

Pharmacy Practices Committee

Minutes of the meeting held on Wednesday 27th April 2022 at 0900 hours via Microsoft Teams

PRESENT:

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| Mrs Margaret Kerr | Chair |
| Mr John Woods | Lay Member |
| Mr Stewart Daniels | Lay Member |
| Mr Josh Miller | Non-Contractor Pharmacist Member |
| Mrs Yvonne Williams | Contractor Pharmacist Member |
| Mr Alasdair Macintyre | Contractor Pharmacist Member |

IN ATTENDANCE:

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| Mrs Trish Cawley | Contracts Co-ordinator, NHS GGC |
| Mrs Janine Glen | Contracts Manager, NHS GGC |
| Ms Bridie McCallum | Contracts Supervisor, NHS GGC |

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| 1. | MEETING CONVENED |
| 1.1 | The Pharmacy Practices Committee (PPC) convened at 0900 hours. |
| 1.2 | The Chair asked the members present to confirm that they had no interest in any of the business to be conducted by the PPC. Each member confirmed there were no conflicts of interest. |
| 2. | ORDINARY BUSINESS |
| 2.1 | <u>Minutes of Previous PPC Hearings</u> |
| 2.2 | The Minutes of the PPC held on Wednesday 9 th February 2022 – PPC [M] 2022 – 01 were notified. |
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| 3. | DETERMINATION OF APPLICATION |
| 3.1 | APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST CASE No: PPC/INCL03/2022 – DS Pharm Ltd, T/A Ruchill Pharmacy, 261-263 Bilsland Drive, Ruchill, Glasgow G20 9RE |
| 3.2 | <i>The Chair formally convened the open session of the hearing and welcomed the Applicant and Interested Parties.</i> |
| 3.3 | Mr Nathan Denholm, ("the Applicant") (assisted by Mrs Paige Denholm). |
| 3.4 | The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend this hearing, were: |
| 3.5 | - Mr Tom Arnott representing Lloyds Pharmacy Ltd (assisted by Mrs Roxsann Fitzpatrick); - Mr Mark Dickinson representing Rowlands Pharmacy Ltd (assisted by Ms |

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| | <p>Lucy Corner);</p> <ul style="list-style-type: none"> - Mr Imran Qayum representing Maryhill Pharmacy and Maryhill Dispensary; - Mr Rodney Haugh representing Houlihan Pharmacy (assisted by Ms Eilidh Carroll); and - Mr Mark Feeney representing A G Bannerman Ltd. |
| 3.6 | Together these constituted the “Interested Parties”. |
| 3.7 | The Applicant and Interested Parties were advised that the meeting had convened at 0900 hours when all present were invited to state any interest in the application. No interests were declared. |
| 3.8 | The Chair thanked the Applicant and Interested Parties for their patience and perseverance while the technical issues with Microsoft Teams were resolved. The Chair apologised for the delay in starting the hearing. |
| 3.9 | The Chair advised that Mr Martin Green, representing M&D Green Ltd had made several attempts to join the hearing, with no success. Mr Green had withdrawn from any further attempts and had confirmed that he was comfortable for the hearing to go ahead in his absence. |
| 3.10 | The Chair advised all present that due to the current COVID restrictions no group site visit had taken place. Instead members of the PPC had undertaken individual site visits to the proposed premises and surrounding area. |
| 3.11 | The Chair advised all present of the necessary housekeeping and Microsoft Teams functions. |
| 3.12 | This oral hearing had been convened under Section 3, Paragraph 2 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended. The PPC was to consider the application submitted by DS Pharm Ltd to provide general pharmaceutical services from premises to be situated at 261-263 Bilsland Drive, Ruchill, Glasgow G20 9RE (“the Proposed Premises”). |
| 3.13 | The purpose of the meeting was for the PPC to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the Applicant’s proposed premises would be located. |
| 3.14 | Confirmation was sought by the Chair that the Applicant and Interested Parties were not attending this hearing in the capacity of solicitor, counsel or paid advocate. All parties confirmed individually that this was the case. |
| 3.15 | The Chair advised all parties of the hearing procedure to be followed stating that only one person was allowed to speak on behalf of the Applicant and each Interested Party. |
| 3.16 | Confirmation was sought that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All parties individually confirmed agreement. The Chair noted that Imran Qayum did not have his camera opened. Mr Qayum explained that he was having difficulty but was keen to move ahead. The Chair asked all present to confirm that they were content to proceed with Mr Qayum not being visible until such times as this |

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| | issue was resolved. All parties individually confirmed agreement. |
| 3.17 | The Chair advised that there were two areas that she wished to cover before inviting the Applicant to speak. |
| 3.18 | <p>The first item related to the original application Form A (1). At Section 4, Part 4(b) (vii), where it stated that the opening hours of the proposed premises would be:</p> <p>Monday – Friday: 8pm – 6pm</p> <p>Saturday – 9pm – 5pm</p> <p>Sunday 12pm – 4pm</p> <p>The Chair surmised that this was probably a typographical error and that the opening hours should commence “am” and not “pm”.</p> |
| 3.19 | As Form A (1) was a formal document it was important to clarify the hours intended. The Chair paused and confirmed that all present were happy to accept that this was an error. The Applicant confirmed that this was the intention of the Application and that the wording was indeed a typographical error. There were no comments from any of those present, and the Chair was satisfied that the proceeding could move on. |
| 3.20 | The second area related to the definition of neighbourhood. In the Application Form A (1) at Section 4, Part 4(b) (iii), the north boundary was described as “Canal”. The Consultation Analysis Report (CAR) contained an expanded definition. The Chair directed those present to Page 48 of the CAR to the questionnaire used in the exercise. The definition contained in this document described an expanded narrative of the north boundary “canal to where it meets the railway line, and the railway line to Balmore Road”. This more detailed description of the north boundary was reflected in the maps provided to the PPC and contained in the questionnaire within the CAR. The Chair felt it was important that where there were slight differences in key documents that attention was drawn to these at the outset. |
| 3.21 | Finally, the Chair confirmed that the PPC had read all the papers submitted so invited Mr Denholm to speak in support of the application, reminding him that the PPC was not in a position to consider any additional written evidence. |
| 4. | <u>THE APPLICANT’S CASE – (below was reproduced from Mr Denholm’s pre-prepared statement)</u> |
| 4.1 | The Applicant thanked the PPC for allowing him the opportunity to present his case. He introduced himself and gave a brief background to the company and those involved in the company. |
| 4.2 | He advised that his intention was to highlight that the boundaries outlined the area known as Ruchill; highlighted the magnitude of the existing inadequate care, and as such the unmet need in the neighbourhood. He was also going to highlight the demand for a new pharmacy in the neighbourhood and finally to show that the granting of a new contract in Ruchill was both necessary and desirable to secure adequate services in the neighbourhood. |
| 4.3 | The Applicant advised that firstly, the definition of a neighbourhood referred to the physical sense of an area which could be viewed as a place where someone described themselves as residing in and one in which they receive |

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| | <p>their services. It was historically difficult to definitively outline a ‘neighbourhood’ in the conventional sense with no accepted consensus of what did and didn’t constitute a neighbourhood. However, in the Applicant’s case, there were several clear natural geographical and physical boundaries elucidating the neighbourhood:</p> <p>North boundary: Canal to where it meets the railway line – then the railway line to Balmore Road;</p> <p>East boundary: Balmore Road;</p> <p>South boundary: Junction of Maryhill Road and North Park Street, onto Firhill Road then along Panmure Street/Stronend Street where it meets Balmore Road; and</p> <p>West boundary: Maryhill Road.</p> |
| <p>4.4</p> | <p>All of which were busy roads which were thoroughfares of traffic. These boundaries organically gave rise to an inner-city neighbourhood, and this was further evidenced from the joint consultation exercise where 94.5% of respondents agreed with this proposed neighbourhood.</p> |
| <p>4.5</p> | <p>Within the defined boundaries of the neighbourhood there were several amenities and neighbourhood characteristics including:</p> <ul style="list-style-type: none"> • Ruchill Community Centre; • Ruchill Community Council comprised of Ruchill residents to represent the views of Ruchill Residents; • Ruchill Community Learning Centre; • Benview Campus - £19 million investment comprising <ul style="list-style-type: none"> ○ St Cuthbert’s Primary School ○ High Park Primary School ○ Highpark Language and Communication Resource • Benview Early Years centre; • Two Care homes <ul style="list-style-type: none"> ○ Wydnford Locks ○ Four Hills Care Home • Nurseries; • Several convenience stores; • Takeaway outlets; • Beauticians and barbers; • Religious Places of Worship; • Lidl supermarket; • Student Village; • Housing associations; • Ruchill Public Park. |
| <p>4.6</p> | <p>Whilst it was no question that the Applicant’s defined boundaries outlined a neighbourhood for all purposes, notably in line with the previous PPC hearing in 2016, it was evident that the neighbourhood of Ruchill had been somewhat forgotten. What was once a thriving area, notably with its own Pharmacy on Bilsland Drive until 1989, it had been the product of lack of investment. Despite this, the residents of Ruchill had a strong sense of social cohesion which was further evidenced from CAR responses. To quote a couple:</p> |

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| | <ul style="list-style-type: none"> • <i>“Ruchill was very much it’s own community”</i> • <i>“A Pharmacy in this location would be great for the community”</i> • <i>“Ruchill had been left isolated for a number of years without proper transport to other pharmacies or healthcare due to lack of bus routes...”</i> • <i>“There was not a pharmacy in Ruchill with plans for new homes being built, which would put more pressure on the pharmacy’s in the surrounding area. This area needs its own pharmacy.”</i> • <i>“We had been crying out for a local pharmacy for years and were shocked when the last one got rejected. Ruchill needs this. It was like we were forgotten compared to Maryhill and Possil.”</i> |
| 4.7 | The explicit endorsement from the Community Council and Local Councillors reinforced the strong sense of community and the will to safeguard the integrity of the community. |
| 4.8 | Residents of adverse neighbourhoods were influenced by their surroundings and consequently, despite the strong sense of community, were more likely to suffer across several domains. When threats to public health were caused by characteristics of entire communities, in this instance lack of investment and a dearth of accessible healthcare, it was more efficient to address these threats at a community level rather than to treat each individual separately. |
| 4.9 | This leads on to the population and demographics of the neighbourhood of Ruchill. Information from Small Area Population Estimate in 2019 estimated a population of 14,184. The Applicant appreciated some of the Datazones encroached on other neighbourhoods and so they modestly estimated a more representative population to be 8,599 (data from 10 Datazones from Census 2011). This did exclude the transient student population of Glasgow University Murano Street Student Village which housed around 1,180 residents and also excluded future developments. They also appreciated that population figures were not an exact science, however even when modestly estimating the population in their neighbourhood it was evident that since 2016 there had been a steep increase in population from 3,838, reported in the previous application. |
| 4.10 | Before discussing future developments, which would account for a large increase in population in Ruchill, it was prudent to draw some comparisons of population per pharmacy to highlight the obvious disadvantage that Ruchill residents were subject to. Looking at a neighbourhood within GGC and with a smaller population than Ruchill, the area of Milton had a population of 7,389 people and had access to three pharmacies equating to a population per pharmacy of 2,463- again, Ruchill had 8,599 people with no pharmacies. In the case of Falkirk, in another Health Board, a more affluent area than Ruchill, Bonnybridge had a population of 5,210 people with two pharmacies, a population per pharmacy of 2,605. An area of similar deprivation scores, Drumchapel, had 12,976 people with three pharmacies equating to a population per pharmacy of 4,325. These comparisons not only highlighted that the residents of Ruchill were disadvantaged compared to those in the same Health Board but also to neighbouring Health Boards. Over 8,000, increasing year on year, without adequate access to Pharmaceutical Care. |
| 4.11 | In line with the scarcity of access to adequate pharmaceutical care, data collated from Scottish Index of Multiple Deprivation (SIMD) 2020 and 2011 Scotland Census painted the picture of a deprived neighbourhood. By definition, deprivation was the lack of or denial of something considered to be a |

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| | <p>necessity. SIMD was a validated tool applied by organisations to identify areas that require additional resources, whereby Ruchill had a score of Rank 1 out of 10. This overall placed Ruchill in the top 10% most deprived areas in the country. The Applicant's boundary also encapsulated Datazones that were considered areas of deep-rooted deprivation. This clearly outlined that health and deprivation within their boundary had consistently ranked as one of the highest nationally, and importantly, wasn't improving. Deprivation due to consistently ranking amongst the most deprived 5% in Scotland since 2004, with one positioned 14 and a ranking in Decile 1. This clearly outlined the health and deprivation within their boundary was consistently ranked as one of the highest nationally and importantly it was not improving.</p> |
| 4.12 | <p>Deprivation, fewer resources, poorer quality of life, increases in equality and increases in demand for resources which increases strain. The sheer lack of resources had previously been addressed by Balmore Surgery in Possilpark Health and Care Centre in 2015, which was considered the 3rd most deprived surgery in Scotland and as such coined the term a 'Deep End Practice'. This highlighted the perpetual constraint of the Inverse Care Law in Scotland and especially in the Applicant's neighbourhood. Those with the most need get the lowest level of service. In their case with consistent high deprivation levels and over 8,000 people without adequate access to pharmaceutical care. Access to a community pharmacy should be greater in areas of higher deprivation and as such, if healthcare was not resourced based on need, the net effect of healthcare was to widen health inequalities. The PPC would be well aware that deprivation was one of the most important factors to consider when determining the healthcare needs of a population.</p> |
| 4.13 | <p>Highlighting data from Census 2011, a representation of the Applicant's neighbourhood and surrounding postcodes:</p> <ul style="list-style-type: none"> • 37% of people were living with one or more long-term health condition compared to 31% for Glasgow. • 19% feel their day-to-day activities were limited a lot due to a long-term health problem or disability compared with 13% for Glasgow. • Life expectancy in our neighbourhood was the lowest in Glasgow and healthy life expectancy for males was 48 years compared to 56 years for Glasgow and 63 years for Scotland. For females, 50 years compared to 58 years for Glasgow and 64 years for Scotland. This highlights residents in Ruchill experience poorer life outcomes than the average across Glasgow and Scotland. • 41% of residents aged 16 to 74 were economically inactive, compared to 36% for Glasgow. • 65% lone parent households with dependent children compared to 64% of Glasgow. • 64% of residents had no cars or vans available to the household, compared to 51% for Glasgow. • 13% of residents were aged >65 years, however transport was only free for those >60. • 46% of residents aged 16 years or older had no qualifications, compared to 32% for Glasgow. |
| 4.14 | <p>This could be interpreted in parallel to health literacy rates, where more disadvantaged individuals under-estimated their health needs which led to increased prevalence of co-morbidities and more emergency hospital</p> |

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| | admissions. The Board would appreciate the importance of reducing emergency hospital admissions to reduce the burgeoning strain on NHS resources. Health literacy was a key determining factor of health and so improving higher levels of health literacy was a key objective of the Scottish Government, outlined in their 2017-2025 <i>'Making it Easier'</i> action plan in addition to being an integral part of the Curriculum for Excellence. A community pharmacy was a fundamental aspect to intervene and promote health seeking behaviour, especially one in the heart of the community. |
| 4.15 | Referring to Ruchill and Possilpark <i>'Thriving Places'</i> document, 2017, which was a locality plan produced by local residents aimed at tackling inequalities, it outlined community issues which involved the common theme of transport issues. Firstly, only 36% of residents owned a car which left around 2/3 ^{rds} of households reliant on public transport or to walk. Public transport in the neighbourhood was scarce with only one bus passing through Ruchill- First Bus no. 90 which passed through every 30 minutes and involved payment or bus pass in addition to a further walk to reach a pharmacy, then a return trip. Cost implications of taxi fares or bus trips, especially for families of lone parents who would have to take children along due to lack of child-care facilities, reliability of public transport, time and physical logistics, added to the barriers to access pharmaceutical care. |
| 4.16 | When referring to walking distances from within the Applicant's boundary to reach a pharmacy, there was no blueprint for a specified acceptable time, however, transport problems posed a significant barrier for the residents. When walking was the only option to access adequate pharmaceutical care they should not be subject to further barriers, however geographically, there were additional barriers. An example being someone living in Colgrain Terrace would need to walk 15 minutes to reach the nearest pharmacy which would be Maryhill Dispensary. Now this may be acceptable for a fit individual and in a rural setting, however in an urban neighbourhood and with high levels of deprivation this was a clear disadvantage to residents. Another example involved a fit and healthy 29-year-old walking to the nearest pharmacy from Bilsland Drive, which was Maryhill Pharmacy and takes roughly 11 minutes by walking down steep steps from Ruchill Street down to Shakespeare Street. There were no disabled or elderly access therefore they would be forced to attempt to cross the busy Maryhill Road. The closest pharmacies for residents in the Applicant's neighbourhood required them to encounter busy main roads-Balmore Road and Maryhill Road (hence their East and West boundary respectively). Further risks were encountered when there was adverse weather with icy conditions and heavy rain. This was illustrated by the photos provided which shows the severe flooding on Maryhill Road and Hawthorn Street. |
| 4.17 | The flooding was unfortunately not a rare occurrence and consequently prevented residents from accessing pharmaceutical care as there were none in the neighbourhood. |
| 4.18 | This was evidently communicated from responses in the Consultation Analysis Report, when asked Question 3 <i>'Do you think there were any gaps in the existing pharmaceutical service provision noted below?'</i> with residents stating the following: <ul style="list-style-type: none"> • <i>"The area had badly been lacking a pharmacy for many years and was the ideal solution for many in the local area. It's a nightmare for some families to collect prescriptions outwith the area."</i> |

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| | <ul style="list-style-type: none"> • <i>“I think that there was a huge need for people, especially the vulnerable, in this area to had access to a lot of these services. Currently they had to travel to do this and that may not always be feasible for vulnerable people to do so.”</i> • <i>“Current local pharmacies were not local enough and prove challenging to access sometimes when urgently requiring prescription or help.”</i> • <i>“Nothing close to us at all and when it floods we couldn’t get any advice from the chemist as you couldn’t get onto Maryhill Road.”</i> • <i>“Ruchill had none of these services, requiring travel for residents. Transport was very poor.”</i> • <i>“I think this was a good proposal from the area as we had to go to Maryhill for Pharmacy and there was a lot of elderly and disabled in area with not a great bus service. Also difficult if you run out of medicine.”</i> • <i>“I’m not often fit enough to walk to the pharmacy and I don’t drive so it’s hard to access these services fully.”</i> |
| 4.19 | The Board would be aware that in deprived areas, disadvantaged individuals were not only geographically limited by transport difficulties, but research had shown they tend also to be more psychologically bound to their local area and as such found moving out threatening. This was highlighted in the Thriving Places locality plan which reported <i>“just over half of people felt safe walking alone in the area after dark”</i> . Therefore, the importance of locating services within the community cannot be over emphasised to address this inequity. |
| 4.20 | It was evident that a pharmacy in Ruchill was not merely based on convenience, instead it was actually essential for residents to have in order to have adequate access pharmaceutical care. |
| 4.21 | Given the current political environment and trends it was judicious to assume the statistics from Census 2011 had only worsened, increasing the burden and inequality in the neighbourhood. Following the publication of <i>the ‘Wilson and Barber Report’</i> , people in deprived areas suffered onset of multi-morbidity 10-15 years earlier compared to those in more affluent areas. This demonstrated a direct correlation with higher deprivation levels causing increased demand on pharmaceutical care. |
| 4.22 | Referring to the population in Ruchill and current pharmaceutical services it could be concluded that: <ul style="list-style-type: none"> • The current approximate population of just under 9,000 people, the majority of this required pharmaceutical care in some form of service. • These patients were forced to travel outwith their neighbourhood as they had access to no pharmacies within the community of Ruchill, which put them at a disadvantage compared to surrounding areas in GGC. • The neighbourhood had a higher level of deprivation and long-term sickness. These issues were forecast to increase which placed an additional strain on pharmaceutical services already operating at capacity. |
| 4.23 | The Applicant advised that he was sure the PPC would be mindful of <i>Lloyd’s Pharmacy Limited v the National Appeal Panel, 2004</i> , where Lord Drummond Young communicated that <i>“in addressing the question of the adequacy of existing provision to serve a neighbourhood, the decision makers should had</i> |

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| | <i>regard to future developments</i> ". The PPC were the experts and would have a wealth of experience to acknowledge the future developments to 'secure' the adequate provision of services. |
| 4.24 | <p>This led on to future developments in Ruchill and surrounding areas, which would further escalate the strain on services. To highlight since the last application in 2016, the population had more than doubled, therefore future developments would continue this trend of a rapidly expanding population.</p> <ul style="list-style-type: none"> • Maryhill Locks which was going to comprise of a mixture of 33, three and four bed townhouses; • Hamiltonhill Development involves several neighbourhoods along the canal corridor in and around Ruchill and would result in 673 new homes. • Lar Housing Trust plan to redevelop The Quadrangle office building on Ruchill Street into 39 flats. • Arguably the most important was the redevelopment of the former Ruchill hospital site with Bellway Homes undertaking a substantial project to build 403 properties, named Ashlar Village. This development was right on the door step of our pharmacy. • Taking all future developments into consideration, we could modestly estimate that the neighbourhood could potentially increase by approximately 2,300 people to the area. |
| 4.25 | To access a GP, depending on their location within the neighbourhood residents of Ruchill had access to Healthcare Centres in neighbouring areas. Figures from ISD Scotland, in January 2022, showed that you had Possilpark Health and Care Centre (total number of patients registered - 12,329), Maryhill Health and Care Centre (total number of patients registered - 65,784), and you also had Woodside Health and Care Centre (total number of patients registered – 34,770). |
| 4.26 | Notably, Maryhill Health and Care Centre was located outside the Applicant's boundary – less than a mile away you had the Barclay Medical Practice which was the largest practice size in GGC Health Board of 54,330 patients. This had seen an increase in size since 2016 with an increase in 21,957 patients (68% increase in patients). Importantly, this surgery had communicated their support of the new application due to ' <i>many issues</i> ' with the current pharmacies and additionally had communicated their ongoing exasperation due to patient complaints and failure to fully supply prescribed items. As such they now no longer delivered to one of the pharmacies anymore. This was evidence to show that this was a direct breach of NHSGGC Pharmaceutical Care Services Plan by not providing the core service of Acute Medication Service and therefore highlighted a level of inadequacy. |
| 4.27 | The Applicant appreciated GP surgeries were just out with their proposed boundary, however, as the Board and Interested Parties present here today could appreciate, COVID-19 had overwhelmed the current healthcare infrastructure, and it had demanded remodelling of healthcare systems. This had provoked a shift towards virtual GP consultations and, in line with Achieving Excellence in Pharmaceutical Care, had encouraged Pharmacy First. And an even greater requirement for a pharmacy " <i>on your doorstep</i> ". |
| 4.28 | The Applicant was mindful of previous PPC hearings and numerous National Appeal Panel (NAP) hearings that adequate Pharmaceutical Services could be |

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| | provided to a neighbourhood from pharmacies located outwith that neighbourhood, however this was evidently not the case in Ruchill, with residents forced to travel a distance outwith their neighbourhood only to be met with inadequate pharmaceutical care. Often requiring more than one trip to fulfil a prescription. |
| 4.29 | As per the regulations, an application would only be granted <i>“in order to secure adequate provision of pharmaceutical services in the neighbourhood.”</i> Pharmaceutical services in Ruchill were either adequate or they were not. Mr Denholm then advised that he would now go on to demonstrate, without ambiguity, that the existing services provided to the neighbourhood of Ruchill were NOT satisfactory and were inadequate. |
| 4.30 | This led him on to discuss the Consultation Analysis Report (CAR) and the 364 responses that were submitted, notably a considerable increase from 12 responses in the previous 2016 application. As the Board would know, the rationale behind the consultation exercise was to assess the views of local people regarding existing pharmacy services and to measure the level of public support for a new pharmacy. As such, 85.4% of responses from people who lived within the proposed neighbourhood, these responses were from patients accessing the services and therefore gave a true reflection of the inadequate service they were provided with. |
| 4.31 | In light of the COVID-19 pandemic, community pharmacists had acted as the only healthcare professionals open for face-to-face consultations to the public. This concept highlighted the importance of using your Pharmacy First, a vision outlined in <i>‘Achieving Excellence in Pharmaceutical Care’</i> . Cooperation with the patient and not just supply underpins the philosophy of pharmaceutical care, emphasising the need for face-to-face interactions and person-centred care which had shown to improve therapeutic outcomes and reduce non-adherence to medication. |
| 4.32 | Quoting Community Pharmacy Scotland, the <i>“biggest success”</i> in Community Pharmacy this year in Scotland had been Pharmacy First. With data showing that <i>“patient engagement continues to increase... making sure people could be seen at the right time in the right place”</i> . However, it was obvious that the surrounding pharmacies were at saturation point and therefore not providing this service. This was clearly evidenced with the responses from the CAR, with people accessing the existing services stating: <ul style="list-style-type: none"> • <i>“Could’t actually speak to the chemist. Slow and had been told to speak to my gp when I think they could had given me my meds</i> • <i>“some local pharmacies were not providing nor offering Pharmacy first service”</i> • <i>“It’s called Pharmacy First but when I go there they tell me to call the gp like what’s the point”</i> • <i>“Could never speak to the pharmacist to get any advice”</i> • <i>“The chemist never deals with ‘urgent health matters’ as she was always too busy”</i> • <i>“The chemist I go to hasn’t been able to cope through the pandemic”</i> • <i>“Tried to stop smoking but chemist was always too busy to speak to me”</i> • <i>“What was the point of the pharmacy in Maryhill. My doctor tell me to go to the pharmacy first and then when I go, even for something minor they</i> |

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| | <p><i>tell me to go and see my doctor. The place was an absolute disgrace.”</i></p> <ul style="list-style-type: none"> • <i>“Urgent?! You never had any time to speak to the chemist as they were always too busy! Pharmacy first didn’t work in Maryhill as there’s always an excuse to get you back to the GP.”</i> • <i>“hopefully actually be able to get a minor element when I want it rather than having to sit and suffer as I cant speak to a chemist”</i> • <i>“the current provision was clearly extremely poor. Another pharmacy would massively improve patient care and the overall health of the community”</i> • <i>“Excellent a new pharmacy would mean I would get my medicine on time and allow time to speak to the pharmacist for advice. My current pharmacist was always too busy!!</i> • <i>“local pharmacies were overwhelmed and rarely had time to discuss long term conditions with us patients.”</i> |
| <p>4.33</p> | <p>It could be concluded from this that access to the Core Pharmacy services, NHS Pharmacy First Scotland and Medicines Care and Review were under strain, resulting in core services being delivered to an inadequate standard. The aspiration of NHS Scotland was for every patient to get the best possible outcome from their medicines, whilst avoiding harm. From the Applicant’s findings it could safely be concluded the current pharmaceutical services were falling extremely short of this vision. Granting of a new contract would allow this vision to become a reality and enable provision of adequate pharmaceutical care in the neighbourhood.</p> |
| <p>4.34</p> | <p>At this point, the Chair interrupted the hearing to confirm if someone had disconnected from the session. Mark Dickinson confirmed that he had lost connection, but that this had only lasted 30 seconds or less. He verified that he was content to move on as nothing of relevance had been missed, and his assistant would be able to cover any information if required.</p> |
| <p>4.35</p> | <p>Referring to Question 3 in the CAR showed 71.9% of respondents felt there were <i>“gaps in the existing pharmaceutical service provision”</i>. In addition to the inadequate Pharmacy First service provided, waiting times for prescriptions appeared to be a real issue, in some cases being described as <i>“shambolic”</i> and <i>“inadequate”</i>. Quoting the Regulations <i>“a pharmacist shall, with reasonable promptness, provide the drugs so ordered”</i>. Responses from the CAR painted a completely different picture with a theme of long waiting times and a breach of dispensing prescriptions in a timeous manner. To highlight a few:</p> <ul style="list-style-type: none"> • <i>“I had to wait 30 mins for a cream for my young child, which was absolutely ridiculous when there was no queue.”</i> • <i>“I work in the health centre and all we hear was shocking service from the surrounding pharmacies. No stock. Long wait times. Pharmacist was always too busy. It was shambolic to be honest.”</i> • <i>“I order a prescription from Lloyd’s and it could sometimes take around 7 days to be ready.”</i> • <i>“I always had to wait ages for something for my kid on that scheme. Never an easy process.”</i> • <i>“my monthly repeat prescription was never ready on time and I had to come back a second time. I know I’m not the only one with this issue cos there was always moaning in the queue!!”</i> |

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| 4.36 | <p>When exploring the current provision of Public Health Service, patients currently accessed services in Maryhill expressed an overwhelming concern regarding access to Emergency Hormonal Contraception.</p> <ul style="list-style-type: none"> • <i>“Maryhill Pharmacy denied me the morning after pill- absolute joke of a pharmacy – they’ve done it a fair few times to some of the students at Murano Halls.”</i> • <i>“... always had issues getting the morning after pill from the pharmacy in Maryhill. In the past they’ve told me to contact the GP and other times had told us to go to our local pharmacy (even though they were our local pharmacy)”</i> • <i>“I tried to get the morning after pill around 5ish one evening but the pharmacy had no stock. I’m a student so had to spend the rest of the night running around trying to find another pharmacy as time was running out.”</i> |
| 4.37 | <p>It was important to note that ISD figures showed evidence of previous supply of EHC from this site, so it was evident that it’s not a blanket policy that they operate. However there’s no continuity of care here. It’s clearly a direct breach in providing one of the core pharmaceutical services, and further emphasised the level of pharmaceutical inadequacy in the area.</p> |
| 4.38 | <p>Furthermore, responses in the CAR demonstrated patient concerns about poor stock availability within the existing pharmacies. Patients were having to make at least two journeys to pick up their medication. This inconvenience was worsened when the patient had no car, then two taxi trips were required or several trips on public transport. This was unacceptable in areas of deprivation where residents cannot afford these costs and for lone parents who struggle with childcare. Again, this also further deprived the elderly and disabled population. Responses from the CAR illustrated this:</p> <ul style="list-style-type: none"> • <i>“the pharmacy near us never had any stock”</i> • <i>“... slow service, lack of stock, overwhelmed staff”</i> • <i>“The wait times were too long and there were also stock shortages all the time.”</i> • <i>“takes too long to get important prescriptions. I need inhalers regularly and not enough stock. Get half prescriptions and had to come back for the rest.”</i> • <i>“... often I find the pharmacy did not had what I need in stock and the staff were often unhelpful when I need advice on where I could get what I need”</i> • <i>“... the pharmacies in this area were shocking... Lloyd’s never had my tablets in stock”.</i> |
| 4.39 | <p>Concerns raised over poor stock availability had a direct impact on the health needs of this population, with increased non-adherence to medication. A notable cause of harm and contribution to drain on the Scottish Government resources such as inappropriate escalation of therapy and increased waste of medication. Now the latter had actually caused an estimated £12-18 million worth of avoidable medicinal waste in Scotland.</p> |
| 4.40 | <p>Delving into dispensing of NHS prescriptions, in the unfortunate circumstance of requiring a compliance aid, this service was not available to patients in the neighbourhood. This was due to the current pharmacies in the surrounding areas seeming to be at saturation point. This consequently denied patients with</p> |

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| | <p>mental and physical disabilities, patients with complex drug regimes, elderly patients, and patients with poor compliance denied this service. This again was unacceptable. Refusal of the service was communicated from GP providers into the neighbourhood and from patients. To quote a couple:</p> <ul style="list-style-type: none"> • <i>“There was very little opportunities to get my elderly parents on weekly dispensed medication. I had to travel to another chemist to get these which was around 20 mins away and they do not deliver sadly.”</i> • <i>“I had an elderly parent who lives in the area and I’ve asked multiple chemists in Maryhill to provide her with a compliance aid- the responses were either we had no space or to try back again in a few months. It’s a disgrace to not had enough space or time to help an elderly patient take their medication correctly”</i> • <i>“Grandparents live with us and they both struggle with their medication. We’ve got in touch with various pharmacies in the area asking for a box for their medication so it was easier for them but they either say they don’t had space of there was a waiting list. It wasn’t really good enough.”</i> • <i>“I’ve been told I couldn’t get a bubble pack because they were full so I need to pop my pills into a pill box each week which I struggle with. I don’t feel my pharmacy were being very accommodating.”</i> • <i>“Im sure a new pharmacy would be able to offer boxes for elderly patients and those that need them without having to wait or be told no.”</i> |
| 4.41 | <p>So this gap in pharmaceutical service provision would only worsen as demand grows. The only way to address this blatant inadequacy, therefore, was to grant this pharmacy licence which would ensure compliance aids were available locally and within the neighbourhood that requires them now.</p> |
| 4.42 | <p>In addition to long waiting times and gaps in service provision, there was an obvious dissatisfaction with overall pharmaceutical care provided to the neighbourhood of Ruchill and this was communicated by those accessing the existing services:</p> <ul style="list-style-type: none"> • <i>“As a gp provider we were experiencing many issues with current provision and many complaints from the patients that prescriptions were delayed or not completely filled due to stock issue”</i> • <i>“Lloyds offer a repeat service where they order my repeat when it was due. However, when I do run out it was never ready and I had to wait. Sometimes they even order stuff I don’t need and I end up with lots of extra meds.”</i> • <i>“I am having a really bad time with Maryhill Pharmacy. It was like they just don’t care anymore.”</i> • <i>“... the pharmacies in Maryhill aren’t providing those services properly so I’m hoping this pharmacy would for example be able to supply patients with compliance aids like my mother who desperately needs them”</i> • <i>“the ability to actually provide these services would be great as the pharmacy in Maryhill was obviously unable to do so properly”</i> |
| 4.43 | <p>Patients had also taken to express their views on their pharmacies on other public platforms such as Google Reviews. This information was in the public</p> |

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| | domain for everyone to see: |
| | <p>Maryhill Pharmacy</p> <ul style="list-style-type: none"> • <i>“it was the worst pharmacy in maryhill and the staff had no clue how to run a pharmacy and wouldn’t recommend”</i> • <i>“Without a doubt the worst pharmacy in Glasgow, the owner was the most ignorant and pretentious man I’ve ever encountered, absolutely no help whatsoever, this place was basically a hangout for local addicts and the staff speak to all other customers like they’re scum too, shockingly ill-mannered staff and owner, would not recommend using this place”</i> • <i>“One of the worst pharmaceutical places in Glasgow often sent out with wrong medication the staff were completely ignorant the owner shouts And swears If I where any one a would not go to this place there were many others whom were far more reliable and friendly”</i> • <i>“Don’t go by the trading hours here, this pharmacy makes up their own hours! It states here they close at 17.30....when I went down to pick up a prescription at 16.55, they were closed and all the shutters were down, which leads me to believe they closed way sooner than 17.00!!!! So angry, now I had to miss a dose of antibiotics!”</i> • <i>“Could you perhaps fix your opening times. You clearly never open at 9am, pulling your shutter half up really didn’t count and people rely on these times to try plan a day.”</i> |
| 4.44 | <p>Maryhill Dispensary</p> <ul style="list-style-type: none"> • <i>“The petite lady in pharmacy giving out a prescription through the side door at 08.36am before the pharmacy had even opened. Seems to be preferential treatment if You carry a walking stick. I’ll need to remember that trick.”</i> |
| 4.45 | <p>Lloyd’s Pharmacy</p> <ul style="list-style-type: none"> • <i>“Been in here about 10 times and every single time the pharmacist was on a break. Wish I could get 7 hours worth of breaks a day.”</i> • <i>“Terrible service. They gave me the wrong item then would not return , swap or refund. The manager was really snappy with me. Her attitude was awful. If she hates customers so much she shouldn’t work in a shop. Save your money and go somewhere where they would appreciate the custom. Rude! Rude! Rude!”</i> • <i>“Only customer and 20 mins wait for an inhaler.”</i> |
| 4.46 | <p>In conjunction with the core pharmaceutical services that underpin community pharmacies remit, the General Pharmaceutical Council (GPhC) regulate the pharmacy profession to assure standards of care were met for those accessing the services. A recent inspection of Maryhill Dispensary highlighted that standards were not currently all met.</p> |
| 4.47 | <p>When assessed on governance:</p> <ul style="list-style-type: none"> • <i>‘The pharmacy did not had a system in place for reviewing and updating its policies and procedures. This means it cannot provide assurance that it was adequately identifying and managing the risks with its</i> |

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| | <p><i>services.'</i></p> <p>When referring to the Pharmacy team who were responsible for providing pharmaceutical services to the neighbourhood:</p> <ul style="list-style-type: none"> • <i>'Team members were not trained for their roles and responsibilities. This means the pharmacy did not had sufficient trained and qualified team members for the services it provides.'</i> <p>When assessed on services, including medicines management:</p> <p><i>'The pharmacy did not safeguard the safety and security of all of its medicines. There was a lack of assurance to show that medicines requiring refrigeration were kept at the correct temperature.'</i></p> |
| <p>4.48</p> | <p>The Applicant was aware this was not an inspection, rather it was a hearing to determine if the current provision of pharmaceutical services to/within the neighbourhood was adequate. However, these principles were set out for a reason and these findings went beyond demonstrating inadequate pharmaceutical care. They instead additionally demonstrated a concerning level of disregard for patients accessing the services and displayed how patient safety was jeopardised. The perpetual increase in demand for pharmaceutical services, coupled with the projected increase in population, would only exacerbate the current inadequacies.</p> |
| <p>4.49</p> | <p>The residents of the neighbourhood of Ruchill had expressed their desire for a new pharmacy in their community, which was evidenced by the CAR. Granting this license would consequently address the current inadequate level of pharmaceutical care they had been subject to for many years. In addition to the community support, the Applicants had also received overwhelming endorsement from local councillors and politicians as well as surrounding healthcare professionals who currently accessed the service. The Chairperson of Ruchill Community Council Kate Mulgrew, Councillor Allan Gow of the SNP, Councillor Gary Gray of the Labour party, and Bob Doris MSP all endorsed their proposed application. The proposed application was also supported by the Director and Principal Dentist based at Possilpark Dental Care, who had been directly impacted with stock issues for dental prescriptions resulting in several trips for the patient and delayed treatment.</p> |
| <p>4.50</p> | <p>Support had also been communicated from the GP surgeries who accessed the existing services. Maryhill Red Practice had raised concerns over patient complaints with delays in issuing prescriptions, stock issues, and the overall inadequate service currently provided. A further endorsement comes from Barclay Medical Practice, who experienced the same issues and communicated the inadequate provision of dosette boxes to their patients. Again, demonstrating the dearth of pharmaceutical care for all patients. Barclay Medical Practice, who had 54,330 patients and they had recently communicated that the practice no longer delivered to one pharmacy due to the sheer level of complaints. If the largest GP practice in GGC now refused to supply to one of the pharmacies in the neighbourhood, this was extremely worrying. This current situation was not sustainable. The unequivocal support from Barclay Medical Practice highlighted the overwhelming inadequacy of the dispensing of medication and in order to address this issue, it was necessary and desirable to grant the application in order to secure adequate provision of pharmaceutical services within the neighbourhood.</p> |

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| 4.51 | When applying the 'legal test', Mr Denholm strongly believed the Applicants passed. Their findings bring into sharp focus the instability of the existing pharmaceutical services and the attempt to provide adequate care. With the growing pressures on community pharmacies, exacerbated by COVID-19, the saturation point had been reached, coupled with the knowledge that 89% of community pharmacists at risk of burn out (RPS, 2021 figures). How much longer were we going to accept this level of inadequate care? |
| 4.52 | The Applicants subsequently proposed a healthcare model that would address the current gaps and inadequate services and provide the neighbourhood of Ruchill with adequate and efficacious pharmaceutical care that they were entitled to. In line with the commitment outlined by the Scottish Government in the 2019 document <i>'Primary Care in Scotland'</i> "increasing access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of stable long-term conditions, in-hours and out-of-hours", the Applicants planned to provide a 7-day a week extended hour service, rotating from three pharmacists, two of which were Independent Prescribers. Their proposed model of healthcare would increase the quality and quantity of patient-centred interactions. The hallmark of community pharmacy was the accessibility, unfortunately this falls short for the community of Ruchill. A delivery service could only work so far and in line with <i>'Achieving Excellence in Pharmaceutical Care'</i> ideally a community pharmacy should be located in the heart of the community; the Applicant's proposed location was in the heart of Ruchill community. |
| 4.53 | Their extended opening hours accommodated those working full time-hours, those requiring services such as needle exchange on Sundays, and improve accessibility to everybody requiring pharmaceutical care in the neighbourhood. All patients regardless of their age, income, education or disability had the right to receive high quality pharmaceutical care. Unfortunately, the neighbourhood was currently denied this. |
| 4.54 | <p>In summary, from the information presented it was evident the residents of Ruchill had suffered from a scarce level of pharmaceutical care in that:</p> <ul style="list-style-type: none"> • Patients had received inadequate provision of services relating to <i>'NHS Pharmacy First Scotland'</i>, <i>'Medicines Care and Review'</i>, <i>'Public Health Service'</i>, <i>'Acute Medication Service'</i>, and inadequate provision of compliance aids. There were several barriers to accessing pharmaceutical care, from a psychological, physical and geographical standpoint; and when patients did manage to access a pharmacy, they were met with problems with stock and time delays. <p>The Applicants found themselves six years on from the previous application which was solely based on the geographical element. Taking to present day, the neighbourhood had seen an exponential increase in population, suffered a pandemic, and a shift to the Pharmacy First model. The sum of increased population, plus increased demand in pharmacy, leads to increased levels of inadequate pharmaceutical care. This resulted in us having to be reactive instead of proactive in solving an issue in pharmaceutical inadequacy and to quote the Chair of Community Pharmacy Scotland <i>"it was only by being proactive that we could make incremental steps towards fulfilling the potential that lies in Community Pharmacy in Scotland."</i></p> |
| 4.55 | To finish, the Applicants believed pharmaceutical resources should reflect the |

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| | epidemiology and multimorbidity particularly in deprived areas and that DS Pharm, had provided the PPC with substantial evidence to exceed the burden of the legal test. As the experts, they trusted the Board would appreciate the current inadequate pharmaceutical services provided and were confident that this proposed new Pharmacy contract would be granted to address this mismatch of need and demand. |
| 4.56 | The Applicant thanked the PPC for listening. |
| 4.57 | <i>This concluded the Applicant's submission and the Chair invited the Interested Parties to question the Applicant</i> |
| 5. | QUESTIONS FROM INTERESTED PARTIES TO THE APPLICANT |
| 5.1 | <u>Questions from Mr Mark Dickinson (Rowlands Pharmacy Ltd)</u> |
| 5.1.1 | In response to questioning from Mr Dickinson, the Applicant advised that he would disagree that the vast majority of the population within his defined neighbourhood lived closer to, and would find it easier to access, the existing pharmacies rather than the proposed site. The Applicant advised that their population had been derived from Datazones taken from SIMD data. The Applicant held up a map and described how their neighbourhood encapsulated many Datazones. While accepting that some of the Datazones encroached on other areas the vast majority of the Datazones in which the population resided were centred on the Ruchill area. The Applicant explained that there were also transport difficulties making access to existing pharmacies difficult. |
| 5.1.2 | Mr Dickinson asked the Applicant if he would agree that 0.5 miles was an acceptable walking distance and indeed good for an individual. The Applicant advised, that as stated in his presentation, there was no blueprint for what would be an acceptable walking distance. He wished to reiterate that regardless of how you accessed current services be it by walking or by car, you were met with inadequate pharmaceutical services once you reached them. He also reminded that there was a high level of deprivation in the area, along with health inequalities. In terms of walking you would want to have the pharmacy in the heart of the community. The problem was that if you were walking to a pharmacy, the service level available was inadequate once you reached the pharmacy. |
| 5.1.3 | Mr Dickinson asked the Applicant if he would agree that the properties in Colgrain Terrace, which the Applicant had provided as an extreme example of walking distance, contained semi and detached properties and would likely have private vehicles in their driveways and as such would be unlikely to travel to their community pharmacy on foot. The Applicant asked whether Mr Dickinson was questioning the level of deprivation in the area. Mr Dickinson advised that he questioned the use of this specific example as an example of walking distance, whereas quite clearly the residents in this area would have access to private vehicles. The Applicant advised that 64% of residents had no cars or vans available to them. This was above the national average. While the Applicant accepted that some residents would have access to a car, his example was more about the area as a whole. |
| 5.1.4 | <i>This concluded Mr Dickinson's questions.</i> |
| 5.1.5 | <i>The Chair invited Mr Imran Qayum to question the Applicant</i> |

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| 5.2 | <u>Questions from Mr Imran Qayum (Maryhill Pharmacy and Maryhill Dispensary)</u> |
| 5.2.1 | In response to questioning from Mr Qayum, the Applicant did not agree that pharmaceutical services in the area were adequate. He further disagreed that Maryhill Pharmacy was adequately providing the Pharmacy First Service and reminded Mr Qayum that these views had been obtained from comments included in the CAR. The evidence had also come from GP practices. |
| 5.2.2 | <i>This concluded Mr Qayum's questions and the Chair invited Mr Arnott to question the Applicant</i> |
| 5.3 | <u>Questions from Mr Tom Arnott (Lloyds Pharmacy Ltd)</u> |
| 5.3.1 | Mr Arnott asked the Applicant if he was aware that SIMD only listed four Datazones for the area of Ruchill. The Applicant advised that they would see this as incorrect. The Applicant advised that he was talking about his boundary. |
| 5.3.2 | Mr Arnott asked the Applicant again if he would agree that the SIMD named four clear Datazones that were named Ruchill with total population of 3,133. The Applicant disagreed. |
| 5.3.3 | In response to further questioning from Mr Arnott around the population of Ruchill, the Applicant advised that he disagreed that the population was only 3,133. The Applicant reiterated that the population within their boundary was more than that. |
| 5.3.4 | Mr Arnott asked the Applicant what core services were not available from current contractors. The Applicant advised that it was about the inadequate services that were provided. The Applicants weren't saying the services weren't available. They were saying what was available was inadequate. |
| 5.3.5 | In response to Mr Arnott's question around whether the provision of dosette boxes was a core service, the Applicant advised that it wasn't the aspect of whether it was a core service, but rather the aspect of inadequate provision. He agreed that the provision of dosette boxes wasn't a core service, but averred that patients always needed compliance aids and that this couldn't be discounted. |
| 5.3.6 | Mr Arnott asked the Applicant if they were aware that Lloydspharmacy operated an off-site dispensing facility and no Lloydspharmacy would refuse a patient a compliance aid. The Applicant advised that Lloyd's branches in the area were refusing compliance aids. |
| 5.3.7 | Mr Arnott asked the Applicant if he agreed with the comment in the CAR that there were five pharmacies within walking distance of the proposed premises. The Applicant advised that these pharmacies might be within walking distance for some but others would struggle to get there and when those who did walk to the pharmacies got there they were met with inadequate pharmaceutical care. |
| 5.3.8 | In response to questioning from Mr Arnott about where the population of Ruchill accessed supermarkets and GP services, the Applicant advised that within the |

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| | neighbourhood there were convenience stores and supermarkets. GP practices were slightly outwith but with COVID, there had been a remodelling of the healthcare system so this didn't apply so much now. In terms of groceries people were able to access these within the neighbourhood. |
| 5.3.9 | Mr Arnott asked the Applicant if he considered that Ruchill was more deprived than Wellhouse. The Applicant queried the relevance of the question and stated that if deprivation was being compared, then it could be compared to the area of Milton which already had three pharmacies. |
| 5.3.10 | Mr Arnott asked the Applicant if he would consider that an 11 or 15 minute walk would be considered too long for most healthy adults. The Applicant reiterated that there was no blueprint for what was too long a walk. He advised that for some people it was fine, but for the majority of people who were accessing pharmaceutical care, this would be too long. |
| 5.3.11 | In response to Mr Arnott's question as to what percentage of the residents within Ruchill were over 65, the Applicant advised that 13%. Mr Arnott asked if the Applicant would agree that this figure was well below the Scottish average of 18%. The Applicant advised that it was below the average, but he didn't consider that it was necessarily to do with age in area such as Ruchill. It was more to do with deprivation levels, and as stated in his presentation the level of deprivation effected younger people with multimorbidity 10-15 years earlier. |
| 5.3.12 | Mr Arnott stated that the Applicant had made much of the issues patients were experiencing at the current pharmacies but had not named the pharmacies that these instances had happened in. He asked if the Applicant had any specific information in the form of times, dates, names of drugs that were in short supply, waiting times. The Applicant advised that he felt he had shown in his presentation specific instances relating to Lloydspharmacy, Maryhill Pharmacy and Maryhill Dispensary. There were countless examples in the CAR. |
| 5.3.13 | Mr Arnott asked the Applicant to describe which Lloydspharmacy was involved as there were two in the area. The Applicant advised that it wasn't any one in particular. The Applicant felt it was a general problem that Lloyds were experiencing in the area. The GP practices had highlighted the issues. |
| 5.3.14 | Mr Arnott asked the Applicant if he intended to staff the pharmacy with two pharmacists every day. The Applicant confirmed this would be the case. |
| 5.3.15 | Mr Arnott noted that the Applicant had stated in his presentation that they intended to provide Needle Exchange Services, and asked the Applicant if they had agreed this with the Health Board. The Applicant advised that they weren't at that stage yet. This would be something they would be willing to provide and would have that conversation with the Health Board if the application were granted. The Applicant further confirmed that he was aware that they would need to have Health Board approval before this service could be provided. |
| 5.3.16 | Mr Arnott asked the Applicant if he was a resident of Drumfearn, how long it would take him to walk to Rowlands Pharmacy on Balmore Road. The Applicant advised that it would take between 15 and 16 minutes from Bilsland Drive. Mr Arnott asked how long it would take the same resident to walk to the Applicant's proposed premises. The Applicant averred less than 15 minutes. |

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| | Mr Arnott asked the Applicant if he considered this to be acceptable. The Applicant advised that the same principle could apply to all boundaries and all pharmacies. He reiterated that when residents of the area surrounding Ruchill were required to travel outwith the area, they were met with inadequate pharmaceutical care. |
| 5.3.17 | Mr Arnott asked the Applicant if he would agree that if the Applicant described his proposed premises as being in the centre that this meant he was surrounded by existing pharmacies. The Applicant advised that his proposed premises was surrounded by a neighbourhood. There were pharmacies outwith this neighbourhood. |
| 5.3.18 | <i>This concluded Mr Arnott's questions and the Chair invited Mr Mark Feeney to question the Applicant</i> |
| 5.4 | <u>Questions from Mr Mark Feeney (A G Bannerman Ltd)</u> |
| 5.4.1 | Mr Feeney asked the Applicant if he was aware of any official complaints received by the Health Board regarding the existing contractors. The Applicant advised that the reason this wasn't included in the presentation because with the nature of complaints, contractors were expected to report on themselves and as such it was unlikely that any complaints would filter through to the Health Board given this required existing contractors to show their own inadequacies. The Applicant advised that there was a report from April – December 2019 which showed 17 complaints around waiting times and asked what might be the true number of complaints received. |
| 5.4.2 | Mr Feeney advised that the report quoted by the Applicant related to the Patient Rights submission that contractors were required to report to the Health Board, but that his question had been around the number of complaints that might had been directly made to the Health Board around inadequacies in service. The Applicant advised that he wasn't aware of any. |
| 5.4.3 | In response to a question from Mr Feeney around whether he or Paige Denholm currently worked in community pharmacy, the Applicant advised that they did. Mr Feeney asked if in the course of their work they experienced shortages on items such as HRT. The Applicant advised that they did. Mr Feeney further asked if it was fair to suggest that all pharmacies across the UK had some stock shortages from time to time. The Applicant accepted this to be the case, but suggested that the frequency of shortages depended on the pharmacy and it could be seen within the CAR that there had been some complaints in this area. Mr Feeney asked if the Applicant would accept that every pharmacy would experience the issue of shortages to a greater or lesser extent and that the Applicant's pharmacy would be no different. The Applicant accepted this, but countered that it depended on how the shortages were responded to and suggested that it looked like some of the pharmacies in the area had not dealt with this issue well and continued not to deal with it well. Mr Feeney asked if the Applicant would accept that the comments in the CAR might be related to products that were subject to normal worldwide shortage. The Applicant accepted that there were always going to be some shortages but reiterated that it was how these were dealt with and it looked like the pharmacies in the area, given the comments in the CAR and made by GP practices, had not dealt with these well. |

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| 5.4.4 | In response to questioning from Mr Feeney, the Applicant advised that he wasn't particularly aware of the catchment area of the Benview Campus but accepted that it would be wider than just his defined neighbourhood. |
| 5.4.5 | <i>This concluded Mr Feeney's questions and the Chair invited Mr Rodney Haugh to question the Applicant</i> |
| 5.5 | <u>Questions from Mr Rodney Haugh (Houlihan Pharmacy Ltd)</u> |
| 5.5.1 | Mr Haugh asked the Applicant if he was aware that the level of complaints reported to the Health Board were well below the Health Board average in each of the themes. The Applicant advised that with the nature of complaints it wasn't an exact science and was a flawed system as it required contractors to report on their own complaints. It wasn't, in his opinion, an effective use of evidence as to why there were levels of inadequate pharmaceutical care. Mr Haugh asked if the Applicant had looked at the levels in relation to Health Board levels. The Applicant advised that he had seen the complaints that had come through the CAR and had come from GP practices. He advised that he hadn't looked at this [in relation to Health Board levels.]. |
| 5.5.2 | In response to further questioning from Mr Haugh, the Applicant advised that there were no pharmacies within the neighbourhood they had defined. When further questioned by Mr Haugh about his boundary of Maryhill Road, the Applicant advised that the three pharmacies on Maryhill Road weren't in his neighbourhood as Maryhill Road was the boundary. Mr Haugh asked if people couldn't access services on the other side of Maryhill Road, if there were no crossing points. The Applicant advised that of course there were but that Maryhill Road was a physical boundary for some people. |
| 5.5.3 | Mr Haugh asked the Applicant in terms of his eastern boundary where patients who lived in Bilsland Close accessed pharmaceutical services at present. The Applicant advised that they would need to travel outwith the boundary. While he wasn't in a position to know what particular pharmacy any individual would go to, he could say that wherever they went they would not be met with the right level of pharmaceutical care. |
| 5.5.4 | In response to questioning from Mr Haugh, the Applicant advised he was aware that there was not any additional funding for any additional pharmacies to be added to the list of needle exchange providers, but that this would not be an issue. When Mr Haugh suggested that he would be unable to offer the service, if there was no funding for this, the Applicant advised that the Applicants would take a business decision. They were more concerned with taking a holistic approach to a pharmacy being open on a Sunday. |
| 5.5.5 | Mr Haugh asked the Applicant if a patient ordered their prescription from a GP, they would be told that it would take 48-72 hours to obtain their prescription, what did the Applicant feel was an acceptable waiting time, given the patient had already had to wait two days. The Applicant advised that he would say no longer than one day. That was acceptable. For walk-ins a waiting time of no more than ten minutes. |
| 5.5.6 | Mr Haugh asked the Applicant if a pharmacy was underperforming due to mismanagement did patients have a choice as to what pharmacy to attend within a similar distance of their homes. The Applicant advised that according |

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| | to the CAR, if patients did have a choice, they weren't happy with that choice and there was an inadequacy in the area. |
| 5.5.7 | Mr Haugh asked the Applicant if he would agree that the CAR provided no clear picture as to whether the issues with pharmaceutical service in the area were concentrated in one particular pharmacy or were across multiple providers. The Applicant advised that he was concerned with the pharmaceutical service to his defined neighbourhood. There was an inadequate level of pharmaceutical service to the neighbourhood hence why there was a requirement for change. The Applicant agreed that patients would have a choice. |
| 5.5.8 | Mr Haugh asked the Applicant if he had a practice plan of his proposed pharmacy that he could share with the PPC. The Applicant advised that he didn't. There was no requirement for a plan to be provided. |
| 5.5.9 | Mr Haugh asked the Applicant if he was aware that the patient list size quoted for the Barclay Medical Practice included patients registered at Maryhill and also at the University of Glasgow and St George's Road. The Applicant confirmed they were aware of this, but when the number was looked at, it was only going to increase with the new developments happening in the area which would put a knock on strain on all services. The Applicant advised that they were unable to tell which particular area of the GP practice had experienced the increase in patient list size that had occurred. |
| 5.5.10 | In final questioning from Mr Haugh, the Applicant advised that the population statistics provided at the previous hearing in 2016 weren't relevant to his case. He had defined his neighbourhood and the population within these Datazones was the population he was concerned with. Mr Haugh confirmed that he was asking about the increase in population as described by the Applicant in their presentation. Mr Haugh advised that the population within the Applicant's 14 Datazones in 2011 was 13,321 and in 2019 14,184 therefore this was a very small increase. The Applicant advised that it wasn't necessarily about the increase but rather about the population that the Applicants would be dealing with right now. He did not agree that his assertions regarding the population were misleading. The Applicant maintained that the population had increased and would continue to increase directly affecting the Applicant's area. |
| 5.5.11 | <i>This concluded Mr Haugh's questions and the Chair invited the PPC to question the Applicant</i> |
| 5.6 | <u>QUESTIONS FROM THE PPC TO THE APPLICANT</u> |
| 5.6.1 | Mr Woods asked the Applicant if he could clarify the population of his neighbourhood. The Applicant advised that his population was modestly estimated at 8,599 and that this had been derived from Datazones included in the CAR which had a population of 14,184. The Applicant advised that this figure excluded the area of Lambhill. |
| 5.6.2 | Mr Woods asked the Applicant if he appreciated that the PPC would take into account the provision of pharmaceutical services into and not only within the neighbourhood. The Applicant confirmed that he was aware of this. |

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| 5.6.3 | Mr Woods asked the Applicant about developments mentioned in his presentation. He quoted Maryhill Locks where there was going to be 33 units and Hamiltonhill 673 units and asked the Applicant if both of these developments were outwith his defined neighbourhood. The Applicant confirmed that they were outwith his neighbourhood. |
| 5.6.4 | Mr Woods asked the Applicant about the Ashlar development adjacent to the proposed premises and how many of the units were on site, or had been constructed. The Applicant advised that the construction was due to commence in June/July 2022. He did not have details of phasing. |
| 5.6.5 | In response to questioning from Mr Woods around the flooding that takes place in the area, the Applicant advised that he had used photographs of the flooding more to illustrate the physical boundaries that could experience when they were in that area. People walking via Ruchill Street onto Maryhill Road to avoid the flooding resulted in an extended walk. |
| 5.6.6 | Mr Woods asked the Applicant if he was aware that the wording of the letters from the Barclay Medical Practice and the Maryhill Red Practice were nearly identical. The Applicant advised that he wasn't sure. He confirmed that the Applicants didn't solicit the letters from the practices and couldn't comment on the wording used. |
| 5.6.7 | In response to final questioning from Mr Woods, the Applicant advised that he had extensive contacts within pharmaceutical companies and suppliers and so would be able to access a whole host of different suppliers and wouldn't be restricted to any one supplier as companies such as Lloyds were. |
| 5.6.8 | Mrs Williams asked the Applicant why he had chosen Ruchill for his application. The Applicant advised that there were a couple of reasons. His experience of locuming in the area. He had also recognised that there had been previous applications to open a pharmacy in the area. This indicated a need despite the application being refused. They had identified an opportunity. The only reason he was here at the hearing was because of the responses from GP practices and the overwhelming demand from the area. At every single stage of the process there was overwhelming response and demand for a service. |
| 5.6.9 | Mrs Williams asked why the Applicant had chosen Maryhill Road for his western boundary and not the canal, as he had for his northern boundary. The Applicant advised that this was because the canal could be crossed. Mrs Williams asked the Applicant to comment on the fact that there was several crossings allowing access to the other side of Maryhill Road but that the Applicant had defined this as a physical barrier and how this sat with his assertion that the canal could be easily crossed. The Applicant advised that a boundary had to be drawn somewhere and they had chosen to stop at Maryhill Road and not the canal. |
| 5.6.10 | Mrs Williams asked why the Applicant had excluded the 1,100 students at the Murano Village when he had cited them as having responded in the CAR. The Applicant advised they were a transient population which changed frequently. For the purpose of the application the Applicants mentioned this cohort, but didn't include it specifically. He agreed that this element of the population would have an impact on the area. |

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| 5.6.11 | In response to final questioning from Mrs Williams, the Applicant advised that the double pharmacist cover would be for week days. There was less need to have this level of cover at the weekend. The viability would be down to the Applicant's business decision. There was overwhelming evidence within the CAR that patients weren't able to speak to the pharmacist and with double pharmacist cover the Applicants would be able to offer not only a pharmacist to work in the dispensary, but also one to be available for advice. This would provide a much better service to the neighbourhood. |
| 5.6.12 | Mrs Williams questioned how the Applicants would make the pharmacy viable with this level of pharmacist cover. The Applicant advised that the viability was unquestionable at the start, but the situation would be reviewed to ensure on-going viability. |
| 5.6.13 | In response to questioning from Mr Miller, the Applicant agreed that the most significant basis for the application was inadequate services. |
| 5.6.14 | Mr Miller asked the Applicant how many GP practices were located within his identified neighbourhood. The Applicant advised that there were no GP practices within his boundary. Taking from this, Mr Miller asked if the Applicant would provide pharmaceutical services to patients and service users outwith his defined boundary. The Applicant averred that there might well be patients who they would service outwith the boundary however the majority of the patients would be serviced within the boundary. |
| 5.6.15 | Mr Miller asked the Applicant, other than the core services, what education and support would be provided to patients from the pharmacy. The Applicant advised that they would provide the full comprehensive range of pharmaceutical services. Both were Independent Prescribers and so would offer prescribing clinics. By the pharmacy's very existence they would solve a very clear issue. That of inadequate service. They would be able to provide a service that would allow patients to speak to a pharmacist for advice. Having two pharmacists would provide flexibility to develop and to provide the best possible service and this aligned with Pharmacy First. |
| 5.6.16 | Mr Miller asked if one of the pharmacists was providing independent prescribing clinics all day, could it be said that the patients had access to two pharmacists so what was the Applicant's model for running prescribing clinics if there was a given need. The Applicant advised that they would speak to the Health Board and GP practices and would then make decisions based on those discussions. Two pharmacists would provide flexibility and positive outcomes. |
| 5.6.17 | In response to final questioning from Mr Miller, the Applicant confirmed that the collection and delivery service would be provided seven days per week. |
| 5.6.18 | Mr Macintyre asked the Applicant if he could expand on the "psychological" barriers he described were experienced in accessing pharmaceutical care in the neighbourhood. The Applicant advised that this had come from a document which showed that a significant level of the population didn't feel safe walking about at night after dark. |

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| 5.6.19 | Mr Macintyre asked if there were particular areas where people would be exposed in the dark. The Applicant advised that it would be difficult to comment on any particular street names or places in the defined neighbourhood but from the document it would be the area in general. |
| 5.6.20 | In response to questioning from Mr Daniels, the Applicant advised that he was basing his description of poor service in the area from the comments made in the CAR and evidence from the GP practices. In terms of proving inadequacy, the Applicant advised that the only way to do that was by having consideration to people's own experience of pharmaceutical services in the area, and from GP practices who work alongside. |
| 5.6.21 | Mr Daniels asked the Applicant how often the area was flooded as described in his presentation. The Applicant advised that this happened whenever there was heavy bouts of rain, which didn't happen weekly but with some regularity. |
| 5.6.22 | In response to final questioning from Mr Daniels about availability of bus services, the Applicant advised that the characterising of the 90 bus service, which operated every half hour, as reasonable was speculative. |
| 5.6.23 | The Chair asked the Applicant if he could briefly describe how he had sought responses and what engagement and activity he had undertaken in the neighbourhood. The Applicant advised that the consultation took place in the middle of the COVID pandemic. Accordingly, the Applicants had undertaken a large social media drive. They did a lot of posts on Facebook and Twitter to gauge response. They posted links on social media. They were also very active in the local shops and convenience stores. This had been successful given the level and quality of response to the consultation exercise. It was a cumulative effort between social media and local shops. |
| 5.6.24 | In response to final questioning from the Chair, the Applicant confirmed that they were never including the area of Lambhill. They had chosen where the canal met the railway as their north eastern boundary as this seemed a logical natural boundary. |
| 5.6.25 | <i>This concluded the PPC's questioning of the Applicant.</i> |
| 5.6.26 | <i>The Chair adjourned the meeting at 12.50pm for a short comfort break. The hearing recommenced at 1.10pm</i> |
| 5.6.27 | <i>The Chair invited the Interested Parties to put their cases in turn.</i> |
| 6. | REPRESENTATIONS FROM INTERESTED PARTIES |
| 6.1 | <u>Mr Mark Dickinson (Rowlands Pharmacy Ltd) - below was reproduced from Mr Dickinson's prepared statement</u> |
| 6.1.1 | Mr Dickinson thanked the PPC for giving him the opportunity to represent Rowlands Pharmacy's views on why they believed that the application made for the new pharmacy at Bilsland Drive was neither necessary nor desirable. |
| 6.1.2 | He advised he would like to make quite a few observations on the application: <ul style="list-style-type: none"> • Rowlands did not believe there was a requirement for an additional pharmacy within this area. There were already 14 contracts within 1 |

mile and a further 3 within 1.1 mile of the proposed site. This was information found on NHSinform.scot.

- There was a difference between convenience and need.
- Rowlands noted a number of comments on the CAR relating to the fact that there were a number of pharmacies locally and that another pharmacy was not required in the area. Clearly, Rowlands agreed with those comments.
- As complaints had been coming up, Rowlands had had no complaints or Health Board concerns about their Balmore Road Rowlands pharmacy.
- There had been nothing to suggest that the Rowlands Pharmacy was offering poor or inadequate services.
- The Applicant had raised the issue of previous GPhC inspections. The Rowlands Pharmacy at Balmore Road was last inspected in 2016. They received a standard of "Good".
- Rowlands Pharmacy's Internal Standards Assessment scored the Balmore Road branch highly with a score of 96.88%
- Rowlands also noted the comments relating to the services that the new pharmacy was proposing. Most, if not all of these were available locally and, if patients were not aware that this was the case, indicated by some comments in the CAR, then Rowlands would suggest that the Health Board and Scottish Government had a role here (alongside contractors) in promoting what patients and customers could expect from their pharmacy.
- The Balmore Road branch of Rowlands offered a comprehensive collection and delivery service from 9.00am – 3.00pm for local residents.
- This was no capacity limitations on this service.
- This was no capacity limitations on substance misuse services although needle exchange requests were signposted to a nearby pharmacy or if necessary or another Rowlands Pharmacy who provided this service.
- There was no capacity limitation on any service provided by Rowlands Pharmacy on Balmore Road.
- Rowlands were very much aware of the proposed but not confirmed housing development on the old Ruchill Hospital grounds and were well positioned to deliver a high level of care and service to these patients and incidentally this development would be closer to Rowlands Pharmacy than to the proposed site.
- Rowlands offered all national core services as would be expected and had occasionally during the Pharmacy First consultations undertaken remote consultations to assist patients as long as it felt within the service specifications.
- Many services conducted by many pharmacies such as smoking cessation, EHC, Gluten Free Food Service, Unscheduled Care Service and Stoma Appliances were all done within this pharmacy.
- MDS trays for persons who required them were filled out in Balmore Road, and again there were no capacity limits on this service.
- Furthermore, Rowlands at Balmore Road participated in all the locally enhanced services supported by the Health Board and were always looking for new services to get involved in.
- Waiting prescriptions within the pharmacy had priority dispensing as would be expected and were completed in a timely manner, allowing for adequate pharmaceutical checks to ensure patient safety.

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| | <ul style="list-style-type: none"> • Rowlands were investing in multi-site technicians in this area in Glasgow to support pharmacists to further grow the services offered. • Balmore Road was also scheduled for a “facelift” as part of the company refresh programme. • Rowlands agreed with the defined neighbourhood within the CAR. Mr Dickinson note there had been some regeneration in the area, due to deprivation, but were not aware of any discernible increase to the population. All residents who required pharmaceutical services were already accessing these within the locality. • In reference to the support given by two local GP for this application, Mr Dickinson suggested local partnership working to address the current issues they were experiencing with their local pharmacies, to ensure a more collaborative approach for patient care within the defined area. • Rowlands had no evidence that any patient had difficulty reaching their pharmacy nor that the opening hours were insufficient. |
| 6.1.3 | Given the number of pharmacies surrounding the proposed location, the services already available in the area, and the lack of housing development currently within the area which had been confirmed, Rowlands found it difficult to conceive that a new pharmacy was necessary or desirable in this part of Glasgow in which they already saw a heavy concentration of pharmacies. |
| 6.1.4 | <i>This concluded Mr Dickinson’s submission and the Chair invited the Applicant to Question Mr Dickinson</i> |
| 6.1.5 | <u>Questions from the Applicant to Mr Dickinson</u> |
| 6.1.6 | In response to questioning from the Applicant, Mr Dickinson agreed that the entrance to the proposed Ashlar Village development would be located on Bilsland Drive. |
| 6.1.7 | The Applicant asked Mr Dickinson if he agreed that within the CAR there was an overwhelming support for a new pharmacy. Mr Dickson replied that there were a lot of mixed comments in the CAR. He also believed that if any person was asked what could be improved most people would say they wanted a pharmaceutical service on their doorstep. He questioned whether this would be necessary. |
| 6.1.8 | The Applicant asked Mr Dickinson, if he would consider that the 71.9% of the respondents who said there were gaps in the service a mixed response. Mr Dickinson advised he would. |
| 6.1.9 | The Applicant asked Mr Dickinson if his assertion that Rowlands Pharmacy would now require to work with local GP practices to alleviate their grievances was an acceptance that the level of current local services was inadequate. Mr Dickinson advised that he did not accept this. He explained that the GP letters were very vague, and believed that Rowlands Pharmacy had a good working relationship with their neighbouring GPs. However if the public felt there were issues between the GP practices and the pharmacies, then that was something that could be worked upon. That was how it should be done. He did not accept the Applicant’s contention that if “it needed work” it was inadequate. |

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| 6.1.10 | In final questioning the Applicant asked Mr Dickinson if Rowlands Pharmacy, Balmore Road was open on a Sunday. Mr Dickinson replied that they weren't. |
| 6.1.11 | <i>This concluded the Applicant's questions and the other Interested Parties were invited to question Mr Dickinson.</i> |
| 6.1.12 | <u>Questions from the Interested Parties to Mr Dickinson</u> |
| 6.1.13 | In response to questioning from Mr Arnott, Mr Dickinson advised that he would find it difficult to make a pharmacy opening at this location providing over 60 hours of service per week, with two pharmacists on duty viable. |
| 6.1.14 | In response to further questioning from Mr Arnott, Mr Dickinson advised that he hadn't picked up that the Applicant had secured the lease of the proposed premises. |
| 6.1.15 | In response to questioning from Mr Haugh around waiting times in the Balmore Road branch, Mr Dickinson advised that it was very difficult to ascertain. In terms of walk in prescriptions these were prioritised but Rowlands didn't aim for very specific waiting times. They very much took into consideration the clinical interventions that might be required for the prescription and the safe dispensing of the prescriptions. In general, a walk in waiting time could be between five and 10 minutes. |
| 6.1.16 | In response to further questioning from Mr Haugh, Mr Dickinson confirmed that the Rowlands branch at Balmore Road had experienced the same issues with stock availability as experienced at many other pharmacies. Rowlands did however have access to three warehouses for their stock primarily Phoenix, but had access to AAH and Alliance. All avenues would be checked before a phone call would be made to the GP practice seeking an alternative. Mr Dickinson advised that sourcing medication was becoming increasingly difficult. |
| 6.1.17 | <i>There were no questions from Mr Qayum or Mr Feeney and the Chair invited the PPC to question Mr Dickinson</i> |
| 6.1.18 | <u>Questions from the PPC to Mr Dickinson</u> |
| 6.1.19 | Mr Woods asked Mr Dickinson why Rowlands Pharmacy on Balmore Road didn't open on a Sunday. Mr Dickinson advised that they hadn't seen any demand for the service. No-one had brought this requirement to their attention, and there were alternative pharmacies within travelling distance that were open on a Sunday, namely Boots, Byres Road. |
| 6.1.20 | Mr Woods described the narrative Mr Dickinson had used in his presentation, and which the Deputy Superintendent of Rowlands had used in their initial letter of representation about Rowlands commitment to the provision of NHS services. He asked Mr Dickinson how a patient would know what NHS services were provided from the Balmore branch. Mr Dickinson advised that the available services were listed on NHSinform, and were actively promoted within the pharmacy to ensure all patients received the best possible care in using the relevant |

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| | <p>services available. Mr Woods clarified that he was asking about how a patient would know what services were available if they were standing outside the pharmacy. Mr Dickinson confirmed that previously there had been a service ladder in the window and if the PPC thought such a thing was necessary, Rowlands would take this into consideration during their refit programme. Mr Dickinson felt that in this specific pharmacy, the relationship between pharmacy and patients was very good and the staff were making the patients aware of all the services available. If patients from outside were enquiring, then NHSinform was the “go to” website for such information. His personal opinion was that the services provided ladder had a place, but was very frequently overlooked.</p> |
| 6.1.21 | <p>In response to final questioning from Mr Woods, Mr Dickinson confirmed that Rowlands pharmacies could be accessed by able bodied and disabled people easily. Mr Dickinson advised that in Balmore Road there currently wasn't a doorbell and that this had been seen as not being necessary because of the large window where staff were very attentive and could clearly see when a patient needed assistance to enter the pharmacy. He accepted that if a doorbell would be beneficial this could be arranged by the Regional Manager. Mr Woods further asked if Mr Dickinson felt that a doorbell would be a dignified means by which a disabled person would access the pharmacy. Mr Dickinson advised that there were other means of access e.g. automated doors but he was unsure whether this would be part of the company's refresh programme.</p> |
| 6.1.22 | <p>In response to questioning from Mrs Williams, Mr Dickinson confirmed that neither of the pharmacists working in the Balmore Road branch were independent pharmacists providing the Pharmacy First Plus service.</p> |
| 6.1.23 | <p>In response to further questioning from Mrs Williams, Mr Dickinson confirmed that there wasn't two pharmacist cover currently in Balmore Road. It wasn't something that Rowlands would rule out if it was deemed necessary. He reiterated that there hadn't been any demand for this cover in the Balmore Road branch so far.</p> |
| 6.1.24 | <p>Mr Josh Miller asked Mr Dickinson to describe the opening hours of the Rowland Pharmacy on a Saturday. Mr Dickinson advised that it was 9.00am – 1.00pm.</p> |
| 6.1.25 | <p>In response to further questioning from Mr Miller, Mr Dickinson described that the nearest needle exchange pharmacy was located 0.4 miles away. Rowlands provided needle exchange services at one of their pharmacies in Springburn which would require a car journey of 10 minutes or a bus journey of around 18 minutes.</p> |
| 6.1.26 | <p>Mr Macintyre asked Mr Dickinson how many pharmacies were currently located within the boundaries specified by the Applicant. Mr Macintyre asked the question to clarify Mr Dickinson's view of where the Balmore Road sat. Mr Dickinson advised that he did not believe that when a road was used to describe a boundary, that boundary necessarily had to be drawn down the middle of the road. He felt that both sides of the</p> |

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| | road should be taken into consideration especially where there were numerous pedestrian crossings giving reasonable access to the opposite side of the road. |
| 6.1.27 | In response to questioning from Mr Daniels, Mr Dickinson advised that the Rowlands pharmacy branch at Balmore Road wasn't working to full capacity. They had room to expand on all of the services provided by the pharmacy especially many of the services which had been mentioned by the Applicant as being refused by pharmacies. Rowlands openly invited more patients into all their services. |
| 6.1.28 | The Chair advised that in the CAR there were a lot of critical comments, and asked if Mr Dickinson recognised any of those comments, not necessarily in relation to Rowlands Pharmacy specifically, but in terms of the type of complaints from this neighbourhood. Mr Dickinson advised that he certainly did not. There had been no indication made to Rowlands Pharmacy about the lack of, or standards of service provided by local pharmacies. Rowlands Pharmacy hadn't had any complaints submitted to them. |
| 6.1.29 | <i>This concluded the PPCs questioning of Mr Dickinson and the Chair invited Mr Qayum to put forward his case.</i> |
| 6.2 | <u>Mr Imran Qayum (Maryhill Pharmacy) - below was reproduced from Mr Qayum's prepared statement</u> |
| 6.2.1 | My humble opposition to granting of this contract was based on the following observations. Maryhill Pharmacy had been providing uninterrupted pharmaceutical services in this neighbourhood for over four decades, even long before the inception of the New Contract. At the time of the new contract there was a pharmacy in Bilsland Drive. The contractor decided to take compensation and closed the pharmacy as under the new contract the pharmacy would not be viable. In last few years, a number of people had applied for a new contract in that vicinity. The last Applicant, after refusal, decided to appeal and that appeal was refused. |
| 6.2.2 | Mr Qayum added, this area of Ruchill was a run-down area for years and only in last few years, old tenement buildings were demolished and the area was regenerated, without any discernible increase in population. There were no local GP practices other than the Health centre that served this area. With all the claims the Applicants had put forward, It would not enhance the service provision that was already being provided by the existing contractors. |
| 6.2.3 | This application was in the neighbourhood was right in the middle of an area which was served by Maryhill Pharmacy. Maryhill Pharmacy provided all the services that were needed in a relatively deprived area including collection and free delivery, Supervision of Methadone, Substance Misuse, Espranor, Alcohol, HepC and Pharmacy First. A wide range of services. Even the Health Board addressed then as Maryhill Pharmacy, Ruchill, Glasgow. They also had large numbers of dosette patients they catered for and had capacity to take on more. They had never refused this service. |
| 6.2.4 | The Applicant was suggesting that access to pharmacies in the area was difficult. As a matter of fact, the access was easy, especially on Maryhill Road |

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| | or Saracen Street. |
| 6.2.5 | As comprehensive pharmaceutical services were being provided by existing contractors, there was no need for additional services and the application should be denied. |
| 6.2.6 | <i>This concluded Mr Qayum's submission on behalf of Maryhill Pharmacy and Mr Qayum continued with the submission for Maryhill Dispensary Ltd.</i> |
| 6.3 | <u>Mr Imran Qayum (Maryhill Dispensary Ltd) - below was reproduced from Mr Qayum's prepared statement</u> |
| 6.3.1 | This application should be denied, Since the last application in 2016 there had been no increase in population in the area. |
| 6.3.2 | Existing contractors covered most services comprehensively and to a high standard. There was more than adequate pharmaceutical services provision in the neighbourhood and there was no need for another pharmacy in this area. |
| 6.3.3 | The area was well served by the existing pharmacies in the boundary and also there were several pharmacies in the surrounding areas. |
| 6.3.4 | <i>This concluded Mr Qayum's submission and the Chair invited the Applicant to Question Mr Qayum.</i> |
| 6.3.5 | <u>Questions from the Applicant to Mr Qayum</u> |
| 6.3.6 | The Applicant asked Mr Qayum if he would agree that by just saying a service was provided that didn't necessarily mean that it was an adequate service. Mr Qayum advised that he provided a service that was more than adequate. He provided services to a very high standard. |
| 6.3.7 | The Applicant asked Mr Qayum if the GP practices who had clearly stated their concerns with the services provided by both Maryhill Pharmacy and Maryhill Dispensary would agree with Mr Qayum's term "high standard". Mr Qayum asked the Applicant what these concerns were about. In response to the Applicant's assertion that concerns had been raised by the GP practices around the general service in the area, Mr Qayum advised that the documents submitted by the Applicant from the GP practices were very vague and both letters were very similar. Mr Qayum seriously questioned the documents provided and reiterated that he provided a high level of service. |
| 6.3.8 | The Applicant asked Mr Qayum if he was aware that failure to provide EHC to a patient was a breach of core services. Mr Qayum retorted that he had never refused EHC to any patient. He advised that he had received no complaints regarding this service, and that as such the comments amounted to hearsay. |
| 6.3.9 | The Applicant asked Mr Qayum about his comments around the previous pharmacy in Ruchill having to close in 1989 and asked if Mr Qayum would agree that the requirement for pharmacy services in 1989 versus the present day had changed. Mr Qayum accepted that the requirement and provision of pharmaceutical services would have changed since this time. |
| 6.3.10 | <i>This concluded the Applicant's questions and the other Interested</i> |

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| | <i>Parties were invited to question Mr Qayum.</i> |
| 6.3.11 | <u>Questions from the Interested Parties to Mr Qayum</u> |
| 6.3.12 | In response to questioning from Mr Dickinson, Mr Qayum advised that he wouldn't refuse to provide EHC unless it wasn't clinically appropriate, or was outside the time frame. He would never refuse a service without explaining about the clinical appropriateness of this. |
| 6.3.13 | Mr Feeney asked Mr Qayum if he had experienced any shortages, and had he taken any steps to mitigate this. Mr Qayum responded that his company had more than one branch, both within NHS GGC and outwith this. His main suppliers were Unichem, AAH, Ethigen, Eclipse and Trident Pharmaceuticals. If the company ran short of any product, they would never refuse the patient before going through a process of borrowing from another branch. They would do their utmost to make sure the patient received their medication. Whether this meant contacting the GP or borrowing from another branch or another pharmacy who they had a very good relationship in the area. |
| 6.3.14 | Mr Haugh advised that he had visited Mr Qayum's pharmacy recently, where he had received a Pharmacy First consultation for his daughter which he received within five minutes. He asked Mr Qayum if this would be representative of his waiting times. Mr Qayum responded that his waiting times were kept as low as possible. He had double cover pharmacists. He had accuracy technician staff in each of their branches. The waiting times were very low and had been even through COVID. |
| 6.3.15 | In response to further questioning from Mr Haugh, Mr Qayum advised that neither of his pharmacies had any capacity issues in any of the services provided by the pharmacies. They had capacity for dosette boxes, deliveries, Pharmacy First and substance misuse services. |
| 6.3.16 | In response to final questioning from Mr Haugh, Mr Qayum advised that this pharmacies offered deliveries from 8.30am until the pharmacy closed. For Maryhill Road this was 5.30pm and for the Health Centre this was 6.00pm. He was also the Palliative Care Network pharmacy in the area, and so he personally was on call 24/7 and would often deliver palliative care medication when needed. |
| 6.3.17 | <i>There were no questions to Mr Qayum from Mr Arnott and the Chair invited the PPC to question Mr Qayum.</i> |
| 6.3.18 | <u>Questions from the PPC to Mr Qayum</u> |
| 6.3.19 | In response to questioning from Mr Woods, Mr Qayum confirmed that since the start of the COVID pandemic, the pharmacy had closed between the hours of 12.00pm and 1.00pm each day including a Saturday. |
| 6.3.20 | In response to questioning from Mrs Williams, Mr Qayum advised that he had second pharmacist cover regularly. |
| 6.3.21 | Mrs Williams mentioned that there were quite a lot of negative comments within the CAR specifically with regard to the Maryhill pharmacies, and asked Mr Qayum if he had had any of these complaints put to him directly. Mr Qayum advised that he didn't recognise this level. He hadn't had any complaints made directly to him. If there had, he would have looked at the complaint and would |

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| | had addressed it thoroughly. |
| 6.3.22 | Mr Miller asked if Mr Qayum had a robust internal review process in place for dealing with complaints and asked him to share this with the PPC. Mr Qayum asked if he would be able to go back to Mr Miller's initial comment commending Mr Qayum on turning round a negative GPhC inspection. Mr Miller confirmed he could and Mr Qayum explained that he had taken over the Health Centre pharmacy two years ago. In that time there had been a change of pharmacist. Mr Qayum had worked very hard to improve standards. He felt that standards had improved. Turning to Mr Miller's question around complaints, Mr Qayum advised that he had a complaints form which would be completed and the company took part in any surveys around complaints that were required. |
| 6.3.23 | Mr Miller asked Mr Qayum if he had considered stopping the lunch time closure given that contingency arrangements were coming to an end and the country was getting back to a bit of normality. Mr Qayum advised that this was something he would look at. He wished to make the point that the GP surgeries in the health centre were closed at lunch time. Mr Miller advised that the GPhC inspection had noted that the workload had reduced in the Health Centre pharmacy during COVID so from a patient point of view it might be beneficial to be open during the day for accessibility of services. |
| 6.3.24 | In response to further questioning from Mr Miller about whether there was an Independent Prescriber on site, Mr Qayum advised that there wasn't at the moment, but he had just sent his application away and was hopeful that he would be accepted to the course. |
| 6.3.25 | In response to questioning from Mr Macintyre, Mr Qayum advised that in terms of the neighbourhood, he didn't agree with the Applicant's proposed neighbourhood. He felt it encroached on Maryhill Pharmacy's neighbourhood. He disagreed with the Applicant's neighbourhood from the canal and it would be Rowlands neighbourhood closer to Bilsland Close. Mr Qayum clarified that he would take Balmore Road, Maryhill Road, Lochburn Road and Panmure Road. He confirmed that residents in Ruchill would use both sides of Maryhill Road. There was an easy walkway down from Ruchill Street and several crossings giving easy access. Mr Qayum advised that the side of the road which Maryhill Pharmacy was on would be considered the hub of the area. |
| 6.3.26 | The Chair was keen to explore Mr Qayum's contention that he hadn't had any complaints yet within the CAR there had been a significant amount of critical comments about the services provided by his pharmacies. Mr Qayum advised that there was a complaints procedure for patients to submit any complaints to the Health Board which would in turn filter through to his pharmacies. There had been no such complaints. He advised that Google reviews wasn't a reliable source. The complaints should come from the Health Board and he hadn't had any. |
| 6.3.27 | <i>There were no questions to Mr Qayum from Mr Daniels. The Chair invited Mr Arnott to present his case.</i> |
| 6.4 | <u>Mr Tom Arnott (Lloyds Pharmacy Ltd) - below was reproduced from Mr Arnott's prepared statement</u> |

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| 6.4.1 | Mr Arnott advised that he would like to thank the Panel for allowing him to speak today |
| 6.4.2 | The Applicant's reason for making this application seemed to be that the Pharmaceutical Services provided by the current Contractors were inadequate only because there were no Pharmacy premises in his definition of the neighbourhood |
| 6.4.3 | There were, as the Panel was aware numerous examples from Pharmacy Practice Committee (PPC) Hearings and numerous National Appeal Panel Hearings that adequate Pharmaceutical Services could be provided to a neighbourhood from Pharmacies situated outwith that neighbourhood, and this was the case in Ruchill. |
| 6.4.4 | Indeed at a previous PPC, this was accepted and since then very little had changed |
| 6.4.5 | Indeed the Panel would see from the advice and guidance for those attending the PPC, they must consider " <i>what were the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood</i> ". |
| 6.4.5 | Ruchill was situated within the largest City in Scotland. Similar applications in Oatlands and Wellhouse were refused. The nearest pharmacies to Oatlands were situated 1.1 miles from that Applicants proposed site and in Wellhouse 1.0 miles from the Applicants proposed site. |
| 6.4.6 | In this case there were five Pharmacies within 0.8 miles of the Applicant's proposed site. All of these pharmacies offered all the Core Services. |
| 6.4.7 | Ruchill was certainly not a rural location, it was situated within the largest City in Scotland. |
| 6.4.8 | On visiting the Applicant's proposed site there was a Barbers (which was closed), and a Newsagents. Further along Bilsland Avenue there was the U-SAVE Convenience Store, a Funeral Directors, another small Convenience Store, the Jade House Takeaway, and the Sizzler Grill House. This showed that on a regular basis the residents of Ruchill leave their neighbourhood to access services such as Banks, Supermarkets, GP Surgeries and other services including Pharmacy Services. Ruchill was situated in the largest City in Scotland. |
| 6.4.9 | SIMD (Scottish Index of Multiple Deprivation) showed that when it measured access to Services, the 4 Datazones that made up Ruchill - SO1010316, SO1010319, SO1010320 and SO1010321 were ranked 3,805, 4,806, 6,252 and 5,818 respectively of the 6,976 Datazones in Scotland. |
| 6.4.10 | In terms of access to services Ruchill was well served. |
| 6.4.11 | It was also interesting to note that of the residents of Ruchill 3,133 only 343 were aged over 65 (only 10.9 % of the residents). The Scottish Average was 18%. |
| 6.4.12 | The Applicant to add some substance to his Application had proposed to open from 8am to 6pm Monday to Friday, from 9am to 5pm on a Saturday and to open on a Sunday from 12noon to 4pm. There was no logical reason for these opening hours and they were only shown as a way to add some substance to this Application. Mr Arnott was sure the Panel was aware that at any time in the future the Applicant could reduce these opening hours, and would probably |

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| | have to do very quickly to ensure any chance of viability of his proposed pharmacy. |
| 6.4.13 | The Applicant had stated that there would also be two Pharmacists on site. Mr Arnott estimated the Pharmacist Costs alone would be in excess of £150,000. He would question the long term viability of any pharmacy based in Ruchill operating with this level of Pharmacist Cover. This was all being said to add some substance to this Application. |
| 6.4.14 | The Panel must take account as to whether the granting of an application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned. |
| 6.4.15 | The Applicant must also be aware that the Greater Glasgow and Clyde Pharmaceutical Care Services Plan made no mention of a need for a Pharmacy in his proposed neighbourhood |
| 6.4.16 | Mr Arnott had reviewed the decision of the National Appeal Panel Hearing in June 2006 and the minutes of the previous PPC Hearing. |
| 6.4.17 | Since then little had changed as regards population. The redevelopments appeared to have replaced densely populated buildings with many that were less densely populated. |
| 6.4.18 | This was a neighbourhood in the largest city in Scotland, it was not a rural location. |
| 6.4.19 | It benefitted from an adequate public transport system and was not unduly hilly. |
| 6.4.20 | Indeed many of the residents of the Applicants proposed neighbourhood were actually nearer to existing Pharmacies, for example the residents of Parkside Gardens, Parkside Avenue and Drumfearn were all closer to the Rowlands Pharmacy. |
| 6.4.21 | Those living in Shuna Place, Shuna St Shuna Crescent were all nearer the Maryhill Pharmacy than the Applicant's proposed site. |
| 6.4.22 | The Applicant in support of his application had carried out a consultation exercise. |
| 6.4.23 | The Applicant stated that an advert was published in the Glasgow Times. It was part of the NHS Greater Glasgow and Clyde Social Media programme. Stakeholders were consulted by NHS Greater Glasgow and Clyde and the Questionnaire appeared on the Board's Website. |
| 6.4.24 | The applicant opened the Consultation to the residents of 15 Datazones which had a population of 14,184. |
| 6.4.25 | If it was 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 had not tried to gain Public support, he had however failed to gain the support of the residents simply because there was little public support for this application. |
| 6.4.26 | This was because existing Contractors already provide an adequate Pharmaceutical Care Service to the Applicant's proposed neighbourhood. |
| 6.4.27 | Despite all the Applicant's efforts, he had received 364 responses which was |

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| | 2.56% of the residents. |
| 6.4.28 | In response to Question 3, “ <i>were there any Gaps or Deficiencies in the current provision of Pharmaceutical Services</i> ”? Only 256 or 1.8% of the residents said there were. |
| 6.4.29 | The Applicant had shown no inadequacies in current Pharmaceutical Provision other than there was no Pharmacy in his proposed neighbourhood. There had been no hard evidence to substantiate the complaints he referred to. |
| 6.4.30 | Indeed one of the letters of support from the Practice Manager at the Maryhill Red Practice and Mr Arnott quoted “ <i>The new Pharmacy was ideal for me as a patient as I stay within walking distance to the premises</i> ”. This was all about convenience. |
| 6.4.31 | It was also interesting to note how similar the letter from Barclay Medical Practice was to the one from the Maryhill Red Practice. |
| 6.4.32 | The Panel must <i>consider</i> “ <i>what were the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood</i> ”? As stated by the Applicant, there were five Pharmacies within a mile of the proposed site and a further eight Pharmacies within 1.25 miles. |
| 6.4.33 | Convenience was not a reason for granting a pharmacy contract and this application was all about convenience. |
| 6.4.34 | Mr Arnott was unaware of any complaints to the Health Board regarding current service provision and having examined the Greater Glasgow and Clyde Pharmaceutical Care Services Plan, he could see no reference to there being a need for a Pharmacy in the Applicant’s proposed neighbourhood |
| 6.4.35 | Mr Arnott would therefore ask the Panel to refuse this application as it was neither necessary nor desirable in order to secure the adequate provision of Pharmaceutical Services in the neighbourhood in which the premises were located. |
| 6.4.36 | <i>This concluded Mr Arnott’s submission and the Chair invited questions from the Applicant</i> |
| 6.4.37 | <u>Questions from the Applicant to Mr Arnott</u> |
| 6.4.38 | The Applicant asked Mr Arnott if he was aware that the Board’s Pharmaceutical Care Services Plan from which Mr Arnott had quoted as there being no need for a pharmacy in the area, was out of date and indeed still referenced the Minor Ailment Service and was due to be reviewed in 2021 and as such Mr Arnott’s argument was null and void. Mr Arnott advised that he felt the Plan could still be used as a guide. |
| 6.4.39 | The Applicant asked Mr Arnott if he would agree that there were ten Datazones in the Applicant’s defined neighbourhood. Mr Arnott advised that he didn’t as he felt some of the Datazones quoted weren’t in the Applicant’s defined neighbourhood. |
| 6.4.40 | The Applicant asked Mr Arnott if he would agree that the Applicant had provided reasons other than there being no current pharmaceutical services in the area, as robust reasons for the granting of the contract e.g. GP support and the CAR report. Mr Arnott advised that he would |

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| | be keen to know more detail around the complaints. |
| 6.4.41 | The Applicant advised that from a Freedom of Information request, it had been shown that a minimum of 574 closures across three months in 2021 with Lloydspharmacy being the highest culprit in this. He asked if Mr Arnott could provide any guarantees that this wouldn't happen in Maryhill. Mr Arnott advised that Maryhill had had two half closures due to snow in the last 12 months. He accepted that there had been closures but these had not been in Maryhill. |
| 6.4.42 | In response to final questioning from the Applicant around waiting times, Mr Arnott advised that 10 minutes would be the norm within the Maryhill pharmacies. |
| 6.4.43 | <i>This concluded the Applicant's questions and the other Interested Parties were invited to question Mr Arnott.</i> |
| 6.4.44 | <u>Questions from the Interested Parties to Mr Arnott</u> |
| 6.4.45 | In response to questioning from Mr Dickinson, Mr Arnott advised that he agreed that COVID had provided significant challenges to community pharmacies and that some of the negative comments in the CAR might be as a result of the additional pressures. He felt that very few pharmacies in the West of Scotland wouldn't have experienced adversities during this time. |
| 6.4.46 | In response to questioning from Mr Feeney, Mr Arnott confirmed that Lloydspharmacy had moved from Woodside Health Centre, which was the GP practice at the south boundary, to a new unit closer to the Applicant's boundary. |
| 6.4.47 | In response to questioning from Mr Haugh, Mr Arnott confirmed that patients would have a choice to attend another pharmacy within a similar distance to their home, if a pharmacy was underperforming due to mismanagement. The area of Ruchill was surrounded by existing pharmacies so every patient would have a choice and Mr Arnott hoped they would chose Lloyds. |
| 6.4.48 | Mr Haugh asked Mr Arnott what impact removing two/three locum pharmacists from the available pool within GGC would have. Mr Arnott advised that he had never in 20 years seen a situation where it was difficult to obtain pharmacist cover in the big cities of Glasgow and Edinburgh but this was the case now. He considered there would be negative impacts on the pharmacy network. |
| 6.4.49 | In response to final questioning from Mr Haugh, Mr Arnott confirmed that Lloyds suffered from the same national shortages on medication as everyone else. They weren't exempt from this. This was a UK issue. It didn't matter how many wholesalers you had. If there was a manufacturer's issue you would not be able to source the drug. |
| 6.4.50 | <i>There were no questions to Mr Arnott from Mr Qayum and the Chair invited the PPC to question Mr Arnott.</i> |

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| 6.4.51 | <u>Questions from the PPC to Mr Arnott</u> |
| 6.4.52 | Mr Woods advised Mr Arnott that he had visited the pharmacy at Gairbraid Avenue four years ago and had asked why the disabled access wasn't working and had been told that the door had been disconnected because when people walked past, the door opened. He advised that when he had revisited the pharmacy recently for this application, the situation had been the exact same. He asked Mr Arnott to comment. Mr Arnott advised that the Area Manager would take this up with the pharmacy. |
| 6.4.53 | In response to questioning from Mrs Williams, Mr Arnott advised that he had a different opinion on the boundaries. Mr Arnott agreed with the PPC's neighbourhood defined for the previous application. He felt that both sides of Maryhill Road should be included as with Balmore Road. Mr Arnott felt the northern boundary was the canal, then Balmore Road travelling to its meeting with Stronend Street and then Maryhill Road seemed reasonable. |
| 6.4.54 | In response to questioning from Mr Miller, Mr Arnott advised that he felt it was good for patients to have choice not just for community pharmacies, and if you were receiving a good service you would continue to use this. He reiterated that there was around 14 pharmacies to choose from in the area. |
| 6.4.55 | Mr Miller followed this question up by asking if Mr Arnott would disagree that choice for patients would be a bad thing if there was one more pharmacy. Mr Arnott said he wouldn't say it was a bad thing but he wouldn't say it was necessary. |
| 6.4.56 | Mr Macintyre asked about the south boundary and the previous PPC's neighbourhood. The south boundary crossed the canal. Mr Macintyre asked if Mr Arnott would see the canal at the south as being a barrier. He thought in terms of the people living there would they see themselves as neighbours of those living on Northpark Street and Firhill Street. Mr Arnott advised that the canal could be crossed. His assertion was that taking the boundaries, there was no way there would be 14,000 people in the area. |
| 6.4.57 | In response to questioning from Mr Daniels, Mr Arnott advised that all Lloydspharmacies could now make use of the off-site dispensing facility. This included dosette boxes and repeat prescriptions these could go off-site to be dispensed and so the pharmacy could never reach capacity. |
| 6.4.58 | <i>There were no questions to Mr Arnott from the Chair. The Chair invited Mr Feeney to put forward his case.</i> |
| 6.5 | <u>Mr Mark Feeney (AG Bannerman Ltd) - below was reproduced from Mr Feeney's prepared statement</u> |
| 6.5.1 | Mr Feeney advised that he represented the two pharmacies on Saracen Street, both Saracen Pharmacy and Possil Pharmacy. |

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| 6.5.2 | They were a small pharmacist owned business and it was himself and his responsible pharmacist who were the shareholders. |
| 6.5.3 | Both these pharmacies were fairly low prescription volume. They provided the full National NHS contract and participated in all the locally negotiated services. The Possil Pharmacy branch also provided Alcohol dependent services and the Palliative Care Service. They had invested a lot in their Technology and soon to be, if anyone had done their site visit, the premises which the members of the PPC would have noticed, were in transition at the moment. Currently none of their services were near capacity. They had invested in recent years in both their staff skills and in technology to ensure they could continue to serve their community. |
| 6.5.4 | With the advent of Pharmacy First Plus, Mr Feeney himself was an Independent Prescriber (IP) and usually provides the Independent Prescribing service three days per week from Possil Pharmacy. This was usually Tuesday, Wednesday (when not at a PPC) and Thursday. With that, his colleague Gillian who was one of the Shareholders of the Business, had just submitted her portfolio to the University to be accredited. They were hopeful that in the next few months, she would be able to provide the service. David who was the responsible Pharmacist in Saracen Pharmacy, had just had his application approved to join training at Robert Gordon. Their aspiration going forward would be that they had an IP on Saracen Street all year apart from days off and a Sunday. That was their vision for the street. From that evidence and the evidence of the other contractors, Mr Feeney believed the area was very well served. |
| 6.5.5 | Turning to the neighbourhood, this was always difficult particularly in Urban areas. Having been a pharmacist in the area since 2001, he thought some people in the boundaries shown by the Applicant would consider themselves in Possil in the East. Some would consider themselves in the West in Maryhill and there was probably a pocket in the middle that might consider themselves from Ruchill. Mr Feeney thought it's very difficult to define this. The PPC would see Maryhill Housing banners on Balmore Road. The housing strategy represented Ruchill and Possilpark as a neighbourhood. He thought there was a mix there. That being said, you had to draw your boundaries somewhere and where he would potentially change the boundary would be the South boundary which he would propose runs from the junction of Garscube Road down to Possil Road and that would bring in Saracen Street. |
| 6.5.6 | The reason for this was there were other services such as Libraries, Post Offices, Opticians and Pharmacies that would then be covered by the neighbourhood. Mr Feeney would note that there was a regular bus service that runs through and connected Maryhill, Ruchill and Possilpark. |
| 6.5.7 | As had already been covered, there were a number of pharmacies in the neighbourhood. Taking the boundary, there were at least four bang on, possibly in the neighbourhood that's been defined by the Applicant. Within that, he considered there were sixteen pharmacies within a 2.5 mile radius. He thought there was an argument that rather than under-provision, there's potentially over-provision in the area. There was certainly a lot of patient choice, be that multiples such as Lloyds or Rowlands or the Independent sector with Imran, Rodney and himself here today but also M&D Green who couldn't make the morning session. |

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| 6.5.8 | Mr Feeney asserted that if we consider that, the Applicant's argument that these pharmacies were all providing an inadequate service fell down. He firmly believed that the services provided by the existing contractors more than met the requirements of the local population. |
| 6.5.9 | With that he would like the Committee to consider the work being done by the local contractors and deem that this application was not necessary or desirable. |
| 6.5.10 | <i>This concluded Mr Feeney's submission and the Chair invited questions from the Applicant.</i> |
| 6.5.11 | <u>Questions from the Applicant to Mr Feeney</u> |
| 6.5.12 | The Applicant asked Mr Feeney if he would agree that pharmacy was moving away from an items based business to a more focussed pharmacist face to face interaction therefore requiring more pharmacist time. Mr Feeney agreed to a certain extent. He advised that he had redesigned his business. They were a training practice and as such benefitted from Pre-Registration and Foundation Pharmacists and IP Pharmacists and seen this as being the direction of travel. He reminded however that there was still a significant amount of funding linked to the dispensing pool and margin and drug purchases so prescription volume remained a major driver. |
| 6.5.13 | The Applicant quoted from Mr Feeney's initial letter of representation where he suggested that this area of Glasgow was one of the best served areas in Scotland, and asked if Mr Feeney was surprised to see the GP letters of support and the CAR Report probably saying otherwise. Mr Feeney felt the GP letters were open to interpretation. Mr Feeney advised that there were around eight GP practices in Woodside Health Centre, four in Possilpark Health Centre, one Bardowie Street and one in Allander Street and none of these practices had made representation. He felt the Applicant might be putting more stock in the two GP letters than might be warranted and which had been disputed by a number of people present at the hearing. He suggested that the CAR provided an opportunity to vent sometimes, but questioned whether it provided an accurate representation of service provision in the neighbourhood and the work being done by the existing contractors. |
| 6.5.14 | <i>This concluded the Applicant's questions and the other Interested Parties were invited to question Mr Feeney.</i> |
| 6.5.15 | <u>Questions from the Interested Parties to Mr Feeney</u> |
| 6.5.16 | In response to questioning from Mr Arnott, Mr Feeney advised that in his opinion a pharmacy open for 62 hours per week, with two pharmacists would struggle to achieve viability in that location. |
| 6.5.17 | In response to questioning from Mr Haugh around capacity, Mr Feeney advised that within his pharmacies he used a lot of technology e.g. Methameasure to help deal safely and efficiently with their opiate replacement therapy patients. He had also recently invested in a system which helped with the production of MDS trays. He had plenty of capacity to provide services to the local community. He was investing in |

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| | skill mix in staff to make sure the patients were receiving the best service possible. |
| 6.5.18 | In response to questioning from Mr Haugh, Mr Feeney confirmed that he had Independent Pharmacist cover in his pharmacy three days per week, a pharmacist who had recently submitted her portfolio and one who had just been accepted on to the course. Mr Feeney advised that his aspiration was to provide Pharmacy First Plus 52 weeks per year. |
| 6.5.19 | In response to questioning from Mr Haugh, Mr Feeney explained that in his pharmacy a waiting prescription would be undertaken immediately so depending on the clinical complexity would look to see this done within five minutes. Anything over ten minutes would be unusual. |
| 6.5.20 | In response to final questioning from Mr Haugh, Mr Feeney believed from the application that there were currently four pharmacies within the Applicant's proposed neighbourhood. He didn't feel there was any impediment to accessing Maryhill Pharmacy, the two Lloyds, or the Rowlands on Balmore Road and by extension to the pharmacies in Maryhill Health Centre and the end of Maryhill Road. |
| 6.5.21 | <i>There were no questions to Mr Feeney from Mr Qayum or Mr Dickinson and the Chair invited the PPC to question Mr Feeney</i> |
| 6.5.22 | <u>Questions from the PPC to Mr Feeney</u> |
| 6.5.23 | In response to questioning from Mr Woods around disabled access, Mr Feeney advised that one of his pharmacies had a ramp to the door. He advised that his premises were part of a Business Improvement Area, he had invested in providing better access and that included changing doors at both pharmacies to provide disabled access. This work had been delayed due to COVID however Mr Feeney was confident that work would start within the next five weeks. |
| 6.5.24 | In response to questioning Mrs Williams, Mr Feeney advised that the vast majority of patients in his pharmacies were very warm. He recognised that some patients would vent, but this tended to be about other primary care services but his experience of the people of Possil was that they were very grateful for the pharmacy service, and that included people within the Applicant's neighbourhood. They would always give honest feedback if the service wasn't up to scratch. He didn't recognise a lot of the negative comments in the CAR. |
| 6.5.25 | In response to questioning from Mr Miller around Mr Feeney's Independent Prescribing provision, Mr Feeney advised that the uptake was getting better. The way that general practice surgeries operated gave him more opportunity to utilise his skills. Patients were less likely to seek the service out, rather the interventions were undertaken on an ad hoc basis. Mr Feeney was wary that he didn't want to promote a service heavily with the public until he was able to provide the continuity that would come in due course. The freedom and flexibility was beneficial for patient care. |

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| 6.5.26 | In response to further questioning from Mr Miller, Mr Feeney advised that he felt Pharmacist Independent Prescribing was needed and not just a convenience. It improved the patient journey particular when GP services might be more difficult to access. It would become a core part of pharmacy life going forward as undergraduates qualified with the qualification. |
| 6.5.27 | <i>There were no questions to Mr Feeney from Mr Macintyre, Mr Daniels or from the Chair. The Chair invited Mr Haugh to put forward his case.</i> |
| 6.6 | <u>Mr Rodney Haugh (Houlihan Pharmacy) - below was reproduced from Mr Haugh's prepared statement</u> |
| 6.6.1 | Mr Haugh advised that he was the Operations Manager for Houlihan Pharmacy, and with him today was his colleague Eilidh Carroll the Pharmacist and Manager of Houlihan's Possilpark branch. Eilidh had worked extensively in Possilpark which would be very helpful if required to respond to any questions raised by the committee. |
| 6.6.2 | The fundamental issue for the PPC to consider was whether the current provision of NHS Pharmaceutical services in the neighbourhood was adequate, and if not, whether the proposed services were necessary or desirable to secure adequate service provision. |
| 6.6.3 | Mr Haugh did not perceive any of these statutory tests to have been met given the wealth of evidence to the contrary. He hoped to demonstrate this further. |
| 6.6.4 | <p>First of all he discussed the proposed neighbourhood.</p> <p>The neighbourhood was previously defined by the Pharmacy Practices Committee on 3rd June 2016, regarding the previous CD Chem application. There had been little material change within the neighbourhood since this decision; therefore he agreed with this definition that the neighbourhood was:</p> <ul style="list-style-type: none"> • North: the canal • East: Balmore Road • West: Maryhill Road • South: the junction of Maryhill Road and North Park Street, onto Firhill Road then along Panmure Street/Stronend Street to where it meets Balmore Road |
| 6.6.5 | <p>The reasons for the PPC's decision on this neighbourhood were:</p> <ol style="list-style-type: none"> 1. They felt this could be a place someone described themselves as coming from but should also be a place where they received their services 2. The boundary of the neighbourhood was associated with all the retail, health, education, religious, banking services and facilities necessary for a neighbourhood and also used the main physical boundaries. 3. They believed that the population size could be adequately serviced by the existing pharmacies. |

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| 6.6.6 | The address for this application was the same address as the application from CD Chem in 2016 which was rejected by the PPC. He would reiterate that there had been little material change within the neighbourhood since this decision. |
| 6.6.7 | DS Pharm's proposed Neighbourhood |
| 6.6.8 | <p>With regard DS Pharms proposed neighbourhood, there were a number of points that Mr Haugh would like to raise,</p> <ol style="list-style-type: none"> 1. Within this proposed neighbourhood there were already four pharmacies, Rowlands Pharmacy, Balmore Road; Lloyds Pharmacy, 1421 Maryhill Road; Maryhill Pharmacy and Lloyds Pharmacy, 535 Maryhill Road. All of these pharmacies were providing Pharmaceutical Services to the whole of the neighbourhood. 2. There were also at least six other pharmacies in close proximity to the neighbourhood which were also providing Pharmaceutical Services to the population, Houlihan Pharmacy; Possil Pharmacy; Saracen Pharmacy, all on Saracen Street. Maryhill Dispensary, just off Maryhill Road, Boots on Queen Margaret Drive, and Cadder Pharmacy. 3. This was a neighbourhood in the largest city in Scotland; it was not a rural location. It benefitted from a more than adequate public transport system and it was not unduly hilly. Like Mr Arnott had said there were numerous parts of the Applicant's neighbourhood that were closer to Rowlands Pharmacy and Maryhill Pharmacy. 4. Maryhill Road was not a natural boundary of the neighbourhood and people freely moved across this road. Indeed Maryhill Heath & Care Centre was located to the west of Maryhill Road, outside the Applicant's neighbourhood. Patients for example, easily moved from the Health Centre where they had had an appointment with their GP to Lloyds Pharmacy, and then home to Shuna Place, crossing Maryhill Road, to obtain their prescription. |
| 6.6.9 | Along Maryhill Road there were a total of 11 Pelican Crossings, therefore it was effortless for people to cross from east to west and vice versa across this road. |
| 6.6.10 | Likewise, Balmore Road was not a natural boundary of the neighbourhood and people freely moved across this road. Patients for example, easily moved from their home on Bilsland Close to Rowlands Pharmacy and back home. |
| 6.6.11 | Along Balmore Road there were a total of seven Pelican Crossings, therefore it was again easy for people to move freely across this road. |
| 6.6.12 | Health and demographics of the NAP defined Neighbourhood |
| 6.6.13 | The health of the neighbourhood was generally good and in line with Scottish averages according to the 2011 census. In fact the % of people who had no long term health conditions and the % of people within the neighbourhood who described themselves as having very good health were very similar to the Scottish average. This indicated that there was not an above average demand for Pharmaceutical Services in the neighbourhood. |

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| 6.6.14 | The neighbourhood was also one that had a much younger population than that of Scotland. The percentage of people within the neighbourhood who were under 65 years of age was 88%, the Scottish average was 83%. The percentage of people who were over 75 years of age was 5% again compared with the Scottish average of 7%. |
| 6.6.15 | The Applicant had referred to the Scottish Index of Multiple Deprivation (SIMD) statistics within their application. Analysis of the SIMD usually focused on the 10% most deprived Datazones in Scotland. The most recent SIMD statistics showed that there were five Datazones within the neighbourhood which were within the 10% most deprived. This had remained constant over previous years. The average deprivation rating for the neighbourhood had also remained constant from 2016 to 2020. |
| 6.6.16 | Existing Pharmacy Services |
| 6.6.17 | There was a lower than average population per pharmacy in this neighbourhood: there were four Pharmacy contracts within this neighbourhood and another six which were providing Pharmaceutical services to the neighbourhood. The population of the neighbourhood as listed in the 2019 Small Area Population Estimate was 14,184. This equated to roughly 1 pharmacy per 3,546 people. If DS Pharm's application was approved, this would equate to 1 pharmacy per 2,837 people. |
| 6.6.18 | The population of the Health Board was currently 1,185,240. With 289 contractors now operating across the Health Board, this equated to 1 pharmacy per 4,101 people. Significantly higher than the current population per pharmacy figure for this neighbourhood and 31% above the level if this contract were granted. This indicated that the neighbourhood was already well provided for in terms of pharmacies in proportion to population |
| 6.6.19 | The core services were fully offered and delivered by all Pharmacies within the neighbourhood and surrounding areas and included Pharmacy First, Medicines Care and Review, Smoking Cessation, Varenicline, Unscheduled Care, Emergency Hormonal Contraception, Gluten Free, Urinary Tract Infection and Impetigo PGDs. |
| 6.6.20 | There were a number of commissioned services such as Palliative Care, Substance Misuse, Hepatitis C treatment and Needle Exchange which were very well catered for from the existing Pharmacies. |
| 6.6.21 | The new DS Pharm application did not propose to add any extra services to what was already on offer from pharmacies within the neighbourhood. One service that DS Pharm had mentioned was needle exchange. Needle exchange was already being provided within the neighbourhood by Lloyds Pharmacy (535 Maryhill Road), Cadder Pharmacy (52 Skirsa Street) and Houlihan Pharmacy (128 Saracen Street). |
| 6.6.22 | The services that were provided by the existing pharmacies were executed to a very high standard, exceeding the levels seen across Scotland which he would now prove. |
| 6.6.23 | All the figures quoted were monthly average figures per Pharmacy for 2021. |
| 6.6.24 | <u>Prescription Volume</u> |

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| 6.6.25 | With regards to prescription items for the existing pharmacies, in 2021 these were 6% lower than the Scottish average, 6,366 for the existing pharmacies v 6,779 for Scotland. This showed that these pharmacies were under less pressure with regards to prescription volume when compared an average pharmacy within Scotland. |
| 6.6.26 | <u>Pharmacy First</u> |
| 6.6.27 | The number of Pharmacy First items was, on average, 157 items per month in each of the existing pharmacies compared to a Scottish average of 142, 10% above the Scottish average. The payment for Pharmacy First was on average 5% higher than the Scottish average for 2021. This increased payment for Pharmacy First was a result of these pharmacies having more activity across items prescribed, consultations, referrals, Urinary Tract Infections, skin infection, shingles and impetigo treatments. |
| 6.6.28 | <u>Instalments</u> |
| 6.6.29 | The number of instalments within this neighbourhood was on average 3,837 per month, 56% above the Scottish average. This showed that the availability of instalments and MDS boxes within this neighbourhood was substantially higher than in the whole of Scotland. |
| 6.6.30 | <u>Smoking Cessation</u> |
| 6.6.31 | With regards to Smoking Cessation, the existing pharmacies averaged 24 items per month, 93% above the Scottish average of just 13 items. |
| 6.6.32 | <u>Emergency Hormonal Contraception</u> |
| 6.6.32 | Figures for EHC also showed that the average number of items prescribed by the existing pharmacies was five per month, the same as the Scottish average. |
| 6.6.33 | Currently none of the Pharmacies within the neighbourhood or those in the surrounding areas were operating at full capacity and all had the capability to adequately manage further growth, both with regards to prescriptions and service provision. |
| 6.6.34 | Within Houlihan Pharmacy, Saracen Street, they had an excellent mix of highly trained staff including a Pharmacist Manager, a Relief Pharmacist, an Accuracy Checking Dispenser, Dispensary Assistants and Counter Assistants. They constantly reviewed the needs of their business and would always invest in their premises and staffing if required. |
| 6.6.35 | <u>letters of support</u> |
| 6.6.36 | A new Pharmacy contract should not be granted due to the mismanagement of one Pharmacy in a neighbourhood. As he had already shown there were at least ten Pharmacies providing Pharmaceutical Services to this neighbourhood. Patients had a multitude of choice as to their Pharmacy of preference within easy commutable distance. If patients were unhappy with the service they were receiving, they had lots of options to change their Pharmacy to another close by. During the Covid-19 pandemic most Pharmacies had been under pressure to some extent or another. However, all Pharmacies were working hard to improve their efficiencies and would continue to do so. |
| 6.6.37 | Houlihan Pharmacy had completed a leaflet drop to all homes in this neighbourhood at the beginning of March 2022. This leaflet advertised dosette |

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| | boxes for those patients who had trouble remembering what to take and when and their 24/7 prescription collection robot in Possilpark. They had had no requests following this leaflet drop for further dosette boxes. They had unlimited capacity for dosette boxes in this area. |
| 6.6.38 | Mr Haugh spoke to Karlyn McGowan, Practice Manager for Maryhill Red Practice in February this year. She confirmed to him that the practice had no issues with capacity for dosette boxes for their patients. During this call he also advised Karlyn that if the practice was having issues with stock availability for any of their patients, the Houlihan Pharmacy in Possilpark would be happy to help obtain these medicines. He passed on both his contact details and the contact details for Eilidh, the Manager of the Pharmacy in Possilpark. This was then followed up with a letter reaffirming this information. Houlihan's had had no requests from Maryhill Red Practice for help in obtaining any medicine for a patient following this conversation. |
| 6.6.39 | Mr Haugh also had had communication from Colin Mitchell from Barclay Medical Practice. He had likewise informed Mr Haugh that they had no issue with regards to capacity for dosette boxes for their patients. The issues that they had experienced were around stock availability for these dosette boxes. |
| 6.6.40 | Accessibility to Pharmaceutical Services |
| 6.6.41 | A large proportion of the neighbourhood would use a car to access either their place of work or to avail of personal, household, or pharmaceutical services. 25% of people within this neighbourhood use a bus to get to work or study on a daily basis, well above the Scottish average of 10%. |
| 6.6.42 | Parking in and around the existing pharmacies was better than in most towns across Scotland. Mr Haugh had visited all of the pharmacies on two occasions over the past few weeks and had never had any issues parking close by any of the local pharmacies. |
| 6.6.43 | All the Pharmacies in the neighbourhood offered a collection service for patients. This ensured that the patients who were ordering their repeat medication did not have to go to the Health Centre to collect their prescription; these were collected by the Pharmacy and made up in advance. |
| 6.6.44 | It was also important to note that there had been no formal complaints to the Health Board in the last two years regarding the existing Pharmacies. |
| 6.6.45 | There had been very few complaints to any of the objecting pharmacy contractors during the Covid-19 pandemic. In the past two years there had been one complaint regarding Customer Service, one regarding supply issues and one regarding waiting times for all ten of these pharmacies combined. The levels of complaints received were lower than the Health Board average for each of these areas. The level of complaints for Customer Service were 82% lower than the Health Board average, for supply issues these were 58% lower and for waiting times they were 50% lower. These were also complaints received during a global pandemic, during which Community Pharmacy had been under considerable pressures. |
| 6.6.46 | There had also been no complaints regarding the access of pharmaceutical care outwith the core hours that were offered by the Pharmacy contractors in the neighbourhood, either on weekdays or at the weekend. |

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| 6.6.47 | With regard to public transport, there was a regular bus service available across the neighbourhood; to both Maryhill Road and to Balmore Road. There were regular buses in either direction approximately every 30 minutes between 7.00am and 6.30pm. |
| 6.6.48 | The Applicant had mentioned opening hours in their application. Greater Glasgow & Clyde Health Board operate a Model Hours Scheme. This means that Pharmacies shall be open Monday to Friday from 9.00 am to 5.30 pm. There was the allowance for one half day closures from 1.00 pm. An Applicant could promise to open as much beyond these Model Hours as they so wished, but they were under no obligation to fulfil their promise. |
| 6.6.49 | Where an NHS Board, in any particular area believes that opening hours were required in excess of those stated in the Model Hours Scheme, then the correct process to remedy this was to consult with the Area Pharmaceutical Community Pharmacy Subcommittee and to introduce a Rota with the existing contractors. This covered extended hours, Sundays, and Public Holidays. |
| 6.6.50 | <i>This concluded Mr Haugh's submission and the Chair invited questions from the Applicant.</i> |
| 6.6.51 | <u>Questions from the Applicant to Mr Haugh</u> |
| 6.6.52 | The Applicant advised that Mr Haugh had described that patients should have choice and it shouldn't be based on one pharmacy being inadequate. The Applicant asked if Mr Haugh would then agree that there was inadequacy in the defined area. Mr Haugh replied no. Mr Haugh advised that he had proved in his presentation that the level of service provided by the existing pharmacies was above the level of the Scottish average and there was no evidence of inadequacy. You could have all the anecdotal comments, but when you looked at the data you would see that everything was being provided above the Scottish average. |
| 6.6.53 | The Applicant asked how Houlihan would deal with the increase in population that was inevitably going to take place with the various developments taking place in the area. Mr Haugh advised that he could safely say that Houlihan's could safely double their business and still cope with demand. They would review their staffing levels and their premises to accurately reflect what was needed and would easily cope with a few hundred homes. |
| 6.6.54 | In response to questioning from the Applicant, Mr Haugh confirmed that there was no Independent Prescriber in place in Possilpark. Eilidh, the pharmacist had applied but had not been successful in securing an IP place. |
| 6.6.55 | The Applicant asked Mr Haugh, that having heard Mr Feeney's assertions that Independent Prescribing would be a necessary skill in the provision of pharmaceutical services, would he deem it acceptable that there was only one part time IP in the area. Mr Haugh advised that it was a service very much in the early development stages. Houlihan's had an IP in their Liddesdale Square branch so there were other options as well. It wasn't a core service. The Scottish Government had been talking about this for some time and it was only just being developed. |
| 6.6.56 | In response to further questioning Mr Haugh advised that if there was any need for Houlihan's to open on a Sunday they would. They had had no complaints |

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| | or requests regarding their opening hours. If there was a need they would do this, as they did in their Darnley pharmacy. |
| 6.6.57 | In response to further questioning from the Applicant, Mr Haugh advised that as a company, Houlihan's were pro-active. |
| 6.6.58 | <i>This concluded the Applicant's questions and the other Interested Parties were invited to question Mr Feeney.</i> |
| 6.6.59 | <u>Questions from the Interested Parties to Mr Haugh</u> |
| 6.6.60 | In response to questioning from Mr Arnott, Mr Haugh confirmed that he didn't believe that a pharmacy in this location, open for 62 hours per week, with two pharmacists would be viable. |
| 6.6.61 | In response to questioning from Mr Feeney, Mr Haugh advised that like other pharmacies Houlihan's weren't immune to supply issues. He had read an article recently that 67% of pharmacy teams had daily supply issues with medicines. Within Houlihan Pharmacy had a member of staff who spent a consider amount of time trying to obtain medicines and helping pharmacies to alleviate these issues. |
| 6.6.62 | <i>There were no questions to Mr Feeney from Mr Dickinson and Mr Qayum the Chair invited questions from the PPC</i> |
| 6.6.63 | <u>Questions from the PPC to Mr Haugh</u> |
| 6.6.64 | Mr Woods commended Houlihan's as being the only pharmacy he visited that had provided access to the disabled as well as those able bodied. He did however question that when visiting the pharmacy he could not determine the services that would be provided by the pharmacy and asked Mr Haugh to comment. Mr Haugh advised that like most contractors they had moved away from the services ladder that was previously prevalent within windows. Houlihan had a significant on-line present where their services were promoted. In addition, they had recently developed a practice leaflet which described all services. |
| 6.6.65 | Mr Miller asked if Mr Haugh's comments around services provision in the area being higher than the Scottish average, related solely to Houlihan Pharmacies. Mr Haugh advised that this was for the ten pharmacies that Mr Haugh believed were providing services to the Applicant's neighbourhood. |
| 6.6.66 | Mr Miller asked if Mr Haugh would see activity above the Scottish average as a measurement of performance. Mr Haugh thought it proved that there was no inadequacy of service. Everything he demonstrated within his presentation had been provided to a level higher than the Scottish average. |
| 6.6.67 | Mr Miller then asked if this might mean that the patients in the area were more complex and had more comorbidities and had more pharmaceutical care issues. Mr Haugh didn't agree. |
| 6.6.68 | In response to final questioning from Mr Miller, Mr Haugh advised that in terms of inadequacy he would accept a demonstration that if the core services |

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| | weren't being delivered to a satisfactory level then this would be evidence. There were no complaints to the Health Board, nor was the level of complaints going to the contractors themselves giving cause for concern. He would contend the pharmacies were providing services to a level above the average. |
| 6.6.69 | In response to questioning from the Chair, Mr Haugh confirmed that he believed the north boundary was the canal, and included the Lambhill area. |
| 6.6.70 | <i>There were no questions to Mr Haugh, Mrs Williams, Mr Macintyre or Mr Daniels.</i> |
| 6.6.71 | <i>The Chair adjourned the meeting at 3.27pm for a short comfort break. The hearing recommenced at 3.32pm</i> |
| 6.6.72 | <i>This concluded the submissions and questions and the Chair invited the parties to summarise their cases.</i> |
| 7. | SUMMING UP |
| 7.1 | <u>Interested Party – Mr Mark Dickinson (Rowlands Pharmacy)</u> |
| 7.1.1 | Mr Dickinson advised that Rowlands Pharmacy felt the Applicant was offering no new services as part of their application. Everything they had mentioned was already readily available and provided by all pharmacies to a more than adequate standard. He would like to urge the PPC to support the rejection of the application based on clear information that there were more than sufficient pharmacies with provision of all services and capacity for any future increase in population. As such, he would urge the PPC to reject the application as it was neither desirable nor necessary. |
| 7.2 | <u>Interested Party - Mr Imran Qayum (Maryhill Pharmacy & Maryhill Dispensary Ltd)</u> |
| 7.2.1 | There were no new services the Applicant was offering and the contract should be denied. All existing services mentioned were comprehensive and being carried out to a high standard. It was mentioned earlier that Houlihan was the only pharmacy that had disabled access. The Maryhill Road branch had automatic doors which were suitable disabled and able bodied persons. |
| 7.2.2 | The application should be denied as there had been no increase in population and there was no need for DS Pharm to be included in the Pharmaceutical List. |
| 7.3 | <u>Interested Party – Mr Tom Arnott (Lloyds Pharmacy Ltd)</u> |
| 7.3.1 | Ruchill had a population of 3,133 and the Scottish Index of Multiple Deprivation (SIMD) figures show there was good access to services. The Panel must first consider “ <i>what were the existing pharmaceutical services in the neighbourhood or any adjoining neighbourhood</i> ”. As stated by the Applicant, there were five pharmacies within 1 mile of the proposed premises and a further eight pharmacies within 1.25 miles. Convenience was not a reason for granting a pharmacy contract and the application was all about convenience. |
| 7.3.2 | Mr Arnott would therefore ask the panel to refuse the application as it was neither necessary nor desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood in which the premises were located. |

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| 7.4 | <u>Interested Party – Mr Mark Feeney (AG Bannerman Ltd)</u> |
| 7.4.1 | Mr Feeney would like to echo what his fellow Interested Parties had said. It was his view that the services provided in the area were more than adequate, therefore he would ask the Committee to consider it's not necessary nor desirable to grant this application |
| 7.4.2 | The application appeared to offer a bit more convenience for a very small number of the population near the Applicant's site and that was not grounds for granting the application. |
| 7.5 | <u>Interested Party – Mr Rodney Haugh (Houlihan Pharmacy)</u> |
| 7.5.1 | The main issue for the PPC to consider was whether the current provision of NHS pharmaceutical services in the neighbourhood was adequate and if not, whether the proposed services were necessary or desirable to secure adequate services. |
| 7.5.2 | The Applicant had been unable to prove that the service provision within the neighbourhood was inadequate. Indeed Mr Haugh had shown that the four pharmacies in the neighbourhood along with the additional six pharmacies just outside the proposed neighbourhood boundary were providing a comprehensive list of core, commissioned and non-commissioned services to all the residents within the neighbourhood. |
| 7.5.3 | Service provision within the neighbourhood was well above the Scottish average in almost all areas. Pharmacy First items were 10% above the Scottish average, Pharmacy First payments were 5% above, the number of instalments was 56% above, Smoking Cessation was 93% above whilst EHC prescribing was the same as the Scottish average. None of the services were at their saturation point and all pharmacies within the neighbourhood had capacity to increase their service provision if required |
| 7.5.4 | It would be Houlihan Pharmacy's opinion that the decision from the PPC in 2016 was still pertinent, where they stated that residents were able to and did access retail, GP, and other services outwith the area so there was no reason why they could not access pharmaceutical services in the same way. They believed that the population could be adequately serviced by the existing pharmacies. There had been no material change to this neighbourhood since this time and there was no reason why this was still not the case. |
| 7.5.5 | The neighbourhood was one of the most contentious topics in a PPC hearing. Only a compelling argument should lead to a change in the neighbourhood previously defined by the PPC in 2016 as: <ul style="list-style-type: none"> • North: the canal • East: Balmore Road • West: Maryhill Road • South: the junction of Maryhill Road and North Park Street, onto Firhill Road then along Panmure Street / Stronend Street to Balmore Road . |
| 7.5.6 | Given the information provided, Mr Haugh believed he had shown the lack of any evidence to support the existence of an inadequacy of services provision in the neighbourhood, indeed he had proven that service provision across the pharmacies was well above the national average in all areas. |

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| 7.5.7 | Furthermore, he had shown the proposed services were neither necessary, nor desirable to secure adequate provision. It was for these reasons that Houlihan Pharmacy would argue that this application should not be granted. |
| 7.6 | <u>Applicant – Mr Nathan Denholm</u> |
| 7.6.1 | From the information they had presented, the blatant evidence from the Consultation Analysis Report (CAR), the GP surgeries and letters from MSPs, it was evident that the residents of Ruchill had suffered a scarce level of pharmaceutical care. |
| 7.6.2 | They believed they had clearly shown there was a massive increase in population. This coupled with the pandemic which had suffered, as well as the aspect of moving towards the pharmacy first model, there was more increase in demand to see a pharmacist face to face. They believed there was a sheer need for this pharmacy to be granted. |
| 7.6.3 | The Applicants had also seen that the majority of statements made had shown reactivity whereas we were coming from a view point of inadequacy. The comments in the CAR were the voices of the public and they were the ones coming from a mutual stand point of being the only independent users in this. The objectors were coming from a view point in terms of financial stake and they hoped they didn't end up putting profit over patient. |
| 7.6.4 | Mr Denholm advised that the Applicants felt it was necessary and desirable to grant this pharmacy in order to secure adequate provision of pharmaceutical services in the neighbourhood. |
| 8. | CONCLUSION OF ORAL HEARING |
| 8.1 | The Chair then invited each of the parties present that had participated in the hearing to confirm individually that each had had a full and fair hearing via the Microsoft Teams platform. Each party so confirmed. |
| 8.2 | The Chair advised that the PPC would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared and submitted to the Health Board within 10 working days. All parties would be notified of the decision within a further five working days. The letter would also contain details of how to make an appeal against the PPC's decision and the time limits involved. |
| 8.3 | The Chair advised the Applicant and Interested Parties that it was unlikely that the Committee would require to take advice from CLO or Board Officers as no issues had come up during the open session. She was comfortable that the Applicant and Interested Parties were free to leave. |
| 8.4 | The PPC were transferred into a separate virtual meeting room. All other parties disconnected from the Hearing session. |
| 9. | PRELIMINARY CONSIDERATION |
| 9.1 | In addition to the oral evidence presented, the PPC took account of the following: |
| 9.2 | <ul style="list-style-type: none"> i. That due to the restrictions in place to manage COVID-19, members of the PPC had conducted their own site visit noting the location of the |

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| | <p>proposed premises, the pharmacies, medical centres and the facilities and amenities within and surrounding the proposed neighbourhood;</p> <ul style="list-style-type: none"> ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and the surrounding area; iii. Map showing the neighbourhood proposed by the Applicants; iv. A map showing the data zones of the area in question; v. Written representations received from the Interested parties during the Schedule 3 consultation; vi. Information regarding planned road and local housing developments within the area from Neighbourhoods, Regeneration and Sustainability at Glasgow City Council; vii. GPhC Inspection reports for Bannerman’s Pharmacy, 220 Saracen Street, Lloydspharmacy, 663-667 Garscube Road, Maryhill Dispensary and Westray Pharmacy. These were the only pharmacies within the consultation to had been inspected since the GPhC began publishing Inspection reports in April 2019; viii. Distances from proposed premises to local pharmacies and GP practices within a one mile radius; ix. Details of service provision and opening hours of existing pharmacy contracts in the area; x. Details of General Medical Practices in the area including practice opening hours, number of partners and list sizes; xi. Number of Prescription items dispensed during the past 12 months and information for the Pharmacy First Service; xii. Complaints received by the individual community pharmacies in the consultation zone regarding services; xiii. Population Census Statistics from 2011; including the population profile for each of the selected data zones; xiv. Summary of applications previously considered by the PPC in this area; xv. The Application and supplementary information provided by the Applicants; xvi. Additional information submitted by the Applicant xvii. Pharmaceutical Care Services Plan; xviii. Public Transport Information; and xix. The Consultation Analysis Report. |
| 10. | DISCUSSION |
| 10.1 | <p>The PPC in considering the evidence detailed above submitted during the period of consultation, presented during the hearing and recalling observations from the individual site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.</p> |

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| 10.2 | The PPC considered the neighbourhoods as defined by the Applicant and the various Interested Parties, examined the maps of the area and considered what they had seen on their site visits. |
| 10.3 | The Committee comprehensively discussed the four boundaries defined by the Applicant. While they were in general agreement with the Applicant's defined neighbourhood, they considered that the West boundary should be redrawn. The Committee, from its personal knowledge of the area considered that residents living in the pocket of area between the canal and Maryhill Road would consider themselves to be residents of Maryhill rather than Ruchill. While there were access points across the canal to Maryhill Road, the Committee considered that residents living above the canal would describe themselves as living in Ruchill. The canal was a social barrier as well as a physical barrier (except at the points where the canal could be crossed). For that reason the Committee did not agree with the Applicant's drawing of the West boundary at Maryhill Road. |
| 10.4 | In addition, the Committee agreed that Lambhill should not be included in the defined neighbourhood. Lambhill appeared to be a discreet area which would not readily consider itself the same as Ruchill. This was also true of the Possilpark area to the South. |
| 10.5 | The Committee felt the area within these boundaries formed the area generally known as Ruchill. Residents within this area would readily identify as being from Ruchill as opposed to Maryhill. The defined area contained amenities including schools, local shopping facilities, a retail park, a Lidl, a student village, care homes and community & recreational facilities. The residents of the area would however have to travel outwith the area to access the main shopping facilities such as Tesco along Maryhill Road, to access GP practices and for their day to day business. The Committee concluded that while walkways across the canal provided means of access to Maryhill Road and the area beyond, the defined area constituted a neighbourhood in terms of connotations of nearness and identity. The area of Ruchill was well defined. The housing stock within the defined area, while perhaps once similar to that near Maryhill Road, had over the years developed beyond tenemented accommodation. These developments were continuing which would further differentiate the housing stock. |
| 10.6 | A number of factors were taken into account by the Committee when defining the neighbourhood, including those resident in it, natural and physical boundaries such as the canal, the railway, roads, general amenities such as schools/shopping areas, the mixture of public and private housing, the provision of parks and other recreational facilities, the distances residents had to travel to obtain pharmaceutical and other services and also the availability of public transport and the level of mobility provided by the spread of car ownership. Taking all this into consideration, the PPC defined the neighbourhood as: |
| 10.7 | <ul style="list-style-type: none"> • North – Canal to where it meets the railway line and the railway line to Balmore Road • East – Balmore Road (north side) • West – Canal • South – Following the canal along to Firhill Road where it then joins up |

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| | with Panmure Street/Stronend Street to its meeting with Balmore Road. |
| 10.8 | Having reached a conclusion as to neighbourhood, the PPC was then required to consider the adequacy of pharmaceutical services within or to that neighbourhood and, if the PPC deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood. |
| 10.9 | The Committee considered the Applicant's description of the various developments that in his opinion would result in a significant increase in the population. The Applicant had mentioned the Maryhill Locks development which would result in 33 units and the development at Hamiltonhill which would result in 673 units. Both of these were outwith the PPC's (and the Applicant's) defined neighbourhood. Of the developments within the neighbourhood the Ashlar Village development which would be constructed on the old Ruchill Hospital site was the most significant with 403 units proposed. The Applicant had given a proposed start date of June 2022. The Committee agreed that even if the development started on time it would not result in a significant increase in population in the short/medium term. The Applicant's estimate of a 2,000 increase in population was a final figure including completed developments which were outwith the area. |
| 10.10 | The Committee noted that while there was no current pharmacy within the defined neighbourhood there were four pharmacies along the boundaries located in the main shopping area that residents of Ruchill would travel to on a daily basis and who would currently provide pharmaceutical services to the population. All of the current network of pharmacies provided core services, and a wide range of additional services. All of the Interested Parties had confirmed that they had capacity to increase their service provision to meet the demand of any increase in population. The PPC agreed that an increase in housing stock would take place, but the timescales for this were unclear and the increase would be gradual. The PPC considered given the number of existing community pharmacies that the current level of provision would comfortably be able to absorb any increase in demand for pharmaceutical services that could occur. |
| 10.11 | The PPC considered the CAR. The Committee noted that the level of response was higher than normal. The responses came from a wide range of respondents and it was clear that the Applicant had engaged with the community to encourage a high response. |
| 10.12 | In terms of stock availability, the PPC were unclear from the information within the CAR the individual cases and also they could not identify from the comments provided whether what was being described were genuine stock shortages or poor planning by the individual pharmacies concerned. The PPC were aware of the on-going frustration experienced by the community pharmacy network around shortages. They recognised that in many instances patient and GP concerns could be alleviated in the way in which a shortage situation was handled. The known facts were that there were many shortages, over which the community pharmacy had no control. |
| 10.13 | The PPC recognised the comments within the CAR around the provision of Sunday opening. They were mindful that these views may stem more from a position of convenience than necessity. They noted that none of the current pharmacy network provided Sunday opening despite several being located in |

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| | <p>areas which drew a considerable level of footfall. The Applicant's proposed premises were located in a small parade of shops where footfall would be relatively low. This being said, the PPC were aware that they could not take this proposal into consideration when making their determination as any provision over and above the minimum requirement of the Board's Model Hours of Service was outwith the scope of their remit.</p> |
| 10.14 | <p>The PPC discussed the responses made to Question 3 "<i>Do you think there were any gaps in the existing pharmaceutical service provision</i>". The CAR showed that 256 respondents had answered "Yes" to this question. Of those only 145 respondents had provided a reason for their answer. The PPC set aside 54 responses where the respondent's comments had defined reasons of convenience or were unclear. From the 91 responses remaining, 75 respondents confirmed their belief that there were gaps in service provision and 16 responded they believed there to be no gaps.</p> |
| 10.15 | <p>The PPC agreed that initial consideration of the responses to Question 3 would seem to suggest a majority of respondents believed there to be gaps in the services provided, however when the data was scrutinised further this figure was not as high as initially identified. Many of the comments related to areas that were not relevant to the PPC's consideration e.g. Sunday opening and compliance aids (which was not an NHS service).</p> |
| 10.16 | <p>The PPC then considered the letters from the GP practices. They considered the issues raised by the practices and while they accepted that these were genuine concerns experienced by patients around delays, there was no visibility on where the source of the delay originated. Notwithstanding this, the PPC agreed that indication that it was unclear whether the identified problems were related to one pharmacy in particular or was a widespread issue amongst several pharmacies. If the issues were prevalent amongst several pharmacies or were consistently experienced, the PPC would have expected to see more indicators to the issue. The GPs letter highlighted the issue, but failed to name the pharmacy location or the group of pharmacies the issue lay with. In addition it was noted that one of the letters submitted by the GP practice reflected a personal view of convenience. This prevented the PPC from putting any significant weight to the information in their determination of inadequacy.</p> |
| 10.17 | <p>The PPC considered the report generated from the GPhC's inspection of Maryhill Dispensary Ltd which took place on 21st May 2021. The PPC noted that the overall inspection was that "Standards not all met" and the pharmacy was tasked with working towards an Improvement Action Plan. The GPhC had conducted a further inspection on 17th February 2022. The outcome of the re-registration was "Standard met".</p> |
| 10.18 | <p>In further consideration over the level of complaints around services, the PPC noted the number of complaints notified to the Health Board via the Patient Rights exercise which was undertaken quarterly and which reported complaints received by community pharmacies under specific categories. The PPC would have expected to see a higher level of complaints reported to reflect the apparent level of dissatisfaction with the existing service provision. The PPC noted Mr Haugh's statistics around the number of complaints received being less than the Glasgow average.</p> |
| 10.19 | <p>The PPC considered the number of prescriptions dispensed by the existing network within the previous 12 months. They recognised that only one of the pharmacies within the consultation radius was dispensing what could be</p> |

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| | <p>considered to be above average numbers of prescriptions. It was clear from these figures that the majority of the existing community pharmacies had capacity to absorb additional supply volume. The PPC considered the population of their defined neighbourhood to be in the region of 8,500 including the students at the Murano Village. The PPC recognised that the Applicant had discounted this element of the population, however the Committee recognised that although historically a transient population, many of the students lived and worked in the area, and so would access services. For this reason, the PPC agreed that the student population should be included in the population as discussed at 10.9 which would increase the population in the neighbourhood as discussed at 10.9.</p> |
| 10.20 | <p>The PPC noted the Applicant's assertion that the neighbourhood was in the top 10% most deprived neighbourhoods in Scotland. The Committee noted however from statistics provided by one of the Interested Parties that only four of the Datazones were sited in the top 10%, which would suggest that the other 10 Datazones in the Applicant's neighbourhood were less deprived.</p> |
| 10.21 | <p>The PPC noted the Applicant's comments around the Health Board's Pharmaceutical Care Services Plan and the fact that it expired in 2021. The PPC recognised that the Plan was currently being reviewed, however while the document had not been updated the PPC noted that the document was not significantly out of date.</p> |
| 10.22 | <p>In final deliberation, the PPC considered the Applicant's comments around the lack of availability of Independent Prescribing services in the area. The Committee noted that the Pharmacy First Plus service was in its infancy and that one of the limiting factors on the service was the number of available spaces on the IP training courses and therefore could not, at this time, be used as an indicator of inadequacy.</p> |
| 10.23 | <p>The Applicant had in the PPC's opinion provided weak and anecdotal evidence to show that existing services were inadequate. The resident population enjoyed access to services provided by the existing pharmaceutical network. Patients currently accessed pharmaceutical services from pharmacies that were situated within the main shopping areas that would be used by residents living in Ruchill. The PPC had gleaned from extensive questioning of the Applicant and Interested Parties that these pharmacies could be accessed on foot, by car and via the public transport provision in the area. The Applicant had relied on an argument that while the current pharmaceutical network provided services to the defined neighbourhood. The services on offer from the pharmacies were inadequate. The Applicant had provided considerable information in support of this argument, however much of this was anecdotal and non-specific. The Committee were clear in their assertion that patients had a good level of choice within reasonable distances from where they might live to access alternative pharmaceutical provision if they felt their current community pharmacy was underperforming. The PPC agreed that given the level of current provision in the area, a single underperforming community pharmacy could not render the services provided by the entire network inadequate. The notion that it did was, in the PPC's opinion entirely theoretical and not based in evidence.</p> |
| 10.24 | <p><i>In accordance with the statutory procedure the Pharmacist Members of the PPC, Mrs Yvonne Williams, Mr Josh Miller and Mr Alasdair Macintyre left the hearing at this point.</i></p> |

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| 11. | DECISION |
| 11.1 | In determining this application, the PPC was required to take into account all relevant factors concerning the definition of the neighbourhood served and the adequacy of existing pharmaceutical services in the neighbourhood in the context of Regulation 5(10). |
| 11.2 | Taking into account all of the information available, and for the reasons set out above, it was the view of the PPC that the provision of pharmaceutical services to the neighbourhood (as defined by it in Paragraphs 10-10.15 above) and the level of service provided by the existing contractors in the neighbourhood, was currently adequate and it was neither necessary nor desirable to had an additional pharmacy. |
| 11.3 | It was the unanimous decision of the PPC that the application be refused. |