

IN CONFIDENCE – FOR MEMBERS’ INFORMATION ONLY

MINUTE: PPC/09/09

Minute of Meeting of the Pharmacy Practices Committee held on Thursday, 22nd October 2009 in Meeting Room 1, Law House, Airdrie Road, Carluke, ML8 5ER.

Chair: Mrs Sandra Smith

Present: Lay Members Appointed by the Board

Mrs Margaret Carahar
Mr James Murray
Mr Charles Sargent

Pharmacist Appointed by The Royal Pharmaceutical Society of Great Britain

Mr E J H Mallinson

Pharmacist Nominated by Area Pharmaceutical Committee

Mr Parvez Aslam
Mr Iain Allan

In Attendance: Officers from NHS Lanarkshire - Primary Care

Mr G Lindsay, Chief Pharmacist – Primary Care
Mrs G Forsyth, Administration Manager – Primary Care
Miss L A Tannock, Personal Secretary – Primary Care

Mrs Karen Patterson, Head of Pharmacy, Hairmyres Hospital was in attendance for training purposes.

09 **APPLICATION BY APPLE PHARMACY, 23 CROW ROAD, GLASGOW, G11 7RT**

Application

There was submitted application by Apple Pharmacy, received 7th July 2008, for inclusion in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at 18/18a Woodlands Avenue, Bothwell (“the premises”).

Submissions of Interested Parties

The following documents were received during the period of consultation and submitted:

1. Letter received by e-mail on 21st July 2008 from J&JG Dickson & Sons
2. Letter received on 30th July 2008 from William Y Graham Ltd

3. Letter received on 31st July 2008 from Boots UK Ltd
4. Letter received by e-mail on 5th August 2008 from NHS Lanarkshire's Area Medical Committee GP Sub Committee
5. Letter received on 7th August 2008 from Lloyds Pharmacy Ltd
6. Letter received on 8th August 2008 from NHS Lanarkshire's Area Pharmaceutical Committee

Procedure

At 13:15 hours on Thursday 22nd October 2009, the Pharmacy Practices Committee ("the Committee") convened to hear application by Apple Pharmacy ("the applicant"). The hearing was convened under paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services)(Scotland) Regulations 2009, (S.S.I. 2009 No. 183) ("the Regulations"). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall "determine any application in such manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the Committee is whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List".

It was noted that all Members of the Committee had previously undertaken a site visit of the town of Bothwell and surrounds independently in order to gain a flavour of the natural patterns of travel of residents and visitors during various times of the day and week. All confirmed that in so doing each noted the location of the Premises, pharmacies, general medical practices and other amenities in the area.

Prior to the arrival of parties the Chair asked Members to confirm that they had received and considered the papers relevant to the meeting, including the Report on Pharmaceutical Services provided within the towns of Uddingston, Blantyre and Hamilton circulated under separate cover of the papers on behalf of Mrs Forsyth. Mr Lindsay then gave a verbal overview of the services provided from the Pharmacy in Bothwell. Having ascertained that no Members or officers in attendance had any personal interest in the application the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within their papers.

The Chair then asked Miss Tannock to invite the applicant and interested parties who had chosen to attend to enter the hearing.

Attendance of Parties

The applicant Apple Pharmacy was represented by Mr Neeraj Salwan. The first interested party in attendance was Lloyds Pharmacy Ltd who was represented by Mr Mark Malone. The second interested party Boots UK Ltd was represented by Mr Charles Tait. The third interested party was J & JG Dickson & Sons who was represented by Mr John Collington.

The Chair introduced herself, the Members and the officers in attendance from NHS Lanarkshire - Primary Care, as well as Mrs Patterson and in so doing advised that her attendance was in a training capacity only, prior to asking the parties to confirm that they had received all papers relevant to the application and hearing, including the Report on

Pharmaceutical Services provided within the towns of Uddingston, Blantyre and Hamilton which was circulated under separate cover on behalf of Mrs Forsyth.

The Chair explained that the meeting was being convened to determine the application submitted by Apple Pharmacy, for inclusion in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at 18/18a Woodlands Avenue, Bothwell according to the Statutory Test set out in Regulation 5(10) of the Regulations.

The Chair continued to explain that the hearing would be conducted in accordance with the procedures set out in the guidance notes circulated with the papers for the meeting. Mr Tait asked if the interested parties would still be given the opportunity to ask questions of each other and was advised that this was part of the protocol. The Chair then confirmed that all Members of the Committee had conducted a site visit, and that no members of the Committee nor officers in attendance, had any interest in the application.

Evidence Led

The Chair then invited Mr Salwan to speak first in support of the application.

Mr Salwan thanked the Chair for the opportunity to present his application to the Committee prior to introducing himself and giving a brief background to Apple Pharmacy and their experience to date. He then read the following pre-prepared statement:

“I am applying for a new Pharmaceutical Contract in Bothwell. There is no debate about the neighbourhood as it is the village of Bothwell. The population of the village is circa 6600. Bothwell has one Pharmacy trading from 9am until 6pm Monday to Friday and 9am until 5pm on Saturday. The Pharmacy is operated by Boots. It claims to offer most of the current local and national Pharmaceutical Services. There is one large GP Surgery in Bothwell. It practices from 8am until 6pm Monday to Friday. It has a commuter surgery on Monday from 6pm until 8pm. The surgery has recently increased its practice size by around 2000 upon the closure of its branch surgery at Viewpark Health Centre. The 3000 patients at Viewpark had the option to stay with the Bothwell practice or move to another Viewpark surgery. The Pharmacy has no access to off road parking which in the centre of town can be difficult to access. The Pharmacy has a consultation room which doubles as a Methadone supervision area. There should be a separate area for the consumption of Methadone especially out of site of children.

The increased practice list size has seen prescription numbers and the demand for additional Pharmaceutical Services increase significantly since July 2009. Lanarkshire Health Board has seen prescription numbers rise since 2002 by 29.4%. Since 2006 Pharmacies now have to offer in addition to coping with this increased workload E-MAS, the PHS, the Acute Medication Service and soon the Chronic Medication Service. Monopoly Pharmacies dispensing large volume prescription loads find it extremely difficult to engage their customers in these new extended contract services. E-MAS although a valuable asset to the profession and a means to reduce GP workload, is still relatively underused. The vast majority of eligible patients are not registered. To highlight this I would like to draw the panels attention to the fact over 80% of GP10 prescriptions are exempt, all of these patients are eligible to register for E-MAS, yet only 13.4% are registered in Lanarkshire Health Board for E-MAS. The same story is

evident by looking at the number of patients registered for NRT, it is a fraction of the number of smokers in the country.

The Chronic Medication Service is landing shortly, this will be another excellent opportunity for Pharmacy to integrate itself into patients health outcome. Unfortunately Pharmacies such as the one in Bothwell will find it extremely difficult to offer this as well as the work and services already offered. Already people are unhappy at the waiting times as seen in the survey I have had commissioned.

My proposed Pharmacy is situated in the heart of the Local Authority Housing and will offer all of the Local and National Pharmaceutical Services. It will match the hours of the local GP Surgery as well as opening from 9am until 5pm on a Saturday. It is vitally important to cover the surgery hours as a lot of people do not have enough time during the day as they may be working to see doctor and have their prescription dispensed. The surgery now opens till 8pm on Monday, we would cover this. It will open on a Sunday if there is demand for this service locally. Currently coverage of surgery hours is not available in Bothwell. It will have disabled access and a flat doorway unlike the current Boots Pharmacy (show picture). It will not have any gondolas in the middle of the floor, Boots have recently put in a larger one to increase profits but have made it a lot harder for wheel chair users and prams to get in up the step and through their front door. Our Pharmacy has adequate off road parking nearby.

The situation at night time is appalling as they are closed at 6pm on Monday when the surgery closes at 8pm and on Wednesday they shut at 5pm when surgery close at 5.50pm. People have no where to access Pharmaceutical Services in Bothwell at these times on these days. During the other days I have witnessed disgruntled people who have just finished work and picked up their prescription from the Medical Centre being turned away at 6pm. More often than not prescriptions at night time are for antibiotics which need to be started straight away.

We would also be prepared to share public holiday opening with Boots so as there is always pharmacy coverage available for residents of Bothwell.

Boots are targeted to increase their prescription figures every year and after speaking to locums that have worked there, I was able to glean the following information:

Boots in Bothwell is currently dispensing just short of 8000 items. They are buckling under the pressure from dispensing prescriptions which makes sense by the increase in the Bothwell Medical Practice list from 10,000 registered patients to 12,500 and for this reason cannot maximise on the new services we have to provide eg E-MAS, NRT etc. This will be made a lot worse when CMS is introduced

From 1 July 2009, NHS Boards have a duty to take reasonable steps to consult with people who may use the Pharmaceutical Services that the Applicant will provide. This is intended to ensure public involvement in Pharmacy Applications and replaces the existing requirement to consult with the Community Council (sic). I considered how I could get the public's message about Pharmaceutical Service provision in the neighbourhood to the PPC, given that it is clear that the Health Board have to now seek public involvement. I therefore have recently had a survey done.

The information provided to me by locums is confirmed in the patient survey I had commissioned in the Bothwell area, some of the key results of which I shall read out. The results were as follows:

- 1) 95% of the respondents had used a Pharmacy within the last year
- 2) 88% had used the local Boots Pharmacy
- 3) 34% were dissatisfied with the service they received
- 4) 45% found parking to be a problem
- 5) 73% had never heard of the Minor Ailments Service
- 6) 86% would use the Minor Ailments Service
- 7) 98% would like the choice of another Pharmacy within the town
- 8) 14% had spoken to a Pharmacist within the last year

STOCK SHORTAGES

This again is a massive problem and cannot be understated. I again have learned that the Boots in Bothwell has a clip for incomplete prescriptions that is about to break at the hinges. The reason for this is that Boots only deal with one supplier and when something is out of stock they cannot access the drugs. At the moment the problem of supplier shortages is rapidly increasing due to stock being restricted to Wholesalers because of the direct to Pharmacy Schemes by the big Pharmaceutical Companies such as Pfizer, Astra Zeneca, Lilly etc. They have done this so they can control their stock distribution instead of the Wholesalers and stop it being exported out to Europe where it can be bought by the European Pharmacies at a fraction of the cost it would be to get it from Wholesalers Europe. We would have access to three of the main Wholesalers eg Alliance Unichem, Phoenix and AAH. We would also have accounts with shortliners such as Eclipse, Colorama, OTC Direct Ethigen etc. This means we have access to a bigger pool of drugs and can tap into the resources of these different Wholesalers to cut down the amount of out of stock drugs which are so vital for patients. I can see this being a vast improvement in the Pharmaceutical Services offered to Bothwell residents.

New Contract Services means current pharmaceutical service has slipped into inadequacy.

There is a massive change in working aspects of Pharmaceutical Service as the Committee will know and I would just like to share my views on this. The new Pharmacy Contract is split into four main areas, namely, the Minor Ailment Service, the Public Health Service, the Acute Medication Service and the Chronic Medication Service. The Chronic Medication Service will provide the biggest change to the way Pharmacists work and are financed for many years, the Minor Ailment Service being a service where people who are exempt from prescription charges can access the Pharmacy and have a consultation with a Pharmacist, receiving advice, being treated or being referred to another Healthcare Professional. The point that I am making is that over 60% of people in the Bothwell area are eligible for Minor Ailment Service registration. There have just recently been some new services added to the Public Health Service including Nicotine Replacement Therapy, Chlamydia Testing and Treatment and Emergency Hormonal Contraception. Nicotine Replacement Therapy and Chlamydia Services are new ones as the majority of Pharmacies are already providing an Emergency Hormonal Contraception service. The Nicotine Replacement Therapy Service will especially add to Pharmacist's workloads. This is a service that Pharmacists will be expected to target towards patients and, in a busy Pharmacy such as the Pharmacy in Bothwell, this is not always possible (see survey). This new service is time consuming with the initial consultation, which has to be carried out by the Pharmacist, taking up to 25 minutes per patient. Again, the survey I have done shows a low

uptake of services this highlights that the pharmacy currently operating within the neighbourhood is under pressure.

In relation to the Acute Medication Service, this is a continuation of what Pharmacists are already doing but now involves payment being claimed electronically. In the busy Pharmacies in which I have worked as a locum, the new system has slowed down the dispensing process of all prescriptions, whether they are repeat or acute. I am aware that many independent and multiple Pharmacies in towns are now turning off the scanning part of the system in busy periods as their computer systems are far too slow. This obviously defeats the whole purpose of an electronic system, however, system suppliers do not seem to have been able to come up with a quicker system. This means that, once again, Pharmacies are coming under extreme pressure and this has an impact on the adequacy of services. In relation to Chronic Medication Services the introduction of this service is going to bring the biggest change to the way that Pharmacists work and how they are paid. The majority of the money that Pharmacists are paid is tied up in the Chronic Medication Service which has a major impact on Pharmacists' workload. This service will allow patients with long term conditions to register with the Pharmacy of their choice, assuming that there is a choice in the town in which they live. The provision of Pharmaceutical Care will form part of a shared agreement between the patient, the Pharmacist and the GP. It will introduce a more systematic way of working and will formalize the role of Community Pharmacists in the management of individual patients with long term conditions in order to assist in improving the patients' understanding of their medicines and optimize the clinical benefits from their therapy. There are three stages involved in the electronic process. Once the last installment from the serial prescription has been dispensed, the Pharmacist electronically sends an "end of care treatment summary" which includes a serial prescription renewal request to the GP practice. The renewal request acts as a trigger to request a new serial prescription for the patient. The "end of care treatment summary" details any relevant data such as compliance reporting and any recommended actions for the GP. My intention in setting out the details of the new contract are to illustrate that it is a quite different way of working for Community Pharmacies and is definitely going to increase their workload and, in this case, will increase the strain on the adequacy of Pharmaceutical Services in the neighbourhood. If around 80% of prescriptions are repeat items and a Pharmacy dispenses, for example, 9,000 items per month, that means that over 7,000 items are going to be tied up in the Chronic Medication Service. There was an article in the Pharmaceutical Journal in March 2009, Ewen Black, an eminent Community Pharmacist who is a member of the Scottish Pharmacy Board, wrote this article about the increasing workload that pharmacies are coming under. The articles' underlying message is that pharmaceutical practice changes are increasing Pharmacy workloads, although the Appellant states that there is no evidence that the new contract has increased workload in Pharmacies and it is difficult to prove as there will be no scientific studies done, it would be possible to hear from any number of Pharmacists working in either independent or multiple Pharmacies regarding the increased workload that the new contract will generate.

I am now going to highlight a judicial review of Lord Drummond Young in the case of the National Appeal Panel v Lloyds Pharmacy, 2004, making specific reference to Lord Drummond Young's statement at point 10 which indicates that there is a requirement to consider probable future developments for two reasons. Firstly that the neighbourhood may change, involving new housing developments or a population shift, and, secondly, there may be changes in Pharmaceutical Practice, reference the implementation of the new Pharmacy Contract. I have already shown the Panel that there has been a significant population shift in increase of the elderly since 2001 and said that there is going to be a continued increase in those aged 65 or over in the future due to people living longer. I have shown the changes in pharmacy practice in the future which will have a major impact on an already very busy Pharmacy. Point 11 of Lord Drummond Young's decision states that a PPC or a Panel can award a contract which results in some degree of "present over

provision" if it secures adequacy into the future. Is it then necessary to grant the Application in order to secure adequate provision of Pharmaceutical Services in the neighbourhood. I do not seek to cast any aspersions on the only Pharmaceutical Provider in the neighbourhood. I have worked in many Pharmacies that do over the average number of items and have long waiting times, this situation is compounded by the fact that there is only one Pharmacy in the Town. The large numbers of patients eligible for the Minor Ailment Service, the pressure that the changes to the Public Health Service will bring, along with the increased time that it takes to implement the Acute Medication Service and the Chronic Medication Service. I consider that this all adds up to create an even greater demand for local health needs to be met in the pharmacy environment.

Recently a contract was granted for these reasons and that was a village of only 3000 residents.

It is the Applicant's firm belief that, under the new contractual arrangements, two Pharmacies can work together to serve a population where service provision is the goal rather than chasing prescriptions, as under the old arrangements. The Applicant could also share opening times at Bank Holidays, it being known that issues have arisen when the existing pharmacy in Bothwell was closed on an Easter Monday. I view two Pharmacies in Bothwell complementing each other as opposed to competing with each other. I think it will be possible to achieve an excellent working relationship with the Appellant. As indicated we will be using different wholesalers to the Appellant and would hope to achieve an arrangement whereby medication could be borrowed between each Pharmacy when wholesalers are out of stock. This is the sort of arrangement which operates in other areas and allows patients always to come first and to receive their medication without having to wait an extra day.

In relation to the Premises, the Panel would have seen from its site visit that there are adequate parking facilities on both sides of the street There is easy access for deliveries There is a door wide enough for prams, wheelchairs and shop mobility vehicles and a ramp will be built for these purposes. While, at present, the Premises are an "empty shell", SAS Shop fitters have been retained to carry out specialist Pharmacy Shop Fitting and provide a Pharmacy design fit for the 21st Century. As a Pharmacy we would intend to focus on Pharmaceutical Products and services rather than retail sales (handed out the Pharmacy Layout Plan to assist the Panel in visualizing what the Pharmacy will look like following "fit out"). There will be a Consultation Room and a discrete area which can be used for Methadone, Needle Exchange or for a quiet chat, as some people can be intimidated by a Consultation Room."

Mr Salwan advised that he had nothing further to add at this time.

The Chair then invited questions from Mr Charles Tait, Boots UK Ltd to Mr Salwan.

Mr Tait asked Mr Salwan to outline his views on the boundaries of the town of Bothwell. Mr Salwan replied that it was the river Clyde to the South, North to Bothwell Castle Golf Club and Industrial Park, with the Motorway to the West. Upon hearing this definition Mr Tait asked why he had excluded the area known as the Bothwell Policies and suggested that it was because it was an area in close proximity to Uddingston. He then asked him for further information on how and when the survey he had commissioned had been undertaken e.g. timespan, percentage of the population sampled, and location. Mr Salwan advised that it was conducted over two weeks in September and that approximately 500 people were interviewed at locations in the vicinity of the proposed Pharmacy, near the Boots Pharmacy, and close to

Bothwell Medical Centre. When Mr Tait asked if there was any information regarding the proportion of people sampled at each location he was advised that this was not known.

Mr Tait then asked him if he had any evidence of increased workload associated with the introduction of AMS and CMS, and the impact he suggested by the increase in population due to the relocation of medical services, he was advised that he had no evidence. This led Mr Tait to ask him his views on whether he would agree that the introduction of CMS would support better planning of workflow to patients over a six month period to free up time e.g. 80% CMS to make it easier to cater for the remaining 20%. Whilst Mr Salwan agreed that it would free up time he argued that it would require more than one Pharmacist to achieve this.

Mr Tait's attention then turned to Mr Salwan's claims over stock shortages linked to the direct Pharmacy scheme and quotas and asked him to confirm where Apple Pharmacy obtained supplies. When Mr Salwan advised that they had an account with Alliance, Mr Tait replied that as they do not obtain their stock direct from manufacturers routinely there was no advantage to Apple Pharmacy over Boots UK Ltd, given that it was a national problem.

Following Mr Tait, the Chair then invited Mr John Collington, J&JG Dickson & Sons, to address questions to Mr Salwan.

Mr Collington remarked that as he was unsure of the independence of the survey conducted on Mr Salwan's behalf he did not wish to pursue any of the findings further, which was also in line with his understanding that no new information should be tabled at a hearing without prior consent. Therefore he only wished to highlight to Mr Salwan that whilst the Bothwell Medical Practice's branch surgery may be closing in Viewpark there will be no relocation of patients or influx in population to the town of Bothwell, and that as they currently operate a managed repeat service for approximately 90% of their patients they are of the firm belief that they will continue to serve this community, therefore it is inaccurate to imply that Boots Pharmacy will be overworked or come under further pressure as a result of the branch closure. Mr Salwan had no comment to make.

Following Mr Collington, the Chair then invited Mr Mark Malone, Lloyds Pharmacy Ltd, the last interested party in attendance to address questions to Mr Salwan.

Mr Malone's line of questioning centred around premises issues asking for clarification as to whether or not Apple Pharmacy had a lease in place for the premises. When Mr Salwan advised that they had a sole lease agreement he asked him for the size of the unit and was informed that when both units are brought together the internal area will be approximately 800 to 900 square feet. Mr Malone had no further questions to ask at this time.

Having ascertained that Mr Collington had no further questions, the Chair then invited questions from Members of the Committee in turn to Mr Salwan

Mr Murray was first to speak and advised that he wished to continue to ask Mr Salwan questions regarding the proposed premises and whether or not it was his intention to join both buildings together as one of the units looked to be a garage. Mr Salwan replied that it was a full unit with a tiled pitched roof extension to the rear. With regards to parking Mr Murray was informed that there would be on and off road parking however no plans for any disabled parking bays.

When invited Mrs Caraher advised that she had no questions to ask of Mr Salwan at this time. Therefore Mr Sargent was next to ask questions of Mr Salwan, commenting that as the premises looked to have been empty and derelict for some time he thought that significant financial investment and building works would be required before returning them to full use therefore could Mr Salwan satisfy him that this was possible within a six month timespan. He was advised that whilst he recognised that it was a significant undertaking Mr Salwan had experience of completing similar projects in the past and did not anticipate any difficulties with this one.

Mr Allan followed Mr Sargent and asked Mr Salwan if he could advise him of any additional services he intended to provide which were not currently being offered by Boots Pharmacy, and was advised that he had none. Mr Allan then asked him how he intended to staff the Pharmacy in order to provide the additional 10 hours over those currently operated by Boots Pharmacy, and whether or not the proposal was sustainable. Mr Salwan confirmed that as a result of the findings of the recent survey it was his definite intention to have the Pharmacy open until 8pm on Mondays and to 6pm on Wednesday evenings. He then asked if Mr Salwan had suggested participation in a local rota for Public Holidays due to evidence of a lack of service provision, indeed was he aware of any complaints received by the Health Board regarding any of the local Pharmacies' hours of service. Mr Salwan advised that he did not. Mr Allan then asked Mr Salwan why he had mentioned his views that eMAS was underused within Bothwell. Mr Salwan replied that it was because, in his opinion, Boots Pharmacy is too busy due to the volume of scripts they dispense that they have no time to spend on this service. Mr Allan queried if Mr Salwan thought that the low registration rate perhaps strengthened Mr Tait's claims that the town of Bothwell had a healthy population and if not then who did Mr Salwan think would care to access eMAS. Mr Salwan replied that he would think that children, patients on benefits and pensioners should be able to take advantage of this service, which led Mr Allan to query the statistics provided by Mr Salwan against those taken from the 2001 Census. Mr Salwan accepted that he did not look at the statistics relating solely to Bothwell. Mr Allan's final question was to ask Mr Salwan why he thought that computers slowed processes down by making tasks more labour intensive and is the answer to this not more staff and PCs rather than an additional Pharmacy. Mr Salwan stated that he felt that the Boots Pharmacy premises were too small to accommodate any further staffing.

Next to question Mr Salwan was Mr Mallinson asking if he could confirm what he felt his catchment area would be and was advised that he felt that it would be patients from within Uddingston, Viewpark, and Bothwell. Mr Mallinson asked for clarification on his main patient base for the proposed site, Mr Salwan replied that during the day it would most likely be drawn from patients within the locality of the local authority housing area, however this would change post 6pm when Boots Pharmacy closed and patients from within Bothwell would require to travel to them to access services. Mr Mallinson asked what Mr Salwan had based this opinion upon and suggested that patients would be in the habit of travelling to the late night opening Alliance Pharmacy, Scotmid Development, Uddingston (7 on map) which presently opens till 8pm. Mr Salwan gave anecdotal feedback from the Practice Manager of Bothwell Medical Centre regarding problems patients have encountered accessing Boots Pharmacy after 5pm which supports his view that there is a clear demand for additional provision. Mr Mallinson asked Mr Salwan if he could give any guarantee that if granted the Pharmacy would provide the extended hours proposed at time of application and not revert to the model hours of service scheme of NHS Lanarkshire. Mr Salwan replied that they had a sound business case built on those hours which they considered to be a viable option,

however acknowledged that it was a case of “wait and see”. When Mr Mallinson suggested that Mr Salwan was agreeing that if demand was not there during the hours proposed then the Pharmacy would apply to alter them and close earlier despite promoting the contract on them. Mr Salwan replied that he was 99% certain the Pharmacy would be viable.

Mr Aslam was last to ask questions of Mr Salwan and asked him that should the application be granted would he be able to gain the required building warrants and planning permission in order to be in a position to open the Pharmacy within the initial six month’s timescale. Mr Salwan replied that this would be achievable and that he has previous experience of establishing a Pharmacy, and that he was also aware of the facility to apply for an extension to the period of inclusion in the provisional Pharmaceutical List.

Prior to asking the interested parties to make their representations the Chair asked Mr Salwan to advise whom he had commissioned to undertake the survey and was informed that it was undertaken on his behalf by New Medica Corp in September 2009

Having ascertained that there were no further questions for Mr Salwan, the Chair then asked Charles Tait, Boots UK Ltd, to state his representation.

Mr Tait advised that he would agree with the neighbourhood being defined as the area bounded by Bothwell Castle Golf Club, Woodlands Gardens, the Motorway and the river Clyde, as it should not be considered the whole town of Bothwell. He also wished to clarify that in 2001 the population of Bothwell was listed as 4,000 which has risen to 4,800 not the figure of 6,500 quoted by Mr Salwan. Mr Tait continued to discuss the statistics of the town and remarked that the area was well known and regularly defined in terms of being one of the most affluent and least deprived areas of Scotland – evidenced by its ranking of SIMD 5000 indicating that it is in the top 10/15% of least deprived areas. Therefore he was of the opinion that this indicated that there was little demand on Pharmacy services given the affluence and health of the area which had a young or middle aged population. In comparing Bothwell against the defined neighbourhood of the proposed Pharmacy Mr Tait stated that it was only a two minute drive from their Pharmacy and that the statistics for the area suggested that it was in the middle SIMD ranking and whilst not as high as Bothwell it was in no way considered a deprived area.

Mr Tait then turned his attention to claims of increased workload associated with the AMS and CMS aspects of the new Pharmacy contract and advised that if anything it would only introduce a change in workload shift, and that in anticipation of slower processes they were undertaking a pilot within their Larkhall branch to upgrade their AMS scheme. Mr Tait advised that he believes that CMS will allow them to plan workload for up to 80% of their patients in order to free up time to focus on other services such as AMS, indeed they currently utilise a computerised system to manage repeat prescriptions which is akin to CMS therefore it is not anticipated that in the near future they will be overwhelmed by CMS workload. Keeping his focus on claims regarding the workload of their Bothwell Pharmacy Mr Tait referred to some of the comments contained within the survey conducted by Media Corp and stated that if asked if they would like a new Pharmacy patients would undoubtedly always reply that they would which does not indicate a need or deficiency in current service provision especially since it was only a short distance served by good public transport for patients to travel into Uddingston or Hamilton to access the Pharmacies within those towns. Mr Tait then stated that Apple Pharmacy appears to have located their proposed Pharmacy within an area whereby the main catchment would come from the economic housing on the

edge of Bothwell, an area which he considers has reduced evidenced by the high ownership of ex-local authority houses, and is in no way sufficient to sustain the viability of an additional Pharmaceutical contract and that the views of the respondents to the survey and claims by the applicant are based solely on convenience. To conclude he is of the opinion that there has been no evidence of inadequacy provided and that the area as a whole has an abundance of Pharmacies providing a range of services to an area more affluent than Bearsden in Glasgow, with a population who is young, healthy and affluent, and that there is no shred of evidence to suggest that in the future there will be an increase in workload that will be to the detriment of Pharmaceutical services. Accordingly, the application fails the statutory test.

Following Mr Tait's representation the Chair then invited Mr Collington, J & JG Dickson & Sons to state his representations.

Mr Collington thanked the Committee for the opportunity to attend the hearing and began his representation by indicating the changes in medical practice locations on the map provided with the papers to highlight that there would be no increase to the resident population of Bothwell (which he referred to as having a young, affluent and healthy population) only patient movement to access their GP surgeries, and that whilst they fully expected to continue to provide services to patients affected by the relocation of their medical practices he acknowledged that it would have a dynamic effect on the area given that the three existing Pharmacies in Uddingston would shortly be servicing one less GP surgery. Mr Collington also referred to the lack of car parking spaces outside the proposed premises which would result in difficulties accessing the Pharmacy given the residential nature of the surrounding neighbourhood, and the visibility problems associated with on road parking so close to a junction.

Mr Collington then turned his attention to the changes introduced by the new Pharmacy contract which made contractor earnings service based not longer prescription volume or product based therefore there was a need for Pharmacies to move forward and focus workload and investment in the new services. To affirm his point he referred to the last paragraph in the statement submitted on behalf of W Y Graham Ltd reading "We must protect the services already provided in this area and adhere to the Control of Entry which allows us all to go forward and build our existing pharmacies, invest in our staff, and embrace all the additional services with peace of mind. For all these reasons this application is not desirable or necessary."

Mr Malone, Lloyds Pharmacy Ltd was the last interested party invited to state his representations.

Mr Malone thanked the Chair and read the following pre-prepared statement:

"Thank you for the opportunity to comment upon this application. I will begin by addressing the matter of neighbourhood.

Looking at the map I think it is fairly logical to consider the neighbourhood as that of Bothwell. I think I would have the northern boundary, in effect as drawing a line on the map all the way from the M74 along Woodland Gardens to the River Clyde to the West but just divotting out the Golf Course. Boundary to the east would be the M74; to the South the A725 and the River Clyde. The western boundary is the River Clyde.

A more extreme neighbourhood would be to suggest Bothwell and Uddingston in its entirety bordered by the river and motorway but although there will be free flow of people throughout this area it is probably more logical to split into Bothwell and Uddingston.

Bothwell already has a pharmacy, centrally situated in the community. It is also well situated for patients of the medical practice. The proposed pharmacy site is at the very edge of the neighbourhood and therefore would have limited geographical benefit. The proposed site is also situated across a busy road (B7071-Uddingston Road). The Boots pharmacy is extremely well positioned on the same side of the road as the Health Centre a mere 250m away. As mentioned, this pharmacy is located in the centre of the community of Bothwell and is located alongside all other services available to the residents; such as banking, a wide range of shops and businesses.

There are a further three pharmacies in Uddingston only approximately half a mile away. Parking in the town centre is ample and convenient being located behind the main retail units in the town centre. Bus services are also convenient between the two neighbourhoods, two services are run, with a bus available every 15 minutes and every 10 minutes between 1300 and 1800 Mon-Fri. There are therefore a wide range of services available within close proximity of the proposed site.

It is acknowledged in the application that Boots in Bothwell has a consultation room. Boots can therefore, provide a full and comprehensive range of services. It is also proposed in the application that a service is to be provided on a Sunday, but there is no evidence whatsoever that there is any need for this. This may have been thrown in to act as a point of difference, but it does not appear to have been based on any actual need. The Health Board in its own right, can ask existing contractors to amend opening hours if they believe there is a need but this has not been forthcoming. I am sure Boots would be happy to engage in any discussions around this as would the other contractors if the Health Board considered it a requirement. Indeed, Lloydspharmacy provide an OOH service open 0900:2100 every Sunday in the neighbouring town of Bellshill.

It is felt that just because the application proposes additional hours does not merit it as desirable or the existing services to be inadequate.

The application mentions that patients in Bothwell have a lack of choice of pharmaceutical services. However, it is not stated anywhere that a choice of pharmacy must be provided in every neighbourhood. As well as there being a pharmacy in the neighbourhood there are several pharmacies in Uddingston.

Looking at the census demographics it is seen that the percentage of over 65's for Bothwell is less than national average. 13 % vs. 14% and car ownership is good. Households without a car are only 22 % vs. 34% and two car households are 29% vs. 19%.

This demonstrates that the area is not highly elderly nor is it highly deprived. The population would appear to be mobile and affluent. The population listed for Bothwell is around 6,000 but some of that profile may overlap in to the Uddingston area. However, irrespective of this the neighbourhood population is not especially high or unreasonable for the existing pharmacy.

Lloydspharmacy in Uddingston provides the full range of Scottish Contract services. As well as this we have a prescription collection service, and within our large modern premises we have a fully private consultation room.

In summary we do not believe that the application has demonstrated any inadequacy in current provision and therefore we ask that the application be refused accordingly.”

Following Mr Malone’s representation, the Chair then invited Mr Salwan to ask questions of the interested parties.

Mr Salwan’s first question was to Mr Tait asking him why he had brought up the issue of affluence and associated health of the area given the level of items dispensed by them. Mr Tait replied that it was due to Mr Salwan’s reference to eMAS, which led Mr Salwan to state that affluent people also get sick. Mr Tait replied that whilst this was the case they would be unlikely to qualify for using eMAS. Mr Salwan then asked Mr Tait how far it was to Hamilton and if he considered it fair to expect people to travel that distance to access Pharmacies with extended hours to that provided by their Bothwell Pharmacy, his response was that he did not consider it an issue given the high level of car ownership within the population. Mr Salwan asked him if he felt that that this comment covered residents within the neighbourhood of his proposed site and was advised that whilst they were in a higher band of deprivation than Bothwell the census information available indicated that they were likely to have at least one car per household available to them.

Mr Salwan then asked Mr Collington that from his reference to parking problems at his proposed site and suggested access difficulties would he not agree that these were the same problems associated with Boots Pharmacy, Main Street, Bothwell. Mr Collington replied that whilst it was also a very busy road he had referred to the comments within the written submission of W Y Graham Ltd who acknowledged that this has lessened due to the change of use of a local garage to a Scotmid store which had provided additional parking spaces.

Having ascertained that Mr Salwan had no further questions, the Chair then invited questions from the interested parties to each other.

Mr Tait used this opportunity to ask Mr Collington to explain his system for “managed repeat services”. Mr Collington explained that with their patients’ consent they list all their medicines in order to manage the provision of their medication by ordering it three weeks in advance so that it’s readily available for them when they return in four weeks time, which in effect is a predecessor for CMS, in doing this they can save time and workload in order to cater for “walk ins”, staff training or provision of other services. Mr Tait asked if it was a collection and delivery based service and was advised that it was. Mr Tait then intimated that whilst Mr Collington benefited from this paper based system and that experiences to date indicated that management of medications frees time for other services, Boots UK Ltd had already introduced a similar service which was electronic with even further time saving benefits.

Having ascertained that the interested parties had no further questions to ask of each other, the Chair then invited questions from Members of the Committee to the interested parties in attendance.

When invited to do so Mr Murray and Mr Sargent advised that they had no questions to ask at this time.

Mrs Caraher asked Mr Collington if he found that his repeat medication service also helped overcome the current wholesale supply issues and was advised that it did. She then asked Mr Tait if he could give an indication of the number of patients receiving Methadone services and was advised that they did not have a high number and that he was of the opinion that any residents of Bothwell requiring this service would choose to go to a Pharmacy outwith the town in order to preserve anonymity. She then asked him if he had any intention to alter the Pharmacy's hours of service in light of the comments made during the hearing, and was advised that he fully intended to explore the issues raised and ensure that the Pharmacy's hours mirrored those of the local GP surgery.

Mr Allan followed and asked Mr Tait if he could indicate the Pharmacy's normal day to day staffing levels. Mr Tait advised that one or two days per week they have two Pharmacists, and that whilst the previous owners of the Pharmacy did not develop ACTs it is within their policies to do so and that whilst they like to use efficient systems to keep staffing levels to a minimum they do have three technicians.

Mr Mallinson then asked Mr Tait for confirmation of Mr Salwan's assumption that it was standard policy for Boots UK Ltd to deny branches ACTs if they do less than 8,000 prescriptions. Mr Tait advised that their staffing levels were workload based and calculated by a dispensing to items comparison.

The Chair took the opportunity to ask Mr Tait if he could confirm if one of their branches in Hamilton now provided extended hours and was advised that the Pharmacy at Mill Road, Hamilton now opened to from 8am to 9pm.

Mr Aslam advised that he had no questions to be addressed to the interested parties.

Having ascertained that there were no further questions to either the applicant or interested parties in attendance, the Chair then invited Mr Tait to sum up his representation.

Mr Tait stated that Bothwell residents tend to be affluent, healthy and middle aged, and that in addition to this it is also within easy access of other areas with lots of Pharmacies. He is of the opinion that there is no shred of evidence for a lack of Pharmaceutical services nor will there be when CMS is introduced – as demonstrated by the discussions surrounding managed repeats which showed that it actually makes planning easier within the Pharmacy. Accordingly, the application automatically fails given the lack of inadequacy both now and in the future.

Mr Collington, J & JG Dickson & Sons was second to sum up his representation

Mr Collington confirmed that whilst the GP Surgeries moving will have a dynamic effect in the area (Dr D'Silva & Partners have already moved from Viewpark Health Centre, and the Old Mill Surgery, Uddingston looking to move in near future) there are three Pharmacies located on Main Street, Uddingston all of which shall be looking to increase their business. It is also noted that there has been no net increase in the population of Bothwell. Furthermore,

with the introduction of the new Pharmacy contract the focus of payment has changed from product to services based.

Mr Malone, Lloyds Pharmacy Ltd was the third and final interested party to sum up his representation

Mr Malone thanked the Chair and stated that he wished only to state that as there was no evidence of inadequacy the application should automatically fail.

The Chair then invited Mr Salwan to sum up in relation to his application.

Mr Salwan began by querying Mr Tait's comment that Bothwell was a healthy area given that the Boots Pharmacy dispenses 8000 scripts. Furthermore that the issue of managed repeats was also a red herring as part of the service requires a patient consultation which can take approximately 15-20 minutes therefore there is little time freed up. Mr Salwan then advised that in his opinion Boots Pharmacy, Bothwell could not provide all the facilities required for the new Pharmacy contract e.g. the consultation room was also used for the dispensing of methadone, and that there was limited space within the premises for additional services to be provided; he then expanded to include that the company had not done anything to remedy access difficulties for disabled patients given the entrance step, and that there were issues over accessing the Pharmacy due to their opening hours.

Mr Salwan concluded by stating that there was a definite need for another Pharmacy in Bothwell which is backed up with the findings of the survey he had commissioned, indeed in his opinion Boots is at "bursting" point and cannot cope with any further services or demand.

Retiral of Parties

The Chair then invited the Applicant and Interested Party to confirm whether or not they considered that they had received a fair hearing, and that there was nothing further they wished to add.

It was at this point that Mr Collington, J & JG Dickson & Sons stated that he felt that the application by Apple Pharmacy appeared to centre around Boots Pharmacy and whilst he personally had no reason to defend Boots UK Ltd he wished it known that their Pharmacy also provided services to residents of Bothwell and that the 2,000 patient increase suggested by Mr Salwan due to the relocation of local medical practices would have no impact upon the services they were able to provide. When the Chairman asked Mr Salwan if he would like to respond to Mr Collington's final comment he advised that he had nothing he wished to add.

Accordingly, having being advised that all parties in attendance were satisfied, the Chair then informed them that the Committee would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared, and a copy sent to them as soon as possible. Parties were also advised that anyone wishing to appeal against the decision of the Committee would be informed in the letter as to how to do so and the time limits involved.

At the Chair's request Mr Salwan, Mr Tait, Mr Collington and Mr Malone withdrew from the meeting.

Supplementary Submissions

Following consideration of the oral evidence

THE COMMITTEE

noted:

- i. that they had each independently undertaken a site visit of the proposed neighbourhood, noting the location of the proposed premises, the pharmacies, the general medical practices, and some of the facilities and amenities within the townships of Bothwell and Uddingston and surrounds
- ii. map showing the location of the Doctors' surgeries in relation to existing Pharmacies in the townships of Blantyre, Bothwell, Hamilton and Uddingston, and the site of the proposed pharmacy
- iii. prescribing statistics of the Doctors within the townships of Blantyre, Bothwell, Hamilton and Uddingston during the period April to June 2009.
- iv. dispensing statistics of the Pharmacies within the townships of Blantyre, Bothwell, Hamilton and Uddingston during the period April to June 2009.
- v. demographic information on the townships of Blantyre, Bothwell, Hamilton and Uddingston taken from the 2001 Census
- vi. comments received from the interested parties including existing Pharmaceutical Contractors in Bothwell and Uddingston in accordance with the rules of procedure contained within Schedule 3 to the regulations
- vii. report on Pharmaceutical Services provided by existing pharmaceutical contractors within the townships of Blantyre, Bothwell, Hamilton and Uddingston.

Decision

THE COMMITTEE

then discussed the oral representation of the Applicant and the Interested Parties in attendance, and the content of the supplementary submissions received, prior to considering the following factors in the order of the statutory test contained within Regulation 5(10) of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, (S.S.I. 2009 No. 183).

- (i) Neighbourhood

THE COMMITTEE

deemed the neighbourhood to be the town of Bothwell bounded on the East by the M74, to the South and South West by the River Clyde, Northern point being the East

end of Hornal Road to Bothwell Road, taking a line from Hornal Road to meet the River Clyde across Bothwell Castle Golf Club.

(ii) Existing Services

THE COMMITTEE

having reached a conclusion on the neighbourhood, was then required to consider the adequacy of existing pharmaceutical services in that neighbourhood, and whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in that neighbourhood.

THE COMMITTEE

noted that there was a Medical Practice and one Pharmacy within the neighbourhood, with a further four Pharmacies located close by and accessible to the majority of residents nearby in Uddingston and Viewpark. Furthermore from the evidence provided within the report collated by the office of the Chief Pharmacist – Primary Care, it was demonstrated that the population has access to Pharmacies which provide a comprehensive range of Pharmaceutical Services alongside the core requirements of the new contract, including one Pharmacy in Scotmid Retail Development in Uddingston open extended hours.

(iii) Adequacy

THE COMMITTEE

discussed the test of adequacy and agreed that existing services from both within and close by the neighbourhood were adequate, and provided a breadth and range of NHS Contract services to residents of the neighbourhood. Indeed from the staffing levels indicated during the hearing it was deemed that the existing Pharmacy in the neighbourhood was able to cope with the script volume and that the residents were generally well catered for. Whilst concerns were raised about access, as well as the internal layout, to the existing Pharmacy for non ambulant patients, it was agreed that this could be easily overcome.

Accordingly, following the withdrawal of Mr Iain Allan and Mr Parvez Aslam in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of The National Health Service (Pharmaceutical Services)(Scotland) Regulations 2009, the decision of the Committee was unanimous that the provision of pharmaceutical services at the Premises was neither necessary or desirable in order to secure adequate provision of Pharmaceutical Services within the neighbourhood in which the Premises were located by persons whose names are included in the Pharmaceutical List and that, accordingly, the application was rejected subject to the right of appeal as specified in Paragraph 4.1, Schedule 3 of The National Health Service (Pharmaceutical Services)(Scotland) Regulations 2009.

Mr Allan and Mr Aslam were then requested to return to the meeting, and were advised of the decision of the Committee.