

PPC [M] 2023 - 03

Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Monday, 11th September 2023 at 0900 in the Glynhill Hotel, 169 Paisley Road, Paisley, PA4 8XB

The composition of the PPC at this hearing was:

Chair: Mr John Matthews

Present: Lay Members Appointed by NHS Greater Glasgow & Clyde

Mrs Beth Diamond
Mr Hakim Din
Mr John Woods

Pharmacist Nominated by the Area Pharmaceutical Committee (included in Pharmaceutical List)

Mr Colin Fergusson
Mr Gordon Dykes

Pharmacist Nominated by Area Pharmaceutical Committee (not included in any Pharmaceutical List)

Mr Josh Miller

Observers: Ms Tris Taylor (Chair)
Mr Ian Wilkie (Lay Member)
Mr David Melrose (Lay Member)

Secretariat: Ms Tracy Bone, Committee Secretary, NHS National Services Scotland
Mrs Janine Glen, Contracts Manager, NHS Greater Glasgow & Clyde
Mrs Trish Crawley, Contracts Co-ordinator, NHS Greater Glasgow &

Clyde

Ms Lauren Keenan, Contracts Officer, NHS Greater Glasgow & Clyde

1. APPLICATION BY TC TRADING (SCOTLAND) LTD

1.1 There was an application and supporting documents from the Applicant, TC Trading (Scotland) Ltd received on 8 January 2023, for inclusion in the pharmaceutical list of a new pharmacy at 4 Blackford Road, Paisley PA2 7EP.

2. Procedure

2.1 At 0930 hours on 11 September 2023, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by TC Trading (Scotland) Ltd (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical

Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List”.

- 2.2 The Chair, Mr John Matthews welcomed all to the meeting and introductions were made. When asked by the Chair, members confirmed that the hearing papers had been received and considered. When committee members were asked by the Chair in turn to declare any interest in the application, none were declared.
- 2.3 Members of the Committee had undertaken independent site visits to 4 Blackford Road, Paisley PA2 7EP and the surrounding area. During which the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to schools, sports facilities, community centres, supermarkets, post office, banks and places of worship had been noted.
- 2.4 The Chair advised that Tracy Bone was independent from the Health Board and was solely responsible for taking the minute of the meeting.
- 2.5 The Chair outlined the procedure for the hearing. All Members confirmed their understanding of these procedures.
- 2.6 Having ascertained that all Members understood the procedures, that there were no conflicts of interest or questions from Committee Members the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Applicant and Interested Parties were invited to enter the hearing.

The Pharmacy Practices Committee (PPC) convened at 0934

- 3 APPLICATION FOR INCLUSION IN THE BOARD’S PHARMACEUTICAL LIST CASE No: PPC/INCL02/2023 – TC Trading (Scotland) Ltd, 4 Blackford Road, PAISLEY PA2 7EP**
- 3.1 The Chair welcomed all and introductions were made. The Chair intimated that Ms Tris Taylor, Mr Ian Wilkie and Mr David Melrose, PPC members of NHS Borders wished to observe the hearing for training purposes. The Chair stressed that the observers would take no part in either the open hearing or the decision making process and asked for agreement to their observing the meeting. The Applicant and Interested Parties did not object to the observers attending and they were admitted via Microsoft Teams. The Applicant, TC Trading (Scotland) Ltd represented by Jacqueline Bradley accompanied by Christopher Campbell. From the Interested Parties eligible

to attend the hearing, the following accepted the invitation: Amanda Yung representing Mackie Pharmacy; Balvinder Sagoo, accompanied by Kimberley Connolly representing Boots UK; Asgher Mohammed, accompanied by Siraj Mohammed representing Abbey Chemists.

- 3.2 The Chair advised all present that the meeting was convened to determine the application submitted by TC Trading (Scotland) Ltd in respect of a proposed new pharmacy at 4 Blackford Road, Paisley PA2 7EP. The Chair confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended, which the Chair read out in part:
- 3.3 “5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located...”
- 3.4 The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.
- 3.5 The Chair asked all parties for confirmation that these procedures had been understood. Having ascertained that all parties understood the procedures the Chair confirmed that the Oral Hearing would be conducted in accordance with the Procedure at Hearings document contained within the papers circulated.
- 3.6 The Chair confirmed that members of the Committee had conducted independent site visits in order to understand better the issues arising from this application. Assurance was given that no member of the Committee had any conflict interest relating to the application.
- 3.7 The Chair asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement.

4. Submissions

- 4.1 The Chair invited Jacqueline Bradley, to speak first in support of the application.

- 4.2 Below was produced from Ms Bradley's pre-prepared statement:
- 4.3 Ms Bradley thanked the committee for allowing her to present today. Ms Bradley advised her fiancé Chris Campbell who was also a pharmacist was accompanying her today and asked if she could express her thanks to Michelle Cooper and Trish Cawley for their part in the facilitation of the application.
- 4.4 Ms Bradley advised she was here today to demonstrate that their identified neighbourhood lacked pharmaceutical provision, and that the neighbouring pharmacies provided an inadequate service into that neighbourhood. Ms Bradley advised in order to correct this inadequacy she was appealing to the committee to grant the contract.
- 4.5 The identified neighbourhoods to be served by the proposed pharmacy were Hunterhill, Hawkhead and Dykebar.
- 4.6 Supporting documents submitted included a map of the council catchment area for Todholm Primary which sat pretty much in the centre of the boundary area on Lochfield Road where 426 pupils were enrolled. This catchment area mirrored their neighbourhood area.
- 4.7 The boundaries as detailed in the CAR report are:
North from Cathcart Terrace, following the natural boundary of the White Cart River around the neighbourhood of Hunterhill. Hawkhead crossing over the Hurllet coming round the boundary of Dykebar coming up Huntley Terrace being a neighbourhood boundary between Lochfield and Hunterhill, bringing us to Hunterhill Road over Barrhead Road back to our starting point of Cathcart Terrace.
- 4.8 Ms Bradley explained this was a mixture of natural, social and geographical boundaries and that 94% of the population agreed with their definition of the neighbourhood in the CAR. Ms Bradley acknowledged there was some contention of the neighbourhood during the last application, but she firmly stood by their defined boundaries.
- 4.9 The Area Pharmaceutical committee (APC) stated that they disagreed with the boundary and defined it as, the area solely known as Hunterhill. Ms Bradley believed this contrasted with their boundary in 2018, which extended to Neilston Road travelling through Lochfield to Charleston.
- 4.11 Ms Bradley believed the residents in Hawkhead and Dykebar were particularly disadvantaged by their lack of accessibility to a pharmacy in comparison to those in Charleston where the residents have the choice of 4 pharmacies along Neilston Road and Causeyside Street. This meant the residents would have to leave Paisley and travel to Crookston, Pollok or Silverburn to access services or travel through the APC defined neighbourhood and access at Lonend. The residents are already ostracised

in terms of accessing services and that is recognised under the Scottish Index of Multiple Deprivation (SIMD).

- 4.12 Ms Bradley believed the granting of the pharmacy today would address this imbalance.
- 4.13 Ms Bradley advised when defining their boundary, they consulted with Hawkhead and Lochfield Community Council who live and know the area well. Ms Bradley advised the Community Council agreed that the boundaries were appropriate.
- 4.14 The proposed premises on Blackford Road is a double fronted unit which has disabled access and a disabled parking space to the front. The internal space would be reconfigured to house 2 consultation rooms in order to meet the needs of the population and the growing pharmaceutical contract.
- 4.15 With regards the neighbourhood one resident stated:
“Massive area. Loads of people, Neilston Road is too far to walk for me. 30 minutes there and 30 minutes back”
- 4.16 Others state:
“Only one serving the neighbourhood and it’s too busy.”
“The current pharmacies don’t have the resources to cover the neighbourhood.”
“Accessing a pharmacy is difficult for me. Abbey is awful, I won’t go there. Neilston Road is two buses there and two buses back.”
- 4.17 With regards to whether there was a pharmacy in the area, it was stated:
“There really aren’t any. Shops at Neilston aren’t accessible.”
“Takes me one hour to get to a pharmacy as I walk. The buses aren’t frequent, they are less than one an hour.”
- 4.18 Ms Bradley believed there was inadequacy in the neighbourhood due to:
1. Increasing population and deprivation;
 2. Poor accessibility;
 3. Lack of capacity; and
 4. Poor delivery of the core services resulting in incorrect medications, missing medications and refusal of services
- 4.19 Paisley had an estimated population of 77,000 people. There were 12 GP practices within the Paisley boundary and currently 17 pharmacies. A number which has remained static for many years despite growing populations and services.
- 4.20 Small area population figures for the area are 6,430 for the data zones falling within the defined neighbourhood. In comparison to the population statistics, 85,157 people were registered to the practice lists in Paisley (Public Health Scotland) in 2023.

- 4.21 Over a seven year period from October 2015 to 2022 there had been an increase in population registered by 9,635. This increased the average number of patients per pharmacy from 4,379 to 5,009 which was greater than the Scottish average per pharmacy of 4,386. In another seven years with no additional pharmacies, the average would be greater. Ms Bradley asked how this would impact on access and adequacy.
- 4.22 Renfrewshire Council projected that the number of households in Renfrewshire was expected to increase by 5.7% from 2018 to 2028, and the population was predicted to increase by 2.5%. Scotland, in comparison is only predicted to increase by 1.8%, which demonstrated Renfrewshire is a growing area. Ms Bradley explained there had been a 2% rise in people registered with GPs in Scotland in the past two years alone.
- 4.23 Ms Bradley explained the two local surgeries are Abbey Medical Practice and Anchor Mill Medical Practice with patient lists sizes as at 1st of July 2023 of 11,368 and 8,979 respectively (ISD Scotland). These are constantly growing and since 2018 there had been a 14% and 12% increase.
- 4.24 Figures recorded from 30th December 2021 to 31st July 2023, showed that patient registrations for Abbey Medical Practice increased by 481. This equated to a 4.4% increase which was higher than the predicted population growth of 2.5%. For Anchor Mill, the patient registrations increased by 258 which equated to 3.0%. Ms Bradley anticipated those numbers would increase significantly with the new developments which she would address later. The increase she estimated was in the region of 1,739.
- 4.25 National data also suggested there was more than a 70% rise in demand for GP appointments since 2019. Ms Bradley advised anticipatory planning must take place to accommodate that and secure adequate pharmaceutical provision.
- 4.26 Currently Renfrewshire had 19.2% of its population over 65 but that was expected to increase. The elderly population had greater healthcare requirements and so policies should be made to consider the demand on the overall healthcare system.
- 4.27 Ms Bradley explained that their defined neighbourhood consisted of 9 data zones making the population 6403. Looking at the national statistics for health and deprivation for the area, the data zone of the area directly surrounding their premises in Hunterhill data zones ending 2120 and 2121 are ranked in SIMD in Quintile 1, evidencing it's within the highest 20% deprived area in Scotland. Data zone ending 2111 is also categorised in Quintile 1. In fact, this data zone is within the top 10% of the most deprived areas in Scotland. Since 2018 this data zone has become even more deprived and she suspected that this would increase with the cost-of-living crisis. They had 2 zones in Quintile 2 meaning overall they had 5 out of 9 zones in the 40% most deprived brackets.

- 4.28 Within the neighbourhood there was 807 people income deprived. This represented 13% of the total population. With rising energy costs over the past two years, Ms Bradley was sure that figure was higher today. Recent studies suggested one in five people live in fuel poverty.
- 4.29 There were also many income deprived within the higher quintile categories, and despite an overall higher ranking in some data zones, there was still pockets of deprivation.
- 4.30 Three data zones are in rank 1 for health status meaning many were in poor health and more interventions were required.
- 4.31 Ms Bradley advised she had walked the streets in the neighbourhood and engaged with many residents. Ms Bradley explained the area was deceptive as it didn't look deprived, however, the data doesn't lie.
- 4.32 Ms Bradley advised the data zone surrounding Neilston Road, although out with their neighbourhood was also within the highest 20% most deprived neighbourhoods. Deprivation equated with greater health needs which had been established time and time again in past hearings. This placed a greater burden on healthcare because the onset of multi-morbidities was 10-15% years earlier in the deprived population compared to the more affluent areas. And those in the poorer areas die ten years earlier on average, than the wealthier areas according to the strategic plan for Public Health Scotland.
- 4.33 SIMD was introduced to identify pockets of population in order to target deprivation and to reduce inequalities and social disadvantages. Ms Bradley asked, can we truly say this happens? If so, then over the passing years we should have seen a more equitable fairer society, but we haven't. The health inequalities in the data zones should be subject to intervention and correction of the access issues and social disadvantages in public transport.
- 4.34 Ms Bradley advised that Cancer diagnoses in Scotland are rising and from 2019 to 2021 there had been an increase of 5.5% (Public Health Scotland). The overall risk of developing cancer in 2021 was 30% higher in the most deprived areas compared with the least deprived areas of Scotland, and, people living in the most deprived areas (Quintile 1) were 74% more likely to die from cancer. With 3 data zones in Quintile 1 and 1 in Quintile 2, the residents were at higher risk.
- 4.35 The most deprived areas had a 107% higher hospital admission for alcohol related illnesses and tackling alcohol misuse is an area of focus for NHS Scotland.
- 4.36 For preventable emergency hospitalisation, the most deprived areas had 59% higher admissions than NHS Greater Glasgow and Clyde (NHSGGC). For asthma this was 64% and for mental health issues this was 59%.

- 4.37 The most deprived areas had 48% more deaths than NHSGCC as a whole. Overall, Ms Bradley thought this was a bleak picture for the residents in those data zones.
- 4.38 Ms Bradley advised another leading cause of ill health in Renfrewshire is depression, which was 4.9% higher than the rest of Scotland. Ms Bradley further advised depression can lead to poor health choices and loss of income increasing deprivation and leading to other diseases.
- 4.39 Ms Bradley believed austerity measures were likely to increase deprivation and widen the health divide.
- 4.40 Ms Bradley explained they were not saying that a new pharmacy contract would aid in decreasing poverty, but it may ease the burden. In simple terms, at a pharmacy level, deprivation means more prescriptions and pharmacy first consultations, and thus a greater overall demand on the NHS system. Granting a new pharmacy could create better access to improve health and outcomes.
- 4.41 Although Paisley didn't win their bid for City of Culture, it certainly didn't dampen its spirit and they have forged ahead with the development of the town called "Vision for Paisley". Companies New River Reit and Beyond Retail Ltd were investing in Paisley by overhauling the town centre. A cinema, food hall, £45m museum and library were all in the planning along with a refurbishment of the Town Hall. Their vision of a vibrant town centre would increase interest in the town centre attracting visitors and potentially increasing population including a transient one with a new hotel in the pipeline.
- 4.42 Ms Bradley advised all of this increased demand on services.
- 4.43 There were also several new housing developments proposed and granted which were pertinent to their application.
- 33 properties at Cartha Crescent;
 - 67 properties at Lonend;
 - 34 properties at Bridge Street; and
 - 603 properties at Dykebar
- 4.44 The latter was a £150 million investment of 1-bed flats to 5-bedroom houses to be built on a 95-acre site. The developers were contributing £30 million towards new educational infrastructure at Todholm Primary and St Andrew's Academy.
- 4.45 Ms Bradley asked, what healthcare provisions were being created.
- 4.46 There was no material contribution from the developers towards healthcare needs as they were under no obligation to do so. This meant the burden of responsibility fell back on the taxpayer. Ms Bradley explained their pharmacy proposal was much needed based on the increase in population alone, and the resultant impact it would have on the already stretched, and,

in their opinion already inadequate service as evidenced in the CAR. Pharmacies were well known for relieving the burden on GP practices for acute illnesses falling under Pharmacy First. Ms Bradley believed we were now seeing an exponential increase in MCR prescriptions which created another demand on pharmacies for the organisation and management of the service, which, on a whole is disorganised and mismanaged in many pharmacies. A new pharmacy was necessary and desirable to meet the needs of a growing population.

- 4.47 Ms Bradley advised they had seen a large rise in the numbers of patients registering with GP practices and, as they reach saturation point, if not already, we will see larger number of patients presenting at pharmacies.
- 4.48 Ms Bradley believed the current network could not adequately cope with the increase in population. Already within the CAR there are descriptions of multiple patients being left without medication, errors in prescriptions and refused services. This could only get significantly worse.
- 4.49 *Ms Bradley quoted a few of the many patients who responded to the survey:*
“Abbey have made me go without insulin in the past. I now take my prescription to Silverburn when I go to Tesco. A pharmacy within the neighbourhood would be good. Abbey are actually outside and no good.”
“Years of consistent failure (Abbey) of being unable to dispense my medication I moved. I sometimes went days without my heart medication, or they would give me a few days’ supply while they went and reordered it. Then when the actual prescription came from the doctors that I inevitably had to collect myself and hand into the pharmacy I would repeatedly call back for medication owed, each time in a queue for 20 mins.”
“I have been left without medication for 4 days and 2 days another time by abbey because they failed to order my repeat after my phone call and it never arrived and GP said it was never ordered.”
- 4.50 Since the last proposal in 2018, many houses had been built at Hawkhead Road and the building continues to this day amounting to around 443 homes once complete. Wimpy have 234 plots with 53 homes still to be built (23%). Taylor Wimpy have 209 plots with 23 homes to complete (11%). Both house builders should have this completed by September 2024.
- 4.51 Ms Bradley advised that from 2018, there would be a total of 813 new homes within the vicinity. If this was multiplied by the average of 2.14 per household, there would be a potential increase in the population of 1739 (27% increase). If the completed properties at Hawkhead were included, using the average of 2.14 per household this would equate to a population increase of 2525 which would be a 39% increase in population.
- 4.52 Ms Bradley further advised this was more than a large village or a small town. Fenwick was granted on a population of 1000, Dalrymple has 1300, Springside 1200, Logan 1333, Catrine 2000, Earlston 1720, and Ochiltree

1000. The pharmacies within these communities are sustainable and all viable.

- 4.53 A 39% increase in population was a significant amount and, would be challenging for the current pharmacy network to absorb and cope with, hence why there are failures documented within the CAR.
- 4.54 The precedent had already been set with regards to consideration of proposed and granted developments. That is why they were reaching out to the PPC to fully contemplate this when making their deliberations.
- 4.55 In terms of physical accessibility, public transport was one way of accessing the pharmacies. The nos. 3, 10, 66 and 70, all operate on an hourly basis. From May, the no. 10 was reduced from a half hourly service to an hourly service citing lack of drivers. The no. 66 is currently a half hourly timetable but if there were a further shortage of drivers, this too could be altered or indeed withdrawn. One comment in the CAR stated the buses were not always on time.
- 4.56 It was Ms Bradley's assertion that the residents commuting by bus were facing a two hour round trip to collect their prescription. This would only be the case if they received all their items on the day and did not have to return for a remaining part supply. One comment in the CAR expressed 3-4 journeys to Well Pharmacy to obtain their prescription.
- 4.57 Ms Bradley advised the CAR figures state 75% of people were returning twice for their prescription to be fully complete which could mean multiple journeys of two hours to collect one item. Ms Bradley further advised, a mother with two toddlers does not have the luxury of this time and imagined the journey could be very challenging physically with children.
- 4.58 Ms Bradley advised the cost would also be prohibitive for those not exempt, with a fair amount of the population income deprived. The McGill's no. 6 bus from the Hurlet to Lonend is £2 single and £3 return. So potentially £6 over a two-trip journey per person.
- 4.59 Over time and with an increasing population Ms Bradley could only see these return journeys increasing.
- 4.60 Ms Bradley read quotes from the CAR:
"Hunterhill has never had a good bus service."
"Too far and bus isn't great."
"They aren't in my area. I have to get two buses to Abbey."
"My problem is the distance. Lloyds are happy to deliver, but if I want to go there it's very far. 66 bus takes ages, and my feet can hurt."
"a new pharmacy would go a long way to making a pharmacist accessible. It's a long way to Neilston Rd and Abbey is extraordinary busy."

- 4.61 Ms Bradley advised the following is a quote from a patient who is already fretting about the future:
- “Had to move from Abbey because of multiple errors and subsequent arguments which caused a lot of inconvenience. Had to go to another pharmacy out with the area because of this poor service. Unfortunately, I cannot get deliveries because they reached saturation point which worries (me) for the future as at some point I may not be able to drive and the bus service is awful.”*
- 4.62 Ms Bradley advised, the Springside pharmacy application in 2015 was granted on desirability. That area had a bus service running at a frequency of 7-8 minutes for a pharmacy one mile away, and at a cost of £3 was granted on desirability that a bus fare of £3 was deemed too high.
- 4.63 The lack of a robust public transport system had a profound effect on vulnerable groups who were income deprived.
- 4.64 The nearest pharmacy is Abbey Chemist which is located 0.6 miles away. It is a 20 minute walk from Blackford Road to Abbey Chemist. The distance from the most Easterly Boundary is 1.8 miles (3 times) and therefore a minimum 45-minute walk resulting in over two hours when factoring in the waiting time for a prescription.
- 4.65 Ms Bradley advised if the patient had a bad experience at Abbey and wanted to use another pharmacy, it would be further to walk to the town centre to Boots and Lloyds on the High Street. Ms Bradley explained that car parking can be a barrier in the town centre. The walking distances to Well, Boots and Lloyds on Neilston Road and Causeyside Street were approximately one mile which could be 20 minutes or more. Mackie’s pharmacy on Glasgow Road is 1.5 miles and would take at least 30 minutes.
- 4.66 Ms Bradley advised if walking to one of the other pharmacies on foot from the outer perimeter on a summers’ day whilst feeling well, it could be a leisurely and enjoyable walk. However, on a wet, windy day whilst feeling acutely unwell, it could be challenging. Ms Bradley advised, for the health challenged, these walking times would be considerably more, if possible at all.
- 4.67 Ms Bradley quoted another response from the CAR:
- “Neilston Rd is too far for me“*
- “Services are 100% inadequate I have to walk for 40 minutes 3 times a week for Medication.”*
- 4.68 Regarding the legal test of adequacy in the regulations, Ms Bradley felt that it was very much an isolated consideration, and failed to take into consideration other government policies such as “15-minute neighbourhoods”. If, in the context of adequacy in a 15-minute neighbourhood, and the “legal test”, a pharmacy would have to be granted. By foot alone on the outskirts of the neighbourhoods of Hawkhead and

Dykebar, residents would be walking well in excess of 45 minutes to reach Abbey Lonend. This could potentially be a two hour round trip to collect a prescription when factoring in waiting and queuing times.

- 4.69 Ms Bradley explained that pharmacies can also be reached by car, however, only 45% of residents in Renfrewshire had access to a car which was lower than the Scottish average. Ms Bradley further explained that there was poor parking at Neilston Road and Glasgow Road and referenced one comment in the CAR expressing the difficulty with a child in the car. It was Ms Bradley's assertion that half the population were left travelling on foot if physically possible, or long expensive bus trips.
- 4.70 With the recent rise in fuel costs, fuel poverty may also play a role in hindering access to pharmacies. Transport Scotland also were pushing for reduced car use by 20% and published a document in January 2022 entitled "Reducing Car use for a Healthier, Fairer and Greener Scotland: A route map to achieve 20% reduction in car use by 2030".
- 4.71 If public transport was not improved, or a pharmacy was not placed nearer the residents in this neighbourhood, then this was a huge barrier to achieving a 20% reduction in car use.
- 4.72 Public Health Scotland's vision was for everyone to thrive in Scotland. They state that one of the five foundations of community health and wellbeing was "accessible and effective healthcare and social services". This was currently not being achieved in this neighbourhood.
- 4.73 Ms Bradley quoted a resident :
- "Everything is too far, but even the closest is rubbish. My prescription is never ready, they never have stock even though they have the prescription for weeks. The worst is when they ask elderly to call back the next day as their prescriptions are never ready. In the 40 mins I was waiting for my own they told elderly to return tomorrow as they hadn't the stock for theirs. Absolutely atrocious."*
- 4.74 For this patient healthcare is neither accessible nor effective.
- 4.75 There have been both planned and unplanned closures. Boots closed for six weeks in the summer of 2022 and, without engagement with its patients. Both Well and Lloyds also had unplanned closures. This had been noted with comments in the CAR and the resultant impact it has had on GP practices and patients.
- 4.76 Ms Bradley quoted another residents response from the CAR:
- "How can they be adequate when some aren't open. Some never have stock and are hard to access if you have walking problems."*
- "I go to boots and work through the week. I collect my medication and they are pretty good. But I have to get 2 buses to get there, or cycle over as they don't deliver on a Saturday. But the last couple of Saturdays they were shut*

leaving me without my medication. Hopefully a new chemist will take the pressure off them so they can then open. I used to go to Well but they seem to have problems getting staff and a chemist as well, but are disorganised.”

“Another independent pharmacy in the area would be much needed. Lloyds and Boots pharmacies are regularly closed completely or operate on very short hours. A recent study found these multiples groups are fifteen times more likely not to offer their contracted hours.”

- 4.77 Ms Bradley advised the language used within the following comment is suggestive of a healthcare professional:
- “The pressure placed upon existing pharmacy contractors due to Lloyds/Boots closing or shortening hours at short notice is sometimes overwhelming. Patients require a consistency of access to pharmaceutical services.”*
- 4.78 In conclusion, Ms Bradley advised pharmacies were not local and accessible or, indeed open for everyone residing in the neighbourhood. Therefore, she deemed them to be inadequate.
- 4.79 In terms of capacity, it was Ms Bradley’s belief that all pharmacies lacked capacity. Both Boots and Lloyds on Neilston Road lacked capacity to increase business due to incommensurate premises. Abbey appeared to be over capacity, having to offer deliveries and introduce robotic technology to reduce queueing. Ms Bradley felt it was evident they were oversubscribed leading to errors in dispensing, failures in delivery, and a telephone that got ignored. There were several comments on the smaller patient space after the recent refit which was impacting on privacy and confidentiality.
- 4.80 Ms Bradley advised, Lloyds on Neilston Road could barely accommodate prescription storage due to physical limitations, and the floor was used as a storage area, raising health and safety concerns.
- 4.81 On telephoning the various pharmacies two weeks ago, Ms Bradley advised all Boots Pharmacies stated they were at capacity for new patients for compliance aids. Boots in the Piazza stated a two year wait time. All pharmacies on Neilston Road stated they had no capacity. Mackie’s on Glasgow Road did have capacity, however, they send to their Cardonald branch for dispensing and assembly. Ms Bradley would argue this is a potential patient safety issue where no interactions would be flagged up to the pharmacist when an acute prescription is labelled in the Glasgow Road branch. One comment in the CAR advised of an error in a dosette box with metformin, and the difficulties around this due to the location of dispensing.
- 4.82 Ms Bradley advised she understood the provision of dosette boxes was not a contractual service, however, carers are highly reliant on them as a means of assisting their patients to remain at home. Indeed, many people were discharged on dosette boxes from hospital and the community pharmacy had no choice but to continue. Quite simply if we did not have this service then we would see hospitals clogged up.

- 4.83 Ms Bradley advised Boots on Neilston Road failed on disabled access. It would be very challenging for a person using a wheelchair to enter the shop and then enter the consultation room. The consultation room is in fact not a room, it is open to the dispensary with a potential breach of privacy and confidentiality. Conducting an Emergency Hormonal Contraception consultation or anything delicate could be very difficult. Gauze Street is also very limited in its floor space and lack of privacy is a major concern. There are many comments within the CAR complaining of lack of privacy within Abbey, Lonend. Abbey is routinely sending prescriptions to Gauze Street for patients to collect. It is a 10–15 minute walk between the branches and parking can be difficult immediately outside Abbey Gauze Street. Gauze Street also has limited patient floor space and conversations would easily be overheard by other patients.
- 4.84 Well in Neilston Road would also find it difficult to accommodate a wheelchair user into their consultation room. It was Ms Bradley's assertion that these were all failures under the Equality Act.
- 4.85 Ms Bradley advised, there was a government publication titled "Achieving Excellence in Pharmaceutical Care": A strategy for Scotland published in 2017. The vision was for the pharmacy to be the first "port of call" for patients. It was Ms Bradley's assertion that this had been somewhat achieved via the introduction of several PGDs, however, what was in place now, was a system under tremendous strain and patients refused services.
- 4.86 Ms Bradley quoted further from the CAR:
- "I have a friend who stays in the area and her daughter had a rash which needed looked at. She went to three different pharmacies within the area and was told she would need to wait an hour with one pharmacy, the wait was over 2 hours. This is unacceptable in my view. The inevitable happened- the girl got distressed and the parents took her to the local A&E. Totally unacceptable and avoidable considering covid pressures at the time."*
- "They are making serious mistakes with peoples' medication, and someone is going to get seriously ill or die due to carelessness."*
- "My child has gone without insulin overnight due to Abbey."*
- "Only other pharmacy on the main road is always over run and understaffed. Had mistakes in my prescription as well as shortages."*
- "Once my husband ran out of medicines and tried to use the Well on Neilston road. They said they were too busy and that we had to phone nhs 24."*
- "Been forced to go out the neighbourhood to get my meds because the service in abbey is poor but then now require them to be delivered but have twice received medicines for the wrong person."*
- "Went to get morning after pill from Abbey. Told to come back in the afternoon. Went back, queued for 20 mins told it would be 15 (mins) for the*

pharmacist. Didn't bother as I had to pick kids up from school. Went and bought it online got it the next day."

- 4.87 Ms Bradley advised the services have been implemented but the execution is faltering. From the CAR, 81% people state the service is inadequate and 83% respondents advise waiting times are inadequate. These were significant percentages. In other PPC hearings, there have been pharmacies granted where the percentage of inadequacy was 59% for Lesmahagow, 60% for Blackburn and 70% for Springside. These were all lower than theirs at 81%. Ms Bradley felt this was a clear disillusionment within the population surveyed and evidence of inadequacy.
- 4.88 A further comment from the CAR stated:
"We are aware of the significant strain and increased workload local pharmacies have faced and this is reflected in increased turnaround time, incomplete prescriptions and back and forward between surgery and pharmacy for patients. Long queues outside pharmacies have been the norm and any additional service would ease this demand and improve the patient journey."
Ms Bradley felt the terminology used here was suggestive of a healthcare professional.
- 4.89 Ms Bradley advised the CAR's statistics evidenced the failings of the current network. A total of 366 respondents completed the survey. This was a substantial increase in responses from the 2017 CAR and Ms Bradley felt was representative of the neighbourhood. After children, babies and those who are healthy and do not access pharmaceutical services were discounted, the response rate would be much higher in a population of 6,403. Ms Bradley further advised, in comparison to the previous link to the survey, the link supplied for this consultation was cumbersome and a barrier to accessing it. Ms Bradley advised they had to direct residents to a social media site and a website. Many elderly people however do not use social media, so this was a major barrier.
- 4.90 With both digital poverty and a digital exclusion, Ms Bradley advised it was difficult to get patients to record their views. Ms Bradley wanted to point out that generally one completion of the survey was for a household not an individual therefore in terms of statistics, they should be multiplied by 2.14.
- 4.91 When comparing % of CAR data from the current application in 2022 to the previous application in 2017:
- 81% stated overall service was inadequate versus 49%;
 - 69% found Pharmacy First inadequate versus 41%;
 - 69% found smoking cessation inadequate versus 30%;
 - 73% palliative Care inadequate versus 63%;
 - 75% Unscheduled care inadequate versus 37%; and
 - 71% MCR inadequate versus 39%

- 4.92 Ms Bradley advised a decline in overall satisfaction from the patients can be seen which increases inadequacy.
- 4.93 The following new criteria was not surveyed in 2017; however for this application it was found:
- 75% patients are returning because their prescription was incomplete on the first visit;
 - 83% are finding waiting times are inadequate; and
 - 71% state privacy / confidentiality is inadequate
- 4.94 Within the comments there were 250 which specifically mention Abbey in a negative light and there were in excess of 1,000 negative comments where a pharmacy wasn't specified.
- 4.95 Comments in the CAR regarding smoking cessation were that patients had been refused the service, referred to secondary services by Well Pharmacy and not given the support and encouragement they expected by Abbey Chemist. Lung cancer in Scotland in 2021 was the most prevalent cancer and should be a huge focus. Ms Bradley felt this was a massive failing and a breach of the pharmaceutical contract. A further quote from the CAR:
- "I tried to do smoking cessation with abbey, I went twice and the queues were so massive I just didn't go back. I ended up getting patches from my nurse then Abbey took two days to dispense them. Thankfully I gave up but Abbey just didn't facilitate in the slightest. It's just stressful dealing with them"*
- 4.96 Ms Bradley felt the CAR highlighted many errors in dispensing. She felt it could be said that Abbey was a victim of their own success and increased dispensing figures were causing inefficiencies and unfortunately errors as could be seen in the following comments:
- "Was given the wrong strength of atenolol by abbey and tried to get through on the phone several times, maybe around 3-4 times. When I eventually got through the pharmacist said it was impossible for them to have made a mistake because of the robot. The pharmacist refused to send out the correct strength of my medicine so my daughter had to go collect it in person. She then had to wait 40 mins. I wasn't bothered about the error but it was the rude pharmacist and blameless attitude. We now use a different pharmacy."*
- 4.97 The following incident occurred in Well, Neilston Road:
- "My daughter gets anti-depressants, and the Dr increased the dose so gave her an interim prescription for 2 weeks until it could go in the dosette. When I collected them and took the 4 boxes to my daughter they still had the old strength in them and 2 weeks later she hasn't received it so is now back to the lower strength even though my daughter phoned to ask if it had been updated and she was told yes."*
- With depression being a leading cause of ill health, Ms Bradley felt this was a disappointing situation.

- 4.98 Ms Bradley advised that despite the increased output of prescriptions from Abbey Medical Practice and Anchormill Medical Practice, not all pharmacies had capitalised on this. The following contractors have had a decline in prescription figures from 2018 to 2022 with some in double figures. The following data was submitted as part of Ms Bradley's written representation.
- 4.99 Well, Neilston Road reduced by 28%, Lloyds Neilston Road by 14%, Lloyds on the High Street by 31% and Boots Paisley Centre reduced by 25%. In contrast, Abbey Gauze Street increased by 37%, Abbey Lonend by 12% and other independents out with the neighbourhood increased by 42% and 41% respectively. It could be seen that the multiples in that area were haemorrhaging business. Mackie's and Boots on Neilston Road only increased by 9% and 8% respectively and Boots Piazza only 2% despite the massive decrease in the Paisley centre
- 4.101 Ms Bradley advised that what could be drawn from that information was that the multiples were failing with poor staff training and retention, limited wholesalers, small premises and in some cases closures. Although Abbey had increased in Lonend, they were beyond capacity and were directing dosette boxes to be assembled in Gauze Street, hence why there is a massive increase in prescription figures from 2020 to 2021. In their written submission there was an admission that they had to install the collection robot due to patient safety concerns and to reduce waiting times. The robot did assist the working population to collect at non-contractual hours, however it did have limitations on size and those medicines subject to storage requirements, such as refrigerated items and controlled drugs. From the CAR, long waiting times did feature as a common source of complaint despite the robot. In addition, it was Ms Bradley's assertion that the robot was simply another supply route akin to a delivery service and did nothing to facilitate face to face consultations for those patients.
- 4.102 In January 2023 prescriptions issued from Abbey Medical Practice totalled 16,837. Abbey Lonend had a 55% share of this. The other pharmacies feeding into the area were in contrast with only 14% in total. Well Neilston Road did not even make the top 15. The second largest share at 6% was Foxbar Pharmacy which was 3.1 miles away in a separate neighbourhood entirely taking 10 minutes in the car or 52 minutes on foot. 5% of prescriptions were being dispensed in Glenburn, two miles away taking 8 minutes in the car and 41 minutes on foot.
- 4.103 Ms Bradley asked what conclusions could be drawn from this.
- 4.104 Patients were going out with their neighbourhood to have prescriptions dispensed due to Abbey being at capacity / poor service provision. Several quotes in the CAR evidenced this. Boots in Neilston Road only dispensed 1.47% of the total prescriptions, Lloyds Neilston Road dispensed 1.03% of the total prescriptions and Well was less than 1%. This clearly demonstrated that Neilston Road was not considered the neighbourhood for the residents within Ms Bradley's defined boundary, because they were choosing to not

utilise their services. Patients were driving further afield for an adequate service and possibly car parking i.e., more accessible.

- 4.105 Ms Bradley advised she had similar statistics from dispensed prescriptions from Anchormill Medical Practice. Abbey Lonend and Gauze Street combined dispensed 40% of the prescriptions issued in January 2023. Again, followed by Foxbar and Glenburn at 6% and 5% respectively. No branch of Well Pharmacy even makes it into the top 15. And patients here not only leaving the area but leaving the town to go to Elderslie, 2.8 miles away.
- 4.106 Ms Bradley advised if the regulations were to consider dispensed volumes, it should be the owners of Foxbar and Glenburn Pharmacies that should be required to be represented today to defend their market share because those two pharmacies combined had approximately equal weight of all the contractors here today combined except Abbey.
- 4.107 If the declining prescription figures for Lloyds, Well and Boots were looked at, it would paint a stark picture that patients were voting with their feet. They have not properly invested in staff or their business sufficiently and they have seen a decline which is all their own doing. Boots and Lloyds on Neilston Road have not invested in their premises nor moved to larger premises.
- 4.108 Since 2018 there have been several new services provided by pharmacies via Patient Group Directions (PGDs). Those included treatments for shingles, various skin infections such as cellulitis and impetigo, urinary tract infections, bridging contraception and most recently in August a further National PGD rolled out for hay fever for five different medicines.
- 4.109 Patients utilising that service several times a day could massively reduce the workload of a GP practice. That alone demonstrated the value of Pharmacies. However, there was a big “but”. Ms Bradley asked was every pharmacy delivering that service adequately 100% of the time as this was the vision of the Healthcare Quality Strategy for Scotland, where “every patient receives the best care and treatment every time”. Ms Bradley seemed to think the CAR painted a different picture.
- 4.110 Ms Bradley explained that MAS was extended in April 2020 to all patients registered with a GP in Scotland. Advice only and referrals were documented. What should have been apparent in all pharmacies was a significant increase in consultations. However, for many, it was a small increment and in Boots in Neilston Road there was a decline in the number of consultations.
- 4.111 The more services carried out by pharmacists without the appropriate staffing levels and skill mix, the more we saw pharmacies struggle to maintain the services to the satisfaction of their patients.
- 4.112 From the comments in the CAR, it could be seen that Well Neilston Road had on several occasions refused contractual services. This was not only from

patients but also a Practice and Locum Pharmacist. Abbey had also failed with this regarding waiting times and errors. This was not only hindering the health of patients but also pressurising secondary services.

- 4.113 A Freedom of Information request to NHSGGC revealed a total of 156 complaints within the period January 2018 to June 2023 for the surrounding pharmacies. 72 of them related to errors in medication supply, 37 for customer service, 8 for waiting times, 13 for supply issues and 29 in a miscellaneous category. It was Ms Bradley's assertion that many of those errors could have been avoided.
- 4.114 In Ms Bradley's opinion, the recording and reporting of errors showed inadequacies in service provision. However, Ms Bradley felt this was inconsequential if there were no procedures in the regulations to address this. The only means of remedy was the process. The Pharmaceutical Care Services Plan was not updated in response to a high number of complaints nor the contents of a CAR. Just because a need wasn't identified within the plan, didn't mean a need didn't exist. Ms Bradley advised she was demonstrating this today.
- 4.115 A high number of complaints belonged to Lloyds Pharmacy. Ms Bradley appreciated Lloyds had exited the market however, it no doubt would be the same team at branch level with the same premises. Ms Bradley advised the panel needed to satisfy themselves that those complaints won't perpetuate.
- 4.116 Ms Bradley read one comment from the CAR regarding complaints to Abbey:
"Abbey are too disorganised even with their robot, and their pharmacist just shrugs off complaints as he knows there is nowhere else to go."
- 4.117 Ms Bradley advised many complaints would be verbal in nature, and she was confident that those did not make it to the Health Board.
- 4.118 Ms Bradley questioned what value a pharmacy had in a neighbourhood?
- 4.119 A recent survey commissioned and published on August 3rd 2023, by the Association of Convenience Stores asked 1000 people across the UK how they value 16 different services in their local area defined as the area within 15 minutes' walk from their home. It included pharmacies, petrol stations, pubs, banks, charity shops, convenience stores, post offices, coffee shops, hairdressers, gyms and more.
- 4.120 62% of respondents believed pharmacies were the "most essential" of the 16 services. Ms Bradley advised that is the value that we deliver to communities. 39% of respondents rated pharmacies as having the second most "positive impact" on the area.
- 4.121 Ms Bradley explained this was very much highlighted during covid lockdowns. Pharmacy was under extreme pressure and as members of the healthcare system they demonstrated their worth; however many

pharmacies couldn't cope with the demands. Ms Bradley advised, although COVID is behind us it has left a massive impact.

- 4.122 Granting a new pharmacy in the area would not magically cure all that is wrong in society and cure all diseases. Ms Bradley advised it would be naïve to think so, however, for the residents in Hunterhill, Dykebar and Hawkhead, a new pharmacy could relieve the burden and stress of long waits in queues, poor service and refusal of services, repeated journeys to collect medicines, avoidance of a not fit for purpose bus service, with the resultant financial and time costs and to access all contracted services and the opportunity to speak to a healthcare professional promptly.
- 4.123 Ms Bradley advised, the ramifications of an inadequate pharmaceutical service had been evidenced with patients, however, wanted to look at other healthcare professionals.
- 4.124 GPs were facing challenges with the local pharmacies and therefore supported their application, with one GP saying:
"A new pharmacy would go a long way to making a pharmacy accessible."
- 4.125 Ms Bradley assumed the following was a carer whose energies were diverted to problem solving rather than spending time on their clients' other needs:
"I spend so much time chasing up prescriptions for clients a new chemist would be really handy. One that's organised, has less waiting times and can get changes to boxes, error free and on time medication to clients would be good. A delivery service isn't much good if the medication is often incorrect. I regularly get old medication, recycled boxes and even other people's medication being delivered to clients. I've come to the decision that all the local chemists are just too busy."
- 4.126 Ms Bradley advised Practice pharmacists have also suffered the consequences of the inadequacies:
"As a practice pharmacist and community locum I feel I can provide some insight into what is happening. Over the last 6 years I have found the pharmacies on Neilston Road to be becoming more complacent, less professional and harder to deal with. This has been significantly worsened by the pandemic. In particular Well Pharmacy on Neilston Road is a pharmacy that significantly has problems with shutting, late pharmacist, splitting a pharmacist between that branch and Glasgow Road. They seem to have about 5 pharmacists in 5 years, each for about 6 months, with the gaps being filled in by locums. The staff are always off sick and they seem to be very few. They never answer their phone. They don't make prompt changes to patients medication. They refuse services like EHC and smoking cessation regularly. The practices in the area have made a decision to stop sending patients to Well for services. This in turn have made people turn to Abbey, who are now so busy that they are completely overrun. They don't have capacity for more. Finding a pharmacy in the area to take on buprenorphine or any supervision is difficult. Add in weekly dispensing of

tablets be it in boxes or skillets is almost impossible. With new houses in that neighbourhood being planned at over 700 there is definitely a need for a new pharmacy.”

- 4.127 Ms Bradley advised locums also detailed their experience in several of the pharmacies which wasn't complimentary.
- 4.128 Patients were also noticing the impact the increased service demands were having on Abbey:
“all services are a breaking point. There is no pharmacy within this area within a reasonable distance of the houses within the areas of Dykebar etc. This would impact the community on such a positive manner from young to working adults to elderly” “This is a huge area not served by a pharmacy. Residents will be able to come here for all health advice, taking pressure off of GP and other health services.”
- 4.129 In terms of viability for a new pharmacy, Ms Bradley advised they were confident that with new housing stock and the provision of a good service, they would be financially viable. Ms Bradley believed that they would impact financially on Abbey. Ms Bradley commended Abbey for building a lucrative business, however Ms Bradley believed Abbey were beyond capacity and had overextended on service provision. It was Ms Bradley's assertion that this was affecting service delivery and thus patients' health.
- 4.130 In conclusion, they were seeing increasing GP registrations in Abbey Medical Practice and Anchormill Medical Practice, increasing prescriptions issued, increasing population due to new developments, increasing poverty, lack of capacity in existing pharmacies, increasing services and decreasing satisfaction from patients and so the current number of pharmacies and distribution of these pharmacies is not adequate for the growing population. Nor is it safe. The percentages of responses in the CAR and the type and nature in the comments amounts to evidence of inadequacies.
- 4.131 Public Health Scotland assert that health was a fundamental human right. And for that to happen they needed the following:
- Accessible;
 - Available;
 - Appropriate;
 - High quality
- 4.132 Public Health Scotland also stated that poor access to services affected physical and mental health. Their vision was where everyone thrived in Scotland where they state one of the 5 foundations of community health and wellbeing being were “accessible and effective healthcare and social services”.
- 4.133 Without all of these Ms Bradley advised they had health discrimination. Today Ms Bradley believed the evidence presented proved that the services were not accessible to all, not all services were available and high quality was not being delivered.

4.134 Ms Bradley advised that she and her partner appealed to the panel today in the hope that they had demonstrated clearly the gaps in the services and the chronic failures in patient care which they believed amounted to an inadequate service, and they asked the Committee to grant the pharmacy today at Blackford Rd. Ms Bradley advised, ultimately the power lay in the Committee's hands to reduce the material disadvantages and the health inequalities of the residents.

4.135 Ms Bradley asked the Committee to put themselves in the patients' shoes referencing poor service at the pharmacies. The words from the CAR that ring out include:

- Substandard;
- Let down;
- Disaster;
- No faith;
- Awful;
- Lied to;
- Abysmal;
- Somewhere else to go would be a relief;
- Hassel;
- Unreliable;
- Dire; and
- Despair

4.136 Ms Bradley asked the Committee to imagine it was their mother, father, daughter, son, or grandchild. Is this the service that we want from our pharmacies? Patients do deserve better.

4.137 This concluded the presentation from Jacqueline Bradley

5. The Chair invited questions from the Interested Parties to the

5.1. Questions from Ms Yung (Mackie Pharmacy) to Ms Bradley

5.1.1. Ms Yung referenced data zones ending 2119, 2117, 2118 for Hawkhead and enquired what Ms Bradley believed these areas to be in relation to areas of deprivation for the community within the neighbourhood. Ms Bradley responded to state that these were Quintile 4 or 5 and was an overall average, but pockets of deprivation still remained within those neighbourhoods.

5.1.2. Ms Yung referenced the Applicants comments in relation to residents of Hawkhead and Dykebar being "particularly disadvantaged by their lack of accessibility to a pharmacy" and asked for clarification what Ms Bradley meant. Ms Bradley responded that as per the CAR which noted closures from existing pharmacy providers whether due to lack of staff including pharmacist resulting in refusal of service (smoking cessation) and lack of resources to enable safe delivery to patients.

- 5.1.3. Ms Yung queried if staffing was an issue then how the Applicant was going to be able to recruit and retain staff when other providers have been unable to. Ms Bradley noted as an independent provider she has several contacts willing to work with her and obtain additional training that they are not getting from existing employers. Ms Bradley went on to note that she feels that multiples have issues with training and retention of staff due to internal policies which as an independent she is not confined to.
- 5.1.4. Ms Yung went on to enquire whether staff, if the application was granted, would be from the Paisley area. Ms Bradley confirmed that her potential staff are currently employed within pharmacies in the Paisley area.
- 5.1.5. Ms Yung noted that the Applicant would be potentially poaching other pharmacy staff in the area and so exacerbate the situation. Ms Bradley responded to say that she was unable to comment on staff in other pharmacies with the wrong training.
- 5.1.6. Ms Yung referenced the Applicants comments about errors by other providers and enquired if she could guarantee her pharmacy, if successful, would be error free? Ms Bradley responded to confirm that she would not be able to guarantee this as all human but with the correct training and good staff support then errors can be limited.
- 5.1.7. Ms Yung had no further questions for the Applicant.

5.2. Questions from Mr Sagoo (Boots UK) to Ms Bradley

- 5.2.1. Mr Sagoo noted the Applicant's reference in her presentation of Boots in Neilston Road not having a consultation room and asked where Ms Bradley got this information from. Ms Bradley responded that it was referenced in the CAR as well as having personally worked in the store. Reporting that at the time of her working at Boots Neilson Road, there was no physical room but a three-sided sectioned off area where staff and other customers could overhear any conversations for not 100% confidential.
- 5.2.2. Mr Sagoo enquired when Ms Bradley had worked at Boots on Neilston Road. Ms Bradley informed him it was 2022.
- 5.2.3. Mr Sagoo noted that there has been some recent changes to the Boots on Neilston Road which included a secure Consultation Room and enquired if the Applicant had seen this. Ms Bradley confirmed that she had not seen this or the changes in the Boots Neilston Road since working there in 2022.
- 5.2.4. Mr Sagoo enquired if the Applicant was aware that Lloyds in Neilston Road was under new management to which Ms Bradley confirmed that she was aware of this.
- 5.2.5. Mr Sagoo then enquired if the Applicant had worked in the previous Lloyds on Neilston Road under the new management to which she confirmed that she had.

- 5.2.6. Mr Sagoo enquired if the Applicant had seen any improvements in service at the formerly Lloyds premises on Neilston Road to which Ms Bradley confirmed that she had not seen any improvement in services at that location.
- 5.2.7. Mr Sagoo references the Applicants comment about having contacted the Boots in the Piazza and enquired when she had done this and to whom she had spoken. Ms Bradley responded to confirm that she had called on the 28th August 2023 but had not noted the name of the male pharmacist who she had spoken with.
- 5.2.8. Mr Sagoo enquired if the Applicant had submitted any layout plans for the proposed pharmacy? Ms Bradley confirmed that she had one but had not submitted it with application papers.
- 5.2.9. Mr Sagoo enquired why this proposed premise layout was not shared. Ms Bradley responded that it was not necessary for the application but that it has two consultation rooms and then noted that plans could be amended at any time.
- 5.2.10. Mr Sagoo noted the comments from the Applicant in relation to existing pharmacy premises already in the area but not feeling it was worthwhile to submit for own proposed premise. Ms Bradley responded to say that anything said during this Committee regarding the proposed premise layout can be easily changed as does not yet exist and therefore the proposed premise layout remains hypothetical at this stage.
- 5.2.11. Mr Sagoo asked the Applicant if she was aware of workforce shortages within community pharmacy? Ms Bradley confirmed that she was aware and the culture within the industry is what limits people seeking employment.
- 5.2.12. Mr Sagoo noted that in the summer of 2022 the Greater Glasgow & Clyde Health Board recognising the workforce challenges, offered community pharmacies the opportunity to close for extended periods? Ms Bradley confirmed that she was aware of this.
- 5.2.13. Mr Sagoo wished to note that Boots on Neilston Road had closed following this opportunity from the Health Board. The Applicant responded that closing for 6 weeks on only Saturdays with apparent no consultation with patients was not helpful to those working customers.
- 5.2.14. Mr Sagoo enquired how the Applicant had been made aware of this. Ms Bradley noted comments in the CAR.
- 5.2.15. Mr Sagoo noted that those comments could have been from patients who had not known of the closure. Ms Bradley responded to quote the comment from one of those patients to state they had been left without medication.
- 5.2.16. Mr Sagoo enquired if the Applicant would be surprised that Boots had taken up an offer made by the Health Board to close for the six weeks and let clients know this via posters on the windows and communications

prescription packs? Ms Bradley responded that the offer was just that, an offer and she was not aware of any other pharmacies in the area closing. The Health Board did not make Boots close and notices in windows for someone who works during the week was not relevant and still negligent.

- 5.2.17. Mr Sagoo referenced the abundance of numbers in the Applicants presentation and highlighted the 2014-2021 surmised data and then the reference from 2018-2022 and amendments to the pharmacies quoted including the Boots on High Street and enquired if the Applicant had been to the shopping centre recently. Ms Bradley confirmed that she had.
- 5.2.18. Mr Sagoo asked the Applicant if she agreed that there were very few shops open in the centre? Ms Bradley confirmed that she would agree with this.
- 5.2.19. Mr Sagoo enquired if due to the lack of shops in the Centre that this could have an impact with people taking their prescriptions elsewhere and therefore lack of service? Ms Bradley agreed that this could be a cause for the lack of numbers and services reported.
- 5.2.20. Mr Sagoo referenced the applicant's presentation figures stopping at 2021 and enquired why the figures for six pharmacies for 2022 were not included. Ms Bradley responded that the figures quoted were those available to her at the time and showed an overall capture of the service.
- 5.2.21. Mr Sagoo highlighted that 2021 and 2022 figures were likely due to the impact of Covid restrictions. Ms Bradley responded to state that her figures were from 2014-2021 and therefore a longer period and not focused on Covid.
- 5.2.22. Mr Sagoo highlighted pharmacies in 2022 showed an increase of 5% from 2021 and not just a slight increase in 2014 and enquired why this may be. Ms Bradley responded that a decline in prescription figures was likely due to other independent providers providing better service.
- 5.2.23. Mr Sagoo highlighted that from comments in the CAR relating to Well Pharmacy and enquired when the Applicant had worked there. Ms Bradley was unable to confirm the exact date but noted it was a Saturday in 2022 or 2021.
- 5.2.24. Mr Sagoo enquired if the Applicant, following her experience at Well Pharmacy raised any of the concerns with them or the Health Board. Ms Bradley confirmed that she followed up with the Manager on the day she worked there when the Manager made a fleeting visit.
- 5.2.25. Mr Sagoo enquired if the services at Well Pharmacy had improved. Ms Bradley noted that she has not been back to Well since working there but comments in the CAR would indicate that no improvements were apparent.
- 5.2.26. Mr Sagoo had no further questions for the Applicant.

5.3. Questions from Mr Mohammed (Abbey Chemists) to Ms Bradley

- 5.3.1. Mr Mohammed noted that he had been running a pharmacy for 35 years and has a good reputation. Negativity noted in the CAR was likely the result of canvassing by the Applicant during the consultation period outside the Abbey Chemists pharmacy and asked the Applicant if she was aware of any official complaints to the Health Board. Ms Bradley responded that complaints had been registered with the Health Board and canvassing had not caused these to be reported but were merely a method to ascertain views of the public and their opinions.
- 5.3.2. Mr Mohammed enquired that if service was poor then a decline would be suggested by the numbers. Ms Bradley responded that location is everything and being co-located with the health centre which enables parking is good. However, quotes in the CAR show people being unhappy and some angry regarding failings with Abbey. Patients not willing to travel to go to other pharmacies due to location with the medical centre and access to parking was standing Abbey Chemists in a good place.
- 5.3.3. Mr Mohammed referenced the boundary and that previous PPCs included Barrhead and Neilston Roads. He went on to query why the Applicant went with the Council's definition of the area. Ms Bradley responded to confirm that it was for the PPC to decide the neighbourhood, but she consulted the Community Council who agreed that the suggested neighbourhood was the most appropriate boundary for a new pharmacy.
- 5.3.4. Mr Mohammed enquired if the Applicant was aware that six of the medical practises had closed their practice lists. Ms Bradley responded that she was not aware of this.
- 5.3.5. Mr Mohammed referenced the Applicants time working at Well Pharmacy and that it was not the first time for her there. He went on to enquire if her experience was so negative, why did she return? Ms Bradley responded that like everyone else, she has bills to pay and went on to note that the staff at Well were lovely.
- 5.3.6. Mr Mohammed enquired if the Applicant was aware that Abbey Chemists have two consultation rooms which are closed off / private? Ms Bradley confirmed that she was aware of this but noted that interactions were often done over the counter with no confidentiality for the patient.
- 5.3.7. Mr Mohammed asked for clarification from the Applicant if the facilities were there. Ms Bradley confirmed that they were but that they were not being used in her opinion.
- 5.3.8. Mr Mohammed noted that both Abbey Chemists (of which there are two) had not refused any service whether in person or via telephone from the Health Board or members of the public and enquired if the Applicant was aware of this. Ms Bradley responded that other pharmacies were refusing service due to lack of staff and by refusing service therefore limits errors. Ms Bradley went on to note that Abbey accepting service was ultimately meant that errors were being caused within their branches.

- 5.3.9. Mr Mohammed had no further questions for the Applicant.
- 5.4. **Having established that there were no further questions from the Interested parties the Chair invited questions from the Committee members.**
- 5.4.1. **Mr Woods (Lay Member) was invited to question the Applicant.**
- 5.4.2. Mr Woods referenced the application form and one reason for inadequacy was no pharmacy provision within the boundary. He then enquired if that meant that there was provision outwith the boundary? Ms Bradley confirmed that there was pharmacy provision outwith the suggested neighbourhood.
- 5.4.3. Mr Woods noted from the application form that the Applicant was planning to close daily for one hour and enquired why. Ms Bradley confirmed that this was initially the plan whilst the business was being established to enable all staff to take the break.
- 5.4.4. Mr Woods enquired that if a pensioner travelled to the proposed premise at 1245 hrs what would they find. Ms Bradley responded that the pharmacy would be closed and reduced service to enable everyone to have lunch at the same time.
- 5.4.5. Mr Woods enquired if that means the shop would be closed. Ms Bradley confirmed that the pharmacy would be physically closed.
- 5.4.6. Mr Woods went on to seek confirmation that there would be no access at all. Ms Bradley responded to say that anyone requiring access could knock on the door.
- 5.4.7. Mr Woods enquired if both the Applicant and Mr Campbell would be present in the Pharmacy. Ms Bradley responded that this would be the case on occasion but by concentrating staff breaks to be within the same hour instead of staggered from 1200-1500 hrs limits the inconvenience to patients.
- 5.4.8. Mr Woods noted comments in the CAR of substance misuse being a concern. Ms Bradley responded to state that she understood those concerns, but the public misunderstand that it would not mean discriminating those with addiction which can be many forms and not just drug to not access help when required or on offer.
- 5.4.9. Mr Woods noted the Applicants reference to the population within the proposed neighbourhood as being 6,403 but that the CAR references a larger population. Ms Bradley noted that when she accessed the online figures for the data zones they stated 6,403.
- 5.4.10. Mr Woods asked for clarification on which new housing was completed, in planning or broke ground from the map provided. Ms Bradley responded

with the following whilst pointing to areas on the map for the Committee to see:

- Hawkhead Road (this is slightly out with the Neighbourhood) is under construction (443 properties) with some completed (100) and full development completion is notes as being September 2024;
- Grahamston Road at Dykebar Hospital is ground clearing stage for 700 houses due for completion by 2030;
- Lonend – planning granted for 67 flats;
- Cather Crescent – planning granted for 33 properties;
- Paisley Abbey – 34 properties built (out with neighbourhood).

5.4.11. Mr Woods enquired to the layout of the proposed premise as well as allocation for retail and dispensing. Ms Bradley was unable to recall the total floor area of the proposed premise but was able to confirm that it would have two consultation rooms and 75% allocated to dispensing and 25% to retail sales.

5.4.12. Mr Woods referenced that Applicants comment regarding GPs decision not to refer to pharmacies and enquired what evidence the Applicant had regarding this. Ms Bradley responded to confirm that the Practise Pharmacist had written comment in the CAR.

5.4.13. Mr Woods had no further questions for the Applicant.

5.5. Ms Diamond (Lay Member) was invited to question the Applicant.

5.5.1. Ms Diamond enquired if it was the Applicants understanding that the number of pharmacies in the area had to increase to cover proper service to the community. Ms Bradley confirmed that this was her belief.

5.5.2. Ms Diamond had no further questions for the Applicant.

5.6. Mr Gordon Dykes (Contractor Pharmacist Member) was invited to question the Applicant.

5.6.1. Mr Dykes enquired if some of the cause in contractors would be alleviated by new ownership and better staffing? Ms Bradley responded to say that time would tell.

5.6.2. Mr Dykes enquired if independent contractors treated their staff better. Ms Bradley responded that this was not always the case.

5.6.3. Mr Dykes enquired if the Applicant accepted that Neilston Road was not accessible with parking for those with mobility issues. Ms Bradley confirmed that she did agree.

5.6.4. Mr Dykes referenced the Applicants comment regarding culture stopping people seeking employment and asked that she meant by this. Ms Bradley responded to state that some employers are not fare on the staff.

- 5.6.5. Mr Dykes had no further questions for the Applicant.
- 5.7. **Mr Fergusson (Contractor Pharmacist Member) was invited to question the Applicant.**
- 5.7.1. Mr Fergusson enquired if all the patient quotes noted in the Applicants presentation were taken from the CAR. Ms Bradley confirmed that they were and that there were many more which she did not include or reference.
- 5.7.2. Mr Fergusson references the Applicant's comment regarding GPs getting pharmacists to provide / arrange Dosette boxes and enquired if this was required of the GP or practise pharmacist? Ms Bradley responded to state the practice pharmacist but as a practise as a whole but only aware of this from comments in the CAR.
- 5.7.3. Mr Fergusson had no further questions for the Applicant.
- 5.8. **Mr Din (Lay Member) was invited to question the Applicant.**
- 5.8.1. Mr Din noted that the CAR provided comments up to October 2022 (almost one year ago) and enquired what the Applicants thoughts were now on the situation. Ms Bradley responded that she was not able to say but that there has not been any change in the pharmacies.
- 5.8.2. Mr Din enquired if the Applicant had completed a follow-up questionnaire. Ms Bradley responded that she had not as they were not 100% accurate.
- 5.8.3. Mr Din enquired how the Applicant would decrease waiting times. Ms Bradley responded that waiting times in a new pharmacy would be less due to less patients using it resulting in turnaround times being much faster and staff with required training to aid the productivity of the pharmacy.
- 5.8.4. Mr Din noted that experienced pharmacists find it difficult to reduce waiting times for patients and enquired what magic formula the Applicant has? Ms Bradley responded to say that less patients and a secure business plan to make it happen as well as 25 years' experience and 15 as a locum has enabled her to see the faults in the system and address these from the foundation.
- 5.8.5. Mr Din enquired what the Applicant would do if the number of patients were to increase? Ms Bradley responded to say she would increase staffing levels.
- 5.8.6. Mr Din had no further questions for the Applicant.
- 5.9. **Mr Miller (Non-Contractor Pharmacist member) was invited to question the Applicant.**
- 5.9.1. Mr Miller enquired if the Applicant and Mr Campbell had completed some of the questions in the CAR? Ms Bradley responded that they had not.

- 5.9.2. Mr Miller noted that the Applicant had been a locum for 15 years and references that patients' expectations had changed over this time. Ms Bradley responded that they had possibly changed.
- 5.9.3. Mr Miller noted that patient's expectations had increased on pharmacy services and enquired what the Applicant thought of this. Ms Bradley confirmed that as services has increased patients' expectations had also but pharmacy providers were not meeting these expectations.
- 5.9.4. Mr Miller enquired if both the Applicant and Mr Campbell were independent prescribers. Ms Bradley responded that they were not.
- 5.9.5. Mr Miller enquired if the Applicant was looking to become an independent prescriber. Ms Bradley responded that as a self-employed person who believes in community, she would be open to becoming a prescriber now due to Pharmacy First Plus.
- 5.9.6. Mr Miller enquired if the Applicant was aware of medicine shortages especially post-Brexit? Ms Bradley confirmed that she was aware of this and highlighted that obtaining alternate medicines to be prescribed at the surgery via advanced planning.
- 5.9.7. Mr Miller noted that due to not being an independent prescriber that the Applicant would have to rely on the GP practice providing new prescriptions. Ms Bradley confirmed that not currently being an independent prescriber could be an initial barrier but good communications and relations with the Practices would aid this.
- 5.9.8. Mr Miller referenced the time the Applicant was locum at Well Pharmacy and asked for confirmation if the store had to be closed. Ms Bradley confirmed that she did close the pharmacy just at lunchtime.
- 5.9.9. Mr Miller enquired if this had a detrimental effect? Ms Bradley confirmed that it did but felt she had to the staff to have a lunch break.
- 5.9.10. Mr Miller had no further questions for the Applicant.
- 5.9.11. **The Chair called a comfort break at 1110 hrs for 10 minutes. The session returned at 1120 hrs.**

6. Having ascertained there were no further questions to the Applicant, the Chair invited Interested Parties to make their Presentations starting with Ms Yung of Mackie Pharmacy

- 6.1. Ms Yung read from a PowerPoint which was noted as follows:
- 6.2. What is a Neighbourhood? The Definition is: A surrounding area with distinct characteristics.
- 6.3. Ms Yung advised the PPC defined the neighbourhood of this site in 2018 as Blackwood, Hunterhill, Blackwood and Charleston. They considered these

areas to have similar housing stock (council and ex-council housing). They excluded the areas of Hawkhead and Dykebar to be distinct areas and not included in the neighbourhood of the site.

- 6.4. The proposed premises location is not physically accessible.
- 6.5. The defined neighbourhood noted by the Applicant excludes a number of pharmacies on the boundary.
- 6.6. It is not worth getting on a bus due to its location.
- 6.7. When doing a Google search for estimated travel times for various areas within the proposed neighbourhoods via bus on a Tuesday morning at 1000 hrs. To enable a fair example of times, Ms Yung picked Hillside Road as a point in the area around Todholm Primary School which is in the neighbourhood. The results were:
 - 14-minute walk from Hillside Road to the proposed site and an additional five minutes to Abbey Chemists;
 - 15-minute walk to Wells Pharmacy on Neilston Road;
- 6.8. By bus it is difficult to access the proposed site from this location and would require two buses.
- 6.9. To go to Abbey Pharmacy slightly quicker as bus takes seven minutes to Neilston Road or three to four minutes via car.
- 6.10. Estimated travel times from Glenapp Road at the south end of the neighbourhood is 13 minutes by bus to the proposed site and 13 minutes to get to Abbey Chemists and Neilston Road. Car travel time is less than 5 minutes.
- 6.11. Ben Nevis Road (at housing estate) is poorly serviced by bus services with only one an hour, a 20-minute walk to proposed site and 31-minute walk to Abbey Chemists. A bus journey to the proposed site takes 21 minutes, and 22 minutes to Abbey Chemists due to additional bus stops. Via car, these journeys are four – seven on all routes taken resulting in no great advantage.
- 6.12. Ms Yung referenced Mackie which she advised was not very accessible via public transport. To get from Mackie from all sites and bus provision tends to be when it is required. Location doesn't provide a great benefit to the local community than existing pharmacies. Also, applicant mentioned quality of existing services. What are the issues with existing services - supply of medicines and huge issues with supplies are out with individual pharmacy contracts. Combination of Brexit, lack of delivery drivers all out with anyone's control.
- 6.13. Rise in demand of services resulting from pandemic and GP workloads increasing with people getting sicker in community due to backlog in waiting times for hospitals. We are busier but coping well. Think that consultations

of what we are doing are not linked to the work that we are doing and this local area is a national shortage and pharmacists have left to work in primary care roles. Post pandemic general public are more demanding and less patient and will take out on local community pharmacy team with increase in abuse to staff. There are a whole range of issues affecting quality and a new pharmacy will not benefit this but stretch the pool of trained quality staff against more pharmacies.

- 6.14. In summary, location has no increased benefits, boundaries of the neighbourhood are in contentions and for the PPC to decide, quality issues that have been flagged are bigger.
- 6.15. The Complaints Manager from Mackie Pharmacy confirmed there were no issues in recent years from HUB services for dosette boxes at additional site as robust procedures in place and any changes highlighted and medicines considered urgent and make contact with the hub to ensure that no clinical interactions and has been in place for a number of years and learned from issues learned. Additional capacity for dosette boxes via this service.
- 6.16. This concluded the presentation from Ms Yung of Mackie Pharmacy.
- 6.17. **The Chair invited the Applicant (Ms Bradley) to question Ms Yung**
- 6.17.1. Ms Bradley noted bus timetables within the neighbourhood meaning a two hourly journey due to hourly bus service, a pensioner would have to go out of their way for more than 2 hours. Ms Bradley enquired if this was acceptable for a patient to have to do this to reach service? Ms Yung responded to say that she felt two hours was disingenuous due to departing from homes to make it to the bus stop required timely. Not any more convenient via public transport within the proposed boundary than anywhere else. Only area to be benefited would be those of Blackhall at the west side which has a very busy road with only two crossing and Todholm which has a row of shops on the other side of the road and no formal crossing. Anyone with limited mobility would have to navigate a very steep set of steps. Resulting in patients still having the same issues and accessibility to access pharmacy services.
- 6.17.2. Ms Bradley queries if Ms Yung was expecting people on the right-hand side of Barrhead Road to access these steps and cross the busy road? Not a viable argument. If a patient leaves five to ten minutes before the bus (The Hurlet is only 6 minutes to Lonend) to travel to the pharmacy; waiting in que; speak to pharmacist and miss the bus on the return. Can't speak to everyone within the areas and access to bus stops and neighbourhood is difficult to access the pharmacy. Ms Yung responded to say that the only benefit of walking to a pharmacy would be from Blackhall.
- 6.17.3. Ms Bradley referenced Ms Yung's comment in her submission that Mackie's is not accessible with public transport and enquired how people from Hunterhill access the Mackie Pharmacy? Ms Yung responded to say that Mackie's is not accessible, and bus is possible as is walking into town (Paisley). People who use Mackie's tend to not always live within the areas

of their GP service or pharmacy. In the Applicant's CAR, it references people using Mackie's on their way home from work. More than one way to access a pharmacy – walk, drive and public transport. South of the neighbourhood is an affluent area and have access to cars.

- 6.17.4. Ms Bradley enquired if Mackie considered themselves part of the neighbourhood or providing service into the neighbourhood. Ms Yung responded that they provide service into the neighbourhood in the form of dosette boxes and deliveries.
- 6.17.5. Ms Bradley noted that pharmacy services are increasing and struggling to get staff and enquired if Ms Yung agreed. Ms Yung responded that she was aware and that it was an industry wide issue.
- 6.17.6. Ms Bradley enquired how Ms Yung felt this could be solved. Ms Yung responded to say that additional funding from Government would be an aid. Government's desire to place pharmacy teams within GP practices has been an impact and it takes times for people to be replaced.
- 6.17.7. Ms Bradley enquired if Ms Yung had the power to increase wages for technicians within her company? Ms Yung confirmed that she did not have direct approval but could and would speak to the person who does.
- 6.17.8. Ms Bradley had no further questions for Ms Yung.
- 6.18. **The Chair invited Mr Sagoo (Boots UK) to question Ms Yung.**
- 6.18.1. Mr Sagoo referenced difficulties in the supply of medications and enquired if Mackie's worked collaboratively with other community pharmacies? Ms Yung confirmed that they do.
- 6.18.2. Mr Sagoo enquired if Ms Yung knew of a patient having not received medication? Ms Yung responded that she has not known of this.
- 6.18.3. Mr Sagoo had no further questions for Ms Yung.
- 6.19. **The Chair invited Mr Mohammed (Abbey Chemists) to question Ms Yung but this was declined.**
- 6.20. **Having established that there were no further questions for Ms Yung the Chair invited questions from the Committee members.**
- 6.21. **Mr Woods (Lay Member) was invited to question Ms Yung.**
- 6.21.1. Mr Woods referenced Pharmacy First comments from Ms Yung and the recording of consultations having taken place. He enquired, having access to data from May 2022 until April 2023 for Mackie's, zero consultations from March 2023 then jumps to 53 consultations and asked for clarification regarding this. Ms Yung responded to highlight changes in distribution of Pharmacy services for community activity levels with changing of rules pre-pandemic then recording of data likely lacking since then. Ms Yung

confirmed that Health Board contractual obligations were being met but recording was lacking. Once this was highlighted, post-Covid, Management informed staff of the need to record consultation likely resulting in the sharp uptick of activities.

- 6.21.2. Mr Woods enquired if there were 53 consultations recorded in March 2023. Ms Yung confirmed that there had been and that this figure did not include backdated requests.
- 6.21.3. Mr Woods referenced the increase in expectations from customers and them being more demanding and enquired if members of the public, having been directly to Pharmacy from GPs had increased expectations? Ms Yung responded to state that demand was coming from perceived unavailability of GP's and GPs directing to pharmacies for assessment / referral as appropriate. Members of the public feel that they are being passed over when pharmacies referring them to their GP. GP practices changing their requirement due to their asks and tasks causing delays in prescriptions to be sent to the pharmacy. Patients lack the understanding about this situation and that is it out with pharmacy's control.
- 6.21.4. Mr Woods reflected that there were no complaints issued for Mackie but noted comments in the CAR with medicines being sent elsewhere and asked for more information. Ms Yung confirmed that Mackie's have a central hub facility in Cardonald for dosette boxes which has been able to resolve safety issues with medication and enable in pharmacy efficiency to increase. She went on to note that complaints were received from time to time but were not regarding patient care issues in Paisley.
- 6.21.5. Mr Woods had no further questions for Ms Yung.
- 6.22. **Ms Diamond (Lay Member) was invited to question Ms Yung.**
- 6.22.1. Ms Diamond referenced staffing issues noted in presentations so far and enquired whether there were a set number of staff for sharing amongst pharmacies and whether anything could be done? Ms Yung responded by noting pharmacies prefer to have someone trained otherwise it would be starting at ground level (counter assistant) and train up. Experience is always preferred to aid dispensing time and requirements.
- 6.22.2. Ms Diamond enquired if staffing issues were likely to improve? Ms Yung responded that she was hopeful given time and the underlying issues be resolved or improve. Ms Yung added that it was not just an issue with recruitment to pharmacy but all sectors and nationwide.
- 6.22.3. Ms Diamond had no further questions for Ms Yung.
- 6.23. **Mr Dykes (Contractor Pharmacist Member) was invited to question Ms Yung.**
- 6.23.1. Mr Dykes enquired how many suppliers Mackie Pharmacy used. Ms Yung responded that Mackie had recently taken on a Buyer to aid with the supply

of medication from wholesale but she believed it to be around nine suppliers currently.

- 6.23.2. Mr Dykes noted from his experience when being a Locum that if a Pharmacy only had a couple of suppliers, staff would refer to other independent pharmacies for possible supply of medication required and enquired if Ms Yung had experienced this within Mackie's? Ms Yung confirmed that she was aware of this and had on occasion being the case for Mackie's.
- 6.23.3. Mr Dykes noted the suggested travel times and that Google would say a certain amount of time but was dependant on a person's ability and methods and enquired if Ms Yung agreed. Ms Yung confirmed that she did agree but wishes to indicate the travel times via different methods of transport for clarity.
- 6.23.4. Mr Dykes referenced bus services into the area as being poor for access to pharmacy service. Ms Yung responded to state that depending on where a person wished to go then some public transport was every 30 minutes to the likes of Neilson Road where there were a choice of pharmacies to access.
- 6.23.5. Mr Dykes had no further questions for Ms Yung.
- 6.24. **Mr Fergusson (Contractor Pharmacist Member) was invited to question Ms Yung but this was declined**
- 6.25. **Mr Din (Lay Member) was invited to question Ms Yung.**
- 6.25.1. Mr Din enquired what percentage of the proposed neighbourhood would use services at Mackie Pharmacy. Ms Yung did not have information relating to this and was unable to answer.
- 6.25.2. Mr Din had no further questions for Ms Yung.
- 6.26. **Mr Miller (Non-Contractor Pharmacist Member) was invited to questions Ms Yung.**
- 6.26.1. Mr Miller enquired if Mackie's Pharmacy offered delivery service. Ms Yung confirmed that they did.
- 6.26.2. Mr Miller enquired when Mackie Pharmacy is open until during the week. Ms Yung responded that they were open from 0830-1800 hrs Monday – Friday.
- 6.26.3. Mr Miller enquired opening hours for Mackie Pharmacy on a Saturday. Ms Yung responded to state they were open from 0900-1800 hrs on a Saturday.
- 6.26.4. Mr Miller enquired if Mackie Pharmacy currently had any vacancies. Ms Yung responded to say that they did not at this time.

6.26.5. Mr Miller enquired if Mackie Pharmacy had capacity for additional workload? Ms Yung responded by saying that there was recently a refurb of their Glasgow Road pharmacy but did have capacity for more work.

6.26.6. Mr Miller enquired if Ms Yung was an independent prescriber. Ms Yung confirmed that she was not but that the current pharmacist was undertaking the training to become an independent prescriber.

6.26.7. **Having ascertained there were no further questions to Ms Yung, the Chair invited the next Interested Party to make their Presentations Mr Balvinder Sagoo of Boots UK.**

6.27. Submission from Mr Sagoo (Boots UK).

6.27.1. Mr Sagoo read the following presentation making adjustments as necessary.

6.27.2. **Previous application**

6.27.3. A previous application was submitted by the applicant, Jacqueline Bradley (t/a Brogan Healthcare Ltd). This application was refused by the PPC in March 2018.

- This application has also been submitted by Jacqueline Bradley;
- The location of the proposed pharmacy is the same as the previous decision;
- The opening hours proposed in both applications do not differ significantly:
 - o Current application: 8.30am – 12.30pm & 1.30pm – 6.30 pm Monday and Tuesday, to 5.30pm Wednesday to Friday and 9am – 1pm on Saturday
 - o Previous application: 8.30am – 6pm Monday to Friday and 9am to 2pm on Saturday.)
- The list of services proposed does not differ significantly

The PPC concluded that the application was neither necessary nor desirable and it was the unanimous decision of the PPC that the application be refused

6.27.4. **Neighbourhood**

6.27.5. Neighbourhood previously defined by the APC and accepted by the panel who stated that:

“the neighbourhood proposed by the APC embraced the traditional communities of Blackhall, Hunterhill, Charleston and Lochfield”

6.27.6. On page 42 of the previous PPC minutes it states that the Committee agreed with the APC that the neighbourhood should be defined as follows:

- North – White Cart River until it meets Hawkhead Road

- East – Hawkhead Road down the A726 Barrhead Road to Lochfield Road.
- South – Lochfield Road – Neilston Road
- West – Neilston Road along Causeyside St, Gordon St, Mill Street to the White Cart River.

6.27.7. The panel concluded that:

The neighbourhood defined by the applicant does not reflect the previously defined neighbourhood. We are not aware of any material differences since the previous application that would suggest a new neighbourhood would need to be defined.

We suggest the boundaries on this occasion may be convenient to define a neighbourhood as large as possible that does not include any of the existing pharmacies rather than define the true neighbourhood of the application.

The previous PPC stated (paragraph 17.8) that they believed the applicants boundaries to be somewhat contrived).

The previous PPC also concluded that there was no pharmacy in the neighbourhood defined by the applicant (whereas the previously defined and accepted APC neighbourhood contained four pharmacies).

However, this did not mean that existing pharmaceutical services were inadequate as these could be obtained out with the neighbourhood

6.27.8. **Population and demographics**

6.27.9. The population given in the CAR for the data zones that cover the neighbourhood defined by the applicant was 8,580. The total area of the data zones is larger than the defined neighbourhood.

6.27.10. Similarly, if we look at the data zones that cover the neighbourhood previously defined by the Pharmacy Practices Committee the population of the neighbourhood was approximately 6,500 at the time of the 2011 census. This neighbourhood has five pharmacies located within (or on its boundaries).

6.27.11. **Scottish index of Multiple Deprivation (SIMD)**

6.27.12. Paisley both as a whole and within the neighbourhood defined by the applicant, has varying degrees of deprivation and affluence, ranging from the most deprived to the most affluent output areas.

6.27.13. The SIMD maps show that levels of deprivation across the neighbourhood area have not changed greatly, if anything, some areas have moved towards being less deprived in 2020 than they were in 2016.

6.27.14. Summary – There are five pharmacies in the neighbourhood with further pharmacies accessible in the wider Paisley area.

- 6.27.15. The population of the neighbourhood defined previously is approximately 6500.
- 6.27.16. Should the panel agree with the neighbourhood defined by the applicant, consideration must be given to service provided to the neighbourhood by existing pharmacies.
- 6.27.17. **Housing developments**
- 6.27.18. The applicant has listed four new housing developments:
- a) Cartha Crescent (in the neighbourhood)
Proposal for 33 two and three bedroomed properties. Planning permission submitted Autumn 2022.
Press report suggested the area is the site was previously used for apartments and a school which were demolished and cleared over 10 years ago;
 - b) Lonend (does not appear to be in the applicant's neighbourhood)
Plans to demolish an office building (former DWP site) and build 70 flats were approved in summer 2022.
Developers describe it as a 'gateway to Paisley town centre' and 'hope to begin work on site late 2023'.
 - c) Dykebar (does not appear to be in the applicant's neighbourhood)
600 house development planned for land at Dykebar Hospital site – application granted at appeal following local protests in summer 2022.
Press report states that it is expected to take eight years to complete.
 - d) Hawkhead (does not appear to be in the applicant's neighbourhood but is covered by the super output areas shown in the CAR)
Ongoing building of four and five-bedroom houses on former industrial site (580 homes).
Taylor Wimpey prices £300-£400 k. States 2/3/4/ bedroom houses but only 4 bedrooms available for sale.
Miller Homes – houses currently for sale are priced at over £360k.
- 6.27.19. Summary – There is new housing being built and planned for the wider area, however little is within the applicant's neighbourhood.
- 6.27.20. The housing that is currently available on Hawkhead is aimed at the more affluent homeowner.
- 6.27.21. The housing at Cartha Crescent, Lonend and Dykebar is not yet built and occupied, and it may be some years before these developments are complete.

- 6.27.22. The existing pharmacies have accommodated any increase in demand for services arising from more recent developments and have the capacity to meet future increase in demand from developments in the area.
- 6.27.23. **Proposed site**
- 6.27.24. • There are limited facilities in the immediate area of the proposed site.
There is no surgery in close proximity to the proposed site and nothing to lead you to arrive at this site expecting to find pharmacy services.
- There are a significant number of comments in the CAR suggesting some local residents are not happy having a pharmacy located at the site.

(We do not necessarily agree with the reasons behind these comments, but the purpose of the CAR is to gauge local support for the application).
- 6.27.25. **Adequacy of existing services**
- 6.27.26. • Existing pharmacies in the wider Paisley area provide access to services in the evenings and seven days a week (Asda Phoenix Park);
- The pharmacies closest to the proposed site are all open six days a week
- Abbey Chemist, Lonend – open 8.30am – 6pm weekdays & all day Saturday (9-5)
 - Well Pharmacy – Neilston Road – open all day six days a week
 - Lloyds - Neilston Rd – open six days a week (half day Saturday)
 - Boots - Neilston Rd - open six days a week (half day Saturday)
 - Abbey Chemist – open 6 days a week, until 6pm Monday to Friday and 5pm on a Saturday
 - Mackie’s Pharmacy – Glasgow Road which is open until 7pm weekdays.
- The dispensing figures provided by the applicant show a 7% decrease in the number of items dispensed by the six pharmacies given number across the eight-year period quoted;
- 2020 and 2021 were significantly impacted by Covid. Looking at 2022 data it can be seen prescription numbers have very quickly recovered to be ahead of 2014;
- The pharmacies in the town centre are where people shop and are near to GP surgeries;
- Boots has four pharmacies in Paisley, one to the north in Gallowhill, two in the town centre and one in Neilston Street, the closest to the proposed site.
- All provide all core national services and all locally negotiated services;
 - Between them offer services all day, six days a week;
 - All have the capacity for growth

- 6.27.27. Further details on services:
- Pharmacy First
 - Serial prescriptions and Medicines Care and Review
 - Public Health Services – provided by all
 - EHC and bridging contraception
 - Stop smoking
 - Unscheduled care
 - Substance use services
 - Needle Exchange
 - Compliance aids
 - Deliveries
- 6.27.28. Boots were not aware of any complaints regarding the availability or accessibility of the existing services.
- 6.27.29. Summary: The application does not propose to offer opening hours that extend beyond those already available. Nor does the application propose to offer any services that are not currently being provided or that could be provided by the existing contractors should a new service become available. The existing Boots pharmacies have the capacity for growth. There is no evidence of an inadequacy in the existing service.
- 6.27.30. **Access** (from the proposed site / neighbourhood)
- 6.27.31. **By car**
- The existing pharmacies are accessible by car as most have parking outside or close by:
- Abbey pharmacy and medical centre has car parking on site and there is a public car park to the rear of this off Saucel Cres (possibly pay and display);
 - Parking for the pharmacies on Neilston Road is mainly on side streets, however, there appears to be some on street parking near to the Well Pharmacy. There is also a car park of some size off Great Hamilton Street which is only a very short walk away from Well;
 - The pharmacies on Glasgow Road benefit from similar levels of parking with some on road parking and public car parks nearby.
- 6.27.32. **By bus**
- There are bus stops around the Hunterhill area including on Marnock Terrace a few metres walk from the proposed pharmacy.
- This is part of the route around Cathcart and Cartha Cres with that has numerous stops.

- The number 3 service runs from Marnock Terrace hourly each way

6.27.33. **On foot**

The closest to the proposed site is Abbey Pharmacy which is just over half a mile away (0.6 miles) and approximately an 11-minute walk directly along Barrhead Road.

6.27.34. Community Transport is available (Renfrewshire Flag Community Transport)

6.27.35. Delivery services are also available from the existing pharmacies should a patient require this service.

6.27.36. Summary:

The existing pharmacies are reasonably accessible from the proposed neighbourhood should a patient choose to travel on foot, by car or by public transport.

Delivery services are also available to those who need this service.

6.27.37. **Public consultation**

6.27.38. The CAR Report:

- The total number of 366 responses is less than 5% of the neighbourhood population if you take the total population within the area in the CAR, or just over 5% if you accept the previously defined neighbourhood.
Not all those that responded lived in the neighbourhood at the time.
- Comments within the CAR also suggest that not all respondents support the application and the services the pharmacy propose to offer.

6.27.39. This concluded the presentation from Mr Sagoo of Boots UK

6.27.40. **Questions from Ms Bradley (Applicant) to Mr Sagoo (Boots UK)**

6.27.40.1. Ms Bradley noted that Paisley Town Centre was planned for regeneration and enquired where Boots would be located. Mr Sagoo responded to say that location would be determined once the terms of closure of the Paisley Centre was made and which premises were available but they would expect to continue trading.

6.27.40.2. Ms Bradley commented that Boots trading figures appeared stagnant. Mr Sagoo responded to disagree noting Neilson Road in 2015 being 51961; 2021 being 47164 and 2022 being 57652 so increase in 2014 and 2021.

6.27.40.3. Ms Bradley noted reference to 2014 and enquired for last four years for an overall growth comparison. Mr Sagoo responded that if taken year on year and Covid being 2020 and 2021 this resulted in the drop of prescription numbers due to the lack of GPs seeing patients. In 2022 it was 57652 which was in increase of 10,000 items showing figures as not being stagnant.

- 6.27.40.4. Ms Bradley referenced the presentation that Boots have the ability for growth in all branches noting Neilston Road, The Piazza and High Street (Paisley Centre) and enquired how. Mr Sagoo responded that High Street (Paisley Centre) pharmacy has capacity for compliance aid patients and would be able to dispense.
- 6.27.40.5. Ms Bradley referenced when she contacted Boots on Neilston Road asking about dosette boxes she was informed that the pharmacy was too small for dosette dispensing and enquired how. Mr Sagoo responded to confirm that Boots had a Hub in Johnston and also dosette boxes from their High Street (Paisley Centre) branch and noted that Neilston Road currently dispensed for 20 patients with dosette boxes and more if required from other dispensaries.
- 6.27.40.6. Ms Bradley enquired how many pharmacists Boots in Neilston Road has had in the last four years. Mr Sagoo responded that he believed three over this timeframe and went on to note that one is a community pharmacist based in Neilston Road four days a week and those who cover out with those days are regular Boots pharmacists.
- 6.27.40.7. Ms Bradley commented that the turnover of pharmacy staff offered no stability for patients. Mr Sagoo enquired what the Applicant felt was a high turnover as he felt that three pharmacists in four years was not (high) given the community pharmacist workforce. Mr Sagoo went on to note that the pharmacists Boots employ all provide fantastic service to the community in Paisley.
- 6.27.40.8. Ms Bradley referenced issues in workforce and enquired what Boots were doing to target this. Mr Sagoo responded that patients like to see the same pharmacist without constant changes. Boots have a good pharmacy team and consistent MRC and worth with local surgeries.
- 6.27.40.9. Ms Bradley enquired how residents of Dykebar and Hawkhead would access service from Boots in Mr Sagoo's opinion? Mr Sagoo responded that he believed they would travel by car or public transport or for those more able and willing, walk.
- 6.27.40.10. Ms Bradley enquired what Boots' numbers from prescriptions from Anchormill and Abbey medical centers would be. Mr Sagoo confirmed that Boots did service patients from these medical facilities but noted they were unlikely most were Boots' patients.
- 6.27.40.11. Ms Bradley reflected from written submission of 11 pharmacies within the one mile radius and disputed this as most being one mile plus. She then went on to note that if all 11 were inadequate then the number would be irrelevant as referenced in the CAR for inadequate service. Mr Sagoo disagreed that he did not believe that inadequate service was being provided by those pharmacies.
- 6.27.40.12. Ms Bradley referenced the six-week closure of Boots pharmacy on the

weekends and enquired what steps had been put in place to limit the impact on patients for this. Mr Sagoo responded that signage had been placed in the windows and in those pharmacies affected.

- 6.27.40.13. Ms Bradley enquired whether Boots had a text service to notify patients when prescriptions were ready to be collected? Mr Sagoo responded that they did but only for those patients who had shared their number with the pharmacy.
- 6.27.40.14. Ms Bradley enquired if, for those who had left their mobile phone numbers with Boots for prescription purposes, had been texted information of the closure. Mr Sagoo responded that this was not accessed.
- 6.27.40.15. Ms Bradley enquired if Mr Sagoo felt the low notification / visibility of the closure was suitable for those patients acutely unwell. Mr Sagoo responded that it depended on the individual, if access to a bus would be difficult on its own then it would be challenging for anyone with mobility issues.
- 6.27.40.16. Ms Bradley had no further questions for Mr Sagoo.
- 6.27.41. **The Chair invited Ms Yung (Mackie Pharmacy) to question Mr Sagoo this offer was declined.**
- 6.27.42. **The Chair invited Mr Mohammed (Abbey Chemist) to question Mr Sagoo this offer was declined.**
- 6.27.43. **Having established that there were no further questions from the Interested parties the Chair invited questions from the Committee members.**
- 6.27.44. **Mr John Woods (Lay Member) to question Mr Sagoo (Boots UK).**
- 6.27.44.1. Mr Woods referenced Mr Sagoo's disregard of the CAR due to the number of responses and not the value of those comments. Mr Woods then enquired that percentage of responses should PPC consider for threshold. Mr Sagoo responded that there should not be a threshold and it would be for the panel to decide if it was low percentage regardless of 6,500 or over 8,000 people noted from the data zones.
- 6.27.44.2. Mr Woods referenced the level of complaints in terms of service from customers for Boots on Neilston Road. Mr Sagoo responded that like any other pharmacy, patients can be unhappy for various reasons including the length of time for a prescription to reach the pharmacy from the medical practice. Mr Sagoo was not concerned by this and noted it was managed within the pharmacy team.
- 6.27.44.3. Mr Woods enquired what the formal method was in Boots for recording complaints? Mr Sagoo responded to if they were unable to manage a complaint locally in branch then a note of the complaint would be sent to the Health Board if required but noted that this had not been required previously.

- 6.27.44.4. Mr Woods enquired what percentage of Boots business was in the proposed neighbourhood. Mr Sagoo responded that he did not have this information to hand.
- 6.27.44.5. Mr Woods had no further questions for Mr Sagoo.
- 6.27.45. **The Chair invited questions from Ms Diamond (Lay Member) to Mr Sagoo (Boots UK) but this was declined.**
- 6.27.46. **The Chair invited questions from Mr Dykes (Contractor Pharmacist Member) to Mr Sagoo (Boots UK).**
- 6.27.46.1. Mr Dykes enquired when the last time that Mr Sagoo had worked a pharmacy shift. Mr Sagoo responded that he had not worked in any of the pharmacies referenced.
- 6.27.46.2. Mr Dykes enquired if by not having worked in any of the pharmacies if this provided Mr Sagoo with more of a corporate view of the situation. Mr Sagoo responded that the role he does in pharmacy visits is unannounced to see a clear representation of the staff, facilities and patients views.
- 6.27.46.3. Mr Dykes referenced that by not having a locum capacity that it was possible that staff do not have capacity when management perceive them to have. Mr Sagoo responded that it was not policy and would hope that staff would speak up for any issues faced. Mr Sagoo noted that the area manager for the local Boots stores does a fantastic job but for staff, the community and collaboratively and that going forward Boots were doing a lot for their workforce in Paisley and Renfrew.
- 6.27.46.4. Mr Dykes enquired where it could have been possible for Mr Sagoo to cover one of the Saturday morning shifts instead of them having closed? Mr Sagoo responded that he could potentially have covered a shift but it was a period of extensive shortage of pharmacists.
- 6.27.46.5. Mr Dykes enquired whether any senior Boots staff covered any of these shifts to avoid the Saturday morning closure. Mr Sagoo responded that he was aware of senior manager and colleagues covering this.
- 6.27.46.6. Mr Dykes noted double cover for colleagues had been overworked and undervalued. Mr Sagoo responded that this was an unfair and general question for a contact application for consideration in areas of Boots in Neilson Road. It is very difficult to see the views of ex-staff but Boots has improved services and initiated exit interviews for staff to see what Boots could have done better.
- 6.27.46.7. Mr Dykes enquired what Mr Sagoo's' view was of an acceptable level of turnover in staff for a pharmacy. Mr Sagoo responded that what he felt did not matter and would not comment for the organisation. People's expectations differ from person to person. As the largest employers of pharmacists we have an impact on movement.

- 6.27.46.8. Mr Dykes referenced the 8% annual industry wastage and enquired if this was something to aim for or unobtainable? Mr Sagoo responded that 8% under current circumstances was good to aim for.
- 6.27.46.9. Mr Dykes had no further questions for Mr Sagoo.
- 6.27.47. **The Chair invited questions from Mr Fergusson (Contractor Pharmacist Member) to Mr Sagoo (Boots UK).**
- 6.27.47.1. Mr Fergusson noted that during Covid there was less GPs prescribing. Mr Sagoo confirmed this and that it was due to less access to GPs for patients.
- 6.27.47.2. Mr Fergusson had no further questions for Mr Sagoo.
- 6.27.48. **The Chair invited questions from Mr Din (Lay Member) to Mr Sagoo (Boots UK) but this offer was declined.**
- 6.27.49. **The Chair invited questions from Mr Miller (Non-Contractor Pharmacist Member) to Mr Sagoo (Boots UK) but this offer was declined.**
- 6.27.50. **Having ascertained there were no further questions to Mr Sagoo, the Chair called a 10-minute comfort break. The session resumed at 1240 hrs.**
- 6.28. **The Chair invited the next Interested Party to make their Presentation (Mr Mohammed of Abbey Chemist).**
- 6.28.1. **Background** – There have been two applications previously to open a pharmacy in this neighbourhood which were both unsuccessful. One of these was from the same applicant for the same proposed address in 2017. This was also refused on appeal. On both occasions the PPC disagreed with the applicants proposed neighbourhood boundaries and accepted the provision of pharmaceutical services adequate.
- 6.28.2. There had been no significant change since that period to warrant granting a new contract. Since then, Abbey Chemist (Lonend and Gauze Street) have undergone major refits to further improve both accessibility and its range of services and continue to provide very good pharmaceutical care to the population in this neighborhood.
- 6.28.3. **Range of Services** – Abbey Chemist Lonend provided a full range of services well beyond that which is required by the core NHS contract including Private / NHS Flu vaccinations, Weekly Dosette Trays, Free Delivery Service, Pharmacy First Plus, Methadone supervision and 24/7 Prescription Collection Service. In addition to these, our Gauze Street branch provides additional services such as Palliative Care, Needle Exchange and Anti-Viral supplies.
- 6.28.4. **Accessibility** – Abbey Chemist is located 0.5 miles from the proposed location and can be accessed by foot, bus or car. We have 19 parking spaces for patients and additional inexpensive council parking locate behind

our premises. Both Abbey Chemist branches offer 24/7 Prescription Collection Service and longer opening hours – no lunchtime closing and open Saturday afternoons unlike the applicant. There are 11 pharmacies within one mile of the Applicant's proposed premise according to the NHS Inform website.

6.28.5. We believe we were the only pharmacy group which opened normal hours every single day during the Covid Pandemic providing access to pharmaceutical services for Paisley and beyond. Our staff worked extremely hard during very difficult situations including the “Beast from the East” where we remained open and were even fined £100 due to a vehicle being stuck in the snow.

6.28.6. **Consultation Feedback** – We believe the CAR does not give a fair and balanced view of the situation regarding Abbey Chemists. Since the Covid pandemic, patients' expectations, timescales and behaviors have become more challenging for all healthcare staff especially in community pharmacy. Some points we would like to raise for the committee to consider:

- Abbey Medical Centre had to send a text to all registered patients during the CAR period asking to please allow three working days for prescriptions just to arrive at the chemists and NOT to call GPs beforehand to check status of their prescriptions;
- GGC Pharmacy Teams own internal email communications (from Alan Harrison) to GGC Contractors during the CAR period reminded us of their violence and aggression poster / policy for use in pharmacies due to widespread reports of challenging behavior by patients in the GGC area;
- The Royal Pharmaceutical Society and other organisations asked patients to give pharmacies more time and to be kind using initiatives such as #BeKind;
- Our 24 / 7 Prescription Collection Service was utilized over 6,000 times during the CAR period meaning less patients having to enter the pharmacy and reduced changes of queuing.
- Lloyds Pharmacy takeover was significant and service levels have already improved dramatically and will continue to do so.

6.28.7. In relation to Abbey Chemist Lonend, since the pharmacy was refitted in 2021 (£300,000) our service has improved due to robotic technology in relation to patients' safety and waiting times. Our staff levels have been adjusted to meet the patients' needs including Pharmacy First Plus now with an independent prescriber (since February 2023) and our Gauze Street branch manager starting their training in January 2024. Our stock suppliers are second to none in Paisley due to being members of a Pharmacy buying group which utilises all available wholesalers. For example, during the recent antibiotic shortage due to the Strep A outbreak, we were able to continue to supply all antibiotics due to our range of wholesalers and space

to store medication in our robot. We treat all patients with dignity and respect irrespective of their background and health status.

- 6.28.8. We also noticed that no comments were received by letter or email under “public general comments” and for the CAR spokes in responses were generally seen whilst canvassing occurred by the applicant.
- 6.28.9. **Potential Adverse Effect** – In terms of populations, the area has 18 pharmacies servicing Paisley as a whole. As the pharmacy has developed over the last 30 years and in response to patient needs, we have recently invested a significant amount of capital both on our premises and staff resources and a new pharmacy contract would adversely affect us especially with rising operating costs.
- 6.28.10. Our pharmacy ethos is “Committed to caring for the community” which we practice every day in a patient centered manner.
- 6.28.11. In Summary we respectfully urge the PPC to refuse this application because it is neither necessary nor desirable since the current pharmaceutical services are getting better with existing providers all of which have capacity for more. The Application fails the legal test.
- 6.28.12. This concluded the presentation from Mr Mohammed of Abbey Chemists.
- 6.28.13. **The Chair invited the Ms Bradley (Applicant) to question Mr Mohammed.**
- 6.28.13.1. Ms Bradley started by congratulating Mr Mohammed on his semi-retirement.
- 6.28.13.2. Ms Bradley referenced negative comments in the CAR regarding Abbey Chemist and enquired how this made Mr Mohammed feel? Mr Mohammed responded to say that when reading the CAR and comments regarding Abbey Chemists is made him feel very depressed and sad and that they were not fair representations of the work done by him and his colleagues. He appreciated that not everyone was going to be happy with a service and noted that they have the choice in Paisley with the number of pharmacies located there. He went on to note that if looking at prescription numbers, people keep returning to Abbey as they have the requirements. They do not say no to dosette boxes. Regarding waiting times, 15-20 minutes is not a long time and then can wait longer for a GP or dentist.
- 6.28.13.3. Ms Bradley reflected on the complaints about waiting times as not being minutes but more, next day or wrong delivery. The CAR noted a number of complaints in relation to errors in medicine stored by the robot. Mr Mohammed responded that the dispensing robots error rate had decreased to 0.001 and it still relies on staff for labelling which is human activity.
- 6.28.13.4. Ms Bradley noted that using robotic technology will not make the error rate zero. Mr Mohammed confirmed that labelling is done by a member of staff. Abbey Chemists are the only pharmacy in Scotland that has a fridge inside

its robotic dispenser to minimise errors with insulin and therefore improve patient safety as well as other controlled drugs.

- 6.28.13.5. Ms Bradley referenced comments in the CAR complaining that diabetic strips had been dismissions and enquired why. Mr Mohammed responded to clarify that if drugs were to remain in the robot longer than required timescale then it can freeze and stop dispensing for everyone and a pharmacist would have to be called to reset. If a text code did not work, then the four days window for collection would have expired and therefore the assumption is made that the 24/7 4 days collection of medication has been missed.
- 6.28.13.6. Ms Bradley enquired whether any apology was issued to the patient who was dismissed? Mr Mohammed responded that Abbey Chemists do their best to appease patients when issues happen, some will remain unhappy. Staff try to speak directly with patients to resolve this when it happens but noted that these are few and far between.
- 6.28.13.7. Ms Bradley referenced from Mr Mohammed presentation the access to suppliers and an independent pharmacy not having access to a range of suppliers. Mr Mohammed responded that by being part of a buying group enables access to higher stock quantities of medication.
- 6.28.13.8. Ms Bradley enquired as to whether she could join such a buying group. Mr Mohammed confirmed that it was possible, but that stock was very expensive but enables sharing / borrowing stock. However, Mr Mohammed pointed out that if an item is not available by the manufacturer, then it is simply not available and no buying group could change this.
- 6.28.13.9. Ms Bradley referenced from the presentation that prescription figures had increased and enquired if perhaps Abbey Chemists had over extended? Mr Mohammed responded that that would be Ms Bradley's opinion. However, having an independent prescriber and stable staff with no vacancies as well as being able to complete a refit speaks otherwise.
- 6.28.13.10. Ms Bradley enquired if Pharmacy First Plus access had impacted on waiting times? Mr Mohammed responded that his independent prescriber would be sitting with a patient and then write the prescription that can then go to be distributed via the robot if necessary. The consultation is the key and takes on average 20-25 minutes but then if medication is required then dispensing can take an additional 5 minutes. Mr Mohammed noted also that Abbey Chemists have four workstations.
- 6.28.13.11. Ms Bradley noted that she had not worked with robotic technology and enquired if it had capacity for breaking? Mr Mohammed confirmed that it has been out of service on occasion but has improved expiry dates and error rates as well as being quicker.
- 6.28.13.12. Ms Bradley enquired why patients can be aggressive. Mr Mohammed responded that Abbey Chemists do not say no to anyone and some behaviours and patients pose a greater challenge. He went on to explain

that during the Pandemic, staff would receive racist abuse causing bad mind-sets which is wrong. Staff in the community are being faced with unfair asks.

- 6.28.13.13. Ms Bradley referenced whilst canvassing in the local area for the CAR, many angry patients noted receiving errors in medicine either in pharmacy or via delivery and enquired if a patient satisfaction survey had been undertaken. Mr Mohammed responded that when working in pharmacy for 30+ years, mistakes can happen especially with similar names / addresses and Abbey staff work hard to try and minimise this. Patient surveys have not been done in some time due to the pressures the community pharmacy under and perhaps also due to perceptions.
- 6.28.13.14. Ms Bradley enquired if the level of business is contributing to errors being made. Mr Mohammed responded that staff work, and levels are linked but being busier means we have more staff to cater to this.
- 6.28.13.15. Ms Bradley referenced comments in the CAR post Abbey refits noting reduced confidentiality and enquired why this may be. Mr Mohammed responded that consultation rooms are there, two of them, for staff to use. He also noted that the robot increases safety but means a smaller collection point and waiting areas which were noted post Covid queues were not much.
- 6.28.13.16. Ms Bradley enquired if the robot was installed before the CAR period. Mr Mohammed confirmed that it was installed before the CAR.
- 6.28.13.17. Ms Bradley enquired if the robot had created additional issues for patients. Mr Mohammed responded that consultation rooms are there and anyone needed privacy is being taken into them.
- 6.28.13.18. Ms Bradley referenced a proposed increase of 27% in service for Abbey Chemists and enquired that will change to meet this demand. Mr Mohammed noted the Lloyds takeover by independents having made a big difference and will continue to do so as the new management settles in meaning service to the people of Paisley will get better and not worse.
- 6.28.13.19. Ms Bradley noted comments in the CAR regarding the telephone at Abbey Lonend not being answered. Mr Mohammed responded that there were two lines into the pharmacy but that staff couldn't answer every call due to demand for services in the pharmacy.
- 6.28.13.20. Ms Bradley noted admission by Abbey of lack of staff for phone answering. Mr Mohammed responded that there was no lack of staff but would devote more resources to this service.
- 6.28.13.21. Ms Bradley reflected on Glenburn pharmacy recording six Pharmacy First Plus consultations per day and enquired if footfall at Abbey is meeting the needs of patients. Mr Mohammed responded that Pharmacy First Plus was a new service for Abbey and they were not recording accurately and will be better at this.
- 6.28.13.22. Ms Bradley had no further questions for Mr Mohammed.

- 6.28.13.23. **The Chair invited the Ms Yung (Mackie Pharmacy) to question Mr Mohammed.**
- 6.28.14.1. Ms Yung referenced the large number of complaints in the CAR relating to Abbey Chemists and enquired if the percentage was based on the fact that Abbey dispensed more prescriptions than other pharmacies. Mr Mohammed responded that he was not privy to other pharmacies numbers but 250,000 items dispensed per year the number of complaints received is still a small percentage. Patient complaints are not good for anyone and have to be dealt with. However, drug shortages are referenced more and not lack of staff.
- 6.28.14.2. Ms Yung enquired what the majority of phone calls to Abbey Chemists would be regarding. Mr Mohammed responded that they are mainly chasing up prescriptions from the medical practice and enquiring when they can be collected.
- 6.28.14.3. Ms Yung had no further questions for Mr Mohammed.
- 6.28.14.4. **The Chair invited the Mr Sagoo (Boots UK) to question Mr Mohammed.**
- 6.28.15.1. Mr Sagoo enquired if there was a place for both multiples and independent pharmacies to be side by side to aid patients' choice. Mr Mohammed responded that he was trained in a Boots pharmacy and patients should have the option to the different services offered. Towns, where rent is higher, then multiples are better and can work hand in hand together and there is a place for everyone.
- 6.28.15.2. Mr Sagoo noted that Abbey having been in Paisley for 36 years and with prescription numbers continuing to grow, in the main patients are happy. Mr Mohammed responded that that was one indicator and the CAR identified that some are not happy with the service at Abbey and he and his staff would need to work on this. He responded that 100% customer satisfaction was difficult to achieve but would be what he and his staff would aspire to achieve.
- 6.28.15.3. Mr Sagoo had no further questions for Mr Mohammed.
- 6.28.15.4. **The Chair then invited questions from the Committee to Mr Mohammed.**
- 6.28.16. **Mr Woods (Lay Member) was invited to question Mr Mohammed.**
- 6.28.16.1. Mr Woods referenced the prescription numbers in Mr Mohammed's presentation as being 250,000 however in 2022 it was 223,870 and enquired where Mr Mohammed's figure came from. Mr Mohammed responded to confirm that it was an average number for each pharmacy (150,000 for one and 70,000 for another) it's a ballpark but enables a flavour of dispensing figures.

- 6.28.16.2. Mr Woods enquired what percentage of business would be from the proposed neighbourhood. Mr Mohammed responded to say quite a significant percentage but would be hard to tell for definite. Anchormill Medical Centre has patients registered for all over Paisley and beyond. Abbey Chemists dispense prescriptions from these medical centres and have a driver for two and a half days a week.
- 6.28.16.3. Mr Woods asked for clarification of what this percentage could be. Mr Mohammed responded that perhaps $\frac{1}{3}$ of business would be from the proposed neighbourhood.
- 6.28.16.4. Mr Wood's reference earlier comments that the CAR is not a fair and balanced insight into services from a patient's perspective and enquired what the PPC should make of the CAR in light of such an emphasis on Abbey from those to completed it. Mr Mohammed responded to note that the public are encouraged to complain and the Applicant worked very hard to highlight the CAR by canvassing outside Abbey premises. Mr Mohammed confirmed that at some points, services had fallen below standard but not to a significant level and this was being reviewed.
- 6.28.16.5. Mr Woods noted that emphasis was put on capacity within the Pharmacy and enquired how capacity compared to quality of service. Mr Mohammed responded that the CAR has highlighted a number of issues and weaknesses which Abbey need to review for doing better.
- 6.28.16.6. Mr Woods referenced his recent visit to Abbey Lonend and reflected on the waiting area and lack of privacy. Mr Mohammed responded that during the refit, the pharmacy was designed for convenience for those outside but the consultation room is there and should be being used as it is a separate private space.
- 6.28.16.7. Mr Woods had no further questions for Mr Mohammed.
- 6.28.17. **Ms Diamond (Lay Member) was invited to question Mr Mohammed.**
- 6.28.17.1. Ms Diamond enquired if Abbey currently provide delivery services into the proposed neighbourhood. Mr Mohammed responded that Gauze Street and Lonend work together and drivers cover Paisley and Inchinnan.
- 6.28.17.2. Ms Diamond enquired if a delivery would be made to someone outwith the area. Mr Mohammed responded that it would not be delivered outwith Abbey's catchment areas for example Glasgow.
- 6.28.17.3. Ms Diamond had no further questions for Mr Mohammed.
- 6.28.18. **Mr Dykes (Contractor Pharmacist Member) was invited to question Mr Mohammed.**

- 6.28.18.1. Mr Dykes enquired if Abbey Chemist had taken on an independent prescriber as well as an additional pharmacist. Mr Mohammed confirmed this.
- 6.28.18.2. Mr Dykes enquired how much time is spent on consultations. Mr Mohammed responded that as this was new it was not yet significant for 25 hours in Pharmacy.
- 6.28.18.3. Mr Dykes noted Mr Mohammed's upset over comments and criticism in the CAR and enquired if perhaps patients' needs had been taken for granted. Mr Mohammed responded that they would not have invested £300,000 into the business if they did not care for the patients. Covid highlighted shortcomings within the pharmacy and the refit enabled these to be addressed for the benefit and safety of the patients.
- 6.28.18.4. Mr Dykes referenced a comment in the CAR that someone had received the wrong insulin and enquired what process was in place for error reporting. Mr Mohammed responded that the branch manager would be involved with any errors and resolutions and noted that the robot with refrigeration was technology by a low risk.
- 6.28.18.5. Mr Dykes enquired if Abbey were aware of the insulin error. Mr Mohammed confirmed that they were not aware of this.
- 6.28.18.6. Mr Dykes had no further questions for Mr Mohammed.
- 6.28.19. **Mr Fergusson (Contractor Pharmacist Member) was invited to question Mr Mohammed but this was declined.**
- 6.28.20. **Mr Din (Lay Member) was invited to question Mr Mohammed but this was declined.**
- 6.28.21. **Mr Miller (Non-Contractor Pharmacist Member) was invited to question Mr Mohammed but this was declined.**
- 6.28.22. The Chair therefore asked all parties to sum up in reverse order starting with **Ms Yung for Mackie**

7. Summing Up

7.1. Ms Yung for Mackie Pharmacy

I do not think the application makes or provides increased accessibility for pharmacy services. Neighbourhood as defined would be neighbour of this site and hope that the PPC would reject the application. Lot of issues raised, and root cause would not be solved by another pharmacy.

7.2. Mr Sagoo for Boots UK

- The existing pharmacies offer extended opening hours and an extensive range of services;

- The existing pharmacies have the capacity to accommodate future increase in demand for services and there is no evidence the existing pharmacies are under stress;
- The existing pharmacies are accessible by car, by public transport and on foot – with services available within a mile of the proposed site.
- Only a relatively small percentage of residents of the applicant's neighbourhood responded to the CAR;
- There is no new evidence since the 2018 application to suggest any inadequacy in the existing services.

For the points listed we would therefore respectfully ask for the application to be rejected.

7.3. **Mr Mohammed for Abbey Chemists**

- Neighbourhood is not the correct area and should be larger;
- proposed premises not particularly accessible for mobility and prams;
- Closed lunchtimes;
- Not offering more to other service providers.

Pharmacy services provided into the neighbourhood are both adequate and this application fails the legal test and hope the PPC agree.

7.4. **Ms Bradley, Applicant**

- 7.4.1. After hearing all viewpoints, I address the lay members directly and ask for you to truly consider the needs of the population and whether they are receiving a healthcare service that is adequate.
- 7.4.2. Please recall the failures to patients. The patient being harmed by not receiving his Otomize spray. Please recall patients being refused smoking cessation. Please recall the excessive wait time that could have prevented a distressed child and a trip to hospital. The 2-hour round trip bus journeys. The non-supply of insulin and the stress that the family would have been under. The error in the supply of atenolol and the denial of said error and the unwillingness to investigate this. Patient not having their antibiotic delivery and being unable to get through on the phone. Refusal of a palliative care prescription in Well pharmacy on Hogmanay and the impact that will have had on the family. Comment after comment of the long wait times. People leaving their area going to Silverburn, Elderslie, Linwood and Glenburn in search of a better service. Please be mindful the comments in the CAR are people's actual experiences. They have overwhelmingly stated that the service they receive is not satisfactory.
- 7.4.3. Now we realise that the CAR is not determinative on its own, but the contents are indicative of a systemic failure cumulatively and the language used is not words of convenience but words of inadequacy. Coupled with the potential 1,739 increase in population and therefore the potential for even longer waiting times, more refusal of services and increasing errors due to the demand on the network. You could dismiss the inadequacies as inefficiencies, but the outright refusal of services cannot be deemed to be.

- 7.4.4. Please recall the survey quoted and the value a pharmacy has to a neighbourhood.
- 7.4.5. Overall, it's clear how reliant people are on the healthcare services and how valuable they find pharmacies, but we believe for these residents that the service for them is not accessible and effective healthcare. The regulations state that the service if not adequate then a contract must be granted. And how many of these pharmacies are practicing pro-active healthcare? All are failing at the basic of services so have no time to actively improve the health of their patients and to assist in reducing premature mortality seen in Scotland.
- 7.4.6. From the evidence and discussions here today, we believe it is not adequate and 81% of the surveyed population would agree, and the granting of a new pharmacy is not only desirable but necessary and should be granted. Ultimately, if a new pharmacy is not granted, nothing changes for the patients, or it gets worse.

8. Retiral of Parties

- 8.1. The Chair then invited each of the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. Having been advised that all parties were satisfied, the Chair advised that the Committee would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared, and a copy issued to all parties as soon as possible. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.
- 8.2. The Chair advised the Applicant and Interested Parties that it was in their interest to remain in the building until the Committee had completed its private deliberations. This was in case the open session was reconvened should the Committee require further factual or legal advice in which case, the hearing would be reconvened, and the parties would be invited to come back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.
- 8.3. The hearing adjourned at 1330 hours to allow the Committee to deliberate on the written and verbal submissions.

9. Supplementary Information

Following consideration of the oral evidence, the Committee took account of the following:

- i. That they had undertaken independent site visits of 4 Blackford Road, Paisley PA2 7EP and the surrounding area noting the location of the proposed premises, pharmacies, general medical practices and the facilities and amenities within;

- ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and GP surgeries within Paisley and the surrounding area;
- iii. Map showing the neighbourhood proposed by the Applicant;
- iv. Map showing Council's school catchment area for Todholm Primary;
- v. A Map showing the data zones of the area in question;
- vi. Representation from Area Pharmaceutical Committee;
- vii. Written representations received from the Interested Parties during the Schedule 3 consultation;
- viii. Information from Glasgow City Council, Neighbourhoods, Regeneration and Sustainability;
- ix. Distances from proposed premises to local pharmacies and GP practices within a one mile radius;
- x. Details of service provision and opening hours of existing pharmacy contracts in the area;
- xi. Details of General Medical Practices in the area including practice opening hours, number of partners and list sizes;
- xii. Number of Prescription items dispensed during the past 12 months and information for the Pharmacy First Service;
- xiii. Complaints received by the individual community pharmacies in the consultation zone regarding services;
- xiv. Population Census Statistics from 2011; including the population profile for each of the selected data zones;
- xv. Population Census Statistics from 2011; including the population profile for each of the selected data zones;
- xvi. Summary of applications previously considered by the PPC in this area;
- xvii. The Application and supplementary information provided by the Applicants;
- xviii. The Pharmaceutical Care Services Plan;
- xix. Public Transport Information;
- xx. The GPhC inspection report for Well Pharmacy at 24 Glasgow Road, Paisley, PA1 3QH; and
- xxi. The Consultation Analysis Report.

10. Summary of Consultation Analysis Report (CAR)

10.1. Introduction

10.2. NHS Greater Glasgow & Clyde undertook a joint consultation exercise with TC Trading (Scotland) Ltd regarding the application for a new pharmacy within 4 Blackford Road, Paisley PA2 7EP.

10.3. The purpose of the consultation was to seek views of local people who may be affected by this or use the pharmacy at its proposed new location. The consultation also aimed to gauge local opinion on whether people felt access to pharmacy services in the area was adequate.

10.4. Method of Engagement to Undertake Consultation

- 10.5. The consultation was conducted by placing an advertisement in the Paisley Daily Express newspaper; notifications being placed on the NHSGG&C Social Media platforms; a link to the consultation document on NHS Greater Glasgow & Clyde website ([NHS Community Pharmacy Website \(scot.nhs.uk\)](http://NHSCommunityPharmacyWebsite.scot.nhs.uk)); hard copies of the questionnaire were available and could be requested by telephone; Stakeholders notified by NHSGG&C; Business cards, Banner, Posters, webpage and Facebook links via Applicant. Respondents could reply electronically via email or by returning the hardcopy questionnaire using a Freepost address.
- 10.6. The Consultation Period lasted for 90 working days and ran from 6 June 2022 until 13 October 2022.
- 10.7. Summary of Questions and Analysis of Responses
- 10.8. Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; impact on other NHS services and optional questions on respondents' addresses and circumstances

Question	Response Percent %	Response Count
1. Do you think the area in the above map describes the "neighbourhood" to which this application related		
Yes	94%	334
No	6%	22
Totals	100%	356
2. Do you live in the neighbourhood shown above?		
Yes	92%	332
No	8%	29
Totals	100%	361

3. What do you think about the intended Applicant's proposed opening hours?	Adequate	Inadequate	Don't Know	Total
Monday 8:30 to 12:30 1:30 to 6:30	352	19	10	354
Tuesday 8:30 to 12:30 1:30 to 6:30	328	19	10	357
Wednesday 8:30 to 12:30 1:30 to 5:30	319	24	12	355
Thursday 8:30 to 12:30 1:30 to 5:30	317	23	13	353
Friday 8:30 to 12:30 1:30 to 5:30	315	23	13	351
Saturday 9:00 to 1:00	290	38	19	347
Sunday CLOSED	204	24	30	258

4. Do you think the intended Applicant's proposed Pharmacy will impact (either negatively or positively) other NHS funded services?	Positively	Negatively	Don't Know	Total
GPs	305	11	37	353
Community Nursing	283	7	47	337

Other Pharmacies	279	31	50	360
Dentists	224	11	80	315
Optometrists	205	10	92	307
Social Services	220	7	68	295

5. Below is a list of pharmaceutical services currently provided by other Community Pharmacies in / to the defined neighbourhood. Do you believe existing pharmaceutical services provided in / to the defined neighbourhood are adequate?	Response Percent %	Response Count
Yes	19%	68
No	81%	286
Totals	100%	354

6. What is your current level of satisfaction / dissatisfaction with current provision. Where adequate is satisfied and inadequate is dissatisfied?	Adequate	Inadequate	Total
Waiting time for dispensing	58	292	350
Complete prescriptions	86	254	340
Pharmacy First Service – minor illness	84	185	269
Smoking cessation	71	153	224
Emergency Contraception	65	139	204
Gluten Free Food Service	57	147	204
Substance Misuse Service – needle exchange and opiate substitution	67	129	196
Palliative Care	55	149	204
Unscheduled Care (emergency supply)	56	164	220
Stoma Service	58	126	184
Medicines Use and Review (CMS) – supporting long term conditions	53	129	182
Access to confidential advice / privacy	63	151	214

7. What are your views on the provision of the following pharmaceutical services proposed by the intended Applicant?	Text comments only
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8. How did you become aware of this consultation?	Response Percent	Response Count
Advert – Paisley Daily Express	8%	25
NHSGG&C Website	3%	9
Other	89%	281
Total	100%	315

9. Respondent information	Response Percent	Response Count
Individual	99%	343
Group / Organisation	1%	3

Total	100%	346
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10.9. In total 366 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.

10.10. From the responses 363 were identified as individual responses and 3 responded on behalf of a group / organisation.

11. Deliberations

11.1. The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.

11.2. In discussing the Neighbourhood, the Committee noted the following points:

- The Area Pharmaceutical Committee did not support the proposed Neighbourhood nor the Application;
- The Applicants use of school catchment boundary;
- White Cart River remains a natural boundary as does Todd Burn;
- Dual carriageway road is very busy and crossing it to include Blackhill is a physical barrier;
- Applicant was suggested to amend neighbourhood from previous 2018 application to include Dykebar;
- Since previous application new housing was being built / in ground clearing but no new roads / dual carriageways / railways to service these.

11.3. The Committee agreed that the neighbourhood should be defined as follows:

North: White Cart River until Hawkhead Road

East: Hawkhead Road down A726 Barrhead Road to Lochfield Road

South: Lochfield Road to Neilston Road

West: Neilston Road along Causeyside Street, Gordon Street, Mill Street to White Cart River

11.4. Whilst agreeing with the Applicant that the White Cart River was an obvious natural boundary to the north of the neighbourhood the PPC believed the Applicant's other boundaries to be somewhat contrived. The PPC noted that the Applicant had used Saucelhill Park as a natural boundary. However, the Committee did not consider this to be a natural neighbourhood boundary as a deviation from a major road i.e. the A726 at Ardgowan Street would need to be made for the park to be located. The

PPC believed the use of Hawkhead Road on to Lochfield Road then on to Neilston Road and then north to Causeyside to the White Cart River via Mill Street provided a much more natural boundary for the Neighbourhood.

- 11.5. The neighbourhood proposed by the PPC embraced the traditional communities of Blackhall, Hunterhill, Charleston and Lochfield and included Dykebar.
- 11.6. The Committee was satisfied that the neighbourhood contained amenities frequently used by residents that contributed to the fabric of the community and included schools, places of worship, community centres, shops, parks, medical, dentists and pharmacies as well as plans for development.
- 11.7. Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services within or to that neighbourhood and, if the committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.
- 11.8. The Committee noted all of the current network of pharmacies provided core services and several contractors referenced in the CAR have changed ownership since the consultation exercise. There is an expectation that service levels will increase, although it is too early to expect any meaningful uplift yet. All Interested Parties in attendance while reassuring the Committee that they had capacity to increase their service provision to meet the demand of any increase in population, did not provide any evidence to support this claim. Although not part of the Core Service it was noted that pharmacies in the current network offered a delivery service.
- 11.9. The PPC considered the CAR, the Committee noting that there were 366 responses. Given that the CAR is not a survey and is dependent on people in the Neighbourhood being aware of the newspaper advertisement and then deciding to engage, or not, with the consultation exercise, the level of response is, in the Committee's opinion satisfactory in the light of experience with other consultations.
- 11.10 The responses came from a wide range of respondents, and it was clear that the Applicant had engaged with the community to encourage a high response.
- 11.11 The Committee discussed the CAR in detail and considered the narrative responses to questions 5, 6, and 7 which could better assist them in determining adequacy of the existing pharmaceutical services. Mr Woods (Lay Member) detailed an analysis that stripped-out indeterminate and convenience comments from the text responses for each question leaving proxy views on adequacy/inadequacy as below:-

Question 5: "Do you believe that existing pharmaceutical services provided in/to the defined neighbourhood are adequate?"

Adequate = 10% Inadequate = 90%

Question 6: "What is your current level of satisfaction/dissatisfaction with current provision..."

Satisfied = 13% Dissatisfied = 87%

Question 7: "What are your views on the provision of...services proposed by the Intended Applicant?"

Negative view = 17% Positive view = 83%

The consistency of the outcomes gave the PPC some confidence in the weight to be given to the CAR responses.

- 11.12 It was noted that a significant majority of the CAR pointed towards inadequacy from local pharmacies, particularly Abbey Chemist, and that there was evidence of patients without medicines, or exceptionally long waiting times which could be articulated as an inadequacy.
- 11.13 Although Abbey, Lonend, had installed a robot, had a 24/7 facility for collection, and had re-modelled the pharmacy layout, the PPC considered that this has been to the detriment of the patient experience of the quality of service, as evidenced in the CAR. From NHS Open Data sources presented by the Applicant and supplemented by Primary Care dispensing figures, the pharmacy at Lonend would probably dispense the best part of a quarter of a million prescriptions this year. The Committee felt that this was a considerable challenge for a pharmacy which has, commendably, developed its premises and service offering over the years, but has now reached the point of being unable to provide an adequate quality of service within the constraints of the premises.
- 11.14 To some extent Mr Mohammed acknowledged these issues in his evidence to the Committee.
- 11.15 The Committee were mindful that pressure on Community Pharmacies will only increase due to the additional services that they are being required to provide.
- 11.16 This combined with low car ownership and ongoing limited public transport would demonstrate a need and requirement within the Applicant's defined neighbourhood. It was felt that on the basis of such negative reviews within the CAR (more than any committee member had ever seen) the PPC had to give appropriate weight and credibility to the detail and tone in which these had been put. The committee felt that this was evidence of current services within the neighbourhood being inadequate.
- 11.17 Whilst during the hearing interested parties noted that they all had capacity, the information within the CAR and evidence provided during the Hearing demonstrated that there is a growing need for additional pharmaceutical services in the neighbourhood.

- 11.18 The PPC were aware that due to their revision of the Neighbourhood, and the developments in Cather Crescent and Lonend, the population will be higher than the Applicant's figure of 6,403. There was an exchange with the Boots representative about the frequency of pharmacist at Neilston Road. The applicant felt that three pharmacists in the last four years may have a negative effect on pharmacy care to patients
- 11.19 The Committee noted that a variety of bus routes and times were noted in the CAR for residents who were able to use a bus, the likelihood was that the citizen would need to wait an hour for the return bus if they could not get off the bus, walk to the pharmacy, get their prescription and walk back to the bus stop. The committee recognised the recent large investments in new technology made by Abbey Pharmacy but noted this had reduced the space available for clients and some CAR comment were made about a reduction in privacy when talking to the pharmacist about sensitive matters.
- 11.20 For patients with young children or those with mobility issues, the access route between the proposed premises and surrounding areas was challenging due to large flights of steps from one area and a very busy road with very few crossing points from another.
- 11.21 Although car ownership was noted to be around 31% very few houses in the neighbourhood had access to garages or driveways.
- 11.22 Following the withdrawal of Mr Josh Miller, Mr Gordon Dykes and Mr Colin Fergusson in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, the Committee, for the reasons set out above, that the provision of pharmaceutical service in and to the Neighbourhood were inadequate.
- 11.23 The Committee considered whether granting this Application was necessary in order to secure adequate provision of pharmaceutical services in and to the Neighbourhood. The Committee agreed that it was necessary and desirable to grant the Application in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the Application was granted. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.
- 11.24 Mr Josh Miller, Mr Gordon Dykes and Mr Colin Fergusson returned to the meeting and were advised of the decision of the Committee.

12. **BUSINESS – MATTERS CONSIDERED BY THE CHAIR**

12.1 **Changes of Ownership**

The Committee, having previously been circulated with the relevant paper, noted the contents which gave details of Changes of

Ownership considered by the Chair since the date of the last meeting:

- 12.1.1 **Case No: PPC/COO1/2023 – M&D Green Dispensing Chemist Ltd T/A M&D Green 5-7 William Street, Johnstone PA5 8DP**
- 12.1.2 The Board received an application from M&D Green Dispensing Chemist Ltd for inclusion in the Board's Pharmaceutical List at the pharmacy previously listed as W B Penman Ltd, T/A Penmans Pharmacy at the address given above, with effect from 1st April 2023. The trading name of the pharmacy will change to M&D Green William Street Pharmacy.
- 12.1.3 The Committee is advised that the level of service will not be reduced by the new Contractor and that the new Contractor was suitably registered with the General Pharmaceutical Council.
- 12.1.4 Given the above, the Chairman agreed that the criteria required by the Regulations were fulfilled, and accordingly approved the application.
- 12.2 **Case No: PPC/COO2/2023 – M&D Green Dispensing Chemist Ltd T/A M&D Green 72 High Street Pharmacy, 72 High Street, Johnstone PA5 8SG**
- 12.2.1 The Board received an application from M&D Green Dispensing Chemist Ltd for inclusion in the Board's Pharmaceutical List at the pharmacy previously listed as W B Penman Ltd, T/A Penmans Pharmacy at the address given above, with effect from 1st April 2023. The trading name of the pharmacy will change to M&D Green 72 High Street Pharmacy.
- 12.2.2 The Committee is advised that the level of service will not be reduced by the new Contractor and that the new Contractor was suitably registered with the General Pharmaceutical Council.
- 12.2.3 Given the above, the Chairman agreed that the criteria required by the Regulations were fulfilled, and accordingly approved the application.
- 12.3 **Case No: PPC/COO3/2023 – M&D Green Dispensing Chemist Ltd T/A M&D Green Lochwinnoch Pharmacy, 14a High Street, Lochwinnoch PA12 4DA**
- 12.3.1 The Board received an application from M&D Green Dispensing Chemist Ltd for inclusion in the Board's Pharmaceutical List at the pharmacy previously listed as W B Penman Ltd, T/A Penmans Pharmacy at the address given above, with effect from 1st April 2023. The trading name of the pharmacy will change to M&D Green Lochwinnoch Pharmacy.
- 12.3.2 The Committee is advised that the level of service will not be reduced by the new Contractor and that the new Contractor was suitably registered with the General Pharmaceutical Council.

12.3.3 Given the above, the Chairman agreed that the criteria required by the Regulations were fulfilled, and accordingly approved the application.

12.4 **Case No: PPC/COO17/2023 – Care Pharmacies Ltd, T/A Care Pharmacy, 2354 Dumbarton Road, Yoker, Glasgow G14 0JX**

12.4.1 The Board received an application from Care Pharmacies Ltd for inclusion in the Board's Pharmaceutical List at the pharmacy previously listed as Dr William Wilson & Mr Garry Scott, T/A Thistle Pharmacy at the address given above, with effect from 1st June 2023. The trading name of the pharmacy will change to Care Pharmacy.

12.4.2 The Committee is advised that the level of service will not be reduced by the new Contractor and that the new Contractor was suitably registered with the General Pharmaceutical Council.

12.4.3 Given the above, the Chairman agreed that the criteria required by the Regulations were fulfilled, and accordingly approved the application.

12.4 **Case No: Various COO for Lloyds Pharmacies**

12.4.1 The Board received the applications listed below from individuals/partnerships/companies seeking inclusion in the Board's Pharmaceutical List at pharmacies previously listed as Lloyds Pharmacy Ltd, T/A Lloydspharmacy at the addresses listed. The effective dates of change and intended trading name of the pharmacy are as noted in attached Appendix.

12.4.2 The Committee is advised in each case the level of service will not be reduced by the new Contractor and that the new Contractor will be suitably registered with the General Pharmaceutical Council at the time the ownership changes.

12.4.3 Given the above, the Chairman agreed that the criteria required by the Regulations were fulfilled, and accordingly approved each application.

12.4.5 **HOMOLOGATED/**

13. **Minor Relocation of Existing Services**

The Committee, having previously been circulated with the relevant paper, noted the contents which gave details of Changes of Ownership considered by the Chair since the date of the last meeting:

13.1 **Case No: PPC/MRELOC01/2023 – Mearns Healthcare Ltd, T/A Dears Pharmacy, 124-126 Ayr Road, Newton Mearns, Glasgow G77 6EG**

13.1.1 Mearns Pharmacy, T/A Dears Pharmacy, made an application to the Board to extend their existing pharmacy from 124 Ayr Road, Newton Mearns, Glasgow G77 6EG to the above unit.

- 13.1.2 The Lead Pharmacist for Community Care and the NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee both recommended that the application fulfilled the criteria for minor relocation as defined within the current pharmacy regulations.
- 13.1.3 The Chair, taking into consideration these recommendations agreed that the criteria required by the Regulations were fulfilled and accordingly approved the application.
- 13.2 **Case No: PPC/MRELOC02/2023 – Care Pharmacies Ltd, T/A Care Pharmacy, 2358-2360 Dumbarton Road Dumbarton Road, Yoker, Glasgow G14 0JX**
- 13.2.1 Care Pharmacies Ltd, trading as Care Pharmacy, made an application to the Board to relocate their existing pharmacy 2354 Dumbarton Road, Yoker, Glasgow G14 0JX to the above unit.
- 13.2.2 The Lead Pharmacist for Community Care and the NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee both recommended that the application fulfilled the criteria for minor relocation as defined within the current pharmacy regulations.
- 13.2.3 The Chair, taking into consideration these recommendations agreed that the criteria required by the Regulations were fulfilled and accordingly approved the application.
- 13.2.4 **HOMOLOGATED/**
14. **Minutes of Previous PPC Hearings**
The Minutes of the undernoted PPCs were ratified:
- 14.1 PPC(M)2023/02 held on Tuesday 18th April 2023;
PPC(M)2023/01 held on Wednesday 18th January 2023;
PPC(M)2022/04 held on Wednesday 30th November 2022.
- The meeting closed at 1500 hrs**
15. **RESPONSE TO NATIONAL APPEALS PANEL**
Deliberations
- 15.1 The Chair of the National Appeals Panel (NAP) in a determination dated 12th June 2024, remitted the application back to the PPC for reconsideration, having considered that the appeals made in respect of two grounds were successful.
- 15.2 In relation to one of the grounds of appeal, the Chair asked that the PPC's decision should be undertaken with reference to other sources of evidence and information taking care not to over rely on the CAR.

- 15.3 In relation to the other Ground of appeal the PPC were required to provide sufficient reasons- when reaching their decision.
- 15.4 In line with the NAP instruction, members who sat when the PPC initially considered the application, met at 9.00am on Thursday 20th June 2024.
- 15.5 Prior to the Chair formally commencing the session, the PPC discussed at length the NAP determination. The pharmacist members of the PPC raised a question as to whether the Chair of the NAP's decision was for them to only remedy those parts of the original decision that he had detailed in his determination, or was it for the PPC to reconsider the application in its entirety. If it was deemed to be the latter, then this would be difficult given the passage of time that had passed. If it was deemed to be the former, the pharmacist members were mindful that they would be asked to refine a decision which, although they had contributed to, had been taken by the Lay members of the original PPC and which they did not necessarily agree with.
- 15.6 The PPC asked Mrs Glen to seek Central Legal Office (CLO) opinion on this matter.
- 15.7 Mr Stephen Waclawski from CLO considered the question put to him, and provided the response attached to this minute.
- 15.8 The PPC were satisfied that they could continue and the Chair brought the meeting to order.
- 15.9 The PPC revisited the evidence to familiarise themselves again with the case and explored their original reasoning. It was agreed that all of the content in the original decision formed part of the refreshed decision.
- 15.10 The PPC noted that they had not agreed with the Applicant's definition of neighbourhood, considering instead to extend the West boundary. This neighbourhood was larger and would by definition contain more residential population. The PPC were mindful that the information gathering methods employed during the Joint Consultation exercise would have reached residents within the extended neighbourhood and beyond.
- 15.11 The methods of engagement were varied and would have reached a wide population. The exercise was inclusive and as accessible as possible. The PPC revisited Para 11.9 Page 59 of their original minute and noted that the Joint Consultation exercise was not restricted to the newspaper advertisement. The PPC were satisfied that there were numerous methods to engage as many respondents as possible beyond the original neighbourhood definition.
- 15.12 The PPC acknowledged that the relevant test was the adequacy of service in and to the defined neighbourhood. The CAR and to a significant extent representations at the original hearing had focused

primarily on the services provided by one of the existing contractors. The PPC noted that this contractor provided the bulk of the service to the neighbourhood given its close proximity to the nearest GP practice, and the number of prescriptions dispensed by the pharmacy. Most of the negative comments in the CAR related to this pharmacy, and as stated in Paragraph 11.14 of the original note, the Contractor (who had been present at the original hearing) had acknowledged that in an attempt to increase the volume of dispensing services from the pharmacy had sacrificed other areas of his business model, which had directly affected the provision of services and by extension patient satisfaction. From a site visit to this contractor's pharmacy, it was noted that there was a significant queue to enter the pharmacy, and it was obvious that the pharmacy was at the physical limit of how it could extend – this was also alluded to by Mr. Mohammed during the original oral session. The PPC also again noted that Mr Mohammed had attempted to improve his service delivery by remodelling the pharmacy interior and installing a 24-hour automated delivery system, and other improvements. However it was the PPC's conclusion that given the large volume of items provided to the neighbourhood by this pharmacy, the service demands, and the physical constraints on the pharmacy, resulted in an inadequate service.

15.13 Taking this situation into account, the PPC were satisfied that the provision of pharmaceutical services in the neighbourhood were not adequate.

15.14 The PPC were mindful that the weight they could give to the provision of pharmaceutical services to the neighbourhood was restricted to those contractors who had attended the original oral hearing. Although the PPC were provided with information about the other pharmacies, the weight they could place on this was restricted due to the absence of these representatives at the original oral hearing; without representation at the oral hearing there's no opportunity for evidence to be presented and/or challenged.

Decision

15.15 Following the withdrawal of Mr Colin Fergusson, Mr Josh Miller and Mr Gordon Dykes in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, the Committee, considered that the provision of pharmaceutical services in and to the Neighbourhood were inadequate.

15.16 The Committee unanimously agreed that it was necessary to grant the Application in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the Application was granted. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.

- 15.17 It was the opinion of the PPC that there were deficiencies in service and the legal test had been met. Having come to this conclusion the PPC in keeping with Lord Drummond Young's assertion the PPC had to undertake a further two stage approach then considered whether it was necessary or desirable to grant the application. The PPC were aware that if the proposal was to make up a shortfall it would be necessary to grant the application. However, in granting an application on the basis of desirability that may result in over provision at the present time but would result in securing adequacy for the future.
- 15.18 The PPC considered that the granting of the application would make up a shortfall in service provision. This was needed for several reasons including:
- 15.19 - The Contractor who provided the bulk of the pharmaceutical service in the neighbourhood had sacrificed their service provision capability in pursuit of dispensing volume. This had reduced the patient experience as was evidenced through the negative comments in the CAR;
- 15.20 - The PPC did not consider that any of the existing contractors present at the original oral hearing had provided any evidence of their assertion that they had capacity to undertake additional services;
- 15.21 - Having regard to the overall services provided by the existing contractors within the vicinity of the proposed pharmacy, the number of prescriptions dispensed by those contractors in the preceding 12 months, and the level of service provided by those contractors to the neighbourhood, the committee agreed that the neighbourhood was not currently adequately served.

The meeting closed at 1230 hrs