
STATUTORY INSTRUMENTS

2006 No. 552

**The National Health Service (Local
Pharmaceutical Services etc.) Regulations 2006**

PART 4

LPS SCHEMES

Proposals

12.—(1) A Primary Care Trust may make payments of financial assistance in respect of developing LPS schemes with a view to their being included in a proposal for an LPS scheme.

(2) Any person proposing to enter into an LPS scheme must supply with their proposal in writing information as to whether he, or in the case of a partnership the partners in the partnership, or where the person is a body corporate, the body corporate or any of its directors, its chief executive, its company secretary or its superintendent—

- (a) has any criminal convictions in the United Kingdom;
- (b) has accepted a police caution in the United Kingdom;
- (c) has, in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging him absolutely (without proceeding to conviction);
- (d) has accepted a conditional offer under section 302 of the Criminal Procedure (Scotland) Act 1995(1) (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992(2) (penalty as alternative to prosecution);
- (e) has been convicted elsewhere of an offence, or what would constitute a criminal offence if committed in England and Wales;
- (f) is currently the subject of any proceedings which might lead to such a conviction, which have not yet been notified to the Primary Care Trust;
- (g) has been subject to any investigation into his professional conduct by any licensing or regulatory body, where the outcome was adverse;
- (h) is currently subject to any investigation into his professional conduct by any licensing or regulatory body;
- (i) is, or has been where the outcome was adverse, the subject of any investigation into his professional conduct in respect of any current or previous employment;
- (j) is the subject of any investigation by another Primary Care Trust or equivalent body, which might lead to his removal from any primary care list;

(1) 1995 c. 46.

(2) 1992 c. 5; section 115A was inserted by section 15 of the Social Security Administration (Fraud) Act 1997 (c. 47).

- (k) is to his knowledge, or has been where the outcome was adverse, the subject of any investigation by the National Health Service Counter Fraud and Security Management Service or the NHS Business Services Authority in relation to fraud;
- (l) either—
 - (i) has been removed or contingently removed from, refused admission to, or conditionally included in, any primary care list kept by another Primary Care Trust or equivalent body, or
 - (ii) is currently suspended from such a list,
- (m) is, or ever has been, subject to a national disqualification,

and if so, he must give details of any investigation or proceedings which are being or were undertaken or brought, including the nature of that investigation or proceedings, where and approximately when that investigation or those proceedings commenced, and any outcome.

Health service contract

13. If the contractor is to be treated as a health service body, the LPS scheme must state that the scheme is an NHS contract.

LPS schemes: general

14.—(1) An LPS scheme must specify—

- (a) the dispensing and other services to be provided; and
- (b) the address of each of the premises to be used by the contractor for the provision of LP services.

(2) A scheme must, unless it is of a type and nature to which the particular term does not apply, contain the terms, or terms which make provision having the same effect as the terms, specified in Schedule 2.

Right of return to pharmaceutical lists

15.—(1) Before a Primary Care Trust enters into an LPS scheme, it must determine pursuant to this regulation whether the contractor is to be given a right of return, subject to the conditions specified in regulation 10(2) of the Pharmaceutical Services Regulations, if it makes an application for its name to be included in a Primary Care Trust’s pharmaceutical list after ceasing to provide LP services.

(2) Before an LPS scheme is varied so as to permit the provision of LP services from different, or additional premises, the Primary Care Trust must consider how the variation affects (if at all) a determination under this regulation, and may make a further determination varying or cancelling a determination under this regulation.

(3) The Primary Care Trust may at any time make a determination under this regulation varying a determination about a contractor if it is asked to do so by the contractor.

(4) Before making any determinations under this regulation, the Primary Care Trust must publish the principles by reference to which it will make such determinations, and it may amend those principles from time to time.

(5) The Primary Care Trust must notify—

- (a) contractors providing local pharmaceutical services in its locality;

- (b) any person included in its pharmaceutical list;
- (c) any Local Pharmaceutical Committee formed for its area;
- (d) any Local Medical Committee formed for its area;
- (e) any Primary Care Trust or Local Health Board any part of whose locality is within two kilometres of the premises of the relevant contractor; and
- (f) any Patient's Forum serving the locality of the Primary Care Trust,

in writing of any determination under this regulation.

(6) Different determinations may be made under this regulation with respect to different contractors providing LP services under the same LPS scheme.

Sharing of information received

16.—(1) Where a relevant home Primary Care Trust receives information pursuant to a term of an LPS scheme set by virtue of paragraph 16 of Schedule 2, or pursuant to regulation 17, it must consider that information and decide whether this raises any question about—

- (a) the contractor's suitability to be a contractor; or
- (b) the fitness to practise of a pharmacist employed or engaged by the contractor.

(2) If a home Primary Care Trust is of the opinion that the information does raise such a question, it must pass the information it has received to—

- (a) any other Primary Care Trust with which the contractor has entered into, or has applied to enter into, LPS arrangements or an LPS scheme;
- (b) any other Primary Care Trust on whose pharmaceutical list the contractor is included or has applied to be included; and
- (c) where appropriate, to the Royal Pharmaceutical Society of Great Britain.

(3) If any Primary Care Trust receives information (whether pursuant to a term of an LPS scheme or otherwise) that raises any question about the fitness to practise of a pharmacist employed or engaged by a contractor or potential contractor, it must pass that information, where appropriate, to the Royal Pharmaceutical Society of Great Britain.