

MINUTE: PPC/2011/05

Minute of Meeting of the Pharmacy Practices Committee held on 28th November 2011 in the Meeting Room, Law House, Airdrie Road, Carluke, ML8 5ER.

Chair: Mr John Anning

Present: Lay Members Appointed by NHS Lanarkshire Board

Mrs Margaret Caraher
Mr Charles Sargent

Pharmacist Appointed by The Royal Pharmaceutical Society of Great Britain

Mr Edward Mallinson

Pharmacist Nominated by Area Pharmaceutical Committee

Mrs Janet Park
Mr David Sinclair

In Attendance: Officers from NHS Lanarkshire - Primary Care

Mr George Lindsay, Chief Pharmacist – Primary Care
Mrs Gillian Forsyth, Administration Manager – Primary Care
Miss Catherine Oates, Administration Supervisor – Primary Care

05 APPLICATION BY ELAINE M AGGLETON, OVERTOWN PHARMACY, 125 MAIN STREET, OVERTOWN, ML2 0QF

Application

There was submitted application by Elaine M Aggleton received 30th March 2011, for inclusion in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at 11/13 King Street, Stonehouse, ML9 3EQ (“the premises”).

Submissions of Interested Parties

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

- (i) Letter received 5th April 2011 from Boots UK Ltd
- (ii) Letter received 21st April 2011 from The Co-operative Pharmacy
- (iii) Letter received on 26th April 2011 from Lloyds Pharmacy Ltd
- (iv) Letter received on 28th April 2011 from NHS Lanarkshire Area Pharmaceutical Committee

Procedure

At 10:00 hours on Monday, 28th November 2011, the Pharmacy Practices Committee (“the Committee”) convened to hear application by Elaine M Aggleton (“the applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee 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 Members of the Committee had previously undertaken site visits of the village of Stonehouse 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 had noted the location of the premises, pharmacies, general medical practices and other amenities in the immediate and surrounding 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, and that they had no personal interest in the application nor association. 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 instructed Miss Catherine Oates to invite the applicant and interested parties in attendance to enter the hearing.

Attendance of Parties

The applicant Elaine M Aggleton attended and was accompanied by Ms Lynn Duthie. From the interested parties eligible to attend the hearing one had accepted the invitation. Boots UK Ltd, was represented by Mr Charles Tait, who was accompanied by Ms Maxine Marshall. (“the interested parties”).

The Chair introduced herself, the Members and the officers in attendance from NHS Lanarkshire - Primary Care, prior to asking the parties to confirm that they had received all papers relevant to the application and hearing.

The Chair then explained that the meeting was being convened to determine the application submitted by Elaine M Aggleton for inclusion in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at 11-13 King Street, Stonehouse, ML9 3EQ according to the Statutory Test set out in Regulation 5(10) of the Regulations.

The Chair continued to explain the procedures to be followed as outlined within the guidance notes circulated with the papers for the meeting, and confirmed that all Members of the Committee had conducted a site visit, and that no members of the Committee or officers in attendance had any interest in the application.

Evidence Led

The Chair invited Mrs Elaine M Aggleton to speak first in support of her application.

Mrs Aggleton thanked the Chair then read the following pre-prepared statement:

“My name is Elaine Aggleton. I am a community pharmacist and own a pharmacy in Overtown. I’m going to address the points required in the statutory test to define neighbourhood, the inadequacy of current services and provide evidence to the Committee that it is necessary to grant the application to secure adequate provision of pharmaceutical services to Stonehouse.

Neighbourhood

The neighbourhood I propose is the village of Stonehouse. Natural boundaries on all sides including Avon Water to the North and West, Canderside Toll to the West open fields to the South. It is a well and easily defined geographical neighbourhood.

Residents of the neighbourhood of Stonehouse have a number of amenities which include: a GP practice (with 6 GPs), two banks, a dentist, an optician, one pharmacy, post office, a Co-op, Spar, Esso garage, hairdressers, butcher, beautician, barber, coffee shop, pubs, hardware store, pet shop, saddlery shop, a number of fast food outlets, two churches, two primary schools, two nurseries, a large community centre including library, a homeless unit and the Stonehouse hospital which has a number of outpatient clinics.

There is a strong sense of identity as a village and as such there is an active cultural and social element to village life – including a variety of clubs and groups for all ages of the community including two very active churches and well attended annual events such as the gala day.

Population

According to the 2001 census, the population totalled 5056. However since then 289, 3 and 4 bedrooms houses have been built that has increased the population.

According to the Scottish Government’s – Scottish Neighbourhood Statistics - website there are 8 data zones that cover Stonehouse. In the interest of clarity, I have only included 7 of these data zones in the information to follow (the eighth also includes the village of Glassford to the West and has therefore been excluded).

The data zone information of 2010 estimates a population of 5693 which correlates with the additional houses I have previously mentioned but does not include any further housing developments since 2010. These include a number of large detached family houses in the Toftcombs Avenue area.

The letter you have from South Lanarkshire Council sent out to you in your pack refers to the South Lanarkshire plan which has identified 5 sites within Stonehouse for significant residential development. These sites are:

- West Mains (caravan park) at the top end of Stonehouse on the road out to Strathaven -140 dwellings
- Old Stonehouse Hospital site - 155 dwellings
- Spittal Road - 60 dwellings
- Watt Park Industrial Estate off Green Street – 50 dwellings
- East Mains Phase (Toftcombs Avenue) – 60 dwellings

Therefore a total of 465 potential new residential dwellings. Should these developments go ahead it would significantly increase the population of Stonehouse by approximately 1000 people.

In *Lloyds Pharmacy Limited v. the National Appeal Panel, 2004*, Lord Drummond Young indicates that in addressing the question of the adequacy of existing provision to serve a neighbourhood the decision makers should have regard to future developments. There are many examples across Scotland and the NHS Lanarkshire area where similar populations have access to two or more pharmacies. These populations provide viable businesses and increased access to many of the pharmaceutical services available locally. Examples include:

- Newmains (2 pharmacies – population of 5329)
- Moodiesburn (2 pharmacies – population of 6614)
- Newton Stewart (2 pharmacies – population of 4948) application recently granted
- Bridge of Allan (2 pharmacies – population of 5046)

The health of the local population

Within the neighbourhood the 2001 Census statistics and the Scottish Neighbourhood Statistics 2010 show a number of important factors for the committee to consider regarding the health status of this community: for example:

- 20.67% are under 16, which is higher than the Scottish average of 19.2% (Census) and 19.6% are over 60 years of age – similar to the Scottish Average (SNS) - with this projected to increase significantly in line with a shift in the Scottish age demographics i.e. we are living longer.

Therefore over 40% of the population would be eligible for registering with eMAS the minor ailment service.

- 22.25% have a limiting long term illness which is almost 2% higher than the Scottish average (Census).

The data also indicates that:

- 27.17% of the population are economically inactive and who are permanently sick or disabled which is much higher than the Scottish average of 21.25% (census).
- There is also a higher than Scottish average of unemployment or permanently sick in each household 20.12% compared to 16.77% (census) for Scotland.

The key points regarding the population of Stonehouse is firstly; there has been a steady and continuing rise in its population and secondly that the data regarding the health and wellbeing of its residents highlights the need for local, focused and coordinated healthcare.

Adequacy of existing services

The statutory test the committee members are asked to consider is the adequacy of existing pharmaceutical services within the community of Stonehouse. There are a number of points, regarding the current service, I believe will provide sufficient evidence to you that the current pharmacy service to the residents of Stonehouse is inadequate.

With regard to the existing services that are provided within Stonehouse the application process requires an extensive consultation in order to fully understand the views of the local community. This has been undertaken in a variety of ways and includes the following:

- An advert placed by NHS Lanarkshire in the Hamilton Advertiser asking for comments on the proposed new pharmacy
- My attendance at local groups including the Community Council, the toddlers group, the pensioners group and the Women's Guild – that enabled me to talk with a cross section of the local community
- The placing of a petition three weeks ago to gather signatures of support for a second pharmacy in local shops – 344 signatures have been collected in support over a period of 2 weeks
- A number of formal and informal discussions with the local healthcare professionals including district nurses, GPs and practice staff
- A patient survey of Stonehouse pharmacy services
- Complaints to NHS Lanarkshrie about Boots, Stonehouse

The views that I have gathered provide a realistic picture of the communities views on the current pharmacy service provided by Boots in Stonehouse. Whilst as you would expect I am focusing on the negative aspects of this service – the themes and issues are all significant in nature. These include:

- A general dissatisfaction with the level of service at Boots in Stonehouse.
- The unacceptable length of time people had to wait for their prescriptions
- The number of occasions that people's medicines were not available or substitutes had to be given
- People receiving the wrong medicine
- People deciding to use other pharmacies because they were unhappy with the level of service Boots was providing - and the resultant additional travelling and hassle this requires – the nearest pharmacy is Larkhall a round trip of 7 miles or a 26 minute round trip on a bus
- Prescriptions not being prepared or ready when customers returned to collect them
- Prescriptions being lost
- Staff being over familiar with customers or unprofessional

These examples can be evidenced from a number of the consultation sources I mentioned a moment ago.

In order to reiterate this point further I would like to provide the committee with a few examples of the inadequate service provided by Boots in Stonehouse which I believe is symptomatic of a service unable to cope with the demands placed upon it and also an unwillingness, unless provoked by the threat of competition to their monopoly, to go beyond the bare minimum of service provision.

Example 1 – opening times – Boots has, in response to this application, decided to extend its opening times – from 5:30pm until 6:00pm to align themselves with the GP practice hours (this happened on the 7th of November – just a few weeks ago). Before this Boots, Stonehouse closed at 5.30pm which meant patients had to either wait or go to another pharmacy. Should my application be successful the new service would be open until 6pm.

Example 2 – Boots have a restricted product range that is dictated by Boots head office and not by local demand or request. For example if a patient asked for a particular over the counter medicine, which is not stocked, Boots will not provide it. Patients will need to access it from another pharmacy. Should my application be successful we are in a position to order single items that patients require.

Example 3 – Boots do not provide a delivery service from Stonehouse to their Stonehouse patients. The consultation process highlighted this as a need to the community. Should my application be successful we will provide a comprehensive daily delivery service.

Example 4 – the majority of medicines for Boots comes from a single supplier, it is well known within community pharmacy the difficulties this brings to the timely supply of medicines to patients. If Boots supplier is out of stock the patient either has to go to another chemist, the GP has to change the prescription or the patient has to go without their medicine until it comes in.

Through my consultation I have been struck by the frequency with which this point has been raised – as it is only a rare occurrence and normally related to a national shortage in my own experience. Should this application be successful I would be using 3 suppliers which I know from experience provide me with everything my patients require in a timely fashion. The example provided by the GPs in their letter is in no way an issue for my suppliers.

The Example 5 - the patient survey of 112 passers-by in Stonehouse last week headlines include the following.

- 94.6% of individuals surveyed are in favour of a second pharmacy in Stonehouse
- 56.2% of individuals surveyed rated the current service either very poor or poor
- 78.6% of individuals surveyed felt that their average waiting time for a prescription at Boots in Stonehouse was not acceptable
- 72.3% of individuals surveyed indicated that Boots in Stonehouse does not always have the medicines they need
- 30.4% of individuals surveyed indicated they had experienced errors in their prescriptions from Boots in Stonehouse in the last 18 months
- 58% of individuals surveyed indicated they had been dissatisfied with Boots in Stonehouse

The Committee has a full copy of the results to this survey. A similar survey of the service I provide in Overtown illustrated to me the severe nature of these responses. The percentages are overwhelmingly negative of the current service and the comments associated provide further context to these headlines.

Example 6 – and I think very unusual within a hearing such as this – the letter from Dr Wilson and Partners. Whilst he raises some of the points I have already touched on additional concerns have been highlighted and include the practice withdrawing from the managed repeat prescriptions service. The GP practice has had to deal with a number of complaints from patients, which in itself is wholly unacceptable - but the nature of these complaints, for example ordering items that patients do not need, that results in increase wastage and expense. The system that I would introduce, should the application be successful, is a

partnership arrangement between patient, pharmacy and GP practice which requires the patient to take responsibility for their medicines which promotes clear lines of communication, accountability and builds a relationship of trust and understanding.

To me this letter is the additional validation to all the concerns raised throughout the consultation exercise. The points they raise relate to:

1. stock shortages
2. long waiting times
3. managed repeat service and
4. lost prescriptions

The GPs believe that the existing pharmacy is overstretched due to the consistent increase in the number of prescriptions over the years. On average throughout Scotland prescription numbers increase 5% each year.

Example 7 – Two formal complaints were made to NHS Lanarkshire during 2011 about Boots, Stonehouse. I understand it is rare that a complaint is made to the Health Board about a community pharmacy at all, and therefore 2 in 1 year seems extreme.

The proposed pharmacy services to Stonehouse

The premises are located at 11-13 King Street in the heart of the village, next to the GP surgery. The total internal area is 807 sq ft or 75 sq metres and will provide a flexible and spacious layout. I have currently obtained the unit on a lease. I anticipate, should the application be successful the unit would be open within 3 months.

There will be a consultation area for methadone and a second larger area set up for clinics and CMS. Premises will be DDA compliant. A drawing of the proposed layout can be provided to the committee.

There is an increased expectation to fully engage with the aims of the Chronic Medication Service, the reality of this expectation is that it requires pharmacists to spend additional time with particular patients reviewing their pharmaceutical care needs. I personally am a NHS Lanarkshire Pharmacy champion which confirms my commitment to the developing and changing role of the community pharmacist. This role will require a shift in traditional duties such as dispensing, which of course will still be required. The consultation highlights that Boots, Stonehouse seem to currently be beyond their capacity and therefore an additional pharmacy will allow these critical services to be delivered.

The proposed new pharmacy will provide all four elements of the new pharmacy contract, including:

- Minor Ailments service,
- the full Public Health Service which includes smoking cessation services and sexual health services, emergency hormonal contraception,
- the Acute Medication Service
- and the Chronic Medication Service.

Other services will include:

- PGD and urgent supply of medication,
- supervision of methadone and buprenorphine,
- repeat medication collection - we will collect prescriptions from all local surgeries including Stonehouse, Strathaven and Larkhall
- health promotion activities including blood pressure monitoring, asthma review
- Ostomy Service
- Varenicline prescribing (if rolled out to all of NHS Lanarkshire)
- 2 Private consultation room
- Dispensing of NHS and Private Prescriptions
- Needle exchange
- Flu vaccinations
- Travel vaccinations
- Delivery service - we will provide an excellent delivery service to patients. We will deliver before work after work and on Saturdays if required. We provide this service to the whole neighbourhood and beyond. There is no delivery service at the moment from Stonehouse to the people of Stonehouse
- compliance aid provision – we will supply compliance aids after review and with consultation with the GP and social services these will be done from the pharmacy and not outsourced as currently happens with Boots. This group of patients are usually vulnerable on many medications and have frequent admissions to hospital. We will know these patients and their medication requirements and we will be able to offer additional pharmaceutical advice to them as a whole package of care rather than a fragmented approach that happens currently at Boots
- independent/ supplementary prescribing - we will have two pharmacists on at certain times to allow us to do prescribing clinics in agreement with local GPs and practice nurse as well as being able to do any necessary domiciliary visits to housebound patients who are unable to get to the pharmacy and who require more than a delivery service. This is a service that Boots, Stonehouse does not provide.

Through the consultation exercise it has struck me the lack of true integration the Boots, Stonehouse staff has with its local population. This is most evident in the letter from the GP partners, which is of critical concern as a good partnership between healthcare professionals can only be beneficial to health outcomes. In addition, I instill in my staff the importance of developing and keeping key relationships with healthcare team members, patients and customers. Integration into the wider community is also important whether it be through general health promotion activity to attending and sponsoring the local Gala day. This approach differs from that of Boots, Stonehouse.

Should the application be successful the shop will open Monday to Friday 08:30 to 18:00, Saturday 09:00 -17:00. I believe that because of all the points mentioned above that the current pharmaceutical service is inadequate. It is therefore necessary and desirable to grant the application to secure additional pharmaceutical service to the people of Stonehouse.”

When Mrs Aggleton concluded her representation the Chair then invited questions from Mr Charles Tait, Boots UK Ltd to her.

Mr Tait referred to the list of services Mrs Aggleton intended to provide and asked if she could name any which were currently not provided within the village by Boots. When she replied that they did not offer a Collection and Delivery service he clarified that this was not a NHS service and as such was not under consideration. He then wished to learn more about the allegations of complaints regarding restricted product ranges as he was unaware of them. She replied that if patients ask for an Over The Counter product not stocked by Boots they were advised by the Pharmacist to go elsewhere. When he advised that they stock alternatives which are the same as the known OTC brand she remarked that patients like to receive the known type. Mr Tait then asked her to clarify her point regarding Compliance Aids (CA). Mrs Aggleton stated that she believed that this was outsourced by Boots UK Ltd and done at a remote Hub. Mr Tait advised that existing patients continued to have their CA made at the local branch however new patients received them via the Hub which was indeed a local Boots store.

Mr Tait advised that he had no further questions for Mrs Aggleton. The Chair then invited questions from Members of the Committee in turn to Mrs Aggleton.

Mrs Margaret Caraher was first to ask questions and was keen to learn if Mrs Aggleton had any floorplans or suggested layout in mind for the premises given her reference to confidentiality issues within the local Boots. Mrs Aggleton confirmed that her staff in Overtown know only to discuss patient medications privately with the Pharmacist and that no general information should be disclosed. She added that her plans included a consultation area as they have one in Overtown and it is used every day for services such as emergency hormonal contraception, smoking cessation etc.

Mr Charles Sargent asked Mrs Aggleton who had conducted the survey on her behalf and was advised that it was a colleague from Overtown Pharmacy therefore not a professional survey. He then asked if she had a business plan and if she had factored into account that planned housing developments may be delayed by possibly five years given the current

economic climate. She reported that she had a business plan as well as experience how long she anticipated the pharmacy to be viable. She confirmed that she had as well as experience in setting up a business from scratch based on her experiences in Overtown.

Mr David Sinclair acknowledged Mrs Aggleton's reference to problems that Boots had with regards to managed repeats service and asked what measures she would put in place to avoid similar problems. Mrs Aggleton gave an overview of their current process and confirmed that they would not order in advance as she believes patients should have responsibility for the own medication wherever possible. His last question was to ask if she would be the pharmacist should the application be granted. Mrs Aggleton advised that she would work between both pharmacies and would overlap with the other Pharmacists so that she could run clinics.

Mrs Janet Park then made reference to issues fulfilling prescriptions due to lack of stock and wished to know how Mrs Aggleton intended to avoid this. She was advised that they use three wholesalers which means that it is rare for them to encounter any supply issues and that emergency stock can normally be accessed on the same day or within 24 hours. Mrs Park's final question was to ask if she was confident that they could open within six months should the application be granted. Mrs Aggleton replied that she was.

Mr Edward Mallinson continued on the issue of premises asking what the status of the property actually was given the conflicting information within the Whyte & Barrie, Chartered Surveyors website. Mrs Aggleton confirmed that they had entered into a six month lease from 11th November 2011 and that they would eventually purchase to property should the application be granted. When Mr Mallinson asked if she had a final plan for the internal layout as the floorplan tabled was not drawn to scale. He was informed that from memory she believes the front shop 31m², back shop 46.62m² (including staff facilities) and that the dispensary is approximately 4.5m x 5m, with the area identified for the consultation room being 2m x 3.5m approximately. He then asked about the amount of work to fit out and whether it would require building warrants. Mrs Aggleton confirmed that she had checked with South Lanarkshire Council and had been advised that no change of use would be required and that her builder did not anticipate any building warrants being necessary.

The Chair then asked if Mrs Aggleton had entered into any arrangements with a builder for the work and was informed that it would be her brother who had also renovated the building for Overtown Pharmacy.

Having ascertained that there were no further questions for Mrs Aggleton, the Chair then invited Mr Charles Tait, Boots UK Ltd, to make his representation.

Mr Tait thanked the Chair and began his representation. He stated that Boots UK Ltd agreed with the definition as the village of Stonehouse. With regards to population from the maps and figures available which delineate the area they estimate it around 5,000 however this includes a large area to the South and West which encroaches into the village. Whilst the population has increased it has not been dramatic and that there does not appear to be any movement with regards to commencing with current planning applications nor the vacant lots which are advertised.

He continued by highlighting that the PPC can only consider NHS pharmaceutical services and Boots UK Ltd in Stonehouse currently provide all NHS services as required by Lanarkshire Health Board, and that the only additional service offered by the applicant is a collection and delivery service which is a stand-alone non NHS service. With regards to collection and delivery they currently provide this service upon request however at the end of November they will be rolling out this delivery service across the South of Lanarkshire so a full delivery service will be available to any patient wishing to use it.

Mr Tait then addressed the issue of supplies of medications. He wished it to be known that Boots work mainly with three suppliers not shortliners and that they do not use own branded prescription only medicines as their buying power allows them to get excellent deals with manufacturers which means less use of generics.

With regards to the allegations of poor service he reported that they have checked their records and have no trace of any recent complaints about their services being received. He added that the results of their independent customer satisfaction survey gives overall patient feedback as “very acceptable at 72% and that 81% of patients are satisfied at the time taken to get their prescriptions”. With regards to 48 hours to obtain a repeat prescription this is the timescale dictated by the medical contract and is not a local issue as all practices are the same therefore it is outwith our control or indeed any other Pharmacy. He also stated that he wished to address any misconceptions over their managed repeat service and reported that it is merely them retaining the slips and that patients are asked what they require which is then checked before giving out so it is also controlled by patient demand. Mr Tait commented that he hoped that he had clarified matters and remarked that whilst the issue of competition within the area had been raised it is not part of the regulations or criteria for the PPC and therefore something which cannot be discussed in this hearing.

His final reference to complaints about services addressed the issue of lapses in patient confidentiality and advised that his colleague had enquired about this and found that it was due to a patient being asked to confirm their address in the pharmacy’s public area. He stated that whilst this remains common practice within pharmacies he highlighted that there was a private area within the branch which could be used for patients who feel uncomfortable disclosing this information or wish a private consultation with the pharmacist. He wished it to be known that the staff do not go around discussing patient’s medications and that it was against professional guidelines as well as their own staff training processes.

Mr Tait concluded by stating that whilst a lot of issues had been raised by the applicant they were not all related to NHS services and that he remained of the opinion that no evidence had been presented to support any inadequacy in existing NHS pharmaceutical provision within Stonehouse. Whilst Mrs Aggleton had indicated that she wished to provide additional services such as collection and delivery and various clinics these were not all NHS services and that Boots currently provide all NHS services under the contract and as required by Lanarkshire Health Board. His final statement was to highlight again that competition is not part of the statutory test.

Following Mr Tait’s representation, the Chair then invited Mrs Aggleton to ask questions of him.

Mrs Aggleton's first question was to ask Mr Tait if he agreed that if a pharmacy providing NHS services cannot do it to the satisfaction of their patients this could be construed as inadequacy. Mr Tait replied that whilst she had made reference to complaints and dissatisfaction of residents nothing had been raised direct with them recently, furthermore that a lot of the comments related to non NHS services such as OTC medicines. She then asked him about the concerns raised over confidentiality within the pharmacy to which he replied stating that whilst she had information which appeared to suggest this was an issue again they were unaware of any comments or complaints being made to them direct, and that he had no reason to doubt the professionalism of their staff. This resulted in an exchange of views regarding service provision and differentiation of NHS services. When Mrs Aggleton referred to the intention of the local GP practices to withdraw from the repeat ordering of prescriptions Mr Tait appeared to have no knowledge of this. The Chair then asked Mr George Lindsay to clarify the position and he obliged by informing all present that Dr Wilson and partners who have a branch surgery in Stonehouse and their main practice in Larkhall have given notice that, for their own reasons and general dissatisfaction, they would be withdrawing from this service from both surgeries with effect from 1st February 2012.

Mrs Aggleton then asked Mr Tait if he considered that Boots had a good relationship with the local GP practice and whether they were happy with the service they received from them. Mr Tait's response was to advise that their purpose was to serve patients first and foremost however, with regards to relations with the GPs he was aware that their relief Pharmacy manager had built up a good rapport to the point that the practice had tried to encourage them to open up an independent pharmacy.

The line of questioning then returned to the hub and supplies of monitored dosage systems. When asked to explain the remote hub facility Mr Tait clarified that it was a local Boots branch which had more space and therefore a larger area in which to make up dosette boxes which were then delivered to the appropriate branch. Mrs Aggleton then queried the availability or suitability of this arrangement and informed Mr Tait that she had telephoned the branch making enquiries as to whether this service could be provided and was told that it was not available. Mr Tait responded stating that he was aware of the call and that the reason she was given that answer was because she had also asked if the MDS could be delivered and, as he had already clarified, the delivery service has not yet been introduced. This led to Mrs Aggleton suggesting that the service was only being introduced as a result of her application to which he replied that it was due to the appointment of a new area manager who has requested that this be established as they are used to providing it within other areas as well as in response to overall public demand. This then led to a fulsome exchange of views with regards to arrangements for a collection and delivery service and its appropriateness for discussion given that it was not an NHS service.

Following the exchange Mrs Aggleton's last question was to ask about waiting times within the pharmacy referring to the results of her survey. Mr Tait replied questioning the impartiality of her survey and referred to the findings of the independent patient satisfaction survey undertaken on behalf of Boots UK Ltd which indicated that patients were satisfied with the service they received in the Stonehouse branch and whilst he disputed her figure of 20 minutes there were times when it took longer to fill a script when there were multiple items listed. This resulted in an exchange of views over how Mrs Aggleton's survey had been conducted and the accuracy of the figures as presented. Mrs Aggleton's final comment was to state that regardless of whether Mr Tait was prepared to accept the results of her survey through the application process and during the hearing there had been a great deal of

evidence presented to suggest that they were providing a less than adequate service. Mr Tait replied that they can only address complaints when they were made to them however he was now aware of the views of the Stonehouse Community Council who were clearly supportive of her application.

Having ascertained that Mrs Aggleton had no further questions for Mr Tait, the Chair then invited questions from the Committee to him.

Mrs Caraher was first to speak with Mr Tait and picked up the issue of confidentiality asking what he intended to do to try and modify the premises to reduce this as during her site visit she overheard staff discussing that another member of the PPC had been in earlier. Mr Tait replied that the staff are “uptight” just now because of the application being made and are worrying about their jobs. He then referred to Ms Marshall and advised that she would discuss matters with the area manager to see how this and other issues raised during the hearing could be addressed.

Mr Sargent then asked Mr Tait if they had any contingency measures to deal with the forecasted increase in prescription volume when allegations had been made that they were under pressure with the current levels. Mr Tait replied that there were many ways to alter or modernise their current practices whether that be through changes in staff skill mix or indeed robotics. When asked about premises he replied that they would consider the need to relocate to larger premises if this was required or indeed if suitable premises became available within the village. Mr Sargent then asked why they were looking to introduce a collection and delivery facility given his reference throughout the hearing to it being a non NHS service. He responded by referring to the acquisition of Alliance by Boots and said that whilst Boots UK Ltd had never offered this service Alliance had so there was a move to provide this by the merged company, as well as acknowledging that it was also competition led.

Mr Sinclair wished to discuss the processes for managed repeats asking what would happen if patients advised that they did not require an item. Mr Tait replied that it would be removed from the bag and marked as not dispensed. Mr Sinclair then referred to the discussion around the survey undertaken by Mrs Aggleton and asked Mr Tait the processes involved in their survey or the one commissioned by them. He advised that it was performed on their behalf by an independent company on a nationwide basis and involved requests for feedback on till receipts which were collated on an individual store basis. Mr Sinclair asked whether this had identified Boots in Stonehouse as under-performing and was informed that there were no records of complaints or dissatisfaction within the last two years, acknowledging that there may have been problems in the past. Mr Sinclair then asked how Boots UK Ltd would seek to address the issues mentioned during the hearing if the application was rejected. Mr Tait again referred to Ms Marshall’s input and the appointment of a new area manager who would be keen to work to improve relations with the local practice as well as ensure that local views were addressed.

Mrs Park reviewed the arrangements for repeat requests and the allegations of lost scripts with Mr Tait before asking if patients would be given the choice for MDS to be provided by the branch or via the hub. Mr Tait replied that if patients wanted their MDS delivered then the only choice would be via the hub as they have not yet introduced the delivery service from Stonehouse. When she referred to the comments mentioned during the hearing

regarding their service Mr Tait responded by stating that he was aware there was an “anti Boots feeling” locally and that Ms Marshall would work hard to address this.

Mr Mallinson was last to ask questions of Mr Tait and wished to know if they had any plans to do a refit of the branch and was informed that one had been done approximately four years ago. When Mr Mallinson referred to the findings of his site visit and his perceived shortcomings in the internal layout which compromised confidentiality of discussions Mr Tait accepted that there was a need to balance the feelings of openness alongside privacy and agreed that this would be reviewed.

The Chair intimated that he would like to ask one question of Mr Tait prior to beginning to bring proceedings to a close. He asked Mr Tait if he was concerned about the comments contained within the letter from the local GPs who clearly had the health and wellbeing of their patients in mind. Mr Tait replied that he was aware of problems in the relationship between the GPs and a previous member of staff however this had been addressed with the temporary pharmacist and which he hoped would continue with the appointment of a new pharmacist, area manager and Ms Marshall. When asked what he considered a good relationship Mr Tait replied that it involved working closely alongside each other and meeting regularly to discuss and chat over issues, service improvements as well as being able to “pick up the phone” if any circumstances arose which needed sorted.

Having ascertained that there were no further questions to either the applicant or interested party, the Chair then invited Mr Tait, Boots UK Ltd to sum up his representation.

Mr Tait admitted that they had experienced problems in the Stonehouse branch in the distant past however they had been addressed through staff movement and personnel changes. He is of the belief that there is a great deal of misconception about what this application could actually provide by way of NHS pharmaceutical services which were not already available from the existing pharmacy. He concluded by stating that the application was neither necessary or desirable in terms of the statutory test and that there had been no real evidence provided by way of inadequacy of existing services other than a perceived need for competition.

The Chair then invited Mrs Aggleton to sum up in relation to her application.

Mrs Aggleton read the following pre-prepared summary statement:

“We have heard the complaints put forward by GPs and patients. We have also heard the total disregard from Boots to recognise these issues and it seems to be everyone else’s fault and not theirs. Boots seem happy that they are providing a service and whether it is adequate, good or bad is not their concern. My issues are that you can say you provide all the NHS services but it has to come up to a standard and be adequate.

In a summary the key points I would like to reiterate are as follows:

The population of Stonehouse has increased significantly and is still growing

The health needs of the population require a good integrated healthcare approach, which includes the local community pharmacy

The current service is not coping with the changing nature of pharmacy services – this has been illustrated through a variety of examples

The current service is not providing an adequate pharmacy service to meet the needs of its neighborhood

I believe that the granting of this application is both necessary and desirable to provide adequate pharmaceutical services to the neighbourhood of Stonehouse.

Thank you.”

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.

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 Mrs Aggleton, Ms Duthie, Mr Tait and Ms Marshall 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 village of Stonehouse and surrounds, noting the location of the proposed premises, the pharmacies, the general medical practices, and some of the facilities and amenities within.
- ii. maps showing the site of the proposed pharmacy in local view as well as township level
- iii. prescribing statistics of the Doctors within the areas of Larkhall, Hamilton, Stonehouse and Kirkmuirhill during the period from March to May 2011
- iv. dispensing statistics of the Pharmacies within the areas of Larkhall, Hamilton, Stonehouse and Kirkmuirhill during the period from March to May 2011

- v. demographic information on the areas of Stonehouse, Hamilton, Larkhall and Kirkmuirhill taken from the 2001 Census
- vi. comments received from the interested parties including existing Pharmaceutical Contractors within the areas of Stonehouse and Larkhall 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 areas of Stonehouse, Hamilton, Larkhall and Kirkmuirhill.
- viii. communications received from South Lanarkshire Council, Councillor Graeme Campbell, and members of the community including Stonehouse Community Council who whilst not interested parties as defined within the regulations, were clearly interested and wished their comments to be brought to the attention of the Committee and have their views taken into consideration

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), as amended.

(i) Neighbourhood

THE COMMITTEE

in considering the evidence submitted during the period of consultation, presented during the hearing, and recalling observations from their site visits, agreed with the definition of the neighbourhood as proposed by the applicant: the village of Stonehouse as contained within the boundaries of Avon Water to the North and West, Canderside Toll to the East and open fields to the South.

THE COMMITTEE

in reaching this decision the Committee was of the opinion that the neighbourhood constituted a distinct area bounded by significant natural barriers as described above. It also considered that whilst residents within Stonehouse would consider themselves as having a sense of belonging they freely and regularly travel outwith the neighbourhood to access a wider choice of shopping facilities e.g within the town of Larkhall.

(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 one existing contract Pharmacy (your local Boots pharmacy) within the neighbourhood, with a further four Pharmacies located within the town of Larkhall some three to four miles away, which could be considered as providing services to the neighbourhood. The Committee also agreed that the pharmacies within Larkhall are easily accessible.

(iii) Adequacy

THE COMMITTEE

discussed the test of adequacy paying due regard to the findings set out above alongside the report collated by the office of the Chief Pharmacist – Primary Care, which indicated that “your local Boots pharmacy” in the neighbourhood and the Larkhall pharmacies provided a comprehensive range of pharmaceutical services alongside the core requirements of the new contract.

THE COMMITTEE

also noted the concerns and views expressed by the applicant, members of the public, Stonehouse Community Council, and Dr J Wilson and Partners regarding the quality of the service provided by the existing pharmacy and the evidence of less than ideal relationships with the GP practice. In discussing whether the quality of service delivery was as required the committee focussed on delivery of NHS services such as timely and accurate dispensing of prescriptions and associated infrastructure such as systems for minimising out of stocks, and systems for ordering repeat medications. After the evidence presented by the applicant had been weighed up against the independent evidence regularly collated by a third party on behalf of Boots UK Ltd as cited by Mr C Tait, it was agreed that the services provided were of an adequate standard.

THE COMMITTEE

therefore the Committee agreed that the existing services could be deemed adequate as they provide a breadth and range of NHS Contract services in line with

contemporary standards, and were easily accessible and available to the residents of the neighbourhood including vulnerable members of the community.

Accordingly, following the withdrawal of Mrs J Park and Mr David Sinclair in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services)(Scotland) Regulations 2009, as amended, the 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, 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, as amended.

Mrs Park and Mr Sinclair were then requested to return to the meeting and advised of the decision of the Committee.