

Our Ref: CAS-374394-J2L4G9  
**(To be quoted on all correspondence)**

Primary Care Support England

PCSE Enquiries, P O Box 350  
Darlington DL1 9QN  
Email [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)  
Phone 0333 014 2884

**Sent by email to those on the list of  
interested parties who have not yet  
submitted representations**

13<sup>th</sup> October 2025

**Re: Application offering to meet an identified current need at 201 – 209  
Halles Road (Odd numbers and letters only) Calcot, Reading, RG30 4PT  
by Hetherby Ltd.**

We have received the above application, a copy of which is enclosed and Buckinghamshire, Oxfordshire and Berkshire West ICB has completed its preliminary checks. We are now notifying interested parties of the application.

If you wish to make written representations on this application they should be sent to me at the above address within 45 days of the date of this letter i.e. by **27<sup>th</sup> November 2025**. You should note that any comments submitted will be shared with other interested parties and the applicant, and may be shared under the Freedom of Information Act as requested.

Buckinghamshire, Oxfordshire and Berkshire West ICB will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

The location for the proposed pharmacy is within a controlled locality and consequently the application must also be considered in accordance with Part 7 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. In this regard Buckinghamshire, Oxfordshire and Berkshire West ICB must first consider whether the location of the proposed pharmacy is in a reserved location as defined in regulation 41(3)<sup>1</sup>. The effect of a reserved location is that doctors may continue to provide pharmaceutical services to their

---

<sup>1</sup> Subject to regulation 43(2), the area within a 1.6 kilometre radius of a relevant location is a “reserved location” if—

- (a) the number of individuals residing in that area who are on a patient list (which may be an aggregate number of patients on more than one patient list) is less than 2,750; and
- (b) the NHS CB is not satisfied that if pharmaceutical services were provided at the relevant location, the use of those services would be similar to, or greater than, the use that might be expected if the number of individuals residing in that area who are on a patient list were 2,750 or more.

patients living in that reserved location, although patients may themselves choose to use a pharmacy. According to our records the number of registered patients living within 1.6 kilometres of 201 – 209 Halles Road (Odd numbers and letters only) Calcot, Reading, RG30 4PT is 28290

If the address or location of the pharmacy is determined not to be in a reserved location, Buckinghamshire, Oxfordshire and Berkshire West ICB must then consider whether granting the application would prejudice the proper provision of relevant pharmaceutical services, local pharmaceutical services and primary medical services in the relevant Health and Well-being Board (HWB) area or in the area of a neighbouring HWB (regulation 44 – the prejudice test).

If prejudice is not found, Buckinghamshire, Oxfordshire and Berkshire West ICB will go on to determine the application under the relevant market entry provisions of the Regulations and if it is granted and the pharmacy opens, dispensing doctors will normally lose the right to dispense to patients living within 1.6 km of the pharmacy when it opens. However, under regulation 50(2), Buckinghamshire, Oxfordshire and Berkshire West ICB may postpone for such period as it sees fit, the discontinuation of dispensing rights if it considers that the dispensing practice will be adversely affected<sup>2</sup>.

Your written representations may, therefore, include views on the specific tests and procedures set out above.

I can confirm that no information that has been received in relation to this application is being withheld by Buckinghamshire, Oxfordshire and Berkshire West ICB under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Yours sincerely

A handwritten signature in cursive script that reads 'U. Arshad'.

Usman Arshad  
Pharmacy Market Administration Services

Enc

---

<sup>2</sup> The purpose of postponement (often referred to as “gradualisation”) is to allow the affected patients time to adjust to the change from being a dispensing patient to a prescribing patient. It is also to give affected practices time to make whatever alterations to their working practices may be necessary, such as reducing stock holdings and altering staff duties.

## How we will involve patients in decisions on pharmacy applications

When we receive an application to move an existing pharmacy or to open a new pharmacy we must write to:

- nearby pharmacies
- in some cases, nearby doctors' surgeries
- the Health & Wellbeing Board which is a committee of the borough, county or city council, and
- the local Healthwatch organisation, which exists to represent local patients in general

We send them a copy of the application and invite them to make comments within 45 days. Comments can be made by letter or email.

In addition, the law requires us to involve patients in our decision-making. We may do this by sending copies of pharmacy applications to:

- city/district and county councillors covering the area involved
- the town or parish council covering the area. In areas which do not have a town or parish council we may instead contact prominent community, neighbourhood or residents' groups
- patient representative groups attached to nearby doctors' surgeries.

They will also be invited to make comments within 45 days.

When we send them a copy of an application we will also send notes to explain:

- what the application is about
- why they are being asked for comments
- what we will consider when making a decision, and
- what happens next after a decision is made.

Applications are not confidential. If they want, councillors or patient groups may share details with local people so they can also make comments within the same 45 day period.

Any comments we receive will be sent to the pharmacy applicant. They will have a chance to respond to us about those comments.

Most applications are decided using written information, including any comments received.

In general, we will not hold public meetings about pharmacy applications. This is because an applicant cannot be made to attend to respond directly to any questions from members of the public.

However, we may hold a hearing if we need more information before making a decision. Where written comments from councillors or patient groups suggest that local people hold strong views, we will invite those councillors or patient groups to attend the hearing.

The hearing will be held in public so that (although members of the public will not be able to ask questions) they will be able to hear the arguments for and against the application. These will include any comments made by their representatives and the responses received.

All comments at the meeting will be taken into account in making a final decision on the pharmacy 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

## Chapter 12

### Annex 1

#### Application Form

##### Application offering to meet an identified current need

Application for inclusion in the pharmaceutical list for the area of

.....West Berkshire..... (insert name of health and well-being board).

This is an application to meet an identified current need and as such is a routine application under regulation 13 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the Regulations).

Please complete this form as legibly as possible.

Applicants should note that information provided in this form may be disclosed where this application is required to be notified to other parties or in response to a request made under the Freedom of Information Act 2000. Applicants are referred to paragraph 21 of Schedule 2 of the Regulations which sets out NHS England or the relevant delegated integrated care board's responsibilities in relation to information provided in this application form which an applicant advises is confidential.

#### 1 Information regarding the applicant

##### 1.1 Full name and correspondence address of the applicant<sup>1</sup>

Hetherby Ltd

Is this a personal address?

Yes ☒ No ☐

##### 1.2 Applicant's legal entity

I/we am/are applying as a:

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

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

**Partnership** ☐

---

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

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

**Please continue on a separate sheet if necessary.**

**Corporate Body** ✓

**Superintendent's name  
and GPhC registration  
number is**

Kishore Sharma 2048508

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

(Please tick relevant box)

I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate.

☐

Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again.

I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate.

☐

Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again.

I/We have provided the required fitness information with this application.

✓

### **1.4 Relevant fee**

I/we include the relevant fee for this application.

✓

### **2 Proposed premises**

(Please tick relevant box. Only one box may be selected.)

I/we know the address of the proposed premises



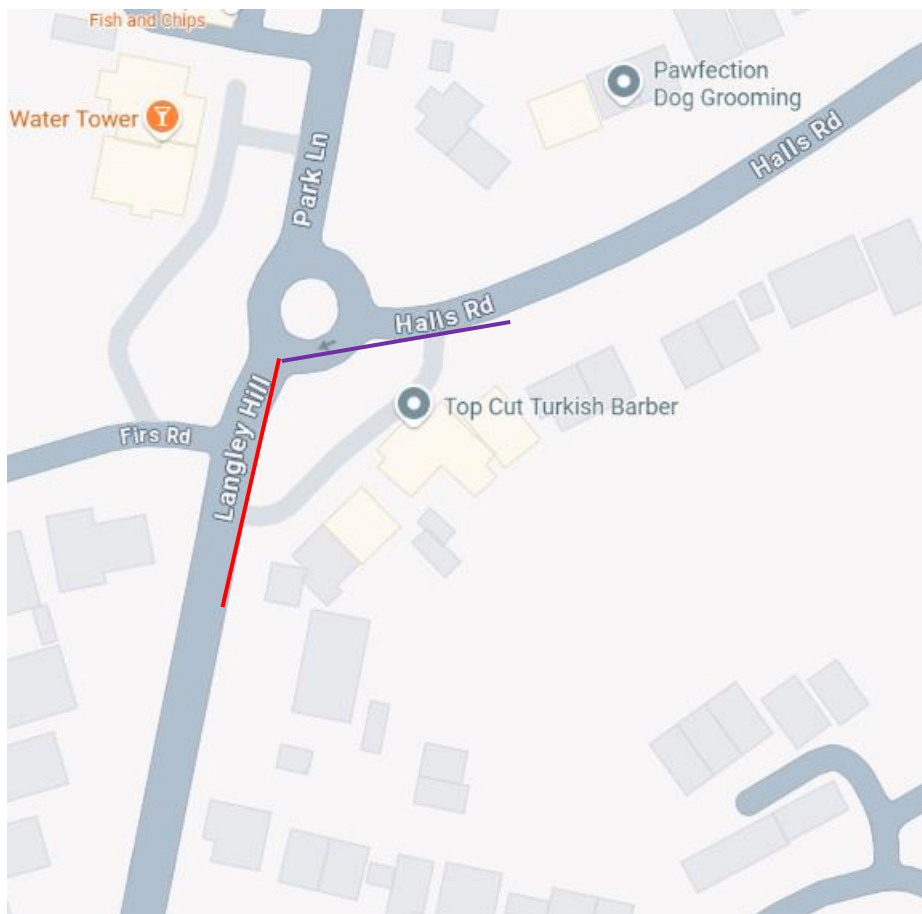
I/we provide a best estimate of the location of the proposed premises



Please provide the address or best estimate<sup>2</sup> of the proposed premises

201 - 209 Halls Road (Odd numbers and letters only)  
Calcot  
Reading  
RG30 4PT

For clarity, best estimate sites directly to the right of the red line **AND** below the purple line in the map below.



Please continue on a separate sheet if necessary.

(Only complete the question below if you know the address of the proposed premises)

The premises above are currently in my/our possession\* Yes ☐ No ☒

\* by rental, leasehold or freehold

<sup>2</sup> Best estimates are to be precise as possible. Phrases such as “in the vicinity of” and “within 100m of the junction of the High Street and Church Lane” are unlikely to be considered acceptable.

### 3 Opening hours

#### 3.1 Proposed core opening hours<sup>3</sup>

| Monday      | Tuesday     | Wednesday   | Thursday    | Friday      | Saturday    | Sunday | Total |
|-------------|-------------|-------------|-------------|-------------|-------------|--------|-------|
| 09:00-18:15 | 09:00-18:15 | 09:00-18:15 | 09:00-18:15 | 09:00-18:15 | 09:00-13:00 | Closed | 50.25 |

#### 3.2 Total proposed opening hours<sup>4</sup>

| Monday      | Tuesday     | Wednesday   | Thursday    | Friday      | Saturday    | Sunday | Total |
|-------------|-------------|-------------|-------------|-------------|-------------|--------|-------|
| 09:00-18:15 | 09:00-18:15 | 09:00-18:15 | 09:00-18:15 | 09:00-18:15 | 09:00-13:00 | Closed | 50.25 |

### 4 Pharmaceutical services to be provided at these premises

Essential services (paragraphs 3 to 22, Schedule 4 – pharmacies)

✓

Or

Terms of service (paragraphs 3 to 12, Schedule 5 – DACs)

□

If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write 'none' if it is intended that the pharmacy will not provide appliances).

Part IX

Please give details of any advanced and enhanced services<sup>5</sup> you intend to provide. These details should include:

- confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
- confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
- a floor plan showing the consultation area where you propose to offer the services, where relevant. Where a floor plan showing the consultation area cannot be provided please set out the reasons for this.

| Service           | Accredited to provide (Y/N/NA) | Premises accredited (Y/N/NA) |
|-------------------|--------------------------------|------------------------------|
| Smoking cessation | Y                              | N                            |
| Pharmacy First    | Y                              | N                            |

<sup>3</sup> Core opening hours must total 40 hours per week for pharmacies or not less than 30 hours for DACs, unless the applicant is proposing more core opening hours to meet an identified current need in which case NHS England or the relevant delegated integrated care board will need to agree with you when these additional core opening hours would be.

<sup>4</sup> The total opening hours includes the core hours and any supplementary opening hours

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



|                                     |   |   |
|-------------------------------------|---|---|
| Flu vaccination                     | Y | N |
| Pharmacy Contraception Service      | Y | N |
| Hypertension                        | Y | N |
| New Medicine Service (NMS)          | Y | N |
| Sexual Health Service               | Y | N |
| Palliative Care                     | Y | N |
| Pharmacy Needle & Syringe Programme | Y | N |
| NMS depression Pilot                | Y | N |
| Take home Naloxone                  | Y | N |
| Minor Ailments Service              | Y | N |
| Supervised Consumption              | Y | N |
| Emergency Hormonal Contraception    | Y | N |
|                                     |   |   |
|                                     |   |   |

Please continue on a separate sheet if necessary.

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

**Floor plan showing consultation area**

To follow

We are unable to currently provide a floor plan of the proposed premises as we do not have one from the shopfitters

Once the premises have been secured (currently not in our possession as per application), they will be registered with the GPHC and will comply with all relevant legal & ethical requirements for the operation of a retail pharmacy business

Please continue on a separate sheet if necessary.

## **5 Applications in relation to premises that are in close proximity to other listed chemist premises**

This section should only be completed if the premises included in section 2 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons:

N/A

No pharmacy trading from or adjacent to the proposed premises, so Regulation 31 does not apply.

Please continue on a separate sheet if necessary.

## 6 Information in support of the application

In making this application we are seeking to meet the current need identified on the HWB's pharmaceutical needs assessment.

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

In making this application the Applicant is seeking to meet the current need identified In the 2025 West Berkshire Pharmaceutical Needs Assessment for essential services.

The Calcot population do not have a community pharmacy within a 20-minute/ 1-mile walk, despite being an urban area.

Additional services have also been provided as per above.

In the box below please explain how you intend to meet the identified current need either in whole or in part.

Need will be met in full by opening a pharmacy within the best estimate location providing all required services and providing them when they are needed.

Please continue on a separate sheet if necessary.

## 7 Undertakings

By virtue of submitting this application I/we undertake to notify NHS England or the relevant delegated integrated care board within 7 days of any material changes to the information provided in this application (including any fitness information provided under paragraph 3 or 4, Schedule 2) before:

- the application is withdrawn,
- while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
- if the application is granted, I/we commence the provision of the services to which this application relates,

whichever is the latest of these events to take place.

I/We also undertake to notify NHS England or the relevant delegated integrated care board if I/we am/are included, or apply to be included, in any other relevant list before:

- the application is withdrawn,
- while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
- if the application is granted, I/we commence the provision of the services to which this application relates,

whichever is the latest of these events to take place.

I/We also undertake:

- to comply with all the obligations that are to be my/our terms of service under Regulation 11 if the application is granted, and
- in particular to provide all the services and perform all the activities at the premises listed above that are required under the terms of service to be provided or performed as or in connection with essential services.

The following only applies where the applicant is seeking to provide directed services. I/We:

- undertake to provide the directed services mentioned in this application if they are commissioned within 3 years of the date of grant of this application or, if later, the listing of the premises to which this application relates,
- undertake, if the services are commissioned, to provide the services in accordance with an agreed service specification, and
- agree not to unreasonably withhold my/our agreement to the service specification for each directed service I/we are seeking to provide.

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

Name .....Nikhil Koria.....

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

Date .....29/06/25.....

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

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

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

Registered office

17 Kilderkin Court, Coventry, CV1 2UF

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England's [Privacy Notice](#) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

## **Chapter 29**

### **Annex 3**

#### **Current or future need application – best estimate**

**Application by Hetherby Ltd (the applicant) to open a pharmacy at 201-209 (Odd numbers and letters only), Halls Road, Calcot, Reading, RG30 4PT**

**Explanatory notes by Buckinghamshire, Oxfordshire, Berkshire West ICB**

#### **Q1.What is this application for?**

The applicant wishes to open an NHS pharmacy at 201-209 (Odd numbers and letters only), Halls Road, Calcot, Reading, RG30 4PT

A pharmacy can only give patients medicines prescribed by NHS GPs if it has Buckinghamshire, Oxfordshire, Berkshire West ICB's permission. We give permission if we think that another pharmacy is needed in the area.

These notes explain the process we follow when deciding whether to give permission.

#### **Q2.Why have I been sent a copy of the application?**

You are being invited to make comments on the application before Buckinghamshire, Oxfordshire, Berkshire West ICB makes a decision on whether the pharmacy can go ahead. Any comments must be received before the end of the 45-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. They can also make comments within the same 45-day period.

Any comments we receive will be sent to the applicant. They will have a chance to respond to us about those comments.

When we come to make a decision, Buckinghamshire, Oxfordshire, Berkshire West ICB will consider any comments it has received and any response to those comments from the applicant.

#### **Q3.What would the pharmacy's opening hours be and what services would it provide?**

Section 3 of the application form includes the proposed opening hours.

"Core opening hours" are those which the pharmacy would be unable to change without our permission.

The pharmacy may also open for longer. This is called having "supplementary opening hours". The pharmacy would be able to change these by giving us five weeks' notice.

Every pharmacy must dispense NHS prescriptions, accept unwanted medicines for disposal and give advice on how to treat minor illnesses yourself.

Pharmacies may also offer other services. Most pharmacies offer:

- the community pharmacist consultation service, which is where your GP practice refers you to a pharmacy for help with a minor ailment,
- the New Medicines Service, which is advice when someone starts a new drug, and
- vaccinations against flu.

The services that the applicant is offering to provide are listed in section 4 of the application form.

**Q4. Why does the applicant want to open a pharmacy?**

The applicant believes that the pharmaceutical needs assessment written by West Berkshire HWB has identified that a pharmacy is needed or particular services are needed.

**Q5. How will Buckinghamshire, Oxfordshire, Berkshire West ICB decide whether to give permission for a new pharmacy?**

Firstly we need to check to see exactly what the gap is that has been identified in the pharmaceutical needs assessment.

Then we need to consider whether, if the pharmacy opened, this would fill the gap that the pharmaceutical needs assessment has identified. If it would only fill part of the gap we will then need to consider whether anyone else would want to fill the rest of the gap.

We also have to consider what type of services the pharmaceutical needs assessment says is missing. It may be that we don't need a new pharmacy as there are already enough of them, but what is needed is the existing pharmacies to provide a particular service or services.

Finally, we have to consider whether the pharmaceutical needs assessment is up-to-date or whether the gap that it has identified has already been filled.

Pharmaceutical needs assessments are published every three years and so may not always be accurate.

**Q6. When will a decision be made?**

We expect to make a decision by 07 February 2026.

**Q7. What will happen if permission is given?**

If we decide to give permission for the pharmacy to open, this does not automatically mean that it will happen. Other local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution.

If no appeals are received or if they are rejected by NHS Resolution, the applicant would then have six months to tell us the exact address of the pharmacy. The applicant would then have a further 12 months to open the pharmacy, although this could be extended to 15 months. If those deadlines were not met, then the permission would expire.

**Q8. What if permission is refused?**

The applicant would be able to appeal.

NHS England's [Privacy Notice](#) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.