| Submit the final FP34C via Manage Your Service and advanced services claims | Day of closure |
| Submit all final enhanced services claims to [insert details] | Day of closure |
| Check the premises specific shared NHSmail account and ensure all emails are actioned. [*Delete for distance selling premises and DACs*] | Day of closure |
| Ensure that the premises are left secure and if any medication remains on site that it is securely stored. | Day of closure |
| Ensure any website is closed down. | Day of closure |
| Ensure a message is added to the NHS website profile page advising that the premises are now closed. [*Delete for distance selling premises and DACs*] | Day of closure |

If you intend to transfer patient EPS nominations to another of your premises, you must ensure that patients are told in advance of this intention, advise them that they may change their nomination to another contractor if they wish to do so, and give them the opportunity to do so. Please note that there is no provision within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for nominations to be automatically transferred to another of your premises.

Please note that if you appeal the decision to remove [*insert name of contractor*] from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board then you are not required to complete the above actions at this point in time.

Should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 38**

**Annex 12**

**Confirmation of Removal of Contractor and Premises**

[*date*]

Dear [*insert*]

**Re: removal of [*insert name of contractor*] from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board in respect of [*insert name and address*] on fitness grounds**

Further to my previous letter of [*insert date Annex 11 sent*] I am writing to confirm that [*insert name of contractor*] has been removed from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board in respect of the premises at [*insert address*] with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 38**

**Annex 13**

**Premises to be Removed Following Use of the Performance Related Sanctions – Contractual Actions**

[*date*]

Dear [*insert*]

**Re: removal of [*name and address of pharmacy/DAC premises*] from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board following use of the performance related sanctions**

I am writing following the decision by [*name of ICB*] to remove [*name and address of pharmacy/DAC premises*] from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board following use of the performance related sanctions.

There are a number of actions that we require you to complete and ask that you provide confirmation of completion to us at the relevant time.

|  |  |
| --- | --- |
| **Action** | **Timescale** |
| Inform any care homes that you provide services to of the closure date | One calendar month before closure |
| Inform patients, including EPS nomination patients, of the closure date. This is to be done via posters, patient leaflets, a message on any website and a message on your NHS website profile page [*delete latter for distance selling premises and DACs*]. | One calendar month before closure |
| Put arrangements in place for the transfer of disposal or excess stock on the day of the closure. Please note that we have asked [*insert name of company*] to contact you to arrange a final collection of unwanted medicines that have been returned to you under paragraphs 13 and 14, Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. [*Delete for DACs*] | Two weeks before closure |
| Ensure that all patient owings are dispensed and do not dispense any other incomplete prescriptions unless owings can be filled and collected/delivered to the patient before closure. | One week before closure |
| Ensure all patients with prescriptions awaiting collection are contacted and if necessary deliver the medication to patient’s home. | Three working days before closure |
| If there are still any outstanding owings, inform the patient’s GP practice so that new prescriptions can be issued where necessary unless you are assured that the outstanding items can and will be collected or delivered to the relevant patient before closure. | Three working days before closure |
| Switch off the EPS ‘automatic prescription download’ feature in your PMR system if you use it. Your system supplier should be able to support you with this if you are unable to. | Day before closing |
| Put an out of office message on premises specific shared NHSmail account [*Delete for distance selling premises and DACs*] | Day before closing |
| Return any paper prescriptions that have not been collected to the prescriber. | Day of closure |
| Return any electronic prescriptions that have not yet been dispensed to the Spine. This is to include any batches of electronic repeat dispensing prescriptions which have not yet been dispensed. Your system supplier may be able to support you with this. | Day of closure |
| Submit all dispensed paper and electronic prescriptions to the NHSBSA for payment. | Day of closure |
| Submit the final FP34C via Manage Your Service and advanced services claims | Day of closure |
| Submit all final enhanced services claims to [insert details] | Day of closure |
| Check the premises specific shared NHSmail account and ensure all emails are actioned. [*Delete for distance selling premises and DACs*] | Day of closure |
| Ensure that the premises are left secure and if any medication remains on site that it is securely stored. | Day of closure |
| Ensure any website is closed down. | Day of closure |
| Ensure a message is added to the NHS website profile page advising that the premises are now closed. [*Delete for distance selling premises and DACs*] | Day of closure |

If you intend to transfer patient EPS nominations to another of your premises, you must ensure that patients are told in advance of this intention, advise them that they may change their nomination to another contractor if they wish to do so, and give them the opportunity to do so. Please note that there is no provision within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for nominations to be automatically transferred to another of your premises.

Please note that if you appeal the decision to remove the above mentioned premises from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board then you are not required to complete the above actions at this point in time.

Should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 38**

**Annex 14**

**Confirmation of Removal of Premises**

[*date*]

Dear [*insert*]

**Re: removal of [*name and address of pharmacy/DAC premises*] from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board following use of the performance related sanctions**

Further to my previous letter of [*insert date Annex 13 sent*] I am writing to confirm that the above premises has been removed from the pharmaceutical list for the area of [*insert name*] Health and Wellbeing Board in respect of the premises at [*insert address*] with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 38**

**Annex 15**

**Notification of entering administration**

|  |  |
| --- | --- |
| **Name of company** |  |
| **Trading name, if applicable** |  |
| **ODS code (also known as the F code)** |  |
| **Full address of premises to which the notification relates** |  |
| **Address for correspondence (if different)** |  |

Pursuant to regulation 67A of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, I wish to notify you that an administrator was appointed in respect of the above company and their appointment took effect on:

……………………………………………………………………(insert date).

|  |  |
| --- | --- |
| **Name of the administrator** |  |
| **Phone number for the administrator** |  |
| **Email address of the administrator** |  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of …………………………………………………………………………………

(insert name of company)

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please return to either the NHS England regional team in whose area the premises are located, or if the premises are in the area of an integrated care board that is delegated to commission pharmaceutical services, to the integrated care board.

As of November 2022, only the integrated care boards in the following NHS England regions are delegated:

* South East
* North West

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 40**

**Annex 1**

**Fitness Information Form**

**Fitness information to be provided in connection with an LPS proposal**

This form should be completed and submitted with the LPS proposal. This form consists of:

* Section A – details of the proposer,
* Section B – fitness information, and
* Section C - persons permitted to be parties to an LPS contract.

Please complete in block capitals.

**Section A – details of the proposer**

|  |  |
| --- | --- |
| **Proposer's full name** |  |
| **Proposer's correspondence address, email address and phone number** |  |

**Type of proposer:**

(Please tick relevant box. Only one box may be selected.)

**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**

|  |
| --- |
| **Please list each director, the chief executive, superintendent and company secretary, including their GPhC registration number as applicable:**  Please continue on a separate sheet if necessary. |

**Section B – fitness information**

You are required to supply the information listed in this Section B about the following relevant persons:

* if you are an individual, about you,
* if you are a partnership, about each partner,
* if you are a body corporate, about:
  + the body corporate, and
  + any director, chief executive, superintendent or company secretary of the body corporate.

**Please tick one of the boxes below:**

|  |  |  |
| --- | --- | --- |
| I have provided all the information in this Section B to NHS England or the relevant delegated integrated care board on a previous occasion pursuant to regulations under Part 7 of the NHS Act 2006 | |  | | --- | |  | |
| I have provided some but not all the information in this Section B to NHS England or the relevant delegated integrated care board on a previous occasion | |  | | --- | |  | |
| I have not provided any of the information in this Section B to NHS England or the relevant delegated integrated care board on a previous occasion | |  | | --- | |  | |

If you have indicated that you have provided the information in this Section B to NHS England or the relevant delegated integrated care board on a previous occasion pursuant to regulations under Part 7 of the NHS Act 2006, you are not required to provide the information in this Section B as long as there have been no changes to that information since it was previously provided. Please set out in the box below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, NHS England or the relevant delegated integrated care board will request the relevant information.

|  |
| --- |
|  |

If you have confirmed that you have provided some but not all the information required under Section B, confirm what information NHS England or the relevant delegated integrated care board already has, and provide the missing information. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, NHS England or the relevant delegated integrated care board will request the relevant information.

|  |
| --- |
|  |

If you have indicated that you have not provided the information required under Section B, please complete Section B below. Please provide a separate Section B for each relevant person.

Each Section B should be signed by the person (or on behalf of the corporate body) to whom it relates.

|  |  |
| --- | --- |
| If you are an individual, indicate the name of the individual to which the information in this Section B relates: |  |
| If you are a partnership, indicate the name of the partner to which the information in this Section B relates: |  |
| If you are a body corporate, indicate whether the information relates to the body corporate or a director, chief executive, superintendent or company secretary of the body corporate.  If the information relates to a director, chief executive, superintendent or company secretary of the body corporate, indicate the name of the person. |  |

Please delete “yes” or “no” as appropriate (and provide further information if relevant) to indicate whether you:

|  |  |  |
| --- | --- | --- |
| A | have any criminal convictions in the United Kingdom | Yes/No |
|  | If “yes” has been entered in response to the question above, you must give details of the relevant investigation or proceedings, including the nature of the investigation or proceedings, where and when (if known) they took place, and any outcome. Please provide full details in this section and attach a continuation sheet if necessary. | |
| B | have accepted a police caution in the United Kingdom | Yes/No |
|  | If “yes” has been entered in response to the question above, you must give details of the relevant investigation or proceedings, including the nature of the investigation or proceedings, where and when (if known) they took place, and any outcome. Please provide full details in this section and attach a continuation sheet if necessary. | |
| C | have been convicted elsewhere than in the United Kingdom of an offence which would, if committed in England or Wales, constitute a criminal offence | Yes/No |
|  | If “yes” has been entered in response to the question above, you must give details of the relevant investigation or proceedings, including the nature of the investigation or proceedings, where and when (if known) they took place, and any outcome. Please provide full details in this section and attach a continuation sheet if necessary. | |
| D | have been subject to an order under section 246(2) or (3) of the Criminal Procedure (Scotland) Act 1995 (admonition and absolute discharge) discharging you absolutely | Yes/No |
|  | If “yes” has been entered in response to the question above, you must give details of the relevant investigation or proceedings, including the nature of the investigation or proceedings, where and when (if known) they took place, and any outcome. Please provide full details in this section and attach a continuation sheet if necessary. | |
| E | have accepted a conditional offer under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) | Yes/No |
|  | If “yes” has been entered in response to the question above, you must give details of the relevant investigation or proceedings, including the nature of the investigation or proceedings, where and when (if known) they took place, and any outcome. Please provide full details in this section and attach a continuation sheet if necessary. | |
| F | have agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution) | Yes/No |
|  | If “yes” has been entered in response to the question above, you must give details of the relevant investigation or proceedings, including the nature of the investigation or proceedings, where and when (if known) they took place, and any outcome. Please provide full details in this section and attach a continuation sheet if necessary. | |
| G | are the subject of any proceedings which might lead to a conviction and which have not yet been notified to NHS England | Yes/No |
|  | If “yes” has been entered in response to the question above, you must give details of the relevant investigation or proceedings, including the nature of the investigation or proceedings, where and when (if known) they took place, and any outcome. Please provide full details in this section and attach a continuation sheet if necessary. | |
| H | have been subject to any investigation into your professional conduct by a licensing or regulatory body, the outcome of which was adverse; | Yes/No |
|  | If “yes” has been entered in response to the question above, you must give details of the relevant investigation or proceedings, including the nature of the investigation or proceedings, where and when (if known) they took place, and any outcome. Please provide full details in this section and attach a continuation sheet if necessary. | |
| I | are, to your knowledge, the subject of an investigation into your professional conduct by a licensing or regulatory body; | Yes/No |
|  | If “yes” has been entered in response to the question above, you must give details of the relevant investigation or proceedings, including the nature of the investigation or proceedings, where and when (if known) they took place, and any outcome. Please provide full details in this section and attach a continuation sheet if necessary. | |
| J | are, to your knowledge, or where the outcome was adverse has been, the subject of an investigation into your professional conduct in respect of any current or previous employment; | Yes/No |
|  | If “yes” has been entered in response to the question above, you must give details of the relevant investigation or proceedings, including the nature of the investigation or proceedings, where and when (if known) they took place, and any outcome. Please provide full details in this section and attach a continuation sheet if necessary. | |
| K | are, to your knowledge, the subject of an investigation by another primary care organisation, which might lead to removal from a relevant list; | Yes/No |
|  | If “yes” has been entered in response to the question above, you must give details of the relevant investigation or proceedings, including the nature of the investigation or proceedings, where and when (if known) they took place, and any outcome. Please provide full details in this section and attach a continuation sheet if necessary. | |
| L | are, to your knowledge, or where the outcome was adverse has been, the subject of an investigation by the NHS BSA in relation to fraud | Yes/No |
|  | If “yes” has been entered in response to the question above, you must give details of the relevant investigation or proceedings, including the nature of the investigation or proceedings, where and when (if known) they took place, and any outcome. Please provide full details in this section and attach a continuation sheet if necessary. | |
| M | on fitness grounds:  (i) have had an application for inclusion in a relevant list refused,  (ii) have been conditionally included in a relevant list,  (iii) have been removed or contingently removed from a relevant list,  (iv) are suspended from a relevant list | Yes/No |
|  | If “yes” has been entered in response to the question above, you must provide the name of the relevant primary care organisation and give details of the relevant investigation or proceedings, including the nature of the investigation or proceedings, where and when (if known) they took place, and any outcome. Please provide full details in this section and attach a continuation sheet if necessary. | |
| N | are or ever have been the subject of a national disqualification | Yes/No |
|  | If “yes” has been entered in response to the question above, you must give details of the relevant investigation or proceedings, including the nature of the investigation or proceedings, where and when (if known) they took place, and any outcome. Please provide full details in this section and attach a continuation sheet if necessary. | |

I declare the information given in this Section B and on any continuation sheets or addenda is true and complete.

Full name .…………………………………………………………………………………

Email address in case of queries ………………………………………………………

Date…………………………………………………………………………………………

**Section C – persons permitted to be parties to an LPS contract**

NHS England or the relevant delegated integrated care board is only permitted to be a party to an LPS contract with:

* an individual who does not fall within the circumstances set out in this Section C;
* a partnership (other than a limited liability partnership) where each partner does not fall within the circumstances set out in this Section C;
* a body corporate where—
  + the body corporate, and
  + any director, chief executive, superintendent or company secretary of the body corporate,

does not fall within the circumstances set out in this Section C.

Please provide a separate Section C for each relevant person to enable NHS England or the relevant delegated integrated care board to determine whether it is permitted to be a party to an LPS contract with you.

Each Section C should be signed by the person (or on behalf of the corporate body) to whom it relates.

|  |  |
| --- | --- |
| If you are an individual, indicate the name of the individual to which the information in this Section C relates: |  |
| If you are a partnership, indicate the name of the partner to which the information in this Section C relates: |  |
| If you are a body corporate, indicate whether the information relates to the body corporate or a director, chief executive, superintendent or company secretary of the body corporate.  If the information relates to a director, chief executive, superintendent or company secretary of the body corporate, indicate the name of the person. |  |

Please delete “yes” or “no” as appropriate (and provide further information if relevant) to indicate whether you:

|  |  |  |
| --- | --- | --- |
| A | are the subject of a national disqualification | Yes/No |
| B | are disqualified or suspended (other than by an interim suspension order or a direction pending investigation) from practising by a licensing or regulatory body anywhere in the world | Yes/No |
|  | If “yes” has been entered in response to the question above, please provide any information relating to why the disqualification or suspension imposed by a licensing or regulatory body outside the United Kingdom does not make you unsuitable to be:  (a) a party to an LPS scheme; or  (b) in the case of an LPS scheme made with a body corporate, a director, chief executive, superintendent or company secretary of a party to an LPS scheme. | |
| C | have, within 5 years of the date on which either you would be due to start participating in the LPS scheme, or (if earlier) commit to participating in the scheme, been refused admission to a relevant list for a reason that amounts to inefficiency, fraud or unsuitability (as understood by reference to the conditions in section 151(2) to (4) of the NHS Act 2006) (disqualification of practitioners), unless P has subsequently been included in a relevant list | Yes/No |
| D | have been convicted in the United Kingdom of murder | Yes/No |
| E | have been convicted in the United Kingdom of a criminal offence other than murder:  (i) which was committed on or after 1st April 2006, and  (ii) for which you have been sentenced to a term of imprisonment of over 6 months | Yes/No |
| F | have elsewhere than the United Kingdom been convicted of an offence which, if committed in England or Wales:  (i) would constitute murder, or  (ii) would constitute a criminal offence, and   * which was committed on or after 1st April 2006, and * for which you have been sentenced to a term of imprisonment of over 6 months | Yes/No |
|  | If “yes” has been entered in response to the question above, please provide any information relating to why the conviction does not make P unsuitable to be:  (a) a party to an LPS scheme; or  (b) in the case of an LPS scheme with a body corporate, a director, chief executive, superintendent or company secretary of a party to an LPS scheme. | |
| G | have been convicted of an offence referred to in:  (i) Schedule 1 to the Children and Young Persons Act 1933 (offences against children and young persons with respect to which special provisions of the Act apply), or  (ii) Schedule 1 to the Criminal Procedure (Scotland) Act 1995 (offences against children under the age of 17 years to which special provisions apply), which was committed on or after 1st April 2006 | Yes/No |
| H | (i) have been adjudged bankrupt and has not been discharged from the bankruptcy,  (ii) are a person in relation to whom a moratorium period under a debt relief order under Part 7A of the Insolvency Act 1986 (debt relief orders) applies,  (iii) are the subject of a bankruptcy restrictions order, an interim bankruptcy restrictions order, a debt relief restrictions order or an interim debt relief restrictions order under Schedule 4A or 4ZB to the Insolvency Act 1986 or Schedule 2A of the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy and debt relief restrictions orders and undertakings),  (iv) if you are a body corporate, have been wound up under Part 4 of the Insolvency Act 1986;  (v) have made a composition or arrangement with, or granted a trust deed for, P's creditors and P has not been discharged in respect of it; | Yes/No |
| I | in respect of you there is:  (i) an administrator, administrative receiver or receiver appointed, or  (ii) an administration order under Schedule B1 to the Insolvency Act 1986 (administration) | Yes/No |
| J | have, within 5 years of the date on which either you would be due to start participating in the LPS scheme or (if earlier) commit to participating in the scheme, been removed:  (i) from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners, the Charity Commission, the Charity Commission for Northern Ireland or the High Court on the grounds of any misconduct or mismanagement in the administration of the charity:   * for which you were responsible or to which you were privy, or * which you by your conduct contributed to or facilitated, or   (ii) under:   * section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990 (powers of Court of Session to deal with management of charities), or * section 34(5)(e) or (ea) of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session), from being concerned with the management or control of any body | Yes/No |
| K | have, within 5 years of the date on which either you would be due to start participating in the LPS scheme or (if earlier) commit to participating in the scheme, been subject to:  (i) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002, or  (ii) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of a county court administration order) | Yes/No |
| L | have, in the case of an individual, refused to comply with a request from NHS England for you to be medically examined on the grounds that NHS England is concerned that you are incapable of adequately providing services under the LPS scheme | Yes/No |

I declare the information given in this Section C and on any continuation sheets or addenda is true and complete.

Full name ……………………………………………………………………………………

Email address in case of queries .……………………………………………………….

Date …………………………………………………………………………………………

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 40**

**Annex 2**

**Rejection of Proposal**

[*date*]

Dear [*insert*]

**Re: Proposal to provide local pharmaceutical services**

I am writing to confirm receipt of the above proposal on [*insert date*]. In accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 we are not required to consider a proposal that is vexatious or frivolous.

We have determined that the above proposal is [vexatious/ frivolous].

[*insert reasons why proposal is considered to be vexatious or frivolous*]

For the reason[s] above, we will not consider the above proposal any further.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 40**

**Annex 3**

**Confirmation of Receipt**

[*date*]

Dear [*insert*]

**Re: Proposal to provide local pharmaceutical services**

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

You will be kept informed of our progress but should you have any questions please do not hesitate to contact me.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 40**

**Annex 4**

**Consideration of Whether to Select Proposal for Development**

1. Regulation 104 requires the Commissioner to consider whether to select a LPS proposal for development unless it is satisfied that the proposal is vexatious or frivolous. If the proposal has not been rejected because it is considered to be vexatious or frivolous, the Commissioner must consider whether to select that proposal for development.
2. Regulation 105 permits the Commissioner to enter into an LPS contract with a person provided that person does not fall into the circumstances set out in Regulation 105(2).
3. The fitness information form contains information that the proposer is required to provide and information to which the Commissioner should have regard when considering whether the proposer may or may not become a party to the LPS contract by virtue of Regulation 105.
4. Where the proposer has indicated in the fitness information form that certain information required has previously been provided to the Commissioner, that information need not be provided again. If the Commissioner cannot locate the previously provided information, after using reasonable endeavours to locate it, the Commissioner may ask the proposer to provide that information.
5. If it is clear that the proposer may not become a party to the LPS contract by virtue of Regulation 105, the Commissioner should not select the proposal for development. The Commissioner should not carry out further activity on the proposal if the proposal will not be selected for development in these circumstances.
6. If the information provided suggests that the proposer may become a party to the LPS contract, the Commissioner should consider the matters below before considering whether to select the proposal for development.
7. The Commissioner will need to consider whether its ‘involvement duty’ (see Chapter 28) is engaged in which case it will be necessary to involve service users and potential services in the commissioning process.
8. The Commissioner will also need to consider whether the proposal would constitute a substantial development or substantial variation in the provision of the health service. If so, the Commissioner will need to inform the local authority and provide it with:
   * the proposed date by which the Commissioner intends to make a decision about whether to adopt the proposal; and
   * the date by which the Commissioner requires the local authority to provide any comments.
9. Regulation 107 of the Regulations sets out the parties whom the Commissioner must notify if it selects a proposal for development. The Regulations do not require the Commissioner to invite comments from such parties but it is suggested that the Commissioner informs the parties set out in Regulation 107 during the consideration stage to allow time for any comments to be considered.
10. The list of persons in Regulation 107 is similar to the list of persons that must be notified of a notifiable application under paragraph 19 of Schedule 2. Identification of pharmacists and LPS contractors who qualify under Regulation 107 can be based on the method for identifying persons for a notifiable application. There is, however, a difference in that pharmacists and LPS contracts under Regulation 107 must be notified if their interests are likely, in the opinion of the Commissioner, to be affected – not significantly affected.
11. The Commissioner should not make any decisions on what the service will look like at this stage. This should be done once any involvement exercises (explained below) have taken place, so any feedback can be taken into account.
12. The local authority will be interested in the Commissioner's plans for involving service users in its decision making.
13. The notified parties / service users will not need every detail of the proposed change to services. It would be sufficient to explain why the Commissioner is seeking comments (i,e, to help inform the selection of the proposal for development), provide the address of the pharmacy, the proposed operator, the proposed hours of opening and the proposed range of services. To elicit comments the Commissioner may want to highlight other issues such as how the proposed services are different to the existing service provision.
14. Service users need to have been given the opportunity to comment on equality issues. If the Commissioner has concerns about equality impact before the service user involvement exercise starts (e.g. accessibility for disabled and elderly service users who do not drive), these should be highlighted in the involvement exercise.
15. Possible approaches to advertising the involvement exercise include:
    * providing a notice to local pharmacy and primary care providers and asking them to display this in their premises,
    * requiring the applicant to display a notice in their premises where they already have premises in the relevant area,
    * placing an advertisement in a local newspaper, and/or
    * engaging directly with the local authority or local service user or community groups.
16. A reasonable time for responses should be given. The bigger the change, the longer the time for responses. Further guidance is provided in Table A below. The Commissioner needs to be confident that hard to reach groups have been able to comment on the proposal.
17. The Commissioner should particularly consider the impact that the proposal will have on people with protected characteristics as defined by the Equality Act 2010 and compliance with the public sector equality duty. This is an ongoing duty that applies to every stage of decision making.
18. In considering whether to select a proposal for development, the Commissioner will need to have regard to all relevant factors before making a decision.
19. In making a decision on whether to select the proposal for development, the Commissioner will need to take into account any comments it has received through the involvement exercises and will need to document how those comments have been taken into account.

**Table A - Public Involvement**

| **Likely outcome** | **Notes** | | **Extent of involvement** |
| --- | --- | --- | --- |
| No change | No change in the manner in which services are delivered or the range of services available. For a pharmacy to fall into this category there must be no change in:   * the range of services available; * the premises from which services are delivered; or * opening hours | | No service user involvement is necessary as there is no change in the manner in which services are delivered or the range of services available. |
| Proposed new services go beyond what is required by the regulations. | Any changes are *additional* to existing services  e.g. as well as being open all the hours the pharmacy has been previously, the pharmacy is open for extra hours  e.g. all previous services are offered but new services have been added.  A pharmacy will not fall within this category if:   * there is a change of premises; * not all of the services will be available that were previously available; or * the pharmacy will now be shut at times it was previously open. | | An involvement exercise still needs to be undertaken as the improvements are a change to health services. It may be that service users would prefer other improvements (e.g. weekend opening as opposed to evening opening) and the Commissioner will need to get their views before making a final decision.  However, the risk of challenge is lower than when services are being reduced or there is a change in premises. The Commissioner may therefore decide not to carry out a consultation but a lighter touch involvement exercise e.g. surveying existing service users or simply providing information and a contact email. |
| New services are delivered from different premises or  New services do not include all of what was provided before | A pharmacy will fall within this category if:   * there is a change of premises; * not all of the services will be available that were previously available; or * the pharmacy will now be shut at times it was previously open   This is the case even if service improvements are offered in other areas. For example a proposal that a pharmacy will be closed on Wednesdays when it used to be open but would be open on Saturdays when it would previously have been closed falls into this category. | | An involvement exercise will need to be carried out.  This will normally need to be a service user consultation where service users are given a sufficient period of time, for example four weeks, to comment on the proposal, but commissioners should use their discretion to decide what is appropriate (see Chapter [28]).  The proposal is likely to amount to a significant change in the health service if implemented and therefore the local authority will need to be consulted. |
| Entirely new service provision | A pharmacy will fall within this category if the proposed services are not a change to existing pharmaceutical services provided at a pharmacy, but new services to be provided at location which does not currently provide pharmaceutical services. | An involvement exercise will need to be carried out.  This will normally need to be a service user consultation where service users are given a sufficient period of time, for example four weeks, to comment on the proposal, but commissioners should use their discretion to decide what is appropriate (see Chapter [28]).  The proposal is likely to amount to a significant change in the health service if implemented and therefore the local authority will need to be consulted. | |

**Chapter 40**

**Annex 5**

**Requesting Comments from Interested Parties**

[date]

Dear [insert]

**Re: Proposal to provide local pharmaceutical services from [*insert proposer*]**

We have received the above proposal and have completed our preliminary checks. We are now notifying interested parties of the proposal.

We provide the following details of the proposal:

[*insert such details of the proposal as considered appropriate*]

If you wish to make comments on this proposal, they should be sent to me at the above address within 30 days of the date of this letter i.e. by [*insert date*]. You should note that any comments submitted may be shared under the Freedom of Information Act as requested.

We will consider all comments that are received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 40**

**Annex 6**

**Committee Report**

**[*insert name of committee*]**

[*insert date of meeting*]

[*insert agenda item number*] – **Proposal to provide local pharmaceutical services – decision on whether to select the proposal for development**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of proposer** |  | | | |
| **Address of proposed premises** |  | | | |
| **Proposed services** |  | | | |
| **Details of any designation made in accordance with Regulation 99 in relation to the area in which, or premises or descriptions of premises at which, the LPS are to be provided under the proposal** |  | | | |
| **Relevant regulations** | Part 13 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 | | | |
| **Additional information** | | | | |
| In considering whether to select a proposal for development, regard must be had to all relevant factors before making a decision. The following is a non-exhaustive list of factors that will likely be relevant: | | | | |
| [Is the proposer permitted to be a party to the LPS contract by virtue of regulation 105?  [insert comments] | | | [insert outcome] | |
| The relevant Pharmaceutical Needs Assessment  [*insert comments*] | | | [insert outcome] | |
| Extent the proposal could help reduce health inequalities  [*insert comments*] | | | [insert outcome] | |
| Impact will the proposal have on people with protected characteristics  [*insert comments*] | | [insert outcome] | |
| Outcomes of any service user involvement exercise on the proposal  [*insert comments*] | | [insert outcome] | | | |
| Comments from local authority  [*insert comments*] | | [insert outcome] | | | |
| Comments following provision of information to parties set out in regulation 107  [*insert comments*] | | [insert outcome] | | | |
| The likely impact on service users who reside in an area of Wales or Scotland that is close to the border with England  [*insert comments*] | | [insert outcome] | | | |
| Other factors  [*insert comments*] | | [insert outcome] | | | |

|  |  |  |
| --- | --- | --- |
| **Interested parties notified of the application[[191]](#footnote-191)** | [*name*] | Comments [not] submitted |
| [*name*] | Comments [not] submitted |
| [*name*] | Comments [not] submitted |
| [*name*] | Comments [not] submitted |
| *name*] | Comments [not] submitted |

|  |  |
| --- | --- |
| **Recommendation[[192]](#footnote-192)** | [*insert recommendation*] |

|  |  |  |
| --- | --- | --- |
| **Enclosures** | Proposal | Annex A |
| Location map (if appropriate) | Annex B |
| [Fitness to practise decision | Annex C] |
| [Comments | Annex D] |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 40**

**Annex 7**

**Proposal Selected for Development – Proposer**

[*date*]

Dear [*insert*]

**Re: Proposal to provide local pharmaceutical services**

We have considered the above proposal and I am writing to confirm that it has been selected for development.

[*insert full reasoning for decision*]

We will contact you shortly to progress the development stage.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 40**

**Annex 8**

**Proposal Selected for Development - Third Parties**

[date]

Dear [insert]

**Re: Proposal to provide local pharmaceutical services from [*insert proposer*]**

We have considered the above proposal and I am writing to notify you that it has been selected for development.

We provide the following details of the proposal:

[*insert such details of the proposal as considered appropriate*]

The proposal has been selected for development because:

[*insert full reasoning for decision*]

We will now progress to the development stage.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 40**

**Annex 9**

**Proposal Not Selected for Development - Proposer**

[*date*]

Dear [*insert*]

**Re: Proposal to provide local pharmaceutical services**

We have considered the above proposal and I am writing to notify you that it has not been selected for development.

[*insert full reasoning for decision*]

[*Include the following if the reason for not selecting the proposal for development is because the proposer is not permitted to be a party to the LPS contract by virtue of Regulation 105*:

Regulation 105 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 sets out who may be permitted to be a party to an LPS contract. We have determined that you may not become a party to the LPS contract by virtue of regulation 105. This is because:

[*insert reasons for determination*]

You have the right of appeal against our determination that you may not become a party to the LPS contract by virtue of regulation 105 which may be exercised by completing the [First-tier Tribunal’s online form](https://www.gov.uk/guidance/appeal-to-the-primary-health-lists-tribunal#how-to-appeal) and sending it to the First-tier Tribunal via email or the post within 28 days of the date of this letter. Their address is:

First-Tier Tribunal (Primary Health Lists)

HM Courts and Tribunals Service

Darlington Magistrates' Court

Parkgate

Darlington

DL1 1RU

Telephone 01325 289 350

e-mail: [primaryhealthlists@hmcts.gsi.gov.uk](mailto:primaryhealthlists@hmcts.gsi.gov.uk)

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 40**

**Annex 10**

**Committee Report**

**[*insert name of committee*]**

[*insert date of meeting*]

[*insert agenda item number*] – **Proposal to provide local pharmaceutical services – decision on whether to adopt the proposal**

|  |  |  |
| --- | --- | --- |
| **Name of proposer** |  | |
| **Fitness to practise** | * Suitable for inclusion | |
| **Address of proposed premises** |  | |
| **Proposed services** |  | |
| **Details of any designation made in accordance with regulation 99 in relation to the area in which, or premises or descriptions of premises at which the LPS are to be provided under the proposal** |  | |
| **Relevant regulation** | Part 13 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 | |
| **Additional information** | | |
| In considering whether to adopt the proposal, regard must be had to all relevant factors before making a decision. The following is a non-exhaustive list of factors that will likely be relevant: | | |
| The report and minutes of the decision to select the proposal for development  [*insert comments*] | | [insert outcome] |
| Any matters that have arisen during the development stage  [*insert comments*] | | [insert outcome] |
| Any comments from those notified under Regulation 107  [insert comments] | | [insert outcome] |
| [Consider impact of decision on those with protected characteristics under the Equalities Act 2010 and is this in accordance with NHS England/the ICB's Public Sector Equality Duty]  [Consider impact of decision on NHS England/the ICB's duty on health inequality] | | [insert outcome] |
| Other factors  [*insert comments*] | | [insert outcome] |
| If it is determined that the proposal should be adopted, consider whether the proposer should be given a right of return to the relevant pharmaceutical list. Refer to the principles by reference to which a decision must make  [*insert comments*] | | [insert outcome] |

|  |  |  |
| --- | --- | --- |
| **Interested parties notified of the application[[193]](#footnote-193)** | [*name*] | Comments [not] submitted |
| [*name*] | Comments [not] submitted |
| [*name*] | Comments [not] submitted |
| [*name*] | Comments [not] submitted |
| *name*] | Comments [not] submitted |

|  |  |
| --- | --- |
| **Recommendation[[194]](#footnote-194)** | [*insert recommendation*] |

|  |  |  |
| --- | --- | --- |
| **Enclosures** | Proposal | Annex A |
| Location map (if appropriate) | Annex B |
| [Fitness to practise decision | Annex C] |
| [Comments | Annex D] |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 40**

**Annex 11**

**Proposal Adopted - Proposer**

[*date*]

Dear [*insert*]

**Re: Proposal to provide local pharmaceutical services**

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

[*insert full reasoning for decision*]

We will contact you shortly to finalise the contract and proceed to signature.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 40**

**Annex 12**

**Proposal Not Adopted - Proposer**

[*date*]

Dear [*insert*]

**Re: Proposal to provide local pharmaceutical services**

We have considered the above proposal and I regret to inform you that it has not been adopted

[*insert full reasoning for decision*]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 1**

**Application Form**

**Application for a temporary amendment to a pharmaceutical list**

Application for inclusion in the pharmaceutical list for the area of

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

This is an application for a temporary amendment due to an emergency requiring the flexible provision of pharmaceutical list under regulation 29(1)(a) or 29(1)(b) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the Regulations), and as such is an excepted application.

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 or the relevant delegated integrated care board'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[[195]](#footnote-195)**

|  |
| --- |
|  |

Is this a personal address? Yes  No 

**1.2 Applicant’s legal entity**

**I/we am/are applying as a:**

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

**Sole trader ☐ My GPhC/PSNI registration number is …………………**

**Partnership ☐**

|  |
| --- |
| **Please list each partner and their GPhC/PSNI registration number:**  **Please continue on a separate sheet if necessary.** |

**Corporate Body ☐**

|  |  |
| --- | --- |
| **Superintendent’s name and GPhC registration number is** |  |

**1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations 2013**

(Please tick relevant box)

|  |  |
| --- | --- |
| I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate. | ☐ |
| Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | |
| I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate | ☐ |
| Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again. | |

**2 Premises**

**2.1 Address of the premises that are currently included in the pharmaceutical list and to which this application relates**

|  |
| --- |
|  |

**2.2 Address of the premises to which you wish to relocate**

|  |
| --- |
|  |

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

\* by rental, leasehold or freehold

**3 Opening hours**

**3.1 Core opening hours[[196]](#footnote-196)**

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

**3.2 Total opening hours[[197]](#footnote-197)**

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

**4 Pharmaceutical services to be provided at these premises**

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

Or

Terms of service (paragraphs 3 to 12, Schedule 5 – DACs) ☐

If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write ‘none’ if it is intended that the pharmacy will not provide appliances).

Please give details of any advanced and enhanced services[[198]](#footnote-198) you intend to provide. These details should include:

* confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
* confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
* 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.

|  |  |  |
| --- | --- | --- |
| **Service** | **Accredited to provide (Y/N/NA)** | **Premises accredited (Y/N/NA)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please continue on a separate sheet if necessary.

I/we confirm that the pharmacy premises will have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations. Yes ☐

**Floor plan showing consultation area**

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.**5 Applications in relation to premises that are in close proximity to other listed chemist premises**

This section should only be completed if the premises included in section 2 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

|  |
| --- |
| In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons: |

Please continue on a separate sheet if necessary.

**6 Information in support of the application**

**If you are applying due to an emergency under regulation 29(1)(a), please provide the information in 6.1 and 6.2 below and indicate "Not applicable" for 6.3 to 6.5.**

**If you are applying due to a temporary suspension in the provision of pharmaceutical services at your listed premises for a reason that is beyond your control under regulation 29(1)(b), please indicate "Not applicable" for 6.1 and 6.2 and provide the information in 6.3 to 6.5.**

6.1 In the box below please give details of the directions given by the Secretary of State under section 168A of the National Health Service Act 2006 that led to this application**.**

|  |
| --- |
|  |

6.2 In the box below please explain why the temporary amendment to your current entry in the pharmaceutical list is necessary.

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

6.3 In the box below please give details of the circumstances that have led to this application.

|  |
| --- |
|  |

Please continue on a separate sheet if necessary.

6.4 Do you anticipate that you will be able to return to your current premises?

Yes  No  Not applicable 

6.5 For how long do you think you will be unable to occupy your current premises?

………………………………………………………(insert number of weeks or months)

**7 Undertakings**

By virtue of submitting this application I/we undertake to notify NHS England or the relevant delegated integrated care board 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 of the Regulations) 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 NHS England or the relevant delegated integrated care board 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.

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 either:

* your NHS England regional team, or
* your integrated care board where it is delegated to commission pharmaceutical services.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 2**

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

This form must accompany all routine and excepted applications for inclusion in a pharmaceutical list in accordance with paragraph 2, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Please complete this form as legibly as possible

* 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)** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI 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.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **I declare that I am a registered pharmacist.** | |
| **Name** |  |
| **Date** |  |

* 1. **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/PSNI 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** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 2** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 3** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 4** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

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.

|  |
| --- |
|  |

(Pharmacy applications only) I declare that:

* each partner named above is a registered pharmacist, and
* 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** |  |
| **On behalf of (name of partnership)** |  |
| **Date** |  |

* 1. **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. If one is not available please state accordingly.** |  |

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

|  |  |
| --- | --- |
| **Superintendent** | |
| **Full name** |  |
| **GPhC registration number** |  |
| **Date of birth** |  |
| **Superintendent's private address** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 1** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |
| **Director 2** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 3** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 4** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

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.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

|  |  |
| --- | --- |
| **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** |  |
| **Position** |  |
| **On behalf of (name of body corporate)** |  |
| **Date** |  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 3**

**First Referral Questions**

* Has the applicant identified the correct health and wellbeing board?

* Is there any missing information/documentation/undertakings?

**Chapter 41**

**Annex 4**

**Identifying Interested Parties: Temporary Arrangements Applications**

**Introduction**

1. Determining the parties who must be notified of the decision on a temporary arrangements application pursuant to paragraph 28(3)(c) of Schedule 2 to the Regulations is the responsibility of the 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 the decision on a non-notifiable application rests with the decision-maker.

**Contractors included in a pharmaceutical list (paragraph 28(3)(c)(iv))**

1. It has determined that the interests of no contractors that are included in a pharmaceutical list might be significantly affected by the grant of this type of application.

**Persons entitled to be included in a pharmaceutical list (paragraph 28(3)(c)(iv))**

1. It has determined that the interests of no contractors that are entitled to be included in a pharmaceutical list might be significantly affected by the grant this type of application.

**Local pharmaceutical services (LPS) contractors (paragraph 28(3)(c)(v))**

1. It has determined that the interests of no LPS contractors might be significantly affected by the grant of a change of ownership.

**Patient, consumer or community groups in the HWB area (paragraph 28(3)(c)(vi))**

1. It is unlikely that any of these groups will have a significant interest in the outcome of a change of ownership application, however consideration is to be given as to whether any are to be notified of the decision.

**Welsh health boards (paragraph 28(3)(c)(vii))**

1. Where the premises is within 2km of a Welsh health board that organisation is to be notified. Applications are to be sent to NHS Wales Shared Service Partnership ([nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)) who will forward them to the appropriate health board.

**Chapter 41**

**Annex 5**

**Acknowledgement of Receipt of Application**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

I am writing to confirm receipt of the above application on [*insert date*]. [*NHS England/name of ICB*] is required to determine the application within 30 days, unless it has good cause to take longer. You will be kept informed of progress but should you have any questions please do not hesitate to contact me.

Should you need to contact us regarding your application please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 6**

**Acknowledgment of Receipt of Application and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

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 (the "Regulations") 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. [*NHS England/name of ICB*] will then decide whether or not it is 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 [*NHS England/name of ICB*]’s request or unless it has 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*].

Please ensure you include our reference (see above) in the subject line of your email as this will help us deal with your communication as quickly as possible.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 7**

**Notification of Outcome of Review and Request for Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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. [*NHS England/name of ICB*] will then decide whether or not it is 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 8**

**Notification of Outcome of Review and Withdrawal of Request**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

I am writing to confirm the outcome of the review of [*NHS England/name of ICB*]’s request to provide missing information and/or documentation dated [*insert date*].

[*NHS England/name of ICB*] has 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 9**

**Acknowledgment of Receipt of Missing Information**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

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 [*NHS England/name of ICB*]’s decision within 30 days.

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

Yours sincerely

[*name*]

[*title*]

[NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 10**

**Confirmation of Non-Receipt of Missing Information and Withdrawal of Application**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

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.

Should you still wish to proceed with the temporary arrangements you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 11**

**Acknowledgment of Receipt of Application and Request for Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

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 of 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*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 12**

**Acknowledgment of Receipt of Missing Undertakings**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

Further to my letter of [*insert date*] I am writing to confirm receipt of the missing undertakings. We will begin to process the application and you will be notified of [*NHS England/name of ICB*]’s decision within 30 days.

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

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 13**

**Confirmation of Non-Receipt of Missing Undertakings and Withdrawal of Application**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

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.

Should you still wish to proceed with the temporary arrangements you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 14**

**Committee Report for Declared Emergencies**

**[*insert name of committee*]**

**[*insert date of meeting*]**

**[*insert agenda item number*] - Application for inclusion in a pharmaceutical list – temporary arrangements during a declared emergency**

|  |  |
| --- | --- |
| **CAS reference number** |  |
| **Name of applicant** |  |
| **Fitness to practise** | * Not applicable, already included in respect of the premises for which a temporary arrangement is sought. |
| **Address of premises** |  |
| **Details of the temporary arrangements that the applicant is requesting** | [For example this could be a relocation of existing premises or the taking over of additional premises] |
| **Relevant regulations and guidance** | Regulations 29: Temporary arrangements during emergencies or because of circumstances beyond the control of NHS Chemist |
| **Additional information** | [Look at regulation 29 and include information that may be relevant to the committee’s discussion. Examples:   * Include details of the declared emergency * Are other contractors in the area affected? If so, who, what services do they provide, what hours are they open. * If the application was not granted would patients still be able to access pharmaceutical services?] |

|  |  |
| --- | --- |
| **Recommendation[[199]](#footnote-199)** |  |

|  |  |  |
| --- | --- | --- |
| **Enclosures** | Application | Annex A |
| Location map (if appropriate) | Annex B |
| Copy of the direction given by the Secretary of State declaring the emergency | Annex C |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 41**

**Annex 15**

**Committee Report for Temporary Suspension in the Provision of Pharmaceutical Services**

**[*insert name of committee*]**

**[*insert date of meeting*]**

**[*insert agenda item number*] - Application for inclusion in a pharmaceutical list – temporary arrangements due to a temporary suspension in the provision of pharmaceutical services**

|  |  |
| --- | --- |
| **CAS reference number** |  |
| **Name of applicant** |  |
| **Fitness to practise** | * Not applicable, already included in respect of the premises for which a temporary arrangement is sought. |
| **Address of current premises** |  |
| **Address of proposed premises** |  |
| **Reason for the temporary suspension in the provision of pharmaceutical services** |  |
| **Relevant regulations and guidance** | Regulations 29: Temporary arrangements during emergencies or because of circumstances beyond the control of NHS Chemist |
| **Additional information** | [Look at regulation 29 and include information that may be relevant to the committee’s discussion. Examples:   * Details of other pharmacies or DACs in the area, their opening hours and services provided * Distance between the two sets of premises] |

|  |  |
| --- | --- |
| **Recommendation[[200]](#footnote-200)** |  |

|  |  |  |
| --- | --- | --- |
| **Enclosures** | Application | Annex A |
| Location map (if appropriate) | Annex B |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 41**

**Annex 16**

**Granted - Applicant**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

[*For temporary arrangements during a declared emergency, insert the following:]*

[[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been granted.]

[*For temporary arrangements due to a temporary suspension in the provision of pharmaceutical services, insert the following*:]

[[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been granted for a period of [*insert number which must not be longer than six months*] months which will start on the date given in your notice of commencement.]

Please see the enclosed report for the full reasoning.

Enclosed is a template of the notice of commencement which you are required to submit to us. Please 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 [*NHS England/name of 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.

[*Where relevant insert the following*]

[*Enclosed is a form confirming acceptance of the condition imposed by virtue of regulation 66(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which should be completed by an authorised person and returned to me.]*

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Notice of commencement**

Entries marked with an asterisk (\*) are to be filled in by NHS England or the relevant delegated integrated care board.

Name of applicant\* …………………………………………………………………………

Trading name if different …………………………………………………………………

Address of the premises to which the application relates\*

|  |
| --- |
|  |

Telephone number for the premises ……………………………………………………

Email for the premises ……….……………………………………………………………

Name of superintendent pharmacist ……………………………………………………

(pharmacy bodies corporate only)

Services to be provided from the premises

|  |
| --- |
| In addition to essential services and participating in the acceptable system of clinical governance, the following advanced and enhanced services will be provided at the premises: |

Date of grant of application by NHS England, the relevant delegated integrated care board or on appeal\* ……………………………

I/We intend to commence provision of the above services at the above premises on: …………………………………………………… (*insert date giving no fewer than 30 days’ notice unless NHS England or the relevant delegated integrated care board has previously agreed to a shorter notice period.*)

Premises registration number with the General Pharmaceutical Council …………………..

(pharmacies only)

Signature ……………………………………………………………………………………

This form is to be signed by a person who has the authority to do so on behalf of the contractor.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| CAS reference number for the application |  |
| Type of application submitted |  |
| Name of applicant |  |
| Trading name, if applicable |  |
| Full address of premises to which the application relates |  |
| Address for correspondence (if different) |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. [*NHS England/name of ICB*] will consider your request and you will be advised of its decision in due course.

|  |
| --- |
|  |

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of the company/partnership……………………………………………………

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to either:

* your NHS England regional team, or
* your integrated care board where it is delegated to commission pharmaceutical services.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 17**

**Acceptance of Regulation 66(5) Condition**

**Name of applicant**:

**Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

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

Name …………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Date ………………………………...................................................................................

On behalf of the company/partnership ..……………………………………………………

Registered office

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 18**

**Granted – Interested Parties**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

[*For temporary arrangements during a declared emergency, insert the following*:]

[[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been granted.]

[*For temporary arrangements due to a temporary suspension in the provision of pharmaceutical services, insert the following*:]

[[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been granted for a period of [*insert number*] months i.e. until *[insert date]*.]

Please see the enclosed report for the full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 19**

**Refused - Applicant**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

By virtue of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 you do not have a right of appeal to the Secretary of State against our decision.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 20**

**Refused – Interested Parties**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

[*NHS England/name of ICB*] has considered the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 21**

**No Notice of Commencement Received – Grant Lapsed**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has not received a notice of commencement in relation to this application and therefore the grant of it has lapsed.

Yours sincerely

[*Name*]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 22**

**Shorter Notice Period Agreed To**

[*date*]

Dear [*Insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

[*NHS England/name of ICB*] has considered your application and has agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. Please therefore complete and submit the previously provided notice of commencement to us when you are ready.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 23**

**Shorter Notice Period Not Agreed To**

[*date*]

Dear [*Insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

[*NHS England/name of ICB*] has considered your application and has not agreed to you giving fewer than 30 days’ notice of service commencement at the above premises. You are therefore required to submit a notice of commencement with a date of service commencement no fewer than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 24**

**Request for an extension to the time within which to submit a notice of commencement**

Name of applicant ……………………………………………………………………………

Address of the premises to which the granted application relates

|  |
| --- |
|  |

Date on which the application was granted by NHS England, the relevant delegated integrated care board or, on appeal, NHS Resolution

…………………………………

Original date by which the notice of commencement is to be submitted by ……………….. (Requests for an extension may only be made during the 12-month period following the grant of an application.)

I/we would like to request an extension to the time within which to submit the notice of commencement relating to the application submitted for the above premises. The additional period of time I/we are requesting is ………………………………………………………………..

Please explain in the box below the reasons for your request.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 25**

**Grant of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has granted your request for an extension to the time within which to submit a notice of commencement in relation to the above application.

The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period using the previously provided application form.

Yours sincerely

[Name]

[*Title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 26**

**Refusal of Request for An Extension**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

I am writing to confirm that [*NHS England/name of ICB*] has refused your request for an extension to the time within which to submit a notice of commencement in relation to the above application. Please see the enclosed report for the full reasoning.

[*Insert the following if there is still time for the applicant to submit their notice of commencement*] [The latest date by which you must submit your notice of commencement is [*insert date*]. Please 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 [*NHS England/name of ICB*] unless you successfully ask to give a shorter notice period.]

You have a right of appeal to the Secretary of State against [*NHS England/name of ICB*]’s decision. Should you choose to appeal then either complete the online form available on the [NHS Resolution website](https://resolution.nhs.uk/resources/on-line-appeal-form-for-pharmacy-market-entry-appeals/) or send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net) or:

Primary Care Appeals

NHS Resolution

8th Floor

10 South Colonnade

Canary Wharf

London

E14 4PU

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 27**

**Notice of Commencement Received Outside of the Grant Period**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as it was received outside of the [*12-month*] grant period it is not valid and cannot be actioned.

Should you still wish to proceed with the temporary arrangements you will need to re-apply and pay the relevant application fee.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 28**

**Date in the notice of commencement fewer than 30 days after the date received**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. However, as the date of service commencement is fewer than 30 days before the date we received your notice, it is not valid. Please therefore resubmit your notice of commencement noting that the date of service commencement must be more than 30 days after the date you submit the notice to us.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 29**

**Missing/Incorrect Information**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 30**

**Confirmation of Receipt of Notice of Commencement**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

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

[*For temporary arrangements during a declared emergency, insert the following*:]

[You will be included in the pharmaceutical list for the area of [insert name] Health and Wellbeing Board in respect of the above mentioned premises with effect from [insert date]. This temporary amendment to the pharmaceutical list will last [until/for] [insert date or period specified in the SoS’s direction]. You may however revert to your overridden entry in the pharmaceutical list before then by giving [*NHS England/name of ICB*] at least 24 hours’ notice.]

[*For temporary arrangements due to a temporary suspension in the provision of pharmaceutical services, insert the following*:]

[You will be included in the pharmaceutical list for the area of [insert name of HWB] in respect of the above mentioned premises with effect from [insert date] until [insert date]. You may however revert to your overridden entry in the pharmaceutical list before then by giving [*NHS England/name of ICB*] at least 24 hours’ notice.

Should you need to remain at the above address for a longer period of time you will need to apply to [*NHS England/name of ICB*] for an extension. An extension may be granted where [*NHS England/name of ICB*] is satisfied there is good cause for it.]

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 31**

**Notice of Commencement Not Valid**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

I am writing to confirm receipt of your notice of commencement on [*insert date*]. It has been checked and the following [*issues have/issue has*] been identified:

* [insert as relevant]

Therefore, the notice of commencement is not valid.

Please could you therefore amend and resubmit your notice of commencement? Please note that [*NHS England/name of ICB*] is unable to change the pharmaceutical list to give effect to the decision until a valid notice of commencement is received.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 32**

**Date of inclusion cannot be changed**

[*date*]

Dear [*Insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the original date of commencement.

You have therefore been included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 33**

**Date of inclusion cannot be changed**

[*date*]

Dear [*Insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

Further to your recent notification I am writing to confirm that the date for the commencement of service provision at the above named premises cannot be changed as the date of your notification was later than the new date of commencement.

You will therefore be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert original date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 34**

**Date of inclusion changed**

[*date*]

Dear [*Insert*]

**Re: Application for temporary arrangements [during a declared emergency /due to a temporary suspension in the provision of pharmaceutical services] for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

Further to your recent notification I am writing to confirm that you will now be included in the pharmaceutical list for the area of [*insert name of HWB*] in respect of the above mentioned premises with effect from [*insert date*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 35**

**Change to the Pharmaceutical List – Memo**

From: [Name]

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [insert name of] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note that a temporary amendment has been made in respect of the [pharmacy/dispensing appliance contractor] included in the pharmaceutical list for the area of [insert name of] Health and Wellbeing Board in respect of [insert address]. Details are as follows:

[Insert name of contractor and any trading name]

[Insert new address if applicable]

[Insert new opening hours if applicable:

|  |  |  |
| --- | --- | --- |
|  | **Core opening hours** | **Total opening hours** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

|  |  |
| --- | --- |
| ODS code: |  |
| Phone number: |  |

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 36**

**Reminder of End of Temporary Arrangements**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements due to a temporary suspension in the provision of pharmaceutical services for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

I am writing to remind you that the temporary arrangements relating to your inclusion in the pharmaceutical list for [*insert name of HWB*] at the above address are due to end on [*insert date*]. After that date your entry in the pharmaceutical list will revert to your previous address.

Should you need to remain at the above address for a longer period of time you will need to apply to us for an extension. An extension may be granted where we are satisfied there is good cause for it.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 37**

**Request for an extension to the temporary arrangements**

**Request for an extension to temporary arrangements because of circumstances beyond the control of the contractor**

Name of applicant ……………………………………………………………………………

Address of the premises to which the granted application relates

|  |
| --- |
|  |

Date on which the application was granted by NHS England, the relevant delegated integrated care board or, on appeal, NHS Resolution

…………………………………

I/we would like to request an extension to the time within which the temporary arrangements for the above entry in the relevant pharmaceutical list may exist.. The additional period of time I/we are requesting is ………………………………………………………………..

Please explain in the box below the reasons for your request.

|  |
| --- |
|  |

Please attach a continuation sheet if necessary.

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

|  |
| --- |
|  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 38**

**Committee Report – Request for an Extension**

**[*insert name of committee*]**

**[*insert date of meeting*]**

**[*insert agenda item number*] - Application for inclusion in a pharmaceutical list – temporary arrangements due to a temporary suspension in the provision of pharmaceutical services. Request for an extension**

|  |  |
| --- | --- |
| **CAS reference number** |  |
| **Name of applicant** |  |
| **Address of original premises** |  |
| **Address of temporary premises** |  |
| **Reason for the extension** |  |
| **Relevant regulations and guidance** | Regulations 29: Temporary arrangements during emergencies or because of circumstances beyond the control of NHS Chemist |

|  |  |
| --- | --- |
| **Recommendation[[201]](#footnote-201)** |  |

|  |  |  |
| --- | --- | --- |
| **Enclosures** | Application | Annex A |
| Location map (if appropriate) | Annex B |

**Report produced by**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Chapter 41**

**Annex 39**

**Request for Extension Granted - Applicant**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements due to a temporary suspension in the provision of pharmaceutical services for [*insert name of pharmacy/appliance contractor*] at [*insert address*].**

[*NHS England/name of ICB*] has considered your request for an extension in connection with the above application and I am writing to confirm that it has been granted. You will therefore remain included in the pharmaceutical list in respect of the above premises until [*insert date*].

Please see the enclosed report for the full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 40**

**Request for Extension Granted – Interested Parties**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements due to a temporary suspension in the provision of pharmaceutical services for [*insert name of pharmacy/appliance contractor*] at [*insert address*]. Relocation to [*insert address*].**

[*NHS England/name of ICB*] has considered a request for an extension in connection with the above application and I am writing to confirm that it has been granted. The contractor will therefore remain included in the pharmaceutical list at that address until [*insert date*].

Please see the enclosed report for the full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 41**

**Request for Extension Refused - Applicant**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements due to a temporary suspension in the provision of pharmaceutical services for [*insert name of pharmacy/appliance contractor*] at [*insert address*].**

[*NHS England/name of ICB*] has considered your request for an extension in connection with the above application and I am writing to confirm that it has been refused. Please see the enclosed report for the full reasoning.

By virtue of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 you do not have a right of appeal to the Secretary of State against the decision.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 42**

**Request for Extension Refused - Interested Parties**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements due to a temporary suspension in the provision of pharmaceutical services for [*insert name of pharmacy/appliance contractor]* at [*insert address*]. Relocation to [*insert address*]**

[*NHS England/name of ICB*] has considered a request for an extension in connection with the above application the above application and I am writing to confirm that it has been refused.

Please see the enclosed report for the full reasoning.

Yours sincerely

[*name*]

[*title*]

Enc

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 43**

**Reminder of End to Temporary Arrangements after Extension**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements due to a temporary suspension in the provision of pharmaceutical services for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

I am writing to remind you that the temporary arrangements relating to your inclusion in the pharmaceutical list at the above address are due to end on [*insert date*]. After that date your entry in the pharmaceutical list will revert to your previous address.

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 44**

**Confirmation of End of Temporary Arrangements**

[*date*]

Dear [*insert*]

**Re: Application for temporary arrangements due to a temporary suspension in the provision of pharmaceutical services for [*insert name of pharmacy/appliance contractor*] at [*insert address*]**

Further to my previous letter I am writing to confirm that the temporary arrangements relating to your inclusion in the pharmaceutical list at the above address have now ended and your entry in the pharmaceutical list has reverted to [*insert previous address*].

Yours sincerely

[*name*]

[*title*]

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

**Chapter 41**

**Annex 45**

**Change to the Pharmaceutical List – Memo**

From: [Name]

|  |  |
| --- | --- |
| To: | All on distribution list for the area of [insert name of] Health and Wellbeing Board |

Date: 00-00-00

Dear all

Please note that the temporary amendment that was made in respect of the [pharmacy/dispensing appliance contractor] included in the pharmaceutical list for the area of [insert name of] Health and Wellbeing Board in respect of [insert address] has now come to an end and they have reverted to the previous entry in the pharmaceutical list. Details are as follows:

[Insert name of contractor and any trading name]

[Insert address they have reverted to, if applicable]

[Insert opening hours they have reverted to, if applicable:

|  |  |  |
| --- | --- | --- |
|  | **Core opening hours** | **Total opening hours** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

|  |  |
| --- | --- |
| ODS code: |  |
| Phone number: |  |

Please amend your records accordingly.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

|  |
| --- |
| NHS England  Wellington House  133-155 Waterloo Road  London  SE1 8UG  This publication can be made available in a number of alternative formats on request. |
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1. “Licensing body” wherever it appears in this form, means any body anywhere in the world that licenses or regulates any profession. [↑](#footnote-ref-1)
2. “Relevant list” wherever it appears in this form means (a) a pharmaceutical list or an equivalent list maintained by another primary care organisation, (b) a list maintained by NHS England or another primary care organisation of approved performers or providers of primary medical, dental, or ophthalmic services. [↑](#footnote-ref-2)
3. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-3)
4. “Licensing body” wherever it appears in this form, means any body anywhere in the world that licenses or regulates any profession. [↑](#footnote-ref-4)
5. “Relevant list” wherever it appears in this form means (a) a pharmaceutical list or an equivalent list maintained by another primary care organisation, (b) a list maintained by NHS England or another primary care organisation of approved performers or providers of primary medical, dental, or ophthalmic services. [↑](#footnote-ref-5)
6. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-6)
7. “Relevant list” means (a) a pharmaceutical list or an equivalent list maintained by another primary care organisation, (b) a list maintained by NHS England or another primary care organisation of approved performers or providers of primary medical, dental, or ophthalmic services. [↑](#footnote-ref-7)
8. “Licensing body” means any body anywhere in the world that licenses or regulates any profession. [↑](#footnote-ref-8)
9. “Relevant list” means (a) a pharmaceutical list or an equivalent list maintained by another primary care organisation, (b) a list maintained by NHS England or another primary care organisation of approved performers or providers of primary medical, dental, or ophthalmic services. [↑](#footnote-ref-9)
10. “Licensing body” means any body anywhere in the world that licenses or regulates any profession. [↑](#footnote-ref-10)
11. “Relevant list” means (a) a pharmaceutical list or an equivalent list maintained by another primary care organisation, (b) a list maintained by NHS England or another primary care organisation of approved performers or providers of primary medical, dental, or ophthalmic services. [↑](#footnote-ref-11)
12. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-12)
13. “Licensing body” wherever it appears in this form, means any body anywhere in the world that licenses or regulates any profession. [↑](#footnote-ref-13)
14. “Relevant list” wherever it appears in this form means (a) a pharmaceutical list or an equivalent list maintained by another primary care organisation, (b) a list maintained by the NHS Commissioning Board or another primary care organisation of approved performers or providers of primary medical, dental, or ophthalmic services. [↑](#footnote-ref-14)
15. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-15)
16. “Licensing body” wherever it appears in this form, means any body anywhere in the world that licenses or regulates any profession. [↑](#footnote-ref-16)
17. “Relevant list” wherever it appears in this form means (a) a pharmaceutical list or an equivalent list maintained by another primary care organisation, (b) a list maintained by NHS Commissioning Board or another primary care organisation of approved performers or providers of primary medical, dental, or ophthalmic services. [↑](#footnote-ref-17)
18. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-18)
19. “Relevant list” means (a) a pharmaceutical list or an equivalent list maintained by another primary care organisation, (b) a list maintained by NHS England or another primary care organisation of approved performers or providers of primary medical, dental, or ophthalmic services. [↑](#footnote-ref-19)
20. “Licensing body” wherever it appears in this form, means any body anywhere in the world that licenses or regulates any profession. [↑](#footnote-ref-20)
21. “Relevant list” means (a) a pharmaceutical list or an equivalent list maintained by another primary care organisation, (b) a list maintained by NHS England or another primary care organisation of approved performers or providers of primary medical, dental, or ophthalmic services. [↑](#footnote-ref-21)
22. If recommendations are not made to the committee/officer this section should be deleted. [↑](#footnote-ref-22)
23. “Licensing body” wherever it appears in this form, means any body anywhere in the world that licenses or regulates any profession. [↑](#footnote-ref-23)
24. “Relevant list” wherever it appears in this form means (a) a pharmaceutical list or an equivalent list maintained by another primary care organisation, (b) a list maintained by NHS England or another primary care organisation of approved performers or providers of primary medical, dental, or ophthalmic services. [↑](#footnote-ref-24)
25. “Licensing body” wherever it appears in this form, means any body anywhere in the world that licenses or regulates any profession. [↑](#footnote-ref-25)
26. “Relevant list” wherever it appears in this form means (a) a pharmaceutical list or an equivalent list maintained by another primary care organisation, (b) a list maintained by NHS England or another primary care organisation of approved performers or providers of primary medical, dental, or ophthalmic services. [↑](#footnote-ref-26)
27. “Licensing body” wherever it appears in this form, means any body anywhere in the world that licenses or regulates any profession. [↑](#footnote-ref-27)
28. “Relevant list” wherever it appears in this form means (a) a pharmaceutical list or an equivalent list maintained by another primary care organisation, (b) a list maintained by NHS England or another primary care organisation of approved performers or providers of primary medical, dental, or ophthalmic services. [↑](#footnote-ref-28)
29. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-29)
30. This is the name of the legal entity applying, not the person who is completing the application. [↑](#footnote-ref-30)
31. Best estimates are to be precise as possible. Phrases such as “in the vicinity of” and “within 100m of the junction of the High Street and Church Lane” are unlikely to be considered acceptable. [↑](#footnote-ref-31)
32. Core opening hours must total 40 hours per week for pharmacies or not less than 30 hours for DACs, unless the applicant is proposing more core opening hours to meet an identified current need in which case NHS England or the relevant delegated integrated care board will need to agree with you when these additional core opening hours would be. [↑](#footnote-ref-32)
33. The total opening hours includes the core hours and any supplementary opening hours [↑](#footnote-ref-33)
34. Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner. [↑](#footnote-ref-34)
35. Insert page number. [↑](#footnote-ref-35)
36. [Strategic Health Asset Planning and Evaluation application](https://shapeatlas.net/), Office for Health Improvement and Disparities, Log-in required. [↑](#footnote-ref-36)
37. To be considered if the application is for a controlled locality or within 1.6km of a controlled locality. [↑](#footnote-ref-37)
38. To be considered if the applicant is undertaking to provide more than 30 or 40 core opening hours a week. [↑](#footnote-ref-38)
39. To be considered if the applicant is undertaking to provide directed services. [↑](#footnote-ref-39)
40. Best estimate applications only. [↑](#footnote-ref-40)
41. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-41)
42. This is the name of the legal entity applying, not the person who is completing the application. [↑](#footnote-ref-42)
43. Best estimates are to be precise as possible. Phrases such as “in the vicinity of” and “within 100m of the junction of the High Street and Church Lane” are unlikely to be considered acceptable. [↑](#footnote-ref-43)
44. Core opening hours must total 40 hours per week for pharmacies or not less than 30 hours for DACs, unless the applicant is proposing more core opening hours to meet an identified future need in which case NHS England or the relevant delegated integrated care board will need to agree with you when these additional core opening hours would be. [↑](#footnote-ref-44)
45. The total opening hours includes the core hours and any supplementary opening hours. [↑](#footnote-ref-45)
46. Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner. [↑](#footnote-ref-46)
47. Insert page number. [↑](#footnote-ref-47)
48. [Strategic Health Asset Planning and Evaluation application](https://shapeatlas.net/), Office for Health Improvement and Disparities, Log-in required. [↑](#footnote-ref-48)
49. To be considered if the application is for a controlled locality or within 1.6km of a controlled locality. [↑](#footnote-ref-49)
50. To be considered if the applicant is undertaking to provide more than 30 or 40 core opening hours a week. [↑](#footnote-ref-50)
51. To be considered if the applicant is undertaking to provide directed services. [↑](#footnote-ref-51)
52. Best estimate applications only. [↑](#footnote-ref-52)
53. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-53)
54. This is the name of the legal entity applying, not the person who is completing the application. [↑](#footnote-ref-54)
55. Best estimates are to be precise as possible. Phrases such as “in the vicinity of” and “within 100m of the junction of the High Street and Church Lane” are unlikely to be considered acceptable. [↑](#footnote-ref-55)
56. Core opening hours must total 40 hours per week for pharmacies or not less than 30 hours for DACs, unless the applicant is proposing more core opening hours to secure identified improvements or better access in which case NHS England or the relevant delegated integrated care board will need to agree with you when these additional core opening hours would be. [↑](#footnote-ref-56)
57. The total opening hours includes the core hours and any supplementary opening hours. [↑](#footnote-ref-57)
58. Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner. [↑](#footnote-ref-58)
59. Insert page number. [↑](#footnote-ref-59)
60. [Strategic Health Asset Planning and Evaluation application](https://shapeatlas.net/), Office for Health Improvement and Disparities, Log-in required. [↑](#footnote-ref-60)
61. To be considered if the application is for a controlled locality or within 1.6km of a controlled locality. [↑](#footnote-ref-61)
62. To be considered if the applicant is undertaking to provide more than 30 or 40 core opening hours a week. [↑](#footnote-ref-62)
63. To be considered if the applicant is undertaking to provide directed services. [↑](#footnote-ref-63)
64. Best estimate applications only. [↑](#footnote-ref-64)
65. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-65)
66. This is the name of the legal entity applying, not the person who is completing the application. [↑](#footnote-ref-66)
67. Best estimates are to be precise as possible. Phrases such as “in the vicinity of” and “within 100m of the junction of the High Street and Church Lane” are unlikely to be considered acceptable. [↑](#footnote-ref-67)
68. Core opening hours must total 40 hours per week for pharmacies or not less than 30 hours for DACs, unless the applicant is proposing more core opening hours to secure unforeseen benefits in which case NHS England or the relevant delegated integrated care board will need to agree with you when these additional core opening hours would be. [↑](#footnote-ref-68)
69. The total opening hours includes the core hours and any supplementary opening hours. [↑](#footnote-ref-69)
70. Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner. [↑](#footnote-ref-70)
71. [Strategic Health Asset Planning and Evaluation application](https://shapeatlas.net/), Office for Health Improvement and Disparities, Log-in required. [↑](#footnote-ref-71)
72. To be considered if the application is for a controlled locality or within 1.6km of a controlled locality. [↑](#footnote-ref-72)
73. To be considered if the applicant is undertaking to provide more than 30 or 40 core opening hours a week. [↑](#footnote-ref-73)
74. To be considered if the applicant is undertaking to provide directed services. [↑](#footnote-ref-74)
75. Best estimate applications only. [↑](#footnote-ref-75)
76. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-76)
77. This is the name of the legal entity applying, not the person who is completing the application. [↑](#footnote-ref-77)
78. Best estimates are to be precise as possible. Phrases such as “in the vicinity of” and “within 100m of the junction of the High Street and Church Lane” are unlikely to be considered acceptable. [↑](#footnote-ref-78)
79. Core opening hours must total 40 hours per week for pharmacies or not less than 30 hours for DACs, unless the applicant is proposing more core opening hours to secure identified future improvements or better access in which case NHS England or the relevant delegated integrated care board will need to agree with you when these additional core opening hours would be. [↑](#footnote-ref-79)
80. The total opening hours includes the core hours and any supplementary opening hours. [↑](#footnote-ref-80)
81. Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner. [↑](#footnote-ref-81)
82. Insert page number. [↑](#footnote-ref-82)
83. [Strategic Health Asset Planning and Evaluation application](https://shapeatlas.net/), Office for Health Improvement and Disparities, Log-in required. [↑](#footnote-ref-83)
84. To be considered if the application is for a controlled locality or within 1.6km of a controlled locality. [↑](#footnote-ref-84)
85. To be considered if the applicant is undertaking to provide more than 30 or 40 core opening hours a week. [↑](#footnote-ref-85)
86. To be considered if the applicant is undertaking to provide directed services. [↑](#footnote-ref-86)
87. Best estimate applications only. [↑](#footnote-ref-87)
88. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-88)
89. This is the name of the legal entity applying, not the person who is completing the application. [↑](#footnote-ref-89)
90. A full address must be provided – “best estimates” are not acceptable. [↑](#footnote-ref-90)
91. These must be the same as the core opening hours at the current premises. [↑](#footnote-ref-91)
92. The total opening hours includes the core hours and any supplementary opening hours and should be the same as the total opening hours at the current premises unless as part of this application you are offering to provide more core opening hours. [↑](#footnote-ref-92)
93. Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner. [↑](#footnote-ref-93)
94. This is the name of the legal entity applying, not the person who is completing the application. [↑](#footnote-ref-94)
95. A full address must be provided – “best estimates” are not acceptable. [↑](#footnote-ref-95)
96. These should be the same as the core opening hours at the current premises, unless as part of this application you are offering to provide more core opening hours. [↑](#footnote-ref-96)
97. The total opening hours includes the core hours entered above and any supplementary opening hours and should be the same as the total opening hours at the current premises unless as part of this application you are offering to provide more core opening hours. [↑](#footnote-ref-97)
98. Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner. [↑](#footnote-ref-98)
99. Insert the name of the HWB in whose area the current premises are located. [↑](#footnote-ref-99)
100. Insert the name of the HWB in whose area the proposed premises are located. [↑](#footnote-ref-100)
101. Insert the name of the HWB in whose area the current premises are located. [↑](#footnote-ref-101)
102. Insert the name of the HWB in whose area the proposed premises are located. [↑](#footnote-ref-102)
103. [Strategic Health Asset Planning and Evaluation application](https://shapeatlas.net/), Office for Health Improvement and Disparities, Log-in required. [↑](#footnote-ref-103)
104. To be considered if the application is for a controlled locality or within 1.6km of a controlled locality. [↑](#footnote-ref-104)
105. To be considered if the applicant is undertaking to provide directed services. [↑](#footnote-ref-105)
106. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-106)
107. Defined as “listed chemist premises, or potential pharmacy premises, at which essential services are or are to be provided but the means of providing those services are such that all persons receiving those services do so otherwise than at those premises.” Only pharmacy contractors may apply to open distance selling premises. [↑](#footnote-ref-107)
108. This is the name of the legal entity applying, not the person who is completing the application. [↑](#footnote-ref-108)
109. A full address must be provided – ‘best estimates’ are not acceptable. The regulations do not allow the premises to be on the same site or in the same building as the premises of a provider of primary medical services with a patient list. [↑](#footnote-ref-109)
110. Core opening hours must total 40 hours per week. [↑](#footnote-ref-110)
111. The total opening hours includes the core hours and any supplementary opening hours. [↑](#footnote-ref-111)
112. Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner. [↑](#footnote-ref-112)
113. Whilst advanced and/or enhanced services can be provided at the premises, this must not involve the provision of complementary essential services related to the advanced or enhanced service. For example, a supervised consumption enhanced service for methadone would require the pharmacy to dispense the methadone for consumption, and therefore a supervised consumption enhanced service cannot be provided from the premises as that would require the corresponding dispensing essential service to be provided to persons present at the pharmacy which is prohibited under the distance selling exception. [↑](#footnote-ref-113)
114. [Strategic Health Asset Planning and Evaluation application](https://shapeatlas.net/), Office for Health Improvement and Disparities, Log-in required. [↑](#footnote-ref-114)
115. To be considered if the applicant is undertaking to provide directed services. [↑](#footnote-ref-115)
116. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-116)
117. This is the name of the legal entity applying, not the person who is completing the application. [↑](#footnote-ref-117)
118. The higher fee is payable if the applicant is not already included in the relevant pharmaceutical list in respect of other premises. [↑](#footnote-ref-118)
119. This information is requested as it will inform whether, if the application is granted, the applicant will be given a new ODS code or not. [↑](#footnote-ref-119)
120. This must be the name and address as it currently appears in the relevant pharmaceutical list. [↑](#footnote-ref-120)
121. These must be the same as the current core opening hours. [↑](#footnote-ref-121)
122. The total opening hours includes the core opening hours and any supplementary opening hours. These must be the same total opening hours as at the current premises. [↑](#footnote-ref-122)
123. Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner. [↑](#footnote-ref-123)
124. To be considered if the applicant is undertaking to provide directed services. [↑](#footnote-ref-124)
125. If recommendations are not made to the decision-maker this section should be deleted. [↑](#footnote-ref-125)
126. This is the name of the legal entity applying, not the person who is completing the application. [↑](#footnote-ref-126)
127. This must be the name and address as it currently appears in the relevant pharmaceutical list. [↑](#footnote-ref-127)
128. This information is requested as it will inform whether, if the application is granted, the applicant will be given a new ODS code or not. [↑](#footnote-ref-128)
129. NHS England or the relevant delegated integrated care board must refuse a consolidation application if either or both sites are distance selling premises or appliance contractor premises. [↑](#footnote-ref-129)
130. Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner. [↑](#footnote-ref-130)
131. [Strategic Health Asset Planning and Evaluation application](https://shapeatlas.net/), Office for Health Improvement and Disparities, Log-in required. [↑](#footnote-ref-131)
132. To be considered if the applicant is undertaking to provide directed services. [↑](#footnote-ref-132)
133. If recommendations are not made to the decision-maker this section should be deleted. [↑](#footnote-ref-133)
134. This is the name of the legal entity applying, not the person who is completing the application. [↑](#footnote-ref-134)
135. The higher fee is payable if the applicant is not already included in the relevant pharmaceutical list in respect of other premises. [↑](#footnote-ref-135)
136. This information is requested as it will inform whether, if the application is granted, the applicant will be given a new ODS code or not. [↑](#footnote-ref-136)
137. This must be the name and address as it currently appears in the pharmaceutical list. [↑](#footnote-ref-137)
138. These must be the same core opening hours as at the current premises. [↑](#footnote-ref-138)
139. The total opening hours includes the core hours and any supplementary opening hours. These must be the same total opening hours as at the current premises. [↑](#footnote-ref-139)
140. Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner. [↑](#footnote-ref-140)
141. This is the name of the legal entity applying, not the person who is completing the application. [↑](#footnote-ref-141)
142. The higher fee is payable if the applicant is not already included in the relevant pharmaceutical list in respect of other premises. [↑](#footnote-ref-142)
143. This information is requested as it will inform whether, if the application is granted, the applicant will be given a new ODS code or not. [↑](#footnote-ref-143)
144. This should be the name and address as it currently appears in the pharmaceutical list. [↑](#footnote-ref-144)
145. A full address must be provided – “best estimates” are not acceptable [↑](#footnote-ref-145)
146. These should be the same core opening hours as at the current premises, unless as part of this application you are offering to provide more core opening hours. [↑](#footnote-ref-146)
147. 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 premises. [↑](#footnote-ref-147)
148. Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner. [↑](#footnote-ref-148)
149. [Strategic Health Asset Planning and Evaluation application](https://shapeatlas.net/), Office for Health Improvement and Disparities, Log-in required. [↑](#footnote-ref-149)
150. To be considered if the application is for a controlled locality or within 1.6km of a controlled locality. [↑](#footnote-ref-150)
151. To be considered if the applicant is undertaking to provide more than 30 or 40 core opening hours a week. [↑](#footnote-ref-151)
152. To be considered if the applicant is undertaking to provide directed services. [↑](#footnote-ref-152)
153. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-153)
154. Subject to regulation 43(2), the area within a 1.6 kilometre radius of a relevant location is a “reserved location” if—

     the number of individuals residing in that area who are on a patient list (which may be an aggregate number of patients on more than one patient list) is less than 2,750; and

     the NHS CB is not satisfied that if pharmaceutical services were provided at the relevant location, the use of those services would be similar to, or greater than, the use that might be expected if the number of individuals residing in that area who are on a patient list were 2,750 or more. [↑](#footnote-ref-154)
155. The purpose of postponement (often referred to as “gradualisation”) is to allow the affected patients time to adjust to the change from being a dispensing patient to a prescribing patient. It is also to give affected practices time to make whatever alterations to their working practices may be necessary, such as reducing stock holdings and altering staff duties. [↑](#footnote-ref-155)
156. The purpose of postponement (often referred to as “gradualisation”) is to allow the affected patients time to adjust to the change from being a dispensing patient to a prescribing patient. It is also to give affected practices time to make whatever alterations to their working practices may be necessary, such as reducing stock holdings and altering staff duties. [↑](#footnote-ref-156)
157. [Strategic Health Asset Planning and Evaluation application](https://shapeatlas.net/), Office for Health Improvement and Disparities, Log-in required. [↑](#footnote-ref-157)
158. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-158)
159. [Strategic Health Asset Planning and Evaluation application](https://shapeatlas.net/), Office for Health Improvement and Disparities, Log-in required. [↑](#footnote-ref-159)
160. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-160)
161. [Strategic Health Asset Planning and Evaluation application](https://shapeatlas.net/), Office for Health Improvement and Disparities, Log-in required. [↑](#footnote-ref-161)
162. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-162)
163. This is the name of the legal entity applying, not the person who is completing the application. [↑](#footnote-ref-163)
164. Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council any other commissioner. [↑](#footnote-ref-164)
165. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-165)
166. This is the name of the legal entity applying, not the person who is completing the application. [↑](#footnote-ref-166)
167. These must be the same as the current core opening hours. [↑](#footnote-ref-167)
168. The total opening hours includes the core hours and supplementary opening hours if any. These must be the same total opening hours as at the current premises. [↑](#footnote-ref-168)
169. Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner. [↑](#footnote-ref-169)
170. To be considered if the applicant is undertaking to provide directed services. [↑](#footnote-ref-170)
171. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-171)
172. This is the name of the legal entity applying, not the person who is completing the application. [↑](#footnote-ref-172)
173. Core opening hours must total 40 hours per week. [↑](#footnote-ref-173)
174. The total opening hours includes the core hours and any supplementary opening hours. [↑](#footnote-ref-174)
175. Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner. [↑](#footnote-ref-175)
176. To be considered if the applicant is undertaking to provide directed services. [↑](#footnote-ref-176)
177. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-177)
178. This section can be deleted if no site visit was undertaken. [↑](#footnote-ref-178)
179. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-179)
180. If recommendations are not made to the committee/officer this section should be deleted. [↑](#footnote-ref-180)
181. The purpose of postponement (often referred to as “gradualisation”) is to allow the affected patients time to adjust to the change from being a dispensing patient to a prescribing patient. It is also to give affected practices time to make whatever alterations to their working practices may be necessary, such as reducing stock holdings and altering staff duties. [↑](#footnote-ref-181)
182. <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data> [↑](#footnote-ref-182)
183. [Strategic Health Asset Planning and Evaluation application](https://shapeatlas.net/), Office for Health Improvement and Disparities, Log-in required. [↑](#footnote-ref-183)
184. If recommendations are not made to the committee/officer this section should be deleted. [↑](#footnote-ref-184)
185. As distance selling premises and dispensing appliance contractors do not currently have an NHS website profile the opening hours cannot be amended. Distance selling premises are able to update their NHS profile using the profile updater. [↑](#footnote-ref-185)
186. Please note that this form is not to be used by 100 hour pharmacies seeking to reduce their total core opening hours in line with paragraph 26(2A), Schedule 4. [↑](#footnote-ref-186)
187. Please note that this form is not to be used by 100 hour pharmacies seeking to reduce their total core opening hours in line with paragraph 26(2A), Schedule 4. [↑](#footnote-ref-187)
188. Delete this section if it is not relevant. [↑](#footnote-ref-188)
189. Delete this section if it is not relevant. [↑](#footnote-ref-189)
190. Delete this section if it is not relevant. [↑](#footnote-ref-190)
191. List all interested persons who were notified of the application and indicate whether they submitted comments. [↑](#footnote-ref-191)
192. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-192)
193. List all interested persons who were notified of the application and indicate whether they submitted comments. [↑](#footnote-ref-193)
194. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-194)
195. This is the name of the legal entity applying, not the person who is completing the application. [↑](#footnote-ref-195)
196. Core opening hours must total 40 hours per week for pharmacies or not less than 30 hours for DACs, unless you have been directed to open for more than 40 core opening hours per week. [↑](#footnote-ref-196)
197. The total opening hours includes the core hours and any supplementary opening hours. [↑](#footnote-ref-197)
198. Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner. [↑](#footnote-ref-198)
199. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-199)
200. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-200)
201. If recommendations are not made to the committee this section should be deleted. [↑](#footnote-ref-201)