

**Application in respect of a relocation within a HWB area that does not result in significant change to pharmaceutical services provision**

Application for inclusion in NHS England's pharmaceutical list for the area of **North Yorkshire Health & Well Being Board**

This is an application for a no significant change relocation of premises within a HWB's area and as such is an excepted application under regulation 24(1) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Please complete this form as legibly as possible.

**Information regarding the applicant**

**1.1 Full name and correspondence address of the applicant**

**Mr Jason Baskind, Homecare Pharmacy Services Ltd**

**C/O Martin Phypers**

**PSC Pharmacy Consultants**

**The Manse**

**Church Street**

**Henham**

**Essex**

**CM22 6AJ**

**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.

Body corporate **X**

The superintendent's name and GPhC registration number is	<b>Mr Jason Mark Baskind</b> <b>GPhC Reg no 2047727</b>
---	--

### 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 3 below are located. **X**

### 1.4 Relevant fee

I/we include the relevant fee for this application. - £250 **X**

## 2 Address of the current premises

Homecare Pharmacy Services Ltd  
Unit Aa  
Alanbrooke Industrial Park  
Topcliffe  
North Yorkshire  
YO7 3SE

Were these premises included in a pharmaceutical list as a result of an application to which Regulation 13(1)(a) of the NHS (Pharmaceutical Services) Regulations 2005, as amended, applied (approved retail areas)? (If yes, please complete section 7.1 below) Yes  No **X**

Were these premises included in a pharmaceutical list as a result of an application to which Regulation 13(1)(c) of the NHS (Pharmaceutical Services) Regulations 2005, as amended, applied (one stop primary care centre)? (If yes, please complete section 7.2 below) Yes  No **X**

Did you relocate to these premises within the last twelve months? (If yes, please complete section 7.3 below) Yes  No **X**

## 3 Address of the premises to which you are applying to relocate<sup>1</sup>

Unit E and Storage Unit, Knaresborough Technology, Manse Lane,  
Knaresborough, HG5 8LF

These premises are currently in my/our possession\* Yes No **X**

\* by rental, leasehold or freehold

<sup>1</sup> A full address must be provided – “best estimates” are not acceptable.

#### 4 Opening hours

##### 4.1 Proposed core opening hours<sup>2</sup>

Monday	Tuesday	Wed	Thurs	Friday	Sat	Sun	Total
9.00-1.00	9.00-1.00	9.00-1.00	9.00-1.00	9.00-1.00	-	-	40 Hours
2.00-6.00	2.00-6.00	2.00-6.00	2.00-6.00	2.00-6.00			

##### 4.2 Total proposed opening hours<sup>3</sup>

Monday	Tuesday	Wed	Thurs	Friday	Sat	Sun	Total
9.00-1.00	9.00-1.00	9.00-1.00	9.00-1.00	9.00-1.00	-	-	40 Hours
2.00-6.00	2.00-6.00	2.00-6.00	2.00-6.00	2.00-6.00			

#### 5 Pharmaceutical services to be provided at these premises

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

Or

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

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

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 listed in part 1X of the Drug Tariff except those that require any form of measuring or fitting**

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.

<sup>2</sup> These should be the same as the core opening hours at the current premises, unless as part of this application you are offering to provide more core opening hours.

<sup>3</sup> The total opening hours includes the core hours and any supplementary opening hours, and should be the same as the total opening hours at the current premises unless as part of this application you are offering to provide more core opening hours.

Services	Accredited to provide (Y/N/NA)	Premises accredited (Y/N/NA)	Consultation area (Y/N/NA)

Please continue on a separate sheet if necessary.

**Floor plan showing consultation area**

**As no advanced or enhanced services are offered by the pharmacy there is no regulatory requirement to provide a floor plan**

**As stated previously the proposed premises are not yet in our possession**

**However, we will provide a suitable floor plan of the entire premises along with an intended adjacent storage facility at the appropriate time.**

**We will ensure that it meets all requirements of the regulations and meets the expected standards of the GPhC**

Please continue on a separate sheet if necessary.

**6 Applications in relation to premises that are in close proximity to other listed chemist premises**

This section should only be completed if the premises included in section 3 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons:

**Regulation 31 does not apply as the nearest existing pharmacy is Boots, Unit 4a, St James Retail Park, Grimbold Crag Road Knaresborough HG5 8PZ located approx. 500m from the proposed site and the two locations are separated by the River Nidd**

Please continue on a separate sheet if necessary.

## **7 Information in support of certain applications**

### **7.1 Relocation of premises in an approved retail area**

This section applies where the current premises were included in a pharmaceutical list as a result of an application to which Regulation 13(1)(a) of the NHS (Pharmaceutical Services) Regulations 2005, as amended, applied (approved retail areas)

If the new address is not in the same approved retail area please explain why you believe your application should not be refused in accordance with Regulation 24(3)(a).

**Not applicable. The pharmacy was not included in the pharmaceutical list in accordance with 13(1)(a) of the 2005 regulations.**

Please continue on a separate sheet if necessary.

## 7.2 Relocation of premises in a one-stop primary care centre

This section applies where the current premises were included in a pharmaceutical list as a result of an application to which Regulation 13(1)(c) of the NHS (Pharmaceutical Services) Regulations 2005, as amended, applied (one stop primary care centre).

Are all the providers of primary medical services at the one stop primary care centre relocating to the new address? Yes  No

Will there still be a list or combined list of at least 18,000 patients served from the new address? Yes  No

Will the services of a broad range of health care professionals be regularly and frequently provided at the new address (together, where appropriate with other health or social services)? Yes  No

If the answer to any of the questions above is "no" please explain below why you believe your application should not be refused in accordance with regulation 24(3)(b).

**Not Applicable. The pharmacy was not included in the pharmaceutical list in accordance with 13(1)(c) of the 2005 regulations.**

Please continue on a separate sheet if necessary.

**7.3 Relocation following a relocation in the last twelve months**

This section applies where you relocated to the current premises within the last twelve months, whether that was the result of an application under Regulation 24 of the 2012 Regulations or the 2013 Regulations or Regulation 6 or 7 of the 2005 Regulations.

Please explain why you believe your application should not be refused in accordance with Regulation 24(3)(c).

**Not Applicable. The pharmacy has been in its present location for several years**

Please continue on a separate sheet if necessary.



**8 Information in support of all no significant change applications**

Please use the box below to explain why you consider that the new premises are not significantly less accessible for the patient groups that are accustomed to accessing pharmaceutical services at the existing premises.

**Please see enclosed supporting information.**

Please use the box below to explain why you consider that granting the application will not result in a significant change to the arrangements that are in place for the provision of local pharmaceutical services or pharmaceutical services (other than those provided by dispensing doctors) in any part of the HWB's area or any controlled locality within 1.6 kilometres of the new premises.

**Please see enclosed supporting information.**

Please use the box below to explain why you consider granting the application will not cause significant detriment to NHS England's proper planning in respect of the provision of pharmaceutical services in the HWB's area.

**Please see enclosed supporting information.**

Are the services to be provided at the new premises the same as those that have been provided at the current premises (whether or not, in the case of enhanced services, NHS England chooses to commission them)?

Yes  No

If no, please give full details in the box below.

Will there be any interruption to service provision? Yes  No

If yes, please give full details in the box below.

Please continue on a separate sheet if necessary.

## 9 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 *JASON BASKIND.*

Position *MARTIN'S DIVISION / SUPERINTENDENT PHARMACY*

Date *11/13/18.* .....

On behalf of the company/partnership .....

Contact phone number in case of queries... **Martin Phypers PSC Pharmacy Consultants**

Contact email number in case of queries

Registered office

**Unit Aa  
Alanbrooke Industrial Park  
Topcliffe  
North Yorkshire  
YO7 3SE**