

Chapter 18

Annex 1

Application Form

Application in respect of distance selling premises¹

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 ☒

¹ 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 premises²

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

² 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 hours³

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 hours⁴

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.

³ Core opening hours must total 40 hours per week.

⁴ The total opening hours includes the core hours and any supplementary opening hours.

Please give details of any advanced and enhanced services⁵ you intend to provide⁶. 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

⁵ 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).

⁶ 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.....

PositionDirector.....

Date29 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