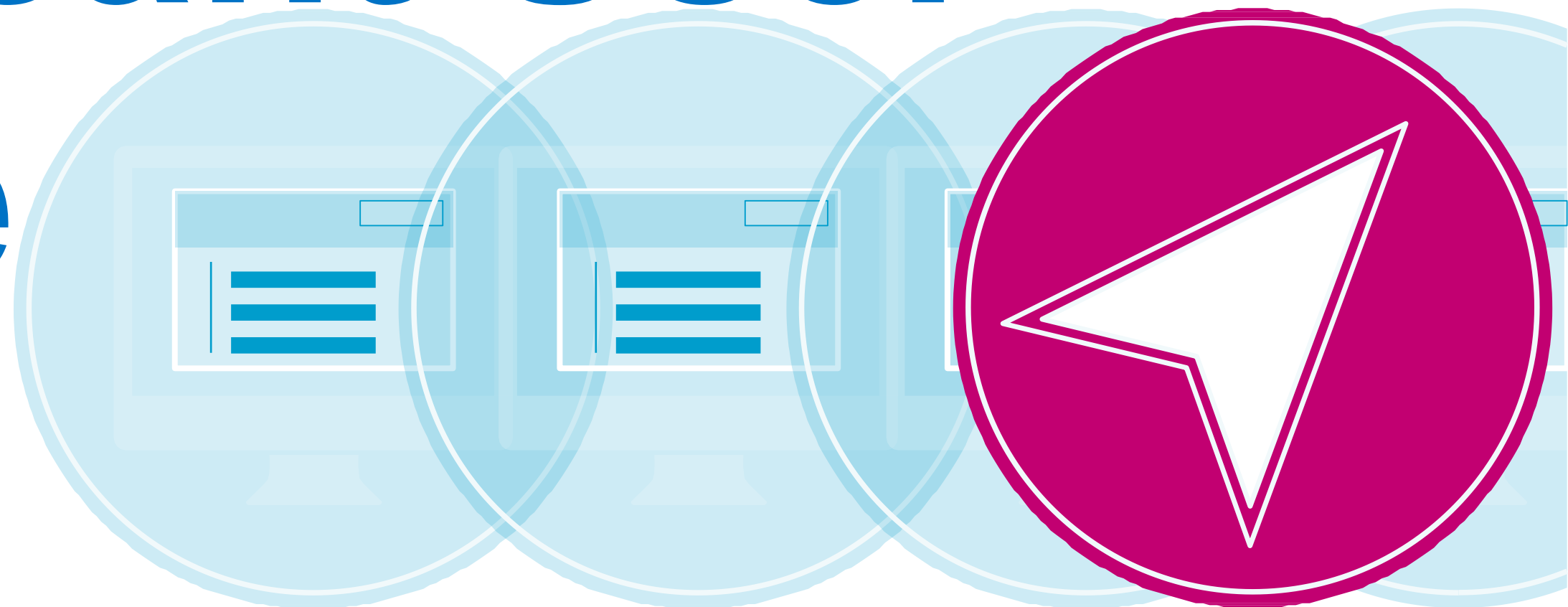


**Pharmacy Market Administration Services  
Market Entry Online Portal**

# **Applicant User Guide**



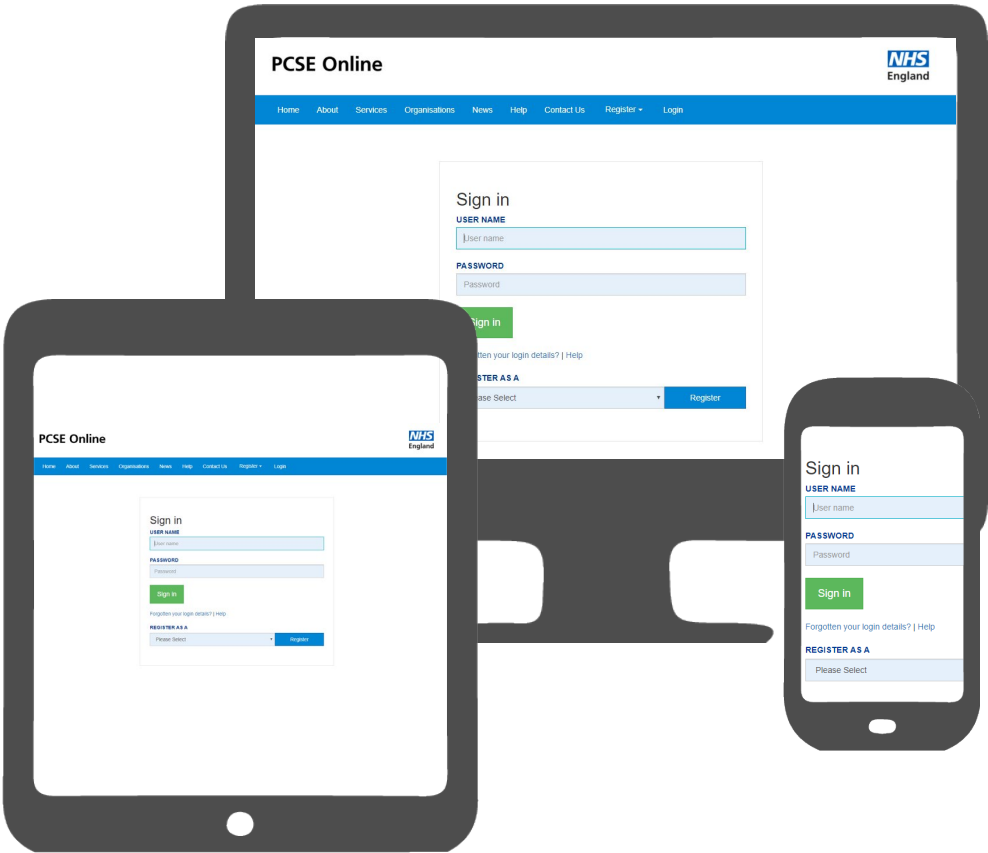
# Contents

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# Introduction


Before a registered pharmacy can dispense prescriptions issued under the National Health Service, it must be included in the pharmaceutical list relating to a Health and Wellbeing Board Area, maintained by NHS England (administered by the commissioner). The process for dealing with Application/Notifications is set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.




The purpose of this User Guide is to provide the information needed by an applicant to undertake the tasks required to submit an online Market Entry Application/Notification.


# Guide insights

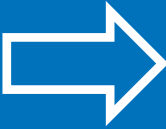
This guide will offer insight into the following:

- 

Accessing  
PCSE Online
- YES/NO

Decision on  
Application/  
Notification
- 

Creating an  
Application/  
Notification
- 

Tracking the progress  
of an Application/  
Notification
- 

Submitting an  
Application/  
Notification

Please note that the Application/Notification shown within this guide is intended to provide guidance in navigating PCSE Online only and may not reflect an Application/Notification end to end as each Application/Notification type differs.

PCSE Online is accessible on most browsers. However, it is recommended that you use the latest version of one of the following browsers for an optimum experience

- 

Google  
Chrome
- 

Firefox

Please also note that auto notifications regarding changes in the status of your application/notification may in some instances be filtered to junk/spam dependent upon mailbox settings.

# Accessing PCSE Online

Firstly, to use PCSE online, you must be registered with an account.

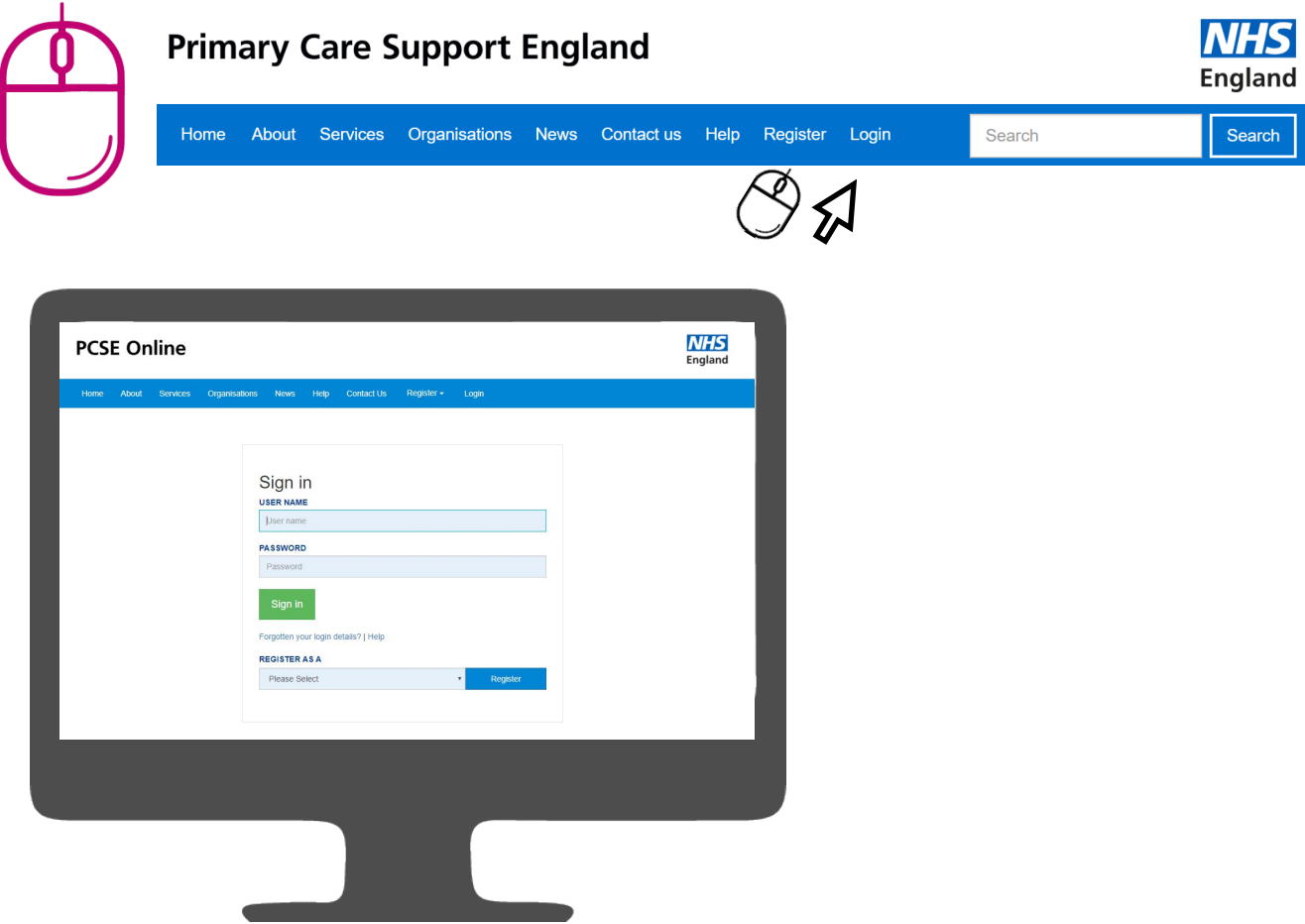
To register, please send an email to [PCSE.Marketentry@nhs.net](mailto:PCSE.Marketentry@nhs.net) and we will contact you to request further details if required. You will receive an automated email once an account has been created.

Once you have a username and password, you will be able to log in to your homepage where you can:

- **Create a new Application/Notification**
- **View the progress of previously submitted Application/Notifications.**

To manage Market Entry Applications, open up your web browser and go to <https://pcse.england.nhs.uk/>.

When the website opens, look at the blue ribbon along the top of the page and click on the **“Login”** tab.

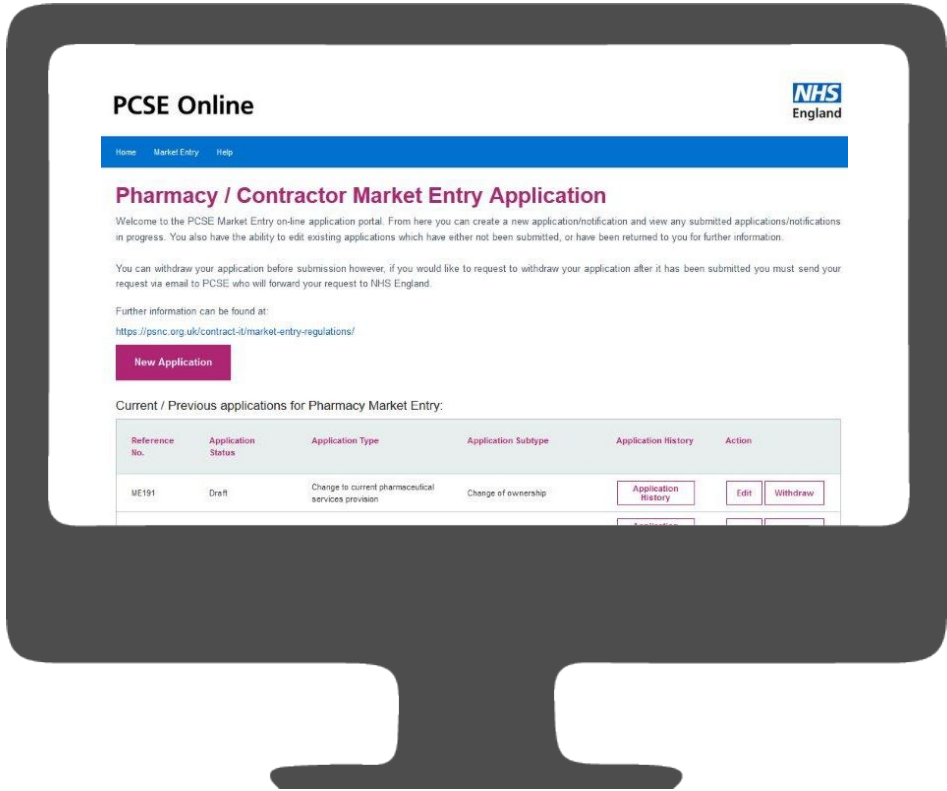


# Accessing PCSE Online

Once you have logged in, you will be presented with the PCSE online home page. Click on the on **“Market Entry”** tab and you will be redirected to the Applicant homepage.

From the applicant home page you can:

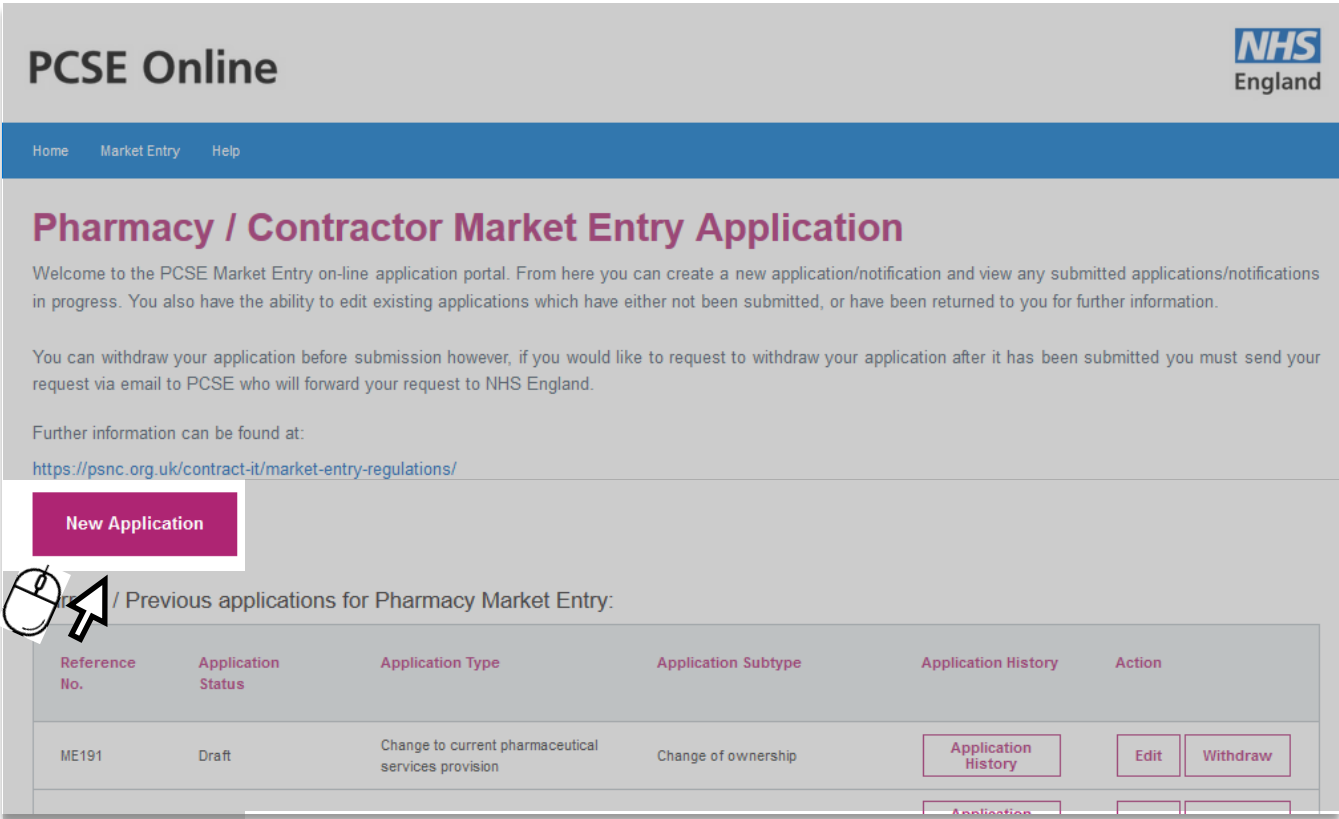
- **Create a new Application/Notification**
- **View Submitted Applications both in progress and historic**
- **Download/Print applications from the system**
- **Track progress of your application**



# Creating an Application/Notification

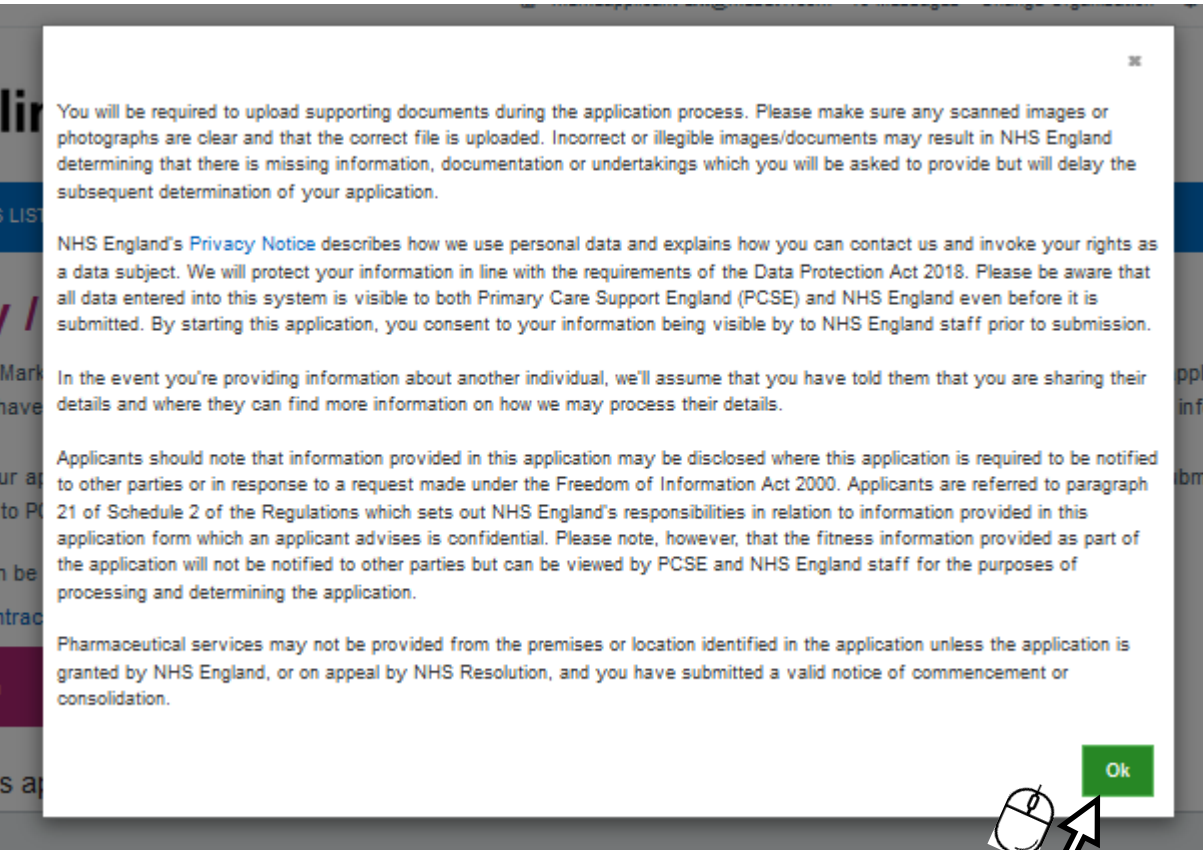
As an applicant, you are given the provision to create an Application/Notification to open a new pharmacy or request a change to an existing pharmacy.

To create a new Application/Notification or commence a change, select the “New Application” button as highlighted below:



# Creating an Application/Notification

You will then be presented with a privacy notice screen, please select ‘OK’



# Creating an Application/Notification

The first page of the application/notification page will then display.

It is really important to ensure that your selections in this section are correct.

PCSE Online

[Home](#) [PERFORMERS LIST](#) [Market Entry](#) [Help](#)

### Create Pharmacy Market Entry Application:

Please take care when completing the following sections. Be sure to check all selections made and any transposed information is correct before you select 'Save & Next'

Once 'Save & Next' is selected, the information you have provided will be saved and you will no longer be able to edit this page.

Select Application Type:

Please select applicant legal entity:

Please Select

Are you covered by a contract under the Local Pharmaceutical Services (LPS) provisions?

☐ Yes

☐ No

Cancel

Save For Later

Save & Next

The wording below has been added to the screen to make applicants/contractors aware that they **MUST** take care when completing the first page. The selections in this section determine the rest of the application/notification questions, please ensure you check your selections are correct before you click 'SAVE/NEXT'

Please take care when completing the following sections. Be sure to check all selections made and any transposed information is correct before you select 'Save & Next'

Once 'Save & Next' is selected, the information you have provided will be saved and you will no longer be able to edit this page.

# Creating an Application/Notification

From the drop down select the applicant legal entity:

The available options are:

- Body Corporate
- Dispensing GP
- Sole Trader
- Partnership

### Please select applicant legal entity:

Please Select

Please Select

Body Corporate

Dispensing GP

Partnership

Sole Trader

Once you have selected the applicants/contractors legal entity, please answer if you are covered by a contract under the Local Pharmacy services provisions.

Please ensure if you answer 'yes' that this is correct.

LPS contractors are not included in a pharmaceutical list (as they operate under Part 13 of the Regulations) but may have a right of return to a pharmaceutical list included in their LPS contract. If so, that right may be exercised by making an application under Regulation 28.

If you select 'yes' on both questions, you will only be able to apply for a right to return to the pharmaceutical list.

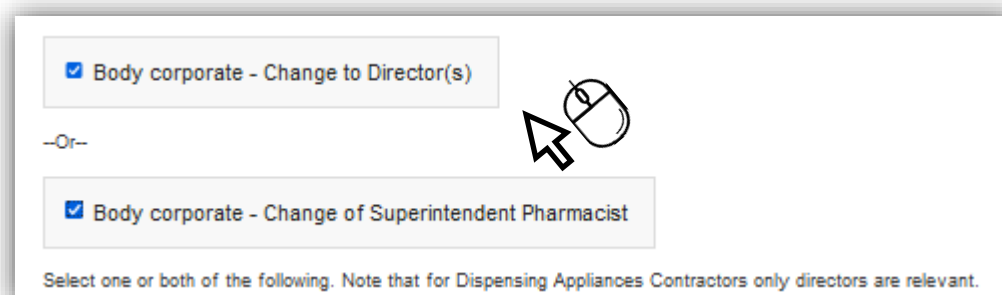




## Application/Notification type useful information

| New/Additional premises   | Change to current Pharmaceutical services provision:   |
|---|--|
| <ul style="list-style-type: none"> <li>○ Current Need</li> <li>○ Distance Selling</li> <li>○ Future identified improvement or better access</li> <li>○ Future need</li> <li>○ Identified improvement or better access</li> <li>○ Unforeseen benefits</li> </ul> | <ul style="list-style-type: none"> <li>○ Change of location in neighbouring Health and Wellbeing board</li> <li>○ Change of location in same Health and Wellbeing board</li> <li>○ Change of Ownership</li> <li>○ Consolidation onto an existing site</li> <li>○ Combined change of ownership and location in neighbouring Health and Wellbeing board</li> <li>○ Combined change of ownership and location in same Health and Wellbeing board</li> </ul> |

To submit a notification of a Body Corporate change of Director and/or Change of Superintendent, please tick the boxes as shown.



☒ Body corporate - Change to Director(s)

–Or–

☒ Body corporate - Change of Superintendent Pharmacist

Select one or both of the following. Note that for Dispensing Appliances Contractors only directors are relevant.



Please note that you can select either OR both depending on the notification type.

## Creating an Application/Notification (Continued)

Please complete the next set of relevant questions on the screen:

### Create Pharmacy Market Entry Application:

Please take care when completing the following sections. Be sure to check all selections made and any transposed information is correct before you select 'Save & Next'

Once 'Save & Next' is selected, the information you have provided will be saved and you will no longer be able to edit this page.

Select Application Type:

Please select applicant legal entity:

Body Corporate

Are you covered by a contract under the Local Pharmaceutical Services (LPS) provisions?

☐ Yes

☒ No

Does the Application relate to new / additional premises or a change to current pharmaceutical / contractor services provision ?

☐ New / additional premises

–Or–

☐ Change to current pharmaceutical services provision

–Or–

☐ Body corporate - Change to Director(s)

–Or–

☐ Body corporate - Change of Superintendent Pharmacist

Select one or both of the following. Note that for Dispensing Appliances Contractors only directors are relevant.

Does this application relate to a Pharmacy or Dispensing appliance contractor?

Please Select

Does the application relate to provision of drugs and /or provision of appliances?

☐ Provision of Drugs

☐ Provision of Appliances

Provision of fitness information required by Part 1, Schedule 2 of Regulations, please select relevant option:

☐ 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.

☐ 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

☐ Option 3 : I/We will provide the required fitness information with this application.

# Creating an Application/Notification (Continued)

By selecting an option, the screen will refresh and new questions relevant to your selection will then appear.

For example, if you select **'New/additional premises'** then you will only be able to select the relevant application types which relate to that selection.

Does the Application relate to new / additional premises or a change to current pharmaceutical / contractor services provision ?

☒ New / additional premises

—Or—

☐ Change to current pharmaceutical services provision

—Or—

☐ Body corporate - Change to Director(s)

—Or—

☐ Body corporate - Change of Superintendent Pharmacist

Select one or both of the following. Note that for Dispensing Appliances Contractors only directors are relevant.

Please select the option that applies to your application

Please Select

Please Select

Current need

Distance Selling

Future identified improvements or better access

Future need

Identified improvements or better access

Unforeseen benefits

Dispensing appliance contractor?

s and /or provision of appliances?

es

The same rule applies if you select **'Changes to current pharmaceutical services provision'**

You will only be able to select the relevant application types which relate to that selection.


# How to progress to the next section

In order to progress the Application/Notification upon completion of the questions on screen, please click on **"Save & Next"**.

Cancel

Save For Later

Save & Next

 Please note that the Application/Notification reference can be seen on the top right of the Application/Notification screen. This reference should be used as the reference when paying the application fee via bank transfer.

My Market Entry Application

Application Ref. : ME2793

✓

✓

Please select applicant legal entity:

Body Corporate



## Current Owner Details

You will see from the image below that an “i” information symbol is displayed. When you hover over this icon, help text will pop up.

The screenshot shows the 'Current Owner Details' section of the 'Create Pharmacy Market Entry Application' form. A help tooltip is displayed over the 'Trading name' field, providing instructions: 'Please enter the Trading name as it appears on the Pharmaceutical list. If you are unable to provide this please indicate by state Not known.' The form includes a sidebar with navigation links: Applications Type, Current Owner Details, Organisation Details, Change of Location And Ownership, Opening Hours, Advanced & Enhanced Services, Payment, Undertakings, and Final Declaration. The main content area contains fields for 'Trading name of the current owner', 'Application for inclusion in a pharmaceutical list for the area of (please select the health and well-being board)', 'Pharmacy', and 'Pharmacy Address'.

- There are two options available for entering the pharmacy address
- **Manually by clicking the Enter Address Manually button & then completing the fields**
  - **By postcode look up**

To use the postcode look up, complete the postcode field and click the search button as shown in the image below:

## Change of Location and Ownership

The current premises name and address is pre-populated from the information submitted in the “current owner section”.

If you need to amend please navigate to the “current owner details”, edit choose “save” and navigate back to the “change of location and ownership” section.

Once the section is completed choose “Save & Next” to move on to the next section.

The screenshot shows the 'Change of location and ownership' section of the 'Create Pharmacy Market Entry Application' form. The form includes a sidebar with navigation links: Applications Type, Current Owner Details, Organisation Details, Change of Location And Ownership, Opening Hours, Advanced & Enhanced Services, Payment, Undertakings, and Final Declaration. The main content area contains fields for 'Current premises name', 'Current premises address', 'Please enter the proposed premises name', 'Search for the proposed premises address by entering the postcode', 'Postcode Entry', 'Postcode', and 'Enter Address Manually'. There are also radio buttons for 'These premises are currently in my/our possession' and 'I/We propose to carry on at the above premises, the business in the course of which the owner named in section 2 is providing pharmaceutical services at the premises listed in section 2'. The form also includes a question: 'Please can you confirm whether you are buying the pharmacy business on a non debts and liabilities basis?'.

# Premises Details

Within the premises details section you are able to provide an exact address (if known) OR a best estimate.

Home > Application

Create Pharmacy Market Entry Application

Application Ref. : ME2793

Applications Type ✓

Premises Details ✓

Organisation Details ✓

Opening Hours ✓

Advanced & Enhanced Services ✓

Application Justifications ✓

Undertakings ✓

Payment ✓

Final Declaration ✓

Details of the premises involved in the application:

Please enter the trading name:

Application for inclusion in a pharmaceutical list for the area of (please select the health and well-being board):

Please indicate if this is a proposed location e.g. in case of a newly built property or where the exact address is not yet known:

Please Select:

Postcode:

- There are two options available for entering the pharmacy address
- **Manually by clicking the Enter Address Manually button & then completing the fields**
  - **By postcode look up**

To use the postcode look up, complete the postcode field and click the search button as shown in the image below:

# Premises Details

If the exact location is not known, you must provide the details of the location in the section below.

Application Justifications ✓

Undertakings ✓

Payment ✓

Final Declaration

Please indicate if this is a proposed location e.g. in case of a newly built property or where the exact address is not yet known:

If you do not yet know the address of the new / additional pharmacy premises please give as much information here as possible in order to pin point its proposed locality in sufficient detail that interested parties can be identified and the application assessed by the correct Commissioner. Additionally you can add a scanned image of a map below, as required. Note that you must provide an address or information here.

Address Line 1:

Address Line 2:

Address Line 3:

City/Town:

Postcode:

Additional Information - You must provide additional information unless you have provided the exact address:

Please Type Here:

You can Upload an electronic copy of a map showing the proposed location here, if required

# Organisation Details

The organisation details section contains more than one tab within it. In order to complete this section, all tabs must be completed and each tab confirmed before accessing the next tab.

The example image shown is for a body corporate Application/Notification and may differ for sole trader and partnership Application/Notifications.

Create Pharmacy Market Entry Application Application Ref. : MF54

Applications Type ✓

Organisation Details

Change of Location

Opening Hours

Advanced & Enhanced Services

Undertakings

Payment

Final Declaration

Body corporate application details:

Applicant Representative

Director

Superintendent

Body corporate application details

Name of the body corporate company making the application i.e. the legal entity name:

Name:

Companies House company registration number

Registered Company Number:

Please enter the Registered company name:

Registered Company Name:

Please enter a trading name here if one applies and is different to the registered name:

Trading Name:

Please enter a fixed landline telephone number of the Registered Office

Landline Number Of The Registered Company:

If a fixed landline is not available please state reason accordingly

Tab one is shown in the image above.

Tab two can be accessed by clicking **“Director”** . Note that you can also add multiple directors.

To add a Director for the first time, you must either type **“NEW”** or the first three letters of the relevant persons name.

# Organisation Details

To search for a Director created previously, enter the first letter of their name and choose from the drop down list.

Once confirmed, the screen will reload and the Director added will show along with the option to add another director as seen below.

Body corporate application details:

Applicant Representative

Director

Superintendent

Current Director Details:

Name:

Email Address:

Role:

Mr. Harry Potter

hpot@thehighphosphersstone.com

Director (pharmacist)

Edit

Delete

Select your Director

Director

Director Details:

Title:

Name:

Surname:

Email Address:

Gender:

Date of Birth:

--Select--

Tab three can be accessed by clicking on **“Superintendent”**.

To add a Superintendent for the first time, please type **“NEW”** then select **<new>** from the drop down menu.

To search for a superintendent created previously, enter the first letter of their name and choose from the drop down list.



**Please note!** Once the data has prepopulated, make sure the correct role is selected for your director.

Role:

Director (pharmacist)

Director (pharmacist)

Director (non-pharmacist)

## Organisation Details Continued

Upon completing each of the tabs and confirming the details you will see the following message display in the top right hand corner that indicates the information was saved successfully:



To proceed to the next section of the Application/Notification select **“Next”** at the bottom of the page

## What happens if the superintendent is the same person as one of the directors?

Enter NEW Director details, then select **“Confirm Director Details”** Director details appear.

Select **“Superintendent”** tab.



# What happens if the superintendent is the same person as one of the directors?

If the superintendent is the same as the director, the applicant will not be able to add the superintendent as “NEW” as those details already exist

Applications Type ✓  
Current Owner Details ✓  
Organisation Details  
Ownership Details  
Opening Hours  
Advanced & Enhanced Services  
Payment  
Undertakings  
Final Declaration

Body corporate details:  
Organisation Details Director: Superintendent

Select your Superintendent Pharmacist:  
< New >

Superintendent Pharmacist details:  
Title: --Select-- Name: jen  
Surname: director Email Address: jen@hotmail.co.uk  
Gender: Male Female Date of Birth: 29/04/1984  
Role: Superintendent Pharmacist  
GPhC registration number of the pharmacist: 2055673 Telephone number: 7556765767  
Alternate telephone number: ▲

The Page must be refreshed to allow the system to update the new details that have been entered. Once the page has been refreshed, the user can now select the “Superintendent” tab again.

Applications Type ✓  
Current Owner Details ✓  
Organisation Details  
Ownership Details  
Opening Hours  
Advanced & Enhanced Services  
Payment  
Undertakings  
Final Declaration

Body corporate details:  
Organisation Details Director: Superintendent

Current Director Details:

| Name                   | Email Address     | Role                  |             |
|------------------------|-------------------|-----------------------|-------------|
| Dame Jennifer Director | jen@hotmail.co.uk | Director (pharmacist) | Edit Delete |

Select your Director:  
Director

Director Details:  
Title: --Select-- Name: Name  
Surname: Surname Email Address: Email Address  
Gender: Male Female Date of Birth: dd/mm/yyyy  
Role: Role

# What happens if the superintendent is the same person as one of the directors?

The user must type in the first 3 letters of the superintendents first name (previously entered as the director).

Select the details from the dropdown box.

PCSE Online NHS England

Home Market Entry Help

Home > Application

Create Pharmacy Market Entry Application Application Ref: ME3895

Applications Type ✓  
Current Owner Details ✓  
Organisation Details  
Ownership Details  
Opening Hours  
Advanced & Enhanced Services  
Payment  
Undertakings  
Final Declaration

Body corporate details:  
Organisation Details Director: Superintendent

Select your Superintendent Pharmacist:  
jen  
< New >  
Jennifer Director  
Name: Name  
Surname: Surname Email Address: Email Address

The details will be auto-filled and the user can now select “Confirm Superintendent” details.

Confirm Superintendent details:



# Change of location

There are two options available for entering the Current and proposed premises address:

Manually by clicking the Enter Address Manually button & then completing the fields

By postcode look up

Change of location application - location details:

Please enter the current premises name:

Search for the current premises address by entering the postcode:

Postcode entry

Application for inclusion in a pharmaceutical list for the area of (please select the health board).

Please enter the proposed premises name:

Search for the proposed premises address by entering the postcode:

Postcode entry

Then complete the remaining Tick Box questions and free text fields before clicking **“Save & Next”**

Save & Next

# Opening Hours

Create Pharmacy Market Entry Application

Application Ref. : ME55

Opening Hours and Floor Plan

Please record your opening and closing times including any supplementary hours.

Select applicable days:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

☐ Sunday

Type Of Hours:

☐ Core Hours ☐ Supplementary Hours ☐ Closed all Day

Opening Time Closing Time

| Day | Opening Time | Closing Time | Core Hours | Supplementary Hours | Closed all Day |
|-----|--------------|--------------|------------|---------------------|----------------|
|     |              |              |            |                     |                |

- Select applicable days by clicking on the relevant boxes.
- Select the type of hours
- Add in opening and closing times: clicking on the clock icon opens up the pop up as shown here

☐ Sunday

9

:

00

HHmm

☐ Supplementary Hours ☐ Closed all Day

Closing Time

# Opening Hours

Once opening and closing hours are entered click on Add Time Period Doing so auto populates the Total Core Hours, Total Supplementary Hours (if applicable) and calculates the Total Hours.

**Note:** You must also include any days on which you are closed and indicate these as such by selecting the days and the Closed All Day option, then click Add Time Period, in order to complete this section.

**Note:** Hours cannot be edited once added to change please delete and add revised time period.

Total Core Hours:40.0

Total Supp. Hours:0.0

Total Hours:40.0

| Day       | Opening Time | Closing Time | Core Hours                          | Supplementary Hours | Closed all Day           |
|-----------|--------------|--------------|-------------------------------------|---------------------|--------------------------|
| Monday    | 09:00        | 17:00        | <input checked="" type="checkbox"/> |                     | <input type="checkbox"/> |
| Tuesday   | 09:00        | 17:00        | <input checked="" type="checkbox"/> |                     | <input type="checkbox"/> |
| Wednesday | 09:00        | 17:00        | <input checked="" type="checkbox"/> |                     | <input type="checkbox"/> |
| Thursday  | 09:00        | 17:00        | <input checked="" type="checkbox"/> |                     | <input type="checkbox"/> |
| Friday    | 09:00        | 17:00        | <input checked="" type="checkbox"/> |                     | <input type="checkbox"/> |

# Floor Plan

The Opening hours section also provides the opportunity to upload floorplans. Select the **“Browse”** button to find the relevant file from your device.

Once you have selected the file, click **“open”**.

Please upload document showing the floor plan of the new pharmacy / proposed changes:

Browse

If you have not provided a floor plan please provide further information here as to why this is the case:

Please Type Here:

Previous

Save For Later

Save & Next

Please then click on the upload file button

Upon successful upload the following message will display in the top right of the screen

Select **“Save & Next”** to move on to the next section of the Application/ Notification.

PLEASE NOTE: The system wont accept files if they have special characters within the file name such as: **\*\_@`¬!;{}#~,£\$%^&()**

# Advanced & Enhanced Services

Applications Type

Premises Details

Organisation Details

Opening Hours

Advanced & Enhanced Services

Application Justifications

Undertakings

Payment

Final Declaration

Premises facilities and advanced and enhanced service details:

Essential services are to be provided (paragraphs 3 to 22, Schedule 4) ☒

Please give the 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.

For consolidations you must list any enhanced and advanced services that are provided at the closing site and provide what services will be provided at the site that will remain following the consolidation:

Advanced Services:

| Advanced services:           | Providing services?                     | I am / will be accredited?              | Premise are / will be accredited?       | Consultation Area                       |
|------------------------------|---|---|---|---|
| Medicines use reviews (MURs) | <input type="checkbox"/> Yes            |   |   |   |
| New medicine service (NMS)   | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> Yes |

Complete all relevant fields by selecting the tick boxes as appropriate.

Any service’s not listed that you wish to include please upload a supporting document at the end of the application/notification which details these.

Advanced Services:

| Advanced services:                                | Providing services?                     | I am / will be accredited?              | Premise are / will be accredited?       | Consultation Area                       |
|---|---|---|---|---|
| Medicines use reviews (MURs)                      | <input type="checkbox"/> Yes            |   |   |   |
| New medicine service (NMS)                        | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> Yes |
| Community Pharmacy Seasonal Influenza Vaccination | <input type="checkbox"/> Yes            |   |   |   |
| Community Pharmacist Consultation Service (CPCS)  | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> Yes |
| Appliance use reviews (AURs)                      | <input type="checkbox"/> Yes            |   |   |   |
| Stoma appliance customisation                     | <input type="checkbox"/> Yes            |   |   |   |

Enhanced services:

| Enhanced services:               | Providing services?          | I am / will be accredited? | Premise are / will be accredited? | Consultation Area |
|----------------------------------|------------------------------|----------------------------|-----------------------------------|-------------------|
| Anticoagulant Monitoring Service | <input type="checkbox"/> Yes |                            |                                   |                   |
| Antiviral Collection Service     | <input type="checkbox"/> Yes |                            |                                   |                   |
| Care Home Service                | <input type="checkbox"/> Yes |                            |                                   |                   |

# Health and Wellbeing Board Justifications

Complete the required fields and select “**Save & Next**” to progress to the next section.

Create Pharmacy Market Entry Application

Applications Type

Premises Details

Organization Details

Opening Hours

Advanced & Enhanced Services

HWB Justifications

Undertakings

Director's Declarations

Body Corporate Confirmations

Qualifications/Employment

Referees Details

Pharmacist Declarations

Other Directorships

Fitness Confirmation

Payment

Final Declaration

New / Additional premises - Health and Wellbeing Board needs assessment information.

In making this application I/we am/are seeking to meeting the current need identified in the HWB's Pharmaceutical needs assessment on the following pages:  
Please identify the page number(s) here

Please Type Here:

Please record the identified current need you are offering to meet here.

Please Type Here:

Please explain how you intend to meet the identified current need either in whole or in part.

Please Type Here:

Previous

Save For Later

Save & Next



# Undertakings

In order to complete this section, you must select the tick box declarations as indicated to confirm.

Home > Application

Create Pharmacy Market Entry Application

Application Ref. : ME2793

Applications Type

Premises Details

Organisation Details

Opening Hours

Advanced & Enhanced Services

Application Justifications

Undertakings

Payment

Final Declaration

Undertakings

Please confirm the following declarations:

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.

Confirm

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.

Confirm

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

Then choose “Save & Next” to move on to the next section.

# Declarations

In order to complete this section you must select the tick box declarations as indicated to confirm. Then choose “Save & Next” to move on to the next section.

Declarations on behalf of Body Corporate:

Please confirm yes or no as appropriate to the following questions :

(1) Has the relevant body corporate any convictions for offences committed in the United Kingdom that are not spent convictions?

Yes

No

(2) Has the relevant body corporate (being a body corporate registered in the UK) at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events if they took place in England (at the time of the application) could lead to a criminal conviction in England?

Yes

No

(3) Is the relevant body corporate currently subject to criminal proceedings in the UK or elsewhere than in the UK if the originating events, if they took place in England, could lead to criminal conviction in England?

Yes

No

# Body Corporate Confirmations

In order to complete this section, you must select the tick box declarations as indicated to confirm. Then choose **“Save & Next”** to move on to the next section.

Declarations required on behalf of Body Corporate

Please confirm the following declarations:

I declare that:

1. the body corporate is, or is entitled to be, lawfully conducting a retail pharmacy business in accordance with Section 69 of the Medicines Act 1968; and

2. the information given in this form, and on any continuation sheets or addenda is true and complete;.

☒ Confirmed

The body corporate undertakes:

1. to notify NHS England or the relevant delegated integrated care board within seven days of any material changes to information provided in either this form and on any continuation sheets or addenda that occur before –

a. the application is withdrawn,

b. 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

c. if the application is granted, the body corporate commences the provision of services to which the application relates,

whichever is the latest of these events to take place;and

2. to notify NHS England or the relevant delegated integrated care board if the body corporate is included, or applies to be included, in any other relevant list before –

a. the application is withdrawn,

b. 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

c. if the application is granted, the body corporate commences the provision of services to which the application relates,

whichever is the latest of these events to take place.

☒ Confirmed

Previous

Save For Later

Save & Next

Applicant User Guide

# Qualifications and Employment

To help you to complete this section, forms are available for you to download. These forms are NOT to be used for submission, they have been provided to assist with the collation of the information required to complete the online form (if you wish to do so)

Any forms required for submission will need to be generated in the final declaration section

Professional Qualifications and Employment History:

These forms are not to be used for submission; they have been provided to assist with the collation of the information required to complete this form. Any forms required for submission will need to be generated by you in the final declaration section.

Fitness Information Form - Section A – details of the body corporate

Download Form

Fitness Information Form - Section B – details of the Superintendent

Download Form

Fitness Information Form - Section C – details of the Directors

Download Form

Select the individual who’s details you wish to input by clicking on their name. A further box will open underneath.

Professional Qualifications and Professional Experience required for: metest aug

Please enter below your professional experience starting with the current or most recent post, including your foundation training (previously known as pre-registration training) post.

Professional Qualifications:

Professional Employment History:

Please list all relevant Pharmaceutical qualifications for the Pharmacist named above:

| Qualification: | Institution (where obtained): | Date of Qualification: |                       |
|----------------|-------------------------------|------------------------|-----------------------|
| lkjkl          | jkjkl                         | 05/03/2023             | <div>EditDelete</div> |

Qualification:

Institution (where obtained):

Date of Qualification:

Add Qualification

Confirm Details

Previous

Next

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# Qualifications

Enter qualification details (example below) and then select ‘Add Qualification’

Professional Qualifications and Professional Experience required for: metest aug  
Please enter below your professional experience starting with the current or most recent post, including your foundation training (previously known as pre-registration training) post.

Professional Qualifications: Professional Employment History:

Please list all relevant Pharmaceutical qualifications for the Pharmacist named above:

| Qualification:      | Institution (where obtained): | Date of Qualification: |
|---------------------|-------------------------------|------------------------|
| Foundation Training | Manchester Uni                | 12/06/2022             |

Qualification: Institution (where obtained):

Date of Qualification:

Add Qualification

Confirm Details

The qualification details will then be captured and then displayed.  
Example below:

Professional Qualifications and Professional Experience required for: metest aug  
Please enter below your professional experience starting with the current or most recent post, including your foundation training (previously known as pre-registration training) post.

Professional Qualifications: Professional Employment History:

Please list all relevant Pharmaceutical qualifications for the Pharmacist named above:

| Qualification:      | Institution (where obtained): | Date of Qualification: |
|---------------------|-------------------------------|------------------------|
| Foundation Training | Manchester Uni                | 12/06/2022             |

Qualification: Institution (where obtained):

Date of Qualification:

Add Qualification

Confirm Details

# Qualifications

Please continue to input each relevant qualification within this section and then select ‘Confirm Details’

Professional Qualifications and Professional Experience required for: metest aug  
Please enter below your professional experience starting with the current or most recent post, including your foundation training (previously known as pre-registration training) post.

Professional Qualifications: Professional Employment History:

Please list all relevant Pharmaceutical qualifications for the Pharmacist named above:

| Qualification:      | Institution (where obtained): | Date of Qualification: |
|---------------------|-------------------------------|------------------------|
| Foundation Training | Manchester Uni                | 12/06/2022             |

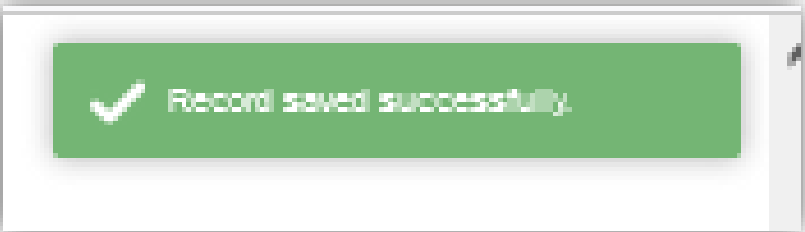
Qualification: Institution (where obtained):

Date of Qualification:

Add Qualification

Confirm Details

When records have been saved successfully, a green pop up will display in the top right hand corner of the screen.



# Employment History

After completing the qualifications section successfully, please select the **‘Professional Employment History’** tab

Professional Qualifications and Professional Experience required for: metest aug

Please enter below your professional experience starting with the current or most recent post, including your foundation training (previously known as pre-registration training) post.

Professional Qualifications:

Professional Employment History:

Professional Employment History:

| Appointment or post held: | Employer Name and Address: | Start Date of Employment: | End Date of Employment: |
|---------------------------|----------------------------|---------------------------|-------------------------|
|---------------------------|----------------------------|---------------------------|-------------------------|

Enter the employment history details (example below) and then select **‘Add Record’**

Professional Qualifications:

Professional Employment History:

Professional Employment History:

| Appointment or post held: | Employer Name and Address: | Start Date of Employment: | End Date of Employment: |
|---------------------------|----------------------------|---------------------------|-------------------------|
|---------------------------|----------------------------|---------------------------|-------------------------|

Appointment or post held:

FIRST EMPLOYMENT

Employer Name and Address:

FIRST EMPLOYER

EffectiveFrom Month

03

EffectiveFrom Year

1999

EffectiveTo Month

09

EffectiveTo Year

2001

Leave blank if current

Leave blank if current

Add record

# Employment History

The employment details will then be captured and will display, in date order, most recent post first.  
Example below:

Professional Qualifications:

Professional Employment History:

Professional Employment History:

|   | Appointment or post held: | Employer Name and Address: | Start Date of Employment: | End Date of Employment: |      |        |
|---|---------------------------|----------------------------|---------------------------|-------------------------|------|--------|
| 1 | THIRD POST                | THIRD EMPLOYER             | 01/2018                   | 04/2023                 | Edit | Delete |
| 2 | SECOND EMPLOYMENT         | SECOND EMPLOYER            | 09/2001                   | 12/2017                 | Edit | Delete |
| 3 | FIRST EMPLOYMENT          | FIRST EMPLOYER             | 03/1999                   | 09/2001                 | Edit | Delete |

You must provide an explanation of any gaps in employment and confirm whether you/relevant individual have ever been dismissed from any of the posts (if applicable).

When all relevant information has been provided, please select **‘Confirm representative details’**

Please provide an explanation of any gaps in employment.

Please Select:

Were you dismissed from any of the above?

☐ Yes

☐ No

Confirm representative details

# Referee Details

To provide referee details you must select the relevant individual displayed in the box (example below)

Referees:

Pharmacists on this Application for whom Referees required.

| Name and Role                       | Required                            | Entered                             |
|-------------------------------------|-------------------------------------|-------------------------------------|
| metest aug - Director (pharmacist)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| me test - Superintendent Pharmacist | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Once selected, guidance around acceptable referees will appear. Please read this guidance and provide the relevant suggested referees (if applicable)

Referees:

Pharmacists on this Application for whom Referees required.

| Name and Role                       | Required                            | Entered                             |
|-------------------------------------|-------------------------------------|-------------------------------------|
| metest aug - Director (pharmacist)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| me test - Superintendent Pharmacist | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Referees details for : metest aug

Please provide details of two referees who are willing to provide references in respect of two recent posts you have held as a pharmacist (which may include any current post) which lasted at least three months without a significant break. The referee should be a pharmacist registered with the GPhC or PSNI and must be able to comment on the pharmacist's knowledge, skills and competence.

NHS England or the relevant delegated integrated care board will not, without good reason, accept references from:

- Family members;
- Business partners providing references for each other;
- Any person with a financial interest in the application;
- Persons with significant control (and where this is another body corporate, any director or superintendent of, or person with significant control of, that second body corporate) of the body corporate;
- Trainee pharmacists previously known as pre-registration trainees; or
- Your designated supervisor previously known as pre-registration trainer.

If it is not possible to provide two referees in respect of two recent posts as a pharmacist which lasted more than three months without a significant break, please state why and provide details of alternative referees who are acceptable to NHS England or the relevant delegated integrated care board bearing in mind the bullet points above.

# Referee Details

To enter the referee details, please select the relevant tabs i.e. Referee 1 & Referee 2.  
Enter the relevant details (Example below)

Referee 1:Referee 2:

Title:

Miss

First Name:

FIRSTNAME

Surname:

SURNAME

Contact Telephone Number:

0

Alternate telephone number:

0

Email Address:

FAKEEMAIL@NOTREAL.COM

GPhC/PSNI registration number:

TUTYUGGHJGHJGJ

Search for the Pharmacist's personal address by entering the postcode.

Postcode entry

Postcode:

318 Trinity Leeds, Albion Street,Leeds,LS1 5AT

Enter Address Manually

Once all the information has been provided, select 'Confirm Details'

Which post, listed in professional history section, will this person be providing a reference in connection to? (Please insert the number)

1

Relationship / Capacity in which known.

colleague

Length of time known:

Years:

4

Months:

5

Please indicate that this referee has consented to be contacted by email to provide a reference

☒ Consent Given

Confirm Details

# Referee Details Continued

When all the referee details have been provided, the **‘required’** and **‘entered’** sections will display two ticks to confirm. Example below:

Referees:

Pharmacists on this Application for whom Referees required.

| Name and Role                       | Required                            | Entered                             |
|-------------------------------------|-------------------------------------|-------------------------------------|
| metest aug - Director (pharmacist)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| me test - Superintendent Pharmacist | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

To progress to the next section please select **‘Next’**

Previous

Next

# Individual Declarations

Select each individual to display the declarations. Please complete this section by selecting ‘Yes’ or ‘No’ and provide any relevant details where necessary.

Individual Declarations:

| Name and Role                       | Entered                             |
|-------------------------------------|-------------------------------------|
| metest aug - Director (pharmacist)  | <input checked="" type="checkbox"/> |
| me test - Superintendent Pharmacist | <input checked="" type="checkbox"/> |

Declarations for : metest aug

Please note that all convictions are to be declared, even those that would otherwise be classed as ‘spent’

Please confirm yes or no as appropriate to the following questions :

(A1) Have you been convicted of any criminal offence in the United Kingdom?

☐ Yes ☒ No

(A2) Have you been bound over following a criminal conviction in the United Kingdom?

☐ Yes ☒ No

(A3) Have you accepted a police caution in the United Kingdom?

☐ Yes ☒ No

(A4) Have you in summary proceedings in Scotland in respect of an offence been the subject of an order discharging the superintendent or any director absolutely (without proceeding to conviction) ?

☐ Yes ☒ No

(A5) Have you accepted and agreed to pay either a procurator fiscal fine under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution) ?

☐ Yes ☒ No

To progress to the next section please select **‘Next’**

# Other Directorships

Select whether you have any declarations in respect of other directorships.  
If the answer is **Yes**, please confirm the details of any other body corporate details using the Free Text boxes that appear and then select **Confirm**

### Other Directorships:

You are also required to provide certain information in respect of any other body corporate of which you:

- Are or have been a Director or Superintendent in the six months prior to the date of this application, and/or
- Have been a Director or Superintendent for more than six months prior to the date of this application, where you were a Director or Superintendent of that Body Corporate at the time of the originating events to which the information in this section relates?

Do you have any declarations to make in respect of any other body corporate?

☒ Yes ☐ No

Select your Director or Superintendent:

--Select--

Full registered name of the other body corporate:

Companies House company registration number

Trading names (if any):

Please enter a fixed landline telephone number of the Registered Office

Contact Address:  
Search for the contact address by entering the postcode:



**Remember!!** – Only provide details of any body corporate where declarations are to be made. If no declarations are to be made, please select **'Save & Next'** to progress to the next section.

Do you have any declarations to make in respect of any other body corporate?

☐ Yes ☒ No

Previous

Save For Later

# Fitness Confirmation

Select each individual listed and then use the tick boxes to confirm their fitness declarations. Please ensure you click the **"Confirm"** button when these are complete.

### Fitness Confirmation Declarations:

| Name and Role                       | Entered                             |
|-------------------------------------|-------------------------------------|
| metest aug - Director (pharmacist)  | <input checked="" type="checkbox"/> |
| me test - Superintendent Pharmacist | <input checked="" type="checkbox"/> |

Declarations for : metest aug

Please confirm the following declarations and undertakings:

I declare that the information given in this form and on any continuation sheets or addenda is true and complete.

☒ Confirmed

I undertake:

1. to notify NHS England or the relevant delegated integrated care board within seven days of any material changes to information provided in either this form and on any continuation sheets or addenda that occur before-

a. the application is withdrawn,

b. 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

c. if the application is granted, the body corporate commences the provision of services to which the application relates, whichever is the latest of these events to take place; and

2. to notify NHS England or the relevant delegated integrated care board if the body corporate is included, or applies to be included, in any other relevant list before-

a. the application is withdrawn,

b. 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

c. if the application is granted, the body corporate commences the provision of services to which the application relates, whichever is the latest of these events to take place.

☒ Confirmed

Once each Individuals confirmations have been selected, you will be able to select **Next** to move on to the next section.

Previous



# Payment

Please select a payment option from the dropdown menu:

e£

Bank Transfer Payment

£=

Cheque

ry Application

Application Ref. : ME2679

Payment details

You will now need to confirm your payment details below and make full payment of the amount shown below before your application can be progressed.  
Your application number is: ME2679  
For payment amount please refer to the information available at the following website: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/193212/2013-03-13\\_-\\_PS\\_Fees\\_Directions\\_2013\\_e-sig.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193212/2013-03-13_-_PS_Fees_Directions_2013_e-sig.pdf)

Payment Method:

Please Select: 

Bank Transfer Payment

Cheque Payment


Name of Account Holder:

Account Holder:

Previous

Save For Later

Save & Next



Please Note - We have provided a link on this page which should help you determine the application fee (if applicable)

For payment amount please refer to the information available at the following website: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/193212/2013-03-13\\_-\\_PS\\_Fees\\_Directions\\_2013\\_e-sig.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193212/2013-03-13_-_PS_Fees_Directions_2013_e-sig.pdf)

# Payment – Bank Transfer

If you have selected to pay by bank transfer, please complete the fields below. This will ensure the payment/fee is matched against your application submission.

**Please Note** this is not an online payment, you are required to complete the transfer from your own online banking service.

The relevant sort code and account numbers are displayed in this section.

Please ALWAYS include the Application reference number. Shown on the example below as **ME2679**.

Payment Method:

Bank Transfer Payment

Name of Account Holder:

Name of Account Holder Here

Please use the following bank account details to make direct bank account payment

NHS Sort Code:

60-70-80

NHS Account Number:

10014896

Payment Reference:

ME2679


Payee:

NHS England

Previous

Save For Later

Save & Next



Please Note – You must provide proof of payment with your online submission. You can upload proof at the end of the application in the ‘Final Declaration Section’

Once this section is complete, please select **Save and Next** to move to the next section.

# Payment - Cheque

If you are opting to pay by cheque, please complete the additional cheque number field to assist with payment matching and ensure that you note the reference number on the back of the cheque and the premises address/post code.

### Payment details

You will now need to confirm your payment details below and make full payment of the amount shown below before your application can be progressed  
Your application number is: ME2679

For payment amount please refer to the information available at the following website: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/193212/2013-03-13\\_-\\_PS\\_Fees\\_Directions\\_2013\\_e-sig.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193212/2013-03-13_-_PS_Fees_Directions_2013_e-sig.pdf)

Payment Method: 

Cheque Payment

Name of Account Holder:  

Name of Account Holder

Cheque Number:  

Insert Cheque Number Here

Please send your cheque payment to:  
Primary Support Care England,  
PO Box 350,  
Darlington,  
DL1 9QN

The cheque must be made payable to "NHS England", please write the ME application number and the address of the proposed pharmacy on the back of the cheque

Previous

Save For Later

Save & Next

Once this section is complete, please select **Save and Next** to move to the next section.

# Final Declaration

Complete the declaration as required by clicking the tick box

### Final Declaration

Please confirm the following declarations:

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

I declare that this body corporate is, or is entitled to be, lawfully conducting a retail pharmacy business in accordance with section 69 of the Medicines Act 1968 (general provisions).

☒ Confirmed

Please click the **“Generate PDF”** button as displayed below to generate a copy of the completed Application/Notification and any applicable Annex.

### Final Declaration

Please confirm the following declarations:

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

I declare that this body corporate is, or is entitled to be, lawfully conducting a retail pharmacy business in accordance with section 69 of the Medicines Act 1968 (general provisions).

☒ Confirmed

Please upload the completed forms, providing a signature where required along with any supporting documents including your proof of payment (if applicable)

Browse

Please be aware that the information (or an application) is not treated as submitted until such time as the applicant/contractor presses 'Submit'. Please ensure you complete the process.

Generate PDF

## Final Declaration Page & Signatures

Once the PDF is generated this allows you to download the application and sign the relevant pages.

| File name   |                              |
|---|------------------------------|
| Annex 1: Application Form - Identified Future Need          | <a href="#">Download PDF</a> |
| Annex 1: Fitness Information Form - Pharmacy Body Corporate | <a href="#">Download PDF</a> |

Signatures are no longer required unless a change of ownership has taken place in relation to certain application types.

For the following application types, the current owner **MUST** sign the relevant page:

- Change of Ownership
- Combined Change of Ownership & Relocation (within the same HWB)
- Combined Change of Ownership & Relocation (Neighbouring HWB)
- Consolidation onto an existing site

Other details are still required i.e. Name, contact details etc.

Example below:

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

Name .....

Position .....

Date .....

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

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

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

## Submitting an Application/Notification

Please ensure that each section of your application/notification has been completed. Each section will have a tick which confirms the section is complete. If the tick isn't visible, you will need to go to this section and provide relevant information that has been omitted.

|                              |   |
|------------------------------|---|
| Applications Type            | ✓ |
| Premises Details             | ✓ |
| Organisation Details         | ✓ |
| Opening Hours                | ✓ |
| Advanced & Enhanced Services | ✓ |
| Application Justifications   | ✓ |
| Undertakings                 | ✓ |
| Body Corporate Confirmations | ✓ |
| Body Corporate Declarations  | ✓ |
| Qualifications/Employment    | ✓ |
| Referees Details             | ✓ |

Before you submit, please ensure to complete the following:

- Generate PDF version
- Download & capture current owner signature (where applicable)
- Download & complete undertakings section providing name, contact details etc.
- Upload your application in full to the 'Final Declaration' section
- Upload any relevant supporting information and proof of payment (if applicable)

Please upload the completed forms, providing a signature where required along with any supporting documents including your proof of payment (if applicable)

[Browse](#)

PLEASE NOTE: The system will not accept files if they have special characters within the file name such as: \*\_@`~!;{}'#~,\$\$%^&()

# Submitting an Application/Notification

Once you click on the “**Submit Application**” button, you will be redirected to the Application/Notification dashboard and your Application/Notification status will be displayed as “**Submitted**”.

File name

Annex 1: Application Form - Identified Future Need

Download PDF

Annex 1: Fitness Information Form - Pharmacy Body Corporate

Download PDF

Previous

Save For Later

Submit Application

PCSE Online

NHS England

HomeMarket EntryHelp

Pharmacy / Contractor Market Entry Application

Welcome to the PCSE Market Entry on-line application portal. From here you can create a new application/notification and view any submitted applications/notifications in progress. You also have the ability to edit existing applications which have either not been submitted, or have been returned to you for further information.

You can withdraw your application before submission however, if you would like to request to withdraw your application after it has been submitted you must send your request via email to PCSE who will forward your request to NHS England.

Further information can be found at:  
<https://psnc.org.uk/contract-it/market-entry-regulations/>

New Application

Current / Previous applications for Pharmacy Market Entry:

| Reference No. | Application Status | Application Type          | Application Subtype | Application History | Action |
|---------------|--------------------|---------------------------|---------------------|---------------------|--------|
| ME2679        | Submitted          | New / additional premises | Future need         | Application History | View   |

# After Submission

After Application/Notification submission you can take the following actions:

- View Application/Notification status
- View Application/Notification history
- View the Application/Notification
- Download a pdf of the Application/Notification

At this point the Application/Notification is read only and cannot be edited. The applicant Dashboard displays the following columns:

- Reference no.
- Application/Notification status
- Application/Notification Type
- Application/Notification Subtype
- Application/Notification History
- Action

# Progress Line Feature

**SYSTEM CHANGE ALERT!** – A new feature has been added to the Market Entry Online Portal. The feature is a progress line which has been designed to give you live progress of your application/notifications in a percentage format.

The Progress line will move up or down depending on what has been actioned by PCSE and/or the NHS Commissioning Body.

**\*\*Please note** – the progress line will only show you progress of your Market Entry application (not including Fitness to Practise) and a Change of Superintendent and/or Director\*\*

Please follow the instructions below on how you can view the new feature.

Applicant clicks on **‘Application History’** in dashboard

You can withdraw your application before submission however, if you would like to request to withdraw your application after it has been submitted you must send your request via email to PCSE who will forward your request to NHS England.

Further information can be found at:  
<https://psnc.org.uk/contract-it/market-entry-regulations/>

New Application

Current / Previous applications for Pharmacy Market Entry:

| Reference No. | Application Status | Application Type                                    | Application Subtype | Application History            | Action          |
|---------------|--------------------|---|---------------------|--------------------------------|-----------------|
| ME2052        | Submitted          | Change to current pharmaceutical services provision | Change of ownership | <div>Application History</div> | <div>View</div> |

Progress shown as percentage – **Submitted 0%**

Application Status History

Application History

| Status    | Date:      |
|-----------|------------|
| Draft     | 19/07/2022 |
| Submitted | 19/07/2022 |

Application Progress : 0%

Close

# Progress Line Feature

Click **‘Close’** to close the pop up box. As the application moves on throughout the process, you will be able to see the progress line move up and down depending on what has been actioned.

Application Status History

Application History

| Status                     | Date:      |
|----------------------------|------------|
| Draft                      | 17/07/2022 |
| Submitted                  | 17/07/2022 |
| Undergoing Detailed Checks | 17/07/2022 |

Application Progress : 40%

Close

Application Status History

Application History

| Status                     | Date:      |
|----------------------------|------------|
| Draft                      | 14/07/2022 |
| Submitted                  | 14/07/2022 |
| Undergoing Detailed Checks | 15/07/2022 |

Application Progress : 60%

Close



## What Happens Next?

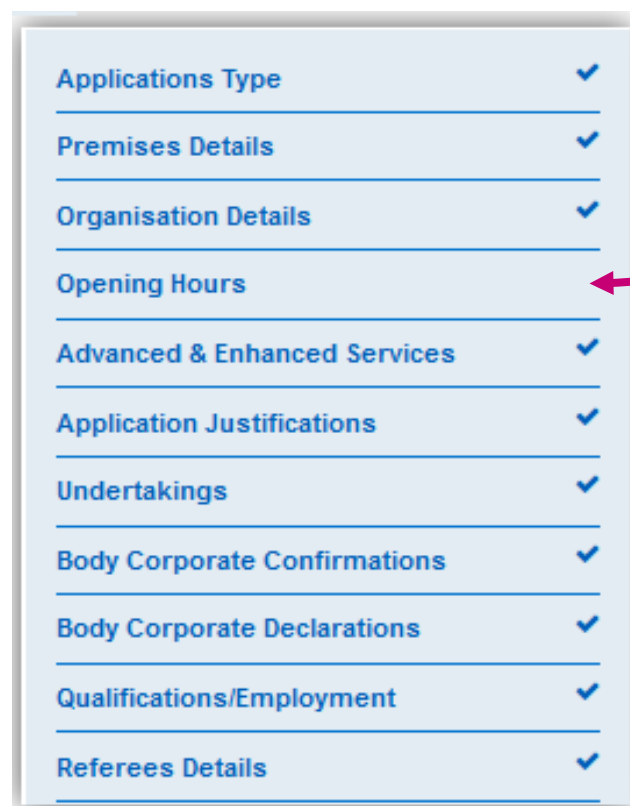
Once you have submitted your Market Entry Application/Notification, it will be reviewed by PCSE and will undergo first referral with NHS England/ICB.

Should NHS England/ICB require additional information, the Application/Notification will be returned via PCSE online for action and resubmission.

If your application/notification is returned you will receive an automated email requesting that you log on the portal and review the form.

You will also receive an email from PCSE with a formal letter listing the relevant missing information that is required.

The section that requires further information will have no tick next to it, example below:



|                              |   |
|------------------------------|---|
| Applications Type            | ✓ |
| Premises Details             | ✓ |
| Organisation Details         | ✓ |
| Opening Hours                |   |
| Advanced & Enhanced Services | ✓ |
| Application Justifications   | ✓ |
| Undertakings                 | ✓ |
| Body Corporate Confirmations | ✓ |
| Body Corporate Declarations  | ✓ |
| Qualifications/Employment    | ✓ |
| Referees Details             | ✓ |

To resubmit the updated form, please follow the steps again on pages **46 - 49**

## What Happens Next?

PCSE will review the amended form and send to the commissioner for their review.

Once a complete form is received the following actions are taken:

- The missing information (if applicable) is formally acknowledged via email.
- Any fitness to practise related regulatory checks are undertaken.
- Some types of applications are notified to interested parties.
- All relevant information is collated into a report and submitted to the commissioner for determination.
- A decision will be made and sent to PCSE who in turn, will notify you and any relevant parties of that decision, giving appeal rights where applicable.
- Valid notices of commencement/consolidations are processed. New ODS codes issued (where relevant)
- Pharmacy change memos are notified to relevant bodies

## Status Descriptions for Applications/Notifications

| Number | Application/Notification status | Description  |
|--------|---------------------------------|--|
| 1      | Draft                           | Application/Notification is not yet submitted for review. You can make changes to the Application/Notification at any point of time on any of the pages until and unless you have submitted the Application/Notification.  |
| 2      | Submitted                       | You have already submitted the Application/Notification for review. The Application/Notification will be available to you as read only, thus restricting you from making any amendments to it.   |
| 3      | Undergoing Detailed Checks      | Application/Notification is under PCSE review, PCSE Case Officer is reviewing your Application/ Notification, your Application/Notification is being notified to interested parties or representations have been circulated. PCSE have not yet sent the Application/ Notification/notification for NHS England/ICB decision. |
| 4      | Returned                        | PCSE Case Officer has returned the Application/Notification to you for some corrections or amendments on some particular screens.  |
| 5      | Redraft                         | The application/notification is with the applicant and in the process of being amended.  |
| 6      | Under Consideration             | PCSE Case Officer has sent the Application/Notification for NHS England/ICB decision.  |
| 7      | Application Considered          | Application/Notification has been considered by NHS England/ICB. The applicant will receive full documentation of the decision via email.  |
| 8      | Commencement in Progress        | Commencement/Consolidation forms have been submitted and are being processed.  |
| 9      | Commencement Complete           | Commencement/Consolidation forms have been processed.  |



## Notices of Commencement/Consolidation

You will receive an automated email from PCSE informing you that your Notice of Premises, Notice of Commencement and Notice of Consolidation can now be completed online.

Please Note that a Notice of Premises only applies to a Routine application where a best estimate was provided.

You can also request an extension of up to 3 months.

Once you receive the automated email, you can log into PCSE Online and select whichever form applies.

|        |                          |   |                                     |                     |      |  |
|--------|--------------------------|---|-------------------------------------|---------------------|------|--|
| ME3785 | Commencement in progress | New / additional premises                           | Current need                        | Application History | View | Notice of Premises                           |
| ME3839 | Commencement in progress | Change to current pharmaceutical services provision | Change of ownership                 | Application History | View | Notice of Commencement<br>Request Extension  |
| ME3678 | Commencement in progress | Change to current pharmaceutical services provision | Consolidation onto an existing site | Application History | View | Notice of Consolidation<br>Request Extension |

## Notices of Commencement/Consolidation

You can select each section of the relevant form to open the required fields.

You are required to complete each section of the online form, sign via electronic signature and then submit.

**Notice Of Commencement**

Notice of commencement  
Advanced & Enhanced Services  
Confirmation

**Notice of commencement**

Submit

**Request Extension**

Extension  
Confirmation

**Extension**

Submit

**Notice of Premise**

Applicant details  
Type of Application  
Location  
Consolidation

**Applicant details**

Submit

Once received by PCSE, we will check for any omissions and send to NHS England/ICB who will determine whether the forms are valid or make a decision on any extension requests.

You will receive an automated email If the form requires re-work or resubmission you will receive an automated email. You will also receive relevant annex letters via email if the forms are invalid.



# Contact us

For further support and information, please visit our website:



**PCSE Online**

[www.pcse.england.nhs.uk](http://www.pcse.england.nhs.uk)

For queries relating to a particular service, please use our:



**Online enquiries form**

<https://pcse.england.nhs.uk/contact-us/>

Or alternatively, you can call our:



**Customer Support Centre**

0333 014 2884