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1.3 Provision of fitness to practise information

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

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, and there is no missing information

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/We have not already provided the fitness information required by paragraphs 2 and 3 or 4, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

(Please tick relevant box.)

1.4 Relevant fee

I/we include the relevant fee for this application.

2 Address of the proposed premises

35 Market Place Pickering North Yorkshire YO18 7AE

These premises are currently in my/our possession¹. Yes No

¹ by rental, leasehold or freehold

3 Opening hours

3.1 Proposed core opening hours²

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
8.00am–12 noon	8.00am–12 noon	8.00am–12 noon	8.00am–12 noon	8.00am–12 noon	8.00am–12 noon	10am–2pm	64
2.00pm – 8.00pm	2.00pm – 8.00pm	2.00pm – 8.00pm	2.00pm – 8.00pm	2.00pm – 8.00pm	2.00pm – 8.00pm		

² 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.

3.2 Total proposed opening hours³

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
8.00am– 8.00pm	8.00am– 8.00pm	8.00am– 8.00pm	8.00am– 8.00pm	8.00am– 8.00pm	8.00am– 8.00pm	10am– 4pm	78

4 Pharmaceutical services to be provided at these premises

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

Or

Terms of service (paragraphs 3 to 12, Schedule 5 – DACs) □

Clinical governance (paragraph 28, Schedule 4 or paragraph 18, Schedule 5) X

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).

All appliances as listed in part VIII of the Drug Tariff
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Please give details of any advanced and enhanced services 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)	Consultation area (Y/N/NA)
New Medicines Service	Y	Will be	Y
Medicines Usage Reviews	Y	Will be	Y
Smoking Cessation Private & NHS	Y	Will be	Y
Flu Vaccination Service Private & NHS	Y	Will be	Y
Supervised Methadone Administration	Y	Will be	Y
Needle Exchange	Y	Will be	Y

³ The total opening hours includes the core hours and any supplementary opening hours.

Falls prevention service	Y	Will be	Y
Healthy Living Advice	Y	Will be	Y
Delivery service	Y	Will be	Y
DDS	Y	Will be	Y
Minor Ailments	Y	Will be	Y
Any other services the CCG would wish to commission	Y	Will be	Y

Please continue on a separate sheet if necessary.

Floor plan showing consultation area

See enclosed

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:

There are no other pharmacies adjacent to, or in close proximity, therefore Regulation 31 should not be engaged.

We currently have a Boots store at this address, but there is no NHS pharmacy within it.

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 ...90⁴ of the HWB's pharmaceutical needs assessment.

Please insert the identified improvement or better access you are offering to secure here.

We believe that the 5 year rule has now ended and therefore we are submitting this application.

Pickering Town Centre

The proposed location is at our current non-contract store in Pickering Town Centre which is a destination in its own right, attracting customers from a wide area. It is a tourist destination, seeing visitors all throughout the year, many attracted because of its connection with the North Yorkshire Moor Railway.

Improvements & better access

The PNA states under Areas for improvement or Better Access the following;

"Access to pharmaceutical services on week day evening, Saturday evening and Sundays could be improved for Ryedale residents. This would also provide improved access to respond to planned housing developments.."

Our pharmacy in Pickering town centre would provide improved access to pharmaceutical provision. We are proposing to offer core hours every evening Monday to Saturday and core hours on a Sunday when there is currently only pharmacy provision for an hour in the middle of the day. We will also offer services on all Bank Holidays.

The late night opening on a Tuesday will accommodate the late night GP surgery, where an appointment can be made until 7.30pm. This will allow patients to access a pharmacy immediately after should they require to do so. The existing pharmacy closes at 6.30pm.

We currently operate a non-contract store at these premises. Therefore we already have premises and should our application be approved, we will be offer pharmacy services without delay.

Staff within our store we have received requests for pharmaceutical services to be provided on a daily basis. This shows a clear demand for pharmaceutical provision at this location.

⁴ Insert page number.

In the box below please explain how you intend to secure the identified improvement or better access either in whole or in part.

As detailed above, our pharmacy will be open seven days a week including bank holidays. We will offer a late night to cover the surgery opening hours and core hours on a Sunday

We will provide all Essential, Advanced and local Enhanced Services that may be commissioned.

Our Pharmacy is DDA Compliant and will have a Consultation room for provision of services.

Please continue on a separate sheet if necessary.

7 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 NHS England commissions them 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 by NHS England, 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.....

Date 23rd November 2017.....

On behalf of the company/partnershipBoots UK LTD.....

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

Contact email number in case of queries

Registered office

Boots UK Ltd Nottingham NG2 3AA
