



Sole trader  My GPhC/PSNI registration number is .....

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

MITESHKUMAR PATEL 2057557

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

(Please tick relevant box)

I/We 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.

Southampton HWB

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.

✓

## 2 Address of the current premises

Shirley Pharmacy  
17 Grove Road  
Shirley  
Southampton  
SO15 3HH

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, 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, 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>2</sup>

302 Shirley Road  
Shirley  
SO15 3HL

These premises are currently in my/our possession\*

Yes  No

- by rental, leasehold or freehold

## 4 Opening hours

### 4.1 Core opening hours<sup>3</sup>

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
08:30-12:30 15:00-19:00	08:30-12:30 15:00-19:00	08:30-12:30 15:00-19:00	08:30-12:30 15:00-19:00	08:30-12:30 15:00-19:00	Nil	Nil	40 Hrs

<sup>2</sup> A full address must be provided – “best estimates” are not acceptable.

<sup>3</sup> These must be the same as the core opening hours at the current premises.

## 4.2 Total opening hours<sup>4</sup>

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	Nil	Nil	52 Hrs 30 Mins

## 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).

**Provided as listed Section IX of the Drug Tariff**

Please give details of any advanced and enhanced services<sup>5</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
- 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)
NMS	Y	Y
CPCS	Y	Y
NHS Flu Vaccinations	Y	Y
Pharmacy First Minor Ailments Service (Hampshire and IOW) ICB	Y	Y
PURMS (NHSE South (Wessex))	Y	Y

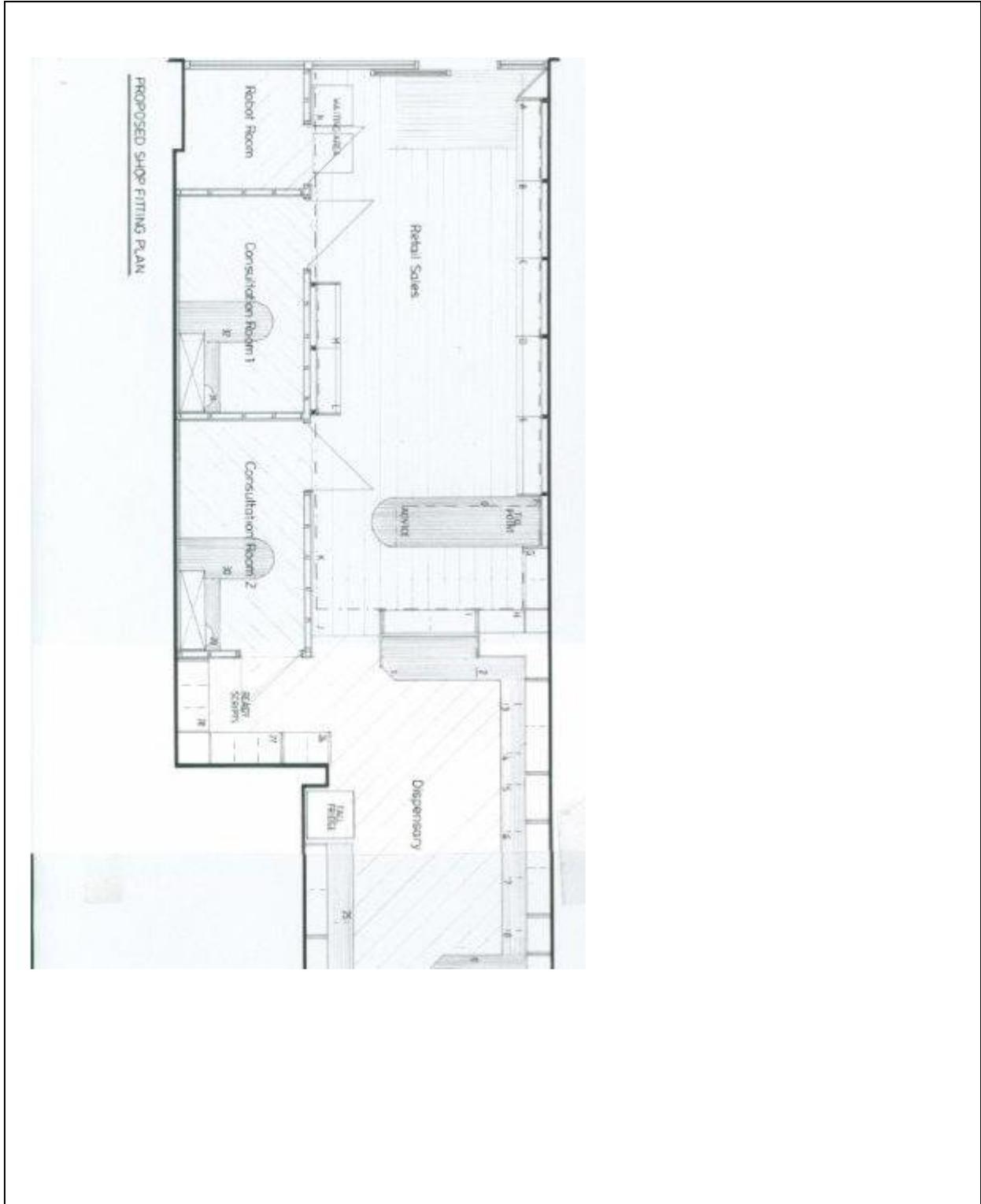
<sup>4</sup> The total opening hours includes the core hours and any supplementary opening hours and should be the same as the total opening hours at the current premises unless as part of this application you are offering to provide more core opening hours.

<sup>5</sup> 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.

Please continue on a separate sheet if necessary.

I/we confirm that the pharmacy premises will have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations. Yes ✓

**Floor plan showing consultation area**



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:

N/A- there is no NHS pharmacy contract operating from the new proposed site or any adjacent site

Please continue on a separate sheet if necessary.

## 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 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).

N/A

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 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).

N/A

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).

N/A

Please continue on a separate sheet if necessary.

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

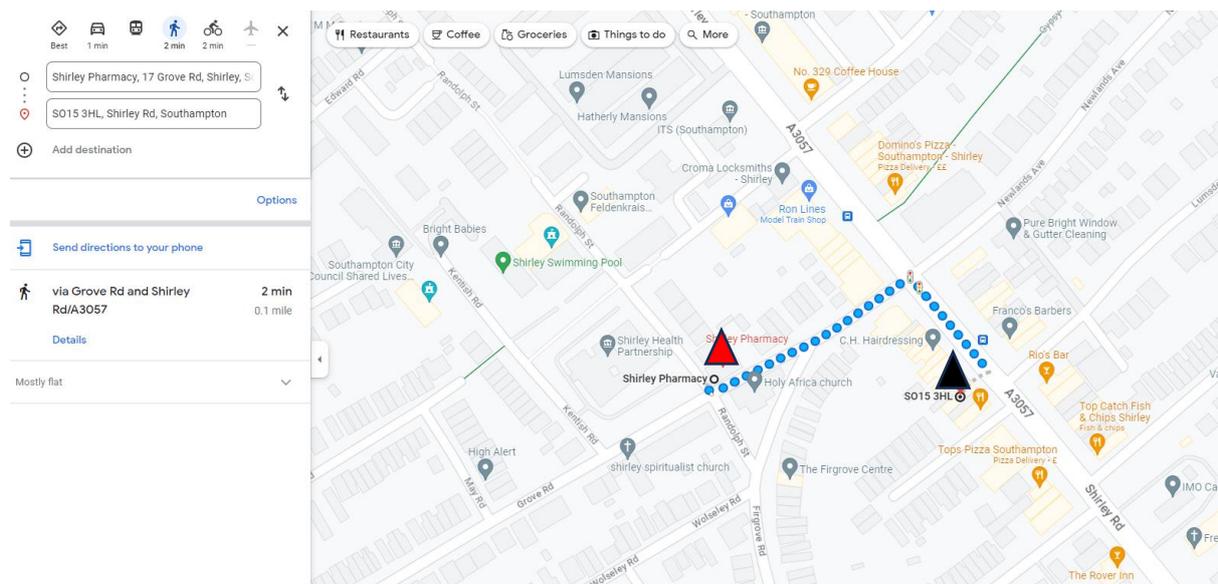
Please use the box below to explain why you consider that the new premises are not significantly less accessible for the patient groups that are accustomed to accessing pharmaceutical services at the existing premises.

**For the patient groups that are accustomed to accessing pharmaceutical services at the existing premises, the location of the new premises is not significantly less accessible.**

**The proposed site (ex cake shop) is located on a retail parade only c160 metres from the current site (see map below)**

**All patient groups are able to access the new location as easily, and some patients will experience improved accessibility to Pharmaceutical Services due to where these patients access medical services.**

**The distance between the current (red triangle on map) and new premises (black triangle on map) is short and only 0.1 miles (2 mins) by foot (Google maps) and access between the sites is straightforward with no major barriers to overcome**



**There is a reasonable choice of Pharmaceutical Services and providers of Pharmaceutical Services within this area and this will be maintained.**

**By relocating to the new premises there will be no detriment to arrangements in place. The same services and opening hours will be provided in the new location as in the current location, as such there will be no change to the arrangements.**

**Neither the PNA nor any recent/ current communication regarding pharmacy services, point to any proposed plans to alter the provision of Pharmaceutical Services in the area of the HWB. There is no evidence that by allowing this application any detriment would occur.**

**The Patient Groups as stated in the first paragraph can be defined as:**

### **1) Patients that utilise the free collection & delivery service:**

These patients will not be affected by the relocation as the service will continue and c30% of patients utilise this service, thus this patient group will not be disadvantaged by this relocation as this service will continue to operate and serve the same population.

### **2) Patients that originate from GP surgeries requiring access to Pharmaceutical Services:**

Circa 71% of patient items dispensed at the current site originate from Shirley Health Partnership Practice. This practice is currently located opposite the current site and will shortly be relocating away onto the former Lidl site off Shirley Road. The proposed site will be more accessible to the new Practice site. The remaining 29% of items that are dispensed originate from surrounding GP Practices, which is what you would expect within an urban area (source: Pharmdata).

Patients who travel from other surgeries will not notice a significant change in their journey as the proposed site is only a short distance away.

The proposed location is only a 2 min walk (160metres) from the current site with no barriers to movement

### **3) Patients that require access to Pharmaceutical Services other than after a visit to a GP surgery:**

The information provided for this patient group details the accessibility between the current site and proposed site. Given the short distance between the 2 sites, the maximum additional journey for a patient would be an additional 2-minute walk.

This additional 2-minute walk largely involves walking along Grove Road then onto Shirley Road without crossing any major roads, onto the parade of shops which patients will access as part of their daily lives.

The proposed site is more accessible by bus with a number of bus routes along Shirley Road, provided by Bluestar, First Bus and Xelabus

The short journey between the 2 sites ensures that the proposed site is not significantly less accessible.

Consideration in relation to the Equality Act 2010 namely patients sharing a protected characteristic identifies no patients that would be negatively impacted as a result of this relocation given the short distance.

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.

**The same services currently provided will be provided at the proposed location  
Access will be the same for patients as there is similar provision for parking and  
public transport routes**

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.

**The relocation is only a short distance away from the existing site so will  
not have any effect on patients who access the pharmacy at its current  
location (see detailed evidence in boxes above).**

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 or the relevant delegated integrated care board 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 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:

N/A

Please continue on a separate sheet if necessary.

**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.

N/A

Please continue on a separate sheet if necessary.

## **10 Undertakings**

By virtue of submitting this application I/we 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 ..... Mitesh Patel



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

Date.....18/10/2023.....

On behalf of the company/~~partnership~~ .....MC SHIRLEY Ltd.....

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

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

Registered office

High Pines Heatherlands Road, Chilworth, Southampton, England, SO16 7JB

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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