

Pharmacy Practices Committee
Minutes of the meeting held on Wednesday 9th February 2022 at 0900 hours via Microsoft Teams
PRESENT:

Mr John Matthews	Chair
Mr John Woods	Lay Member
Mr Stewart Daniels	Lay Member
Mrs Leonora Montgomery	Lay Member
Mr Colin Fergusson	Non-Contractor Pharmacist Member
Mr Ewan Black	Contractor Pharmacist Member

IN ATTENDANCE:

Mrs Michelle Cooper	Contracts Supervisor, NHS GGC
Mrs Trish Cawley	Contracts Co-ordinator, NHS GGC
Mrs Janine Glen	Contracts Manager, NHS GGC
Mr Stephen Waclawski	Central Legal Office

1.	MEETING CONVENED
1.1	The Pharmacy Practices Committee (PPC) convened at 0900 hours.
1.2	The Chair asked the members present to confirm that they had no interest in any of the business to be conducted by the PPC. Each member confirmed there were no conflicts of interest.
2.	ORDINARY BUSINESS
2.1	<u>Minutes of Previous PPC Hearings</u>
2.2	The Minutes of the PPC held on Wednesday 27 th October 2021 – PPC [M] 2021 – 03 were notified.
	<i>HOMOLOGATED</i>
3.	DETERMINATION OF APPLICATION
3.1	APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST CASE No: PPC/INCL01/2022 – Rightdose Healthcare Ltd, 390 Ardgay Street, Sandyhills, Glasgow G32 9EE
3.2	<i>The Chair formally convened the open session of the hearing and welcomed the Applicant and Interested Parties.</i>
3.3	Mr Kasim Gulzar, ("the Applicant").
3.4	The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend this hearing, were:
3.5	- Mr Tom Arnott representing Lloyds Pharmacy Ltd (assisted by Ms Claire Donoghue); - Mr Scott Jamieson representing Boots UK Ltd (assisted by Ms Emily Sadiq)

	<ul style="list-style-type: none"> - Ms Gillian Hunter representing Rowlands Pharmacy Ltd; - Ms Lynn Duthie representing Lightburn Pharmacy Ltd (assisted by Mr Douglas Miller); - Mr Stephen Dickson representing Dickson Chemists Ltd; - Mrs Elizabeth McLaughlin – representing Macbon Chemists and - Ms Fiona Murphy representing Shettleston Health Centre Pharmacy Ltd and DLL Robertson Ltd (assisted by Mrs Sheilagh Rae).
3.6	Together these constituted the “Interested Parties”.
3.7	The Applicant and Interested Parties were advised that the meeting had convened at 0900 hours when all present were invited to state any interest in the application. No interests were declared.
3.8	The Chair advised all present that due to the current COVID restrictions no group site visit had taken place. Instead members of the PPC had undertaken individual site visits to the proposed premises and surrounding area. Mrs Montgomery hadn’t made a site visit as she was based in Aberdeen.
3.9	The Chair advised all present of the necessary housekeeping and Microsoft Teams functions.
3.10	This oral hearing had been convened under Section 3, Paragraph 2 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended. The PPC was to consider the application submitted by Rightdose Pharmacy Ltd to provide general pharmaceutical services from premises to be situated at 390 Ardgay Street, Sandyhills, Glasgow G32 9EE (“the Proposed Premises”).
3.11	The purpose of the meeting was for the PPC to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the Applicant’s proposed premises would be located.
3.12	Confirmation was sought by the Chair that the Applicant and Interested Parties were not attending this hearing in the capacity of solicitor, counsel or paid advocate. All parties confirmed individually that this was the case.
3.13	The Chair advised all parties of the hearing procedure to be followed stating that only one person was allowed to speak on behalf of the Applicant and each Interested Party.
3.14	Confirmation was sought 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 parties individually confirmed agreement.
3.15	Finally, the Chair confirmed that the PPC had read all the papers submitted so invited Mr Gulzar to speak in support of the application, reminding him that the PPC was not in a position to consider any additional written evidence.
4.	<u>THE APPLICANT’S CASE – (below us reproduced from Mr Gulzar’s pre-prepared statement)</u>

4.1	The Applicant thanked the PPC for allowing him the opportunity to present his case. He advised he was here today to discuss his application to open premises in Sandyhills.
4.2	He stated that some of those present may never have heard of Sandyhills, but he assured it and its residents existed. The residents of Sandyhills make up around 6,000 persons.
4.3	Population in proposed neighbourhood: 5,877
4.4	<p>What made the proposed premises a central point of interest for the residents of Sandyhills?</p> <p>Café Deli Hair dressers Convenience Store Cash Machine Sandyhills regenerated local park</p> <p>Just outside the boundary to the west there was a post office that most of the residents within the neighbourhood used. This highlighted the fact that Shettleston Road was regarded as outside the neighbourhood boundary as it was not used for one of the daily conveniences mentioned above.</p>
4.5	Any reason to travel out-with neighbourhood? – The Applicant advised that on speaking to residents of Sandyhills, the general opinion was that unless one left to go to their work, or their larger weekly shop like Tesco or Morrisons they generally tended to stay within the neighbourhood. Other reasons to leave when the Applicant asked included visits to the doctor or pharmacy.
4.6	Benefits to other NHS & Social Services? – The Applicant advised that the benefits of the proposed Rightdose Pharmacy, Sandyhills to other NHS & Social Services included but were not limited to the following if a pharmacy were to be granted:
4.7	Reduced waiting times for appointments. GP workload reduced - From months and months of speaking to the residents of Sandyhills and those from surrounding areas it was apparent that they were experiencing difficulty receiving full provision from their doctor's surgery. The most common complaint was that when they phoned to book an appointment, that the wait time was lengthy, and sometimes even up to three weeks. This highlighted that the GP surgeries that the residents of Sandyhills were patients at were clearly very busy. This resulted in longer waiting times to book an appointment. The addition of Rightdose Pharmacy in Sandyhills would take some of the pressure from the GP surgeries as it was common for a GP to book a patient in only for the patient to present with a condition that could had been dealt with by a pharmacist via the Pharmacy First Service or by taking advantage of the many PGDs that were available to be used.
4.8	Free up carers time to spend more time caring for their patients – The Applicant advised that there was a large elderly population – lots of carers in and around the shops and the streets.
4.9	Having listened to many of the social service sectors and employees or loved ones providing care in the neighbourhood, it was apparent that they had an extremely busy daily schedule. Some carers had multiple patients that they provided care for.

4.10	On prescription dispensing and collection from the pharmacy they expressed lots of frustration. From the prescription being received into the pharmacy in the surrounding areas of Sandyhills to being dispensed and being handed out to the representative collecting (the carer) it was said that it took up a lot of time, time that could be spent on caring for the patient. In Sandyhills, for example, the carer would have to travel out-with the area to obtain the pharmacist. Once presenting to the nearest pharmacy, either on Shettleston Road or in one of the in-house health centre pharmacies, the first problem the carers experienced was parking spaces.
4.11	There were limited parking spaces available. Shettleston Road as the PPC would know was extremely busy and any spaces that were available were usually taken. Once parked and inside the pharmacy it was noted that the pharmacies were extremely busy. One carer said that they were told to present back the next day for a prescription they handed in as the pharmacy again was too busy. They were literally told to go away and come back. If the pharmacies were this busy, what chances had they got to promote or educate patients on the NHS's full list of services? The Applicant advised that as a current pharmacy operator, they experienced this situation as well. With being busy and overrun it was extremely difficult to counsel patients on the services that the NHS could provide. This was something that had been highlighted by staff and the Applicant was doing his utmost to counter that and appropriately staff his other pharmacies. This was clearly a situation that was happening in Shettleston.
4.12	The carers spend "too much time" in dealing with collecting patients prescriptions. The benefits of a pharmacy in Sandyhills would firstly reduce the workload in the pharmacies surrounding the neighbourhood. It would make it easier for carers to park their cars as there were allocated car parking space to the side of the proposed premises. Rightdose Pharmacy, Sandyhills would also offer a free repeat prescription collection from the GP to the patient. This service didn't only involve collection but also delivering their prescriptions to everyone. Not gender specific or age specific. Rightdose would also provide a compliance aid service which would assist the carers in administering the patient's medication. It was noted from conversations that some of the pharmacies surrounding the neighbourhood had limited spaces to take on new patients for dosette boxes. Rather the patient was put onto a "waiting list". So ultimately, Rightdose Pharmacy in Sandyhills would create more time for carers and social services to care for their patients. It would also reduce the workload across all the surrounding pharmacies allowing them some breathing space to offer all the NHS services and carry out their daily pharmaceutical services in a timely manner.
4.13	The Applicant advised that the nearest pharmacy to the proposed location was Rowlands Pharmacy, Shettleston Road. All other local pharmacies were further away.
4.14	Rowlands were open from 9.00am-6.00pm, and 9.00am-1.00pm on a Saturday. This limited patients having to collect prescriptions between the hours of 9.00am-6.00pm. There had been many instances where those that worked found it difficult to make these times. The Cairns Medical Practice was open from 8.00am in the morning and residents of Sandyhills had commented that an earlier opening time would be beneficial especially for those that work. Also, on a Saturday the residents of Sandyhills found that 1.00pm closure was inconvenient. This was a day where those that potentially work would present at the pharmacy to collect prescriptions or carry out their smoking cessation programme and they found it difficult to make the 1.00pm deadline.

4.15	<p>Already we were seeing that pharmaceutical provision was timed here so it was potentially timed causing patients who couldn't make core hours some difficulty so it was still not helping the patients in Sandyhills.</p>
4.16	<p>The Applicant then went on to look at the travel considerations for residents within the neighbourhood to the nearest pharmacy - Rowlands Pharmacy, 1322 Shettleston Road, G32 7YS.</p> <p>Walk: 13-15 min walk, uphill, 30 ft. quite a steep uphill climb. This translated to a potential 30 min walk for a resident from the proposed pharmacy location, not to mention the waiting time at the nearest pharmacy. There were those that had medical conditions that had difficulty walking for 5 minutes let alone a potential 30 min walk, uphill in the beautiful Scottish weather.</p>
4.17	<p>Having walked various routes to the nearest pharmacy, the ease for a disabled person to make the journey would prove difficult. There were various hills that could pose difficult not just one or two. There were many that took you up from Sandyhills to Shettleston. There were kerbs lowered for the residents to get their cars into their driveway however no dedicated lowering of kerbs to make it easier for those in a wheelchair or for parents that may be walking with a pram on the street. Having to use the driveway lowered kerbs would mean walking onto the road and potentially endanger the person walking to Shettleston.</p>
4.18	<p>Bus: There were buses that run from the Sandyhills area, however not all the buses had a disability friendly bus service. The run times varied from every 9-15 min. It had been reported that a bus could take anything up to 20 mins for it to present at the proposed location. The Applicant had verified this with his friend standing waiting – it took 20 minutes to turn up. It takes around 7-10 minutes for a bus caught at the proposed location to get to the bus stop that one would had to disembark then walk further to get to Rowlands Pharmacy. For those who don't have cars were proving a bit of a battle to get there.</p>
4.19	<p>There were no trains that could take you from the proposed location to the nearest pharmacy.</p>
4.20	<p>Those with a car could make it from the Southern part of the neighbourhood in under 10 minutes. The thing was, not everybody owned a car. Not everybody had the luxury. In Mount Vernon & East Shettleston for example, which accounted for areas within our neighbourhood, where there were nearly 5000 homes, roughly 1800 of those households would had access to a car or van. That didn't necessarily mean that the residents all had a car to visit their nearest pharmacy as the car or van could be used by someone in their family going to work or be out when a visit to a pharmacy were required. 63% of the population in the above mentioned area were in work which meant only 666 households would had access to a car where there was a potential that the car or van was not available. This left a significant number of residents without a car or van and having to resort to public transport.</p>
4.21	<p>In the 2011 Census, Mount Vernon & East Shettleston, there was a rough population of around 7,800, and roughly 2,800 were economically inactive. This included retired, students, long term sick and disabled. This was a 36% population that would suffer from difficulties in obtaining pharmaceutical provision. Ultimately the residents of Sandyhills faced difficulties in obtaining pharmacy provision due to the difficulty of the climb of Shettleston Road and the difficulty in obtaining transport to their local pharmacy.</p>

4.22	The Applicant advised that he had mentioned residents were facing difficulties due to physical barriers but the cost of a ticket from the proposed pharmacy location to the nearest pharmacy if one couldn't walk the distance or suffer the hill was £4.60. This would allow the patient to return back to the proposed location. Where services such as repeat prescriptions and urgent minor ailments treatments may be required, £4.60 for some of the residents that were facing deprivation may prove costly.
4.23	In summary, the Applicant advised that there were various barriers for residents to travel from the proposed location to the nearest pharmacy. The travel times and barriers were only described from the proposed location however he would highlight the travel times from further south of the neighbourhood.
4.24	<p>Barriers included:</p> <p>Lengthy walk; Uphill walk; There were High kerbs (proved difficult for those in wheelchairs and with prams); Bus times vary; Cost of public transport travel ticket; The fact that Sandyhills sees itself as a neighbourhood, to travel outside that neighbourhood itself was a mental barrier; Not having access to a personal car, and where a household had access to a car, was it available in an emergency. If your child were suffering from a cough – not saying it should be on everyone's doorstep but you shouldn't have to have a lengthy walk, high kerbs, unknown bus times, and the cost of the ticket to get there; Parking on Shettleston Road was extremely difficult. The Applicant had been there in the last two years more than he ever had. Having to squeeze your car in there outside the health centre was an extremely difficult situation. Both residents and professionals (GPs, nurses, carers, loved ones) had expressed concerns on parking when attending pharmacies in Shettleston. There was one resident the Applicant bumped into – said they had a bad situation where they opened their door and someone nearly took their door off – buses also don't care or pay much attention to cars parked on the road.</p>
4.25	The Applicant advised that he would be offering a full delivery service to anyone. There's no-one he wouldn't deliver to. This would be free of charge.
4.26	The Applicant talked about the current delivery services offered to the neighbourhood. Boots Pharmacy had reduced their deliveries per day as they had started to charge patients for deliveries. Regardless of this, Boots Pharmacy were providing a discretionary delivery that didn't incorporate a comprehensive delivery service. Patients were now having to struggle to get their medication and he had heard some residents saying that due to a reduced pharmacy delivery provision they sometimes go days without medication due to the difficulties they faced making their way to Shettleston.
4.27	The Applicant had pulled up an article from the Boots website. The advert stated that paying for delivery charges guaranteed you a continuous supply of your prescription medicines at your doorstep. Contact your pharmacist for more information.
4.28	Below the advert it stated that a one off delivery charge was £5.00 with an annual delivery charge of £55.00.

4.29	The Applicant asked where in the NHS they said we had to start pay for delivery services. As far as Rightdose Pharmacy was concerned they deliver prescriptions on behalf of the NHS and there is no charge to the patient. So it was essentially disheartening for a patient requiring a delivery as they wouldn't know whether Boots would provide a free delivery or not as it stated that patients would need to make contact with individual Scottish pharmacies to find out whether they offered a free delivery service. The Applicant advised that the Boots on Shettleston Road was actually offering a paid service. The patient was required to complete a sign up form and then a payment is made. This then gave the patient access to one delivery per week. The Applicant advised that he had patients that he delivers weekly dosette boxes to that at any point during that week might get an antibiotic. He would never say to that patient that they couldn't receive a delivery as they only had one delivery per week. They would go and help that patient. The Boots service was not good enough. It was detrimental to the pharmacy provision in terms of a delivery service.
4.30	The Applicant spoke about the nearest pharmacy to the proposed location. Rowlands Pharmacy. They operated a limited delivery service which was not accessible to every patient.
4.31	The nearest health centre(s)/ GP practice(s) to the proposed premises was The Cairns Medical Practice, Shettleston Road.
4.32	The opening hours of the medical centre were: 8.30am – 6.00pm, it closed for 1hr for lunch between 1.00pm and 2.00pm.
4.33	Benefits to other NHS & Social Services? - Impact on GPs, it would allow GPs waiting times for appointments to reduce as Sandyhills residents could present at the pharmacy for Pharmacy First (Minor Ailments, UTI PGD, Impetigo PGD, Shingles PGD, Bridging Contraception) or basic pharmacist advice. With proposed opening times being 8.00am, this would allow the GP practices that the residents were patients of to phone in prescriptions earlier for those that were busy from 9.00am onwards when they're going to work. It would also allow anyone who attended the GP at 8.30am onwards to be able to access the Sandyhills Pharmacy to allow prescriptions to be dispensed.
4.34	For dentists, where there were minor ailment oral conditions, a pharmacy could resolve simple conditions and instead of the patient calling into the dentist for superficial or minor oral conditions the pharmacist would be able to help.
4.35	Pharmacy first port of call. In 2017 it was stated that the pharmacy should be used where possible as a patients " <i>first port of call</i> ". The granting of this application would allow for the residents in Sandyhills to obtain their prescriptions from their neighbourhood easing the dispensing stresses on all the other pharmacies outside of Sandyhills, in Shettleston and surrounding areas. This would allow for a better delivery of the increasing services that the NHS and Pharmacy were striving to take on. Why not, pharmacies were best placed as a first port of call instead of a GP. The Applicant was sure those present would join him in saying that during the pandemic pharmacies were one of the only health operations to keep their doors open to the public, Having a pharmacy in the neighbourhood would assist with this. GP waiting times would also reduce as pharmacy would be dealing with the less urgent, less serious ailments.

4.36	With the recent introduction of Pharmacy First Plus, Rightdose, Sandyhills would have the opportunity to also employ an Independent Prescriber Pharmacist which would allow for common clinical condition prescribing, benefiting the residents of Sandyhills and reducing pressures again on GPs, dentists and the other pharmacies in the surrounding areas of Sandyhills.
4.37	Do residents have adequate access to the level of pharmacy services that the proposed pharmacy intends to provide within their neighbourhood? The Applicant advised that he was going to talk about a few clips from the Consultation Analysis Report (CAR) report. He wanted to throw them in to give an idea of what's being said.
4.38	<i>"Not been offered a lot of the pharmaceutical provision you listed. Get ma slip from the doctor and get it from the chemist. But not all the other stuff".</i>
4.39	There were many statements made via the CAR, however this one above highlighted the fact that the residents of Sandyhills and potentially the whole of Shettleston were not being educated on all the services offered by the NHS. This was a shame as pharmacies could be helping those women who were pregnant and presenting at their first antenatal visit and declaring they smoke. This was one of the oldest services offered by pharmacy.....
4.40	At this point in the proceedings the Applicant's connection dropped and he was lost from the hearing. Once he reconnected to the hearing he continued with his presentation.
4.41	The Applicant advised that the patient making the comment above had not been made aware of any of the services that a pharmacy could provide. The Applicant advised that in all his pharmacies almost every patient who came into the pharmacy was made aware of nearly every service the pharmacy could provide. Not only on a selfish level, whereby dispensing prescriptions wasn't what makes money in the pharmacy. It was about adapting what pharmacists did and taking what the government were offering in terms of services, and provide them and educate every patient so that pharmacies could become the pharmacies that the Government envisaged.
4.42	Need to establish the level of support of residents within that neighbourhood using: Consultation Analysis Report (CAR) Proposed Neighbourhood 91% of respondents agreed with the proposed boundary proposed by Rightdose Pharmacy, of which 86.4% were currently living within the neighbourhood of Sandyhills. This proved that the residents/respondents agreed that the boundary defined what they see as their neighbourhood. A neighbourhood was seen as a place where the residents would not feel the need to leave, to have amenities within it, allowing them to lead their normal lives, unless for work or necessary reasons e.g. such as visits for the weekly shop visit the doctor or pharmacy.
4.43	The Applicant read some quotes from the CAR:
4.44	<i>"the lines fit the Sandyhills neighbourhood."</i>
4.45	<i>"It covers other surrounding areas too."</i>

4.46	<i>"I live just outside the mapped area but this would still be my nearest pharmacy and I'm sure others who live on the other side of Shettleston Road would still welcome this."</i>
4.47	The above quote was from a respondent that lived just outside the proposed neighbourhood however would still see the proposed location as their nearest pharmacy. The proposed location would provide relief for the already struggling, busy pharmacies of Shettleston.
4.48	<i>"Nearest pharmacy was either Shettleston or tollcross. Lots of elderly in area."</i>
4.49	This statement clarified this application's arguments, there were <i>"lots of elderly in area"</i> and that travelling to Shettleston or Tollcross has and was currently proving difficult for the elderly in the area.
4.50	<i>"Sandyhills was a different area to Shettleston."</i>
4.51	Again, a comment that cemented the fact that Sandyhills was seen by the residents as a separate area, again highlighting that the residents would benefit from a pharmacy in their area to ease the burden of having to travel outwith Sandyhills to obtain medical/pharmaceutical provision.
4.52	Do you think there were any gaps in the existing pharmaceutical service provision noted below?
4.53	<i>"There were pharmacies in Shettleston and Tollcross but currently lacking in the Sandyhills area."</i>
4.54	The comment above again highlights the fact that Sandyhills was regarded as a separate area and that a pharmacy was necessary.
4.55	<i>"The nearest pharmacy to myself is the Co-op and I don't use it as the staff have been extremely unhelpful on various occasions. The pharmacy within Shettleston health centre can be extremely busy so another service nearby would be a great benefit to the community".</i>
4.56	Coming from the patients in Sandyhills, the pharmacies in Shettleston were extremely busy. If you checked the amount of patients there were in the wider Shettleston area, there was no question that this would translate into pharmacies serving the areas to be busy. There was much chat around the fact that patients were left waiting around for their prescriptions or advice. There had been multiple residents of Sandyhills stating that they had been told to come back at a later date to receive their medicines. Pharmacies could only do their best. The Applicant sympathised as a pharmacy operator himself however when their backs were to the dispensary wall with hundreds of prescriptions to dispense daily it could get a bit overwhelming. Having the patients of Sandyhills presenting to Rightdose Pharmacy at the proposed location would allow the current pharmacies nearby to breathe a little. To be able to attend to their patients in a timely manner.
4.57	<i>"We need more pharmaceutical services in this and the surrounding area. Many residents had to travel to either Shettleston or Baillieston Health Centres to visit a health care provider."</i>

4.58	<i>"A family member of mine lives in Sandyhills and doesn't get the services above as she is too old to walk up to the main st. She can walk to her local shops in Ardgay Street. She struggles to get people to help get her prescriptions."</i>
4.59	The above comment again highlights the difficulties the elderly population within Sandyhills were facing.
4.60	<i>"Wait ages fir scripts its not great for me or family and sometimes find it hard tae get ma mums medicine".</i>
4.61	<i>"Not been offered a lot of the pharmaceutical provision you listed. Get ma slip from the doctor and get it from the chemist. But not all the other stuff",</i>
4.62	Again these statements both highlight the fact that due to the pharmacies being busy, they literally don't have the time to educate their patients on all the NHS core services and offerings. This means that programmes such as the smoking cessation programme, could be missed.
4.63	<i>"Local pharmacy would be good for the neighbourhood. It would serve the community well."</i>
4.64	<i>"Local people would enjoy the location. Would save elderly having to go to Shettleston when there was a pharmacy on their doorstep"</i>
4.65	<i>"Collecting her prescription were always problematic, from waiting around for ages, to the pharmacy not being able to find it ... it's a disgrace. And if we were to try get the other services I can't even imagine the issues."</i>
4.66	The Applicant advised that he had been asked as part of the process, to look into the gaps and any complaints mentioned about the current pharmacies. He had undertaken a search on social media, because during the pandemic it was difficult to visit patients on their doorstep due to the restrictions. It was also difficult to get questionnaires completed as patients were apprehensive about going to their local shop etc. The Applicant managed to get some of their questionnaires out but looked as social media.
4.67	BOOTS 1041 SHETTLESTON RD 2 years ago Terrible waiting times, staff seem like they don't know what they're meant to be doing a year ago How long it could take to pick up prescription ordered and paid online? 20 minutes 😞 Slowest and impolite service ever experienced. 4 years ago The last three times I've had to wait for between five and ten minutes before getting served, regardless of whether you were looking for a prescription or simply buying something off the shelf and just want to pay, very frustrating.
4.68	SHETTLESTON H/C PHARMACY 420 OLD SHETTLESTON RD (CONTRACTOR CODE 1448) 4 months ago Went into pharmacy at 5.55pm to collect my prescription. It was closed. Though I could easily hear all the staff speak with one another behind the shutter. I even asked the security guard the time and he confirmed it was 5.55 pm.

	Then at 6 pm on the button the staff left the pharmacy.
4.69	This just highlighted to the Applicant that there were issues in Shettleston. This might be because the pharmacies were too busy, or were understaffed or because a different neighbourhood entirely was accessing another neighbourhood's pharmacy causing it to be even more busy.
4.70	What do you think about the Intended Applicant's proposed opening hours? <i>"Opening on a Sat allows people who work during the week the chance to collect etc"</i>
4.71	<i>"Be good, to have all day opening, on a sat"</i>
4.72	The Applicant advised that if the PPC was to grant the application, he had read a few of the comments and would be happy to provide provision on a Sunday. Below were some of the statements that he read:
4.73	<i>"Sunday opening would be very useful"</i>
4.74	<i>"Sunday none open here"</i>
4.75	Rightdose understood that there were very few pharmacies across Scotland that were open on a Sunday and they would be happy to offer this provision.
4.76	Do you think the Intended Applicant's proposed pharmacy would impact other NHS funded services like GPs, community nursing, other pharmacies, dentists, optometrists and social services?
4.77	<i>"As a home carer in the area, this will positively impact my service users as this pharmacy would be a great deal closer to home"</i>
4.78	Carers, private, NHS, or simply loved ones had a whole life of their own to get on with, and were clearly affected by the travel and lengthy waiting times to either pick up prescriptions or simply get advice. Rightdose Pharmacy, Sandyhills would provide a free repeat prescription collection service, and free delivery of dispensed prescriptions, assisting carers, allowing them to concentrate fully on giving care.
4.79	<i>"Yes in a positive manner. This allows for pressure to be reduced in GPs etc and for unscheduled care services such as NHS 24 when treatment can be given by a pharmacy."</i>
4.80	GPs and pharmacies have had it tough over the last year and long before the pandemic. The pressures were intense. Rightdose Pharmacy, Sandyhills would relieve some of the pressures and ensure pharmaceutical provision during the difficult times that may potentially come ahead.
4.81	<i>"It should help them give a better service as Sandyhills people would use their own chemist."</i>
4.82	The PPC was here to decide but for the Applicant it was apparent the people of Sandyhills saw themselves as from Sandyhills. They saw the place where they lived as a separate area and they were calling the proposed premises their own chemist. This was clear for everyone to see.
4.83	This statement highlights yet again that the residents in Sandyhills do not regard the pharmacies they were using as their own. A pharmacy was supposed to be the first port of call, and to not think of that service/offering as your own was only creating a

	barrier to use it. Pharmacies were usually the heart of the community. Sandyhills was inadequately serviced by the pharmacies that were located outwith the neighbourhood.
4.84	The Applicant advised that in terms of support, there were difficulties experienced due to COVID, and no petitions were put out. There were letters of support written by Councillors in the area. Mr Thomas Kerr, Michelle Ferns and Frank McAveety. They were in full support.
4.85	The proposed Rightdose Pharmacy had been subject of conversation at the local council meetings and it has been regarded as a positive addition to the community of Sandyhills.
4.86	The local convenience store, Target, applied for an alcohol license in 2014. The prime argument for this license was that residents of Sandyhills were finding it difficult to travel to Shettleston Road to source their alcohol. The Fingass Street hill was too heavy a climb. The fact that this and many other factors, the residents of Sandyhills saw themselves as a neighbourhood of their own. They didn't wish to leave unless necessary. In this particular instance the alcohol licensing board agreed that Sandyhills was its own community, its own neighbourhood and granted the license. With that in mind, Rightdose Pharmacy would no doubt educate on the ill effects of alcohol consumption and aim to reduce the level of alcohol consumption if and when they opened their doors to Sandyhills. It was clear to say that other Boards out there who were saying that Sandyhills was its own community its own amenities. It had its own amenities; its own residents and those residents didn't wish to leave the area unless they had to and when they were forced to leave they were finding it difficult.
4.87	There was clear deprivation in the neighbourhood of Sandyhills. It was suggested commonly that deprivation amongst a population meant that the said demographic access pharmacy increasingly more than the more affluent demographic. This just highlighted the fact that Sandyhills – the area, and the people were slightly more deprived and crying out for somewhere to be able easily access services, to call their own. People were more likely to go to their own friendly pharmacist rather than the High Street pharmacy that's busy, you can't park, they're busy, they close on Saturday, they're so busy they can't dispense your prescriptions on the day, they charge for deliveries. The list went on.
4.88	Ultimately the statements and arguments made here by Rightdose Pharmacy were not to offend or to undermine the efforts the pharmacies that the residents of Sandyhills access currently rather to highlight that the stress and difficulty to manage the workload would be shared by Rightdose Pharmacy, Sandyhills. Everyone has had a tough time through the pandemic, and access to pharmacy and medical services has been a challenge. Rightdose would offer ease of access to Sandyhills residents and provide the pharmaceutical provision that NHS Scotland has promised its people. The viability of the pharmacies in Shettleston would not be affected.
4.89	The Applicant advised that he wouldn't comment on the situation but would respond if questions were asked around the number of pharmacies in the area. These pharmacies had a diluted proportion of residents from Sandyhills visiting them. Not all residents of Sandyhills utilised for example Boots and therefore it wouldn't be the case that Boots would lose 6000 patients. The pharmacies would lose potential 500 – 600 patients across the total number of pharmacies. The viability of the current pharmacies wouldn't be affected.

4.90	From the evidence presented by Rightdose, and the research carried out for this application and the residents themselves confirming their difficulty in accessing the existing pharmacies to the lack of service from the pharmacies due to increasing workloads, Rightdose felt the proposed Rightdose Pharmacy in Sandyhills was both necessary and desirable.
4.91	<i>This concluded the Applicant's submission and the Chair invited the Interested Parties to question the Applicant</i>
5.	QUESTIONS FROM INTERESTED PARTIES TO THE APPLICANT
5.1	<u>Questions from Mr Tom Arnott (Lloyds Pharmacy Ltd)</u>
5.1.1	In response to questioning from Mr Arnott, the Applicant advised that he would expect all core services to be provided by the current pharmacies in the area. However he countered that this didn't mean that all pharmacies were providing pharmaceutical provision to Sandyhills. He confirmed that all pharmacies in the area would be providing all core services.
5.1.2	Mr Arnott asked the Applicant if he would consider Sandyhills to be a rural area. The Applicant advised that he did not consider it to be rural.
5.1.3	Mr Arnott asked the Applicant if he would be surprised to learn that the seven Datazones which made up the Applicant's defined neighbourhood ranked 5,337, 4,166, 3,171,3,015, 6,758, 4,467 and 6,830 in SIMD for access and that as such the area was not deprived in terms of access. The Applicant did not agree with this. In the Applicant's opinion SIMD used Shettleston Road as the place where all amenities lay. The people of Sandyhills found access to Shettleston Road a barrier and found it difficult to access these places. The Applicant advised that there were pharmacies on Shettleston Road, and these were accessible to the residents of Sandyhills, however the SIMD figures didn't reflect the difficulties experienced by the residents in reaching those amenities. The Applicant advised that even if the SIMD access figures were all around the 6,000 mark, the residents were stating that they weren't able to access the services on Shettleston Road.
5.1.4	In response to Mr Arnott's question as to whether it was the Applicant's assertion that the PPC should ignore the SIMD figures, the Applicant advised that he felt the PPC should listen to the residents who were publicly declaring that they were experiencing difficulties in accessing current services.
5.1.5	Mr Arnott asked the Applicant if the resident comments he was referring to was from the 30 people out of the 5,837 who responded in the CAR that they felt there were gaps in existing pharmaceutical provision, and further asked why the Applicant felt the public response to the Joint Consultation Questionnaire was so low with only just over 50 responses. The Applicant advised that there were several reasons for this, including that the residents of the area might not have been able to access the link which was provided to access the questionnaire. In addition, the exercise was undertaken during a pandemic and while in normal circumstances an Applicant would have been able to build up support by taking the questionnaire to the residents, he had been unable to do this. He felt the low response rate was a reality and that other ways needed to be found to gauge the views of the public.
5.1.6	Mr Arnott asked the Applicant why the local Councillors had not opted to support him at the oral hearing, when the Applicant had advised that they supported his proposal. The Applicant suggested that Mr Arnott's question should be directed to the Councillors themselves. In response to further questioning from Mr Arnott as to

	<p>why the Applicant didn't have anyone supporting him, the Applicant advised that he didn't feel that support was required because his case was very simple. It related to difficulties in accessing pharmaceutical provision and a lack of pharmaceutical provision. He was here to make his case and didn't feel he required anyone in support.</p>
5.1.7	<p>Mr Arnott directed attention to Question 5 in the Joint Consultation questionnaire <i>"what are your views on the provision of the following pharmaceutical services proposed by the Applicant"</i>. He advised that there were 36 detailed responses, of which 19 opposed the opening of the new pharmacy. He asked the Applicant if the Applicant agreed with this. The Applicant responded that if this was the response within the CAR he would have to agree.</p>
5.1.8	<p>Mr Arnott asked the Applicant how a resident at the south end of Criffel Road accessed the proposed premises, and asked the Applicant if he would agree that the route would be extremely hilly. The Applicant accepted that the whole area was hilly and in answer to Mr Arnott's question such a resident would need to climb the hill.</p>
5.1.9	<p>Mr Arnott asked the Applicant where the residents of Sandyhills would visit to access banking or do their weekly shopping. The Applicant advised that there was no "official" bank in his defined neighbourhood but residents used the local cash machine and also the Pay Point facility at the local shop. He advised that in areas such as Sandyhills there was a significant reliance on the Pay Point facility. Residents also used on-line banking. He accepted that for those who didn't have access to on-line banking, they would have to travel outwith the neighbourhood to physically access banking facilities. He cited that the residents wouldn't need to leave the neighbourhood to do their weekly shop. The local convenience store was a comprehensive store, but he would agree that if residents needed to do a bigger shop they would need to travel to Tesco (for example).</p>
5.1.10	<p>Mr Arnott asked the Applicant if he had any specific information around his assertion of long waiting times at the some of the current pharmacies. The Applicant advised that any Google Review would show negative comments about Lloyds. In response to further question from Mr Arnott, the Applicant did not agree that social media would be used mainly to elicit negative comments. He advised that his pharmacies regularly received positive comments. He advised that members of the public generally found it difficult to complain to the Health Board about services and as such turning to social media might be the best way.</p>
5.1.11	<p>In response to a series of questions from Mr Arnott, the Applicant responded that he was aware that Lloydspharmacy provided a free collection and delivery service, that the provision of compliance aids was a grey area as the Government didn't encourage the use of such aids. He was aware that Lloydspharmacy previously operated a waiting list and he considered that the compliance aid supply within Shettleston was not good.</p>
5.1.12	<p>Mr Arnott asked if the Applicant would be surprised if Mr Arnott told him that Lloydspharmacy had no waiting list for compliance aids patients, no capacity issues and if necessary they could use their off-site dispensing facility. The Applicant advised that it wouldn't surprise him to know this.</p>
5.1.13	<p>Mr Arnott asked the Applicant if Boots and DLL Robertson Chemists were open on a Saturday afternoon. The Applicant advised that he believed that they were.</p>

5.1.14	Mr Arnott asked the Applicant how many people over 60 or (soon to be) those under 22 pay in bus fares. The Applicant advised that these people would have bus passes.
5.1.15	In response to a series of questions from Mr Arnott, the Applicant responded that collection and delivery was not a core service, patients could present for minor ailments at existing pharmacies and that Lloyd's pharmacies in the area opened at 8.30am which aligned with the earliest GP appointments at the nearest medical practice.
5.1.16	Mr Arnott asked the Applicant if he was aware that the pharmacist at Lloydspharmacy, Baillieston was an Independent Prescriber. The Applicant advised that he wasn't.
5.1.17	Mr Arnott asked the Applicant if he had any specific information, and in particular the date on which the instance where Shettleston Health Centre Pharmacy was alleged to have closed five minutes early. The Applicant advised that the information was all on line.
5.1.18	Mr Arnott asked the Applicant about his neighbourhood and said that of the seven Datazones included in the Applicant's defined neighbourhood only SO10137 and SO10138, a population of 1,860 were going to be as near the proposed premises as existing pharmacies. He asked if the Applicant would agree that these were the ones which had the best access to services and potentially almost had the best access to services in Scotland. The Applicant advised that he agreed in terms of where Mr Arnott found the facts from, but contested that this did not reflect reality.
5.1.19	<i>This concluded Mr Arnott's questions. The Chair suggested that the hearing adjourn for a 10 minute comfort break. The meeting adjourned at 10.50am</i>
5.1.20	<i>The hearing reconvened at 11.00am</i>
5.1.21	<i>The Chair invited Mr Scott Jamieson to question the Applicant</i>
5.2	<u>Questions from Mr Scott Jamieson (Boots UK Ltd)</u>
5.2.1	In response to questioning from Mr Jamieson, the Applicant advised that he had defined his neighbourhood after a personal visit to Sandyhills. After overhearing a conversation he had searched the area of Sandyhills on line and a prescribed area had come up. His definition of neighbourhood had come from this, along with conversations with a lot of the residents.
5.2.2	In response to further questioning from Mr Jamieson, the Applicant advised that he had included part of Mount Vernon in his neighbourhood because people who lived on the far side of the road that ran through the area and which could have been considered a boundary, seen themselves as part of Sandyhills rather than Mount Vernon. This had therefore been included more to encapsulate from the residents point of view than any pre-determined boundary.
5.2.3	Mr Jamieson asked the Applicant if the population figure quoted was specifically from his defined neighbourhood. The Applicant advised that the figure had been taken from the seven SIMD Datazone codes included in his defined neighbourhood.
5.2.4	Mr Jamieson asked the Applicant where he had obtained his evidence asserting that pharmaceutical services in the neighbourhood was not adequate. The Applicant advised that there were a few areas of evidence. There was evidence

	<p>from the residents themselves that used the pharmacies in the surrounding areas. There was also evidence on social media in the form of the opinions and the comments made there were very hard to ignore. The Applicant advised that he wouldn't have submitted the application if there had not been any evidence. He was not saying that the services weren't being offered but rather that access to them was difficult.</p>
5.2.5	<p>Mr Jamieson asked the Applicant if he had had an opportunity to review and investigate the mainly anecdotal evidence obtained from social media. The Applicant advised that many of the reviews he had found on social media dated back two to four years ago, up to a year ago, and this year. As such there was historical evidence to show that this situation was a pattern that had built up with the services and the comments were all very similar.</p>
5.2.6	<p>Mr Jamieson asked the Applicant if he had accessed the factual information around service participation which would be available from the Health Board. The Applicant advised that being a pharmacist himself, he appreciated that the current pharmacies would provide the core and standard services. He didn't doubt that the services were offered. It was just how the patients gained access and in what manner they gained it was more what he had been focussing on.</p>
5.2.7	<p>Mr Jamieson directed the Applicant's attention to the information he had accessed on Boots website around deliveries and asked the Applicant if he had noticed the statement which had clarified that delivery charges only applied to pharmacies in England. The Applicant advised that he had noticed this and that the statement went on to say that if the patient's pharmacy was located in Scotland, Wales or Northern Ireland the patient should contact the store directly to discuss other prescription delivery service options. The Applicant asserted that this meant that every patient had to make contact with their local store to find out if they were offering a free delivery service or if it's a paid delivery. Unfortunately the Boots pharmacy on Shettleston Road operated a paid delivery service.</p>
5.2.8	<p>Mr Jamieson asked how the Applicant had obtained this information. The Applicant advised that he had spoken to lots of patients in the area and this was one of the issues that was brought up. In addition, he had been a pharmacist for 16 years and so had lots of friends and locums who worked with his company who had confirmed the information.</p>
5.2.9	<p>Mr Jamieson asked the Applicant if he could confirm that he had stated that he knew of patients of Boots Pharmacy who had "gone for days" without their medication. The Applicant confirmed that this information had been obtained on speaking to the people of Sandyhills, not only by one person and not only about Boots Pharmacy. The particular example he cited in his presentation had been about Boots Pharmacy but other pharmacies had been mentioned also. He was aware that this situation could have been attributed to a lack of delivery service, it could have been because the pharmacy was busy. The point was there was an issue.</p>
5.2.10	<p>Mr Jamieson asked the Applicant if the letters of support mentioned in his presentation had been submitted. The Applicant advised that Councillor Frank McAveety had copied the Applicant in on his letter of support and that the other letters should be sitting with the Health Board.</p>
5.2.11	<p><i>Mr Jamieson asked the Chair if he had seen the letters of support. The Chair deferred to Mrs Glen who explained that one letter of support had been submitted</i></p>

	<i>on the morning of the oral hearing. This letter had not been circulated or shared with anyone given the late receipt. No other letters of support had been received by the Board either as part of the Applicant's formal application or as part of the notification to elected representatives during the Joint Consultation exercise.</i>
5.2.12	Mr Jamieson asked the Applicant if he had any thoughts on the comments made by some respondents to the Joint Consultation questionnaire around parking at the proposed premises. The Applicant advised that across the road from the proposed premises there was a row of houses and to the right there was a five space car park. The Applicant advised that having visited the area multiple times he had never had any issue securing parking.
5.2.13	In a final question, Mr Jamieson asked the Applicant if he had any factual evidence to support his assertion that the current pharmacies had capacity issues. The Applicant advised that he had a multitude of anecdotal evidence from past employees of Boots. The Applicant considered that the current pharmacies were overrun. He felt like a bit of pressure relief would be good. Providing the residents of Sandyhills with their own pharmacy would relieve that pressure.
5.2.14	<i>This concluded Mr Jamieson's questions and the Chair invited Ms Gillian Hunter to question the Applicant</i>
5.3	<u>Questions from Ms Gillian Hunter (Rowlands Pharmacy Ltd)</u>
5.3.1	Ms Hunter asked the Applicant if he could explain what had happened around the 1 st May 2021. This had been the point where over half of the responses to the Joint Consultation Questionnaire were submitted. The Applicant advised that when the epidemic hit his declaration of interest had been put on hold, but when the Joint Consultation exercise finally commenced the Applicant couldn't get out to speak to people to encourage their response. He had put an advert onto Facebook and he felt the spike on 1 st May had come from there.
5.3.2	Ms Hunter suggested that if this had worked why the Applicant had not tried this again, given that, at that point there was still a month of the Consultation exercise to run. The Applicant advised that he didn't want to look as though he was pushing it too much.
5.3.3	In response to Ms Hunter's question around wheelchair access, the Applicant advised that he didn't know the percentage of wheelchair users in Sandyhills.
5.3.4	<i>This concluded Ms Hunter's questions and the Chair invited Ms Lynn Duthie to question the Applicant</i>
5.4	<u>Questions from Ms Lynn Duthie (Lightburn Pharmacy Ltd)</u>
5.4.1	In response to a series of questioning from Ms Duthie, the Applicant advised that he currently owned eight pharmacies. He advised that two of his current pharmacies closed at lunch time (Ms Duthie corrected this to 4 showing on line). He advised that a few of his pharmacies closed on a Saturday afternoon (Ms Duthie confirmed this to be 4) and that one of his pharmacies opened at 8.00am.
5.4.2	Ms Duthie asked the Applicant if he would be surprised to know that five of his pharmacies didn't open until 9.00am. The Applicant advised that this was correct.
5.4.3	Ms Duthie asked the Applicant if it was such a disadvantage for patients to not have access to this level of service, and the Applicant was fighting to establish this level

	for the residents of Sandyhills, why he was not making this offering in his other pharmacies. The Applicant advised that he had purchased his pharmacies from another contractor and the contracts were already in place. He would need to put in an application to extend the hours. He advised that going forward his business model would be to provide additional hours.
5.4.4	In response to questioning from Ms Duthie, the Applicant confirmed that he already had a few Independent Prescribers working with him, but would need to employ one for the pharmacy in Sandyhills.
5.4.5	Ms Duthie asked the Applicant if he was surprised to learn that Lightburn Pharmacy had 3 Independent Prescribers who could provide services to the Sandyhills area. The Applicant asserted that he didn't think Lightburn Pharmacy was accessible to the residents of Sandyhills and therefore the assertion was irrelevant.
5.4.6	Ms Duthie asked the Applicant why the Post Office was not included in his defined neighbourhood when he had asserted in his presentation that the residents of Sandyhills used the Post Office "on a daily basis". The Applicant advised that when defining his neighbourhood he hadn't wanted to arbitrarily include a road which had a Post Office just to make the neighbourhood more favourable for his application.
5.4.7	Ms Duthie asked the Applicant if he was aware how many of the current pharmacies were twice as close to that Post Office than the proposed premises. The Applicant didn't know. Ms Duthie advised that seven pharmacies were twice as close.
5.4.8	In response to questioning from Ms Duthie around compliance aids, the Applicant advised that he wasn't aware that the number of patients could be restricted.
5.4.9	Ms Duthie asked the Applicant if he would accept that all the current pharmacies were providing all of the services and so therefore the services provided by the existing pharmacies were adequate. The Applicant advised that all pharmacies should be providing the core services. This was a given. His assertion continued to be that while the service may be available they were not easily accessible. He disagreed that the services provided by the existing network were adequate to the residents of Sandyhills.
5.4.10	Ms Duthie asked the Applicant if he could quantify how many residents in Sandyhills had provided evidence. The Applicant advised that he had no exact figure but that the majority of the people he had spoken to were unhappy.
5.4.11	Ms Duthie asked the Applicant how many existing pharmacies a patient from Sandyhills would need to pass if they collected a prescription from Shettleston Health Centre to take to a potential pharmacy in Sandyhills. The Applicant advised that he thought at least three (Ms Duthie confirmed this to be five). Ms Duthie went on to repeat her question using Baillieston Health Centre and Tollcross as pick up points. The Applicant's response to both scenarios was that he didn't know.
5.4.12	Ms Duthie asked the Applicant if he knew what time the Cairns Medical Practice seen patients from. The Applicant advised that the practice opened at 8.30am.
5.4.13	Ms Duthie asked the Applicant how many prescriptions he thought he would gain from the 500-600 patients he would obtain from each of the existing pharmacies. The Applicant advised that from a minimum of 500 patients on an average of five drugs that would provide around 2,500 items. Any pharmacy doing 2,500 – 3,500 items would be viable.

5.4.14	In response to questioning from Ms Duthie about the demographic composition of Sandyhills, the Applicant advised that this was mixed between the elderly, the young and children. He didn't have exact figures, but there was a mixture.
5.4.15	<i>This concluded Ms Duthie's questions and the Chair invited Mr Stephen Dickson to question the Applicant</i>
5.5	<u>Questions from Mr Stephen Dickson (Dickson Chemist Ltd)</u>
5.5.1	Mr Dickson asked the Applicant if it would surprise him to learn that Dickson Chemists had 700 spaces for compliance aids in this area due to investment in technology. The Applicant was surprised.
5.5.2	In response to further questioning from Mr Dickson about travel vaccination services, the Applicant advised that he was interested to know what other services were available from the Boots pharmacy, and was aware that travel vaccination was not an NHS service.
5.5.3	Mr Dickson asked the Applicant if he felt that opening a pharmacy at a location with one dedicated parking space would alleviate the parking issues the Applicant cited existed at Shettleston Health Centre. The Applicant corrected Mr Dickson's assertion and confirmed that there was more than one space at the proposed premises. He confirmed that Shettleston was a very busy place. Ultimately he was saying that if someone was to present at Sandyhills they would be able to park with no difficulties.
5.5.4	In response to questioning from Mr Dickson around staffing, the Applicant advised that if his application was granted, he would initially employ a delivery driver, a pharmacist, and potentially two or three dispensary staff. Mr Dickson asked where a patient would then park if the dedicated spaces were now taken up by the pharmacy staff. The Applicant advised that there was no guarantee that all of the staff would travel to work by car. In addition, it had always been understood that parking spaces were specifically for patients and staff were encouraged to park elsewhere.
5.5.5	Mr Dickson asked the Applicant to confirm whether the 600 houses which the Applicant had asserted wouldn't have the use of a car were actually outwith the Applicant's defined neighbourhood. The Applicant advised that he couldn't confirm this without checking.
5.5.6	Mr Dickson quoted information obtained from Google which suggested that one of the Applicant's pharmacies opened daily from 10.00am – 5.00pm and asked why the Applicant would be advertising incorrect information. The Applicant asserted that this may be out of date information relating to the reduction in opening hours allowed during the pandemic.
5.5.7	Mr Dickson asked the Applicant if he felt that social media and Google were a good way of validating the need for an additional pharmacy in an area. The Applicant advised that behind each review and each comment is an element of truth.
5.5.8	Mr Dickson asked the Applicant if it would be his intention to offer deliveries to patient's outwith his defined neighbourhood. The Applicant advised he would, but there was less of a face to face contact. There were services which couldn't be

	delivered like Pharmacy First. The Applicant confirmed that he was aware that a delivery service was not part of the NHS Contract.
5.5.9	Mr Dickson asked the Applicant if he would be applying for Essential Small Pharmacy status given his pharmacy would not be viable solely based on 2,500 items. The Applicant advised that he saw a potential to serve a big community and felt it would be viable.
5.5.10	Mr Dickson asked if the Applicant had any evidence to support his assertion that half the residents in Sandyhills didn't know about many of the pharmacy services available. The Applicant advised he was a vehicle telling the PPC what the residents were saying.
5.5.11	In response to questioning from Mr Dickson around waiting times, the Applicant advised that there were multiple times where people had stated that they were finding it difficult to obtain their prescription in a timely manner.
5.5.12	<i>This concluded Mr Dickson's questions and the Chair invited Mrs Elizabeth McLaughlin to question the Applicant</i>
5.6	<u>Questions from Mrs Elizabeth McLaughlin (Macbon Chemists)</u>
5.6.1	In response to questioning from Mrs McLaughlin, the Applicant advised that he had made comments off the cuff during his presentation regarding the number of prescriptions that might be lost from the current network. He clarified that taking a population of around 6,000 while not every person required a prescription, there would be a small amount of prescriptions taken from every pharmacy. The Applicant considered that Macbon Chemists was quite far away from the proposed premise.
5.6.2	In response to further questioning from Mrs McLaughlin about the potential difficulty some patients might experience in travelling to the proposed premises, the Applicant accepted that there were streets and hills within the neighbourhood which were tricky, but in his opinion the trek up to Shettleston compounded the issue and proved a big barrier when going northwards.
5.6.3	<i>This concluded Mrs McLaughlin's questions and the Chair invited Ms Fiona Murphy to question the Applicant</i>
5.7	<u>Questions from Ms Fiona Murphy (Shettleston Health Centre Pharmacy and DLL Robertson Chemist)</u>
5.7.1	Ms Murphy asked the Applicant if he had said during his presentation that carers experienced difficulty in receiving pharmacy services. The Applicant advised that he had spoken a lot to employees from Cordia who were telling the Applicant about all the difficulties they had experienced in collecting prescriptions from the health centre.
5.7.2	<i>This concluded Ms Murphy's questions and the Chair invited the PPC to question the Applicant</i>
5.8	<u>QUESTIONS FROM THE PPC TO THE APPLICANT</u>
5.8.1	Mr Fergusson asked the Applicant if he could go over his East boundary. The Applicant confirmed that he had delineated his Eastern boundary as Sandyhills Road following on to Wester Road where it met Woodend Road. He advised that he would like to not follow roads, but on this occasion it was the most natural

	boundary. In response to Mr Fergusson's assertion that Woodend Road was more of a southern boundary, the Applicant advised that his intention was to cross Woodend Road and then join Hamilton Road. From the top of Wester Road, there was a roundabout and then on to Sandyhills Road.
5.8.2	In response to questioning from Mr Woods, the Applicant confirmed that he was aware the PPC were required to take into account services into the neighbourhood as well as those provided in the neighbourhood. The Applicant further confirmed that the PPC were required to consider adequacy of services rather than convenience, however he was of the opinion that while services were provided, the residents of Sandyhills had difficulties in accessing these services. This was the basis of the fact that the residents had access to service, but these weren't accessed adequately and when the services could be accessed, the current pharmacies were extremely busy that patients couldn't access these services. And then patients didn't know what services were available because of the business of the pharmacies.
5.8.3	Mr Woods asked the Applicant to expand on his assertion that residents had inadequate access to services, and how this differed from the notion of convenience. The Applicant advised that when a pharmacy was overrun or were the main pharmacy in the area, they were busy. They weren't able to provide the services the NHS were looking for them to provide in an easy manner. It was a difficult situation that they had to tell people to come back, or OST patients were queued out the door while the pharmacist undertook a Pharmacy First consultation. The Applicant felt that if the area of Sandyhills had their own pharmacy, they wouldn't need to go through all this to obtain a pharmaceutical service.
5.8.4	Mr Woods asked the Applicant if he considered that he provided an inadequate service in his current pharmacies, given his comment that he had "had his back to the dispensary wall" in his current locations. The Applicant advised that having your back to the wall didn't necessarily mean your services were inadequate but it did mean that some of your services would suffer. The Applicant advised that he had put on extra staff to ensure services were provided adequately.
5.8.5	In response to questioning from Mr Daniels, the Applicant advised that residents could use the existing delivery services, however he had been advised yesterday that deliveries from Boots incurred a charge. He felt this was a lot for pensioners and the unemployed. Not every contractor offered a complete delivery service. People weren't interested in just a delivery. Patients were looking for a face to face service. They wanted to know their pharmacist. Delivery wasn't the be all and end all. Bricks and mortar services were still needed.
5.8.6	In response to further questioning from Mr Daniels, the Applicant accepted that residents in Sandyhills would need to travel outwith the area to access their weekly shops.
5.8.7	In response to questioning from Mr Black, the Applicant explained that he had drawn his western boundary at Killin Street because the boundaries of Sandyhills were quite difficult to draw out, however for the purposes of the Joint Consultation a neighbourhood had to be defined. Despite the fact that the housing might be similar on both sides, on speaking to people, he learned that Killin Street was considered to be a busy road with speed cameras and so regarded as a boundary. He had no argument with Mr Black's suggestion that Sandyhills encroached across the road.

5.8.8	Mr Black asked the Applicant if he was going to pay attention to the CAR to the extent that he wouldn't provide Substance Misuse services as some of the respondents had been against the provision of this service. The Applicant advised that this was a difficult issue and he would supply this service if the application were granted.
5.8.9	<i>There were no questions to the Applicant from Mrs Montgomery or the Chair.</i>
5.8.10	<i>This concluded the PPC's questioning of the Applicant.</i>
5.8.11	<i>The Chair invited the Interested Parties to put their cases in turn.</i>
6.	REPRESENTATIONS FROM INTERESTED PARTIES
6.1	<u>Mr Tom Arnott (Lloyds Pharmacy Ltd) - below is reproduced from Mr Arnott's prepared statement</u>
6.1.1	Mr Arnott thanked the PPC for allowing him to speak today.
6.1.2	He advised that the Applicant's reason for making this application seemed to be that the Pharmaceutical Services provided by current Contractors were inadequate only because there were no pharmacy premises in his definition of the neighbourhood.
6.1.3	He advised that there were, as the PPC was aware, numerous examples from Pharmacy Practice Committee hearings and numerous National Appeal Panel hearings that adequate pharmaceutical services could be provided to a neighbourhood from pharmacies situated outwith that neighbourhood and this was the case in Sandyhills.
6.1.4	Mr Arnott advised that the PPC would see from The Advice and Guidance for those Attending The Pharmacy Practices Committee they must consider What Are The Existing Pharmaceutical Services In The Neighbourhood Or In Any Adjoining Neighbourhood.
6.1.5	Mr Arnott advised that Sandyhills was situated within the largest city in Scotland. Similar applications in Oatlands and Wellhouse were refused. The nearest Pharmacies to Oatlands were situated 1.1 miles away from that Applicant's proposed site and in Wellhouse 1.0 mile from the Applicant's proposed site. This application had four pharmacies within 0.8 miles of the proposed site.
6.1.6	He also pointed out that SIMD Figures showed that of the seven Datazones SO1010073, SO1010074, SO1010080, SO1010082, SO1010137, SO1010138 and SO1010139 used by the Applicant, on the measure of Access to Services, which included Access to Pharmaceutical Services they were ranked 5,337, 4,166, 3,171, 3,015, 6,758, 4,467 and 6,830 respectively. There were 6,976 Datazones in Scotland. These figures showed that the residents of Sandyhills were certainly not deprived when it came to access.
6.1.7	There were four existing pharmacies within 0.8 miles of the Applicant's proposed site.
6.1.8	Mr Arnott advised that the PPC must take account as to whether the granting of an application would adversely impact on the security and sustainable provision of existing NHS primary, medical and pharmaceutical services in the area concerned.
6.1.9	He advised that the PPC would have noted that situated at the Applicant's proposed site there was a convenience store, a Café a hairdressers and a delicatessen.

	Hardly the hub of a neighbourhood and demonstrated that the residents of the Applicant's proposed neighbourhood, on a regular basis travel outwith the neighbourhood to access services such as supermarkets, banks, GP surgeries and indeed pharmaceutical services.
6.1.10	Mr Arnott explained that although delivery was not a core service, all Contractors offered this service for anyone who was housebound, and he could not see how, if someone was housebound, and required delivery, the granting of this contract would help them.
6.1.11	All existing pharmacies offered all Core Services. Convenience was not a reason for granting a pharmacy contract. And indeed the Applicant had shown no inadequacies in current service provision.
6.1.12	The Applicant in support of his application had carried out a Consultation Exercise. From a population of 5,837 the Applicant had only 60 responses and only 51 of those who responded lived in the neighbourhood. This was only 0.87% of residents. Even lower was the response to Question 3 " <i>Are there any Gaps or Deficiencies in current service</i> ". Only 30 of the 57 who answered this question said there were gaps.
6.1.13	If it was part of the new regulations, that the Applicant " <i>must establish the level of Public Support of the residents in the neighbourhood to which the application relates</i> " then it could not be said the Applicant had not tried to gain public support. He had however failed to gain the support of the residents simply because there was little public support for the application.
6.1.14	This was because existing Contractors already provided an adequate pharmaceutical care service to the Applicant's proposed neighbourhood. Despite all the Applicant's efforts he had received only 60 responses from the residents of his proposed neighbourhood and not all of those supported the application. Although many mentioned convenience. All this despite the fact adverts were placed in the Glasgow Times. It appeared on the NHS Greater Glasgow and Clyde Social Media Programme, stakeholders were notified by NHS Greater Glasgow and Clyde. Facebook was also used.
6.1.15	Mr Arnott also noted that there were no supporting letters from the Local Community Council or local MP or MSP. The PPC would be aware that this was extremely unusual and further demonstrated that there was little support for this application as existing services were adequate and the Applicant had failed to provide any evidence at all to the contrary but as he stated himself a lot of statements had been " <i>off the cuff</i> ".
6.1.16	The Applicant was proposing to open full day Saturday 9.00am to 5.00pm however the Robertson's Pharmacy and the Boots Pharmacy on Shettleston Road already opened until 5.30pm and 5.00pm respectively on a Saturday. Both were within 0.8 miles of the Applicant's proposed site.
6.1.17	There was little or no public support for this application. The residents had no difficulties in accessing pharmaceutical services, and indeed on a regular basis travelled outwith the neighbourhood to meet their daily needs. This application was all about convenience not adequacy or need.
6.1.18	Convenience was not a reason for granting a pharmacy contract.

6.1.19	Mr Arnott advised that the PPC must consider what were the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood. There were four Pharmacies within 0.8 miles of the proposed site.
6.1.20	Having examined the NHS Greater Glasgow and Clyde's Pharmaceutical Care Services Plan (PCSP), Mr Arnott could see no reference to there being a need for a Pharmacy in the Applicant's proposed neighbourhood and indeed there had been no complaints to the Health Board regarding existing service provision.
6.1.21	Mr Arnott therefore asked the PPC to refuse this application as it was neither necessary nor desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood in which the premises was located.
6.1.22	<i>This concluded Mr Arnott's submission and the Chair invited the Applicant to Question Mr Arnott</i>
6.1.23	<u>Questions from the Applicant to Mr Arnott</u>
6.1.24	In response to questioning from the Applicant, Mr Arnott confirmed that the four existing pharmacies that were within 0.8miles from the Applicant's proposed premises were: Boots, Robertson and Rowlands, Shettleston Road and Lloydspharmacy, Baillieston Road.
6.1.25	<i>This concluded the Applicant's questions and the other Interested Parties were invited to question Mr Arnott.</i>
6.1.26	<u>Questions from the Interested Parties to Mr Arnott</u>
6.1.27	In response to questioning from Mr Jamieson, Mr Arnott confirmed that he had not been at a PPC hearing where the response to the Joint Consultation questionnaire had attracted such a low response. He remembered one that had been on a level with this one, but this was a long time ago when the new regulations first came in.
6.1.28	<i>There were no questions from Ms Hunter, Ms Duthie, Mr Dickson, Mrs McLaughlin or Ms Murphy and the Chair invited the PPC to question Mr Arnott</i>
6.1.29	<u>Questions from the PPC to Mr Arnott</u>
6.1.30	Mr Daniels asked Mr Arnott if Lloydspharmacy was working at capacity. Mr Arnott advised that Lloydspharmacy had access to an off-site dispensing facility and therefore would never be in a position to be at full capacity as far as dispensing was concerned.
6.1.31	In response to final questioning from Mr Daniels, Mr Arnott confirmed that Lloydspharmacy wasn't at capacity for deliveries either. He advised that Glasgow was a big city and as such Lloydspharmacy had significant resource available.
6.1.32	<i>There were no questions from Mrs Montgomery, Mr Woods, Mr Fergusson, Mr Black or the Chair</i>
6.1.33	<i>This concluded the PPCs questioning of Mr Arnott and the Chair invited Mr Jamieson to put forward his case.</i>

6.2	<u>Mr Scott Jamieson (Boots UK Ltd) - below is reproduced from Mr Jamieson's prepared statement</u>
6.2.1	Mr Jamieson advised that he would like to start his presentation with the neighbourhood. The neighbourhood proposed by the Applicant excluded all other pharmacies.
6.2.2	The neighbourhood contained limited facilities and amenities. Residents of Sandyhills were most likely to visit Shettleston or Tollcross for GP services and would look to the area around Shettleston Road for shops such as Tesco or Aldi.
6.2.3	Residents may also leave the neighbourhood to access schools or places of worship.
6.2.4	There had been no significant recent housing developments or planned developments which would significantly increase demand for pharmaceutical services.
6.2.5	Mr Jamieson asked the PPC to also consider services outwith the neighbourhood. He advised that should the neighbourhood defined by the PPC not contain a pharmacy, consideration should be given to services provided to the neighbourhood from those pharmacies out with.
6.2.6	NHS Circular issued by the Government guided PPCs to consider patterns of natural communities and normal patterns of travel. Guidance also suggested that PPCs should consider where, how often and how easily people travelled in order to consult a GP, to go to work or school, shop, or visit other health care professions and pursue leisure facilities.
6.2.7	Residents of Sandyhills would look to Shettleston for most of these services and would be able to access one of several pharmacies when doing so.
6.2.8	Mr Jamieson advised that there were several possible alternative neighbourhoods that could be considered.
6.2.9	He advised that it was often difficult to define a distinct neighbourhood in a city where areas merged, and residents moved freely between areas to access services.
6.2.10	However, the regulations required a neighbourhood to be defined and therefore it may be appropriate to look to one that had already been defined as a 'neighbourhood for all purposes' such as the neighbourhood defined for the Glasgow Liveable Neighbourhood Plan.
6.2.11	The Glasgow 'Liveable Neighbourhood' Plan produced by the Glasgow City Council adopted the principles Neighbourhood Scottish Government 20-minute neighbourhood policy. The Liveable Neighbourhoods Plan was a city-wide project that will be implemented over a number of years.
6.2.12	The Scottish Government defined a 20-minute neighbourhood as: <i>'where people can meet their needs within a 20-minute walk from their house – enabling people to live better, healthier lives and supporting our net zero ambitions.'</i>
6.2.13	The proposed 'Liveable neighbourhood' for the Sandyhills area, also included Shettleston, Tollcross and Mount Vernon.

6.2.14	The Liveable neighbourhood was wider than the Applicant's neighbourhood, but perhaps better reflected the way in which people lived in the area, and how they accessed services.
6.2.15	Mr Jamieson then moved over to speak about the proposed premises.
6.2.16	Parking had been highlighted as an issue in the area of the proposed site. There had been a comment in the CAR referring to parking issues in the vicinity.
6.2.17	On Page 12 of CAR the comment was – ' <i>The parking situation is terrible, and my house overlooks and I am very much against it as already we have noise and shouting even fighting most days</i> '. It was a contentious issue in the proposed location.
6.2.18	In terms of adequacy and in particular opening hours, Mr Jamieson advised that the Applicant had in the main only compared the proposed pharmacy opening hours to those of the nearest pharmacy to the proposed location in this case (Rowlands).
6.2.19	The Cairns Practice (mentioned by the Applicant in the supplementary information provided) was located at Shettleston Health centre with a branch surgery on Shettleston Road.
6.2.20	Mr Jamieson advised that there appeared to be some difference in opinion around the opening hours of the medical centre and stated that the Cairns practice website currently stated that the surgery at the health centre was open from 8.30am.
6.2.21	Shettleston Pharmacy at the Health Centre was open from 8.30am until 6.00pm Monday to Friday thereby mirroring the opening hours of the practice.
6.2.22	The Boots pharmacy on Shettleston Road was open 9.00am – 6.00pm Monday to Friday and from 9.00am until 5.00pm on Saturday.
6.2.23	Pharmacies based at the local retail parks – Parkhead and The Fort, were open seven days a week until late in the evenings (and from 8.00am - Asda, Parkhead).
6.2.24	Moving on to service provision from the Boots Pharmacy on Shettleston Road, Mr Jamieson advised that the pharmacy on Shettleston Road provided an extensive range of services. Confirmation of which would be available from the Health Board. Including:
6.2.25	<ul style="list-style-type: none"> • NHS Pharmacy First – high participation in that service – Emily and her team were fully committed to supporting that service and the benefit it brought to the GP surgery. • Medicines Care and Review – Emily had worked really closely with the Pharmacotherapy Team at the Cairns practice and had significantly increased the number of patients on serial prescriptions which then meant that Boots could provide MCR to those patients. • Stop smoking – At a recent meeting with the Health Board, Emily and the pharmacy team were called out for their significant performance in the Stop Smoking service. • EHC and Bridging Contraception. • Palliative care.

	<ul style="list-style-type: none"> • Gluten Free. • Supervised administration and needle exchange – Boots had a substantial number of substance misuse patients. Mr Jamieson pointed out that Emily was not aware of any times where patients have had to queue outside to access those services. The pharmacy had ample capacity to take on more patients. • Compliance aid/ Domiciliary Dosage System – Boots had a dedicated room for dosette boxes. In Shettleston Road well over 150 patients were serviced in the local community with ample capacity to take on more. • Delivery services – Mr Jamieson advised that much had been said about delivery services but that despite questioning the Applicant on the factual information, and the Applicant repeating that Boots charged for deliveries, Mr Jamieson advised that he wanted to be 100% clear that Boots don't charge for deliveries anywhere in Scotland. They operated a free delivery service to those that needed it. Patients completed a sign up form and they would ask to access that service. This would be true of any pharmacy. The reason they were required to complete a sign up form was so that the pharmacy had their details and their contact number so that the pharmacist could phone them to check in on them. • The existing pharmacies provided all core, national and locally negotiated services. Details of which could be found on GG&C Pharmaceutical List.
6.2.26	<p>Mr Jamieson also pointed out that he would like to highlight the good relationships that Emily and her Team had developed with:</p> <ul style="list-style-type: none"> • Local GPs – the Team worked closely with the pharmacotherapy team. • Other healthcare professionals – Emily worked really closely with the local Alcohol and Drug Team and the pharmacy team made sure they supported these patients as much as they could. • Our patients – Emily was well known by the patients and the team went above and beyond to help them. He could quote numerous examples of where this had happened including for a lady recently discharged from hospital. Emily had set her up with delivery. Emily took her medication to her and was concerned about the support the patient had around her and spoke to social services and from this, the patient received the carer support she needed.
6.2.27	<p>Mr Jamieson couldn't see anything within the PCSP that suggested the existing pharmacies were not providing an adequate service and an additional pharmacy contract was required in this area. He advised that Ms Duthie had asked the Applicant questions around his company's opening hours in their existing pharmacies and he could confirm that he was aware of an application from Rightdose to close one of their pharmacies in Dundee on a Saturday.</p>
6.2.28	<p>Mr Jamieson advised that there were six pharmacies within a mile (walking distance) of the proposed site.</p>
6.2.29	<p>For those who couldn't walk or chose not to walk to the nearest pharmacies, bus services were available.</p>
6.2.30	<p>The 61 and 310 service was available and concessionary travel was available to those over 60 and under 22 or who were eligible for free or subsidised travel.</p>

6.2.31	Community Transport (and transport to medical appointments) was available through a number of organisations including MyBus (a bookable door to door service).
6.2.32	Mr Jamieson moved on to the CAR and recognised that the point had already been made, but there had been an extremely low response rate to the CAR - only 60 responses. He advised that the Applicant said in supplementary information (page 1 final paragraph) that <i>'from months and months of speaking to the residents of Sandyhills and those from the surrounding areas'</i> and yet very little response to consultation.
6.2.33	Had there been significant support for the application Mr Jamieson would have expected to see a greater number of responses.
6.2.34	It stated on page 5 of the CAR that the Applicant requested 200 paper copies. However no postal questionnaires were received.
6.2.35	Responses were mixed with comments made in support of the existing contractors/services. Some respondents had even gone as far as saying they didn't want a pharmacy in this location.
6.2.36	Question 3 – do you think there are any gaps in the existing pharmaceutical provision listed? Over 52% of respondents said 'No'.
6.2.37	<i>'Plenty of pharmacies in the area offering all the above and delivering to the area'</i> <i>'We do not need a chemist here plenty in other areas nearby and there no parking as the other shops causing parking in the street difficult and ambulance, fire brigade, doctors workers and residents in vicinity all have trouble parking'</i> <i>'Boots and local pharmacies provide these services'</i> <i>'There are at least 8 pharmacies and a health centre within reasonable walking distance of the proposed location'.</i>
6.2.38	CAR responses did not support any inadequacy in the area nor did the responses demonstrate significant support for the application?
6.2.39	In summary: <ul style="list-style-type: none"> • There were a number of pharmacies currently serving the residents of the Sandyhills area; • The existing pharmacies were located where residents go to shop, visit their GP or other key amenities such as dentists; • These pharmacies were reasonably accessible on foot, public transport or car. • Where a patient couldn't access a pharmacy for whatever reason, free delivery services were available. • The joint public consultation received few responses. Only 60 people out of the whole population responded to the CAR, which was a low response rate.
6.2.40	You would expect to see a greater number of responses in support of the application if there was an inadequacy in services.

6.2.41	Also, there was a number of responses which included positive comments in relation to the existing pharmacy provision.
6.2.42	Again, Mr Jamieson referred to the answers to question 3.
6.2.43	The Applicant had not provided any evidence to suggest the existing pharmacies were not providing an adequate level of pharmaceutical service to patients. Comments were anecdotal and reference to social media rather than the information that could have been accessed from the Health Board.
6.2.44	Boots were open six days a week. Demonstrating a strong participation in Pharmacy First and MCR service, provided a high volume of substance misuse services and have dedicated DDS room/facility to support local community.
6.2.45	Mr Jamieson reiterated that Boots offered a free delivery service and made regular deliveries to the residents of Sandyhills on a weekly basis.
6.2.46	Boots pharmacy had significant capacity for growth.
6.2.47	Mr Jamieson concluded by thanking the Chair and the PPC for allowing him to make his presentation.
6.2.48	<i>This concluded Mr Jamieson's submission and the Chair invited questions from the Applicant</i>
6.2.49	<i>There were no questions from the Applicant and the Chair invited questions from the other Interested Parties.</i>
6.2.50	<u>Questions from the Interested Parties to Mr Jamieson</u>
6.2.51	In response to questioning from Mr Arnott, Mr Jamieson advised that he had never been at a PPC hearing where there had been so little evidence of inadequacy presented by the Applicant. He advised that the only evidence presented appeared to be anecdotal.
6.2.52	<i>There were no questions to Mr Jamieson from Ms Hunter, Ms Duthie, Mr Dickson, Mrs McLaughlin or Ms Murphy and the Chair invited the PPC to question Mr Mackintosh.</i>
6.2.53	<u>Questions from the PPC to Mr Jamieson</u>
6.2.54	<i>There were no questions to Mr Jamieson from Mr Daniels, Mrs Montgomery, Mr Woods, Mr Fergusson, Mr Black or the Chair. The Chair invited Ms Hunter to put forward her case</i>
6.3	<u>Ms Gillian Hunter (Rowlands Pharmacy Ltd) - below is reproduced from Ms Hunter's prepared statement</u>
6.3.1	Ms Hunter thanked the Chair and PPC.
6.3.2	Ms Hunter advised the CAR seemed to have had a particularly low response rate as had already been mentioned and Rowlands were concerned about what could have generated the spike in responses which the Applicant had answered and asked would that have made a material difference to the overall results of what was already a low number of responses to the CAR.

6.3.3	<p>With regards to the neighbourhood – Rowlands believed that this neighbourhood had been described to remove any pharmacy from it. Ms Hunter also believed it was too small while also including the Sandyhills Golf Club, which obviously had no population. Ms Hunter believed that a more appropriate neighbourhood looking at the natural barrier of the park, the golf course and the two main roads would be to the:</p> <p>North – the A89 both sides East – Sandyhills Road to the roundabout South – Sandyhills Road/ Amulree Street (heading south)/ Tollcross Rd. West – Wellshot Road</p>
6.3.4	<p>Ms Hunter believed that this neighbourhood more realistically encompassed the catchment area of the proposed pharmacy particularly since Ardgay Street run straight through the middle of this proposed neighbourhood meaning travel to and from the proposed location would be relatively straightforward. This neighbourhood also included pharmacies which, from the CAR, were currently used by the local population and which therefore show how that population accesses services that are present, specifically the school, GPs and other community projects Shettleston is famous for.</p>
6.3.5	<p>She noted the responses to the neighbourhood question in the CAR and wondered wonder if the population actually understood what was meant by the neighbourhood as it pertained to pharmacy market in trade regulations.</p>
6.3.6	<p>She noted a large number of comments throughout the CAR relating to the fact that there were eight or more pharmacies locally and that another pharmacy was not required in the area. Question 3 in the CAR showed 53% of respondents saying there was no gap in the pharmaceutical service. Clearly, Ms Hunter agreed with those comments.</p>
6.3.7	<p>The Applicant stated that a Harm Reduction service and Needle exchange service would be available and she noted the comments in the CAR in regard to these. The majority if not all of them were against it.</p>
6.3.8	<p>The Applicant used a statement from the CAR implying there were lots of elderly in the area. However earlier in the supplementary information it was stated that there were 2800 people who were economically inactive <i>which “includes retired, students, long term sick and disabled”</i>. Using these figures and a generous estimate of 1400 retired people in the area, this equated to 23% in the retired bracket. This figure was not dissimilar to national statistics and, of course, far from all retired people were physically inactive.</p>
6.3.9	<p>The Applicant asserted that it was a long distance to Rowlands and other pharmacies in the area. However, within the Applicant’s proposed neighbourhood, there was no supermarket. Presumably a significant proportion of the population would use Tesco on Old Shettleston Road for their grocery shopping and as such there were a number of pharmacies nearby which could and would be accessed at this time.</p>
6.3.10	<p>There had been no evidence that any patient had difficulty reaching our pharmacy nor that the opening hours were insufficient or that Rowlands didn’t provide adequate pharmacy services. Rowlands also provided free delivery to vulnerable patients.</p>

6.3.11	In summary, given the number of pharmacies surrounding the proposed location, the lack of housing development in the area which could lead to population growth, the 'bespoke' neighbourhood suggested and the fact that the CAR would appear to be influenced by a "spike" in responses Ms Hunter found it difficult to conceive that a new pharmacy was necessary or desirable in this part of Glasgow.
6.3.12	<i>This concluded Ms Hunter's submission and the Chair invited questions from the Applicant</i>
6.3.13	<u>Questions from the Applicant to Ms Hunter</u>
6.3.14	In response to questioning from the Applicant around whether residents use the local Target store, Ms Hunter advised that would be difficult for her to answer.
6.3.15	<i>This concluded the Applicant's questions and the other Interested Parties were invited to question Ms Hunter.</i>
6.3.16	<u>Questions from the Interested Parties to Ms Hunter</u>
6.3.17	In response to questioning from Mr Arnott, Ms Hunter advised she would not describe four pharmacies within 0.8 miles as inadequate.
6.3.18	<i>There were no questions to Ms Hunter from Mr Jamieson, Ms Duthie, Mr Dickson, Mrs McLaughlin or Ms Murphy and the Chair invited the PPC to question Ms Hunter.</i>
6.3.19	<u>Questions from the PPC to Ms Hunter</u>
6.3.20	In response to questioning from Mrs Montgomery, Ms Hunter confirmed the delivery service is offered to vulnerable and housebound patients.
6.3.21	In response to questioning from Mr Woods, Ms Hunter confirmed her western boundary as Wellshot Road as this brought in more of the Shettleston area.
6.3.22	In response to further questioning from Mr Woods around access to the pharmacy for a patient in a wheelchair, Ms Hunter advised the patient would be able to access the pharmacy as it did not have a step.
6.3.23	Mr Woods asked how the patient would open the door. Ms Hunter advised a staff member would open the door for the patient.
6.3.24	Mr Woods asked Ms Hunter how the patient would get the staff member to come to the door as there was no bell. Ms Hunter advised the shop was small enough with someone on the shop floor and if a patient in a wheelchair needed access, the staff member would help. Ms Hunter undertook to take this on board and look into this.
6.3.25	In response to further questioning from Mr Woods around what services they provide if someone were looking from the exterior, Ms Hunter advised there should be a notice detailing the services provided. Ms Hunter advised the shop had undergone a refit and it was possible the notice was taken down. Ms Hunter advised she would take this on board.
6.3.26	<i>There were no questions to Ms Hunter from Mr Daniels, Mr Fergusson, Mr Black or the Chair. The Chair invited Ms Duthie to put forward her case forward.</i>

6.3.27	<i>The Chair paused the hearing at 1.00pm for a ten minute comfort break.</i>
6.3.28	<i>The hearing recommenced at 1.10pm. The Chair invited Ms Duthie to put forward her case.</i>
6.4	<u>Ms Lynne Duthie (Lightburn Pharmacy Ltd) - below is reproduced from Ms Duthie's prepared statement</u>
6.4.1	Ms Duthie started by thanking the PPC and bringing the PPC's attention to the test for a new pharmacy - is it necessary or desirable to provide adequate pharmaceutical services in the neighbourhood?
6.4.2	Ms Duthie advised that she would like to start her presentation with the neighbourhood and what constituted a neighbourhood?
6.4.3	The population size firstly from the Datazones as quoted in the paperwork 5637, but taking into the account, there were a number of overlaps of those Datazones into different neighbourhoods, Ms Duthie suggested that the population was far less than that. Ms Duthie would argue that the bulk of the population would probably reside in the high rise flats and having 520 homes would probably have, some 1500 people in them.
6.4.4	Ms Duthie asked, Is this population one that could sustain a pharmacy. Indeed looking at the population figures it could be concluded that there had been an overall decrease in the population of the proposed neighbourhood over the last 10 years with nearly every Datazone seeing a decrease.
6.4.5	The demographic that the Applicant was trying to suggest was more elderly and if you actually looked at the figures over the last 10 years, there had been a dramatic shift and most of the population now were between 25 and 44 years making up the bulk of the population and this had been compounded with also a decrease in the 65 year old group and in fact in one Datazone, that group actually decreased by 30% over the last 10 years, so this overriding population, unlike what the Applicant was trying to say was one that was increasingly mobile rather than immobile.
6.4.6	Ms Duthie asked, can this mobile population live within the Applicant's defined neighbourhood without venturing out of it? Indeed, the Applicant sited that within his proposed neighbourhood people classed going out with the neighbourhood as a mental barrier and they just didn't want to venture out of it. In his proposed neighbourhood, as had already been said, there was one hairdresser, who worked reduced hours, a cafe and a corner shop. The population within the proposed area must travel out with the Applicant's neighbourhood for a multitude of reasons: Multiple Supermarkets, primary schools, secondary schools, GP services, Health centres with access to numerous healthcare professionals podiatrist, nurses etc. dental services, post office, banks, libraries, nurseries, gyms, swimming pool and of course numerous pharmacies - there are no mental barriers. This population cannot live in the define neighbourhood, without venturing out of it on a daily basis and so the defined neighbourhood in Ms Duthie's opinion was not fit for purpose.
6.4.7	Indeed, if a pharmacy were to be granted, the same population would have to leave the Applicant's defined neighbourhood every day to access other services and would likely pass an existing pharmacy to do so.
6.4.8	Ms Duthie asked, did this population have adequate transport links to access existing pharmacies? And again, the Applicant had been saying about the numerous problems with bus journeys etc. This proposed neighbourhood was

	<p>served by numerous bus routes, namely the 310, 364 and 61, and indeed Ms Duthie had counted them. Ms Duthie stated that there were 53 bus stops within the Applicant's defined neighbourhood, all of which gave access to Shettleston and Tollcross Road. The bus timetable showed that the actual journey time from a bus from Ardgay Street to Shettleston Road, right outside Rowlands Pharmacy, which was the closest pharmacy was 4 minutes and that indeed included the bus stopping four times before it gets to Rowlands. Indeed, there was access to both Tollcross Road and Shettleston Road from all areas of the proposed neighbourhood. Ms Duthie noted that the high rise flats had access to bus stops immediately outside them.</p>
6.4.9	<p>Ms Duthie stated that a journey directly to Shettleston Road or Tollcross Road would take 9 minutes or less and would include walking time to the nearest pharmacy and the stops of the bus on the way.</p>
6.4.10	<p>Ms Duthie stated that the frequency of the buses, unlike what the Applicant said from the timetable, is 7 to 10 minutes depending on the time of day. Ms Duthie mentioned that the Applicant quoted £4.60 for a bus fare, which was extremely disingenuous, and the fare quoted was a one-day travel ticket covering numerous journeys within a 24 hour period and not the charge to get to Shettleston Road or Tollcross Road from the proposed area. Ms Duthie stated that the cost could be minimal (£1.05- £2 pounds) depending on the bus pass you had (Flexi 10 Adult - 10 journeys, jobseekers plus unemployed 55% off).</p>
6.4.11	<p>Ms Duthie thought it was important to note, that all disabled and over 60 years travelled for free, with concessions for other groups and those on universal credit and job seekers allowance and students. Ms Duthie also pointed out that anyone travelling to the Applicant's pharmacy by bus would incur the same cost, as it would be a single ticket journey.</p>
6.4.12	<p>A car journey from the proposed pharmacy to Rowlands Pharmacy, the nearest pharmacy was less than two minutes with the car journey to Shettleston Health Centre around about the five minute mark. Indeed, Ms Duthie stated that if we looked at the 2009 Scottish statistics showing the average travel time to the nearest chemist by car from each Datazone it varied from less than one minute up to just under two with an average journey time of 1.8 minutes, and because the location of the pharmacies hadn't changed, the figures could still be used.</p>
6.4.13	<p>Walking distance using local routes could avoid the hill if required and took just over 10 minutes. It was important to note there was a gradient hill from the Applicant's proposed site on Ardgay Street to the Sandyhills flats - so using the Applicant's argument that journey would also be disadvantageous - and it was important to note if you went down a hill to get somewhere you must go up it to get home! Indeed, the Applicant's argument would result in all the houses north of the intended premises and the bulk of the south of the intended premises less likely to use the Applicant's pharmacy, as if you used the topography of the area, the Applicant was at the base of two inclines.</p>
6.4.14	<p>The Applicant quoted the difficulty of parking outside the pharmacies in Shettleston. Ms Duthie would argue that this was not the case, and as noted by the CAR study and highlighted by her colleagues there were several people that had said that at the moment the parking outside his proposed pharmacy site was a nightmare, and she quoted <i>"we do not need chemists here, plenty of areas nearby, and there is no parking at other shops caused parking in the street to be difficult"</i>, and other quotes on the opening hours of the pharmacy say <i>"the parking situation is terrible in my</i></p>

	<i>house over looks it”</i> and despite what the Applicant says about the parking next to him, that parking next time was used by the other shops and would also be used by other customers as well. So that's the situation at the moment with the car parking existing as it is.
6.4.15	All existing pharmacies offer a collection and delivery service. Lightburn Pharmacy delivery Service is comprehensive and covers the Applicant's area. This service which was not a core service, meant if any patient did have difficulty getting their prescription it could be ordered, collected and delivered by that pharmacy directly to them taking out any imagined parking issues around the area.
6.4.16	So what about the current services? Are they adequate? Ms Duthie has looked over the Applicants' proposed services and asked the Applicant himself to highlight which services the current pharmacies were not offering that the Applicant was proposing to offer and the answer to that question was none. So, Ms Duthie could only conclude that the services the current pharmacies were offering were adequate.
6.4.17	So is it necessary or desirable? Again, the Applicant had raised several different issues to support his application and to whether this is not necessary or desirable.
6.4.18	The Applicant mentioned the burdens on GP practices and GP appointments. The GP practices had 10 pharmacies to triage patients to if required, and a patient had 10 pharmacies to choose from with regards to minor ailments, Pharmacy First or Pharmacy First Plus in Lightburn's case.
6.4.19	The Applicant suggested he would <i>“Free up carers time and frustration around collecting prescription”</i> : As the Applicant had already said all the pharmacies delivered within the area which would avoid collection and pick up if that was a problem for a carer. It had to be noted that if a carer was to collect a prescription from any one of the surgeries in that area the patient would have to pass between 2 on Tollcross Road and indeed 6 pharmacies on Shettleston Road with their prescription before getting to the Applicant's pharmacy on Ardgay Street which as discussed had difficult parking outside. It was very unlikely patients would do this. The Applicant wanted us to really believe a carer would pass 6 pharmacies with their prescription to get to his pharmacy to free up their time?
6.4.20	The Applicant then went on to quote <i>“a new pharmacy in the proposed site would reduce the workload of other pharmacies in the area”</i> . Indeed, the Applicant said to quote <i>“I will reduce the workload across all the surrounding pharmacies”</i> , so there's no additional population here and as seen by the statistics there's actually a decrease in population and the Applicant himself has said that he would take other pharmacies prescriptions, consultations and their patients away from the existing pharmacy. And indeed, the Applicant has actually said today that he would want to reduce that by 2500 items and he did actually say per pharmacy and not for the overall area. If you looked at prescription statistics to the closest pharmacies, all have seen a decline in the prescriptions in the last 12 months proving that they do not have their backs to the dispensary wall and are not busier than before. Indeed, prescription wise they were less busy than they were two years ago. How would a further decline in prescriptions on footfall affect the quantity of staff they can employ and hence the services they can offer their patients? There was no population or change in the neighbourhood, so the Applicant had said himself, he just merely wanted to dilute the pharmacy services already there, which obviously put a financial burden on existing pharmacies.

6.4.21	The Applicant quoted “existing pharmacies opening times are an issue”, all the pharmacies were open the Health board, core hours and so should not be considered here. However, it's important to point out that within the existing pharmacies, two were open extended opening at 8:30am, one Pharmacy was open to 6:30pm and interestingly, as we've already questioned the Applicant, he owns six pharmacies, four were closed over lunchtime 1.00pm to 2.00pm. Four were closed on a Saturday afternoon, and five of them didn't open until 9.00am, and as we've just heard, the Applicant had an application in to close another pharmacy on a Saturday afternoon. If the Applicant really believed in the necessity of opening at 8,00am, opening over lunchtime and opening all day Saturday and if he really believed that by not doing this, this was a huge disadvantage to patients who access to services, why was he not doing this in all his pharmacies and why had he got an application in to close on a Saturday afternoon in one of them? Ms Duthie believed these hours were for the application process only and would be swiftly changed like the other one we'd got in Dundee, down to a more financially stable model because from a financial point of view these hours would be very difficult to sustain.
6.4.22	The Applicant sited that the advantage of opening 8.00am and how it would allow GP practices to phone in prescriptions earlier to them rather than waiting till 9.00am. As already mentioned, two of the pharmacies opened at 8.30am, but this was and Ms Duthie was sorry to say, nonsense and a complete red herring, this was not how surgery logistics worked. Ms Duthie stated that she had worked in GP practice for over 20 years, and advised there were set times during the day that surgeries did certain jobs which were tailored around GP and reception available time. This time in the morning would never be used to phone in prescriptions to pharmacies for numerous reasons, which she declined to go into all of them, but one of which would be there just wouldn't be the manpower to do it this time, and there were no GP appointments at that time.
6.4.23	Ms Duthie stated that she had grave concerns regarding the accuracy of the CAR report and it was previously mentioned numerous times about the spike that was there, Ms Duthie thought it was interesting to see that the amount of residents who did not want the pharmacy and the amount of people surveyed who said they did not think there were gaps in the pharmacy service.
6.4.24	In conclusion, Ms Duthie just wanted to draw the PPC's attention to the statutory tests again and the requirement to consider necessity and desirability in order to provide adequate pharmaceutical services in the proposed neighbourhood.
6.4.25	The neighbourhood as defined by the Applicant is not a true reflection of that neighbourhood. A person cannot live in that area without going out with it to gain services every day and the true neighbourhood is far larger and takes in Shettleston Road.
6.4.26	Was the application necessary? The Applicant himself could not put forward a single service that was not already covered by existing pharmacies. So the pharmaceutical services were adequate, the access to them was excellent with comprehensive transport links and minimal distance walking distances.
6.4.27	Was it desirable then? Was it desirable to open a new pharmacy costing the Health Service more money? As the Applicant had said, his goal was to dilute the pharmacy services to the area and wants to reduce the patients going into each pharmacy? This reduction would cause a reduction in staff and therefore a reduction

	in services. Ms Duthie urged the PPC to dismiss this application as there was no evidence for necessity or desirability.
6.4.28	Ms Duthie concluded by thanking the Chair and the PPC for allowing her to make her presentation.
6.4.29	<i>This concluded Ms Duthie's submission and the Chair invited questions from the Applicant.</i>
6.4.30	<i>There were no questions to Ms Duthie from the Applicant and the Chair invited questions from the Interested Parties</i>
6.4.31	<u>Questions from the Interested Parties to Ms Duthie</u>
6.4.32	In response to questioning from Mr Dickson, Ms Duthie confirmed that a patient from the Sandyhills area could receive a video consultation under the Pharmacy First Plus service with Lightburn Pharmacy, have a therapy prescribed and have it delivered free of charge.
6.4.33	In response to further questioning from Mr Dickson, Ms Duthie confirmed that Lightburn Pharmacy was not at capacity.
6.4.34	
6.4.35	<i>There were no questions to Ms Duthie from Mr Arnott, Mr Jamieson, Ms Hunter, Mrs McLaughlin or Ms Murphy and the Chair invited Mr Dickson to put forward his case</i>
6.5	<u>Mr Stephen Dickson (Dickson Pharmacy) - below is reproduced from Mr Dickson's prepared statement</u>
6.5.1	Mr Dickson started his presentation by advising that an awful lot of what he was going to say had already been covered and as such would remove parts in his presentation that had been covered.
6.5.2	Mr Dickson started by agreeing with the previous Interested Parties that the Applicant's neighbourhood did not make any sense at all.
6.5.3	From having worked in this area, if the Applicant was trying to call this neighbourhood Sandyhills, Mr Dickson felt there were quite a number of people who lived in Sandyhills, identify as living in Sandyhills, who indeed would have been excluded from this; that might be a bit upset, by not being in Sandyhills anymore.
6.5.4	From the earlier discussion, the only real addition Mr Dickson would like to make was that there was only one church in this neighbourhood. Mr Dickson advised there were clearly ten other churches in and around this area which had been excluded from the neighbourhood and who were clearly serving the population of the area.
6.5.5	The supermarket mentioned was not really a supermarket, it was a corner store. Mr Dickson didn't think despite any wish of shopping local after COVID, it was impractical to assume that people in this area did not visit one of the 10 plus supermarkets or grocers outwith this defined area on a daily basis.
6.5.6	There was no GP surgery within the boundary, and although that may be a point of contention as to why a pharmacy in this area was required, there is still a Satellite

	practice of the Cairns practice only across the road to the northern boundary of the proposed pharmacy location.
6.5.7	In Mr Dickson's experience, when neighbourhoods were defined, the pharmacy location was usually at the centre of the neighbourhood and in this particular case it was very unusual that the pharmacy had been of placed at the top of a great big triangle, of the defined neighbourhood at the top of the hill.
6.5.8	Considering all other amenities, such as social welfare, clubs, activities and community halls, the majority of leisure activities available in the area were excluded by this boundary, including but not limited to Sandyhills Bowling Club, Mount Vernon Bowling Club, the tennis club, and the local community halls for Mount Vernon, Shettleston and Tollcross. The one amenity not excluded from the neighbourhood was somewhat obvious, a gigantic 18 hole golf course, and by Mr Dickon's calculations, this takes up 56% of this neighbourhood, with no population.
6.5.9	With regards populations, by the Board's own estimate, and as has been heard several times, was slightly under 6000. There was no evidence of substantial new housing developments, and the existence of this large and flourishing golf course did somewhat preclude any housing growth in the neighbourhood.
6.5.10	Mr Dickson submitted that, quite frankly, it would be incredibly presumptuous for the Applicant to assume that 100% of the local population in the neighbourhood they defined would use their pharmacy as they are already being very well served by the multiple other contractors.
6.5.11	In fact even if they all did, the income generated would be completely inadequate to support the use of a pharmacy. Mr Dickson submitted a thought experiment to the PPC.
6.5.12	In this scenario, the local pharmacies were not looking after the patients well, and half of the population of this neighbourhood defined decided to move their registration to this new contract. With 5837 people in the area and half of them move to the new contract, that gives 2918 people available to register and accept services from this pharmacy.
6.5.13	According to a recent survey by the BBC, half of all women and 43% of all men take some sort of prescription drug. Taking these 2918 people half would be women and half would be men. That gives us a total available population on medicine in the neighbourhood of 1356.
6.5.14	Almost all GP practices in the area observe 56 day prescribing, this meant that patients they prescribe get 2 months' supply away at a time. Being generous, we assume that half of this population take 2 medicines giving an available items dispensed of $1.5 * 1356 = 2034$, and these are dispensed every 2 months. This gives a number of items per month, available to dispense, from the population and neighbourhood defined, of 1017.
6.5.15	From a financial perspective under the current NHS contract, the overall remuneration for dispensing items was still around about £1.00. Mr Dickson proposed that the finances for this pharmacy would be defined as an establishment payment of £27,216, a quality assurance payment of £1,200, an MCR payment of £7,200 and a Pharmacy First service payment of £15,000. A retained purchase profit on these items at 40% as expected by Community Pharmacy Scotland would give us around £48,816. When rounded up, this all comes to £98,000 or £100,000

	for easy calculations. With Corporation taxes around 20% mark, it would drop to £80,000 and from the proposed opening hours, the costs of this theoretical pharmacy vastly outstrips the income that's available from the area.
6.5.16	Mr Dickson further explained that if you assume that the pharmacist costs of £35.00 per hour, including national insurances, taxes, HMRC contributions and required pension contributions, a Registered Pharmacist from 8.00am to 6.00pm, ten hours a day, five days a week, we are at £91,000 which vastly outstrips the income available in the area. This doesn't include at least three counter assistants, dispensers, a delivery van and a delivery driver. Or even that we would need to open the full day on a Saturday where a locum can currently under the current market conditions charge £75 an hour. This could add an extra £31,000 to the base cost.
6.5.17	Mr Dickson advised the potential pharmacy in this experiment is opening for vastly more hours than required by the model hours scheme, has an astronomical extra cost and from the survey carried out by the Health Board, that we've heard an awful lot about for no perceivable benefit to the population.
6.5.18	Mr Dickson offered that the thought experiment had failed and the defined neighbourhood could not possibly support a pharmacy, without accessing patients who are already extremely well served by existing contractors.
6.5.19	In terms of existing services, other parties today had already spoken about this already, so Mr Dickson didn't see any value in going over the pharmaceutical services provided in the local area other than just to say that yes, all bases were indeed covered. Every conceivable service was being offered to residents of this area and was as accessible as their local bank or supermarket. No one had a waiting list for MDS, as was mentioned earlier during his questioning. Dickson Chemists had at least 700 spaces where they could fill in with this area and confirmed by Lynn, the Minor Ailment service can now be carried out remotely for anyone who is housebound and medicines delivered.
6.5.20	In order for this proposed pharmacy to be viable, they would have to look to take a substantial proportion of patients from the existing contractors who were providing services to patients. We had heard from a number of other contractors, this would have a significant knock on effect on what is available to patients in the area.
6.5.21	Dickson Chemists have four delivery drivers who serve this area on a daily basis. They are not funded by the NHS, (except for briefly during COVID which we wished had continued but has not) so it's important for us to know that these delivery drivers that we're talking about and have spoken about so much today are actually funded by retained purchase profit. It's not an core NHS service, so any reductions in the volumes that create the retained purchase profit has a direct effect of these extra services which people now have come to rely on.
6.5.22	Pharmacies have also had to invest huge sums of money to support patients through the pandemic and have lost all extraneous income from footfall and sales. This was absolutely not the time to destabilise the local pharmacy network in some of the most deprived Datazones in the UK.
6.5.23	To touch on the CAR survey, Mr Dickson advised it was common that when conducting statistics to remove data points, as Ms Duthie mentioned, that were very unusual or suspicious. If the PPC were to remove the data point from the 1st of May, this left a total number of respondents of 28 out of the available population,

	giving a percentage of 0.47%. That being said, there had been no evidence of lack of provision within those responses, and only a few people would prefer a pharmacy on their doorstep, as would Mr Dickson. He would love to be able to go down to the bottom of his street and have a supermarket, but he can't. He had to travel a short distance to get his daily needs. The same conditions exist for the residents of this neighbourhood. Just because it would be nice to have something does not mean that the NHS must fund it. NHS money was in short supply and another contractor covering the same patient group for the convenience of a very very small number of people was absolutely ludicrous when you look at the larger picture.
6.5.24	In conclusion, Mr Dickson advised that there was a very mixed and changing socio economic area being very well served by the existing contractors, especially under catastrophically challenging conditions during the pandemic. There have been no needs gap identified, therefore not rendering this application necessary under the test and the unintended consequences should the pharmacy actually be able to financially survive on detriment to existing services makes a new contract in this location undesirable in the extreme.
6.5.25	Mr Dickson would of course reconsider his opinion if 5,000 new homes were built on the Sandyhills golf course.
6.5.26	Mr Dickson concluded by thanking the Chair and the PPC for allowing him to make his presentation.
6.5.27	<i>This concluded Mr Dickson's submission and the Chair invited questions from the Applicant.</i>
6.5.28	<i>There were no questions to Mr Dickson from the Applicant and the Chair invited questions from the Interested Parties</i>
6.5.29	<i>There were no questions to Mr Dickson from any of the Interested Parties and the Chair invited questions from the PPC</i>
6.5.30	<u>Questions from the PPC to Mr Dickson</u>
6.5.31	In response to questioning from Mr Woods, Mr Dickson confirmed that from his knowledge of the area he would include the whole of Sandyhills in any defined neighbourhood. This would stretch across to Wellshot Road. He wouldn't break Mount Vernon in the middle so would take Tollcross Road leading on to the extension at the bottom and then bring it on to Mount Vernon Avenue. Shettleston Road made sense.
6.5.32	In response to questioning from Mr Fergusson, Mr Dickson confirmed that his south boundary would be Tollcross Road and the continuation of that.
6.5.33	<i>There were no questions to Mr Dickson from Mr Daniels, Mrs Montgomery, Mr Ewan or the Chair and the Chair invited Mrs McLaughlin to present her case</i>
6.6	<u>Mrs Elizabeth McLaughlin (Macbon Chemists) - below is reproduced from Mr McLaughlin's prepared statement</u>
6.6.1	Mrs McLaughlin thanked the Chair for allowing her to make her presentation.

6.6.2	Mrs McLaughlin advised that all parties before her today had covered everything she was planning on mentioning and therefore would keep her presentation brief and provide a few points as to why she objected to this new pharmacy.
6.6.3	Mrs McLaughlin advised there were already several pharmacies including her own, providing services which include free delivery and all other pharmaceutical requirements to the defined area. The area defined included a large golf course and park which took up a large area of the defined locality.
6.6.4	The locality in question alone could not support a pharmacy financially and did not meet the criteria to be defined as a neighbourhood as defined in previous applications.
6.6.5	There had not been any new housing developments in the defined area increasing the population since the application was lodged.
6.6.6	Mrs McLaughlin advised, as all the pharmacies in the area conform or exceed model opening hours as set by NHS GG&C, there was no argument that existing opening hours provided were not adequate.
6.6.7	There was no evidence that all the pharmaceutical needs of the area were not already being met by the existing pharmacies.
6.6.8	Lastly, an additional pharmacy could have a detrimental effect on the ability of existing pharmacies to provide services such as the free delivery of medication and other services.
6.6.9	<i>This concluded Mrs McLaughlin's submission and the Chair invited questions from the Applicant</i>
6.6.10	<i>There were no questions from the Applicant and the Chair invited questions from the other Interested Parties.</i>
6.6.11	<i>There were no questions to Mrs McLaughlin from any of the Interested Parties and the Chair invited the PPC to question Mrs McLaughlin.</i>
6.6.12	<u>Questions from the PPC to Mrs McLaughlin</u>
6.6.13	In response to questioning from Mr Woods on what her boundaries would be for the neighbourhood, Mrs McLaughlin advised it would be as Mr Dickson had suggested. Tollcross Road was probably the southernmost boundary for Sandyhills along to Wellshot Road, Killin Street and Mount Vernon Avenue up to Shettleston Road.
6.6.14	<i>There were no questions to Mrs McLaughlin from Mr Daniels, Mrs Montgomery, Mr Fergusson, Mr Black or the Chair. The Chair invited Ms Murphy to put forward her case.</i>
6.7	<u>Ms Fiona Murphy (DLL Robertson Pharmacy & Shettleston Health Centre Pharmacy) - below is reproduced from Ms Murphy's prepared statement</u>
6.7.1	Ms Murphy started by thanking the PPC and noting that a lot of her presentation had already been discussed.

6.7.2	Ms Murphy advised that the neighbourhood was very well served by a number of pharmacies in all directions. All pharmacies provided a core NHS service and she was unaware of complaints about these services. There had been no complaints put into Robertson Pharmacy or to Shettleston Health Centre Pharmacy.
6.7.3	Ms Murphy further advised that there had been no problems caused at either pharmacy (Robertson's or Shettleston) by the incredible increased workload they experienced during the pandemic, and was very grateful to the owner Mrs. Robertson for the support she gave to her by increasing staff numbers on request as required during that time.
6.7.4	Ms Murphy advised that there were no issues of which she was aware of around opening hours of the pharmacy in the East End of Glasgow
6.7.5	Ms Murphy took this opportunity to point out about the opening hours particularly in the context of the application, to open a new pharmacy. There were NHS Boards that determined that for a pharmaceutical services required in any particular area out with the Board's Model Hours scheme, then the mechanism to remedy this was to consult with the pharmacy contractor to commit it to agree a rota scheme or other solution to solve this hypothetical problem.
6.7.6	As noted, new Applicants almost always offered to open extended hours, but in reality, as soon as they opened the doors and again as noted, they simply emailed the Board and informed them that they were reverting to Model Hours, given current hourly costs for a pharmacist would be crazy not to do so.
6.7.7	In terms of the CAR, Ms Murphy advised the most obvious was the response given the size of population was very low, so low that it couldn't be given any statistical weight. As already noted, over 2/3 of all the responses were submitted electronically on two days out of the 130 days consultation. This was something that Ms Murphy found very unusual.
6.7.8	Ms Murphy did not believe that the CAR could be used to support the application, even taking this strange submission anomaly into account. Only half of the respondents believed that there was a current gap in the current provision. Given that Ms Murphy was not aware of any of the problems with the standard of the service provided by the existing network of pharmacies, the only argument that could be made for granting this application would be the access to the pharmacies was difficult for a significant number of the residents. The Applicant would say so difficult that it rendered the pharmaceutical services provided by these pharmacies inadequate, but this was not the case, access to pharmacy was not difficult for the residents of Sandyhills.
6.7.9	It was probably noted that Sandyhills was located between the two main arteries heading east from the city centre; Shettleston Road and Tollcross Road. The services and shops that the residents of Sandyhills would use as part of their normal daily lives were located along these two main roads and for this reason the residential areas that surround these main roads were extremely well served by bus routes. This area, as it had already been noted, had a very high level of effective public transport. Ms Murphy stated that she would not go and repeat all the bus stops and the times as it had already effectively been noted, but just to summarise, there were three bus routes which the residents of Sandyhills could access to get public transport to one of the existing pharmacies.

6.7.10	The Applicant may also counter that the population of Sandyhills should not need to pay for bus fare to access a pharmacy. The simple fact was that the majority of those people who may be unable to walk to the existing pharmacies and entitled to a free bus service.
6.7.11	The fact is that this small neighbourhood benefitted from fantastic access to the surrounding shopping areas. Ms Murphy noted the comment the Applicant gave on the Google Review, concentrating on the one negative comment given to Shettleston Health Centre Pharmacy. Ms Murphy also noted the Applicant chose to ignore the many positive comments. Ms Murphy advised that the reviewer/customer still accessed the pharmacy and receives fabulous service.
6.7.12	To summarise, the neighbourhood was surrounded by a range of community pharmacies, all of them were very easily accessible, and for those people who could not make the short walk to the pharmacy, there was that fantastic bus service.
6.7.13	Existing networks provided all core and locally negotiated NHS services and we are unaware of any complaints.
6.7.14	The response to the public consultation was very low, which suggested that the public was uninterested in a new pharmacy and a huge spike across the two days of the consultation was just extremely difficult to explain.
6.7.15	The existing networks surrounding the neighbourhood provided an adequate service to the neighbourhood. It was neither necessary nor desirable to grant this application.
6.7.16	Ms Murphy concluded by thanking the Chair and the PPC for allowing her to make her presentation.
6.7.17	<i>This concluded Ms Murphy's submission and the Chair invited questions from the Applicant.</i>
6.7.18	<i>There were no questions to Ms Murphy from the Applicant and the Chair invited questions from the Interested Parties</i>
6.7.19	<i>There were no questions to Ms Murphy from any of the Interested Parties and the Chair invited questions from the PPC</i>
6.7.20	<u>Questions from the PPC to Ms Murphy</u>
6.7.21	In response to questioning from Mr Woods, Ms Murphy confirmed that she considered the area to be Sandyhills.
6.7.22	Mr Woods asked Ms Murphy how a patient would know what services were provided by DLL Robertson's pharmacy on Shettleston Road. Ms Murphy advised that she was currently in discussion with the owner of the pharmacy around putting a change into the premises as not all services were mentioned on the window display.
6.7.23	<i>There were no questions to Ms Murphy from Mr Daniels, Mrs Montgomery, Mr Fergusson, Mr Black or the Chair.</i>
6.7.24	<i>This concluded the submissions and questions and the Chair invited the parties to summarise their cases.</i>

7.	SUMMING UP
7.1	<u>Interested Party – Mr Tom Arnott (Lloyds Pharmacy Ltd)</u>
7.1.1	Mr Arnott advised that there was little to no public support for the application. The residents had no difficulty in accessing pharmaceutical services, and indeed on a regular basis travelled outwith the neighbourhood to meet their daily needs.
7.1.2	This application was all about convenience not adequacy or need. Convenience was not a reason for granting a pharmacy contract.
7.1.3	The Applicant had provided no factual evidence or any inadequacy. The PPC must consider “what are the existing pharmaceutical services in the neighbourhood or any adjoining neighbourhood”. There were four pharmacies within 0.8 miles from the proposed site. There was no mention within the Board’s PCSP about the need for a pharmacy. He would therefore ask the PPC to refuse the application as it was neither necessary nor desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood in which the premises were located.
7.2	<u>Interested Party - Mr Scott Jamieson (Boots UK Ltd)</u>
7.2.1	Mr Jamieson advised that he wished to make five short points.
7.2.2	He advised that Boots UK would challenge the neighbourhood. He did not feel that the Applicant’s neighbourhood represented the way the people who lived there worked, shopped and accessed health care services.
7.2.3	The low response rate to the Joint Consultation Questionnaire at 60 would suggest that there was little concern or desire to have a new pharmacy in the neighbourhood and Boots shared the concerns around the spike in responses on 1 st May.
7.2.4	There had been no factual evidence to prove inadequacy of pharmaceutical services to the neighbourhood and most of this had been anecdotal comments obtained from social media.
7.2.5	There was good access to the current pharmacies by foot, public transport or car and where people couldn’t do so all of the pharmacies provided a free delivery service.
7.2.6	Mr Jamieson in his final point stated that Boots UK Ltd had capacity for growth. With substance misuse patients, MDS patients and the range of pharmacy services they offered. Mr Jamieson respectfully asked the PPC to reject the application.
7.3	<u>Interested Party – Ms Gillian Hunter (Rowlands Pharmacy Ltd)</u>
7.3.1	Ms Hunter advised that given the number of pharmacies surrounding the proposed location, there was sufficient pharmaceutical provision which was accessible.
7.3.2	Ms Hunter advised that the Applicant’s neighbourhood was not sufficient and he had not provided any factual evidence that there was a current inadequacy of pharmaceutical service in this area in Glasgow. She would ask the PPC to reject the application as it was neither nor desirable.
7.4	<u>Interested Party – Ms Lynn Duthie (Lightburn Pharmacy Ltd)</u>
7.4.1	Ms Duthie advised that pharmaceutical services provided at the moment were adequate. Access to these services was excellent with comprehensive transport links and minimal walking distances. The area was adequately served with the

	existing pharmacies. Ms Duthie urged the PPC to dismiss the application as there was no evidence of necessity or desirability.
7.5	<u>Interested Party – Mr Stephen Dickson (Dickson Chemists Ltd)</u>
7.5.1	Mr Dickson advised that under the test of necessary and desirable, he believed that as a group, the Interested Parties had clearly demonstrated that the application did not meet the legal test.
7.5.2	The Applicant had failed to submit any evidence that would refute this. Mr Dickson therefore requested that the PPC refuse the application.
7.6	<u>Interested Party – Mrs Elizabeth McLaughlin (Macbon Chemists)</u>
7.6.1	Mrs McLaughlin advised that she had worked in the area for over 30 years as had most of her staff who were all on good terms with their customers. She did not feel there was a need for another pharmacy in the area and that the residents in the area were well served by the existing pharmacies which were all easily accessible, especially having four pharmacies within 0.8 miles from the proposed pharmacy.
7.6.2	She did not feel that there was a need for another pharmacy and hoped that the PPC would reject the application.
7.7	<u>Interested Party – Ms Fiona Murphy (DLL Robertson and Shettleston HC Pharmacy)</u>
7.7.1	Ms Murphy advised that the existing network surrounding the neighbourhood provided a more than adequate service to the neighbourhood and DLL Robertson and Shettleston Health Centre Pharmacy had the capacity to grow so it was neither necessary nor desirable to grant the application.
7.8	<u>Applicant – Mr Kasim Gulzar</u>
7.8.1	Ms Gulzar advised that the application came about because of a concern from the Sandyhills community. Albeit that there were many opinions that didn't agree with the neighbourhood or the inadequacy of service.
7.8.2	Mr Gulzar did not doubt that the existing network of pharmacies had good relations with their patients, however it could not be ignored that there were people suffering from the fact that it was hard to access these pharmacies. Mr Arnott had rightly said within 0.8 miles of the proposed location there was four pharmacies however these pharmacies were all bunched together and a majority of the patients who tended to use the Boots and the bigger, more appealing pharmacies were struck with having to wait long times in amongst a massive workload.
7.8.3	Mr Gulzar believed that not being a rural area, it would be expected for an area to have accessible services. The buses didn't operate on time, didn't have ready access for disabled people or mechanisms for wheelchair users. They were experiencing lengthy waiting times. There were difficulties with high kerbs, hills, poor parking. It was a busy place. Not everyone wanted to be involved in that sort of environment while accessing their local pharmacy.
7.8.4	Mr Gulzar made one last point around viability. He considered that Mr Dickson was a bit out with this thought exercise. He wouldn't bore the PPC with his explanation of how a pharmacy made money, but he believed his pharmacy would be viable and wouldn't affect any of the other pharmacies there.

7.8.5	Mr Gulzar advised that ultimately it was about thinking about the patients in the area, who were suffering and who had made this known. While not everyone was able to access the Joint Consultation Questionnaire because of whatever reason, but the lack of availability and the lack of the service, along with increasing workloads, Mr Gulzar felt the application was necessary and desirable and would help the residents for Sandyhills.
7.8.6	Mr Gulzar thanked the PPC for listening to him.
8.	CONCLUSION OF ORAL HEARING
8.1	The Chair then invited each of the parties present that had participated in the hearing to confirm individually that each had had a full and fair hearing via the Microsoft Teams platform. Each party so confirmed.
8.2	The Chair advised that the PPC would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared and submitted to the Health Board within 10 working days. All parties would be notified of the decision within a further five working days. The letter would also contain details of how to make an appeal against the PPC's decision and the time limits involved.
8.3	The Chair advised the Applicant and Interested Parties that they might wish to remain connected to the Teams hearing until the PPC had completed its private deliberations. This was in case the PPC required further factual or legal advice in which case, the open hearing would be reconvened and the PPC would be brought back from their closed session into the original Teams hearing to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.
8.4	The PPC were transferred into a separate virtual meeting room. The Applicant, Interested Parties, Observers and Board Officers remained in the original virtual hearing room.
9.	PRELIMINARY CONSIDERATION
9.1	In addition to the oral evidence presented, the PPC took account of the following:
9.2	<ul style="list-style-type: none"> i. That due to the restrictions in place to manage COVID-19, members of the PPC had conducted their own site visit noting the location of the proposed premises, the pharmacies, medical centres and the facilities and amenities within and surrounding the proposed neighbourhood; ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and the surrounding area; iii. Map showing the neighbourhood proposed by the Applicants; iv. A map showing the data zones of the area in question; v. Written representations received from the Interested parties during the Schedule 3 consultation; vi. Distances from proposed premises to local pharmacies and GP practices within a one mile radius; vii. Details of service provision and opening hours of existing pharmacy contracts in the area; viii. Details of General Medical Practices in the area including practice opening hours, number of partners and list sizes; ix. Number of Prescription items dispensed during the past 12 months and information for the Pharmacy First Service;

	<ul style="list-style-type: none"> x. Complaints received by the individual community pharmacies in the consultation zone regarding services; xi. Population Census Statistics from 2011; including the population profile for each of the selected data zones; xii. Summary of applications previously considered by the PPC in this area; xiii. The Application provided by the Applicants; xiv. Pharmaceutical Care Services Plan; xv. Public Transport Information; and xvi. The Consultation Analysis Report.
10.	DISCUSSION
10.1	The PPC in considering the evidence detailed above submitted during the period of consultation, presented during the hearing and recalling observations from the individual site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.
10.2	The PPC considered the neighbourhoods as defined by the Applicant and the various Interested Parties, examined the maps of the area and considered what they had seen on their site visits.
10.3	The Committee did not agree with the Applicant's entire definition of neighbourhood. The Committee noted the Applicant's East boundary as Sandyhills Road following on to Wester Road, however they noted that the housing south of Sandyhills Road, and east of Sandyhills Golf Course was markedly different to that further west. Housing stock in this area was predominantly of detached villa type dwellings, while further west there was a mix of social housing, mainly of 1930s tenement buildings with high rise flats and classic "four in a block" style housing.
10.4	In addition, the Committee did not agree that Killin Street could be considered a boundary. They noted the Applicant's comments in his presentation that the appearance of speed cameras made the Street a boundary separating it from the area beyond which would also be known as Sandyhills.
10.5	A number of factors were taken into account by the Committee when defining the neighbourhood, including those resident in it, natural and physical boundaries such as railways, major roads, general amenities such as schools/shopping areas, the mixture of public and private housing, the provision of parks and other recreational facilities, the distances residents had to travel to obtain pharmaceutical and other services and also the availability of public transport and the level of mobility provided by the spread of car ownership. Taking all this into consideration, the PPC defined the neighbourhood as:
10.6	<ul style="list-style-type: none"> • West - Wellshot Road – travelling north to meet Shettleston Road; • Shettleston Road travelling east to Sandyhills Road; • From Sandyhills Road travelling south keeping to Sandyhills Road to the north of Sandyhills Golf Club to its meeting with Killin Street travelling south to its meeting with Hamilton Road; • Hamilton Road leading onto Tollcross Road travelling west to join back up with Wellshot Road.
10.7	The Committee felt the area within these boundaries formed the residential area that would include the area general known as Sandyhills. Although the neighbourhood defined extended into Tollcross, the housing stock across the entire area was of a similar type. The Committee's neighbourhood excluded the area of

	Mount Vernon, which it was considered was a different area, characterised by a different topography and housing type.
10.8	Within the PPC's defined neighbourhood there were schools, shopping facilities, medical centres, places of worship and many other amenities.
10.9	Having reached a conclusion as to neighbourhood, the PPC was then required to consider the adequacy of pharmaceutical services within or to that neighbourhood and, if the PPC 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.
10.10	The Committee gave due consideration to the CAR. Although the response numbers had been relatively low, it was noted that the majority of respondents' comments related to inconvenience rather than necessity. Most of the comments received to the Questionnaire were general and as such provided no firm steer for the Committee. Of the very small numbers of respondents who made definitive comments in relation to Question 3, a small majority cited that there were no gaps in the current service. These numbers were extremely low.
10.11	The PPC looked at other questions within the CAR and considered that they followed a similar vein in that comments were general and related more to convenience. In terms of Question 5 there was again a small majority of respondents didn't support the services the Applicant intended to provide.
10.12	The Committee noted that much of the evidence presented by the Applicant amounted to hearsay and anecdotes obtained from social media which could not be substantiated.
10.13	The Committee noted that within the defined neighbourhood there was currently five pharmacies. All of the current network of pharmacies, provided core services, and a wide range of additional services. The CAR delivered evidence that they provided these services to a high standard. There had been one or two comments within the CAR relating to patients having to return to the pharmacy for medication, however no context had been provided and the PPC were aware that this situation could happen in any pharmacy.
10.14	The Applicant had in the PPC's opinion provided no evidence to show that existing services were inadequate. The resident population enjoyed access to services provided by the existing pharmaceutical network. Patients currently accessed pharmaceutical services from pharmacies that were situated within the main shopping areas that would be used by residents living in Sandyhills. The Applicant had relied on an argument that access to services was difficult and inadequate due to the topography of the area, with hills being barriers to access. This was in the PPC's opinion an entirely theoretical argument of inadequacy and not based on any evidence around existing services.
10.15	<i>In accordance with the statutory procedure the Pharmacist Members of the PPC, Mr Colin Fergusson and Mr Ewan Black left the hearing at this point.</i>
11.	DECISION
11.1	In determining this application, the PPC was required to take into account all relevant factors concerning the definition of the neighbourhood served and the adequacy of existing pharmaceutical services in the neighbourhood in the context of Regulation 5(10).

11.2	Taking into account all of the information available, and for the reasons set out above, it was the view of the PPC that the provision of pharmaceutical services in or to the neighbourhood (as defined by it in Paragraphs 10- 10.15 above) and the level of service provided by the existing contractors in the neighbourhood, was currently adequate and it was neither necessary nor desirable to had an additional pharmacy.
11.3	It was the unanimous decision of the PPC that the application be refused.