

Chapter 20

Annex 1

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:

.....**Sutton HWB**..... (insert name of health and well-being 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 or the relevant delegated integrated care board'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 applicant¹ (i.e. the contractor who will continue to provide services)

LP SD Three Limited
c/o PSC

Is this a personal address?

Yes ☒ No ☐

1.2 Applicant's legal entity

I/we am/are applying as a:

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

Sole trader

☐

My GPhC registration number is

¹ This is the name of the legal entity applying, not the person who is completing the application.

Partnership ☐

Please list each partner and their GPhC/PSNI registration number:

Please continue on a separate sheet if necessary.

Corporate Body ☒

Superintendent's name
and GPhC registration
number is

Shafqat Safraz
GPhC - 2077353

1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations 2013

(Please tick relevant box)

I have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board 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 or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again.

We are already listed in the pharmaceutical list at sites 1 and 2, so have provided fitness information to NHS England previously.

I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board 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 or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board 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. **£250** ☒

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

LP SD Three Limited t/a Banstead Pharmacy
79 Banstead Road
Carshalton Beeches
Surrey
SM5 3NP

I (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 our possession* Yes ☒ No ☐

* by rental, leasehold or freehold

2a Name of the current owner and address of listed premises site 2 (the closing site)²

LP SD Three Limited t/a Beeches Pharmacy
2B Beeches Avenue
Carshalton
Surrey
SM5 3LF

I 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 confirm that this application is also an application to change the ownership of the listed premises for which I am not the owner. Yes ☐ No ☐ N/A ☒

If the current owners of the two listed premises are different, please can you confirm whether you are buying the pharmacy business on a³:

Non debts and liabilities basis Yes ☐ No ☐ **N/A**

Debts and liabilities basis, with or without access to the existing bank account
Yes ☐ No ☐ **N/A**

Are either or both of the listed premises above distance selling premises or appliance contractor premises⁴? Yes ☐ No ☒

² This must be the name and address as it currently appears in the relevant pharmaceutical list.

³ This information is requested as it will inform whether, if the application is granted, the applicant will be given a new ODS code or not.

⁴ NHS England or the relevant delegated integrated care board must refuse a consolidation application if either or both sites are distance selling premises or appliance contractor premises.

3 Opening hours

3.1 Current core opening hours for Site 1

Monday	Tuesday	Wed	Thursday	Friday	Sat	Sunday	Total
0900-1200 1530-1900	0900-1200 1530-1900	0900-1200 1530-1900	0900-1200 1530-1900	0900-1200 1530-1900	0900-1300 1400-1730	Nil	40 Hrs

3.2 Current total opening hours for Site 1

Monday	Tuesday	Wed	Thursday	Friday	Sat	Sunday	Total
0900-1900	0900-1900	0900-1900	0900-1900	0900-1900	0900-1730		58.5

3.3 Current core opening hours for Site 2

Monday	Tuesday	Wed	Thursday	Friday	Sat	Sunday	Total
0900-1300 1400-1800	0900-1300 1400-1800	0900-1300 1400-1800	0900-1300 1400-1800	0900-1300 1400-1800	Nil	Nil	40 Hrs

3.4 Current total opening hours for Site 2

Monday	Tuesday	Wed	Thursday	Friday	Sat	Sunday	Total
0900-1900	0900-1900	0900-1900	0900-1900	0900-1900	0900-1730	Nil	58.5

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 neither pharmacy provides appliances).

As Listed per Section IX Drug Tariff

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 ☒

4.3 Please give details of any advanced and enhanced services⁵ that are currently provided from both sites; and the services that you intend to provide from the consolidated site.

Service	Currently provided at site 1	Currently provided at site 2	To be provided at Site 1 after consolidation
	(Y/N)	(Y/N)	(Y/N)
NMS	Y	Y	Y
Pharmacy First Service	Y	N	Y
NHS Flu Vaccinations	Y	N	Y
Hypertension Case Finding	Y	N	Y
Pharmacy Contraception Service	Y	N	Y
LFD	Y	N	Y
Covid 19 vaccinations	Y	N	Y

Please continue on a separate sheet if necessary.

I confirm that the pharmacy premises at site 1 have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations. Yes ☒

Or

I/we confirm that NHS England or the relevant delegated integrated care board has previously determined that the pharmacy premises at site 1 is too small to have a consultation room. I/we confirm that there are/will be arrangements in place which enable the person performing pharmaceutical services to communicate confidentially with a person accessing pharmaceutical services:

- a) by telephone or other live audio link, and
- b) via a live video link.

Yes ☐

⁵ Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner.

Floor plan showing consultation area



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 premises facilities 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	N	Y
Signing service	Y	Y	Y
Translation service	Y	Y	Y
Parking	Y	Y	Y
Disabled car parking	Y	Y	Y
Other			

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:

N/A

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.

See enclosed supporting information.

Please continue on a separate sheet if necessary.

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

We confirm that this application is being made with our full knowledge and consent.

If I/we am/are not the applicant I/we will withdraw from the relevant 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**Qammar Nazir**

Position **Director**.....

Date**1st September 2025**.....

On behalf of the company/partnership ...**LP SD Three Limited**

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 relevant pharmaceutical list in respect of the premises listed in section 2a (site 2) consequent upon the granting of this application.

I/We undertake to provide at site 1, consequent to this application, the same pharmaceutical services as those that the current owner of site 1 is providing.

SignatureN/A

Name

Email

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 NHS England or the relevant delegated integrated care board 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 or the relevant delegated integrated care board 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**Qammar Nazir**

Position ...**Director**.....

Date ...**1st September 2025**.....

On behalf of the company/partnership **LP SD Three Limited**

Contact phone number in case of queries...**c/o PSC –**.....

Contact email number in case of queries

Registered office

1 Hardman Street, Spinningfields, Manchester, Greater Manchester, United Kingdom, M3 3HF
