

Pharmacy Practices Committee

Minutes of the meeting held on Monday 2 March 2020 at 0930 hours, at The Bridge, 1200 Wellhouse Road, Glasgow, G34 9JW

PRESENT:

Mr Ross Finnie	Chair
Ms Beth Diamond	Lay Member
Ms Maura Lynch	Lay Member
Mr John Woods	Lay Member
Mr Ewan Black	Contractor Pharmacist Member
Mr Gordon Dykes	Non-Contractor Pharmacist Member

IN ATTENDANCE:

Councillor Iain Nicolson	Deputy Chair, NHS GG&C (Observing until 2pm)
Ms Trish Cawley	Contracts Manager, NHS GG&C
Mrs Janine Glen	Contracts Manager, NHS GG&C
Ms Jenna Stone	Secretariat, NHS NSS, SHSC

1. **APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST CASE No: PPC/INCL02/2020 WELLHOUSE HEALTHCARE LTD, 23 NEWHILLS ROAD, WELLHOUSE, GLASGOW, G33 4HH**
- 1.1. The Pharmacy Practices Committee (PPC) convened at 0930 hours
The Chair invited all members present to confirm that none had any interest to declare in respect of the Application. Each of the members so confirmed.
- 1.2. The Committee agreed the route of the site visit before departing on the bus tour of the area.
- 1.3. The site visit covered the following route:
 - Start at the Platform. Travel along Westerhouse Road, Auchinlea Road.
 - Visit Easterhouse Health Centre.
 - Travel along Bartiebeath Road, Wellhouse Crescent and Newhills Road (past Aultmore Park School and Newhills Secondary School).
 - Visit proposed premises.
 - Travel along Wellhouse Crescent (past Hub Sports Complex), Langbar Crescent, Inver Road, Bartiebeith Road, Wellhouse Gardens, Bartiebeith Road, Edinburgh Road (note the CP Sub-Committee's West Boundary and Church), Hallhill Road.
 - Visit Lloyds Pharmacy Hallhill Road (past school and community

centre)

- Travel along Wellhouse Road, (note the CP Sub-Committee’s East Boundary), Westerhouse Road, Fort.
- Visit Boots at the Fort. (Note the CP Sub-Committee’s North boundary).
- Travel to Gartloch Road, via industrial estate, Bartiebeith Road, and return to the Platform.
- Visit Lloyd’s Pharmacy across the road.



THE MEETING RECONVENED AT 1135 HOURS

2. ATTENDANCE OF THE PARTIES

The Applicant and Interested Parties were invited into the meeting and introductions were made.

Ms Susan Turnbull (“the Applicant”) representing Wellhouse Healthcare Ltd was accompanied by Mr Sanjay Majhu.

The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend this Hearing, were:

- Ms Kathleen Cowle, accompanied by Mr David Greer, representing Boots UK Ltd
- Mr Tom Arnott, accompanied by Mr Tony O’Reilly, representing Lloyds Pharmacy Ltd
- Mr Eddie Andrews, representing Wellhouse & Queenslie Community Council, who was unaccompanied.

Together these constituted the “Interested Parties”.

3. **ATTENDANCE OF OBSERVER**

Prior to formally convening the open session, the Chair stated that Councillor Iain Nicolson, newly appointed Deputy Chair to Greater Glasgow & Clyde Pharmacy Practices Committee (PPC), would be in attendance for training purposes so that he could chair future PPCs. He stressed that Councillor Nicolson would take no part in the decision making process and asked for agreement to his attendance at the meeting. The Applicant and interested Parties had no objection and Councillor Nicolson joined the meeting.

4. **THE OPEN SESSION**

4.1. The Chair welcomed all to the meeting and advised all present of the necessary housekeeping and Health & Safety information.

4.2. The Applicant and Interested Parties were advised that prior to the open session of the meeting, all Members of the Committee had been invited to declare any interest in the application. No interests were declared.

4.3. The Chair advised that a site visit had been conducted in order to familiarise the Committee with the location of the proposed pharmacy and the surrounding area.

4.4. This oral hearing had been convened under Section 3, Paragraph 2 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended. The Committee was to consider the application submitted by Wellhouse Healthcare Ltd to provide general pharmaceutical services from premises situated at 23 Newhills Road, Wellhouse, Glasgow, G33 4JH (“the Proposed Premises”).

4.5. The purpose of the meeting was for the Committee to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood set out in the Application. .

4.6. The Chair sought confirmation that the Applicant and Interested Parties were not attending this hearing in the capacity of solicitor, counsel or paid advocate. All parties confirmed that this was the case.

4.7. The Chair advised all parties of the hearing procedure to be followed stating that only one person was allowed to speak on behalf of the Applicant and each Interested Party.

4.8. Confirmation was sought that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement.

4.9. Finally, the Chair confirmed that the Committee had read all the papers submitted so invited Ms Susan Turnbull to speak in support of the application, reminding her that the PPC was not in a position to consider any additional written evidence.

5. **THE APPLICANT'S CASE**

- 5.1. The Applicant thanked the Committee for allowing her to present his case and read from a prepared statement as follows:
- 5.2. "I hope to satisfy the panel that a new pharmacy contract is both necessary and desirable to secure adequate provision of pharmacy services within the neighbourhood of Wellhouse.
- 5.3. The neighbourhood boundaries are as follows:
- North- The M8 motorway
 - East -Wellhouse Road
 - South - Edinburgh Road
 - West- Stepps Road
- 5.4. Wellhouse is a residential area in the East End of Glasgow. It was constructed in the 1950's as part of Greater Easterhouse. However, it is physically separated from the main scheme and amenities by the M8 motorway. It is bordered to the south by Barlanark, which is across the six lane Edinburgh Road and, to the East, by Easthall. It is undeniably a neighbourhood in its own right with a population of 2594.
- 5.5. Consisting of mainly social housing, it has its own housing association positioned in the middle of the defined boundaries. Wellhouse has two schools, a post office, large grocery store and a dog grooming business all located on Newhills Road. It also has a pro-active Community Centre, the Hub sports facility and Connect Community Trust, which aims to raise the self-esteem, health and pride of all residents of Wellhouse.
- 5.6. In further support of our proposed neighbourhood, Thriving Places, which is a Glasgow City Council initiative, recognises Wellhouse as a distinct area. This makes it difficult to understand the neighbourhood proposed by the Area Pharmaceutical Committee, and their lack of support for this application is disappointing.
- 5.7. The Scottish Government published new SIMD data in January 2020. Yet again, Wellhouse has made in into the top 5% of most deprived areas in Scotland. Deprived does not just mean poor or low income. It can also mean that people have fewer resources and opportunities. For example in education and, more importantly for today, health.
- 5.8. Over one third of local people (36%) have one or more long-term health condition. 1 in 5 feel that their day to day activities are limited a lot by a health condition. 1 in 8 describe their health as bad or very bad.
- 5.9. Of the three SIMD data zones within the Wellhouse neighbourhood the health ranks achieved are 33, 39 and 135 with Rank 1 being the most deprived and 6976 being the least deprived. It seems very surprising that with statistics like these there is not a single healthcare provider adequately supporting the healthcare needs of the residents of Wellhouse.
- 5.10. Although there are other pharmacies outwith our defined neighbourhood providing services to the residents of Wellhouse, accessing them is not

always easy. For some residents of Wellhouse, public transport does not provide any direct links to the other pharmacies and for many residents, walking is not an option. The Pharmacy Contract Application has the full support of David Linden, MP for Glasgow East, and Ivan McKee, MSP, who have both raised concerns regarding poor transport links to existing pharmacies. Car ownership statistics for Wellhouse are below the national average with less than 30% of residents having access to a single car.

- 5.11. Glasgow City Council published a report in September 2016 stating that Greater Easterhouse is to be transformed over the next twenty years with a commitment to building 6000 new homes. You do not have to look far in Easterhouse to see that many new homes are already under construction or completed. Taking the average occupancy as 2.4, and in fact in deprived areas it is usually higher, then that is potentially 14,400 more people to register with G.P's and access pharmacy services.
- 5.12. In the Consultation Analysis Report (the CAR) many of the comments made were about the business, waiting times and stock availability in existing pharmacies, suggesting that existing pharmacy provision is already under pressure. With 6000 new homes to be built this can only increase the pressure on existing services.
- 5.13. Both branches of Boots and Lloyds at Shandwick Square are already dispensing more than the national average number of prescription items.
- 5.14. The Scottish Government's vision is for more people to use their community pharmacy as a first port of call, thereby improving healthcare access for the public, as they do not need an appointment to see the pharmacist. This is going to put even more pressure on existing services, especially when EMAS becomes available to everyone from 1st April 2020.
- 5.15. Access to healthcare services has recently worsened for the residents of Wellhouse as the out of hours G.P. service at Easterhouse Health Centre has been suspended. GG&C Health Board have had problems recruiting G. P's to staff the service. The nearest out of hours services are at The new Victoria hospital or Stobhill hospital. Having access to a pharmacy with longer than the model opening hours will reduce the need for people to perhaps make unnecessary journeys to these centres.
- 5.16. Wellhouse Healthcare Ltd intends opening Monday- Friday 9.00am to 6.00pm and Saturday/Sunday 9.00am to 5.00pm. We would provide all core services of the pharmacy contract. AMS, CMS, EMAS, PHS, pharmacy first and unscheduled care. We would also provide other services e.g. a free delivery service and compliance aids such as dosette boxes and MAR charts with no waiting lists. I would bring almost 30 years experience as a community pharmacist to the business, which is a real asset. We are a forward thinking company and have a pharmacist independent prescriber with several years experience working with Lanarkshire alcohol and addictions service. I believe this would be an asset to the business, especially in an area where one of the biggest challenges is dependence on drugs and alcohol.
- 5.17. The intended premises would be renovated to the highest specification and

be fully DDA compliant with an automated entry door allowing access to all customers regardless of disability status. A hearing loop system would also be installed.

- 5.18. Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. They represent thousands of unnecessary premature deaths every year in Scotland. For men in the most deprived areas, like Wellhouse, nearly 24 fewer years are spent in good health and for women nearly 23 fewer years.
- 5.19. The key actions needed include ensuring fair access to good quality housing, education, health and other public services. In Wellhouse, housing and education have already been addressed.
- 5.20. By granting this application, the residents of Wellhouse would have improved access to good healthcare, reducing the health inequality and enabling them to live more years of good health.
- 5.21. We genuinely believe a new contract is both necessary and desirable and therefore respectfully ask that it be granted.”

This concluded the Applicant's presentation, and the Chair invited questions from the Interested Parties in turn.

6. **QUESTIONS FROM INTERESTED PARTIES TO THE APPLICANT**

6.1. **Questions from Mr Arnott (Lloyds Pharmacy Ltd)**

6.1.1. **Mr Arnott asked the Applicant what core services to be provided were not offered by the current contractors and then pressed for evidence of inadequacy in provision of core services.**

6.1.2. **The Applicant advised that all core services were offered but that she believed the current pharmacies to be over stretched and services provided inadequate. This was evidenced by responses within the CAR.**

6.1.3. **In response to a question from Mr Arnott, the Applicant confirmed that no new housing had been built within her defined neighbourhood within the last two years.**

6.1.4. **Mr Arnott asked the Applicant why she was using three datazones when the neighbourhood was only covered by two.**

6.1.5. ***Ms Cawley confirmed that this was a typographical error in that one of the datazones had been repeated twice.***

6.1.6. The Applicant replied that the residents of Wellhouse had expressed confidence in the Elected Members and expected the Elected Members to speak on their behalf. Both the MP David Lindon and Ivan McKee, the MSP, fully supported the application and spoke for the people of Wellhouse.

- 6.1.7. Mr Arnott asked how many times the Applicant had attended a hearing where the MSP had not supported the application.
- 6.1.8. The Applicant replied that this was the first PPC that she had attended.
- 6.1.9. Mr Arnott asked whether the Applicant felt it might not be in the Elected Members interests not to support the application.
- 6.1.10. The Applicant said that if the Elected Members did not support the people, then what the use in electing them was. The people of Wellhouse expected the Elected Members to put forward their views as they were not confident enough to do so themselves.
- 6.1.11. Mr Arnott referred to the low response rate to the CAR and the Applicant's comments that this was because people were poor and lived in a deprived area. He further questioned the low response rate given that paper copies of the questionnaire had been available to complete.
- 6.1.12. The Applicant replied that it had been historically agreed that people in deprived areas often did not engage with public bodies.
- 6.1.13. Mr Arnott referred to the CAR and asked why the Applicant had changed the proposed opening hours on her Application.
- 6.1.14. The Applicant replied that she had not changed the opening hours.
- 6.1.15. Mr Arnott said that the CAR stated the opening hours were Monday to Friday 9.00am-5.30pm, Saturday 9.00am-1.00pm and Sunday 9.00am-1.00pm which 96% of respondents had agreed to, and said that the Applicant appeared now to have extended the opening hours (particularly Saturday which 94% had agreed to) and asked why this had been done.
- 6.1.16. *Ms Cawley confirmed that the Joint Consultation exercise had consulted on Saturday opening hours as 9.00am-5.00pm. A typographical error had been made when transcribing these into the CAR that had resulted in the initial CAR showing Saturday opening hours of 9.00am-1.00pm. Ms Cawley advised that this error had been rectified and an amended CAR issued. Subsequently the initial CAR had been inadvertently distributed to the Interested Parties, hence the confusion.*
- 6.1.17. The Applicant reconfirmed the opening hours the Wellhouse Pharmacy were proposing were Monday to Friday 9.00am-6.00pm, and Saturday-Sunday 9.00am-5.00pm.
- 6.1.18. Mr Arnott referred to the Applicant's definition of the neighbourhood and referred to the previous PPC where the neighbourhood boundaries had been agreed
- South – Edinburgh Road

- East – Wellhouse Road

North and West – Bartiebeith Road where it met Wellhouse Road. Mr Arnott asked why the Applicant had included the Queenslie area up to the M8.

- 6.1.19. The Applicant replied that she had not referred to the previous PPC neighbourhood and had agreed to use the boundaries in her neighbourhood, after having taken advice from the Wellhouse and Queenslie Community Council. The boundaries were not disputed.
- 6.1.20. Mr Arnott asked whether someone living in Weardale Lane would consider themselves a resident of Wellhouse.
- 6.1.21. The Applicant replied that nobody lived there, as it was mainly an industrial area.

Mr Arnott had no further questions and the Chair invited Ms Cowle to put her questions.

6.2. **Questions from Ms Kathleen Cowle (Boots UK Ltd)**

- 6.2.1. Ms Cowle referred to the Applicant's comments regarding evidence of the inadequacy of the current pharmaceutical services and asked her to elaborate.
- 6.2.2. The Applicant replied that in the neighbourhood she had defined, there were no pharmacies within it. The Applicant acknowledged that there were pharmacies outwith her neighbourhood which provided services to the neighbourhood, but added that in looking at the CAR and comments that had been raised by respondents; she believed the current service to be inadequate.
- 6.2.3. Ms Cowle asked for specific examples.
- 6.2.4. The Applicant acknowledged that all the current providers offered the core services, but stated that these were not great, and were stretched. With the new building work being undertaken, and improvements being made to Easterhouse with more people living there, services would be even more stretched.
- 6.2.5. Ms Cowle asked whether residents could access all current core services.
- 6.2.6. The Applicant confirmed they could.
- 6.2.7. Ms Cowle referred to the Applicant's comments on stock availability and queried whether the Applicant was aware of the national supply issue and stock shortages, or whether there was anything specific.
- 6.2.8. The Applicant replied that she was only making a suggestion, and added that the company she worked for was an independent and had access to more suppliers than Boots or Lloyds.

- 6.2.9. Ms Cowle asked if the Applicant knew how many suppliers Boots UK Ltd could access.
- 6.2.10. The Applicant replied that she did not know, and repeated that an independent pharmacy had access to more suppliers.
- 6.2.11. Ms Cowle asked whether the Applicant's comments were based on the evidence being provided at this hearing.
- 6.2.12. The Applicant replied no.
- 6.2.13. Ms Cowle asked whether there were any core services that residents could not access.
- 6.2.14. The Applicant replied no.
- 6.2.15. Ms Cowle referred to the Applicant's comment relating to the MSP who was in support of the application, noted that the majority of his comments seemed to relate to transport, and asked whether there had been any comments in relation to access to pharmaceutical services.
- 6.2.16. The Applicant acknowledged that the MSP's comments had been mainly in relation to transport issues and added that there were inequalities in the area.
- 6.2.17. Ms Cowle repeated her question whether there was any mention of access to pharmaceutical services.
- 6.2.18. The Applicant replied no.
- 6.2.19. Ms Cowle asked about the Out of Hours Services with the current pharmacies and asked whether the Applicant was aware that Boots provided Out of Hours services in Glasgow, which linked with the current pharmacies.
- 6.2.20. The Applicant replied no.
- 6.2.21. Ms Cowle referred to the Applicant's comments relating to the core services and noted that the Applicant had not referred to offering the Needle Exchange programme or methadone dispensing service.
- 6.2.22. The Applicant confirmed that they would deliver to patients
- 6.2.23. Ms Cowle said that it was not clear in the CAR as far as she could see.
- 6.2.24. The Applicant acknowledged that possibly it had not been very clear and added that she did not believe providing these services would be a problem.
- 6.2.25. Ms Cowle said that respondents would be able to respond if they did not know about them since these services had not been

included in the application.

- 6.2.26. The Applicant replied that the methadone dispensing service, if well managed, was not a problem.
- 6.2.27. Ms Cowle intimated that this pointed to an issue of transparency in the application and asked whether residents were aware of all the services that the Applicant would be providing.
- 6.2.28. The Applicant replied that she thought they would.
- 6.2.29. Ms Cowle asked about compliance aids and asked if she was aware of any members of the population who had difficulties.
- 6.2.30. The Applicant said that she did not have the figures but knew that it was a service that was highly valued and many people relied on it.
- 6.2.31. Ms Cowle stated that this was not part of the core services.

Ms Cowle had no further questions and the Chair invited Mr Andrews to put his questions.

6.3. **Questions from Mr Andrews, (Wellhouse & Queenslie Community Council)**

- 6.3.1. Mr Andrews did not have any questions but wished to add to a point made by the Applicant in reference to the new build in Easterhouse and stated that there would be a minimum of 46 houses.

Mr Andrews had no more questions. The Committee were then invited to question the applicant.

7. **QUESTIONS FROM THE COMMITTEE TO THE APPLICANT**

- 7.1. Mr Black asked the Applicant to clarify what Wellhouse Pharmacy would do with the current premises – e.g. whether half of it would remain as a general store, or would the pharmacy comprise the entire unit.
- 7.2. The Applicant confirmed that they would use the entire unit. The Applicant commented that she had plans for the Committee to view if they wished. The Chair did not accept this as all parties would need to see the plans.
- 7.3. Mr Black asked, with regard to transport, where did residents of Wellhouse currently get the bus.
- 7.4. The Applicant said that in order to access Easterhouse Health Centre or the Fort, residents had to go to Wellhouse Road, but for many residents, for example a resident living on Balardo Road, there were steep steps and an uneven path to get to Wellhouse Road, and there were no buses up Bartiebeith Road.

- 7.5. Mr Black asked whether there was a regular bus service.
- 7.6. The Applicant confirmed there was, but added that there were no buses passing through the neighbourhood.
- 7.7. Mr Woods asked about the 46 planned houses and asked whether these were within the Applicant's neighbourhood.
- 7.8. The Applicant acknowledged that they were not,
- 7.9. Mr Woods asked if there were any developments in the next 6 months within the Applicant's neighbourhood
- 7.10. The Applicant acknowledged there was none, but added that there were a lot being built out with the neighbourhood in the Greater Easterhouse area.
- 7.11. Mr Woods referred to the Applicant's assertion that current services were inadequate based on comments in the CAR, and asked her to elucidate on her comment that "residents had access to core services, but this was not great".
- 7.12. The Applicant replied that the CAR had highlighted waiting times in several shops. She had also undertaken research on other inadequacies.
- 7.13. Mr Woods asked for further elaboration.
- 7.14. The Applicant referred to dosette boxes – she had been unable to get one – Boots had tried to be helpful, but Lloyds had said that she would not get one – that there was no availability. With regard to waiting times, there was evidence of long waiting times in the CAR. The Applicant added that she had taken a prescription to one shop and had had to wait for 1 hour and 10 minutes.
- 7.15. Mr Woods asked whether the Applicant had mentioned this to the pharmacist in the shop.
- 7.16. The Applicant replied that she had not, but noted that other people in the shop were complaining.
- 7.17. Mr Woods asked what the Applicant's expectation was for an acceptable or expected waiting time.
- 7.18. The Applicant acknowledged that she herself worked in a busy pharmacy with a dedicated team, and the longest was 15-20 minutes.
- 7.19. Mr Woods asked whether this waiting time was for prescriptions and MDS (dosette boxes).
- 7.20. The Applicant confirmed.

- 7.21. Mr Woods referred to the Applicant's comments that the residents were some of the most deprived and had health inequalities, and asked whether the Applicant believed that health inequalities were connected with the inadequacy of pharmaceutical services in the neighbourhood.
- 7.22. The Applicant replied that it related to access to services. She did not think that people of Wellhouse had the easiest access. Walking to Boots at ~~Forth~~ the Fort or to any shops in that area was not easy. There was difficult terrain to manage. In addition, the public transport links were not great. Some health services had been reduced because the out-of-hours service at the Easterhouse Health Centre had been suspended.
- 7.23. Mr Woods asked whether this related to pharmaceutical services.
- 7.24. The Applicant confirmed that it did since many people might need to obtain a prescription after their GP appointment, and not having access to the out-of-hours, service represented a health inequality in the area.
- 7.25. Ms Diamond asked the Applicant to provide more detail on the new homes being built – did this relate to new homes being built outwith the area putting a strain on the existing pharmacies, and asked whether this was scattered throughout the area, or whether it related to a particular pharmacy.
- 7.26. The Applicant replied that it related to all pharmacies as the new housing being built was all over Easterhouse. All pharmacies were already busy and the increase in new houses would affect all of them.
- 7.27. The Chair referred to correspondence from Glasgow City Council in relation to housing developments, with two onsite active developments – Persimmon Homes (Garthamlock) and Merchant Homes (Stepford Road) and asked which pharmacies would be most affected
- 7.28. Mr Andrews interjected that he believed the Garthamlock development would affect Boots nearest the Fort, and the Boots at the Easterhouse Shopping Centre would be affected by the development by Merchant Homes. The Applicant stated that now, there were developments currently taking place opposite the Easterhouse Health Centre on Auchinlea Road, and at Banton Place.
- 7.29. The Chair asked about Calvay Housing Development on Blythe Road and Barlanark Road.
- 7.30. Mr Andrews interjected that Lloyds would be affected by the Blythe Road development but he was not sure which pharmacy would be affected by the development on Barlanark Road.

- 7.31. Ms Lynch explained that the PPC role was to identify whether an inadequate pharmaceutical service existed in a community and was endeavouring to understand how residents lived in Wellhouse. Ms Lynch asked the Applicant to explain what inadequacy was if someone in Wellhouse was unable to access one of these pharmacies.
- 7.32. The Applicant replied that it was not about distance. Not everyone was able to walk a mile or get public transport. In addition, they could experience a long waiting time once they arrived at the pharmacy. From the CAR, there had been comments about stock availability and respondents had had to return multiple times to get their prescription filled, which meant several journeys, often using public transport or taxis.
- 7.33. Ms Lynch asked about the SIMD datazones and asked how the health needs of this community were different from people in other parts of Glasgow, and which pharmaceutical services were not currently being provided.
- 7.34. The Applicant replied that she had an independent prescriber and someone who specialised in addiction services and one problem facing residents related to issues of addiction and drugs. It would be a benefit to the community to liaise with other health personnel such as district nurses. One other possibility was to deliver dressings to patients. The Applicant added that 36% of residents had long-term health conditions and the new pharmacy would benefit them.
- 7.35. Ms Lynch asked whether there was a needle exchange service currently in the area – where did people go if they required that service.
- 7.36. The Applicant replied that they accessed Lloyds at Shandwick Square.
- 7.37. Mr Dykes asked the Applicant to explain the relationship between her and Mr Majhu – as she is named as the Superintendent Pharmacist – and asked whether he was the owner.
- 7.38. The Applicant confirmed that Mr Majhu was the owner of the business and she had been an employee for 12 years.
- 7.39. Mr Dykes asked whether the other employees for the pharmacy would be sourced through Mr Majhu’s business.
- 7.40. The Applicant confirmed.
- 7.41. With reference to the Applicant’s extended hours, Mr Dykes asked what guarantee there would be that after 6 months if business were quiet, that they would no longer offer the extended hours, since community pharmacies were only required to operate to the Health Board’s Model Hours of Service Scheme.

- 7.42. The Applicant replied that the community needed it. She had worked in an extended hours pharmacy and staffed it herself for a long time. The Applicant confirmed that there was no intention of reducing the extended hours.
- 7.43. Mr Dykes asked whether the pharmacy would be kept open if it was quiet.
- 7.44. The Applicant admitted that there were times when it had been quiet on a Saturday night, when they had offered even later opening hours – 9.00pm on a Saturday and 8.00pm on a Sunday, but said that this was no excuse or reason to shut the shop.
- 7.45. Mr Dykes referred to his own experience that pharmacies within supermarkets offered extended hours as the shop was always busy, and that in his opinion, pharmacies tended to be very quiet on Saturday afternoons and Sundays and asked for the Applicant's views.
- 7.46. The Applicant replied that if the pharmacy were offering other services, e.g. dosette boxes, this would give the staff the opportunity to catch up on preparation of the boxes.
- 7.47. Mr Dykes referred to the Applicant's visit to another pharmacy in order to gauge the service level and asked when she had visited.
- 7.48. The Applicant confirmed she had visited on a Tuesday afternoon at 2.35pm after lunchtime, and there was no other reason for going at that time.
- 7.49. Mr Dykes asked the Applicant to convince him that the new pharmacy was necessary and not about convenience, given her assertion that the current services were inadequate.
- 7.50. The Applicant referred Mr Dykes to the responses in the CAR – other pharmacies outwith the neighbourhood were struggling. The Applicant added that she had called another pharmacy that morning and asked for a service. Due to the response of the person with whom she had spoken who had told her "we are at capacity", the Applicant was convinced that the people of Wellhouse required the pharmacy.
- 7.51. Mr Dykes queried whether pharmacy employees may not always be as truthful with management in relation to taking on extra work, and asked whether Management were always able to take on extra work but never be at capacity.
- 7.52. The Applicant replied that this was not the case in her own business. She had a strong relationship with staff and managers, and suggested this might not always be the case in other pharmacies.
- 7.53. The Chair sought a point of clarification with regard to the service

she had requested when she had called the pharmacy that morning.

7.54. The Applicant said that she had phoned to ask if she could get a dosette box and the reply she had received was no, they were at capacity.

7.55. The Chair reported that when the PPC had visited the pharmacies, they had asked the question at each pharmacy and none of the pharmacies had indicated that they were at capacity. The Chair noted that there were a varying number of dosette boxes provided by the various pharmacies (from 23 to more than 100).

This concluded the questioning of the Applicant and the Chair invited the Interested Parties to put their cases in turn.

8. **REPRESENTATIONS FROM INTERESTED PARTIES**

8.1. **Mr Tom Arnott on behalf of Lloyds Pharmacy Ltd**

8.1.1. Mr Arnott thanked the Committee for allowing him to present his case and read from a prepared statement as follows:

8.1.2. “The Applicant’s reason for making this application seems to be that the Pharmaceutical Services provided by current Contractors is inadequate only because there are no Pharmacy Premises in her definition of the neighbourhood

8.1.3. There are, as the Panel is aware, numerous examples from Pharmacy Practice Committee Hearings and numerous National Appeal Panel Hearings that adequate Pharmaceutical Services can be provided to a neighbourhood from Pharmacies situated out with that neighbourhood and this is the case in this in Wellhouse

8.1.4. Indeed the Panel will see from the Advice and Guidance for those attending the PPC that they must consider “what are the existing pharmaceutical services in the Neighbourhood or in any adjoining Neighbourhood”.

8.1.5. Wellhouse is situated within the largest City in Scotland. A recent application in Oatlands in Glasgow (which has a similar demographic to Wellhouse) was refused. The nearest pharmacies to Oatlands were situated 1.1 miles from that Applicant’s proposed site

8.1.6. I would also point out that SIMD Figures show that none of the Datazones included in this Application are in the bottom 30% of all Datazones in Scotland as regards access to Services, and only 98 residents are aged 60 to 64 years and only 195 residents 7.6% of the population are aged over 65 years.

8.1.7. There are 3 existing Pharmacies within 1 mile of the Applicant’s proposed site, one of which is only 0.6 miles away.

8.1.8. The Panel must take account as to whether the granting of an Application

would adversely affect the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.

- 8.1.9. A previous Application in October 2017 just over 2 years ago was unanimously refused since the existing services were deemed adequate. Nothing has changed.
- 8.1.10. I would dispute the Applicant's neighbourhood, which she has enlarged deliberately to increase his population figures and geography. I agree the Southern Boundary is Edinburgh Road. I agree the Eastern Boundary is Wellhouse Road. The Northern and Western Boundaries are Bartiebeath Road where it meets Wellhouse Road. Anything west of this is almost all an Industrial Estate
- 8.1.11. At the previous PPC the neighbourhood was agreed as:
SOUTH Edinburgh Road;
WEST to its junction with Bartiebeath Road;
NORTH and WEST Bartiebeath Road to its junction with Wellhouse Road;
EAST Wellhouse Road, south to where it joins Edinburgh Road
I see no reason to change this.
- 8.1.12. I find it difficult to believe that someone living in Coltness Street would consider themselves a neighbour of someone living in Aultmore Road or that someone living in Wellhouse Grove would consider themselves a neighbour of someone living in Weardale Lane. The Applicant is enlarging the geography of the neighbourhood.
- 8.1.13. The Panel will have noted that situated at the Applicants proposed site there is a Convenience Store, a Dog Grooming Salon, the Innerzone Facility and a Newsagent (the Proposed site for the Pharmacy), which is hardly the Hub of a Neighbourhood and demonstrates that the residents of the Applicant's proposed neighbourhood, on a regular basis, travel outwith the neighbourhood to access services such as Supermarkets, Banks and GP Surgeries together with pharmaceutical services.
- 8.1.14. Although Delivery is not a Core Service, all Contractors offer this service for anyone who is housebound, and I cannot see how, if someone is housebound and requires delivery, the granting of this Contract would help them, since a Pharmacy at Newhills Rd is no more accessible for a resident of say Halliburton Terrace than existing Pharmacies. Indeed someone living in Halliburton Terrace is probably nearer to the Lloyds Pharmacy in Shandwick Square and there are less inclines to negotiate.
- 8.1.15. All existing Pharmacies offer all Core Services and the Lloyds Pharmacies are fully engaged with CMS MAS and AMS. There are no waiting times for DCT and Waiting Times are 15 minutes.
- 8.1.16. Convenience is not a reason for granting a pharmacy contract. Moreover, indeed the Applicant has shown no inadequacies in the current service provision.

- 8.1.17. At the previous Hearing where the Application was refused, there were 179 responses to the Consultation, which is 5.6% of the residents.
- 8.1.18. The Applicant in support of the Application has carried out a further Consultation Exercise.
From a Population of approximately 3,186 (which includes Data Zone S01010165 with 627 residents) the Applicant has had only elicited 138 responses even lower than at the previous Hearing where there were (179 responses, which is 5.6% of the residents). This time there were only 138 responses which is only 4.3% of the residents, and of these respondents, only an average of 97 residents (3.0%) thought that the current service provision was inadequate (Question 3).
- 8.1.19. On Question 4 “Do you or your representatives experience any issues or challenges accessing community pharmacy”, only 119 (3.7%) stated they had any issues - yet again lower than the previous CAR.
- 8.1.20. If it is part of the new Regulations, that the Applicant "must establish the level of Public Support of the residents in the neighbourhood to which the application relates" then it cannot be said the Applicant has not tried to gain public support, but she has, however, failed to gain the support of the residents simply because there is little public support for the application. This is because existing Contractors already provide an adequate pharmaceutical care service to the Applicant's proposed neighbourhood.
- 8.1.21. Despite all the Applicant's efforts, she has received only 138 Responses from the residents of the proposed neighbourhood and not all of those support the Application, and many mention convenience.
All this despite the fact Adverts were placed in the Evening Times it appeared on the NHS Greater Glasgow and Clyde Social Media Programme, Facebook and Twitter were used and the Local Councillors were involved in gaining support.
- 8.1.22. The Applicant is proposing to open Full Day Saturday 9.00am to 5.00pm and 9.00am to 5.00pm on a Sunday. This has surely only been done to add substance to this Application and the Committee will be aware that at any time in the future the Applicant can reduce these hours. In my opinion, the extended Saturday hours of opening together with the Full Day Sunday Opening will be unviable as the cost would be in the region of £32,000 per annum.
- 8.1.23. I would also point out that the measure for Opening Hours is not super duper but “adequate”. How anyone can say that 3 pharmacies within a mile open for 51 hours, 45 hours and 53 hours per week are inadequate is beyond me.
- 8.1.24. Should the panel deem the existing service inadequate but also consider the Applicant's business not likely to be viable, and therefore not securing adequate provision of pharmaceutical services, the Application should be refused.
- 8.1.25. The response rate is lower than the previous application, which was

refused The Applicant, has shown no inadequacies in current Pharmaceutical Provision. There are already 3 Pharmacies within 1.0 mile of the proposed location.

- 8.1.26. The Area Pharmaceutical Committee does not support the Application as they deem the current service adequate.
- 8.1.27. There is little or no Public support for this application the residents have no difficulties in accessing Pharmaceutical Services, and indeed, on a regular basis travel out with the neighbourhood to meet their daily needs. This Application is all about Convenience not Adequacy or need. Convenience is not a reason for granting a pharmacy contract.
- 8.1.28. The Panel must consider “what are the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood”. There are 3 pharmacies within 1 mile of the proposed site, one of which is only 0.6 miles away.
- 8.1.29. Having examined the NHS Greater Glasgow and Clyde Pharmaceutical Care Services Plan, I can see no reference to there being a need for a Pharmacy in the Applicant’s proposed neighbourhood and, indeed, there have been no complaints to the Health Board regarding existing service provision
- 8.1.30. I would therefore ask the Panel to refuse this Application as it is neither necessary nor desirable in order to secure the adequate provision of Pharmaceutical Services in the neighbourhood in which the premises are located.”

This concluded Mr Arnott’s submission and the Chair invited questions from the Applicant.

8.2. **QUESTIONS FROM THE APPLICANT TO MR ARNOTT**

- 8.2.1. The Applicant referred to Mr Arnott’s assertion that she had artificially increased the population by including Queenslie and mentioned why he thought that, given that Queenslie was mostly an industrial area.
- 8.2.2. Mr Arnott replied that it was about geography. If one looked at the map and included Queenslie, then from Wellhouse being a small neighbourhood, it then became massive.
- 8.2.3. The Applicant asserted that Mr Arnott had said population.
- 8.2.4. Mr Arnott replied that different SIMD area codes had been used in the CAR
- 8.2.5. The Applicant asked if Lloyds closed at 5.30pm, where would a patient go if their GP appointment were at 5.15pm.
- 8.2.6. Mr Arnott replied that it depended on how long the consultation was. The Fort was open until 9.00pm, which was about half a mile

from Easterhouse Medical Centre.

- 8.2.7. The Applicant referred to comments in the CAR that people were waiting a long time for prescriptions to be filled and asked how long Mr Arnott believed was acceptable to wait for an EMS prescription to be dispensed, for a mum with a child waiting for antibiotics.
- 8.2.8. Mr Arnott replied that he had checked with the pharmacies and although the waiting times mentioned at this hearing had been mentioned as an hour, generally in both pharmacies, the waiting times were 10-15 minutes. Mr Arnott acknowledged that there were times when it could be more – for example, after a GP appointment, or if there were many items on one prescription, but generally, waiting times were 10-15 minutes.
- 8.2.9. The Applicant said that when she had attended Lloyds with a prescription and had chosen Tuesday for a reason, as this was not a busy day for her. When she went in there were two people waiting, one of whom was at the counter. The person in the shop - a Healthcare Assistant – had told the man that it would be at least a 40-minute wait. He had been advised where else he could go. The Applicant said that she had also been advised that there would be at least a 40-minute wait so had decided to go away and returned an hour later and the prescription was still not ready. There were two people waiting in the shop, one of whom was getting furious because he had waited over an hour. The Applicant added that she believed all the comments in the CAR relating to waiting times issues, and asked Mr Arnott whether he thought that was acceptable.
- 8.2.10. Mr Arnott replied that if such waiting times were the norm, the shop would be closed, as nobody would use it. He was not sure whether the pharmacist was on lunch but was amazed if anyone had to wait over an hour.
- 8.2.11. The Applicant asked whether wheelchair access was available at either at Easterhouse or Barlanark.
- 8.2.12. Mr Arnott confirmed that both branches were in the process of having the doors replaced.
- 8.2.13. The Applicant replied that there was currently no automatic door, and no way of entry, and a disabled customer would need to wait outside.
- 8.2.14. Mr Arnott confirmed that the front door at Easterhouse was being replaced that day, and a contractor would be on site the following Wednesday at Barlanark. Currently, a customer needed to ring the bell and someone from the pharmacy would come to assist them.
- 8.2.15. The Applicant referred to the care plan relating to dosette boxes and asked why Lloyds had a waiting list.

- 8.2.16. Mr Arnott replied that there was no waiting list, but if a customer walked into a busy pharmacy, it required an assessment of needs to be conducted. Most health boards were moving away from dosette boxes / MDS. If there was any waiting time, Lloyds Pharmacy was not at capacity and they could send them offsite to be assembled.
- 8.2.17. The Applicant said that she had called Lloyds Pharmacy at 9.15am that morning and been told by the member of staff that they were at capacity.
- 8.2.18. Mr Arnott expressed surprise to hear this and confirmed that his colleague Mr O'Reilly would check the position with the pharmacists to ascertain whether they had received the call, since there was no waiting list.
- 8.2.19. The Applicant whether Lloyds had a regular pharmacist who would get to know customers and meet their needs.
- 8.2.20. Mr Arnott confirmed that they did and added that it was helpful to have a regular pharmacist and noted Ruth (no surname) had been employed since September and Hannah (no surname) had been employed for the past 3 months. Mr Arnott acknowledged that people moved around in any industry and added that it was not always feasible to have pharmacists who remained in the same location for 10 years or more.
- 8.2.21. The Applicant queried the recruitment at Shandwick Place as the role had been advertised several times.
- 8.2.22. Mr Arnott confirmed that Ruth (no surname) had been employed since September.

The Applicant had no other questions. The Interested Parties were invited to put any questions.

8.3. **QUESTIONS FROM INTERESTED PARTIES TO MR ARNOTT (LLOYDS PHARMACY LIMITED)**

- 8.3.1. Questions from Mr Andrews (Wellhouse & Queenslie Community Council)
- 8.3.1.1. Mr Andrews referred to Mr Arnott's reply that waiting times in Lloyds Pharmacies were on average 10-15 minutes and asked how he knew this.
- 8.3.1.2. Mr Arnott replied that the pharmacy team provided this information.
- 8.3.1.3. Mr Andrews said that when he had visited the pharmacy he had been told it would be a minimum wait of 20 minutes and challenged Mr Arnott that the minimum wait time was 20 minutes and not an average of 10-15 minutes.
- 8.3.1.4. Mr Arnott noted that there was a difference between Mr Andrew's experience of 20 minutes and the Applicant's assertion of waiting for over an hour.

- 8.3.1.5. Mr Andrews asked about the population and referred to the statistics, which referred to a high number of children and the elderly.
- 8.3.1.6. Mr Arnott replied that he could only go by the responses in the CAR. If this was so important to residents, then there were ways in which the response rate could be improved, by potentially sitting down with residents to help them complete the form. However, the low response rate of 138 was even lower than the previous application. Mr Arnott noted a previous comment that it had been difficult to get residents to complete the forms, and said that this application would have afforded residents with a second opportunity to get their views across.
- 8.3.1.7. Mr Andrews said that the general view of residents was one of hopelessness since they had gone through this the last time and it had been refused, hence a reluctance to engage in this application. They felt helpless – they had done so before, and why do it again since nobody listened to them. Mr Andrews said that he was not sure why people did not engage. They wanted him to write down their views, which he felt was incorrect. In particular for MAS, residents had no access to this service had had to travel outwith the area.
- 8.3.1.8. Mr Arnott clarified that MAS was offered at Lloyds, they had 2 pharmacists, and both fully engaged with the residents.
- 8.3.1.9. Mr Andrews said that the residents had not taken up this service, and they needed something local.
- 8.3.1.10. Mr Arnott confirmed that the Minor Ailments Service was available, but if it was not being used by residents because they felt despair, this did not necessarily mean that the service was inadequate. Mr Arnott added that the nearest pharmacy was only 0.6 miles away.
- 8.3.1.11. Mr Andrews challenged the accessibility of the nearest pharmacy for residents with disabilities.
- 8.3.1.12. Mr Arnott acknowledged that there was a steep hill to access the pharmacy in Barlanark but if a resident had difficulties walking, and then the Applicant's proposed site would not help them, as there was also a steep hill.
- 8.3.1.13. Mr Andrews said it was not as steep and mentioned that a resident would also need to cross a busy road of 6 lanes.
- 8.3.1.14. Mr Arnott stated that residents could use the crossing.
- 8.3.1.15. Mr Andrews stated that it was important to take into account the geography and terrain – it was hilly and there were major roads to cross.

Mr Andrews had no other questions. Ms Cowle was invited to put any questions.

8.3.2. Questions from Ms Cowle (Boots UK Ltd)

8.3.2.1. Ms Cowle asked whether there had been any complaints submitted to the health board regarding the pharmaceutical service provided from the Lloydspharmacy branches.

8.3.2.2. Mr Arnott confirmed that there was none.

The other Interested Parties had no further questions and the Committee were invited to put theirs.

8.4. **QUESTIONS FROM THE COMMITTEE TO MR ARNOTT**

8.4.1. Mr Black asked whether Mr Arnott was aware of any complaints to Lloyds or the Health Board from members of the public in relation to pharmaceutical services.

8.4.2. Mr Arnott replied that he was not aware of any.

8.4.3. Mr Black asked whether Lloydspharmacy branches in Scotland were affected by the pressure in England to reduce staffing levels, and if so, did Lloyds have fewer staff.

8.4.4. Mr Arnott confirmed that both branches were fully staffed and were running at full capacity staff wise.

8.4.5. Mr Black asked about the opiate substitution therapy in the shopping centre pharmacy and asked whether this would be an issue for people who needed to access pharmaceutical care if they had been banned from accessing the shopping centre.

8.4.6. Mr Arnott said that any issues had not been drawn to his attention and said that the drug team would source an alternative pharmacy for the patient to visit.

8.4.7. Mr Black asked whether the Lloyds pharmacies offered a good service.

8.4.8. Mr Arnott replied that they did. The teams had built a good rapport with patients, and some of the staff had been there for many years.

8.4.9. Mr Woods referred to Mr Arnott's comments in relation to the availabilities of supplies and asked him to elucidate.

8.4.10. Mr Arnott said that they used to use AAH as their sole supplier, but now Lloyds were no longer restricted to one supplier and now used AAH and Alliance, so any drug shortages experienced would therefore be national shortages.

8.4.11. Mr Woods asked if one branch had an issue with stock, would they liaise with other branches.

8.4.12. Mr Arnott confirmed that they would, and they would engage with other pharmacies such as Boots or an Independent, in order to obtain the medication for the patient.

- 8.4.13. Ms Lynch asked if a resident in Bartiebeith Road needed to visit Lloyds in Barlanark, what route would they take if they walked.
- 8.4.14. Mr Arnott said that it depended where about on Bartiebeith Road that the resident lived. If it was at the bottom, they could walk along Edinburgh Road to the traffic light crossing at Wellhouse Road, and for a resident who lived at the top of Bartiebeith Road, their nearest pharmacy would be at the pharmacy at Easterhouse and they would walk along Bartiebeith Road and cross the bridge over the M8.
- 8.4.15. Ms Lynch asked about the route and how long it would take someone with a pram to walk to the pharmacy in Barlanark.
- 8.4.16. Mr Arnott said that it depended how well an individual was able to walk but believed it would take around 20 minutes, and noted that although the road may be busy, there was a traffic light crossing where Wellhouse Road met Hallhill Road.
- 8.4.17. Ms Lynch asserted that this was a substantial walk for someone with a pram and a sick child.
- 8.4.18. Mr Arnott averred that this was doable.
- 8.4.19. Mr Dykes referred to Mr Arnott's comments on the percentage of elderly in the population and that Mr Arnott had said that this was not a large number. Mr Dykes asked whether this was possibly because many people had already died and therefore that was why there were not many elderly people in that age bracket.
- 8.4.20. Mr Arnott said that he could only go by the statistics. If there was a high elderly population, the general accepted opinion was that they would need to access pharmaceutical and GP services more regularly and frequently; however, this was not the case in Wellhouse where there was not a high elderly population compared to the Scottish average.
- 8.4.21. Mr Dykes asked how well Lloyds were prepared for the change to the business with the introduction of Pharmacy First, and asked whether this was a slow process if Lloyds was primarily English focussed.
- 8.4.22. Mr Arnott replied that Mr O'Reilly was the divisional manager for Scotland and had a panel looking after Scottish interests. They would not be reactive but would be proactive and plan to look at fresh challenges and referred to a forthcoming meeting with community pharmacists in Scotland. Mr Arnott confirmed that Lloyds were abreast of what needed to be done.
- 8.4.23. Mr Dykes asked about the last staffing review and what had happened in the previous 5-year period, and would staffing levels go up, down or stay the same.

- 8.4.24. Mr Arnott replied that there were no anticipated reductions in staffing hours and Lloyds, like most of the pharmacies, treated Scottish pharmacies differently to English pharmacies, which he believed was the correct way.
- 8.4.25. Mr Dykes said that Mr Arnott was almost treated like Royalty by Lloyds pharmacy staff and asked whether potentially he did not get as truthful an impression from staff because of his position.
- 8.4.26. Mr Arnott refuted that he was treated like royalty and said that teams would not lie to him. If they were not honest, then he could not help them if they had any issues. There was no benefit for not being truthful.
- 8.4.27. Mr Dykes asked if Lloyds conducted annual appraisals for staff.
- 8.4.28. Mr Arnott confirmed they did. Staff were given the opportunity to expand and Lloyds had a policy to train staff to the best of their ability.
- 8.4.29. Mr Dykes asked whether staff were only telling Mr Arnott what he wanted to hear, and potentially “fiddling” the figures to make them look good.
- 8.4.30. Mr Arnott replied that facts could not be changed.
- 8.4.31. Mr Dykes referred to Mr Arnott’s earlier comment that he had not been aware of any complaints, and referred to a document within the PPC paperwork, which showed showing 27 patient complaints from January-December 2019 submitted to the Health Board, with three of the complaints about waiting times.
- 8.4.32. Mr Arnott said that each pharmacy self—reported any customer incidents or complaints, even if the matter was handled immediately and the customer was satisfied with the response. These reports were submitted to the Superintendent at Lloyds and distributed to the health board. This would include any issues that were dealt with on the day but still needed to be reported, even though they had occurred. So many of these may not be a patient complaint but a self-reporting issue.
- 8.4.33. Mr Dykes referred to the two wholesalers used by Lloyds – Allied and AAH, and said that on Saturday morning there had been 6 deliveries by different operators. Mr Dykes asked whether it was reasonable to accept 6 different operators to deliver stock.
- 8.4.34. Mr Arnott replied that that had been last July and since then, Lloyds had improved stock deliverability.
- 8.4.35. Mr Dykes asked whether there was an advantage to pharmacies by using more suppliers.
- 8.4.36. Mr Arnott replied that if there was no manufacturer, then they could

not supply the medicines to any pharmacy.

- 8.4.37. The Chair referred to Mr Arnott's comments about the low response rate to the CAR and his comments that waiting time delays were on average 10-15 minutes, and stated that a small number of comments in the CAR related to lengthy delays and felt that there was a gap between the comments given by respondents and the length of time stated by Mr Arnott in relation to the waiting time delay.
- 8.4.38. Mr Arnott admitted that there would be times when the waiting time delay exceeded 15 minutes as they were not able to control what came through the door – for example, a consultation may be required for a child on MAS. However, the vast majority of customers visiting the two Lloyds branches did not wait excessively long to get their prescriptions. With regard to the comments made in the CAR, Mr Arnott said that he was unable to explain these, possibly due to bad experiences. If this were the norm, then they would have received many customer complaints. Mr Arnott said that they would not have a pharmacy operating if they took 1 hour and 10 minutes to issue a prescription and said that there were 3 pharmacies nearby and customers had a choice which one to visit.

This concluded the questions for Mr Arnott. Ms Cowle was invited to make her submission.

8.5. **Representation from Ms Kathleen Cowle (Boots UK Ltd)**

- 8.5.1. Ms Cowle thanked the Committee for allowing her the opportunity to speak and read from a prepared statement as follows:
- 8.5.2. "Our case is that an application should be granted only if it is necessary or desirable to secure the adequate provision of pharmaceutical services in the identified neighbourhood.
- 8.5.3. We submit that the existing pharmacy provision more than adequately meets the needs of the local population and persons within the neighbourhood.
- 8.5.4. The panel will be aware that there has been a previous application for this site, which was refused in 2017.
- 8.5.5. This application by Wellhouse Healthcare Ltd for 23 Newhills Road was refused in 2017. It is our understanding that the Applicants did not appeal this decision on this occasion.
- 8.5.6. To our knowledge, there have been no substantial material changes since the previous decision.
- 8.5.7. The neighbourhood was defined in the minutes of the last PPC meeting as being
- South – Edinburgh Road west to its junction with Bartiebeith Road

- North and West – Bartiebeith Road up to the junction with Wellhouse Road
- East – Wellhouse Road south to where it joins Edinburgh Road.

- 8.5.8. The neighbourhood is an established area with no large new residential developments planned that we are aware of.
- 8.5.9. The proposed site is within a small parade of retail units. However, only the newsagent and post office appear to be open.
- 8.5.10. Amenities in the area are limited. We believe most residents will leave the Wellhouse area on a frequent basis to access a wider range of shops such as supermarkets and general facilities.
- 8.5.11. Residents are likely to visit the more thriving parade of shops on Hallhill Road or the Morrisons Supermarket and stores within the centre of Easterhouse where the Health Centre is also located.
- 8.5.12. Information within the CAR suggests that the population of the Applicant's Neighbourhood is 2594.
- 8.5.13. The existing pharmacies provide access to an extensive range of pharmaceutical services as well as access to services in the evening and 7 days a week.
- 8.5.14. Our pharmacy at Glasgow Fort opens 7 days a week, from 9.00am-10.00pm weekdays, and from 9.00am-8.00pm Saturday and from 10.00am-7.00pm on Sunday. The pharmacy provides a range of services including flu vaccinations, smoking cessation, and emergency hormonal contraception.
- 8.5.15. We are aware of the extension of the new MAS service and well prepared. We consider this a huge opportunity for pharmacies to present the best service that is available for everyone that qualifies.
- 8.5.16. If any opportunity arises to provide needs such as medical prescribing, we are well placed. We have not been asked, but regularly meet with the Health Board to discuss opportunities for Independent Prescribers and welcome further use of our Independent Prescribers.
- 8.5.17. With regard to the needle exchange service, this is not a decision made by the contractor to offer the service, but is in response to a response from the Health Board; we would need to be asked to participate. I confirm we would participate, but we have not been asked.
- 8.5.18. The neighbourhood is within the catchment area for the GPs at the Easterhouse Health Centre. Our pharmacy at Easterhouse Health Centre is open five days a week from 8.45am until 5.45pm and closes an hour for lunch between 1.00-2.00pm. The lunch closure is always reviewed to meet patients' needs. If there were any need to change, we would speak with patients and the local managers.

- 8.5.19. There are no gaps in service provision within the Board's Pharmaceutical Care Services Plan that we are aware of. For any residents who are new to the area, we have a model to allow us to expand and increase staffing levels, and to expand the pharmacy resource and level of training in response to patient needs. So if anyone in the area needs anything, this is seen as an opportunity, not a threat.
- 8.5.20. Previously, Boots had limited access to wholesalers. I am delighted to say that this is not now the case as we have access to wholesalers centrally. We use one major supplier – Alliance Healthcare – but now use a range of wholesalers. If stock is available, we can get it. We are also working in partnership with local practices, and encourage good relationships.
- 8.5.21. Our pharmacies supply them but we want them only to be supplied to patients that need them. An assessment is made by Boots to understand the patient's needs, and is based on the Equal Opportunities Act 2010 based on an individual patient's needs, not in response to someone else thinking of the needs of the patient.
- 8.5.22. We meet all compliance aid needs, and are in line with the NICE Guidelines and in line with the Glasgow Health Board Pharmaceutical Care Services Plan. We also operate a hub and spoke model, with a substantial number of compliance aids delivered from the site in Shettleston.
- 8.5.23. We seek regular feedback from patients. When we had responses between September and February (for both branches) the responses were high – 100% of patient satisfaction.
- 8.5.24. We offer a delivery service. We have never let a patient down. In an emergency or if there is an unusual need, the pharmacist has the right to offer a free delivery service to the patient. We do not let the patient down or let them be seen to go without. It is not part of the pharmacy contract, in fact, it is a significant social care problem as more and more people live at home for longer and we believe that if a patient needs bread and milk to be delivered, then surely, prescriptions should be too, so it is essential that social care report it too.
- 8.5.25. There is nothing in the Care Services Plan to identify a need for additional core pharmaceutical services in this locality, and nothing to suggest that the existing level of service is anything other than adequate.
- 8.5.26. We have already talked about the fact that the Lloyd's Pharmacy at Hallhill Road is approximately 0.6 miles from the proposed site. The Boots pharmacy at the Easterhouse Health Centre and the Lloyds Pharmacy at the Shandwick Shopping Centre are slightly further away – but there are 3 pharmacies within a one-mile walk of the proposed site. I would emphasise that it makes no difference if you cannot get out and walk a short distance, so there would be no

benefit in having a pharmacy at the new site.

- 8.5.27. The walk to the Boots Pharmacy at the Fort Shopping Centre is one mile away across the Easter Queenslie footbridge, and just slightly longer by road (1.2 miles).
- 8.5.28. There is ample parking available at the Fort, Shandwick Shopping Centre, Easterhouse Health Centre and dedicated disabled spaces available outside the pharmacy at the Easterhouse Health Centre. The nearest pharmacies are accessible to those in wheelchairs.
- 8.5.29. A number of buses serve the neighbourhood, with services regularly running along Wellhouse Road and Edinburgh Road. These services provide Wellhouse with good public transport links into Glasgow Fort Shopping Centre, Easterhouse and the areas eastwards to the City centre.
- 8.5.30. In the event that a patient cannot access a pharmacy, delivery services are available. Pharmacies in the area offer a delivery service.
- 8.5.31. There is no evidence to suggest that the existing services are inadequate. The CAR has been discussed – with 138 responses received, of which 121 live in the neighbourhood, which is less than 5% of the neighbourhood respondent to the joint public consultation. There were fewer responses to the consultation exercise than did for the last consultation, and less than 100 people felt the service was inadequate.
- 8.5.32. There are comments about readiness of items, but this has been addressed as we are now offering a texting service, which prevents the patient coming back and forth, if there are issues with stock, so that they just come when the full prescription is ready.
- 8.5.33. In terms of viability, the PPC should have regard to the contract under discussion as well as the other contractors. Whilst we do not anticipate any decrease in services provided, we would ask the PPC to consider the impact on resource and staffing levels. If the service level increased, the staff levels would adjust appropriately.
- 8.5.34. We would remind the Committee that all residents use GP services out with the neighbourhood area.
- 8.5.35. There are essentially three components of the statutory test. First, the PPC must look at the neighbourhood, and then the PPC must look at services existing in and being provided to the neighbourhood to determine if they are adequate. Only if this were deemed inadequate would the PPC consider whether the service proposed by the applicant is necessary or desirable.
- 8.5.36. There are a number of pharmacies providing an adequate service to the neighbourhood, which are reasonably accessible from the proposed site. These pharmacies offer an extended range of

services and opening hours.

- 8.5.37. The Applicant has not provided any evidence to say that the current services are not adequate, and there is no need for any service that is not already being met by the existing contractors.
- 8.5.38. There have been no internal complaints or any complaints forwarded to the health board.
- 8.5.39. We submit that the existing services are adequate and that the proposed pharmacy is not necessary or desirable to secure the provision of pharmaceutical services in the neighbourhood and would respectfully request that the application be declined.”
- 8.5.40. *This concluded Ms Cowle’s submission and the Applicant was invited to put her questions*

8.6. **Questions from the Applicant to Ms Cowle (Boots UK Ltd)**

- 8.6.1. The Applicant referred to the Boots at Glasgow Fort and asked whether it had been designed to access it more by car or public transportation than by walking
- 8.6.2. Ms Cowle acknowledged that primarily access was by car or by public transport along one of the bus routes, but added that people would also walk there.
- 8.6.3. The Applicant asked about the bus routes and said that a resident would need to make their way to Wellhouse Road along steep paths and on an uneven surface. The Applicant said that it was a fair walk to Wellhouse Road.
- 8.6.4. The Applicant referred to Ms Cowle’s comment that access to the Fort was possible via Queenslie and asked how. A resident from Wellhouse would need to cross Bartiebeith Road, which was a wide road with no crossing at any point, and then they would have to cross go through an industrial area which was not well lit through a narrow alley way which was poorly lit and crossed a secluded area with trees prior to crossing the Queenslie Bridge. As an example, The Applicant said this could be that a resident needed something out of hours and needed to visit Boots at The Fort. They could not afford a taxi and could not walk to Wellhouse Road to get the bus, so they needed to walk.
- 8.6.5. Ms Cowle stated that Boots at the Fort was open on Sundays; it was a busy place and many people accessed services there. If someone was trying to access medication and was struggling to get there the pharmacy could make a decision to support that individual. Ms Cowle asked whether the Applicant was implying that the area was dangerous.
- 8.6.6. The Applicant replied that she was highlighting how challenging it could be for someone to get to the Fort on foot, as it was intimidating.
- 8.6.7. The Applicant asked what type of Boots store was located at the Fort – was

it a Local pharmacy.

- 8.6.8. Ms Cowle confirmed that they had a retail section but for all community pharmacies, whether a local store or destination store, the pharmacist should not behave differently. Although a destination store was a hub for people accessing services, Boots would also ensure local pharmacies were set up to do better and could be supported.
- 8.6.9. The Applicant asked if customers were local or from other areas.
- 8.6.10. Ms Cowle confirmed that many were from the local area, especially out of hours and at weekends. However, customers also came from other areas. The staff also saw themselves as part of the community.
- 8.6.11. The Applicant stated that the Boots at the Easterhouse Health Centre closed for lunch between 1.00pm-2.00pm and asked where a patient would go for MAS or an AHD consultation.
- 8.6.12. Ms Cowle replied that if there was an emergency, then the pharmacist was available, but it had been long established that the pharmacy would close at lunchtime, so local residents knew to come back after 2pm, or they could go to Lloyds or Boots at the Fort.
- 8.6.13. The Applicant said that given the long waiting times at Lloyds, this was not an ideal alternative.
- 8.6.14. Ms Cowle said that, from a community pharmacy perspective, she wanted to ensure that the pharmacist would get a lunch break. However, if there were a real need to open between 1-2pm, she would look into that and consider bringing over a pharmacist from Boots at the Fort to cover that hour.
- 8.6.15. The Applicant acknowledged that delivery was not a core service and asked how much Boots charged.
- 8.6.16. Ms Cowle confirmed that the annual charge worked out at £5 a month.
- 8.6.17. The Applicant referred to her statistics that Wellhouse residents were in the top 5% of deprivation and asked if someone was poor, could they afford the charge.
- 8.6.18. Ms Cowle said that from what they had seen, it had not affected their pharmacy – i.e. no patients had left. If it was felt that someone was at risk, or if there was a particular issue, the pharmacist could deliver free at his or her discretion.
- 8.6.19. The Applicant commented that her pharmacy had gained business because of the Boots delivery charge.
- 8.6.20. Ms Cowle questioned the sustainability of the Applicant's business going forward without a delivery charge. Boots were seeking to ensure that patients that needed it – e.g. assessments for compliance aids – were able to receive the service. However, there was a lot about convenience relating to deliveries – customers wishing to obtain prescriptions after work.

In addition, the pharmacy had the right to make a decision whether to charge or not.

8.6.21. The Applicant asked why Boots had introduced a delivery charge.

8.6.22. Ms Cowle said she had already explained about inappropriate deliveries (i.e. for convenience) and, in conversations with health boards and MSPs, they had asked if it was acceptable for carers to pick up bread and milk for a patient, then why could they not also collect medicines. Ms Cowle reiterated that the delivery service was not a core service.

The Applicant had no further questions. The Interested Parties were invited to put their questions.

8.7. **QUESTIONS FROM INTERESTED PARTIES TO MS COWLE (BOOTS UK LTD)**

8.7.1. Questions from Mr Arnott (Lloyds Pharmacy Ltd)

8.7.1.1. Mr Arnott asked whether supply of compliance aids was a core service.

8.7.1.2. Ms Cowle confirmed they were not.

8.7.1.3. Mr Arnott asked whether a delivery service was a core service.

8.7.1.4. Ms Cowle confirmed they were not.

8.7.1.5. Mr Arnott asked whether Boots had a waiting list for compliance aids.

8.7.1.6. Ms Cowle said that she had been informed that morning that there was no waiting list and they were referring people to the Shettleston hub if they required a compliance aid – the patient had a choice whether to go there.

8.7.1.7. Mr Arnott asked if Ms Cowle was aware that the first appointment at the Easterhouse Medical Centre was at 8.30am and the last appointment at 5.20pm.

8.7.1.8. Ms Cowle acknowledged that generally, the first appointment was 8.40am and the last appointment was 5.00pm, although Dr Wilson's first appointment was 9.00am and his last appointment was 5.20pm.

8.7.1.9. Mr Arnott asked about the Fort Boots Destination store, which had a massive retail area, and said that the Application had emphasised the extended opening hours at weekend, and asked if Boots at the Fort did not have a large retail area and was just a dispensing pharmacy, how often it would be used on a Sunday.

8.7.1.10. Ms Cowle said that the dispensing pharmacy was mainly used out of hours when people came in, but there was not a huge amount of regular business.

8.7.1.11. Mr Arnott asked how regularly a reasonably healthy person might visit the pharmacy – daily, weekly or longer.

8.7.1.12. Ms Cowle replied that it could possibly be months.

8.7.2. Questions from Mr Andrews (Wellhouse & Queenslie Community Council)

8.7.2.1. Mr Andrews referred to visiting the Fort at Christmas time at weekends, where there were very large queues, and asked for Ms Cowle's views as patients with prescriptions had walked out, as they had not been seen as a priority above the general shopper.

8.7.2.2. Ms Cowle acknowledged that Christmas was a busy period and there was a large volume of prescriptions to dispense, however they had planned for this contingency and had increased staffing levels to meet the demand.

8.7.2.3. Mr Andrews asked how someone from Wellhouse would get to the Fort walking with a baby and pram and said that it was not practical as there was no pedestrian crossing, only a poorly lit walkway, and in his opinion, he believed this was dangerous and not feasible.

8.7.2.4. Ms Cowle said that the route that Mr Andrews had outlined appeared to be the one she had in mind.

8.7.2.5. Mr Andrews asked whether this was for the evening or daytime.

8.7.2.6. Ms Cowle said that a new pharmacy closing at 6.00pm would not change the need to visit Boots in the evening.

8.7.2.7. Mr Cowle asked how about getting there on a Saturday daytime.

8.7.2.8. Ms Cowle said that two MSPs had indicated that there was a lack of resource available for public transport. Ms Cowle added that it was important to have people in the community to have access to pharmaceutical services, but they could not put a pharmacy in every neighbourhood.

8.7.2.9. Mr Andrews refuted this and said that there could be a pharmacy in the neighbourhood if a need was identified.

8.7.2.10. Ms Cowle replied that this was only if this met the test, which showed that there was currently a lack of service available in or to the neighbourhood. Ms Cowle added that she appreciated Mr Andrews' comments relating to poor lighting and access but this was not something that could be addressed at the PPC.

8.7.2.11. Mr Andrews said that the issue was not just about access but also about waiting times. At the Fort on a weekend, business was unpredictable, and staff did not prioritise patients with prescriptions. There were long queues.

8.7.2.12. Ms Cowle said that they had an Express Drop-off for prescriptions at the Fort, and had given people a couple of hours so that they could do the rest of their shopping at the retail park, and would then send a text to confirm the prescription was ready for collection. One of the main points about a community pharmacy was being accessible to patients, and they did not wish to put in appointments, but enable customers to drop in.

- 8.7.2.13. Mr Andrews asked if there was a clear complaints procedure displayed at the store.
- 8.7.2.14. Ms Cowle confirmed there was a card smaller than A4 displayed and asked patients for feedback all the time. If there were any major issues, these would have been highlighted.
- 8.7.2.15. Mr Andrews asked how Ms Cowle would feel if someone complained about the pharmacy or about an individual on a regular basis.
- 8.7.2.16. Ms Cowle replied that she had worked in the industry for 25 years in various roles. When there was a complaint, the pharmacist should go out of their way to fix the problem and try to get a better relationship with the individual as a result. Normally if the person came in again, the pharmacist would be keen not to let them down.
- 8.7.2.17. Mr Andrews replied that it might be difficult for a staff member if a customer had complained about them.
- 8.7.2.18. Ms Cowle said that this was not about adequacy of service.
- 8.7.2.19. Mr Andrews said that if a customer did not know about the complaints procedure (e.g. if it was not clearly displayed), then they would not complain directly to the pharmacy and would submit their complaint directly to the health board.
- 8.7.2.20. Ms Cowle said that few organisations sought as much patient feedback as Boots did. There was a form for feedback and a pharmacy satisfaction board

There were no other questions from the Interested Parties.

8.8. QUESTIONS FROM THE COMMITTEE TO MS COWLE (BOOTS UK LTD)

- 8.8.1. Mr Black asked whether there had been any pressure from England to reduce staffing levels in Scotland.
- 8.8.2. Ms Cowle confirmed that the English organisation was a different entity.
- 8.8.3. Mr Black asked whether the adequacy of pharmaceutical care was compromised because the Easterhouse Health Centre closed at lunchtimes, and whether this would be even more compromised with the introduction of Pharmacy First.
- 8.8.4. Ms. Cowle said Boots welcomed the opportunity for a new way of working.
- 8.8.5. Mr Black asked why the Boots at the Easterhouse Health Centre was not open on Saturday.
- 8.8.6. Ms Cowle explained that the Health Centre was not open and they were based within. If people wanted them to do so and it was viable to do so, Boots could look into that possibility.

- 8.8.7. Mr Black asked if there was a compromise – whether to get out of hours business if they did not have a continuity of supply on Saturday.
- 8.8.8. Ms Cowle acknowledged this was something that could be looked into together with Pharmacy First.
- 8.8.9. Mr Black asked whether computer systems were linked to other branches.
- 8.8.10. Ms Cowle replied that they were not. The NHS portal in Glasgow had access to patient records and could help join the dots. Access to the NHS portal could help join the dots.
- 8.8.11. Mr Woods asked why the Easterhouse branch closed at lunchtime.
- 8.8.12. Ms Cowle explained it was to give the pharmacist a break.
- 8.8.13. Mr Woods asked if this meant that there was nobody available to dispense.
- 8.8.14. Ms Cowle confirmed that items could not be handed out until the pharmacist returned from his lunch break. . It had been well established as a lunchtime closure between 1-2.00pm. It was safer and better for staff if the pharmacist could get a break.
- 8.8.15. Mr Woods asked whether people just accepted this lunchtime closure rather than it being what the service required – and asked how did Ms Cowle know this was acceptable, and whether patients were asked for their feedback
- 8.8.16. Ms Cowle said that they kept a record of people who came in between 1-2pm to see whether there was a need, and so far, none had been shown. Ms Cowle added that they conducted a review once a year to see whether they needed to change the hours and address any potential gaps. It was in their interest to be available when the public needed a service. They also had an option to bring in a pharmacist from Fort or another pharmacy to cover the lunch break, but no need had been shown.
- 8.8.17. Mr Woods refuted the feedback method saying that there was a sign saying the pharmacy was closed for lunch.
- 8.8.18. Ms Cowle said that staff in the branch could also speak to customers and the customers could visit the branch at the Fort.
- The meeting adjourned at 13:50 for a comfort break. Mr Nichols left the meeting. The meeting resumed at 14:00**
- 8.8.19. Ms Diamond asked Ms Cowle to repeat the distances between the Applicant’s site and the existing pharmacies.
- 8.8.20. Ms Cowle said that the Pharmacy on Hallhill Road was 0.6 miles, Boots at the Easterhouse Medical centre and Lloyds at the Shandwick Shopping centre were 0.8 miles away, by walking.
- 8.8.21. Ms Diamond noted that these were within 1 mile but many were

considerably further away – 3 miles, which was a long walk.

- 8.8.22. Ms Cowle said that it was not feasible to have a pharmacy 1 mile from every resident in any neighbourhood.
- 8.8.23. Ms Lynch referred to the 138 responses to the CAR, people who had taken the time to complete the form and noted that the PPC need to consider these views. Ms Lynch referred to the Chair noting the repeated complaints about waiting times within the CAR and asked if Ms Cowle believed this was an issue.
- 8.8.24. Ms Cowle did not dispute that there may be issues at certain times, and added that there had been stock issues previously, partly due to a national shortage where nobody could obtain the medicines – and believed that BREXIT had had a negative impact. Customers had gone away and returned, and some customers felt that ten minutes was too long to do that more than once. Ms Cowle added a process was in place to help manage regular prescriptions – Boots could collect prescriptions on behalf of patients and then have it ready and waiting for the patient to collect. However, this did not cover walk-ins and she was not sure what would be acceptable as a waiting time – it could be minutes or sometimes (for example at the Fort) it could be half an hour – so the general average was 10-15 minutes.
- 8.8.25. Ms Lynch said that when she had visited Boots at the Health Centre at 9.30am, there had been 12 people in the waiting and asked Ms Cowle to comment.
- 8.8.26. Ms Cowle replied that when the health centre has just opened in the morning there would generally be an influx of customers – for example, an acute prescription or someone who needed the drug services needed to be seen first thing.
- 8.8.27. Ms Lynch repeated her comment about the 12 people waiting and asked whether this was unusual.
- 8.8.28. Ms Cowle said that this would have been due to a peak.
- 8.8.29. Ms Lynch referred to Ms Cowle's comment on viability. In the PPC's papers, the national average number of prescriptions dispensed per month was shown as 6.5k, but Boots pharmacy dispensed 11k, which was a high volume, compared to the national average.
- 8.8.30. Ms Cowle replied that when they considered viability, it was not just about prescription items, but also about the services provided. The model tended to be 10 pharmacy assistants, but if the business decreased, then they would also reduce the number of staff accordingly, maybe down to 5. Boots did not envisage closing shops so if business volume decreased, they would also decrease the staff levels, and they could also increase staff when the business went up – for example at Fort because there was a large retail section, if items dispensed dropped below 1000, this might seem to be unviable, but because of the retail area, the business as a whole remained viable and therefore would not close.

- 8.8.31. Mr Dykes asked about waiting times and staffing levels – and asked whether waiting times would remain the same, even if the business had dropped and staffing levels decreased.
- 8.8.32. Ms Cowle confirmed that the model used looked at the volume of business, and the assessments and waiting times would be part of the same model.
- 8.8.33. Mr Dykes asked if this meant that waiting times would remain the same.
- 8.8.34. Ms Cowle confirmed that potentially they could.
- 8.8.35. Mr Dykes referred to a comment made to him from a Boots staff member that the shops had suffered a cut in the number of hours in branch opening hours due to the business seeking increased efficiencies due to the draconian English contract. Mr Dykes asked why a member of staff would say that hours were being cut when there was not a cut in the volume of business, and they were struggling to get phones and printers repaired.
- 8.8.36. Ms Cowle said that Boots had moved to a hub and spoke model with dispensing offsite. Therefore, the volume of prescriptions being prepared had moved offsite to drive efficiencies, which had had an impact on the staffing resource. A substantial number of experienced pharmacists had moved from community pharmacies to health boards – she had seen experienced pharmacists and technicians leave and an experienced technician was the equivalent of 3 trainees. The move to the hub and spoke model was not in order to drive efficiencies, but enabled dispensing prescriptions to be moved offsite.
- 8.8.37. Mr Dykes queried whether there was sufficient experienced staff if the inexperienced staff subsequently felt under pressure.
- 8.8.38. Ms Cowle said that they had to ask Community Pharmacists to work extended hours at weekends. She understood the challenges because she herself as a working mother did not wish to work every weekend.
- 8.8.39. Mr Dykes noted that some residents had been excluded from accessing the Fort Retail Centre by the Security Teams, and asked where they accessed pharmaceutical services.
- 8.8.40. Ms Cowle replied that there were alternative pharmacies that could be accessed – for example at Easterhouse.
- 8.8.41. Mr Dykes said that these were often people with drug addiction issues who had chaotic lives.
- 8.8.42. Ms Cowle said that their pharmacists were doing the best to keep those individuals within the pharmacy and saw them as the biggest relationship potential, as they saw them every day. If there were any way to support them and keep them within the Community Pharmacy, they would do so. In addition, there were pharmacists who worked with the local drug addiction teams who would raise any issues with the team and try to help that person before they were banned. However, an individual being banned from the shopping centre was not within the pharmacy's control

- 8.8.43. Mr Dykes asked whether Boots offered the needle exchange service.
- 8.8.44. Ms Cowle confirmed that they would be happy to do so.
- 8.8.45. Mr Dykes asked at which store they would offer the needle exchange service.
- 8.8.46. Ms Cowle said that the Boots at Fort with the extended hours would make most sense.
- 8.8.47. Mr Dykes asked what would happen if an individual were on the banned list.
- 8.8.48. Ms Cowle replied that it was up to the Health Board to say if the service was required.
- 8.8.49. Mr Dykes asked whether Boots could negotiate with the Shopping Centre Security in order to give the individual a second chance.
- 8.8.50. Ms Cowle said that conversations had been held with relevant people in relation to that.
- 8.8.51. The Chair queried the discrepancy between the assertions made by Mr Arnott and Ms Cowle that waiting times were being met (and that nobody had made any complaints), but comments in the CAR related to concerns on lack of access due to the lengthy waiting times experienced – both at Lloyds and at Boots, and asked for Ms Cowle to comment.
- 8.8.52. Ms Cowle said that the feeling she had was that a local resident wanted to be seen by the pharmacist, but was frustrated by shoppers being in the way, which made them feel like they were waiting a long time to be seen. Ms Cowle acknowledged that there was a non-local population at Fort which may have had an impact on the views expressed. Similar comments had been seen in the previous application and she did not know if these comments had been harboured since the previous application, but she did not dispute the comment on waiting times in the CAR.

This concluded the questioning of Ms Cowle. The Chair invited Mr Andrew from Wellhouse & Queenslie Community Council to make his representation

8.9. **REPRESENTATION FROM MR ANDREWS (WELLHOUSE & QUEENSLIE COMMUNITY COUNCIL)**

- 8.9.1. Mr Andrews thanked the Committee and read from a pre-prepared statement as follows:
- 8.9.2. “I am here today to represent the views of the local Community Council and I feel I reflect the views of the wider Wellhouse Community.
- 8.9.3. Wellhouse Community Council fully supports the need and necessity for a local Pharmacy to address the unmet needs.

- 8.9.4. There is no local pharmacy that is reasonable to access due to lack of direct public transport or distance required to travel. Wellhouse is located on a hilly terrain and surrounded by main roads, both of which prove challenging, especially to the less ambient, elderly, partially sighted and children.
- 8.9.5. Many residents are located in the tenement properties to the North East of Wellhouse and accessing public transport involves descending and ascending many stairs. The available pharmacies are struggling to cope with demand and, with demand expected to increase, this will not improve. Local residents constantly complain of unreasonable waiting times: Lloydspharmacy staff in the Shandwick centre immediately inform those presenting a prescription that there is a minimum 20-minute wait. I have personally been told this on the last 2 occasions I visited.
- 8.9.6. There are also no disabled access or call button on the entrance door.
- 8.9.7. The Easterhouse Health Centre pharmacy is also queued to capacity and regularly fails to complete prescriptions also for most to travel there involves a trip on public transport.
- 8.9.8. Barlanark pharmacy can only be accessed by crossing 6 lanes of traffic with no public transport available to it. The pedestrian lights are often broken, leading to a dangerous road crossing. The distance is also unreasonable, again more so for those residents in the North east of Wellhouse. When, as often happens, a prescription is unfulfilled, this involves 2 trips.
- 8.9.9. The Glasgow Fort's focus is for day shoppers and when the Fort is busy, this leads to a lengthy wait with prescription hand over not a priority. There are no reasonable access paths from Wellhouse to the Fort. The existing path is unlit (lamps constantly vandalized) and the route is quite isolated and feels unsafe, again especially for young folk and the elderly. The route involves crossing a main road with no pathway or crossing.
- 8.9.10. I would like it noted that, to my knowledge, there are no local people with local knowledge attending the meeting today, and will not have experience or knowledge of the day to day issues and challenges of accessing a pharmacy, so I would hope this is taken into consideration. It is my opinion only that the opposition to the much-needed Pharmacy in Wellhouse is opposed for financial reasons only. I believe Lloyds and Boots never object to pharmacy applications from each other.
- 8.9.11. The community believe that a local pharmacy would provide a much needed minor ailments service, which would take pressure off GP services and alleviate the severity of many conditions due to early intervention.
- 8.9.12. The local charity Connect Community Trust (I am employed by them part time) has secured Scottish Government funding to address isolation and health issues in the area it is hoped that if a local Pharmacy is established, they would work together to address the shocking health issues and a low life expectancy in Wellhouse. I cannot see any other

initiative to address the health issues at present.

8.9.13. It is well known in deprived areas lack of engagement is a problem, all agencies working in such areas will verify this. Wellhouse has one of the poorest turnouts in political elections so feedback on the Pharmacy proposal would not be huge but I would ask the panel to consider that not all those who did not engage were opposed to the Pharmacy it is more a lack of faith that their voice will be heard or listened to.

8.9.14. I would strongly urge the panel to support this application, as the community know it is a need and requirement to address health issues in Wellhouse.

8.9.15. I am not an academic or profess to have medical skills or knowledge but I do care and strongly believe this Pharmacy is vitally important to the health and wellbeing in Wellhouse, hence I am here on voluntary unpaid capacity. Please support us.

8.9.16. I have added a couple of comments of stuff sent to me recently to sum things up – written in a text to me.

8.9.17. *Since Boots chemist took over at the Easterhouse Health Centre, it has been a nightmare always a 10 to 15 mins wait for anything. Boots text you to say your prescription is ready for pick up. You go away, come back and low and behold it's not ready. More often than not there is a label handed to you asking you to come back as they don't have all of your prescription. Jim Copeland, Wellhouse Crescent*

8.9.18. *Tuesday 21/5/19 phoned repeat. Told it will be ready Thursday. Go up Friday to collect at 4.00pm and waited to 4.30pm. Got half of prescription and had to pick the rest up the following Tuesday. Their computer went down on the Friday and lots of people could not get their prescriptions that afternoon. Monday 20/5/19 phoned repeat. I went up Friday 25/5/19 and was told tablets not in. I asked for emergency amount to get over the weekend. 10 minutes later they found my prescription and gave me my tablets.*

Monday 17/6/19 phoned repeat. Early am was told it would be ready late Wednesday. My wife went up Thursday 20/6/19 and was told 10 minutes and waited half an hour for 2 inhalers. I have sat in the Lloyds chemist many times and have seen customers upset because being told part prescriptions rest tomorrow or prescriptions not in or waiting long time to get their prescriptions. Wullie Mulligan Baldovan Crescent

8.9.19. I could have put loads of these comments in. These two were typical – lacking fulfilled prescriptions or long waits. This was experienced in all pharmacies. What I've done is try to sum up what is happening.”

This concluded the representation from Mr Andrews. The Applicant was invited to ask questions.

8.10. **QUESTIONS FROM THE APPLICANT TO MR ANDREWS (WELLHOUSE & QUEENSLIE COMMUNITY COUNCIL)**

- 8.10.1. The Applicant asked if Mr Andrews agreed with her proposed neighbourhood.
- 8.10.2. Mr Andrews confirmed he did agree.
- 8.10.3. The Applicant asked for Mr Andrews' views where respondents in the CAR believed Lloyds and Boots were at capacity.
- 8.10.4. Mr Andrews said that the pharmacies could not cope and things were not improving.
- 8.10.5. The Applicant asked whether the public transport links to Wellhouse and other pharmacies were adequate.
- 8.10.6. Mr Andrews replied that they were, but added that there was no direct link to a pharmacy, especially if a resident had an urgent medical need or was less ambient. Mr Andrews added that short journeys on public transport were also expensive

The Applicant had no further questions and the Interested Parties were invited to put theirs.

8.11. **QUESTIONS FROM INTERESTED PARTIES TO MR ANDREWS
(WELLHOUSE & QUEENSLIE COMMUNITY COUNCIL)**

8.11.1. Questions from Mr Arnott (Lloyds Pharmacy Ltd)

- 8.11.1.1. Mr Arnott referred to Mr Andrews agreement with the proposed neighbourhood defined by the Applicant, but said that this was not the neighbourhood that he had agreed with at the previous PPC which had stopped at Bartiebeith Road, since he had not believed that the industrial area was part of the applicant's neighbourhood.
- 8.11.1.2. Mr Andrews said that he had agreed. One reason he had considered the Queenslie area to be included in the neighbourhood for this application was that there would be people working there who may not have access to a pharmacy at night, only in the daytime, so this was to include workings in the industrial estate.
- 8.11.1.3. Mr Arnott referred to Mr Andrews' comment that nobody had engaged in the consultation because they lived in a deprived area and asked Mr Andrews how many people had attended the last Community Council Meeting.
- 8.11.1.4. Mr Andrews confirmed 12 people had attended.
- 8.11.1.5. Mr Arnott said that people had no difficulty on going on the internet or getting a paper copy of the form, but only 12 people had attended the last meeting.
- 8.11.1.6. Mr Andrews confirmed.
- 8.11.1.7. Mr Arnott asked how far did Mr Andrews believe was an acceptable distance for a pharmacy from where a resident lived – perhaps 200 yards

or 400 yards.

- 8.11.1.8. Mr Andrews replied that everyone had individual needs – e.g. maybe they had poor eyesight, or had to push a pram. Personally, he had good fitness and could walk easily, but said it was about the wider community.
- 8.11.1.9. Mr Arnott asked whether Mr Andrews felt that not everyone should live 400 yards from a pharmacy.
- 8.11.1.10. Mr Andrews replied no.
- 8.11.1.11. Mr Arnott referred to comments from customers in June 2019 and noted that at that time Lloyds had only used one supplier, but since that time, they now had two suppliers and no longer had stock issues.
- 8.11.1.12. Mr Andrews said that was the feedback that he had received – indicating that people still had issues.
- 8.11.1.13. Mr Arnott repeated that the comments related by Mr Andrews dated back to June 2019.

Mr Arnott had no further questions. Ms Cowle was invited to put hers.

8.11.2. Questions from Ms Cowle (Boots UK Ltd) to Mr Andrews (Wellhouse & Queenslie Community Council)

- 8.11.2.1. Ms Cowle asked where Mr Andrews did his every day shopping.
- 8.11.2.2. Mr Andrews replied that he used the local grocer.
- 8.11.2.3. Ms Cowle asked what if he shopped weekly rather than daily, and whether a delivery van would be an option.
- 8.11.2.4. Mr Andrews said that he would go online and get groceries delivered.
- 8.11.2.5. Ms Cowle asked whether he paid for delivery of the groceries.
- 8.11.2.6. Mr Andrews said that Iceland delivered free.
- 8.11.2.7. Ms Cowle said that her point was that the difference between grocery shopping and a pharmacy in relation to deliveries was that a person needed the items from a pharmacy.
- 8.11.2.8. Ms Cowle asked Mr Andrews to elaborate on his comments about buses not being great – if street lamps were fixed on the walk to the Fort, would this be safer for people and would that make it more acceptable.
- 8.11.2.9. Mr Andrews replied it would help, but not fully address the issue. Although one could look at maps, these did not show barriers, pathways and stairs to negotiate, and only provided an aerial view.

There were no further questions from the Interested Parties so the Committee were invited to put theirs.

8.12. **QUESTIONS FROM THE COMMITTEE TO MR ANDREWS (WELLHOUSE & QUEENSLIE COMMUNITY COUNCIL).**

- 8.12.1. Mr Black asked whether Wellhouse was particularly and equally ill served at either ends of the neighbourhood.
- 8.12.2. Mr Andrews said that he could not speak for residents, but said that residents felt more isolated, especially in certain parts, which is why the pharmacy was needed.
- 8.12.3. Mr Black asked whether there was a group of Community Councillors who could meet to discuss things.
- 8.12.4. Mr Andrews confirmed that Easterhouse was a collective name for a number of small communities.
- 8.12.5. Mr Black asked what Wellhouse needed where the needs were not being met elsewhere.
- 8.12.6. Mr Andrews replied that Wellhouse was a distinct community, and proud. They were good people and he felt passionate about wanting to take part in this hearing and get the residents views across. They had 170+ responses in the previous application, and 130+ in this application. However, they could be a different 130 people and it should not be assumed that they were the same people.
- 8.12.7. Mr Black said at the start of the hearing, there had been an implication that not mentioning methadone dispensing on the application was a problem and that if that had been more clearly stated on the application then perhaps people might have objected more readily, and sought Mr Andrews' view.
- 8.12.8. Mr Andrews said that where they had received some objections, these had been debated at the Community Council meetings. They had considered whether it was fair for people with additions to travel to other areas. It was felt that it was not fair to ask them to go to Barlanark – “our folk, our problem”.
- 8.12.9. Mr Woods asked how many members sat on the Wellhouse & Queenslie Community Council.
- 8.12.10. Mr Andrews replied 12.
- 8.12.11. Mr Woods noted that this meant that the 12 people attending the last Community Council meeting had meant that all members had attended.
- 8.12.12. Mr Woods asked how the Community Council had considered the testimonies that Mr Andrews had read out.
- 8.12.13. Mr Andrews replied that the Community Council had discussed and voted to support the application. Although there had been some concerns, the consensus had been that a pharmacy was needed.

- 8.12.14. Mr Woods asked how many members of the Community Council had taken part in the debate.
- 8.12.15. Mr Andrews said at least 10 members.
- 8.12.16. With regard to walking and access, Ms Diamond asked whether tenement stairs were always a problem.
- 8.12.17. Mr Andrews replied that a couple of stairs at Wellhouse were quite hilly – and lengthy – 150 stairs, so to access a bus route with a huge staircase was a problem. To avoid those stairs was tricky due to lack of suitable pathways.
- 8.12.18. Ms Lynch asked where the Community Council boundaries sat.
- 8.12.19. Mr Andrews confirmed that the Queenslie Estate fitted within the boundaries of the Community Council, plus Easthall.
- 8.12.20. Ms Lynch asked if this meant the Community Council borders were larger than the Applicant’s neighbourhood
- 8.12.21. Mr Andrews confirmed, and added that the Council had proposed Easthall, which they had opposed as they had felt that Easthall should establish its own community council and there were no folk from Easthall on their Community Council.
- 8.12.22. Ms Lynch asked what were the healthcare needs that were particular to the community compared to Barlanark, and how did Mr Andrews determine other healthcare needs, which were not present in other communities.
- 8.12.23. Mr Andrews replied that it was mainly in relation to geography, but added that there were a number of residents with alcohol and addiction problems. Pharmacists had previously worked with New Horizons – a successful project that had shut down. People had lost faith. Mr Andrews added that he had touched on the community trust funding and was trying to get people to engage more with pharmacy services.
- 8.12.24. Mr Dykes asked about the concerns mentioned at the Community Council meetings and asked Mr Andrews to elaborate.
- 8.12.25. Mr Andrews said the concerns related to the methadone-dispensing programme with drug addicts hanging out in the area. The Community Council acknowledged that these folk were from their community – and wondered why they should be asked to go up to Fort or to Barlanark. They were “our people and our community”. Mr Andrews acknowledged that local people had concerns but the Community Council felt that if there were issues, they would deal with them.
- 8.12.26. Mr Dykes asked about the comment relating to the proximity of the school to the proposed pharmacy site.
- 8.12.27. Mr Andrews said that the School at Newhall was across the road. Nobody had raised any issues, and in fact, the opposite was true. Having a

pharmacy there was a highly regarded as an additional need. Residents might need emergency prescriptions and it would be an asset if there were a pharmacy opposite the school.

- 8.12.28. Mr Dykes asked whether Mr Andrews agreed with the general feeling that gangs from Possil Park, Lambhill and Ruchill would not cross boundaries.
- 8.12.29. Mr Andrews acknowledged that people were territorial. This issue was being addressed and was why he had touched on the importance of local knowledge and said that the Interested Parties did not have that local knowledge. Mr Andrews admitted that he was passionate about trying to encourage people to engage and complain about any issues, but residents told him that they were fed up with complaining and so they did not go through the formal complaints procedure. This was about understanding the issues, and the need to change people. A pharmacy could help with educating people and be a catalyst for change.
- 8.12.30. The Chair asked whether the Community Council meetings were open to the public.
- 8.12.31. Mr Andrews confirmed they were. Members of the public were welcome but did not attend.
- 8.12.32. The Chair asked whether the Community Council meetings were open to Councillors and asked if they regularly attended.
- 8.12.33. Mr Andres confirmed that meetings were open to Councillors to attend.

This concluded the submissions and questions and the Chair invited the parties to summarise their cases.

9. **SUMMING UP**

9.1. **Interested Party – Mr Arnott (Lloyds Pharmacy Ltd)**

- 9.1.1. Mr Arnott said that the pertinent points were that nothing had changed in Wellhouse since the previous application. No new homes had been built and there had been no population expansion.
- 9.1.2. Mr Arnott appreciated Mr Andrews' passion but noted that there had been a low response rate to the consultation – fewer responses than the previous application.
- 9.1.3. Mr Arnott acknowledged that the SIMD figures showed that Wellhouse was a deprived area but not in terms of access to services.
- 9.1.4. Mr Arnott said that although it would be nice to have a pharmacy on every street corner, each community pharmacy cost the NHS up to £50,000.
- 9.1.5. Mr Arnott said that the Applicant's extended opening hours were unnecessary and it was unviable on Saturday and Sunday, and pointed out that the extended hours could be reduced at any time.
- 9.1.6. Mr Arnott pointed out that some of the current pharmacies were open up to

53 hours per week and if this were deemed inadequate, then 95% of pharmacies would be inadequate. Mr Arnott stated that the current hours were adequate.

9.1.7. Mr Arnott said that the application was about convenience and said that the panel needed to consider existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood. There were 3 pharmacies within 1-mile radius, one of which was 0.6 miles away.

9.1.8. Mr Arnott said that there was no mention of a need for a Pharmacy in the Pharmaceutical Care Plan.

9.1.9. Mr Arnott asked the panel to refuse the application, as it was neither necessary nor desirable to secure the provision of adequate pharmaceutical services in the neighbourhood in which the proposed premises were located.

9.2. **Interested Party – Mr Cowle (Boots UK Ltd)**

9.2.1. Ms Cowle said that the neighbourhood had been defined.

9.2.2. Ms Cowle said that the Applicant had provided no evidence. No additional services were being provided outwith the national contract.

9.2.3. Ms Cowle commented that there had been no complaints and nothing highlighted in the Pharmaceutical Care Plan. There were no issues with the existing pharmacies.

9.2.4. Ms Cowle noted that the APC did not support the contract. They had local knowledge and understood the local need. Moreover, did not deem it desirable.

9.2.5. Ms Cowle said that with the introduction of the extended Pharmacy First in April, it would not make much of a difference to the majority of people. However, the service would be more widely available to people working in care homes.

9.2.6. Ms Cowle acknowledged the passion of Mr Andrews but emphasised that the points he had raised in relation to lack of access to services in terms of transport were the same points that had been highlighted by the MSPs.

9.2.7. Ms Cowle stated that the existing pharmaceutical services were adequate and it was neither necessary nor desirable to grant the application in order to secure adequate provision and requested that the application be refused.

9.3. **Interested Party – Mr Andrews (Wellhouse & Queenslie Community Council)**

9.3.1. Mr Andrews disputed that the reasonable needs of the community were being met. It was not just about transport and accessibility but also the capacity of the existing pharmacies, which could not meet the current needs.

- 9.3.2. With regard to Mr Arnott's comment that each community pharmacy took £50k to set up, how many GP appointments could be saved by using MAS and avoiding the need to visit hospitals.
- 9.3.3. Mr Andrews said it was not just about prescriptions, but MAS was extremely important and big and emphasised that he disputed that the meets were being met as it was unreasonable for some people to be expected to travel for 20 minutes for repeat visits.
- 9.3.4. Mr Andrews said that the current pharmacies could not cope with the demand and were at capacity. It was not going to get better. The current services were inadequate and a pharmacy was needed in Wellhouse.

9.4. **The Applicant**

- 9.4.1. The Applicant said that Wellhouse suffered from high deprivation. Many had long-term health conditions and faced alcohol and drug addictions.
- 9.4.2. The Applicant noted that the pharmacy at Easterhouse was closed at weekends and at lunchtimes.
- 9.4.3. The Applicant acknowledged that Pharmacy First would be available to everyone
- 9.4.4. The Applicant noted that Boots charged for deliveries, which they would not do in Wellhouse
- 9.4.5. The Applicant added that if people were banned from visiting the Fort, they could not visit the pharmacy there.
- 9.4.6. The Applicant highlighted the long waiting times that had been flagged in the CAR and said she believed the existing services were inadequate and asked that the application be granted.

10. **CONCLUSION OF ORAL HEARING**

- 10.1. The Chair then invited each of the parties present that had participated in the hearing to confirm individually that that each had had a full and fair hearing. Each party so confirmed.
- 10.2. The Chair advised that the Committee would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared and submitted to the Health Board within 10 working days. All parties would be notified of the decision within a further five working days. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.
- 10.3. The Chair advised the Applicant and Interested Parties that they might wish to remain in the building until the Committee had completed its private deliberations. This was in case the Committee required further factual or legal advice in which case, the open hearing would be reconvened and the parties would be invited to come back to hear the advice and to question

and comment on that advice. All parties present acknowledged an understanding of that possible situation.

10.4. **The Applicant, Interested Parties, Observers and Board Officers left the meeting.**

11. **The Open Session closed at 2.50pm**

12. **Preliminary Consideration**

12.1. In addition to the oral evidence presented, the PPC took account of the following:

- 12.2.
- i. That a joint site visit had been undertaken of the area noting the location of the proposed premises, the pharmacies, medical centres, shopping centres and the facilities and amenities within and surrounding the proposed neighbourhood;
 - ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and the surrounding area;
 - iii. Map showing the neighbourhood proposed by the Applicant;
 - iv. A map showing the datazones of the area in question;
 - v. Distance from proposed premises to local pharmacies and GP practices within a one to two mile radius;
 - vi. Details of service provision and opening hours of existing pharmacy contracts in the area;
 - vii. Details of General Medical Practices in the area including practice opening hours, number of partners and list sizes;
 - viii. Number of Prescription items dispensed during the past 12 months and information for the Minor Ailments Service;
 - ix. Complaints received by the Health Board regarding services in the area between January-December 2019
 - x. Population Census Statistics from 2011;
 - xi. Glasgow City Council, Development & Regeneration Services email dated 8 November 2019 outlining planned road proposals
 - xii. Glasgow City Council, Development & Regeneration Services letter dated 22 November 2019 outlining relevant housing developments
 - xiii. Summary of applications previously considered by the PPC in this area together with previous NAP decisions;
 - xiv. The Application and supporting documentation provided by the Applicant;
 - xv. Letters and Emails from the Interested Parties
 - xvi. Pharmaceutical Care Services Plan;
 - xvii. Public Transport Information; and
 - xviii. The Consultation Analysis Report.
 - xix. Letter of support from MSP Ivan McKee and MP David Linden dated 19 March 2019 (appendix 6 of the CAR).

13. **Discussion**

Neighbourhood

13.1. The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from the site visit, first had to decide the question of the neighbourhood in which

the premises, to which the application related, were located.

- 13.2. The Committee considered the neighbourhoods as defined by the Applicant and the Interested Parties, examined the maps of the area, and considered what they had seen on their site visit.
- 13.3. The Committee considered that nothing had changed from the neighbourhood specified in the previous PPC. Neither actual nor proposed housing developments had a material impact on the size of the population. Whilst noting that Mr Andrews had changed his opinion of the neighbourhood from the previous PPC and wished to include Queenslie due to the need for workers in the industrial estate to access to pharmaceutical services during the day, the Committee did not regard this as sufficiently important. In line with comments from other Interested Parties, the Committee felt that the boundaries should align with the neighbourhood borders outlined in the previous PPC.
- 13.4. The Committee agreed that the neighbourhood should be:
SOUTH Edinburgh Road, west to its junction with Bartiebeath Road
NORTH and WEST Bartiebeath Road to its junction with Wellhouse Road
EAST Wellhouse Road, south to where it joins Edinburgh Road

Adequacy

- 13.5. Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services within or to that neighbourhood and, if the committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.
- 13.6. In considering the CAR. The Committee noted that 300 paper copies had been requested by the Applicant, and nobody else. Moreover, 139 people had responded, 109 of which had been through paper copies. They also noted:
- an advertisement had been placed in the Evening Times newspaper;
 - the Consultation was notified on the NHS GGC twitter account and website;
 - hard copies of the questionnaire available on request by IA.
- 12.7 The Committee acknowledged the majority of respondents lived within the neighbourhood (Question 2), and that (Question 12), 105 respondents had found out the consultation by means other than from the Health Board, newspaper advertisement or social media, which they believed meant that of the 300 paper copies requested by the Applicant, the majority would probably have been handed out to residents directly.
- 12.8 With regard to Question 3, the Committee acknowledged that the high number of responses indicating that all the services currently provided

being inadequate was unusual.

- 12.9 In response to Question 4 and the challenges experienced accessing services, the Committee noted the high level of comments relating to excessive waiting times. However, it was noted that the Applicant had not explicitly referenced waiting times as an issue in her supporting statement but had suggested that services were stretched and that pharmacies were at capacity.
- 12.10 The Committee acknowledged that the Interested Parties had admitted that at times waiting times were longer than 10-15 minutes, but had refuted that this was the general position and noted, in relation to shortages, that Lloyds had increased their number of suppliers.
- 12.11 The Committee acknowledged that the Boots were dispensing in excess of 11,000 items per month against the national average of 6000 items.
- 12.12 The Committee had noted that Lloyds had agreed to increase staffing levels if there were excessive waiting times and the volume of business required an increase in staffing levels, but would not change their model.
- 12.13 In Question 4, respondents had also highlighted the issue of public transport, and the Applicant had stated that the current transport service was inadequate. The Committee noted Mr Andrews had said that the journey time was 15 minutes. The Committee acknowledged that it was not up to the pharmacies to address the issue of public transport, but the Council, and of itself, this did not demonstrate inadequacy.
- 12.14 In response to Question 7, it was noted that the high number of responses replying affirmatively was also unusual.
- 12.15 The Committee also noted that in general a large number of the written comments spoke to convenience not inadequacy.

In accordance with the statutory procedure the Pharmacist Members of the Committee, namely Mr Black and Mr Dykes left the room while the decision was made.

13. **DECISION**

- 13.1 In considering this application, the Committee was required to take into account all relevant factors concerning the definition of the neighbourhood served and the adequacy of existing pharmaceutical services in the neighbourhood in the context of Regulation 5(10).
- 13.2 Taking into account all of the information available, and for the reasons set out above, it was the view of the Committee that the provision of pharmaceutical services in or to the neighbourhood (as defined by it in Paragraphs 10.7-10.11 above) and the level of service provided by the existing contractors in the neighbourhood, was adequate and, therefore, it was neither necessary nor desirable to have an additional pharmacy.

13.3. It was the unanimous decision of the PPC that the Application be refused.

The meeting closed at 3.50pm