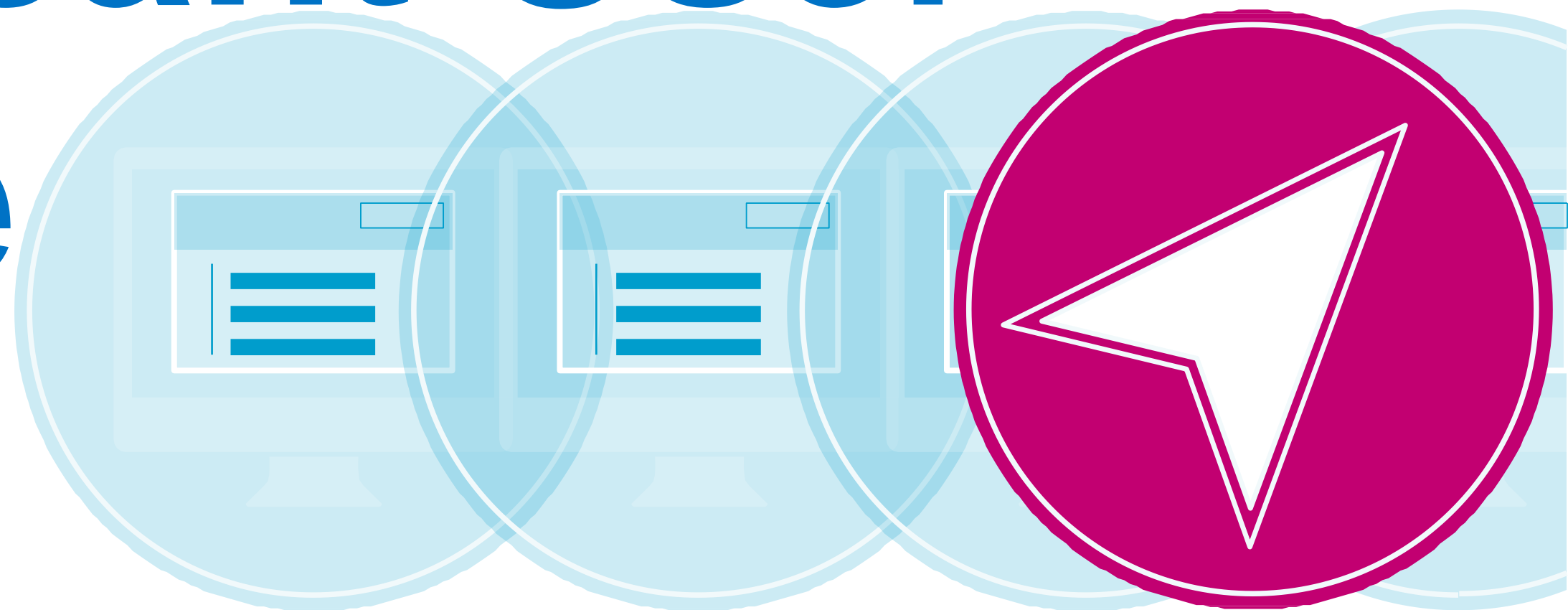


**Pharmacy Market Administration Services
Market Entry Online Portal**

Applicant User Guide



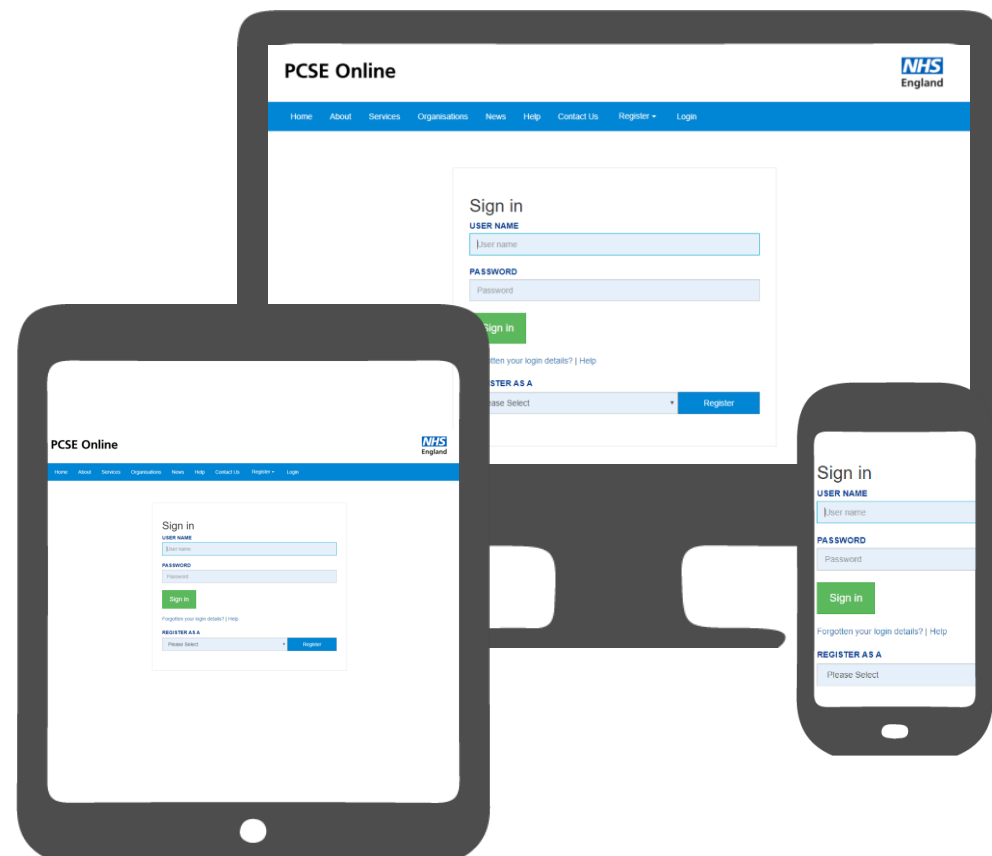
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Introduction




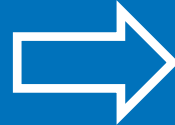
Before a registered pharmacy can dispense prescriptions issued under the National Health Service, it must be included in the pharmaceutical list relating to a Health and Wellbeing Board Area, maintained by NHS England (administered by the commissioner). The process for dealing with Application/Notifications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

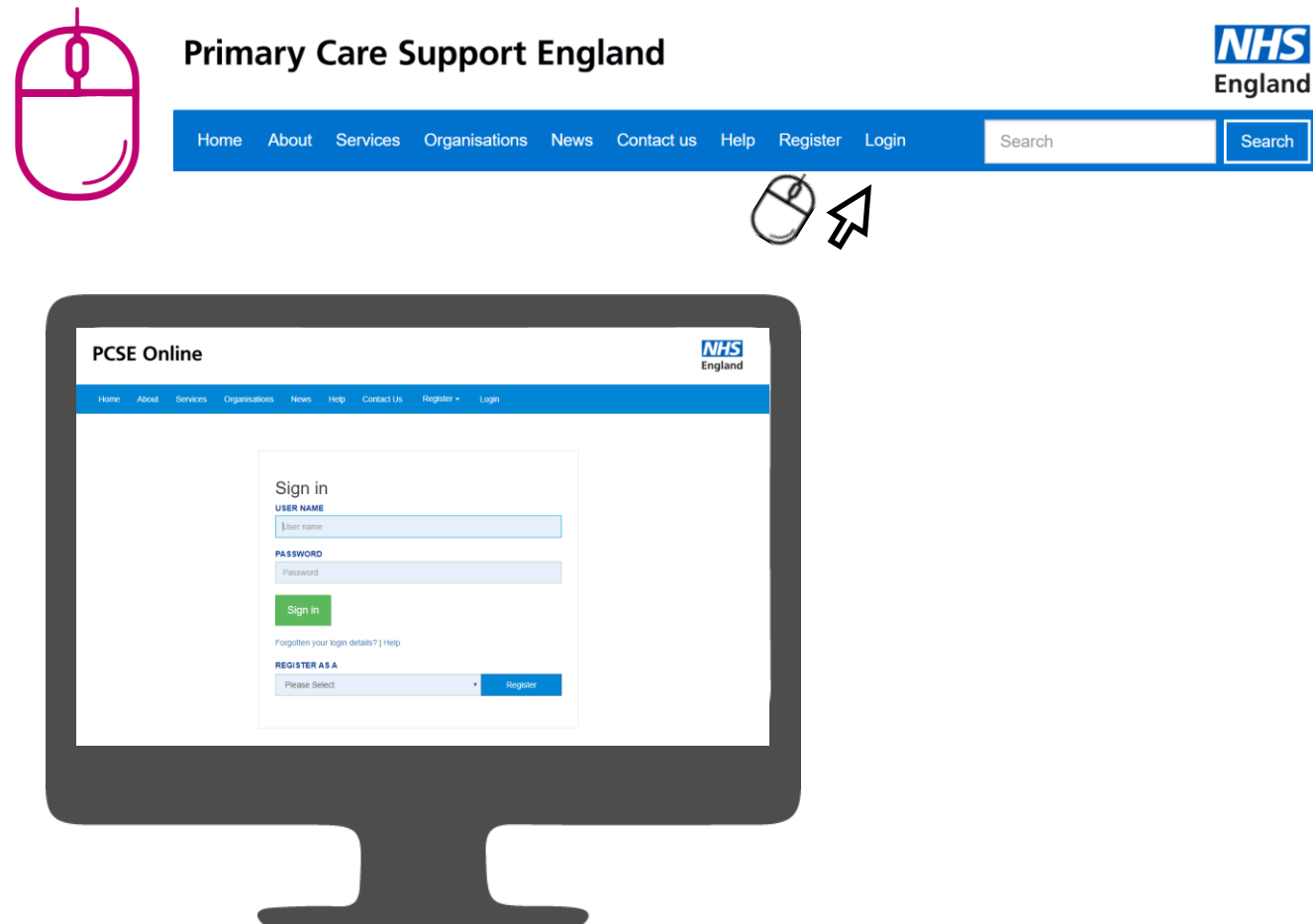
To register, please send an email to PCSE.Marketentry@nhs.net and we will contact you to request further details if required. You will receive an automated email once an account has been created.

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.

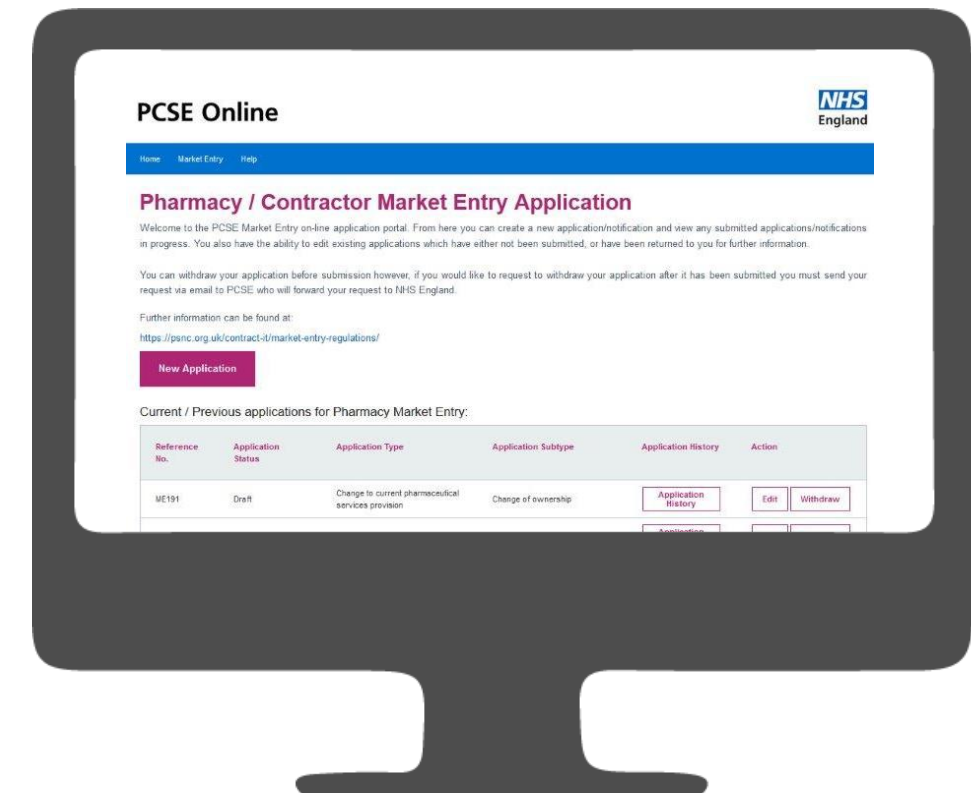


Accessing PCSE Online

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:

PCSE Online

Home Market Entry Help

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

Previous applications for Pharmacy Market Entry:

Reference No.	Application Status	Application Type	Application Subtype	Application History	Action
ME191	Draft	Change to current pharmaceutical services provision	Change of ownership	Application History	Edit Withdraw

Creating an Application/Notification

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

You will be required to upload supporting documents during the application process. Please make sure any scanned images or photographs are clear and that the correct file is uploaded. Incorrect or illegible images/documents may result in NHS England determining that there is missing information, documentation or undertakings which you will be asked to provide but will delay the subsequent determination of your application.

NHS England's [Privacy Notice](#) describes how we use personal data and explains how you can contact us and invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018. Please be aware that all data entered into this system is visible to both Primary Care Support England (PCSE) and NHS England even before it is submitted. By starting this application, you consent to your information being visible by to NHS England staff prior to submission.

In the event you're providing information about another individual, we'll assume that you have told them that you are sharing their details and where they can find more information on how we may process their details.

Applicants should note that information provided in this application may be disclosed where this application is required to be notified to other parties or in response to a request made under the Freedom of Information Act 2000. Applicants are referred to paragraph 21 of Schedule 2 of the Regulations which sets out NHS England's responsibilities in relation to information provided in this application form which an applicant advises is confidential. Please note, however, that the fitness information provided as part of the application will not be notified to other parties but can be viewed by PCSE and NHS England staff for the purposes of processing and determining the application.

Pharmaceutical services may not be provided from the premises or location identified in the application unless the application is granted by NHS England, or on appeal by NHS Resolution, and you have submitted a valid notice of commencement or consolidation.


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.



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**

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

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:

IWe 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.

IWe 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 : IWe 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.

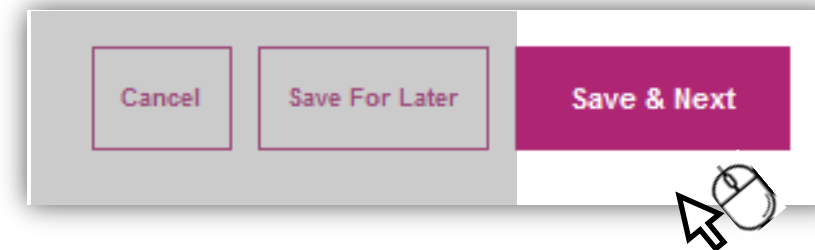
For example, if you select **'New/additional premises'** then you will only be able to select the relevant application types which relate to that selection.

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

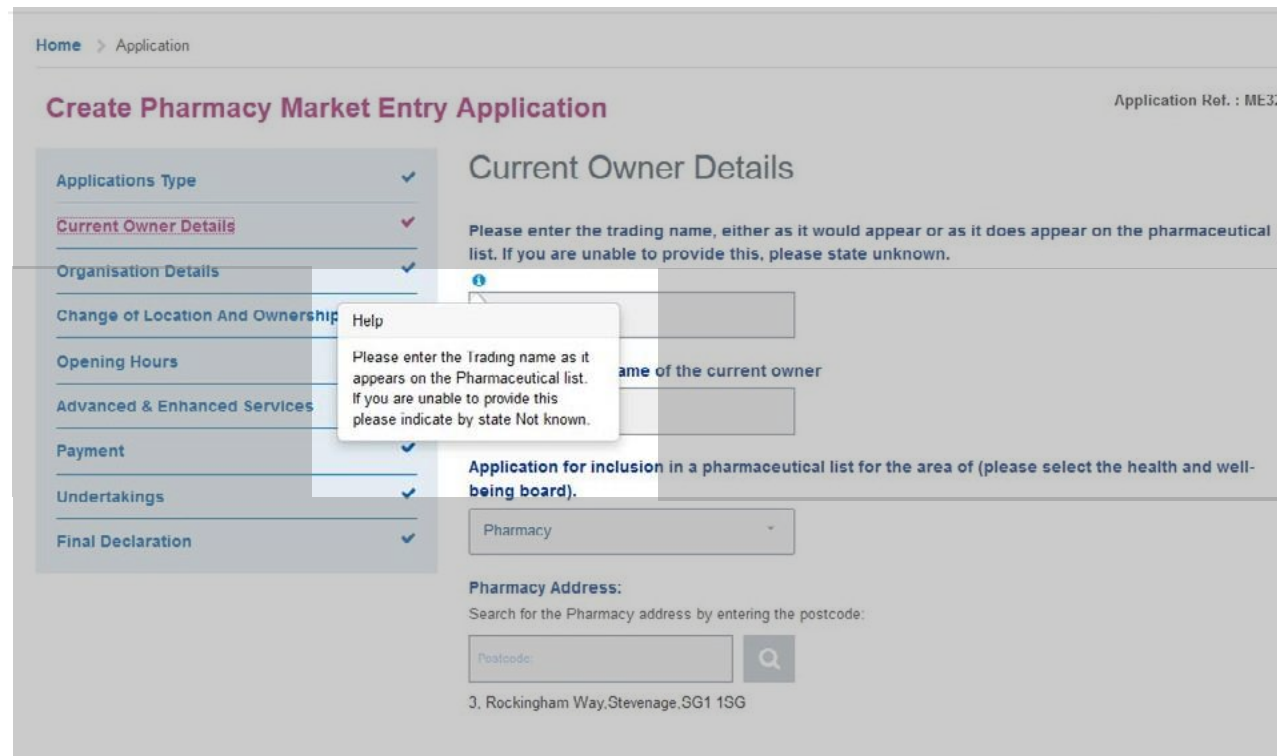
In order to progress the Application/Notification upon completion of the questions on screen, please click on **"Save & Next"**.



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.

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.



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**

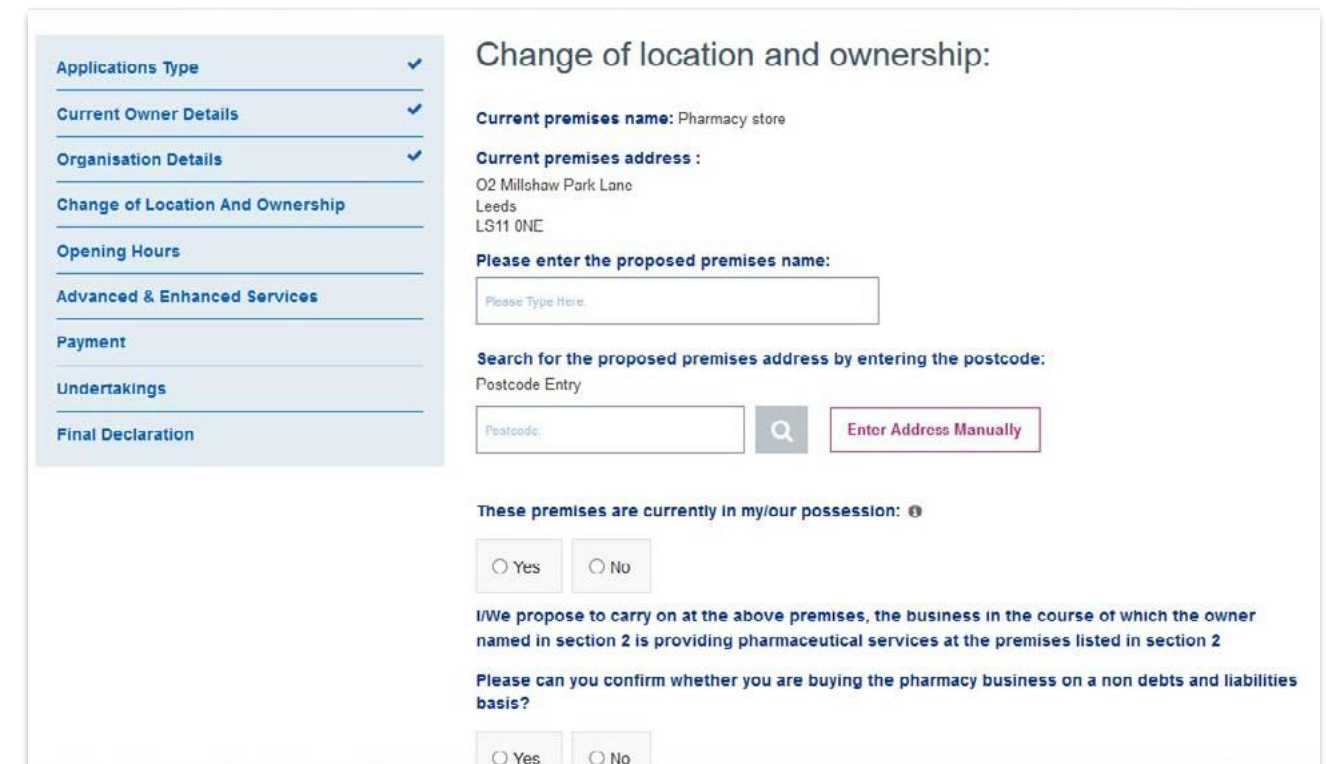
To use the postcode look up, complete the postcode field and click the search button as shown in the image below:

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.



Premises Details

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

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.

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

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@thehighphersstone.com	Director (pharmacist)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Select your Director

Director Details:

Title: Name:

Surname: Email Address:

Gender: Date of Birth:

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

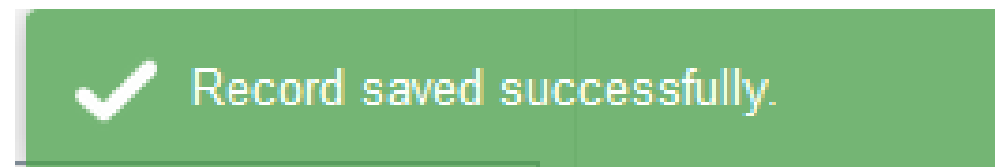
A new section has been added which appears when you have selected fitness information option 1 or 2.

The section is 'Personal Work Histories'



The data you enter into this section will transpose into your annex 2 PDF once you generate your forms in the 'Final Declaration section'

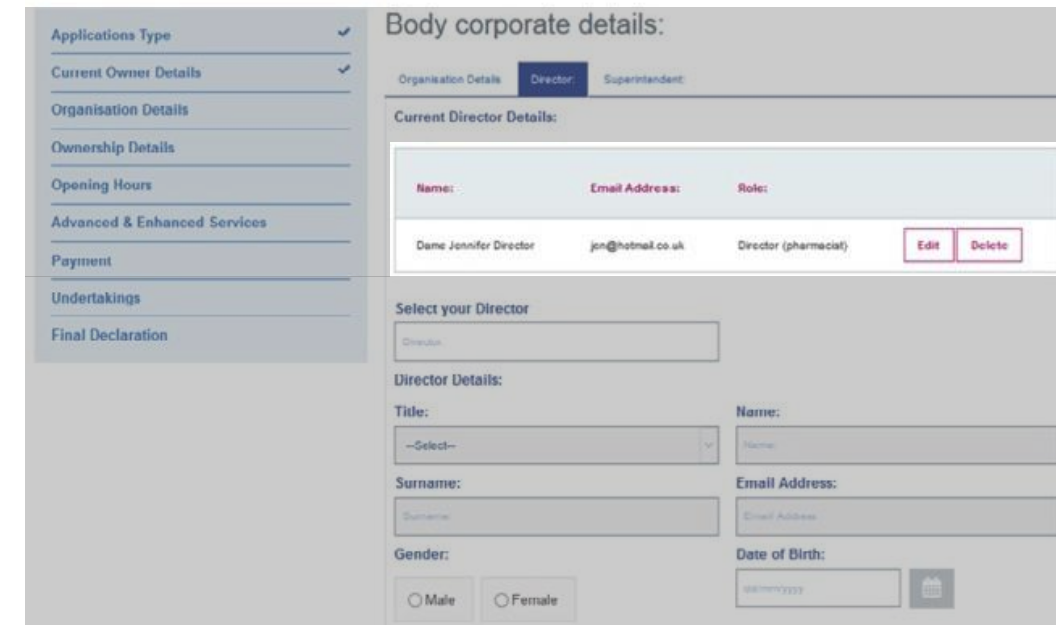
Upon completing each of the tabs and confirming the details you will see the following message display in the top right-hand corner that indicates the information was saved successfully:



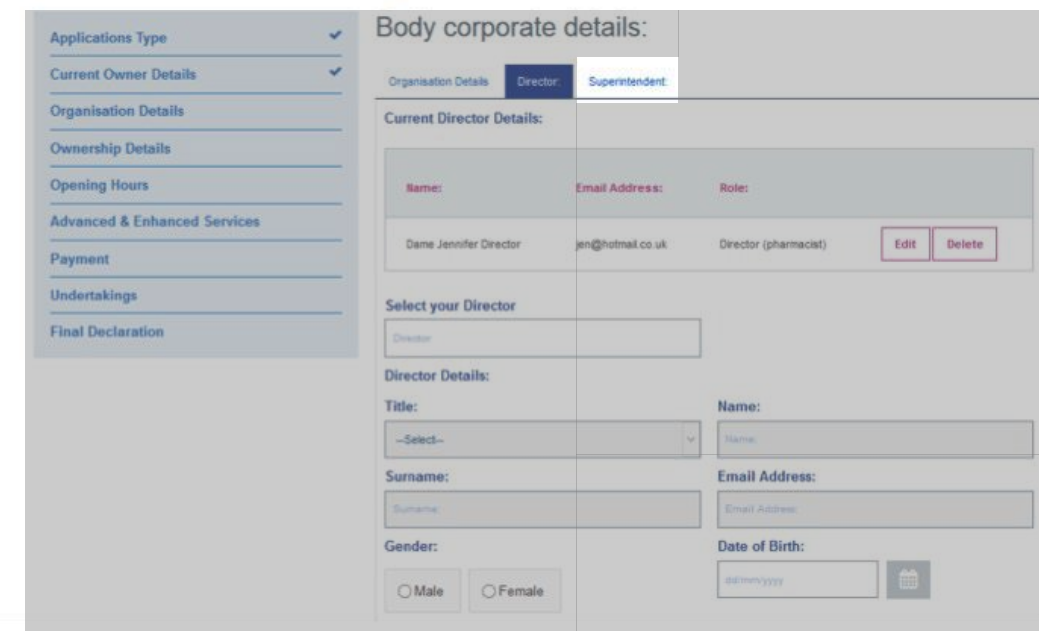
To proceed to the next section of the Application/Notification select **“Next”** at the bottom of the page

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

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.

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.

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:

Please Type Here: 

Search for the current premises address by entering the postcode:

Postcode entry

Postcode: 

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

Please Select

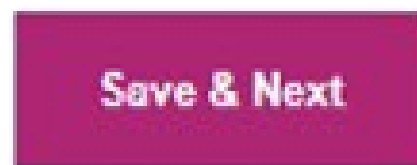
Please enter the proposed premises name:

Please Type Here:

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”**



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

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.

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.

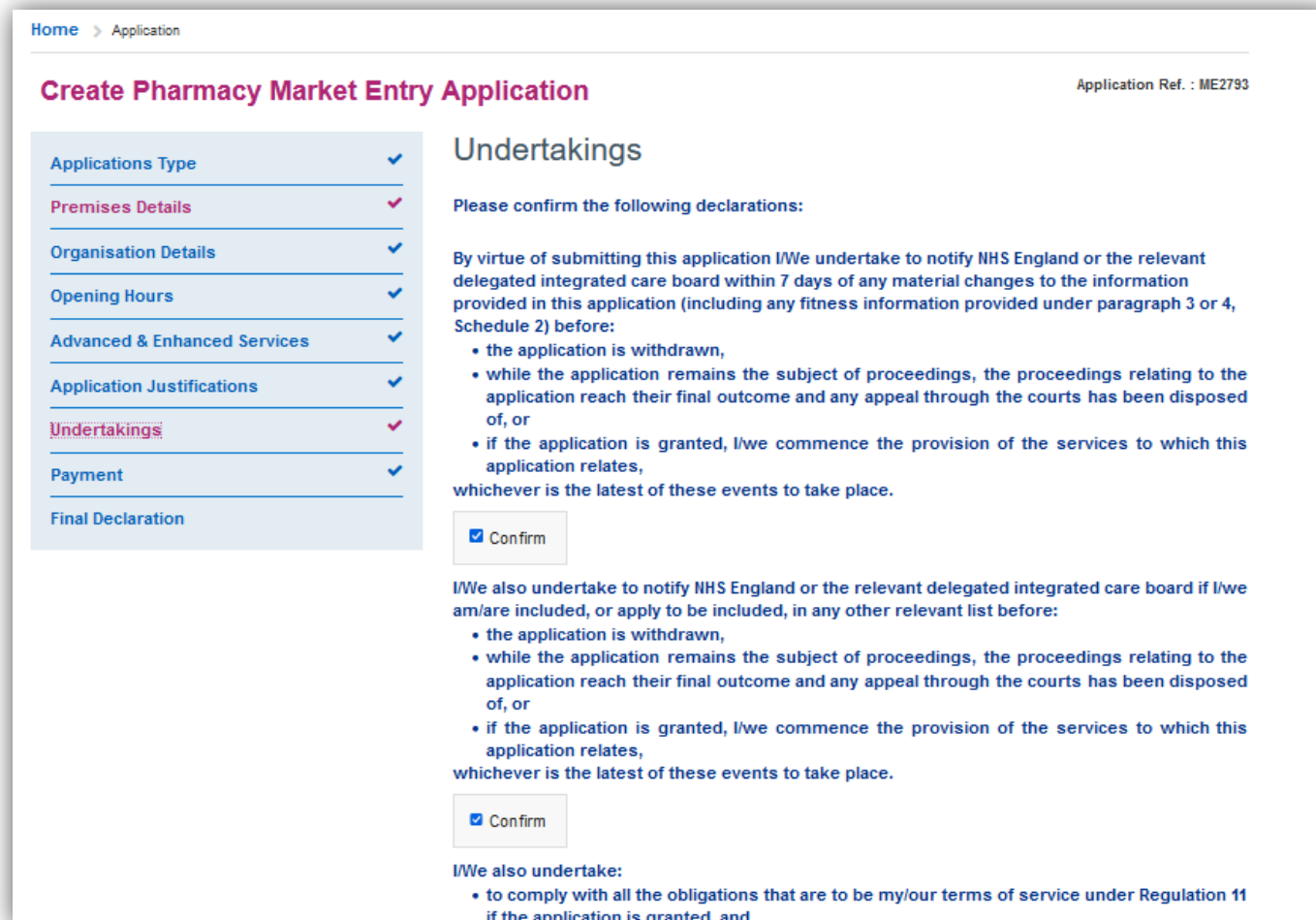
Please explain how you intend to meet the identified current need either in whole or in part.

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.



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.



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:

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

Confirmed

The body corporate undertakes:

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

Confirmed

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	<input type="button" value="Download Form"/>
Fitness Information Form - Section B – details of the Superintendent	<input type="button" value="Download Form"/>
Fitness Information Form - Section C – details of the Directors	<input type="button" value="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	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

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:

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:

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:

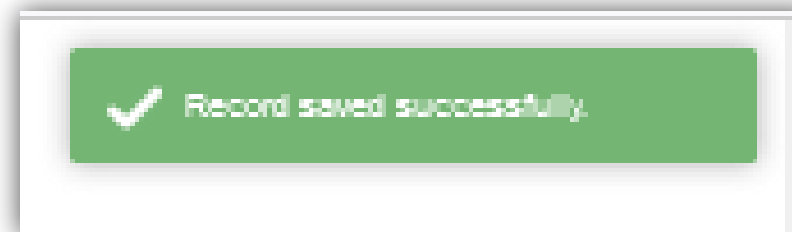
Please list all relevant Pharmaceutical qualifications for the Pharmacist named above:

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

Qualification: Institution (where obtained):

Date of Qualification:

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:

Employer Name and Address:

EffectiveFrom Month: EffectiveFrom Year:

EffectiveTo Month: EffectiveTo Year:

Leave blank if current

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	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
2	SECOND EMPLOYMENT	SECOND EMPLOYER	09/2001	12/2017	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
3	FIRST EMPLOYMENT	FIRST EMPLOYER	03/1999	09/2001	<input type="button" value="Edit"/> <input type="button" value="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.

Were you dismissed from any of the above?

Yes No

Referee Details – Important Information

From 1st October 2024, the applications process for inclusion on a pharmaceutical list of authorised providers, changes to superintendent and/or directors, either as a community pharmacy or as a dispensing appliance contractor, will be changed.

References no longer need to be provided in respect of specified pharmacists.

There is a transitional provision for applications/notifications submitted before the new arrangements come into force.

This will allow NHS England (and therefore ICBs) to continue to have regard to references already received and to base requests for further information on such references.

PCSE are required to start accepting applications/notifications without referees from 1st October 2024, and to stop requesting references, even where referee details have been provided, from the same date.

Any applications/notifications received before 1st October 2024 should follow the process previously in place therefore, referees should have been provided and followed up by PCSE.

Referee Details

The reference section of the portal is optional therefore, you can move past this section and complete the rest of the form.

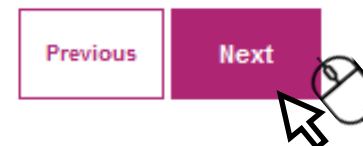
The director(s) and or Superintendent that you entered will be listed in this section below.

Please select 'Next'

Referees:

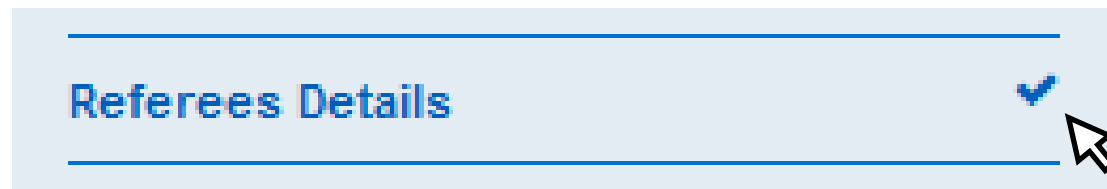
Pharmacists on this Application for whom Referees required.

Name and Role	Required	Entered
Test Test - Director (pharmacist)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PCSETestone MEtesting - Superintendent Pharmacist	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Referee Details Continued

A tick will appear in the referee details section. Example below.



Please continue to complete the rest of the online form.

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

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:

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

Payment

Please select a payment option from the dropdown menu:



Bank Transfer Payment



Cheque

Application Ref. : ME2678

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: ME2678

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

Payment Method: Please Select:

Name of Account Holder: Please Select:

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

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:

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

NHS Sort Code: NHS Account Number:

Payment Reference: Payee:

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

Payment Method: Cheque Payment

Name of Account Holder:

Cheque Number:

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)

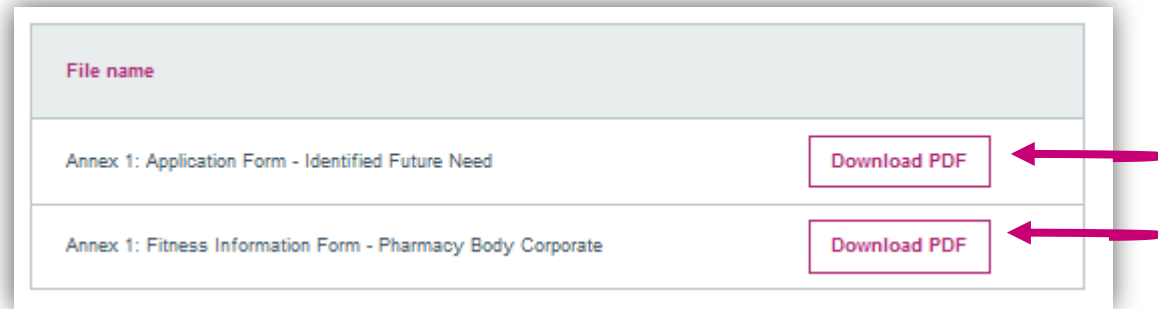
Browse Upload

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.



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

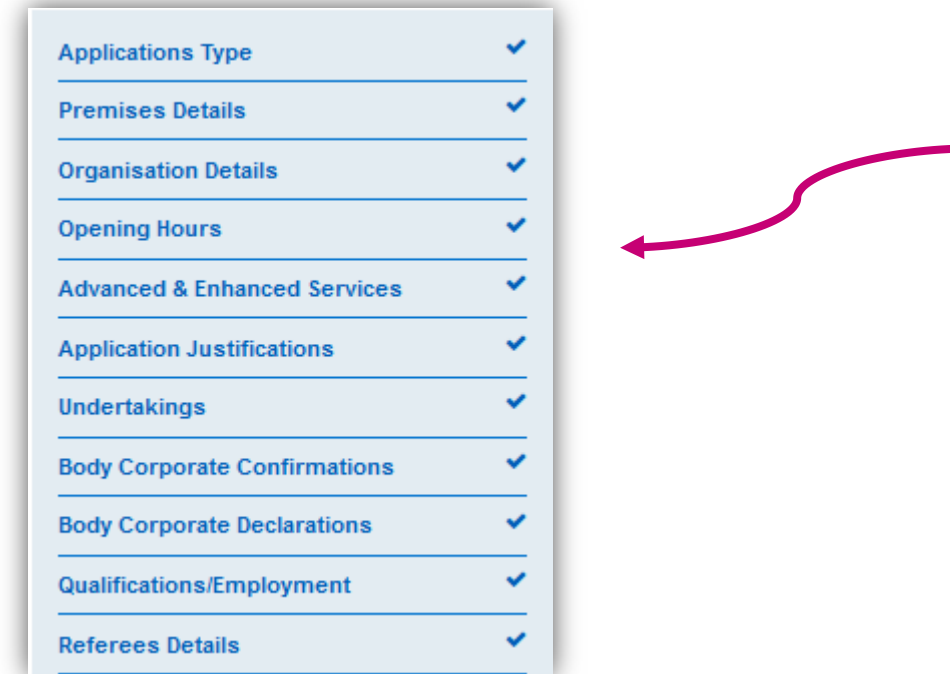
On behalf of the company/partnership

Contact phone number in case of queries

Contact email number in case of queries

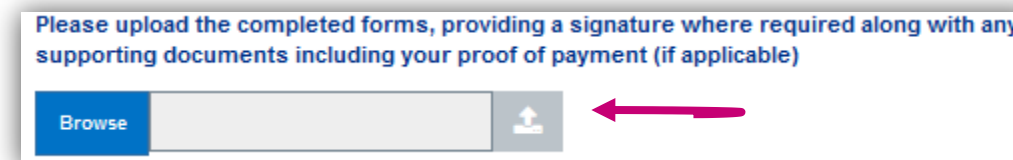
Submitting an Application/Notification

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.



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 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


Home Market Entry Help

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
ME2879	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	Application History	View

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 : 50%

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:

A screenshot of a form checklist with the following items, each with a blue checkmark to its right:

- Applications Type ✓
- Premises Details ✓
- Organisation Details ✓
- Opening Hours ✓ (highlighted with a red arrow pointing to the text)
- 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.

The screenshot shows a table of applications with the following details:

Application ID	Status	Reason	Action Buttons
ME3785	Commencement in progress	New / additional premises	Application History, View, Notice of Premises
ME3839	Commencement in progress	Change to current pharmaceutical services provision	Application History, View, Notice of Commencement, Request Extension
ME3678	Commencement in progress	Change to current pharmaceutical services provision	Application History, View, Notice of Consolidation, Request Extension

Callouts from the application list point to the following form sections:

- ME3785:** Notice of Premises
- ME3839:** Notice of Commencement, Request Extension
- ME3678:** Notice of Consolidation, 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.

The screenshots show the following form sections:

- Notice Of Commencement:** Shows a dropdown menu with 'Notice of commencement' selected. A 'Submit' button is visible at the bottom right.
- Request Extension:** Shows a dropdown menu with 'Extension' selected. A 'Submit' button is visible at the bottom right.
- Notice of Premise:** Shows a dropdown menu with 'Applicant details' selected. A 'Submit' button is visible at the bottom right.

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.



Primary Care Support England

Contact us

For further support and information, please visit our website:



PCSE Online

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