



Date: Thursday, 13 February 2025

Time: 9.30 am

Venue: SY2 6ND  
Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,

Contact: Michelle Dulson, Committee Officer  
Tel: 01743 257719  
Email: [michelle.dulson@shropshire.gov.uk](mailto:michelle.dulson@shropshire.gov.uk)

## HEALTH AND WELLBEING BOARD

### TO FOLLOW REPORT (S)

#### **12 Chair's Report (including Pharmacy updates)** (Pages 1 - 36)

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Our Ref: CAS-285733-B4J0G8 – ME3324  
**(To Be quoted on all correspondence)**

Primary Care Support England

PCSE Enquiries, P O Box 350  
Darlington DL1 9QN  
Email [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)  
Phone 0333 014 2884

**Sent to all interested parties.**

12<sup>th</sup> December 2024

Dear Sir/Madam

**Re: Change of ownership application for Higherland Pharmacy,  
Higherland Surgery at 3 Orme Road, Newcastle-under-Lyme, ST5 2UE.**

Staffordshire & Stoke-on-Trent 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 faithfully



Sanu Miah  
Pharmacy Market Administrative Services Officer

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## Actions from the Pharmacy Services Regulations Committee via Delegated Decision.

Meeting Date	Agenda Item	Action	Who has right of appeal?	Action for...	Date	Progress/ Update
N/A – delegated decision.	N/A – delegated decision.	<p>The Committee have approved and ratified the following change of ownership application:</p> <p style="text-align: center;"><b>Name: HIGHERLAND LTD</b></p> <p style="text-align: center;"><b>CAS-285733-B4J0G8</b></p> <p style="text-align: center;"><b>Address: 3, Orme Road</b></p> <p style="text-align: center;"><b>Newcastle ST5 2UE</b></p> <p><b>Regulation 26 – Change of Ownership Application</b></p> <p>Regulation 26 (1)(a)(i) It is concluded that this regulation is met as the premises are listed as chemist premises.</p> <p>Regulation 26 (1)(a)(ii) It is concluded that this regulation is met as Pharmaceutical services are already being provided from the same premises.</p> <p>Regulation 26 (1)(b) It is concluded that this regulation is met as the Applicant is continuing to provide pharmaceutical services from the same premises.</p> <p>Regulation 26 (1)(c) It is concluded that this regulation is met as the Applicant is undertaking to provide the same services as those already being provided by the current owner.</p>	Please see the table below.	PCSE to notify the applicant and the interested parties.		Approved by DP via delegated decision; 12/12/2024.

## Actions from the Pharmacy Services Regulations Committee via Delegated Decision.

Meeting Date	Agenda Item	Action	Who has right of appeal?	Action for...	Date	Progress/ Update
		<p>Regulation 26(1)(d) It is concluded that this regulation is met as the provision of pharmaceutical services will not be interrupted.</p> <p>Regulation 26(2) It is concluded that this regulation does not apply as the services will continue to be provided at the existing premises.</p> <p><b>Regulation 31 - Refusal: Same or Adjacent Premises</b></p> <p>Regulation 31 does not apply as the premises will remain unchanged for this change of ownership.</p> <p><b>Regulation 66 - Conditions Relating to Providing Directed Services</b></p> <p>Regulation 66 is not applicable as before the current pharmaceutical regulations came into force the applicant had not been directed to provide directed services from these premises by NHS England or the former Primary Care Trust.</p>				

Interested Parties Table:

**Actions from the Pharmacy Services Regulations Committee via Delegated Decision.**

Contractor Name	Address1	Address2	Address3	Postcode
Higherland Pharmacy	HIGHERLAND	3 ORME ROAD, POOLFIELDS	NEWCASTLE-UNDER-	ST5 2UE
Boots	SURGERY 60/62 HIGH STREET	NEWCASTLE	LYME STAFFORDSHIRE NEWCASTLE UNDER	ST5 1QL
MORRISONS PHARMACY	GOOSE STREET	OFF BROOK LANE	LYME NEWCASTLE-UNDER-	ST5 3HY
CORNWELL'S CHEMISTS	11 HIGH STREET	CROFT ROAD INDUSTRIAL	LYME NEWCASTLE-UNDER-	ST5 1RB
Inspire Pharmacy	UNIT 18	EST	LYME NEWCASTLE	ST5 0TW
King Street Pharmacy	58-60 KING STREET UNIT 1, ASHWELL ROAD			ST5 1HX
Hartshill Pharmacy	Milehouse Prim Care Ctr	Lymebrook Way,Milehouse	STOKE ON TRENT	ST4 6AT
MORRELL PHARMACY	65 Milehouse Lane	Cross Heath	Newcastle-under-Lyme	ST5 9GA
Milwards (Chemists) Ltd			Newcastle	ST5 9JZ
HOLLOWOOD CHEMISTS LIMITED	Kingsbridge House	Kingsbridge Ave,Clayton	Newcastle-under-Lyme	ST5 3HP

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Our Ref: **CAS-341965-B6R9K8**  
**To be quoted on all future  
correspondence**

Primary Care Support England

PCSE Enquiries, P O Box 350  
Darlington, DL1 9QN  
Email [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)  
Phone 0333 014 2884

**Sent to all interested parties**

16 December 2024

Dear Sir/Madam

**Re: Application for inclusion in a pharmaceutical list at Unit 2, Sutton Road, Admaston, Shropshire, TF5 0AY in respect of distance selling premises by SOHAWON PROPERTY COMPANY LTD.**

We have received the above application, a copy of which is enclosed, and Shropshire and Telford and Wrekin 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 the 30<sup>th</sup> of January 2024. 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.

Shropshire and Telford and Wrekin 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.

Yours sincerely

*Sanu Miah*

Sanu Miah  
Pharmacy Market Administration Services Officer

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## **Further Information in Relation to Provision of Essential Services in Accordance with the Regulatory Requirements for Distance Selling Pharmacies**

**The information contained within this document has been approved by the applicant prior to submission**

Please find below information to explain how the pharmacy procedures used within the premises will secure:

- (a) the uninterrupted provision of essential services during the opening hours of the premises, to persons anywhere in England who request those services, and
- (b) the safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or someone else's behalf, and the applicant or the applicant's staff.

### **NHS Premises Standards**

The NHS has published premises standards that the Pharmacy will comply with, however, it should be noted that not all these standards apply directly to distance selling premises other than where a patient is accessing non-essential services.

The pharmacy will be a Healthy Living Pharmacy and comply with the change management and organisational development criteria, ensuring premises and facilities are fit for purpose and engaging with the community to deliver consistently high quality health and wellbeing services.

The pharmacy will be equipped with facilities to allow for both phone (or other live audio link) and live video communication with patients in a manner which maintains patient confidentiality.

### **GPhC Guidance**

The Applicant will operate the pharmacy in accordance with current GPhC guidance for registered pharmacies providing pharmacy services at a distance, including on the internet.

### **PHARMACY SYSTEMS AND PROCEDURES**

All Essential Services will be delivered in accordance with:

- Company Standard Operating Procedures
- NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
- NHS Act 2006
- Human Medicines Regulations 2012
- GPhC – Professional Standards and Guidance on Distance Selling Pharmacies
- Relevant Data Protection laws

This will ensure that the Applicant provides safe, effective and uninterrupted provision of all essential services to persons anywhere in England who request those services during the opening hours of the premises. Essential Services will be provided without face to face contact between anyone receiving the services, whether on their own or someone else's behalf, and the pharmacy staff.

The Applicant's wholly Internet/Delivery Pharmacy will operate from secure premises, with a controlled entry system, to which members of the public will not have access. Any patient that requests essential services to be provided at the premises will be informed that the pharmacy is not permitted to provide those services at the premises.

Access to information about the provision of NHS Essential Services will be achieved by using:

- Telephone
- Live Video Call
- The website will enable patients or their carers to communicate remotely but directly allowing quick and easy access and provide clear unambiguous details of how safe, efficient, uninterrupted NHS Essential Services will be provided by the Pharmacist and qualified, knowledgeable, experienced support staff on duty throughout the opening hours of the pharmacy premises without having 'face to face' contact with the patient or their representative.
- Email
- Postal services

All NHS services will be delivered free of charge in accordance with the NHS Act 2006.

Essential Services may be delivered using:

- Telephone, including text messaging where appropriate
- Electronic Prescription Service (EPS)
- Website
- Email
- Royal Mail postal service
- Courier service
- Specialist Waste Management Services
- Live video services.
- Specialist cold chain courier services will ensure the integrity of the cold chain and the maximum stability of thermo-labile drugs by packing, transporting and delivering in such a way that their integrity, quality and effectiveness is always preserved. This will be a dedicated, fully monitored and temperature controlled delivery service.

## **Provision of NHS Essential Services**

### **Dispensing Services**

Prescriptions will be received by the EPS, post, or where practicable, with the patient's informed consent, collected from a surgery. Prescriptions will be clinically and legally assessed to determine if they can be dispensed.

In the event of any clinical or legal issues with the prescription, the pharmacist will follow Standing Operating Procedures to resolve these issues before dispensing items. This may involve contacting the prescriber as soon as possible to make sure the patient receives their medication without delay.

When appropriate prescription interventions take place, for example drug/drug interactions, suspected over/under prescribing, etc. the pharmacist on duty will telephone and discuss with the prescriber and patient prior to dispensing or delivering the medication.

### **Repeat Dispensing Services**

The Terms of Service require pharmacy contractors to ensure that appropriate advice about the benefits of repeat dispensing is given to any patient who—

- (i) has a long term, stable medical condition (that is, a medical condition that is unlikely to change in the short to medium term), and
- (ii) requires regular medicine in respect of that medical condition, including, where appropriate, advice that encourages the patient to discuss repeat dispensing of that medicine with a prescriber at the provider of primary medical services whose patient list the patient is on.

Such advice will be provided by the Pharmacy using its permissible methods of non face-to-face contact with patients.

Dispensing of repeat NHS prescriptions including those dispensed in dosette boxes as may be required under the Equality Act 2010 will be carried out in partnership with patients, carers, pharmacists and prescribers. It will cover requirements additional to those for dispensing, assessing the patients' need for repeat supply. Any clinical issues identified will be addressed to the prescriber. Where considered necessary by a pharmacist, the patient may be contacted by telephone and given verbal advice in addition to information delivered with the repeat prescription.

Medicines will only be supplied where the pharmacist is satisfied that the patient is taking and is likely to continue to take the drug appropriately and is not suffering from any side effects which indicate the need or desirability to review the patient's treatment.

### **Urgent Supply and Emergency Supply**

Whilst the Distance Selling nature of the pharmacy is such that Urgent Supply or Emergency Supply is unlikely to occur as often as in a retail pharmacy, all staff will be aware of the procedures to be followed in the event of such a request.

The request may be received from a Prescriber (Urgent Supply) or from a Patient (Emergency Supply)

The following conditions must apply to the request made by a prescriber:

- The Pharmacist must be satisfied that the request is from the appropriate authorised prescriber, see list above.
- The Pharmacist is satisfied that a prescription cannot be supplied immediately due to an emergency.
- The Prescriber agrees to provide a written prescription within 72 hours.

- The medication is supplied in accordance with the prescriber's directions.
- The medication is permitted to be supplied on an Emergency Supply basis.
  - An emergency supply cannot be provided for a Schedule 1, 2 or 3 CD except Phenobarbital for epilepsy by a UK registered prescriber.
- EEA prescribers cannot request an emergency supply of any Schedule 1 - 5 CD.

Full records of the supply will be kept as per the relevant SOP.

The following conditions must apply to the request made by a patient:

- **Interview**

The Pharmacist must interview the patient. The interview may not be by way of face to face contact and must be by other means, e.g., telephone, Skype.

- **Records**

An entry must be made in the POM register on the day of supply and record all the relevant details.

The label for the dispensed medicine must contain the words "Emergency Supply".

- **Faxed Prescriptions**

A 'faxed prescription' or other forms of scanned prescriptions do not fall within the definition of a legally valid prescription because it is not written in indelible ink, and has not been signed by an appropriate practitioner. A faxed / scanned prescription can confirm that at the time of receipt a valid prescription is in existence, but no medicines should be supplied until the original prescription is received.

The pharmacist should not dispense against faxed prescriptions and instead should use the Emergency Supply procedures.

### **Delivery of Urgent Supplies**

Given the nature of a request of this type, the Pharmacy will prioritise delivery of the medication to the patient. For local deliveries the driver should be specially informed of the fact that the items are "URGENT" and for any items delivered by courier the courier will be informed that items must be delivered ASAP by the quickest route possible. The Pharmacy will not charge additional fees to the patient even if these are incurred in the delivery process. Other than noting the urgent nature of the delivery, normal delivery procedures will apply.

### **Disposal of Unwanted Medicines**

Patients will have a number of options for disposal of unwanted medicines.

- A specialist waste management company will provide safe and secure disposal of unwanted medicines by collection of unwanted medicines from patients and residential homes.
- Patients wishing to return unwanted medicines to the pharmacy may do so by courier, which will be provided and paid for by the pharmacy.

- Patients in locality may contact pharmacy by phone or email to arrange collection of unwanted medicines from their home or work by pharmacy staff.

Appropriate packaging will be sent to patients in advance and details of the service and how to book a collection will be available on the Pharmacy website.

Upon return to the pharmacy unwanted medicines will be sorted and placed in disposal units ready for waste management services to collect. The disposal service will be advertised on the website and any marketing leaflets.

### **Promotion of Healthy Lifestyles**

Identification of patients for promotion of healthy lifestyles can take two forms, namely, passive or active.

**Active patients** will be those who have chosen to access the Lifestyle Questionnaires via the website or returned them by post and who are then identified from the results as patients to whom further information should be sent, or who should be called to follow up on the results and offer additional support and information.

**Passive patients** are those where the identification happens as part of another interaction with the patient, but where the patient does not appear to be actively seeking additional assistance. For example, the dispensing of a prescription which identifies the patient as having high blood pressure.

All patients who have prescriptions dispensed or purchase medicines from the pharmacy will be asked to fill in the Lifestyle Questionnaire which will ask for details such as existing medical conditions, height, weight and also lifestyle questions such as whether a patient is a smoker and how much exercise they normally have on a weekly basis.

Leaflets will be delivered to patients with their medication. Those identified (Active or Passive) as having medical conditions such as diabetes, coronary heart disease, COPD, Asthma, high blood pressure, smokers, overweight individuals, etc. or being at risk from them or other conditions will also receive targeted campaigns to increase the patient's knowledge and understanding of health issues relevant to them. The website will also be used to promote healthy lifestyles.

### **Health Campaigns**

The Pharmacy will take part in national health campaigns to promote health messages to our patients across England. This will be achieved by sending out leaflets with prescriptions during specific targeted campaign periods and providing additional advice and learning resources via the website.

Patients will be directed to the learning resources via email, text and other non face-to-face communication so that they are aware of the campaign.

Patients should also be assessed for participation in at least one clinical audit and whichever of the following that the ICB specifies—

(i) a clinical audit carried out in a manner which is compatible with the ICB's arrangements for the receiving and processing of data from the audit, or

(ii) a policy based audit (to support the development of the commissioning policies of the NHSCB) carried out in a manner which is compatible with the ICB's arrangements for the receiving and processing of data from the audit.

### **Signposting and Support for Self-Care**

Patient will be signposted to health and social care providers and/or any other assistance available whenever necessary. To assess whether patients require advice to minimise inappropriate use of health or social care services the pharmacist will use the same "Active and Passive" assessment tool already set out above.

Where it appears to the pharmacist, after reviewing the assessment and having regard to the need to minimise inappropriate use of health and social care services and of support services, that a person using the pharmacy would benefit from advice to help manage their medical condition then advice will be provided via non face to face methods of communication and this will include advice on both treatment options, non prescription medicines and lifestyle advice.

If a patient;

- (a) requires advice, treatment or support that the pharmacy cannot provide; but
- (b) another provider, of which the pharmacy is aware, of health or social care services or of support services is likely to be able to provide that advice, treatment or support,

The pharmacy will provide contact details of that provider to that person and will, in appropriate cases, refer that person to that provider.

### **Referral for Certain Appliances**

Where, on presentation of a prescription form or repeatable prescription, the pharmacy is unable to provide an appliance or stoma appliance customisation because the provision of the appliance or customisation is not within the pharmacy's normal course of business, the pharmacist will—

- (a) if the patient consents, refer the prescription form or repeatable prescription to another NHS pharmacist or to an NHS appliance contractor; and
- (b) if the patient does not consent to a referral, provide the patient with contact details of at least 2 people who are NHS pharmacists or NHS appliance contractors who are able to provide the appliance or stoma appliance customisation (as the case may be), if these details are known to the pharmacist.

In appropriate cases, the pharmacist will keep and maintain a record of any information given or referral made to facilitate auditing and follow up care.

### **Support for People with Disabilities**

This service will be provided in accordance with the Equality Act 2010. The Applicant will make reasonable pharmaceutical adjustment to ensure that those who qualify for help under the Act are provided with the right compliance aids.



The Applicant will conduct an initial assessment with the patient, care or representative to assess the support required to improve medication compliance. Such assessments will be carried out without patients having to access the pharmacy premises, so that no face-to-face contact at the premises will take place.

Compliance aid systems such as blister packs/dosette boxes will be provided in compliance with both service levels 1 & 2 respectively.

### **Clinical Governance**

**Note: Clinical Governance is not an 'essential service' and is therefore dealt with briefly in this submission.**

The Applicant will be involved in and comply with all the components of clinical governance including, but not limited to, compliance with standard operating procedures, patient safety incident and near miss reporting, demonstrating evidence of Pharmacist and Pharmacy Technician CPD, conducting clinical audits, workforce survey and drug recalls.

'How to Make a Complaint or compliment' will be displayed and downloadable from the pharmacy website or upon request by telephone or post a copy will be posted.

All staff will be qualified or undergoing nationally accredited training. They will be competent to deliver the highest standards of Clinical Governance. All staff will receive individual and collective training, development and education provided in-house or from accredited external providers.

All staff will have an annual appraisal, receive and provide feedback.

### **Information Governance**

The pharmacy will be registered and comply with Data Protection Act and the General Data Protection Regulations (GDPR) . It will also comply with the Access to Health Records Act 1990. All patient data will be kept private and confidential in accordance with NHS and legal obligations on data security, protection and confidentiality.

The pharmacy will receive support from the PMR provide to ensure that continuous access to the Electronic Prescription System is maintained.

Two members of staff will have the ability to login to the PMS system on all days (where there are 2 or more staff members working) and the NHS mail system will be checked every day for both general emails and also for any referrals under the Discharge Medicines Service.

### **Discharge Medicines Service ("DMS")**

When NHS patients are discharged from hospital or there is, for other reasons, a transfer of care of them between different providers of NHS services, community pharmacies may be asked to perform a three stage service in respect of the patient, principally linked to changes in medication. The second and third stages of this service are linked to the first prescription presented post-discharge or post-transfer. Issues of concern may be raised by the pharmacy contractor not only with the patient or their carer but also with their general practitioner.

Under the DMS the pharmacy must provide assistance and support to, and in respect of, an NHS patient

(a) recently discharged from hospital who is referred to the pharmacy for advice, assistance and support in respect of the patient's medication regimen by the staff of the hospital in which the patient stayed; or

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

The service allows and requires the pharmacy to help not only the patient directly, but also (within the bounds of confidentiality) their carers and also provide them with assistance and support.

The service is designed in 3 Stages, where each Stage builds on the last to provide additional support if required to the patient or, where appropriate their carer.

The pharmacist must use their clinical judgement when considering their actions and recommendations in respect of the service and consider the duty of confidentiality to the patient when involving a carer in discussions about the patient and their medication regimen.

If the DMS referral requesting that the pharmacy provides the DMS includes circumstances in which the pharmacy is not to provide, or is to cease to provide the DMS service, then the Pharmacy is not to, or is to cease to, provide the DMS in those circumstances (for example, X's or Y's admission or re-admission to hospital).

#### **Pandemic Treatment Protocol ("PTP")**

The pharmacy will provide medicines properly requested under any PTP arrangements.

The RP should (and if requested to do so by the person being supplied must)

- Provide an estimate of the time the drug will be ready and delivered.
- If the drug is not ready by the time then provide a revised estimate of when the drug will be ready and continue to update the patient on this time should the estimate change.
- Contact the patient to confirm dispatch of the medication.

In addition to the normal requirements, the dispensing label on the packaging of the product supplied must also contain the additional wording shown below;

**THIS PRODUCT IS BEING SUPPLIED IN ACCORDANCE  
WITH THE [INSERT NAME] PANDEMIC TREATMENT  
PROTOCOL**

And insert the name of the relevant protocol.

## Refusal to Supply under PTP

The pharmacy may refuse to provide an order for a drug that is or is purportedly in accordance with a PTP where—

- (a) The RP reasonably believes it is not a genuine order for the person who requests ,or on whose behalf is requested, the provision of the drug;
- (b) providing it would be contrary to the RP's clinical judgement;
- (c) The RP or other persons are subjected to or threatened with violence by the person who requests the provision of the drug, or by any person accompanying (see footnote re “accompanying”) that person; or
- (d) the person who requests the provision of the drug, or any persona accompanying (see footnote re “accompanying”) that person, commits or threatens to commit a criminal offence.

The pharmacy must refuse to provide, pursuant to a PTP, an order for a drug that is or is purportedly in accordance with the PTP where P is not satisfied that it is in accordance with the PTP.

Any refusal to supply must be noted on the patient and / or pharmacy record system.

## Delivering Medicines

The Responsible Pharmacist (RP) has overall responsibility for ensuring the delivery of medicines to intended patients. Medicines must be delivered safely and with appropriate instructions.

The RP must take adequate measures to ensure that the delivery mechanism used is secure and that medicines are delivered to the intended user promptly, safely, and in a condition appropriate for use. If the delivery to patients is local, this will be undertaken by the delivery driver except fridge lines which must be sent by courier. All other nationwide deliveries (other than fridge lines) will be delivered by Royal Mail special delivery or courier and signed for by the patient, their notified carer or other patient authorised representative. Fridge Lines will be delivered by courier (see further below).

Medicines will be packed, transported and delivered in such a way that their integrity, quality and effectiveness are preserved. The delivery mechanism used will provide a verifiable audit trail for medicine from the initial request through to its final delivery, or its return to the pharmacy in the event of a delivery failure. Packaging must maintain patient privacy and confidentiality.

Choice of packaging will depend on the nature of the items being delivered and the appropriate level of protection must be used to ensure that the item can withstand the normal rigours of the delivery process.

All packaging must have the tamper proof seals provided in the pharmacy attached to the packaging so that any tampering with the packaging will be evident.

Medicine for local delivery which is (A) not fragile and (B) is to be delivered by the delivery driver can be packaged in the using the normal pharmacy bags supplied for standard prescription items.

Medicines classified as non-flammable or non-toxic must be securely closed and placed in a leak-proof container such as a sealed polythene bag (for liquids) or a siftproof container (for solids). Must be tightly packed in strong outer packaging and must be secured or cushioned to prevent any damage.

This means that for postal / courier items, either:

At the very least - padded envelopes even for non-fragile items as this will help to ensure the integrity of the manufacturers packaging.

For most items - bubble wrap and where necessary, polystyrene filler, placed within a cardboard box. Cardboard boxes must be the re-enforced type.

Large or any fragile medicines should be packed into cardboard boxes with bubble packaging and filling material to protect from damage.

The patient, carer or notified, authorised patient representative must always sign and date a receipt to prove safe receipt of the medicines. A patient who is not at home when delivery is attempted will be informed using a non-delivery notice and an alternative delivery date will be arranged.

A list of the approved cold chain couriers will be maintained within the Pharmacy. Coldchain items will be stored in styrofoam filled cardboard boxes prior to being passed to the courier and marked with the "FRAGILE" and "FRIDGE LINE" stickers. Additional packing will not be required as the courier company will transport the boxes in vans with cold chain sections that protect the integrity of the box and are fully monitored. Some thermolabile products can be damaged by excessive cold as well as heat. Items such as ice packs can cause freezing in medicines which is damaging to them and will therefore not be used in direct contact with any medicine. The courier service will be a dedicated, fully monitored and temperature controlled delivery service. Any breach of the cold chain will be automatically notified to the driver who will then follow the failed delivery procedure and notify the pharmacy accordingly so that re-delivery can be arranged. Where the cold chain breach notice is issued items will not be re-used.

## **Controlled Drugs**

### **Delivery of Controlled Drugs**

There is provision within controlled drugs legislation to cover occasions when a controlled drug (CD) may temporarily be in the possession of a third party, e.g. a delivery person or postal carrier, while it is being transferred from one authorised person to another authorised person who is entitled to be in possession of the drug. Delivery of CD will be carried out by couriers with pharma grade specialist facilities to meet specific quality and validation requirements for healthcare products. This includes Home Office licensed controlled drug stores.

### **Return and Destruction of CONTROLLED DRUGS**

Appropriate packaging will be sent to patients in advance with instructions for packaging any returned medicines and this will be provided and paid for by the pharmacy. The Superintendent Pharmacist will specify the appropriate method of collection depending on the items being returned and the distance from the pharmacy. Patients may also be signposted to alternate pharmacies if they prefer to return medicines to a different pharmacy. Any 'returned' Controlled Drugs must not be re-used or entered

into the CD register. The Applicant will denature and render them irretrievable as soon as possible in order to avoid storage problems and an increased security risk.

Destruction must be witnessed by another member of staff. If not immediately destroyed, they should be segregated from main stock, clearly marked 'Patient Returns' to minimise the risk of errors and inadvertent supply and stored securely in a CD Cabinet waiting to be denatured. A record of destruction will be recorded in a separate CD Destruction Register designated for this purpose and will be available in the pharmacy for inspection.

### **Cover for Breaks / Working Time Directive**

Any breaks in working time taken by the RP will be covered by a second pharmacist who will then assume the responsibility of the RP.

### **Contingency Planning**

The Applicant will have accounts direct to pharmacy manufacturers and many full-line and short-line pharmaceutical wholesalers to try and increase the availability of stock and reduce Owings. A Contingency Plan will be in place to ameliorate the effects of any disruption to provision of pharmaceutical services such as medicines shortage, postal strike, EPS systems failure, etc.

### **Verification of Declarations of Prescription Exemptions**

The reverse of the prescription should be fully completed (other than age exempt patients) in black ink.

Where evidence of exemption is required or provided by the patient it can be sent to the pharmacy for verification via the delivery driver and then returned to the patient. The PMR system should be updated to reflect that necessary check has been carried out and a note of when the next check is required should be entered onto the system. The Regulations require a patient to produce 'satisfactory evidence' to confirm exemption. Where appropriate (ie for deliveries made other than by the pharmacy's delivery driver), the patient may scan copies of the evidence to the pharmacy (or use the postal / courier service, but see NOTE below) and the pharmacy can record that the evidence provided was not in the original format. It is for the pharmacist in charge to determine if the evidence is satisfactory or not and, if not, then cross the 'Evidence not Seen' box.

The type of exemption and date of expiry will be recorded in their Patient Medication Record. If they are not exempted prescription charge payments will be made using a secure on-line payment method.

Exemptions may be sent to the pharmacy by post and the pharmacy will pay for postage and return the exemption to the patient free of charge. Scanned email copies of exemptions are also acceptable. The nature of any exemption will be recorded on the PMR system with a copy attached to the patient's file.

Payment for prescription charges will be received via the secure payment portal on the website and when payment is received the prescription will be marked as paid.

### **Pharmacy Profile**

The pharmacy profile will be properly maintained in the NHS Digital Directory of Services

### **Central Alerting System**

The pharmacy will maintain access to the MHRA Central Alerting System using the premises specific NHS mail email address which will be checked on a daily basis.

### **Registration of the Premises with the GPhC**

It is not lawful to operate a Pharmacy without registering the premises and Superintendent Pharmacist with the GPhC. The Applicant will apply to register the premises with the GPhC following the grant of an NHS Contract application. The GPhC will send an inspector to inspect the premises for approval before commencement of any Pharmacy services. The GPhC has a team of inspectors who undertake the routine monitoring and inspection of premises.

### **Practice Leaflet**

Nothing in the Applicant's practice leaflet, or publicity material in respect of the listed chemist premises, in material published on behalf of the Applicant publicising services provided at or from the listed chemist premises or in any communication (written or oral) from the Applicant or the Applicant's staff to any person seeking the provision of essential services will represent, either expressly or impliedly, that—

- (i) the essential services provided at or from the premises are only available to persons in particular areas of England, or
- (ii) the Applicant is likely to refuse, for reasons other than those provided for in the Applicant's 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 the Applicant is limited to other categories of patients).

### **Advanced or Enhanced Services**

The pharmacy will only offer services that can be delivered remotely and do not require patients to attend the premises.

## Chapter 18

### Annex 1

#### Application Form

##### Application in respect of distance selling premises<sup>1</sup>

Application for inclusion in a pharmaceutical list for the area of

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

This is an application in respect of distance selling premises and as such is an accepted application under regulation 25 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'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

**SOHAWON PROPERTY COMPANY LTD**

c/o Rushport Advisory LLP

10-12 Barnes High Street

Barnes

SW13 9LW

##### 1.2 Applicant's legal entity

I/we am/are applying as a:

**Corporate Body** ☒

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<sup>1</sup> 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.

MOHAMMAD YASIN SOHAWON	MOHAMMAD YASIN SOHAWON
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**1.3 Provision of fitness information required by Part 1, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended**

(Please tick relevant box)

I/We have provided the required fitness information on a previous occasion to NHS England 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 cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again.

ALREADY ON PHARMACEUTICAL LIST FOR THE HWB

I/We have already provided the fitness information on a previous occasion to NHS England 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 already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England 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<sup>2</sup>**

Unit 2, Sutton Road, Admaston, Shropshire, TF5 0AY

<sup>2</sup> 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.



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These premises are currently in my/our possession\*      Yes    ✓

\* by rental,

### 3 Opening hours

#### 3.1 Proposed core opening hours<sup>3</sup>

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
9am to 5pm	9am to 5pm	9am to 5pm	9am to 5pm	9am to 5pm			40

#### 3.2 Total proposed opening hours<sup>4</sup>

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
9am to 5pm	9am to 5pm	9am to 5pm	9am to 5pm	9am to 5pm			40

### 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).

Drug Tariff part IX\*  
\*EXCEPT items that require measuring or fitting.

<sup>3</sup> Core opening hours must total 40 hours per week.

<sup>4</sup> The total opening hours includes the core hours and any supplementary opening hours.

Please give details of any advanced and enhanced services<sup>5</sup> you intend to provide<sup>6</sup>. 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)	Consultation area (Y/N/NA)
NMS (remotely with consent where required)	N	N	Y

#### Floor plan showing consultation area

Floor plan will be submitted once shop fitters have agreed the layout. The pharmacy will include a private area where phone calls and video consultations can take place with patients without being overheard.

#### 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:

Not applicable as no other pharmacy in same or adjacent premises

WE WERE PREVIOUSLY GRANTED APPROVAL FOR UNIT 4 AT THE SAME ADDRESS, HOWEVER IT SUBSEQUENTLY TRANSPIRED THAT THE CORRECT UNIT WAS UNIT 2 RATHER THAN UNIT 4. WE CANNOT NOW PROCEED WITH

<sup>5</sup> Please note that enhanced services are those commissioned by NHS England. Do not include services which are commissioned by the local authority/council or the clinical commissioning group (CCG).

<sup>6</sup> 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.

OPENING UNDER THE PREVIOUS APPROVAL AND IT WILL THEREFORE LAPSE AND WE HAVE REAPPLIED USING THE CORRECT UNIT NUMBER.

## **6 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:

Application is not on the same site or in the same building as the premises of a provider of primary medical services with a patient list

## **7 Pharmacy procedures**

7.1 Please explain how the pharmacy procedures used within the premises will secure:

- (a) the uninterrupted provision of essential services during the opening hours of the premises, to persons anywhere in England who request those services, and
- (b) the safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or someone else's behalf, and the applicant or the applicant's staff.

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 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 is satisfied that the full disclosure principle does not apply.

SEE ATTACHED INFORMATION

## **8 Undertakings**

By virtue of submitting this application I/we undertake to notify NHS England 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 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 ... MOHAMMAD YASIN SOHAWON.....

Position .....Director.....

Date .....29 NOVEMBER 2024.....

On behalf of the company/partnership **SOHAWON PROPERTY COMPANY LTD**

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

Contact email number in case of queries .....

Registered office

**9 FIELDHOUSE DRIVE, TELFORD, TF2 8JQ**

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## **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.





Contractor Name	Address1	Address2	Postcode	NACS
Boots	2-3 ACORN WAY	SHAWBIRCH	TF5 0LW	FEX56
Morrisons Pharmacy	SPRINGHILL	WELLINGTON	TF1 1RP	FRX82

Boots UK Ltd H/O South  
Morrison Supermarkets Plc

Shropshire LMC  
Shropshire HWB  
Healthwatch Shropshire  
SHROPSHIRE, TELFORD & WREKIN  
ICB

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**Application by Sohawon Property Company Ltd to open an internet pharmacy  
at Unit 4, Sutton Road, Admaston, Shropshire, TF5 0AY**

**Explanatory notes by NHS England**

**Q1. What is this application for?**

**Sohawon Property Company Ltd** wishes to open an NHS internet pharmacy at **Unit 4, Sutton Road, Admaston, Shropshire, TF5 0AY**. This type of pharmacy is also referred to as 'distance selling premises' 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'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.

**Q2. Why have I been sent a copy of the application?**

You are being invited to make comments on the application before NHS England 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 **Sohawon Property Company Ltd**. They will have a chance to respond to us about those comments.

When we come to make a decision, NHS England will consider any comments it has received and any response to those comments from **Sohawon Property Company Ltd**.

**Q3. 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 three months' 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:

- Medicines Use Reviews (MURs), which are sometimes called medicines check-ups
- the New Medicines Service (NMS), which is advice when someone starts a new drug
- vaccinations against flu.

The services that **Sohawon Property Company Ltd** is offering to provide are listed in section 4 of the application form. Although **Sohawon Property Company Ltd** has listed lots of other services, it is not a guarantee that those services can or will be commissioned by NHSE/I or the CCG.

**Q4. How will NHS England decide whether to give permission for a new pharmacy?**

Firstly we need to check to make sure **Sohawon Property Company Ltd** 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.

**Q5. When will a decision be made?**

We expect to make a decision by **August 2023**

**Q6. 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, **Sohawon Property Company Ltd** 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.

**Q7. What if permission is refused?**

**Sohawon Property Company Ltd** would be able to appeal.

**Q8. Where can I find more information?**

For more information about how applications like this are dealt with, read Chapter 11 of the guidance available on this webpage:

[www.gov.uk/government/publications/nhs-pharmaceutical-services-assessing-applications](https://www.gov.uk/government/publications/nhs-pharmaceutical-services-assessing-applications)

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