

**Chapter 17**

**Annex 1**

**Application Form – Same HWB**

**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 the pharmaceutical list for the area of

Manchester (insert name of health and 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 accepted application under regulation 24(1) 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**

<p><b>Khaliss Limited</b> c/o Rushport Advisory LLP</p>
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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**

<b>Superintendent's name and GPhC registration number is</b>	<b>Mr Nissar Ahmed 2048225</b>
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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 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.

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.

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.

**1.4 Relevant fee**

I/we include the relevant fee for this application.



**2 Address of the current premises**

<p><b>460B Cheetham Hill Road</b></p> <p><b>Manchester</b></p> <p><b>M8 9JW</b></p>
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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

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

Did you relocate to these premises within the last twelve months? (If yes, please complete section 7.3 below)

Yes  No

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

<p>3 Shirley Road</p> <p>Manchester</p> <p>M8 0WB</p>
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These premises are currently in my/our possession\* Yes  No

\* by rental, leasehold or freehold

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

#### 4 Opening hours – must be same as current core and total

##### 4.1 Core opening hours<sup>2</sup>

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
9-1 2-6	9-1 2-6	9-1 2-6	9-1 2-6	9-1 2-6	Closed	Closed	40

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

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
9-1 2-6	9-1 2-6	9-1 2-6	9-1 2-6	9-1 2-6	Closed	Closed	40

#### 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)

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).

**Part IX Drug Tariff – except items which require measuring or fitting**

Please give details of any advanced and enhanced services<sup>4</sup> 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

<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.

<sup>4</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).

- 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)
NONE			

**Floor plan showing consultation area**

Floor plan will be submitted once shop fitters have agreed the layout

**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:

No other pharmacy is same or adjacent premises so not applicable

**7 Information in support of the 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).

### 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).

### 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).

### 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 ATTACHED 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 ATTACHED INFORMATION**

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

**PLEASE SEE ATTACHED 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

Will there be any interruption to service provision? Yes  No

**9 Distance selling premises**

**9.1 Are you applying for a relocation in relation to distance selling premises?**

Yes  No

If no, continue to section 10.

If yes, please continue with this section.

**9.2 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:

SEE ATTACHED INFORMATION

**9.3 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.

Please describe the procedure that will be followed where a patient attends the premises and asks for one or more of the essential services.

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.

See attached information
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## 10 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.
- that at no point will two NHS pharmacies operate at the premises to which we are seeking to relocate

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

Signature ... ..

Name .....Mr Nissar Ahmed.....

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

Date- 25/04/2020

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

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

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

Registered office

460B Cheetham Hill Road Manchester M8 9JW
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Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

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