

**Minutes of the meeting of the Pharmacy Practice Committee (PPC) held on Wednesday 13th November 2024 at 09:00 at the Campanile Hotel, 10 Tunnel Street, Glasgow G3 8HL**

The composition of the PPC at this hearing was:

- Chair:** Margaret Kerr
- Present:** **Lay Members Appointed by NHS Greater Glasgow & Clyde**  
 Maura Lynch  
 John Woods
- Pharmacist Nominated by the Area Pharmaceutical Committee** (included in Pharmaceutical List)  
 Gordon Dykes  
 Yvonne Williams
- Pharmacist Nominated by Area Pharmaceutical Committee** (not included in any Pharmaceutical List)  
 Alan Clee
- Observer:** Tony Brooke / Lay Member  
 Mark Merley / Lay Member  
 Debbie Thomson / Non Contractor Pharmacist Member  
 John McMillan / Chair, APC Lanarkshire
- In Attendance:** Janine Glen / Contracts Manager  
 Trish Cawley / Contracts Co-ordinator
- Secretariat:** Nicole Smith / NHS National Service Scotland
- By Telephone:** Michael Stewart / Central Legal Office

<b>1.</b>	<b>APPLICATION BY RAMIS QURESHI</b>
1.1.	There was an application submitted and supporting documents from Ramis Qureshi received on 4 <sup>th</sup> July 2024 for inclusion in the pharmaceutical list of a new pharmacy at Unit 476, 32 Elmfoot Grove, G5 0LR.
1.2.	<b>Submission of Interested Parties</b>
1.3.	The following documents were received: <ul style="list-style-type: none"> <li>i. Letter dated 11 July 2024 from John Ip / Greater Glasgow &amp;</li> </ul>

	<p>Clyde Health Board Area Medical Committee – GP Subcommittee</p> <ul style="list-style-type: none"> <li>ii. Email dated 17 July 2024 from Joshua Miller / Greater Glasgow &amp; Clyde Area Pharmaceutical Committee</li> <li>iii. Letter dated 23 July 2024 from Jo Severn / Boots UK Limited</li> <li>iv. Letter dated 23 July 2024 from J Stephen Dickson / Dickson Chemist</li> <li>v. Letter dated 29 July 2024 from Calum Morris / Oatlands Community Council Letter dated 6 August 2024 from Lucy Corner / Rowlands Pharmacy</li> </ul>
1.4.	<b>Correspondence from the wider consultation process undertaken</b>
1.5	<ul style="list-style-type: none"> <li>i) Consultation Analysis Report (CAR)</li> <li>ii) Letter dated 31 July 2024 from Eddie Warde / Glasgow City Council Neighbourhoods, Regeneration and Sustainability</li> <li>iii) Email dated 16 July 2024 from John Mackenzie / Glasgow City Council Neighbourhoods, Regeneration and Sustainability</li> <li>iv) Email dated 16 July 2024 from Euan Urquhart / South Lanarkshire Council Planning and Regulatory Services, Community and Enterprise Resources</li> <li>v) Letter dated 29 July 2024 from Calum Morris / Oatlands Community Council</li> </ul>
2.	<b>Procedure</b>
2.1.	<p>At 09:30 hours on 13<sup>th</sup> November 2024, the Pharmacy Practice Committee (“the Committee”) convened to hear the application by Ramis Qureshi (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List”.</p>
2.2.	<p>The Chair welcomed all to the meeting and introductions were made. When asked by the Chair, members confirmed that the hearing papers had been received and considered. When committee members were asked by the Chair in turn to declare any interest in the application, none were declared.</p>

2.3.	Members of the Committee had undertaken independent site visits to Unit 476, 32 Elmfoot Grove, G5 0LR and the surrounding area. During these visits the location of the premises, pharmacies, general medical practices and other amenities in the area had been noted.
2.4.	The Chair advised that Nicole Smith was independent from the Health Board and was solely responsible for taking the minute of the meeting.
2.5.	The Chair outlined the procedure for the hearing. All Members confirmed an understanding of these procedures.
2.6.	Having ascertained that all Members understood the procedures, that there were no conflicts of interest or questions from Committee Members the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Applicant and Interested Parties were invited to enter the hearing.
	<b>The open session convened at 09:40 hrs</b>
<b>3.</b>	<b>Attendance of Parties</b>
3.1.	The Chair welcomed all and introductions were made. The Applicant, Mr Ramis Qureshi. From the Interested Parties eligible to attend the hearing, present were Boots UK Limited represented by Scott Jamieson and Rowlands Pharmacy represented by Lucy Corner, supported by Claire Cunningham.
3.2.	The Chair noted that Steven Dickson and Nadine Miller of Dickson Pharmacy had confirmed their attendance to the Board, but had not yet arrived. The Committee noted that within the Guidance issued to those attending hearings, it was made clear that failure to appear within 15 minutes of the hearing commencing, would result in the latecomer not being allowed entrance. All present confirmed their agreement that the hearing should commence in their absence.
3.3.	The Chair asked The Applicant and Interested Parties if they were comfortable with observers attending for training purposes to sit on future PPC hearings. There were no objections, and the observers joined the meeting at 09:45.
3.4.	The Chair noted that CLO Michael Stewart was not in the room but available via telephone if a matter arises that requires legal clarity.
3.5.	The Chair advised all present that the meeting was convened to determine the application submitted by The Applicant in respect of a proposed new pharmacy at Unit 476, 32 Elmfoot Grove, G5 0LR.
3.6.	The Chair asked all parties for confirmation that these procedures had been understood. Having ascertained that all parties understood the procedures the Chair confirmed that the Oral Hearing would be

	conducted in accordance with the Procedure at Hearings document contained within the papers circulated.
3.7.	The Chair confirmed that members of the Committee had independently conducted site visits in order to understand better the issues arising from this application. Assurance was given that no member of the Committee had any interest in the application.
3.8.	The Chair asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement.
4.	<b>Narrative from this point onwards is transcribed from the Applicant's and Interested Parties' presentations provided on the day and as such should be read as such.</b>
5.	<b>Submission</b>
5.1.	The Chair invited The Applicant to speak first in support of the application.
5.2.	Thank you all for taking time from your day to listen to me, and thank you to Janine for helping me through this application process.
5.3.	My name is Ramis Qureshi and I'm currently a Pharmacist at the Royal Infirmary, Pharmacy Manager in Stirling, as well as on an Pharmacist Independent Prescribing (IP) training course due to finish in January 2025.
5.4.	I am here today to demonstrate that the neighbourhood identified in the Oatlands neighbourhood and surrounding neighbourhoods lacks pharmaceutical provision, and the neighbouring pharmacies provide an inadequate service into the Oatlands area. In order to correct this inadequacy, I will be appealing to The Committee here today to grant a pharmacy contract. The identified neighbourhoods are to be served by the proposed pharmacy in Oatlands.
5.5.	I acknowledge a previous application that was submitted by Mr Denis Houlihan. I feel Mr Houlihan was approaching his application from a business point of view rather than a pharmacist point of view and failed to hammer home the points of the distinct area as it is now a burgeoning community with a lack of services provided to it.
5.6.	Aside from the CAR report, additional research was undertaken such as a community survey in the café, and visits by researchers to the other pharmacies in the area to experience first-hand wait times and provision of services.
5.7.	The boundaries as detailed in the CAR report are the A730 Road as the South side natural boundary and the river to the North. The boundary of

	the neighbourhood is a mixture of natural, social and geographical boundaries, such as main roads and the River Clyde. 93% of the population when surveyed agree with this definition of the neighbourhood in the CAR.
5.8.	I'd like to add that when defining the boundary, my research associates and I consulted with Oatlands Community Council and Oatlands Rejuvenation Committee who know the area well. The Community Council agreed that the boundaries were appropriate.
5.9.	Within Oatlands there is a complex needs school, a community centre, a convenience store, a café and a boating club. Directly south of Oatlands, across the road is Farmfoods, a regular gym, indoor bowling, a trampoline park, vets, nail bar along with a bar and restaurant. This is clearly showing from the last application that businesses are becoming more established, and the needs of the community met closer to home.
5.10.	If granted, I will be providing all core services to the community as well as dosette boxes and an IP clinic six days a week. In tandem with my Independent Prescribing I hope to provide advice and support to the local community as well as I intend to be working there myself.
5.11.	There will be a private consultation room with 75% of the remaining space used for retail and 25% for dispensing. As there are no concrete layout plans for the pharmacy, they can be altered as needs be. I am also in conversation about adding a disabled parking space.
5.12.	Now that I've established the neighbourhood and what I'd like to add to it, I'd like to talk a little about the SIMD data zone of this area.
5.13.	I believe the residents in Oatlands and surrounding area are particularly disadvantaged by their lack of accessibility to adequate pharmacy services in comparison to those in Gorbals neighbourhood where those residents have the choice of pharmacies along Crown Street. This meant the residents would have to leave Oatlands and travel through the Gorbals, out with their defined neighbourhood to access services. The SIMD already recognizes this area as deprived, I hope to address this and I will expand upon this later.
5.14.	With regards to the boundaries, one resident stated in the CAR: <i>"It is at the centre of Oatlands"</i> and <i>"This is the local residential area known as Oatlands."</i> This shows the community that identify themselves as Oatlands residents and it is a distinct neighbourhood. This sentiment will only grow as more developments are completed in the Oatlands area.
5.15.	With regards to the growing needs in the area, here are some quotes from the CAR report: <i>"I feel this would be beneficial to the community to reduce travel for those who may have difficulties physically, financially and mentally. It would be a good go to service for those requiring minor ailment advice instead of having to contact their local GP."</i> <i>"Over 1,100 homes and more to be built. We need a pharmacy."</i> <i>"The housing estate</i>

	<i>has become enormous overtime and is certainly big enough to require a pharmacy.”</i>
5.16.	With regards to services of pharmacies in the surrounding area, it was stated in the CAR: <i>“The two chemists in the Gorbals are at capacity and have long waiting times for prescriptions. Parking at the chemists can be tricky too as it is very heavily congested.” “Pharmacies in surrounding areas are lacking in services in terms of fulfilling prescriptions time taken to get there lack of dose the [dosette] boxes.” “The service provided by most local pharmacies is subpar, and as stated earlier they are not easy to get to without driving.” “Chemist overworked in Gorbals.” “Services are too strained in the area and aren’t delivered adequately.” “My prescription is sometimes not ready in Rowlands whenever I go to collect it. This is inconvenience as I usually need to take my two children with me and then get told that I’d need to return in 45 minutes.”</i>
5.17.	After much desk and first-hand research over the course of the last year, I believe there currently is and will be an inadequacy in the neighbourhood due to these key factors: population increase and deprivation, poor accessibility, capacity inadequacies, and inadequate delivery of the core services.
5.18.	According to the SAPE figures detailed in the CAR which includes my neighbourhood and the industrial estate, the zone ending in 0022 has a population of 2,147, with the nearby zone ending in 0023 showing a population of 571 bringing the total to 2,718. Most people surveyed have their GP practice within the Gorbals health centre, which has as of October 2024, 27,682 patients.
5.19.	Within the 1.1-mile radius, from 2022 to 2024 there’s been an increase from 89,559 to 92,674 patients registered to GPs. This is an increase of 3,115 in just two years. This is a 3.48% increase of patients registered to GP practices, in contrast with the average growth rate of 0.3% per year of Scotland as a whole, and 0.5% per year of Glasgow specifically. This figure indicated the 1.1-mile radius is growing rapidly, almost ten times as fast as Scotland’s overall population, with no additional service to provide for their needs. This means currently the average GP registered patient per pharmacy within the 1.1-mile radius is 9,267, over double the Scottish average per pharmacy of approximately 4,400.
5.20.	The British Medical Journal released stats highlighting that eight out of ten practices reported demand exceeding capacity in Scotland. If this is to increase in coming years, proactive planning must take place to meet these needs and secure adequate pharmaceutical provision.
5.21.	The Oatlands and Toryglen area have 19% of population aged over 65 as of 2012 (Understanding Glasgow) – this data is a decade old and will no doubt have increased in the number of elderly who live here. This demographic has more healthcare requirements so this should be considered when judging the demand of the services provided.

5.22.	Looking at the national statistics for health and deprivation for the area, the data zone in Oatlands ending in 022 falls into decile three quintile two of SIMD deprivation. The data is clear this is a deprived area, 19% of housing is social housing within the local estate.
5.23.	To the west of Oatlands zones ending in 0023, 0024, 0028 and 0029 are all in decile one quintile one. Adjacent to the east of Oatlands, you have data zone ending in 2864 in decile 1 quintile 1. Directly south of Oatlands you have zones ending in 021 and 9898 in decile 1 quintile 1. This shows the surrounding areas are extremely deprived. The health domain ranking for Oatlands is four, meaning there's room for improvement within Oatlands, this area is in need of more healthcare provision.
5.24.	Within our neighbourhood's data zone detailed in the CAR there were 604 people who are income deprived and 265 who are employment deprived. This is according to SIMD as of 2020. This means that 37.6% of the defined population in these data zones is income or employment deprived.
5.25.	Since these figures were released in 2020, there's been a 19.1% increase in food prices, the energy price cap rose by 25% and fuel prices have increased by 22.3%. With the cost-of-living crises the percentage of the population that are income deprived will surely be higher than 37.6% today. The SIMD identifies where is most vulnerable and who needs healthcare the most, and the data shows Oatlands...
5.26.	Oatlands has further developments for Avant Homes for another 163 homes to be built by 2028, with a cap of another 164 homes. To the west of Oatlands on Silverfir Street there will be another 45 units built by 2028. On Cathcart Road there are 270 units to be built by 2030 and a further 86 units after 2030. On Pine Place there will be an additional 28 units after 2030. On Old Rutherglen Road, there will be another 45 units built by 2026 with 55 conversions by 2030. On Lauriston Road there will be 34 units by 2030. In Lauriston there are due to be an additional 279 units by 2030, with 35 being built every year from 2024, and a further 104 units after 2030. On Lauriston/Eglington Street there will be an additional 64 homes built by 2029. The average number for people per household in Glasgow is 2.03 (Understanding Glasgow). So an extra 1,171 homes by 2030 is an extra 2,377 people further increasing the average patient per pharmacy well over double.
5.27.	Further quotes from the CAR:  <i>"The closest pharmacies are in the Gorbals both are understaffed with too many customers. Waiting times out with the SOP's." "Chemist never order repeats from GP surgery on time." "I am on a lot of medication which requires me to collect every month but some items I need in between this time, the pharmacy I currently use for the area is very busy"</i>

	<p><i>and understaffed, so I do not receive my medication on time. I need to rely on family members to collect for me or take me for it so if there is a problem with my medication it isn't easy for me to go back to have it resolved. To have a pharmacy on my doorstep would be a massive help to the area." "The pharmacies at the Gorbals and Bridgeton are the closest. All of these are always busy with long waiting times." "There is no other pharmacy in the defined neighbourhood. Oatlands residents need to travel to the neighbouring Gorbals pharmacies which can take an hour round trip on foot."</i></p>
5.28.	<p>As for the Rowlands at Bridgeton, there are public reviews posted online such as the following: <i>"Three times they either lost my prescriptions or I receive part with things missing, I have even been given wrong drugs. I don't understand why you have to wait up to an hour to pick up prescriptions when you have given them more than a week to make it up." "Lost part of my prescription even though it was stapled to other part, I had to ask GP for replacement. This was my local chemist until it was recently taken over, spoke to lots of people in the queue and every one of them had recently had problems with prescriptions, etc. What is going on? Patients are now going elsewhere for their prescriptions including me." "They're giving out wrong prescriptions or they don't have it in stock, they tell you to go back the week later when you do they still don't give you what you're owed."</i></p>
5.29.	<p>In terms of accessibility for the existing pharmacies, there is First Bus 261 which runs every 12 minutes Monday through Friday and also runs on Saturday and Sunday. I've taken it a few times myself to see what it's like. From the centre of Oatlands there is a small walk to go to the bus stop, then it's a 17-minute journey one-way including the walk to the bus stop and then a 12-minute walk from the mosque into Crown Street to get prescriptions. As suggested, there are long wait times, but assuming the wait time is ten minutes then the minimum amount of time for round-trip would be 52 minutes, and I doubt that is the case for most people.</p>
5.30.	<p>On top of that if you wanted to walk it is a 21-minute walk through the Gorbals which might be fine in the Summer but it's now getting dark around four-o'clock and it will once again take a minimum of an hour to get there and back.</p>
5.31.	<p>In terms of Bridgeton, Dicksons Chemist is even worse requiring two buses and is a 29-minute journey one-way, so over an hour for just one prescription if everything works as intended. One would also have to walk through Glasgow Green which is not a journey I would expect anyone to make just to get a prescription.</p>
5.32.	<p>Touching on the bus fare as well, with the deprivation index and rising cost of living the two pounds there and back might not seem like a lot but could be for the residents of Oatlands. Multiple times, according to reviews, prescriptions aren't ready so how many journeys are you having to take?</p>



5.33.	<p>In the last hearing there was a point made around cars and the point was well made. Driving is obviously an option for patients, but it was very difficult to find specific car usage statistics within Oatlands. Glasgow as a whole has less car ownership than average in Scotland. The cost of fuel is rising and getting a parking space in front these building was possible during the day but has been congested in difficult in the past. With that as well I would say that with the push to the NHS to be more environmentally friendly, we shouldn't be pushing people to use cars or travel outside of their neighbourhood which I have proven that the community itself is more concrete and people have their needs met within the community. Since Covid, there has been an increase of 2.6% in people working at home, who have amenities such as food etc. available at their doorstep. There are a bunch of leisure activities around the area as well, the only thing missing from this area is healthcare provision.</p>
5.34.	<p>I have personally visited all pharmacies within the 1.1-mile radius, and I want to commend Mr Gilbride as his pharmacies had short wait times and had fantastic service. In contrast, the Boots in Crown Street was busy on many days with queues over 20 minutes long. I observed 15 customers waiting to be served, with multiple patient requests being substituted or not being filled due to stock issues.</p>
5.35.	<p>None of the pharmacies offered IP or dosette boxes. While I understand that the IP services is not a core service, it is the future of pharmacy. I believe Boots and Rowlands, in leaving the implementation of this policy until it becomes part of the undergraduate degree in 2026, shows a lack of investment in the future of pharmacy.. As you can see within the reviews, this is one of the lowest rated pharmacies within the 1.1-mile radius, second only to Rowlands.</p>
5.36.	<p>Boots itself is a staple of our High Street, but they themselves like Lloyds are looking to sell their branches. As with Lloyds if this goes through, once again our pharmacy services are going to be completely disrupted. Patients will be left without medication; services will decrease in quality. Although from the quotes you can see it already has.</p>
5.37.	<p>Both Rowlands in Bridgeton and Rowlands on Crown Street have awful reviews, citing issues getting together prescriptions, multiple visits, long wait times, etc. It was a 30-minute wait just for a Pharmacy First consultation. There seemed to be a lack of staff and a large, unserved queue. The same can be said with the one on Bridgeton: overly long wait times, disgruntled patients.</p>
5.38.	<p>I have spent a long time being a locum with Boots and Rowlands and seen across the board since I graduated the services are strained. They lack investment, lack training, are over reliant on locums with Lloyds failing due to the lack of laying locums. Rowlands tried to take over from Lloyds but have already had to close pharmacies in England because they are too stretched.</p>

5.39.	The people of Oatlands need a pharmacy as there is no provision in the neighbourhood and the services are inadequate. There will be more patients coming in at the growing rate of ten times the average. There are no IP pharmacists around. I want to be the face of one community pharmacy, develop a relationship with patients there, and want to be an integral part of the community. Pharmacies are about people going out of their way to get advice and help. Not just going, picking up and leaving. It is unacceptable to spend an hour to see someone, should be able to be seen within 15 minutes of their doorstep and that's what I want to provide for them.
5.40.	This ended the presentation by The Applicant.
<b>6.</b>	<b>The Chair invited questions from the Interested parties</b>
6.1.	<b>Mr Scott Jamieson (Boots UK Limited) to The Applicant</b>
6.2.	Mr Jamieson asked The Applicant if his primary work was at The Royal Infirmary.  The Applicant replied that was his secondary work, as a Clinical Trials Pharmacist at The Royal Infirmary.
6.3.	Mr Jamieson asked The Applicant if he was currently the Pharmacy Manager in a community pharmacy  The Applicant replied that he has been a Pharmacy Manager in Stirling for a year and prior to that was that Pharmacy Manager in community pharmacy for three years.
6.4.	Mr Jamieson asked The Applicant when he will be IP certified.  The Applicant replied that he will be an IP Pharmacist in January 2025.
6.5.	Mr Jamieson asked The Applicant about his proposed neighbourhood and asked for clarification on the boundaries.  The Applicant replied that the A730 Road covers the West while the South boundary is the Clyde Gateway, South, as the main road surrounding Oatlands.
6.6.	The Chair intervened to re-phrase the question as the paperwork provided had a disconnect between the neighbourhood as described in the narrative and the outline of the neighbourhood shown on the map in both the application and the CAR. The question was asked on behalf of everyone whether The Applicant intended to use the neighbourhood as written in narrative or as shown in the dotted lines of the map.  The Applicant replied that the picture of the map with the dotted lines is an accurate representation of his neighbourhood. The West boundary is the A730, the South is the Clyde Gateway, the North is the River Clyde, and the East is Shawfield Road.

6.7.	<p>Mr Jamieson asked The Applicant if he was aware that the Boots on Crown Street has been offering Pharmacy First Plus since December 2022.</p> <p>The Applicant replied that he was aware of that but noted that each time he has asked he was referred to the Victoria Road location to see an IP Pharmacist.</p>
6.8.	<p>Mr Jamieson asked The Applicant about his claim in his application about waiting for 35 minutes in Boots and 26.8 minutes in all pharmacies and how he measured his time there.</p> <p>The Applicant replied that he measured the time on his watch from when he walked in the door to when he was asked about what service he was looking for from a member of staff.</p>
6.9.	<p>Mr Jamieson asked The Applicant if he had a lease secured for his proposed premises.</p> <p>The Applicant replied that he did have a lease agreed and evidence has been seen by the Health Board.</p>
6.10.	<p>Mr Jamieson asked The Applicant about the size of the consultation rooms and if they would be DDA compliant.</p> <p>The Applicant replied that he wasn't aware of what the DDA regulations are but that he has hired someone seasoned in pharmacy interiors to take on any remodelling as necessary and trusts that he will do what is necessary.</p>
6.11.	<p>Mr Jamieson asked The Applicant about the CAR and whether or not he agreed that 126 responses was a low number.</p> <p>The Applicant replied that he did try to facilitate responses by canvassing throughout the area, walking door to door with pamphlets, and spending time in cafes and in Community Council meetings. The Applicant noted he was as impartial as possible while undertaking this canvassing by asking people to use the leaflet to complete the CAR whether they were supportive or unsupportive of the new pharmacy. Despite the level of responses being low, The Applicant noted he would still consider it an improvement from the last CAR that was done in the area.</p>
6.12.	<p>Mr Jamieson asked The Applicant if he considered that such a small number of people responding to the CAR was an indication that people don't think a new pharmacy in the area is necessary.</p> <p>The Applicant replied that he did not consider that to be the case, referencing a letter from the Community Council which has over a 90% approval of the new pharmacy from their vote, and they are a representative public body for the whole of Oatlands.</p>
6.13.	<p>Mr Jamieson asked The Applicant about the question in the CAR about the existing pharmaceutical service, which 55% of respondents deemed</p>

	<p>was inadequate and how he would respond to that small number.</p> <p>The Applicant replied that over 55% of respondents agreed that pharmaceutical services were inadequate to the area. He also noted that the majority of people in the neighbourhood clearly feel the services are inadequate and from anecdotal evidence gathered by talking to people in the area, The Applicant also agreed that the services were inadequate.</p>
6.14.	<p>Mr Jamieson asked The Applicant if it was fair to say that there were positive views shared from patients in the CAR as well about the pharmaceutical services in the area.</p> <p>The Applicant replied that yes, he would agree with that.</p>
6.15.	<p>Mr Jamieson asked The Applicant about his methods to promote the CAR.</p> <p>The Applicant replied that he had canvassed, walking door to door with leaflets and the CAR report and put them through letterboxes of all the neighbourhoods in the area. When talking to people, The Applicant would explain what he was doing and encouraged them to complete the CAR whether they agreed with the application for a new pharmacy or not. The Applicant also attended Community Council meetings and spent mornings in the cafeteria speaking to patients and customers who came in.</p>
6.16.	<p>Mr Jamieson asked the Applicant to confirm that he then felt he had put a lot of work into promoting the CAR.</p> <p>The Applicant confirmed that yes that was the case.</p>
6.17.	<p>Mr Jamieson asked the Applicant if he was then disappointed in the responses he got back given the work he put in to promoting the CAR.</p> <p>The Applicant replied that he was not disappointed, and that at the end of the day it was up to each person to determine if it is worth their time to complete the CAR and he was just facilitating that process.</p>
6.18.	<p>Mr Jamieson asked The Applicant about the new housing developments he mentioned in his presentations, noting that they don't actually seem to be going up in the neighbourhood The Applicant defined.</p> <p>The Applicant replied that the point is existing pharmacies within 1.1 miles of the neighbourhood are already stressed with their current patient numbers, and these further developments will lead to a further struggle.</p>
6.19.	<p>Mr Jamieson asked The Applicant about the planning permission for these new developments.</p> <p>The Applicant confirmed that they are listed with the Glasgow Housing Audit, and the total number is a mixture of planning permission that has been granted and detailed consent that has been given.</p>

6.20.	<p>Mr Jamieson asked The Applicant to confirm that the 163 homes to be built in Oatlands have planning permissions.</p> <p>The Applicant replied that planning permissions have been granted for 164 more homes. The building was stalled during Covid due to the rise in cost of materials but has now been restarted.</p>
6.21.	<p>Mr Jamieson asked The Applicant about the statistics he gave on the average patient wait in pharmacies and asked him where this data came from.</p> <p>The Applicant replied that the total number of patients in Scotland divided by the pharmacies in Scotland is 4,400, the general agreed upon statistic.</p>
6.22.	<p>Mr Jamieson asked The Applicant what point he was making by noting the number of patients using each pharmacy.</p> <p>The Applicant replied that the point he was making is that the average pharmacy has 4,400 patients using it, some more and some less, but that based on the population in the area the pharmacies delivering service to them are over double the average and therefore cannot handle the current number of patients, let alone an increased number.</p>
6.23.	<p>Mr Jamieson asked The Applicant if he knew specifically how many patients were served at each pharmacy.</p> <p>The Applicant replied that he looked at patients who were registered to GPs within the 1.1-mile radius of the neighbourhood and then divided that by the ten pharmacies in that 1.1 mile radius. He assumed the GP practices are being served predominantly by the pharmacies nearest their practices.</p>
6.24.	<p>Mr Jamieson asked The Applicant for the number of over 65s in the Oatlands and Toryglen population.</p> <p>The Applicant replied that 19% are, which comes from Understanding Glasgow which offers statistics by demographics. He noted that Oatlands by itself is too small for a data zone, so it was displayed inclusive of Toryglen directly to the South.</p>
6.25.	<p>Mr Jamieson asked The Applicant about the comments he mentioned and if they were given in regards to Boots or Rowlands pharmacy specifically.</p> <p>The Applicant replied that they were reviews from the Google review page.</p>
6.26.	<p>Mr Jamieson asked The Applicant if he had any information on complaints about pharmacies to the Health Board?</p> <p>The Applicant replied that he did not get that information, that he had submitted an FOI but not replied to.</p>

6.27.	<p>Mr Jamieson asked The Applicant if he had any evidence of inadequacies of existing pharmaceutical services.</p> <p>The Applicant replied that the poor provision of services is evidenced by reviews of the pharmacies, the CAR report, and personal anecdotal experience. The fact is that services are already perceived to be strained with current services and an increase of patients adding to that will lead to a detrimental effect on all of Oatlands. Oatlands is a more deprived area that requires more healthcare than the average.</p>
6.28.	<p><b>Ms Lucy Corner (Rowlands) to The Applicant</b></p>
6.29.	<p>Ms Corner asked The Applicant if he was an IP and, if not, when he will register himself to be one.</p> <p>The Applicant replied that he was not yet an IP but plans to register himself directly after approval of this application. He confirmed that he will be the pharmacist in this proposed pharmacy. Currently, he works three days a week in community pharmacy and at the Glasgow Royal Infirmary.</p>
6.30.	<p>Ms Corner asked The Applicant what he intends for his speciality to be as part of the IP course that he is taking.</p> <p>The Applicant replied that he is undertaking the IP course at Strathclyde and chose comorbidities as his speciality, though his interests lie specifically in diabetes. He confirmed that his DMP is a Consultant of Diabetes and Endocrinology at Gartnavel Hospital. He noted his goal was to encompass as much as possible, but his special focus is on comorbidities at Strathclyde.</p>
6.31.	<p>Ms Corner asked The Applicant how many staff he expects he will need to employ at this pharmacy.</p> <p>The Applicant replied that at the very start, it would just be himself and one dispenser colleague. He also noted he has younger siblings who are pharmacists who have agreed to help out for free if necessary to get the pharmacy off the ground.</p>
6.32.	<p>Ms Corner asked The Applicant if he intends to offer delivery services in and out with Oatlands.</p> <p>The Applicant replied that he would and at this point that would be a service covered by his sibling.</p>
6.33.	<p>Ms Corner asked The Applicant to clarify whether or not there was currently a GP surgery in Oatlands.</p> <p>The Applicant replied that there was not, though he does believe there should be.</p>
6.34.	<p>Ms Corner asked The Applicant if he agreed that people who live in Oatlands currently have to leave Oatlands to visit a GP.</p>

	The Applicant replied that he did agree with that statement.
6.35.	Ms Corner asked The Applicant if he had any data on prescription items increasing in the neighbourhood. The Applicant replied that he did not.
6.36.	Ms Corner asked The Applicant who he spoke to at the Health Board about commissioning local services in the area and availability of new contracts. The Applicant replied that he did not speak to anybody about local services, just the core services.
6.37.	Ms Corner asked The Applicant to confirm if the social housing makes up 19% or 90% of the houses in Oatlands. The Applicant replied it makes up 19%.
6.38.	Ms Corner asked The Applicant about the comments specific to Rowlands regarding dosette boxes and pill pouches and if he had any experience using a pill pouch. The Applicant replied that he did not have experience specifically with pill pouches but have used pouches prior from Right Medicines and did not have a positive experience with that. He noted that any error made meant pulling the entire thing apart, changing it and rewrapping it. He feels dosette boxes are easier generally for most patients.
6.39.	Ms Corner asked The Applicant if he considered what innovations he might use for the provision of pharmacy services. The Applicant replied that he would do better than existing pharmacies outside of core services, though right now he does not have the knowledge of how to do that he would like to figure it out. He noted that his brother-in-law was a mechanical engineer student at Strathclyde, and he wants to work with him to see what can be done and streamlined for processes to work the best.
6.40.	Ms Corner asked The Applicant if he has much experience with the English pharmacy contract. The Applicant replied that he did not.
6.41.	Ms Corner asked The Applicant if he intends to review the services he plans to offer based on the comments in the CAR, particularly those relating to substance misuse. The Applicant replied that he does not want to discriminate and wants to offer all the services detailed in the CAR. He also noted that he was there to serve the community of Oatlands first and foremost, and that he will bring any issues with needle exchange or opiate replacement therapy forward for a community vote in terms of what the pharmacy can and can't do.

<b>7.</b>	<b>The Chair invited Questions from the Committee.</b>
<b>7.1.</b>	<b>Ms Yvonne Williams (Pharmaceutical Contractor Member appointed by NHS Lothian) to The Applicant</b>
7.2.	<p>Ms Williams asked The Applicant about his neighbourhood and his clarified definition, and questioned the Applicant's comment that there are two pharmacies within a 1.1-mile radius as claimed.</p> <p>The Applicant replied that there were ten pharmacies within a 1.1-mile radius and apologised for the error.</p>
7.3.	<p>Ms Williams asked The Applicant about the other eight pharmacies in that 1.1-mile radius and whether or not he feels that allows for residents to have a choice when deciding what pharmacy to acquire services from.</p> <p>The Applicant replied that in the CAR, no other pharmacies are referenced except for Boots and Rowlands with exceptions to Crown Street and Bridgeton. He concluded that other pharmacies are realistically too far for patients to go. He noted that the majority of the patients he's spoken to refer to their GP practice as being Gorbals Health Centre, and he doubted patients would go all the way to Bridgeton from the Gorbals for a prescription.</p>
7.4.	<p>Ms Williams asked The Applicant about the amenities in the neighbourhood that he mentioned during his presentation, noting that some of them fall below the identified southern boundary of the neighbourhood, and asked him if he thinks his neighbourhood should be expanded.</p> <p>The Applicant replied that he feels that the neighbourhood is Oatlands, but he was making the point that amenities and other businesses the people frequent are only a short walk away. He agreed that he may have defined the neighbourhood differently to include these amenities.</p>
7.5.	<p>Ms Williams asked The Applicant about the CAR and, based on the number of who responded to the question about the adequacy of existing services 55% thought that the services were inadequate which is not considered to be an overwhelming response. She asked The Applicant if he thought, based on some of the comments, that patients were confusing convenience with adequacy.</p> <p>The Applicant replied that he would not consider that to be the case. When canvassing, he encouraged people to share their thoughts and opinions. When talking to patients about the CAR he aimed to be as impartial and removed from the application as possible and made it more to do with whether or not patients get a good service from pharmacies in the area.</p>
7.6.	Ms Williams asked The Applicant about Question 5 in the CAR regarding the services being offered and the fact that there were very



	<p>strong feelings about substance misuse services. The Applicant previously mentioned taking such issues to the Community Council for a vote. She asked The Applicant about his understanding of what the requirement is for substance misuse services in Oatlands and wider.</p> <p>The Applicant replied that in regards to the wider area surrounding Oatlands, there would probably be a need for opiate replacement therapy, but not so much within Oatlands. The Applicant confirmed he would put it to a vote to see if the community he is serving first would want to have it.</p>
7.7.	<p>Ms Williams asked The Applicant if he thought this was the most appropriate way to run his pharmacy from a business perspective.</p> <p>The Applicant replied that his business is wanting to focus on prescribing and IP services, which is what he shared with patients when talking to them about the CAR. From a business point of view, it would be a detriment to upset the community of patients the pharmacy serves and creating unnecessary tension would also be detrimental.</p>
7.8.	<p>Ms Williams asked The Applicant how he intends to ensure that he has the skills to deliver common clinical ailments through Pharmacy First Plus when his current focus is comorbidities.</p> <p>The Applicant replied that he has been aiming to get the widest breadth of experience possible. When in community pharmacies, he spends time taking in information on skin conditions as well as spending days with nurses doing high blood pressure and pain checks. Clinical days are spent with consultants and handling phone consultations with them. He is also doing ward rounds and trying to get as much knowledge as possible from different sectors as the more knowledge he has the better he will be able to treat common conditions that come through.</p>
7.9.	<p>Ms Williams asked The Applicant about his intention to be the pharmacist on premises six days a week and queried how sustainable that is in the long term.</p> <p>The Applicant replied that he can work six days a week and has planned it out financially. He noted his siblings are also pharmacists and have agreed to help as necessary. He also confirmed he has a large amount of savings and is receiving financial help from his father to help renovate the pharmacy. His partner also intends to support him full-time with her savings so the first year of the pharmacy he can provide 100%. He agreed that if the pharmacy ever becomes unsustainable, family can step in and help.</p>
7.10.	<p>Ms Williams asked The Applicant if his siblings were IPs.</p> <p>The Applicant replied that they are not yet but that they just recently qualified.</p>
7.11.	<p>Ms Williams asked The Applicant to confirm that if he needed to take a day off, there would be no IP services at the pharmacy.</p>

	The Applicant replied that this was true.
7.12.	<p>Ms Williams asked The Applicant if he was aware that offering Pharmacy First Plus wasn't a contractual requirement.</p> <p>The Applicant replied that he did know that, but that he believes it is the future of pharmacy and that companies dragging their feet shows a lack of commitment to the future.</p>
7.13.	<b>Mr John Woods (Lay Member appointed by NHS GGC) to The Applicant</b>
7.14.	<p>Mr Woods asked The Applicant if he understood that the job of The Committee was to consider adequacy and not convenience.</p> <p>The Applicant replied that he did understand that, yes.</p>
7.15.	<p>Mr Woods asked The Applicant about how he was going to deal with the concerns in the CAR about substance misuse services.</p> <p>The Applicant replied that he would bring it to the Community Council and ask residents to vote on what they think of the provision of substance misuse services. He noted he doesn't think there is a need for that service within Oatlands, which is the community he is serving first.</p>
7.16.	<p>Mr Woods asked The Applicant to clarify if taking the issue to the Community Council included bringing a pamphlet or other resources.</p> <p>The Applicant replied that he would bring documentation the same as he did when promoting the CAR.</p>
7.17.	<p>Mr Woods asked The Applicant if he considered it to be discriminatory if substance misuse services are not provided as those who require the services are still a part of communities.</p> <p>The Applicant replied that he recognised that concern, noting that he is aware of how much good substance misuse services can do as shown by the new homeless centre on Glassford Street but that he is also aware of how the community is feeling about it. He noted the need to be neutral and take a realistic approach and see if the need is there and then determine if it will negatively impact on patients he already services and the fairest way to handle it is with a vote.</p>
7.18.	<p>Mr Woods asked The Applicant what facilities the people who live in Oatlands have in the neighbourhood to help them live their life.</p> <p>The Applicant replied that currently there is a Premier Convenience store across from the proposed pharmacy premises, as well as a café next to it. There is a large park for kids with people out in the morning on their way to jobs, walking their dogs, etc. He noted there is a complex needs school within the area with 54 pupils, who will need a higher standard of care, and a growing student population. Just South of the neighbourhood there is a pub, across the road there is a Brazilian Jiu</p>

	<p>Jitsu gym, a regular gym, nail bar, Inflatation, Flip Out, and Farmfoods. Businesses are opening up and becoming more engrained since the last application. There is recreation for families, a specialised school, places to meet people and places to pick-up food etc. as well as nearby gyms, pubs and restaurants and small community classes.</p>
7.19.	<p>Mr Woods asked The Applicant to confirm the population in Oatlands. The Applicant confirmed that it was 2,751.</p>
7.20.	<p>Mr Woods asked The Applicant if that population is large enough to ensure the viability of a new pharmacy.</p> <p>The Applicant replied that he did think so, yes, noting that during his prerequisites he worked in a small village pharmacy in Carmunnock which was surviving with a much smaller population.</p>
7.21.	<p>Mr Woods asked The Applicant to confirm if there was an additional 164 houses being built in Oatlands.</p> <p>The Applicant replied that was the case and are within the ground and actively being built after a pause during Covid due to the high prices of timber and building materials.</p>
7.22.	<p>Mr Woods asked The Applicant to explain why he doesn't think the problems that currently affect Boots and Rowlands won't also apply to him at his proposed pharmacy.</p> <p>The Applicant replied that Rowlands has overextended itself while picking up the pieces of Lloyds, which shows how bloated multiples are becoming. They are less agile and reactionary. As an independent, The Applicant is the only person working there with his reputation on the line. The people of the community will know him and be the only community that has his attention.</p>
7.23.	<p><b>Mr Alan Clee (Non-Pharmaceutical Contractor Member appointed by NHS Lothian) to The Applicant</b></p>
7.24.	<p>Mr Clee asked The Applicant about the timescale for the canvassing he did for the application.</p> <p>The Applicant replied that during the 90-day working period around November 2023, he sent away emails to surgeries trying to garner their support. The Gordon Practice came back fully supportive, as did an MSP. The Applicant confirmed he spent time on a couple of Saturdays in the café talking to people about the CAR and left a couple of pamphlets there. On top of that, he went door to door with pamphlets and spoke to anyone that would listen while trying to be as impartial as possible. He went to Community Council meetings twice once to discuss concerns and alleviate them and speak to different clubs that attended, and the second regarding the rejuvenation project with NHS Greater Glasgow &amp; Clyde and what is being added to the area.</p>

7.25.	<p>Mr Clee asked The Applicant to confirm he received a 90% positive response from the Community Council.</p> <p>The Applicant replied that was the case as stated in the letter from the Community Council. He noted he was unsure of how they got to a 90% agreement but assumed that would mean 90% of the Board members agreed. He wasn't sure of the exact number of Board members.</p>
7.26.	<p>Mr Clee asked The Applicant about his focus on a couple of pharmacies in the area being inadequate based on CAR comments and anecdotal experience and asked if there were any other pharmacies in the area worth mentioning.</p> <p>The Applicant replied that there is Kilbride Gilbride Pharmacy in Crosshill which were fantastic and that he only had to wait ten minutes for someone to ask what he needed.</p>
7.27.	<p>Mr Clee asked The Applicant what the Kilbride Gilbride Pharmacy means to patients in Oatlands.</p> <p>The Applicant replied that it didn't mean much to patients in Oatlands as nobody he spoke to or nobody who answered the CAR reported using this pharmacy due to the further distance, it is not feasible to walk or take a bus there. Crown Street pharmacies were mentioned often in the CAR as well as one or two pharmacies from Bridgeton.</p>
7.28.	<p>Mr Clee asked The Applicant about how the viability of other pharmacies fits into his future agenda in Oatlands.</p> <p>The Applicant replied that he was not implying pharmacies aren't profitable but rather talking about the health of these companies as a whole. He referred to what happened when Lloyds broke up and how difficult that transition period was for patients. They weren't receiving dosette boxes or their regular medication, pharmacists were worried. Rowlands is now selling English pharmacies as they do not get enough money. Boots' parent company, Walgreens, is shifting Boots to private equity.</p>
7.29.	<p>Mr Clee asked The Applicant how relevant the profitability of his pharmacy was relevant to him.</p> <p>The Applicant replied that of course he would like to make a profit, patients come first but of course the business needs to be viable. A business plan is in place, and The Applicant has an accountant that has handled other pharmacy accounts prior as well as an HR advisor for employment laws etc. Anything out with his range of competence, The Applicant has people willing to take that on. The Applicant noted he has money set aside to be able to fund the pharmacy and build it up in the early days. He noted that he has ran the numbers for profitability and prescriptions and is expecting around 3,000 items as well as money from IP clinic and sundry sales. The measures to self-fund this pharmacy for the first year are in place.</p>

7.30.	<p>Mr Clee asked The Applicant about the opiate service and the fact that he might not provide it, and what option The Applicant has if a patient comes into his pharmacy with a prescription for methadone.</p> <p>The Applicant replied that in that scenario, he has no option but to order the methadone in for the patient, so an element of that service will be provided no matter what.</p>
7.31.	<p><b>Mr Gordon Dykes (Pharmaceutical Contractor Member appointed by NHS GGC) to The Applicant</b></p>
7.32.	<p>Mr Dykes asked The Applicant to elaborate on the quality of service from Dicksons Chemist.</p> <p>The Applicant replied that they were middle of the road in terms of service, and that the online reviews are pretty average. He noted the CAR doesn't focus on Dicksons at all as patients in Oatlands don't make their way to Bridgeton, but from a personal point of view the wait times were between ten and 15 minutes, it seems like a very average pharmacy. The Applicant noted he did not expect the population of Oatlands to go there through the Glasgow Green particularly during this dark time of the year.</p>
7.33.	<p>Mr Dykes asked The Applicant if he was also experiencing the supply issues currently plaguing other pharmacies in the community pharmacy he works in three times a week.</p> <p>The Applicant replied that having just switched over to a new supplier, the pharmacy he works in is usually fine. If at any point he can't fill a prescription for a patient, he often refers them to an independent pharmacy as they have more supplies and are more likely to have what the patient needs. If granted, this pharmacy will also be an independent contractor with a variety of vendors to choose from.</p>
7.34.	<p>Mr Dykes asked The Applicant about the pharmacy in Stirling that he manages and what the wait time is there.</p> <p>The Applicant replied that it is a very quiet pharmacy that does not do more than 1500 items a month, and the wait is less than five minutes.</p>
7.35.	<p>Mr Dykes asked The Applicant if he has seen any waiting times longer than 25 to 30 minutes for Pharmacy First.</p> <p>The Applicant replied he did not, and that in most of his experience employees up in the front of the pharmacy take questions and have referred them to The Applicant as necessary when possible. He noted that his main joy in pharmacy is talking to patients and helping them out, so that is what his focus would be with consultations.</p>
7.36.	<p><b>Ms Maura Lynch (Lay Member appointed by NHS Lothian) to The Applicant</b></p>
7.37.	<p>Ms Lynch asked The Applicant about the Oatlands area, noting that it is</p>

	<p>quite small, and that the people who live there must have reasons for which they have to travel outside the neighbourhood. She asked The Applicant if he accepted that everyone leaves likely daily, and therefore must pass pharmacies from which they can collect their prescriptions.</p> <p>The Applicant replied that he did not agree they had to leave daily, as there are amenities that are there now and it has become a more comprehensive community. There are a lot of families in in Oatlands with children. He noted the rate of working from home has increased by 2.6%, that food is conveniently close by and that they would not be driving to the City Centre unless their cars are LEZ compliant.</p>
7.38.	<p>Ms Lynch asked The Applicant if he had taken the free bus passes for the very young and old into consideration when discussing travel to and from the existing pharmacies.</p> <p>The Applicant replied that he does acknowledge those younger than 22 or over 60 do have free bus travel offered to them, but highlighted the time it takes to travel to these pharmacies by bus and questioned the safety of the journey as there are multiple roads to cross from the bus stop to the pharmacies.</p>
7.39.	<p>Ms Lynch asked The Applicant if the additional houses being built by Avant Homes would be social or private.</p> <p>The Applicant replied that on the Glasgow Housing Audit it says that it is private sector, but it isn't clear if that just means they're made by the private sector. He thinks it's possible to assume 19% will have to be social housing.</p>
7.40.	<b>Ms Margaret Kerr (Chair) to The Applicant</b>
7.41.	<p>Ms Kerr asked The Applicant if he knew how many of the ten pharmacies within 1.1 miles of the neighbourhood delivered into it.</p> <p>The Applicant replied that Gilbride, Crosshill and Dicksons offer delivery, but when he asked about it they did specify having wait times to be added to the service for the Gilbride pharmacy. Boots and Rowlands were asked via telephone and told The Applicant they did not deliver.</p>
7.42.	<p>Ms Kerr asked The Applicant if it would be fair to say he thinks there are three pharmacies that deliver into Oatlands, two that don't and the rest that The Applicant isn't sure about.</p> <p>The Applicant replied that was accurate, noting he only approached pharmacies he thought would be most applicable to provisions in the Oatlands area.</p>
7.43.	<p>Ms Kerr asked The Applicant about the expected number of prescriptions for his proposed pharmacy.</p> <p>The Applicant replied that based on the population size and from speaking to his mentor, he expects about 2,500 items a month once established.</p>

7.44.	<p>Ms Kerr asked The Applicant if he had a sense of the people entering the boundaries of his neighbourhood who do not live there.</p> <p>The Applicant replied that the Community Council always has concerns about people outside the area coming in, but that does indicate there are people coming in and going to convenience stores to get food, drinks etc. Also, looking at it there are people that take their kids to the park that drive in, so can be assumed to not come from Oatlands, and people are seen walking in and out of the estate quite constantly to get a bus or head into town. People leave Oatlands to go to bars etc. just South of the road and people enter Oatlands from the South area as well.</p>
	<b>At this point, the Chair adjourned the meeting for a ten minute comfort break.</b>
<b>8.</b>	<b>Interested Party</b>
8.1.	<b>The Chair invited Mr Scott Jamieson from Boots UK Limited to speak.</b>
8.2.	We agree with the neighbourhood proposed by The Applicant as pictured in the application and CAR where the boundaries are: North – River Clyde, East – A728, South A730, West A730.
8.3.	We found the boundaries written in the application and CAR confusing, as they do not match the neighbourhood shown. The boundaries on the application and CAR lists Eglinton St and the railway line to the West, and the M74 to the South, which indicates a much bigger neighbourhood.
8.4.	Going by the neighbourhood pictured, it is of note that the Applicant's neighbourhood is small given that it contains Richmond Park with a boating pond, leaving less space for residential units and any further residential developments.
8.5.	Amenities in the neighbourhood are limited to a convenience store, frozen food store (Farmfoods on A730), pub/restaurant, coffee shop, primary school and parkland.
8.6.	We question given the limited facilities whether it is a neighbourhood for all purposes, somewhere where people can live, shop and work.
8.7.	Residents will rely on services in the surrounding areas, such as the Gorbals, Bridgeton, Rutherglen for GPs, Dentist, Post Office, banks and supermarkets, and are likely to access these areas on a regular basis.
8.8.	It is likely that most residents will access pharmaceutical services when they go about their everyday business.
8.9.	Should the panel agree with the neighbourhood defined by the Applicant, we submit the fact that most residents already access key

	amenities in surrounding areas is both relevant and important when considering the services provided to the neighbourhood from pharmacies outwith.
8.10.	I note the comments in the CAR: <i>“We don’t need a pharmacy this close when there’s two a short walk away in the gorbals.” “Several pharmacies already exist in all directions from intended site, all easily accessible due to good transport links, nearest 20 minutes’ walk.”</i>
8.11.	We agree with the neighbourhood pictured in the application, but we’ve redefined the boundaries as: North – River Clyde, East – A728, South A730, West – A730.
8.12.	We want to convey to the panel, that the proximity and use of facilities in the Gorbals, Bridgeton and Rutherglen are relevant both when considering the services provided to the neighbourhood from pharmacies outwith.
8.13.	There was confusion over The Applicant’s neighbourhood as boundaries differ from the map. We agree with the picture of The Applicant’s neighbourhood but have redefined its boundaries. We strongly urge The Committee to take into consideration the amenities and pharmacies already accessed by residents in adjoining neighbourhoods when making their determination of services provided in and to the neighbourhood.
8.14.	We believe the population of the neighbourhood is contained within data zone, S01010022, and we understand the population to be approximately 2,292 (Census 2022).
8.15.	The national average for patients per pharmacy is 4,383 (based on approximately 1,250 pharmacies minus the Scottish Government website and 2021 mid-year population estimate of 5,479,900 equals 4,383 patients per pharmacy).
8.16.	The CAR, and therefore The Applicant, reports a population of 2,718 (Small Area Population Estimate), which includes data zones SO1010022, equal to 2,147, and SO1010023 equal to 571.
8.17.	S01010022 extends just past the A730 to the South and West and incorporates the residential units just outside of the neighbourhood to the west, which more than accounts for the population of the neighbourhood.
8.18.	S01010023, the only part of this data zone that extends into the neighbourhood contains a bowling club with green, and allotments so has no population figures to add that are relevant to the neighbourhood.
8.19.	There are no pharmacies within the neighbourhood, but there are 11 within 1.1 miles (NHS Inform) of The Applicant’s proposed premises. In addition, Boots St Enoch is located 1.3 miles away (NHS Inform) and is



	open on Sundays.
8.20.	The neighbourhood has a higher proportion of 16 to 64-year-olds, and a lower proportion of under 16s, and 65s and over, compared to the national average. Only 7.1% of the population is aged 65 and over, compared to the national average of 20%.
8.21.	Levels of good health are higher than the national average, with 82.6% of people in the neighbourhood with good or very good health. Scotland as a whole is at 78.9%.
8.22.	Levels of car ownership are slightly lower than the national average, with 69.4% of people in the neighbourhood with access to one or more vehicles. Scotland as a whole is at 73.7%.
8.23.	Levels of home ownership are on par with the national average, with 61.5% in owned accommodation. Scotland as a whole is at 63.2%.
8.24.	The population of the neighbourhood is younger than Scotland as a whole, and most of the population is in good or very good health with access to a car. There are 11 pharmacies within 1.1 miles of the proposed premises that are within a reasonable travelling time for any patient wishing to use them. Given the demographics of the area, residents will access pharmacies in the wider area where they go to work or regularly to shop.
8.25.	There are no GPs or pharmacies within The Applicant's neighbourhood. There are 11 pharmacies within 1.1 miles (NHS Inform) of The Applicants proposed premises. The GPs as listed on NHS Inform are Main Street Medical Centre at 40 Main Street, Bridgeton, G40 1HA which is 0.7 miles away, New Gorbals Health and Care Centre, 2 Sandiefield Road, G5 9AB which is 0.8 miles away, and Govanhill Health Centre, 233 Calder Street, G42 7DR which is 0.8 miles away.
8.26.	Boots closest pharmacy is at 155 Crown Street, G5 9XT and is a 20-minute walk or five minute drive according to Google Maps at 0.9 miles away from The Applicant's proposed premises, and is open six days a week Monday through Friday from 09:00 – 18:00 and Saturday from 09:00 – 13:00. It is a short walk from Gorbals Health Centre and provides the following NHS services: Pharmacy First, Pharmacy First Plus, Medicines Care and Review Service, Unscheduled Care Service, Gluten Free Food Service, Ostomy, EHC and BC, Stop Smoking Service, Substance Use Service, Needle Exchange Service, Hepatitis C Treatment, MAP Service.
8.27.	Although not NHS Services, Boots also offers compliance aid support for any patients in need of this service. Boots also offers a free delivery service Monday to Friday with emergency deliveries on Saturday if needed.

8.28.	The average wait time in minutes for prescription is around ten to 15 minutes. Repeat prescriptions are received from surgeries and are typically ready within two days for the patient to collect. Texts are sent to patients who have provided their mobile number to let them know that their prescription is ready to collect.
8.29.	Boots Pharmacy is fully staffed with a Pharmacist Store Manager fulltime and an IP, two Pharmacy Technicians, one Pre-registered Technician, seven Pharmacy Advisors, and two Trainee Pharmacy Advisors. The current premises also has a consultation room offering privacy to patients, a hearing loop, automatic doors and all are on one level for easy access. There is also free parking available at Crowne Street in surrounding streets and Boots has a good relationship with local GPs.
8.30.	Our closest pharmacy in Crowne Street provides all NHS services and is open six days a week. Boots Crowne Street offer a free compliance aid packs and delivery service to those in need. The pharmacy is fully staffed with excellent customer feedback on service provided. The pharmacy is fully DDA compliant. Free parking is available with good public transport links. The pharmacy team have excellent relationships with local GP surgeries.
8.31.	The Committee will be aware of services provided to the neighbourhood from pharmacies out with and that these should also be taken into consideration when assessing the adequacy of the existing services provided to the neighbourhood.
8.32.	I would urge the Committee to not restrict themselves to considering the existing services physically located in the neighbourhood only.
8.33.	The existing pharmacies are currently providing access to NHS services that match or are greater than the Applicant's proposed opening hours.
8.34.	The existing pharmacies provide core, national and locally negotiated services, the details of which patients can find on NHS Inform, the pharmacy's own website, in printed material available in the pharmacy (leaflets etc.) and the Pharmaceutical List.
8.35.	Patients accessing services by foot have a choice of four pharmacies within Gorbals or Bridgeton that are 0.9 miles and a 20-minute walk from the proposed premises.
8.36.	Patients wishing to access services by car will have a choice of pharmacies from which to do so. Patients visiting Boots Crown Street by car would find free street parking available directly outside.
8.37.	There are two main bus stops in Oatlands, on Polmadie Road and Toryglen Street. These stops are serviced by two bus routes, First Bus 21 and 267, providing transport to pharmacies in the City Centre,

	Gorbals and to Rutherglen. The 267 runs every eleven to twelve minutes between 08:00 and 17:00 from Monday to Friday and it is a five-minute bus journey from Oatlands Polmadie Road to the bus stop at Gorbals Citizens Theatre. Saturday and Sunday services are every 30 minutes. The bus stop is a five-minute walk to Boots Crown Street.
8.38.	The existing pharmacies are accessible from the neighbourhood, whether a patient is travelling on foot, by car or by public transport. For those that can't physically access the pharmacy there are free delivery services available. For patients with a car, they have choices, and free parking is available at the existing pharmacies.
8.39.	The joint consultation ran from 17 <sup>th</sup> November 2023 to 28 <sup>th</sup> March 2024 and 134 responses were received, 96% of which were from individuals. Compared with the population figure of approximately 2,292, this is a low response rate of 6% and not all responses were favourable to the application.
8.40.	Comments from NHS Greater Glasgow & Clyde Area Pharmacy Committee suggest that this application not be granted.
8.41.	The overall response rate to the CAR is very low at 6%. 45% of those who responded believe the pharmaceutical services provided to the neighbourhood are adequate. NHS Greater Glasgow & Clyde Area Pharmacy Committee suggest this application is not granted.
8.42.	The Committee will be aware of the need to secure the adequacy of services in the area, which includes considering the effect granting the application would have on the stability and sustainability of local NHS Pharmaceutical Services. That is the existing services available to patients as well as the long-term viability and security of the new pharmacy, should the application be granted.
8.43.	<p>When considering a previous appeal, the National Appeal Panel case ref (NAP 102), the panel concluded that: <i>"When considering whether it is necessary or desirable to grant the application, the PPC is required to consider the viability of the application. Viability should be considered in two contexts:</i></p> <p><i>(i) the viability of the proposed new pharmacy; and</i></p> <p><i>(ii) the impact of the proposed new pharmacy on the viability of the existing</i></p> <p><i>Pharmacies</i></p> <p><i>If the likely result of granting the application is that either the new pharmacy or that any of the existing pharmacies will not be viable it is unlikely that it will be desirable to grant the application. The extent to which the proposed pharmacy will be reliant on revenue generated out-with the neighbourhood will be a relevant factor in both contexts as it may indicate that the new pharmacy will struggle to support itself or it</i></p>

	<i>may have a negative impact on existing pharmacies.”</i>
8.44.	Viability of community pharmacy has changed significantly over the last few years through inflationary costs such as increases in salaries, utility costs, fuel costs, etc. This further pressure was recognised by Scottish Government when paid cash advance to community pharmacy in January last year.
8.45.	The government have increased national insurance costs from April 2025, which will add to the overall costs to running a community pharmacy business.
8.46.	The population of the neighbourhood currently stands around 2,292 residents. The majority of these residents will already have a pharmacy they use regularly, perhaps due to proximity to their GP, where the shop, or go to work. Many patients will also be loyal to their current pharmacy and find that the services provided by this pharmacy adequately meets their needs.
8.47.	It is therefore unlikely that all patients in the neighbourhood will have their prescriptions dispensed by the new pharmacy should the application be successful.
8.48.	We believe that the pharmacy will therefore have to dispense to patients outside of the neighbourhood, possibly by delivering prescriptions, to ensure the future viability of the pharmacy. Neighbourhoods where already adequate pharmaceutical services are being provided.
8.49.	To note some of the comments in the CAR: <i>“to make the pharmacy viable in terms of profitability in the intended location the applicant's targeted market stretches beyond the boundaries of the map shown to areas where high levels of opiate misuse exists.” “In a time when it is being reported on the news that pharmacies are closing at record rates I believe this new pharmacy opening would result in the closure of one of the existing pharmacies in the Gorbals area and have a detrimental impact on the services provided in the Rutherglen area. I have never had any issues getting my medication on time at the services provided currently also these other pharmacies are located closer to major shops allowing people to pick up what required when shopping also.”</i>
8.50.	We submit that granting the application could destabilise the existing pharmacy provision. It is difficult to say exactly to what extent, but it is conceivable that the existing pharmacies that provide extended hours of opening may find they have to reduce their opening hours in line with the NHS Greater Glasgow & Clyde model hours of service scheme.
8.51.	I'd like to take the opportunity to remind the panel that a pharmacy although private, is NHS funded and the addition of a new contract would be at an expense to the NHS.

8.52.	The Committee will be aware that pharmacist workforce pressures are a concern and a new pharmacy in an area will give rise to an increase in demand for pharmacist and support staff.
8.53.	We note there was a previous application in 2019, which was rejected by the PPC in Elmfoot Grove and recently in 2022 in Eglinton Street, which was also refused.
8.54.	If the pharmacy goes on to open it could destabilise the existing provision. As consequence of this, there could be a reduction in staff and service levels at existing pharmacies. A new community pharmacy will come as additional expense to the NHS. We believe the proposed pharmacy would not be viable and would have to seek to provide services to patients out with the neighbourhood to be viable.
8.55.	<p>In summary, there was confusion over The Applicant's neighbourhood as the written boundaries differed from those on the map. We agree with the picture of The Applicant's neighbourhood but have redefined its boundaries. Whilst there may be geographical features that suggest this is a neighbourhood, there are no significant physical boundaries that hinder access to the surrounding areas. We strongly urge The Committee to take into consideration the amenities and pharmacies already accessed by residents in adjoining neighbourhoods when making their determination of services provided in and to the neighbourhood. The population of the neighbourhood is younger than Scotland as a whole, and the majority are in good or very good health with access to a car. There are 11 pharmacies within 1.1 miles of the proposed premises that are within reasonable travelling time for any patient wishing to use them. Given the demographics of the area, residents may also access pharmacies in the wider area where they go to work or regularly shop. Our closest pharmacy provides all NHS services and is open six days a week. Boots Crown Street offer a free delivery service to those in need. Compliance aids packs are provided to patients in need. The existing pharmacies are reasonably accessible from the neighbourhood, whether a patient is travelling on foot, by car or by public transport. For those that can't physically access the pharmacy there are free delivery services. For patients that have a car, they have choices and free parking is available at the existing pharmacies. The overall response rate to the CAR is very low at 6%. 45% of those who responded believe the pharmaceutical services provided to the neighbourhood are adequate. The NHS Greater Glasgow &amp; Clyde Area Pharmacy Committee suggests this application not be granted. If the pharmacy goes on to open it could destabilise the existing provision. A consequence of this is that there could be a reduction in staff and service levels at existing pharmacies. A new community pharmacy will come as additional expense to the NHS. We believe the proposed pharmacy would not be viable and would have to seek to provide services to patients out with the neighbourhood to be viable. We note that there was a previous application in 2019, which was rejected in Elmfoot Grove and recently in 2022 in Eglinton Street which was also</p>

	refused.
8.56.	In conclusion, we submit the existing pharmaceutical services provided to the neighbourhood are adequate and urge The Committee to refuse this application.
8.57.	This concluded the presentation from Mr Jamieson.
<b>9.</b>	<b>The Chair invited questions from the Applicant</b>
9.1.	The Applicant to Mr Jamieson (Boots UK Limited)
9.2.	<p>The Applicant asked Mr Jamieson if it would be right to say that no GP exceptions to the proposal would be for the benefit of not harming relationships with already existing pharmacies rather than an accurate reflection on the feelings of a new pharmacy opening up.</p> <p>Mr Jamieson replied that reflecting on past PPCs, many GP practices noted their support and often quote access to Pharmacy First as a reason for that support, as more pharmacies offering this service means fewer going to the GPs.</p>
9.3.	<p>The Applicant asked Mr Jamieson if Boots has any plans on how to service the increased population for the Gorbals area.</p> <p>Mr Jamieson replied that Boots are constantly looking at how to invest in the pharmacy based on population growth, and that a salary model is used that will look at the volumes of prescriptions and services. He noted that the Scottish pharmacy contracts are funded differently than English ones and are reviewed quarterly. He also noted that the size of the premises is under review.</p>
<b>10.</b>	<b>The Chair invited questions from other Interested Parties</b>
10.1.	<b>Ms Lucy Corner to Mr Jamieson</b>
10.2.	<p>Ms Corner asked Mr Jamieson if there were any issues with capacity at Boots pharmacies.</p> <p>Mr Jamieson replied that there were not, and that Boots are in a good position for growth and are confident in asking for more going forward.</p>
<b>11.</b>	<b>The Chair invited questions from the Committee</b>
11.1.	<b>Ms Yvonne Williams (Contractor Pharmacist) to Mr Jamieson</b>
11.2.	<p>Ms Williams asked Mr Jamieson if he agreed that all pharmacies essentially service patients outwith their own neighbourhood and that comes down to the patient's choice.</p> <p>Mr Jamieson replied that, for the purposes of the application, the neighbourhood has to be taken into consideration and The Applicant has to be able to prove they can make their pharmacy viable based on the</p>

	neighbourhood they present.
11.3.	<p>Ms Williams asked Mr Jamieson how Boots captures the type of patient feedback relating to complaints around long wait times, being understaffed, etc.</p> <p>Mr Jamieson replied that Boots has an internal customer service model. All stores have a QR code that patients can scan and provide feedback on their visit at any point in time. Boots also proactively hands out leaflets to people requesting feedback on the services provided. According to stats from the local team Boots are at 100% feedback from customers in terms of patient satisfaction and wait times for this financial year. Complaints do have to be reported to the NHS on a quarterly basis for review and three have been submitted from Boots in the last 18 months.</p>
11.4.	<p>Ms Williams asked Mr Jamieson if Boots has made any changes over the last year following on from any patient feedback they received.</p> <p>Mr Jamieson replied that most changes are those relating to relationships with GP surgeries. The service has been streamlined in terms of repeat prescriptions. There is the texting service focussing on making things as efficient as possible for people to come in and collect. The majority of prescriptions are repeat medication, the more efficient it is the more the pharmacy can offer.</p>
11.5.	<p>Ms Williams asked Mr Jamieson how his reported average wait time of 10 to fifteen minutes was measured.</p> <p>Mr Jamieson replied that it is based on customer feedback received.</p>
11.6.	<p>Ms Williams asked Mr Jamieson if there was any reason why a customer would be referred to the Victoria Road Boots location to access IP services.</p> <p>Mr Jamieson replied that it's possible the IP isn't working at a time when patients are in, as the minimum requirements for Pharmacy First Plus for the NHS has to be offered 25 hours a week for 45 weeks of the year, so there are hours that Boots are trading when an IP wouldn't be working. The reality is Boots isn't where it wants to be yet, but meets the requirements so if an IP is on holiday or called off that could be a reason why a patient might be referred elsewhere.</p>
11.7.	<p>Ms Williams asked Mr Jamieson about the overall Boots strategy in regards to IP to make sure the CPS vision of having an IP Pharmacist full-time by 2030.</p> <p>Mr Jamieson replied that he is leading the IP strategy for Boots in Scotland, and that pharmacists already employed are supported to become IPs first and foremost. Pharmacists are placed on a course and a practitioner is assigned to support them. As well as accessing those relationships, Boots is also building an internal network of IPs to support the population. The business is supportive of IPs, paying them fairly,</p>

	<p>funding them differently, and developing programmes. Boots want to be the number one choice for patients in Scotland so are thinking ahead of the game and are attracting the best people to work for them with the right salary, development and support.</p>
11.8.	<p>Ms Williams asked Mr Jamieson what his feelings were on GP surgeries offering Pharmacy First Plus.</p> <p>Mr Jamieson replied that he is hugely supportive of GPs offering Pharmacy First Plus in terms of helping to develop medical practitioners for pharmacists to come through. GPs have had longer term vision to say they can treat more complex patients while allowing community pharmacy for treat more minor conditions.</p>
11.9.	<p><b>Mr John Woods (Lay Member) to Mr Jamieson</b></p>
11.10.	<p>Mr Woods asked Mr Jamieson to confirm that customers are offered a QR code and handouts to submit comments and there is currently 100% satisfaction across all pharmacies.</p> <p>Mr Jamieson replied that that was just the case for Boots on Crown Street.</p>
11.11.	<p>Mr Woods asked Mr Jamieson why the CAR included complaints for Boots when through their own self-reporting procedure they didn't receive any.</p> <p>Mr Jamieson replied that it's possible not everyone will make complaints officially to the company, but Boots has made the process to feedback as easy as possible for patients and follow the NHS Greater Glasgow &amp; Clyde reporting process.</p>
11.12.	<p>Mr Woods asked Mr Jamieson if having 100% satisfaction from patients caused him any concern.</p> <p>Mr Jamieson confirmed that patients are asked about wait time and their overall experience. From 10 pieces of patient feedback from the beginning of September, Boots Crown Street is sitting at 100% satisfaction. This doesn't mean every patient is having a fantastic experience every day, there is always room for improvement, but the way Boots gathers information and processes involved can be improved.</p>
11.13.	<p>Mr Woods asked Mr Jamieson how Boots would get advice to a patient who is housebound.</p> <p>Mr Jamieson replied that Boots could do so by telephone or video services. If a patient is actually housebound, it doesn't make a difference where the pharmacy is in relation to them.</p>
11.14.	<p>Mr Woods asked Mr Jamieson if pharmacists ever had to leave the pharmacy and what happens if that is the case.</p> <p>Mr Jamieson replied that the current regulations make it hard for pharmacists to be absent as pharmacists are needed to be present in</p>



	the pharmacy for the vast majority of tasks.
11.15.	<p>Mr Woods asked Mr Jamieson to confirm that not all patients had access to the QR codes at the store, in light of those who are homebound.</p> <p>Mr Jamieson replied that that was the case, yes.</p>
11.16.	<p>Mr Woods asked Mr Jamieson how much business Boots on Crown Street would lose if this application was granted.</p> <p>Mr Jamieson replied that he couldn't say exactly.</p>
11.17.	<b>Mr Alan Clee (Non- Contractor Pharmacist) to Mr Jamieson</b>
11.18.	<p>Mr Clee asked Mr Jamieson how the staffing level at Boots Crown Street was assessed as being very well staffed.</p> <p>Mr Jamieson replied that the salary model gives Boots a breakdown based on number of prescription items and pharmacist numbers currently staffed, and that model currently says the Boots and Crown Street is fully staffed.</p>
11.19.	<p>Mr Clee asked Mr Jamieson if he was happy with the staffing levels at Boots Crown Street.</p> <p>Mr Jamieson replied that he is always pushing for more and pushed hard for the business to recognise the different in Scottish pharmacy contracts to English contracts. Because the funding model is different the business is supported so that pharmacies in Scotland have more staff in them than those in England.</p>
11.20.	<p>Mr Clee asked Mr Jamieson how Boots Crown Street is managing in terms of staff retention.</p> <p>Mr Jamieson replied that workforce has been a bit of a problem the last few years, which goes back to the change of GP contract in 2018 when a lot of people left community pharmacy to go work in Primary Care so Boots had to up their game on IPs, good training programmes have always been in place.</p>
11.21.	<p>Mr Clee asked Mr Jamieson how the possibility of local services being destabilised could affect Boots Crown Street.</p> <p>Mr Jamieson replied that Boots Crown Street would lose business which could mean reduction in staff and hours.</p>
11.22.	<b>Mr Gordon Dykes (Contractor Pharmacist) to Mr Jamieson</b>
11.23.	<p>Mr Dykes asked Mr Jamieson what percentage of Boots pharmacies are staffed by locums rather than managers right now, sharing concerns that locums couldn't be IPs.</p> <p>Mr Jamieson replied that he did not have the exact stats on the number of locums running Boots pharmacies currently but noted that as a whole,</p>

	<p>Boots in Scotland is moving in the right direction away from having locums managing pharmacies. There is about 30 store manager vacancies across Scotland, but not all stores are managed by pharmacists. The general workforce trend is lowering pharmacist vacancies across Scotland and in South Glasgow there are currently no vacancies for pharmacists for the first time in five years.</p>
11.24.	<p>Mr Dykes asked Mr Jamieson if the temporary closures taking place a few years ago were now finished.</p> <p>Mr Jamieson replied that they were for the most part, and that temporary closures now have to do with somebody running late to open the store rather than being a forward planning issue where a store can't be kept open.</p>
11.25.	<p>Mr Dykes asked Mr Jamieson if he felt that the managers of Boots stores were only telling him what he wanted to hear in regards to customer feedback.</p> <p>Mr Jamieson replied that there's always that chance, but he can only speak to the statistics and facts provided to him by the Area Manager. If a customer did want to make a complaint, there is an official process to go through. It's not a perfect process, but it is made available to patients as necessary.</p>
11.26.	<p>Mr Dykes asked Mr Jamieson if he would accept that the 20 minute walk he described to get to Boots would only be the case for a fit person without a walking aid or buggy.</p> <p>Mr Jamieson replied that he did accept this, but that there are public transport routes and the age of the population indicates most people would be considered a healthy, fit person.</p>
11.27.	<p>Mr Dykes asked Mr Jamieson if GPs have actually been supportive of applications in the past in other areas of Scotland.</p> <p>Mr Jamieson confirmed that is the case in his experience, yes.</p>
11.28.	<p><b>Ms Maura Lynch (Lay Member) to Mr Jamieson</b></p>
11.29.	<p>Ms Lynch asked Mr Jamieson if his understanding of the ten to 15 minute wait time in Boots is just internal or if there is any independent evaluation.</p> <p>Mr Jamieson replied that there is no independent evaluation, and that wait time is subjective to when a patient comes in. There might be times when there is a 40 minute wait, but the average calculated from feedback is ten to 15 minutes.</p>
11.30.	<p>Ms Lynch asked Mr Jamieson how many responses there were from customers.</p> <p>Mr Jamieson replied that from September to November 2024 there have been ten responses.</p>

11.31.	<p>Ms Lynch asked Mr Jamieson about his position in terms of substance misuse services at Boots given it's an issue for the local community based on comments in the CAR.</p> <p>Mr Jamieson replied that he is really supportive of all alcohol and drug related services as those who use them are a key part of the population that have significant health needs. Pharmacies have a huge role to play in making sure these patients are as supported as possible and Boots fully supports NHS Greater Glasgow &amp; Clyde in terms of their asks as well as the substance misuse service, which is about making sure a conversation is had with these patients and relationships are built. There is regular feedback between community pharmacy and substance misuse services.</p>
11.32.	<p>Ms Lynch asked Mr Jamieson if there was still capacity for substance misuse service in Boots.</p> <p>Mr Jamieson replied that there absolutely was, with no issues in the capacity to support patients.</p>
11.33.	<p><b>Ms Margaret Kerr (Chair) to Mr Scott Jamieson</b></p>
11.34.	<p>Ms Kerr asked Mr Jamieson what a full year in the customer feedback cycle would look like, say from November 2023 to now.</p> <p>Mr Jamieson replied that he Boots financial year runs from the 1 September to 31 August and would attempt to get more information on the past year that he can share during his sum up.</p>
11.35.	<p><b>The Chair, having noted no further questions from the Panel to Mr Jamieson, invited Ms Corner of Rowlands Pharmacy to speak</b></p>
11.36.	<p><b>The Chair invited Ms Lucy Corner from Rowlands Pharmacy to speak</b></p>
11.37.	<p>Thank you for inviting Rowlands Pharmacy to make representations on this application. The committee will be aware that we acquired four Lloyds Pharmacy branches in this area in July 2023.</p>
11.38.	<p>Having reviewed the application and provided documents, Rowlands Pharmacy do not believe there is a requirement for a new pharmacy contract in this area, or that a new contract is necessary or desirable.</p>
11.39.	<p>In relation to the Neighbourhood. Thank you chair for clarifying what the applicant intends the Neighbourhood to be.</p>
11.40.	<p>Rowlands Pharmacy agree with the neighbourhood previously agreed by NHS Greater Glasgow &amp; Clyde Pharmacy Practice Committee for another application in this same area in 2019, by Houlihan Pharmacy Ltd. An application which was subsequently refused by the unanimous decision that the application was not necessary nor desirable. And includes Gorbals within the neighbourhood, where currently there is a</p>

	Rowlands Pharmacy and a Boots.
11.41.	The diagram put forward by the Applicant encompasses a much smaller area encircling a housing development, Oatlands. The Applicant has already given several examples of people leaving the neighbourhood to access amenities.
11.42.	There are already nine contracts within one mile of the postcode of the proposed site, according to NHSinform.scot, and four of these contracts are Rowlands Pharmacies. We do not believe there is a requirement for an additional pharmacy. These pharmacies are already providing pharmaceutical provision and a wide range of services to the residents who live within this housing development. The applicant is proposing standard pharmacy hours, however, two of our pharmacies within a short distance of the proposed site offer opening hours until 6pm during the week and all day on a Saturday.
11.43.	We dispute that our pharmacies are at capacity. We have invested heavily in our Pharmacies since we have taken over from Lloyds and recognise the previous issues which were experienced as Lloyds exited the market. Some examples, community pharmacy open days refreshes etc.
11.44.	Rowlands Pharmacy offer Pharmacy First, Substance misuse services, Supervised consumption, and our pharmacies have additional capacity. Crown Street could take an additional 50 patients as declared to the HB. Needle exchange from our Abercromby Pharmacy. Naloxone to take home again from Abercromby, we suspect a contractor unwilling to offer substance misuse services will not make their business very profitable. HIV and Hep C Treatment, Nutrition Services, Pilpouch, I will talk more about Pilpouch later, Palliative care, Smoking Cessation, EHC, Medication care and review, stoma service, unscheduled care, a free delivery service and Private Weight management service. My colleague Claire is keen to ensure our Pharmacies engage with a full range of services within are available from the local health boards and grow the service provision which we offer to support our patient population. We are fortunate to have a new to the business IP pharmacist in Crown Street. Just applied for their prescription pad. Rowlands are not dragging their feet in relation to Independent Prescribers. Rowlands recognise this is the future of pharmacy and are actively trying to recruit IPs. We have approximately 12 IPs in or just starting training. And we have two DPPs have we recognise we need to grow our own provision to continue to support our IPs. We have educational supervisors in Claire and our Regional Manager Gillian. We have a Head Office department focused on IP and they hold quarterly training days in Scotland, a separate one in Inverness to support our IPs. We also have WhatsApp groups and encourage peer support.
11.45.	At our customer service training this week we had 375 years of pharmacy experience in the room of our Pharmacy Managers on the

	Region, including ex Lloyd's pharmacy managers.
11.46.	We have engaged with the health board about Pilpouch, is a lot safer than traditional MDS. Produced in our central hub pharmacy, under sterile conditions, has photo technology to scan each pouch and errors very rarely occur from the facility. At Rowlands we do not allow our teams to unroll and make amendments to a Pilpouch. If a change occurs they would need to get the Pilpouch reproduced. We have a rigorous engagement process where patient is assessed for suitability and can help identify if they require additional support in some form. If a patient could not manage, they are able to stay on traditional MDS tray.
11.47.	The English Pharmacy contract is a very different beast from the Scottish contract. We are investing in our teams in Scotland and staffing them appropriately. Structured Regional team, Regional Manager and two Area Managers, not the same in England, one Regional Manager and one Area Manager. No secret we are selling pharmacies in England, but the English contract is very challenging. We are buying 50 Outpatient Department Pharmacies from Lloyds in England and Rowlands Pharmacy isn't going anywhere.
11.48.	We observe that the CAR responses are mixed. 45% of the residents surveyed thought the service within the local area is adequate. 52% say they receive their medication in a timely manner using existing services. We note many positive comments about existing service provision and many negative comments about the proposed services the applicant is offering to provide, substance misuse services in particular.
11.49.	We respond to Google reviews even though these aren't verified and suspect that the reviews quoted are a biased view and positive reviews have been deliberately left out.
11.50.	The application contains many spurious comments re existing pharmaceutical service in the area and is not based on fact and any documented evidence obtained has not been provided. We dispute that parking is an issue by any of our pharmacy sites. By our Rowlands Pharmacy on Crown Street, 30 minutes free parking is available, with longer paid for options available, which is reimbursable if you are shopping in the Co-Op. As observed during the site visit the Housing in Oatlands has driveways, allocated parking for the apartment buildings. Multiple vehicles were seen during the site visit, attracting high retail value and we offer delivery service from all our pharmacies. Which is a free service reserved to support our most vulnerable patients, including patients with mobility issues. Our Area Manager is currently completing an audit to understand how we can increase our capacity for free deliveries further.
11.51.	Given the number of pharmacies surrounding the proposed location, the lack of evidence included in the application we find it difficult to conceive that a new pharmacy is necessary or desirable in Oatlands.

11.52.	This concluded the presentation from Ms Corner.
<b>12.</b>	<b>The Chair invited questions from the Applicant</b>
12.1.	The Applicant to Ms Corner (Rowlands Pharmacy)
12.2.	<p>The Applicant asked Ms Corner to elaborate on changes Rowlands have made since taking over from Lloyds and to explain the reviews that state things would have been better if they had stayed the same.</p> <p>Ms Corner noted that things have certainly not gotten worse since Rowlands has taken over for Lloyds. It was a difficult transition period as Lloyds wasn't supported and some of the branches that were taken over by Rowlands had been poorly run. A lot of staff left because of that. Some pharmacies that Rowlands took over were awesome, in which teams really worked together. Pilpouches are filled offsite, which allows for pharmacies to focus more time into servicing patients. Rowlands continues to review each pharmacy to ensure they are staffed appropriately and that teams aren't struggling. The Patient Experience Team feedback any noise to managers monthly, including an early warning sign for things that are starting to emerge, so they can be highlighted.</p>
12.3.	<p>The Applicant asked Ms Corner why Rowlands is still getting negative feedback based on the CAR.</p> <p>Ms Corner replied that her claim was not that Rowlands was not receiving any negative feedback, but it is a very small proportion. Compared to the number of patients Rowlands serves, the Google reviews and CAR comments are small numbers.</p>
12.4.	<p>The Applicant asked Ms Corner if there were any plans by Rowlands for the increased number of patients coming to the Gorbals.</p> <p>Ms Corner replied there is capacity in Rowlands Pharmacy to take on new patients. Automation allows for the dispensing of more prescriptions, so Rowlands encourages their pharmacies to send 50% of their repeat work offsite. The Operational Team reviews this as necessary. Rowlands had robust processes in place if it identified any of their branches needed additional operational assistance.</p>
<b>13.</b>	<b>The Chair invited questions from other Interested Parties</b>
13.1.	<b>Mr Scot Jamieson to Ms Corner</b>
13.2.	<p>Mr Jamieson asked Ms Corner if it was fair that the clean, tidy, presentable pharmacy with plenty of staff that he saw when he visited would be a fair representation of how Rowlands pharmacy operates typically.</p> <p>Ms Corner replied that she would like to think that is the case, yes. There are peaks and troughs for busy periods etc. but no concerns have</p>

	been raised about the staffing level and the team is well run.
13.3.	<p>Mr Jamieson asked Ms Corner if she was satisfied with Rowlands capacity for growth.</p> <p>Ms Corner replied that she was happy with the capacity for growth in Rowlands, particularly in Scotland, and those pharmacies that need additional support will have measures put in place to provide that.</p>
14.	The Chair invited questions from the Committee
14.1.	<b>Ms Yvonne Williams (Contractor Member) to Ms Corner</b>
14.2.	<p>Ms Williams asked Ms Corner how she would define the neighbourhood as she claimed the neighbourhood proposed by The Applicant was too small.</p> <p>Ms Corner replied that she would agree with The Applicant's definition as it was written because it is a much larger area than what is shown on the map. The neighbourhood is not just a housing estate but somewhere a person doesn't have to leave for daily activities.</p>
14.3.	<p>Ms Williams asked Ms Corner how customers can feedback about their experience at Rowlands Pharmacy besides Google reviews.</p> <p>Ms Corner replied that the team is highly trained in relation to customer service. Patient can complain directly to the pharmacy team and there is a mechanism for the team to then let us know if we need to contact the patient. Patients can also submit feedback via the web, in writing, and by phone. There is an escalation process so that if a particular branch can't fix a problem, a Regional Manager will get involved. There are Patient Experience Teams as well. The Complaints Manager has done video conferencing for a patient who couldn't work with other technology. Support for communication is in place.</p>
14.4.	<p>Ms Williams asked Ms Corner if there were any specific actions for Rowlands at Crown Street to undertake off the back of the feedback received.</p> <p>Ms Corner replied that there weren't any specific actions, but that the Regional Manager has been made aware of the comments in the CAR. Seems to be less a problem with capacity and more when the patients tend to visit. All Google reviews are monitored so particular patterns are sent to Regional Managers every month.</p>
14.5.	<p>Ms Williams asked Ms Corner if Rowlands measures waiting times for their patients.</p> <p>Ms Corner replied that Rowlands does not, unfortunately, and it is an idea she would be happy to bring to the company but they do not have the technology to measure waiting times.</p>
14.6.	Ms Williams asked Ms Corner if she got a sense of the average waiting

	<p>time from visits to the pharmacy.</p> <p>Ms Corner replied that she did not, and that with no way to monitor the wait times they wouldn't be accurate.</p>
14.7.	<p>Ms Williams asked Ms Corner about the level of items Rowlands at Crown Street does noting that the majority of the pharmacies Rowlands has taken over have experienced an increase, and queried whether or not the Crown Street location was at capacity.</p> <p>Ms Corner replied that there are some Rowlands pharmacies that have not seemed impacted. It appears the team at Crown Street is managing well as it has not been flagged to her radar. According to the data, Ms Corner noted it looked as if the business was steadily increasing, not massively but definitely not in a decline in terms of Pharmacy First numbers and provision.</p>
14.8.	<p><b>Mr John Woods (Lay Member) to Ms Corner</b></p>
14.9.	<p>Mr Woods asked Ms Corner to comment on the wait times both at the pharmacy and for the delivery service.</p> <p>Ms Corner replied that there are times where patients would have to wait if the pharmacist were on lunch. She noted it was difficult and that pharmacists are often accessible but can't do everything for everyone all at the same time. It comes down to how the interaction is being managed. Not all services are offered instantly but will be dealt with in an appropriate manner as soon as possible. Complaints are monitored to see if wait times do increase, then it goes back to the Operational Team to indicate a problem and then the Regional Manager must provide an action plan.</p>
14.10.	<p>Mr Woods asked Ms Corner what she thought would happen to the Rowlands on Crown Street if this application is granted.</p> <p>Ms Corner replied that it is difficult to quantify and say what exactly will happen to Rowlands pharmacy. It could affect how many staff can be afforded.</p>
14.11.	<p>Mr Woods asked Ms Corner if the methadone clients on Crown Street are being managed properly.</p> <p>Ms Corner replied that previous issues were not while the pharmacy was under the Rowlands contract, and there have been no concerns flagged or reported through patient experience.</p>
14.12.	<p><b>Mr Alan Clee (Non- Contractor Member) to Ms Corner</b></p>
14.13.	<p>Mr Clee asked Ms Corner about her comments about the Rowlands pharmacy not being at capacity, the staffing model being different in Scotland and similar comments.</p> <p>Ms Corner replied that Rowlands Crown Street is adequately and fairly staffed for the business we are currently providing.</p>



14.14.	<p>Mr Clee asked Ms Corner about training in Rowlands.</p> <p>Ms Corner replied that Rowlands offers in house training as retaining staff is something they are passionate about. It is difficult with workforce challenges. Rowlands is trying hard to get IP Pharmacists and offer non-pharmacist roles like manager roles with an inflated rate of pay. When people are thinking of leaving, we have conversations with them to try to save them with the Central Head Office Recruitment Teams.</p>
14.15.	<p>Mr Clee asked Ms Corner if anything could have happened in the Rowlands/Lloyds transfer that impacted on the current application.</p> <p>Ms Corner replied that was not the case that the CAR ran from November 2023 to March 2024 and Rowlands had taken over from Lloyds by then. No comments in the CAR can be said to be in relation to service received by Lloyds.</p>
14.16.	<b>Ms Maura Lynch (Lay Member) to Ms Corner</b>
14.17.	<p>Ms Lynch asked Ms Corner for clarification on the evidence around wait times as The Applicant noted them being between 20 and 40 minutes.</p> <p>Ms Corner replied that wait times are not monitored. Patients are encouraged to wait for a text message as much as possible before coming to the pharmacy to collect prescriptions. If someone had waited between 20 and 40 minutes it would be because they visited at a particularly busy time.</p>
14.18.	<p>Ms Lynch asked Ms Corner how changes are managed in the Pilpouch.</p> <p>Ms Corner replied that it depends on what change is needed and how the patient can manage that change. Pharmacists need to ask if the patient can manage and if they can't then the change is made at the pharmacy in one to three business days, with other ways to support the patient in the meantime. This is monitored internally.</p>
<b>15.</b>	<b>Summing Up</b>
15.1.	<b>The Chair asked for Mr Scot Jamieson for Boots UK Limited to sum up.</b>
15.2.	No further information on complaints from November 2023 – 2024 could be provided.
15.3.	Boots had initial confusion in terms of the neighbourhood by that was clarified and we would agree with the picture and those boundaries have been defined. We would say that the geographic features are not significant physical barriers hindering access to surrounding areas. We would urge The Committee to take into consideration the amenities and pharmacies already accessed by the residents in the surrounding neighbourhood. The population is younger than the average of Scotland and the majority are in good health with access to cars. There are 11 pharmacies within a 1.1 mile radius of the proposed premises with

	<p>reasonable travel options for patients to use them. Residents may access pharmacies where they work or shop. Boots pharmacy offers all NHS services six days a week and a free delivery service. Pharmacies are accessible by foot, car or public transport and there is a free delivery service for patients who can't access a pharmacy. The summary of the CAR, the response rate was very low at 6% based on the data zone ending in 22. 45% of those who did respond believe that services provided to the neighbourhood are adequate. Boots would suggest that the PPC do not grant this application. The consequence of granting this application will lead to a reduction in staff and service levels of existing pharmacies and it will be a new expense to the NHS. The proposed pharmacy is not viable based on the demographics of the defined neighbourhood put forward by The Applicant and The Applicant would have to seek to provide services out with the neighbourhood. Previous applications were rejected from Elmfoot Grove and Eglington Street. Boots submits that the existing pharmaceutical services are adequate and urge The Committee to refuse.</p>
15.4.	<p><b>The Chair asked for the Ms Laura Corner for Rowlands Pharmacy to sum up.</b></p>
15.5.	<p>I believe I demonstrated the adequate pharmacy provision by the existing pharmacists in this area. Local pharmacies have no issues with capacity. It is clear from the CAR that many residents are actually opposed to having a new pharmacy on their doorstep and don't believe this pharmacy is necessary nor desirable.</p>
15.6.	<p><b>The Chair asked for The Applicant to sum up.</b></p>
15.7.	<p>The change from the previous applications is clear. The community has solidified and has more amenities and places to go that are distinct from the Gorbals. It is not acceptable to expect patients to travel for almost an hour at minimum to access pharmaceutical services. It is seen from various reviews and the CAR Report that these pharmacies are either at capacity or doing a bad job of providing services. The provision is inadequate for the purpose and will not be able to handle increased number of patients coming in over the next couple of years which is why I believe this application is viable.</p>
<b>16.</b>	<p><b>Retiral of Parties</b></p>
16.1.	<p>The Chair invited the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. The Applicant confirmed he had had a fair hearing within the meeting and otherwise that he had received a fair hearing. Mr Scot Jamieson and Ms Lucy Corner (The Interested Parties) confirmed they had had a fair hearing. Having been advised that all parties were satisfied, the Chair advised that the Committee consider the application and representations prior to making a determination, and that the decision will be relayed to the Board within 10 working days. After this, the decision will be formally</p>

	relayed to the Applicant and the Interested Parties within 5 working days which is consistent with the regulations. Thereafter, there are 21 days within which appeals can be lodged against the PPC's decision. Full details of how to do this will be included in the formal written notification of the PPC's decision.
16.2.	The Chair advised the Applicant and Interested Parties that it was in their interest to remain available until the Committee had completed its private deliberations. This was in case the open session had to be reconvened should the Committee require further factual or legal advice, in which case, the parties would be invited to come back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation
16.3.	The hearing adjourned at 13:52 hours to allow the Committee to deliberate on the written and verbal submissions.
<b>17.</b>	<b>Summary of Consultation Analysis Report (CAR)</b>
17.1.	<b>Introduction</b>
17.2.	NHS Greater Glasgow & Clyde undertook a joint consultation exercise with Mr Ramis Qureshi regarding the application for a new pharmacy at Unit 476, 32 Elmfoot Grove, G5 0LR.
17.3.	The purpose of the consultation was to seek views of local people who may be affected by this or use the pharmacy at its proposed new location. The consultation also aimed to gauge local opinion on whether people felt access to pharmacy services in the area was adequate.
17.4.	<b>Method of Engagement to Undertake Consultation</b>
17.5.	The consultation was conducted by placing an advertisement in the Glasgow Times Newspaper as well as being posted on NHS Greater Glasgow & Clyde's Social Media Programme. Stakeholders were also notified by NHS Greater Glasgow & Clyde and the questionnaire was available on the Board website. Respondents could respond electronically or request a hard copy.
17.6.	The Consultation Period lasted for 90 working days through to 28 March 2024.
17.7.	<b>Summary of Questions and Analysis of Responses</b>
17.8.	Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; perceived gaps/deficiencies in existing services; wider impact; impact on other NHS services and optional questions on respondents' addresses and circumstances.

Questions	Positive- Yes / %	Negative – No / %	Don't Know / %
1. Do you think the area in the above map describes the 'neighbourhood' to which this application relates?	124 / 93%	9 / 7%	
2. Do you live within the above neighbourhood?	130 / 97%	4 / 3%	
3. Do you believe existing pharmaceutical services provided in/to the defined neighbourhood are adequate?	59 / 45%	72 / 55%	
4. What do you think about the Intended Applicant's proposed opening hours?	Just Right	Too Short	Too Long
Monday – Friday 09:00 – 17:30	93	17	15
Saturday 09:00 – 13:00	97	15	16
Sunday - Closed	100	16	6
5. What are your views on the provision of the pharmaceutical services proposed by the Intended Applicant? – These responses were written.			
6. Do you think the Intended Applicant's proposed Pharmacy will impact (either negatively or positively) other NHS funded services like GPs, Community Nursing, other Pharmacies, Dentists, Optometrists and Social Services?	56 / 435	74 / 57%	
7. Do you believe you receive your medication in a timely manner using the existing pharmacy services provided in and to the defined neighbourhood?	67 / 52%	62 / 48%	
8. How did you become aware of this consultation?	Advert – Glasgow Times 5 / 4%	NHSGG&C Website 14 / 11%	Other 112 / 85%

17.9.	In total 134 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report. All submissions were received electronically, with no request from The Applicant or members of the public for questionnaires in paper, large font type or translated in other languages.
17.10.	Of the 134 responses, 127 were submitted by individuals and two were submitted from a group or organisation. Five respondents did not specify.
17.11.	The PPC considered the approach the Applicant took to increasing awareness of the public consultation. Given the active nature of the Applicant, the PPC noted that the volume of responses was not high compared with other applications the PPC has seen. Nor did this result in CAR responses showing an overwhelming support for a new pharmacy in the area.
17.12.	The PPC spent time considering the comments in addition to the headline responses. Within the comments they found a mixture of responses, some in support of a new pharmacy, but also a number that did not support the application. The PPC notes that many comments

	reflected convenience, rather inadequacy of exiting services.
17.13.	The CAR also provided very mixed support for the range of services being proposed, there were many comments in respect of substance misuse services which was an area that the Applicant proposed that further surveys of the public would be required.
17.14.	The PPC discussed the inherent limitations that the CAR provides as evidence, but felt that the range of responses and the attempts made by the Applicant to engage with the area provided the PPC with helpful information for its decision making.
<b>18.</b>	<b>Decision</b>
18.1.	The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.
18.2.	<b>Neighbourhood</b>
18.3.	Discussion
18.4.	The committee considered that the application had clearly defined what was commonly known as Oatlands. It has many natural and physical boundaries, including major roads, railways, the river, parkland and distinctive new housing.
18.5.	On visiting the area members noted how quiet the area was and this was compared with far more visible people walking around in the Crown St area.
18.6.	Considering a neighbourhood for all purposes, the Committee took account of the school within the boundary, but noted that many children would travel outside the boundary for education. Shopping was only available at a convenience store level, it was expected that for main shopping purposes, Farmfoods, Aldi and Co-op were all outside the proposed boundary and would most likely be the main grocery shopping choices.
18.7.	The committee noted that there is no GP practice in the proposed boundary, nor any existing pharmacies, but there are ten within 1.1 miles of the proposed site.
18.8.	The Committee felt that the housing stock within the boundary was consistent and certainly added to the community feel that Oatlands has created and helps to reinforce the identity of Oatlands in comparison to New Gorbals.
18.9.	The Committee also considered that the area has grown and is now much more established. There continues to be building activity, but

	many of the additional housing stock referred to by the Applicant are outside of the boundary as shown in the application.
18.10.	The Committee noted that Oatlands is clearly an area where lots of families live, but there was less clear evidence of it being a neighbourhood for all purposes. Many services are already provided outside of the proposed neighbourhood meaning that the population are likely to travel in and out of the neighbourhood as described on a regular, if not daily, basis.
18.11.	The Committee also discussed that the proposed neighbourhood is quite small, both in terms of the actual area and the population within it, particularly given a large area is parkland. Other than the park, all recreational activities are in the surrounding area.
18.12.	Taking all of these factors into account the PPC agreed that the neighbourhood should be expanded to the west and to the south.
18.13.	The south boundary was agreed as the M74 as this provides a very clear physical boundary, while including some of the areas that service the community in Oatlands (recreational and retail).
18.14.	To the West, the PPC agreed that the boundary should be the A730, going south to the A728 where it intersects with the M74 and going north onto Gorbals St to the river Clyde.
18.15.	The Committee defined the neighbourhood with boundaries as follows:
18.16.	North –the River Clyde East – A728 extending in the same line directly toward the M74 South – M74 West – A730, going south to the A728 where it intersects with the M74 and A730 going north onto Gorbals St to the river Clyde
18.17.	<b>Adequacy of existing provision of pharmaceutical services and necessity or desirability</b>
18.18.	Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services to that neighbourhood and, if the Committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.
18.19.	The Committee noted the developments that The Applicant described as taking place in the area are over a long period of time. The Committee acknowledged that the population has changed both by new builds as well as some areas being demolished and decided there was no significant impact in terms of the neighbourhood.

18.20.	The Committee paid attention to comments in the CAR about waiting times, convenience and how services are accessed noting that the response rate was not very high but was still inclusive of good information. The Committee paid particular attention to written responses.
18.21.	The Committee discussed the viability of a new pharmacy considering the volume of patients that are expected and number of prescriptions. The PPC noted that the proposed neighbourhood's population was very low to sustain a new pharmacy and coupled with the mixed support from the public expressed in the CAR. There was limited evidence provided to suggest that the neighbourhood's population would increase materially in the short term to increase the volume of prescriptions generated from within the neighbourhood.
18.22.	The Committee considered The Applicant's reliance on his family, particularly during the first year of opening. While that is a commercial decision for the Applicant, many of the reasons for reliance on that support were in respect of non-contractual aspects of running a pharmacy, such as delivery, extended opening hours and dispensing innovation and therefore would not be taken into account in the PPC's decision making.
18.23.	The Committee considered anecdotal evidence and comments in the CAR made about convenience, noting that it did not provide much evidence for inadequacy and that the existing pharmacies in the neighbourhood are not struggling in terms of dispensing or providing other services supported that.
18.24.	The Committee considered IP availability, noting that it is not a contractual service and therefore wouldn't be an indicator of inadequacy though they recognise that it is the future of pharmacy.
18.25.	The Committee was mindful that determination of adequacy would be a question applied to the facts and evidence revealed and established, and its conclusion reached would be after exercising appropriate judgement. It gave careful consideration to the evidence it had received from the Applicant, the CAR responses, the Interested Parties, the community bodies, its PPC member visits to the site; and it heard expert advice from contractor and non-contractor pharmacist members of the panel about the issues identified in the hearing and their knowledge of equivalent service delivery matters elsewhere in Scotland.
18.26.	The PPC considered the complaints that the Applicant referred to and discussed the GPC inspection reports provided as well as considering how compliant within existing pharmacies are dealt with.
18.27.	The PPC also referred to the NHSGGC PCSP. It clarifies that where there may be any inadequacies identified, the Board should look to existing pharmacies in the area to address that inadequacy in the first

	instance. The PCSP does not identify any areas of inadequacy in the GGC area.
<b>19.</b>	<b>Conclusion</b>
19.1.	Following the withdrawal of the Contractor and Non-Contractor Pharmacists in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, The Committee concludes that existing provision of pharmaceutical services to the defined neighbourhood is adequate.
19.2.	The PPC considered the location of the proposed pharmacy, its size and proposed layout, and the services proposed in the application.
19.3.	Taking account of all the representations made, and the information revealed by the CAR and submitted orally and in writing the Committee determines that it is neither necessary nor desirable to approve the application by Ramis Qureshi for admission to the Pharmaceutical List.
19.4.	The Hearing closed at 16:20 hrs

**Signed:** .....

**NAME Mrs Margaret Kerr**  
**Chair – Pharmacy Practices Committee**

**Date:**                   **3<sup>rd</sup> December 2024**