

Chapter 12A

Annex 2

Draft 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:
.....Gateshead Health and Wellbeing Board.....

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

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

Please complete this form as legibly as possible.

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

1 Information regarding the applicant

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

Boots UK Limited NHS Contracts Team D90 East F08 Nottingham NG90 1BS
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1.2 Applicant's legal entity

I/we am/are applying as a:

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

Sole trader ☐ My GPhC registration number is

Partnership ☐

Please list each partner and their GPhC registration number:

Please continue on a separate sheet if necessary.

Corporate Body ☒

Superintendent's name
and GPhC registration
number is

Mr Marc Donovan Registration Number: 2044958

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

Yes ☒ No ☐

1.3 Relevant fee

I/we include the relevant fee for this application.

☒

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

Boots UK Ltd
477-479 Durham Rd
Gateshead
Tyne and Wear
NE9 5EX

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 2³ * (the closing site)

Boots UK Ltd
544 Durham Rd
Gateshead
Tyne and Wear
NE9 6HX

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

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 ☒

Are either or both of the listed premises above distance selling premises or appliance contractor premises²?

Yes ☐ No ☒

3 Opening hours

3.1 Proposed core opening hours³

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:15-13:00; 14:00-17:30	09:15-13:00; 14:00-17:30	09:15-13:00; 14:00-17:30	09:15-13:00; 14:00-17:30	09:15-13:00; 14:00-17:30	09:15-13:00		40

3.2 Proposed total opening hours⁴

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30		51

3.3 Current core opening hours for Site 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:15-13:00; 14:00-17:30	09:15-13:00; 14:00-17:30	09:15-13:00; 14:00-17:30	09:15-13:00; 14:00-17:30	09:15-13:00; 14:00-17:30	09:15-13:00		40

² NHS England must refuse a consolidation application if either or both sites are distance selling premises or appliance contractor premises.

³ These should be the same as the current core opening hours for site 1.

⁴ The total opening hours includes the core hours and any supplementary opening hours. These should be the same total opening hours as at the current site 1.

3.4 Current total opening hours for Site 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30		51

3.5 Current core opening hours for Site 2

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00			40

3.6 Current total opening hours for Site 2

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00			40

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

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



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

Appliances will be provided as currently provided at site 1 (supplied by NWOS)

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.

Yes ☒ No ☐

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

Details of NHS Pharmaceutical Services relevant to the applications	Currently Provided at site 1 (Y/N)	Currently provided at site 2 (Y/N)	To be provided at Site 1 after consolidation (Y/N)
Medicine Use reviews	Y	Y	Y
Influenza vaccination service	Y	Y	Y
Emergency Hormonal Contraception	Y	Y	Y
Emergency Supply of Medicines	Y	Y	Y
EPS	Y	Y	Y
Medicines Check up	Y	Y	Y
Prescription Delivery Service	Y	Y	Y
Stop smoking service NHS and voucher scheme	N	Y	Y
Supervised consumption	Y	Y	Y
New Medicines Service	Y	Y	Y
FRPS	Y	Y	Y
Prescription Direct	Y	Y	Y
Malaria prevention service	Y	Y	Y
Inhaler recycling	Y	Y	Y
Minor Ailment Service	N	Y	Y

All services currently provided at site 2 will continue to be provided at site 1 should the relevant commissioners continue to commission these services.

Please continue on a separate sheet if necessary.

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

Floor plan showing consultation area

Enclosed

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 NHS Pharmaceutical Services relevant to the applications	Currently Provided at site 1 (Y/N)	Currently provided at site 2 (Y/N)	To be provided at Site 1 after consolidation (Y/N)
Access for wheelchair users	Y	Y	Y
Access without steps	Y	Y	Y
Toilet for wheelchair user	N	N	N
Induction loop	Y	Y	Y
Signing service	N	N	N
Translation service	N	N	N
Parking	N	N	N
Disabled car parking	N	N	N
Other – automatic doors	Y	Y	Y

Please continue on a separate sheet if necessary.

5 Information in support of the application

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

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

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

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

Please continue on a separate sheet if necessary.

5.5 Please use the box below to explain why granting the application would not create a gap in pharmaceutical services provision that could be met by a routine application to meet a current or future need for pharmaceutical services, or to secure improvements or better access to pharmaceutical services. Applicants may wish to refer to the guidance on determining consolidation applications in Annex 20A of Chapter 12A of the Pharmacy Manual.

We believe that granting the application will not cause a gap in the provision of pharmaceutical services for the following reasons:

- 1 – The two sites are located a very short distance apart and are only approximately a 3 minute or 200 metre walk from one another
- 2 – Both Pharmacies are on the same road. Whilst they are on opposite sides of the road there are 2 pedestrian crossings within easy access should they be required.
- 3 – The Boots Pharmacy (site 1) will continue to provide all the services it currently provides along with any currently provided at site 2.
- 4 – Patients will still continue to have a choice of pharmaceutical services in the locality as there will continue to be 2 further pharmacies, one boots and one a different contractor.
- 5 – The Gateshead Pharmaceutical Needs Assessment 2018 does not identify any gaps or any findings that would impact this application.
- 6- We have enclosed a map showing the walk and distance between the two sites.
- 7- We do not believe that should this application be successful, patients would be left devoid of services. Should patients still wish to access a pharmacy, they will not find the remaining location difficult to access.

Please continue on a separate sheet if necessary.

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

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

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

Signature

Name Jo Severn.....

Position Assistant NHS Contracts Manager....

Date ...24th May 2019.....

On behalf of the company/partnership Boots.UK Ltd

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

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

Signature

Name

Position

Date

On behalf of the company/partnership

7 Undertakings

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

- that are already listed chemist premises,

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

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

whichever is the latest of these events to take place.

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

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

whichever is the latest of these events to take place.

I/We also undertake:

- to comply with all the obligations that are to be my/our terms of service under Regulation 11 if the application is granted, and
- in particular to provide all the services and perform all the activities at the premises listed above that are required under the terms of service to be provided or performed as or in connection with essential services.

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

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

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

Signature

Name ...Jo Severn

Position ... Assistant NHS Contracts Manager.....

Date24th May 2019.....

On behalf of the company/partnership ...Boots UK Limited.....

Contact phone number in case of queries..

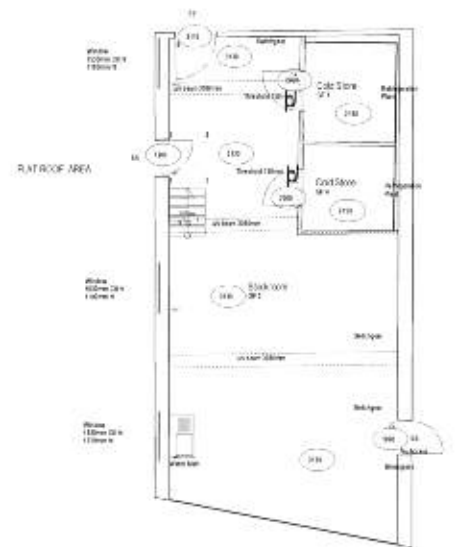
Contact email number in case of queries

Registered office

Boots UK Ltd
Thane Road
Nottingham NG2 3AA



477-479 Durham Road
Low Fell
Gateshead
First Floor
Structure



First Floor Plan
Scale 1:50
Date 10/10/10

FIRST FLOOR PLAN - 1:50

Gross Floor Area	94.2	m ²
Total Store Area	30.0	m ²
NBSA	30.0	m ²



via Durham Rd/A167

3 min

210 m