

MINUTE: PPC/2013/01

Minute of Meeting of the Pharmacy Practices Committee held on Friday 14 June 2013 in Training Room 2, Law House, Airdrie Road, Carlisle, ML8 5EP

Chair: Mr Michael Fuller

Present: Lay Members Appointed by Lanarkshire NHS Board

Mrs Carol Prentice
Mrs Lynn Wilson

Pharmacist Nominated by the Area Pharmaceutical Committee
(not included in any Pharmaceutical List)

Mr Billy Lang

Pharmacist Nominated by the Area Pharmaceutical Committee
(included in Pharmaceutical List)

Mrs Yvonne Williams

In Attendance: Officers from Primary Care Department - NHS Lanarkshire

Mrs Gillian Forsyth, Administration Manager
Mrs Lavinia Langan, Administration Team Leader

01 APPLICATION BY MRS ELAINE AGGLETON, STRATHAVEN HEALTH CENTRE, THE WARD, STRATHAVEN, ML10 6AS

Application

There was submitted application by Mrs Elaine Aggleton of Overtown Pharmacy received 27 July 2012, for inclusion in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy within Strathaven Health Centre, The Ward, Strathaven, ML10 6AS ("the premises").

Submissions of Interested Parties

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

- (i) Letter received on 23 August 2012 from Boots UK Ltd
- (ii) Letter received on 5 September 2012 from the Area Pharmaceutical Committee, NHS Lanarkshire

Procedure

On Friday 14 June 2013, the Pharmacy Practices Committee ("the Committee") convened to hear application by Mrs Elaine Aggleton of Overtown Pharmacy ("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".

Prior to Attendance of Parties – 09:30 hours

the Chair advised members of the Committee that the hearing would be conducted in accordance with the guidance notes circulated within the papers. The Chair then asked members to confirm that they had received and considered the papers relevant to the meeting. This included confirming that they had received copies of the following documents circulated under separate cover from the papers:

- Complaints Returns for October – December 2012 and January – March 2013 submitted by Boots UK Ltd on 6 June 2013
- Statistical information and maps of Strathaven submitted by Boots UK Ltd on 7 June 2013
- Letter from Dr Godley, updated Patient Survey report, and petition containing 358 signatures submitted by E Aggleton on 7 June 2013
- Customer Feedback responses, two letters of support and Customer Satisfaction Questionnaires submitted by Boots UK Ltd on 7 June 2013

The members so confirmed.

The Chair advised that Mr Kenneth Mackenzie, Senior Pharmacist: HEPMA Clinical System Manager, NHS Lanarkshire had been nominated by the Area Pharmaceutical Committee as a pharmacist not included in the pharmaceutical list to serve on the Committee. The Chair advised that prior notice had been given to Mrs Aggleton and Mr Tait seeking their consent that Mr Mackenzie enter and withdraw the hearing with them as an observer as it was an essential part of his training in his new role. The Chair advised that both parties had given their consent.

The Chair then reported that Mr George Lindsay, Chief Pharmacist – Primary Care would also enter and withdraw from the hearing alongside the applicant and interested parties. It was made clear that Mr Lindsay was in attendance solely to clarify any matters of factual accuracy which could not be answered by Committee members or those attending to provide secretariat support.

The Chair then asked members to confirm that they had no personal interest in the application or association and they so confirmed. The Chair acknowledged that he was aware that Mrs Lynn Wilson was a resident of Strathaven but that she was not involved in any of the solicitations undertaken by the applicant or interested party nor did she participate in any social media campaign. It was agreed that being resident of Strathaven brought local knowledge of the area to the Committee and that Mrs Wilson was deemed to have no conflict of interest in the application. The Chair advised that in the interest of transparency he would advise the applicant and the interested parties in attendance of this fact and consideration.

The Chair then invited members of the Committee to discuss the application. It was noted that all members had previously undertaken site visits of the town of Strathaven 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 area such as, but not limited to, banks, post office, supermarkets, and churches.

The Chair re-affirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within their papers and the additional matters regarding attendance outlined to all present. The Chair then instructed Mrs Langan to invite the applicant and interested parties to enter the hearing.

Attendance of Parties – 10:00 hours

The applicant Mrs Elaine Aggleton of Overtown Pharmacy was accompanied by Mrs Felicity Fenton. From the interested parties eligible to attend the hearing one had accepted the invitation, namely Boots UK Ltd who was represented by Mr Charles Tait accompanied by Mr Craig Thomson. It was at this point that Mr George Lindsay, Chief Pharmacist – Primary Care, and Mr Kenneth Mackenzie, Senior Pharmacist: HEPMA Clinical System Manager also entered the meeting.

The Chair introduced himself and asked the committee to introduce themselves round the table including the officers in attendance from the Primary Care Department.

The Chair then introduced Mr George Lindsay, Chief Pharmacist - Primary Care, explaining that his attendance was solely to provide clarity on matters of factual accuracy should the need arise and confirmed that Mr Lindsay would withdraw from the hearing with them and not re-enter. The Chair next introduced Mr Kenneth Mackenzie, and advised that both parties had given their consent that Mr Mackenzie attend the hearing as an observer and would take no part in the hearing. The Chair gave assurance that Mr Mackenzie would also leave the meeting at the same time as the parties.

No objections were raised to the attendance of either Mr Lindsay or Mr Mackenzie at the hearing.

The Chair then advised that Mrs Forsyth and Mrs Langan would be present throughout the duration of the hearing for the purposes of providing full secretariat support to the committee. He further explained that both Mrs Forsyth and Mrs Langan are staff members of the Primary Care Department which is not aligned to or managed by the Pharmacy Department of NHS Lanarkshire. At the request of the Chair Mrs Forsyth confirmed that this arrangement satisfied the interim guidance issued by the Scottish Government on 22 April 2013.

The Chair next reported that Mrs Wilson was a resident of Strathaven and asked if either party had any objection to her presence on the Committee. Mr Tait said that this would be acceptable as long as Mrs Wilson was not associated in any way with either faction. The Chair advised that this had already been discussed with the members present who were content that this was not the case. Mrs Wilson then personally confirmed to all present that she had no association with either the applicant or Boots UK Ltd and that she had no personal interest at all in the application. At the Chair's invitation both Mr Tait and Mrs Aggleton declared that they were happy for Mrs Wilson to participate in the hearing.

The Chair then asked the parties to confirm they had received all papers relevant to the application, including the additional papers circulated under separate cover in the week prior to the hearing. They so confirmed.

The Chair then explained that the meeting was being convened to determine the application submitted by Mrs Elaine Aggleton of Overtown Pharmacy for entry to the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy within Strathaven Health Centre, The Ward, Strathaven, ML10 6AS 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, and confirmed that all Members of the Committee had conducted a site visit, and reiterated that no members of the Committee or officers in attendance had any interest in the application.

Evidence Led

The Chair invited Mrs Aggleton to speak first in support of the application.

Mrs Aggleton thanked the Committee for the opportunity to present her case and read the following pre-prepared statement:

“As you will be aware, this is the second time that this application has been heard by NHS Lanarkshire's PPC.

The fundamental reason that we are back here today is that the previous PPC failed to properly take into account the significant evidence I provided which I believe demonstrates that pharmaceutical services provided within the neighbourhood are currently inadequate.

I will therefore concentrate on this specific aspect.

1. Neighbourhood

I am happy to concede that the neighbourhood in which the proposed premises are located is the town of Strathaven. This fact is not in dispute.

However, it is important to remember that a neighbourhood is not the same as a catchment area. A neighbourhood - for the purposes of Regulation 5.10 - need not have any residents. This was the principle successfully argued by Boots The Chemist in a Judicial Review in 1999 - the famous Inverness Retail Park application. What matters is the number of people who would require a pharmaceutical service within the neighbourhood - not just residents, but also those who live outwith the neighbourhood and travel to it to access services.

2. Existing services

The existing pharmaceutical service to the neighbourhood - and indeed the catchment area - is provided by two small Boots pharmacies.

3. Adequacy of Existing Services

There are four key factors which must be considered when determining the adequacy of a pharmaceutical service provided to, or from within, a defined neighbourhood.

These are:

- a. The size of the population
- b. The demographics of the population
- c. The ease of access to existing pharmacies (either in the neighbourhood, or outwith the neighbourhood)
- d. The quality of the service provided by the existing pharmacies, and linked to that the capacity of these pharmacies.

All these factors are interlinked, and all must be fully considered. I'll go through them one by one.

POPULATION SIZE

As I mentioned earlier, it is not simply the resident population of the neighbourhood which must be considered. We must also take into account the needs of those who live in the surrounding villages but access most of their daily needs from the town of Strathaven. I don't believe there is any dispute that the resident population is 8,000, and the outlying population is 4,000. This gives a figure of approximately 12,000 people who require an adequate pharmaceutical service in the town of Strathaven. Of course, there may be some people who use a pharmacy near their workplace in, for example, East Kilbride. But there will equally be those who live in East Kilbride but work in Strathaven! The net effect will be negligible.

All of this is backed up by the dispensing figures provided to the panel. In addition there has also been approval by South Lanarkshire Council for development of land towards Glassford for approximately 480 houses which will increase the population approximately by a further 1,500 people.

DEMOGRAPHICS

This is a fairly typical, reasonably affluent, small town. The pharmaceutical care needs of this population could be best described as 'average'. Does that matter? No - it is irrelevant.

The reason that it is irrelevant is simple: we are dealing in absolute numbers, not relative numbers of patients. The population – 12,000 is significant. Variations in relative proportions of children, or the elderly, or economically deprived, are only important to a PPC when considering small populations. This is a large population. Even if there is a lower-than-average number of economically deprived patients (for example) there will still be a lot of economically deprived patients because the population is large!

So, in this case, the demographic profile of the population is not important. It's the size of the population that is the issue.

EASE OF ACCESS

There are two pharmacies in the neighbourhood. Both are well placed, and easily accessed by the population. There are no DDA issues of which I am aware.

QUALITY AND CAPACITY

This is the crux of this application. It is my contention that Boots are working beyond their capacity - and consequently the service they are able to provide is not of sufficient quality to be considered adequate.

Before I present the evidence which I believe conclusively shows that

the two pharmacies in Strathaven are beyond capacity and no longer able to provide an adequate pharmaceutical service to the full population, I am going to give you some very rough figures which might explain why this situation has arisen. If I could refer you to the letter from Dr Godley, you will see that it was the intention when the Health Centre opened - 23 years ago - to have a pharmacy attached, jointly owned by the two owners of the (now Boots) pharmacies in the town. In other words, at that time it was considered sensible to have three pharmacies serving the needs of the population. The pharmacy never opened, since being post-Control Of Entry it would have required (at that time) the consent of both existing contractors. Unfortunately, due to an 'unresolved dispute' the planned pharmacy never transpired.

Using known figures for the annual increase in prescription volume - which is the primary indicator for workload it has grown by an incredible 150%. In other words, the two pharmacies in Strathaven now do 2.5 times the number of prescription items that they did in 1991, and the new contract services which didn't even exist in those days, and they do so from the exact same small premises.

The population of Strathaven has grown by 20% in that time also.

A key attribute of all NHS services is to ensure that the care is person centred. That the patient has a voice and is central to any decisions being made. One of the key changes to the Regulations necessitated the inclusion of the views from patients and individuals currently using the existing pharmacy services within the neighbourhood. The results of this consultation, as the Committee will have seen from the information provided within your packs, continually highlights the inadequacies of the current service within Strathaven. This has been reiterated from the more recent evidence that has been submitted. The consultation was undertaken in a number of ways and included:

- An advert placed in the local Strathaven newspaper asking for comments on the proposed new pharmacy
- My attendance at local groups including the Community Council, that enabled me to talk with a cross section of the local community
- The completion of a petition to gather signatures of support for the new pharmacy in local shops - nearly 1,000 signatures plus a further 480 have been gathered
- A number of discussions with the local healthcare professionals including district nurses, GPs and practice staff
- A Strathaven pharmacy user feedback survey (undertaken independently by Taylor McKenzie Research & Marketing Ltd a renowned and well regarded company in Glasgow)
- A Facebook discussion forum

The views that I have gathered provide a representative and factual picture of the neighbourhood's views on the current pharmacy service. The key themes provide irrefutable evidence of the current service

being unable to meet the needs of its patients and therefore the needs of an additional pharmacy service to work alongside these 2 pharmacies. Some key themes persist:

- There is a general dissatisfaction with the level of service
- Patients eligible for eMAS are choosing to buy the medicine rather than wait to see the pharmacist and be prescribed it under the minor ailments scheme.
- No delivery service
- A common theme of mistakes made with dispensing medicine
Repeated themes around the lack of confidentiality when giving out medicines
- Complaints about the pharmacy in the Strathaven Echo
- Local nursing homes do not use the local pharmacy because it was providing an inadequate service
- Practice nurse in the health centre choosing other pharmacies to fill their stock order

In order to reiterate these points further I would like to provide the committee with a few examples of the inadequate service provided by Boots in Strathaven which I believe is symptomatic of a service unable to cope with the demands placed upon it by the new pharmacy contract:

Example 1: there have been overwhelming and consistent complaints, for example:

Stock issues - items not being available, patients having to go back to the surgery to ask GP to change the prescription, running out of medicines and patients having to repeatedly come back.

Example 2: the local doctors have withdrawn from the managed repeat medication service that Boots offer, because Boots have been unable to deliver a satisfactory service due to the number of errors. A letter has been supplied by the local GPs identifying these issues.

Example 3: The Community Council for Strathaven is an active advocate for the local community and has, for the past three years, highlighted concerns to Boots.

The information supplied provides factual evidence that the current service cannot meet the needs of its population. As I have outlined above the demands on pharmaceutical service will continue to be increased whether it be through an increase in prescription numbers or through the professional development and requirement for more involved pharmaceutical services within the community.

There is no doubt that the two pharmacies in Strathaven are extremely busy. In 2010/11 the two pharmacies in Strathaven dispensed prescription items for 12,000 people putting them in the top 25%

busiest pharmacies in Scotland. This fact in isolation is not the issue but the consultation responses provide evidence that these pharmacies are unable to cope with such high prescription numbers and this has a knock on effect to other pharmacy services.

The pharmacy contract has changed. The public and the NHS have a higher expectation and the two pharmacies in Strathaven are unable to deliver the basics.

The final piece of evidence I would like to present to you is the results of two surveys, completed a year apart, in June 2012 and June 2013.

You may be surprised that I have provided evidence which shows a change in the performance of the existing pharmacies since last year.

The reason I have presented the 2013 survey is quite simple: It perfectly demonstrates that this is a problem that cannot be solved by the two existing pharmacies. It is a structural problem, not an operational problem. The size constraints of the two pharmacies are such that there is a limit to their ability to provide an adequate service. You can't add staff to a dispensary when there's no room for them.

What does the 2013 survey actually tell us?

Well, despite the best efforts of the largest pharmacy business in the UK:

53% of those surveyed still think that services could be improved;

A quarter of those surveyed still believe that their pharmacy service is inadequate -which equates to 3000 people. (Can I remind the PPC that unlike the Boots 'customer feedback' this is a robust, scientifically conducted survey and, like election polls, scaling up to the whole population is statistically valid).

The Control of Entry Regulations do not exist to protect existing contractors. They are there to ensure that NHS resources are directed where they are needed, based on the 'adequacy' test. It is unusual for a pharmacy application to be granted in a neighbourhood in which there are existing pharmacies - but not unheard of. Prior to 'Control of Entry' there was a surplus of pharmacies - which is the very reason the regulations were introduced. This 'surplus' has ensured that in most places there was sufficient spare capacity to cope with the inexorable rise in workload which has occurred over the past quarter century.

Strathaven - for some unknown reason - is different. Just four years after the introduction of the Regulations, it was considered prudent to build an additional pharmacy in the neighbourhood. That pharmacy never opened and since then workload has increased at the very least by a factor of 2.5.

I am not here to criticise Boots. They are a very professional and ethical operator of community pharmacies. This is not a 'Boots' problem.

The problem is that the two small pharmacies which served the town in 1987 are no longer able - from their existing constricted premises to provide an adequate service to the 12,000 people they serve.

I believe that services are currently inadequate, and I believe that the evidence I have provided demonstrates this inadequacy.

So, is it necessary and desirable to grant this application in order to secure an adequate pharmaceutical service?

The word 'secure' in this context is important, because it brings into play the issue of viability'; I don't think there's any doubt that a pharmacy within the Health Centre would be viable, but we know that many customers of Boots have been told that the granting of the application would lead to the closure of one of the Boots branches.

Is this likely?

Well, as a huge multi-national company Boots are unlikely to allow emotion to get in the way of good business. However, if we consider the size of the existing Boots branches, and the population they serve - assuming that this application was to be granted - then I think this would be unlikely. The days when a pharmacy could Hoover up all the prescriptions from a GP surgery by virtue of being closer to it are long gone -most prescriptions are collected at the surgery by the pharmacy, thereby negating the advantage of being the closest. As serial CMS prescriptions are rolled out, this advantage will be further diminished.

A new pharmacy at the Health Centre will definitely relieve the pressure on the existing two pharmacies, but I would take any claim that a Boots branch will close with a huge pinch of salt.

CONCLUSION

This application is based on one simple fact: two small pharmacies cannot adequately serve the pharmaceutical needs of a population of 12,000. The huge support for an additional pharmacy confirms this obvious fact.

Existing services are inadequate, and this application passes the legal test.

There is a wealth of evidence to support that the pharmacy service is inadequate and I would ask the panel to support this application.

The people of Strathaven deserve better, and should not be

disadvantaged by the unusual circumstances they found themselves in 1987 when Control Of Entry was introduced. I have no doubt that these pharmacies provided an exemplary service in 1987, and I have no doubt that they would be able today to provide an exemplary service if they weren't under such huge pressure. I make no criticism of the pharmacists who work for Boots. I believe they are just working under pressure.

But this application should be granted, and I would respectfully ask this PPC to do so."

The Chair then invited questions from Mr Tait, Boots UK Ltd to Mrs Aggleton.

Mr Tait began by asking Mrs Aggleton to explain why having said in her introduction that demographics were important, she had later remarked that they were not. Mrs Aggleton replied that she was trying to get across the point that as the population was large, even though the percentage of deprived households might be below average, the deprived population in sheer numbers would be significant.

Mr Tait sought further explanation as to why this meant that demographics were not important as regardless of whether a large or small population it does not mean that a lack of deprivation is irrelevant. Mrs Aggleton replied that if the population is large then the groups within that population will also be large and to argue over percentages is not relevant. Mr Tait stated that he was not sure that Mrs Aggleton had answered the question he had asked but that he would not pursue it further.

His next question to Mrs Aggleton was whether she had any evidence of recent issues with supplies of stock at either Boots branches. Mrs Aggleton answered that from her survey in June 2013, 50% of those surveyed had answered "yes" to the question regarding stock shortages. Mr Tait asked if she agreed that the phrasing of the question "Have you ever ..." is likely to include historic results whereas a different answer might be given to the question "do you currently ..." Mrs Aggleton read out the question again and following discussion it was clear that neither party was going to agree on the interpretation of the wording of the question and the response results.

Mr Tait then questioned Mrs Aggleton's assertion that it was considered prudent to build an additional pharmacy, wondering who had given such consideration. She replied that at the time of the Health Centre being planned the intention had been to incorporate dispensary space and that the pharmacy contract would be jointly owned by the two existing Strathaven pharmacies. This led Mr Tait to ask if this indicated that it was a suggested use of space by planners rather than any consideration of the need for additional pharmacy services based on the statutory test, merely a way of utilising space. Mrs Aggleton responded that it had been considered prudent when planning the

health centre to include a pharmacy but that it had not materialised due to issues between the existing contractors at that time.

Mr Tait questioned Mrs Aggleton's description of the Boots premises as "two small pharmacies" and asked her to describe how big her proposed pharmacy would be. She advised that the pharmacy would be dispensing only with no retail space within an area of 33m² and that the dispensary would be 22 m² which was equivalent in size to other pharmacies within health centres such as Newmains. Mr Tait responded that this was not a large area and smaller than their existing branches. Mrs Aggleton replied that the contract would be in addition to the current pharmacies and was not being offered as an alternative site.

Mr Tait next asked if Mrs Aggleton knew what the average percentage growth rate in items dispensed year on year was. When she replied that it was normally expected to be about 3%, he corrected her stating that national figures show a growth of between 3% and 5% year on year. Mrs Aggleton accepted this assertion.

Mr Tait's final line of questioning turned to population figures. He enquired about the proposed housing development near the village of Glassford, wondering if Mrs Aggleton agreed that Glassford was closer to Stonehouse than Strathaven. Mrs Aggleton advised that it was on the outskirts of Strathaven and that it was included within the town's school catchment area.

Mr Tait asked for clarification as to where she drew her estimate that the town had a population of 12,000, she clarified that the population of Strathaven is 8,000 but that the local GP practices have a registered population of 12,000 hence that is what should be accepted as the population served by the existing Boots pharmacies which she believes is supported by the pharmacies' dispensing figures.

Mr Tait accepted that the catchment area of the GP practices might extend beyond Strathaven itself and asked if Mrs Aggleton would accept that equal consideration should be given to the fact that there are other service providers outside the neighbourhood who might provide services to the population of Strathaven from outwith. Mrs Aggleton responded that 12,000 patients are known to be registered with the practices within Strathaven Health Centre and that this is in line with the pharmacies' dispensing figures thus demonstrating that patients are getting their prescriptions in Strathaven not elsewhere.

Having ascertained that Mr Tait had no further questions, the Chair then invited questions from Members of the Committee in turn to Mrs Aggleton.

Mrs Williams referring to Mrs Aggleton's statement that 51% of respondents in the June 2013 survey had complained that prescription items were not in stock enquired if it was the case that most pharmacies would be in the same position given the significant issues with manufacturing and supply of medicines. Mrs Aggleton replied that she did not experience it to the same

level which had led to her wondering if the problems within Boots was symptomatic of the staff being too busy to afford the time to sort out stock issues.

Mrs Williams then referred to the level of patient satisfaction with the time taken to dispense a prescription, noting that 12% of respondents to the most recent survey were not satisfied compared with 22% of respondents in June 2012. Given that the survey demonstrated that 88% of respondents were satisfied **Mrs Williams** asked what Mrs Aggleton thought might be the reason for this. Mrs Aggleton proffered that it may be due to many of the items within the prescription being out of stock resulting in patients not having to wait as long because fewer items were being dispensed.

Mrs Williams then asked if Mrs Aggleton would agree that 88% is a significant majority of satisfied respondents and was advised that she did.

Mrs Williams moved to discuss the response level for the question as to whether current provision could be improved, asking if Mrs Aggleton thought a yes response was usual when asking for opinion on whether any service could be improved. Mrs Aggleton replied that if a service is adequate and you are happy with it you would not answer that it could be improved, she referred to the findings of the survey highlighting that a high percentage (71%) think that the service could be improved and almost 40% think that it is not adequate.

Mrs Williams stated that all service providers could consider whether they can offer room for improvement and asked if Mrs Aggleton had thought of surveying the same question in her own pharmacy. Mrs Aggleton replied that she had employed an independent market research company who provided the questions which she assumed were suitable.

Mrs Williams next enquired if the premises would require an internal refit and, if the overall area was 33m² and the dispensary 22m², how the remaining 11m² would be utilised. Mrs Aggleton explained that this would house a toilet, patient consultation area and staff area. **Mrs Williams** then enquired how the Minor Ailment Service would be provided if there was no retail space. Mrs Aggleton provided a copy of the plans and explained that a bench could be moved to give more space for MAS items.

Mrs Williams asked Mrs Aggleton for her proposed staffing levels and was advised that it would depend on prescription numbers however she estimated that there would be 1 – 1.5 whole time equivalent pharmacists, 1 technician, 1 dispenser and 1 one counter assistant.

Returning to accommodation issues **Mrs Williams** asked what the arrangements would be for Saturday opening. Mrs Aggleton explained that the alarm system could be zoned off allowing access to the pharmacy but not to the health centre. **Mrs Williams** then wondered what level of weekend trade Mrs Aggleton expected given that the surgeries would be closed reducing “passing trade”. Mrs Aggleton answered that it would be an opportunity to use the free time to deal with services that there was little time

for during the week such as clinics for CMS, blood pressure checks, Varenicline and smoking cessation.

Mrs Williams next enquired if it was Mrs Aggleton's intention to have an independent or supplementary prescriber on the premises on a Saturday and was advised that it was. **Mrs Williams** then asked if Mrs Aggleton was an independent prescriber and she replied that she was and that she had experience of working closely with local Doctors as she does this from her Overtown pharmacy. It was acknowledged that any supplementary prescribing initiative is dependent upon the Health Board deploying funding.

Mr Lang then asked if Mrs Aggleton anticipated any problems in providing all the services mentioned in her application such as blood pressure (BP) monitoring, asthma review, Varenicline, and flu vaccinations pointing out that these may be dependent upon other people and not entirely within her gift. Mrs Aggleton replied that she could provide flu vaccination and Varenicline privately following patient group directions (PGDs). **Mr Lang** asked if she was accepting that whilst there might be intent to provide services appropriate funding was not guaranteed. Mrs Aggleton replied that if a patient requested BP monitoring it would be provided and recorded under CMS, that asthma reviews would be targeted for patients being prescribed inhalers, and those on 10+ prescription items would have their medication reviewed. She agreed however that provision of Varenicline would depend on funding from NHS Lanarkshire.

Given the level of reference to Health Board funding the Chair asked Mr Lindsay to clarify the Board's arrangements or expectations for Varenicline. Mr Lindsay advised that there are six pharmacies in NHS Lanarkshire providing Varenicline clinics and that discussions with the Scottish Government are taking place with regard to on-going funding for supplementary/independent prescribing services. If there is a growth in the budget all pharmacies in NHS Lanarkshire will be invited to apply to provide the service and additional pharmacies will be chosen within the limitations of the available budget.

As a result of Mr Lindsay's response Mr Tait asked the Chair if he could ask Mr Lindsay a question. With the consent of the Chair Mr Tait enquired if the Varenicline clinics would be provided by independent/supplementary prescribers rather than through the use of PGDs. Mr Lindsay replied that unless or until a national PGD was developed Varenicline prescribing would remain with independent and supplementary prescribers.

Mr Lang then enquired whether both GP practices had withdrawn from the managed repeat service and was advised that it was only Dr Godley & partners. **Mr Lang** then asked Mrs Aggleton who owned the Health Centre and was informed that it was an NHS Lanarkshire property and that she had been successful under the tendering process as outlined within the letter included in the papers for the hearing. The Chair asked Mr Lindsay what the leasehold process would be if the pharmacy contract was granted. Mr Lindsay replied that NHS Lanarkshire would be the landlord and Mrs Aggleton would have the same relationship with this landlord as with any other landlord and

that such relationship would have no impact or involvement with the Pharmacy Department or Primary Care Department. This led Mr Tait to state that any financial relationship between the Board and tenant should be of no interest to anyone present as this would represent a conflict of interest. The Chair responded that Mr Lindsay's response had clarified this position.

Mrs Wilson began her questioning by asking what percentage of the population of Strathaven had been surveyed. Mrs Aggleton replied that the market research company used statistical analysis of age, sex etc to determine a representative sample.

Mrs Wilson then asked for confirmation that it was the case that, although they used the Strathaven GPs, the local nursing homes did not access pharmaceutical services from the existing pharmacies. When Mrs Aggleton replied that the nursing homes used pharmacies outside Strathaven Mrs Wilson asked if she hoped to capture this business. Mrs Aggleton confirmed that she did.

Mrs Prentice enquired whether the pharmacy would remain open over lunch time and was advised that that it would indeed dispense throughout the day. She next asked about patient centred care, compliance aids and working with care homes and enquired if Mrs Aggleton had scoped out how she would work and liaise with local Doctors, Social Services and the care homes. Mrs Aggleton replied that the care homes would already have a contract with their current supplier but that she would offer the service and it would be their decision whether to utilise it. She added that she would work closely with the local Doctors and that they would have contact with carers who collect prescriptions, giving a link to social services.

The Chair asked Mrs Aggleton for clarification regarding the population asking, if the neighbourhood is the town of Strathaven with a population of 8,000, where the figure of 12,000 came from. Mrs Aggleton explained that the Census and Scottish Neighbourhood Statistics data shows the population of Strathaven as 8,000 however she contends that the population should be taken as 12,000 as this is the registered population of the local medical practices. She added that this is supported by the dispensing figures for the existing Boots pharmacies.

The Chair stated that for the avoidance of doubt neighbourhood is not aligned to medical practice catchment area and that it was the role of the Committee to determine and define the neighbourhood of the proposed premises. Mrs Aggleton agreed that the neighbourhood was the town of Strathaven but referred to the findings of the judicial review on the Inverness Retail Park application, stating that the numbers of patients coming into the neighbourhood to access services should also be taken into account. Mrs Aggleton advised that whilst she defined the neighbourhood as Strathaven she recognised that people from the outlying villages come into the neighbourhood to access services. **The Chair** then asked if Mrs Aggleton thought that the results of the 2 surveys, which were conducted 12 months apart, showed an improvement in service by the existing Boots pharmacies. Mrs Aggleton

answered that it showed that service had improved from “very bad” to “bad”. **The Chair** asked if she accepted that Boots were demonstrated to have improved to which she replied that a quarter of those surveyed still thought their service was bad.

The Chair asked for Mrs Aggleton’s views on whether there was a difference between “adequate” and “could be improved” paying due regards to the statutory test which asks if services are “adequate” not “gold standard”, “perfect” or “room for improvement”. Mrs Aggleton replied that the survey showed 25% of respondents thought that the service was not adequate. The Chair asked whether she agreed that although 53% of respondents thought that service could be improved it did not mean that 53% think it is inadequate, and received no response.

The Chair then enquired how quickly Mrs Aggleton would be able to open the pharmacy if a contract was granted. She replied that all that was required was installation of a toilet and a refit and that she was confident that it could be in a position to open within a couple of months.

The Chair then asked Mrs Aggleton what was her assessment of the impact of a new pharmacy on the viability of the existing pharmacies. Mrs Aggleton responded that she had covered this in her presentation and that there was room in Strathaven for three pharmacies. **The Chair** asked Mrs Aggleton if she would agree that prescribing fees were a major source of income for pharmacies. Mrs Aggleton replied that prescribing fees have been reduced and other services such as CMS, EHC and PHS now play a larger role meaning pharmacy income is no longer purely linked to dispensing numbers.

The Chair next enquired if Mrs Aggleton would anticipate that most patients attending the surgeries in the Health Centre would use the pharmacy. Mrs Aggleton replied that whilst those with acute prescriptions might use the service, Boots would still offer prescription collection and managed repeat services. This led to **the Chair** asking what projected figures Mrs Aggleton had used when developing her business case and was advised that she had worked on the basis of capturing 25% of the town’s prescription business. **The Chair** asked if that would be enough to be viable to which she replied that whilst she had conservatively estimated she would need 3,000 prescriptions her experience of opening a new pharmacy in Overtown led her to believe that a “scratch” pharmacy can be viable on 2,500 prescriptions a month until such times as the pharmacy becomes established.

Mrs Williams asked how the 993 signatures on the original petition had been collected. Mrs Aggleton explained that copies were left on display in local businesses and also some were collected in Sainsbury’s car park. **Mrs Williams** asked for clarification as to whether there had been an element of canvassing and was advised that one girl had spent only two mornings in Sainsbury’s car park.

Mrs Prentice asked Mrs Aggleton how she envisaged her delivery service would work. Mrs Aggleton explained that any patient requesting a delivery

would receive one regardless of their circumstances the only requirement is that there was someone present to receive the delivery. **Mrs Prentice** asked if this was done within her Overtown pharmacy and was advised that it was.

Having ascertained that there were no further questions for Mrs Aggleton, the Chair suggested a comfort break which was accepted by all present.

When the meeting resumed The Chair invited Mr Charles Tait, Boots UK Ltd to make representation on behalf of the company.

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

"I have submitted the following additional items for consideration during the hearing:

- Map showing definition of neighbourhood
- Neighbourhood Statistics Strathaven North and South
- Boots UK Ltd NHS submissions for Patients Rights (Scotland) Act 2011 fourth Quarter 2012 and first Quarter 2013
- Patients comments on current provision (204)
- Patient feedback – through a company independent of Boots
- Two unsolicited letters

Neighbourhood

As defined at the previous hearings; the town of Strathaven itself is distinctive and not connected to any other villages. It is best described as an affluent middle class neighbourhood which is in itself self contained.

The statistics provided via Scottish Neighbourhood Statistics website are current to mid 2012, thus reflecting the most up to date demographics for the town of Strathaven.

The total population estimated in 2012 is 7,860 a decrease of 107 persons over the previous decade on the comparable data zones since 2001.

North Strathaven has a below average number of persons of pensionable age while South Strathaven has an equivalent above average number of people at pensionable age, thus balancing each other out. The reverse of these figures would be true of the child population of the neighbourhood.

Demographics however are not all about age as below:

- Income Deprivation at 7% is half that of NHS Lanarkshire area
- Employment Deprivation also at 7% is 33% lower than average for

Lanarkshire

- Treatment for Anxiety is 22% lower than average for Lanarkshire
- Emergency hospital admissions for those 65 and over is 14% lower than average for Lanarkshire
- Drug Addiction admissions are 65% lower than average for Lanarkshire
- Smoking prevalence at 17% is 36% lower than average for Lanarkshire

These are demographic facts; the sort of facts which affect healthcare provision over and above age and all of which show a reduction in need for immediate intervention.

Current Provision

There are two pharmacies in the town centre within walking distance to much of the town and a few minutes' walk from the proposed application.

Both deliver a very comprehensive service encompassing all the national services and all required local services to the community including:

- Collection and delivery - we do this on a national basis through a courier system
- Dosette boxes
- Smoking cessation
- Emergency Hormonal Contraception
- Needle Exchange
- Drug Addiction services
- Palliative Care

This application offers no new or differential service provision to the NHS services which we currently provide - we provide all services offered by NHS Lanarkshire either through both, or at least one, of our Strathaven pharmacies. The application lists some non NHS services which it intends to offer however such non-NHS services do not form part of the contractual obligation.

The population of Strathaven is 8,000 and in your pack you have the dispensing figures and can see the level of activity from our existing pharmacies. Any neighbourhood attracts people into it to access services, but similarly people also go elsewhere for work and other services.

The applicant has stated that the local care homes do not get prescriptions dispensed from the existing pharmacies. This is common practice and not an issue specific to Strathaven as the homes tend to select which pharmacies they deal with for their own reasons and should not be taken as dissatisfaction with existing pharmacies. There is an ebb and flow of patients and prescriptions which comes to a

balance in and out of the town, and you will know from your pack what the prescription volume is and that it is at a stable level.

There are no indications that the 3% national increase in numbers of prescriptions dispensed has caused any issues above that faced by any other pharmacy in the country. Pharmacies are expected to absorb the increase as part of their efficiency measures.

Both existing Boots pharmacies are open 09.00 until 18:00 Monday to Friday and until 17:30 Saturday, with the Common Green branch open on Sundays 10.00 until 12.00 (which we introduced at the request of the Community Council).

We therefore respond to suggestions and work together with residents to improve our service provision. Many of the negative comments go back to a period when things were not as good as they could have been which I acknowledged at the previous hearing. Indeed at the previous hearing Mr Charles Sargent asked if we ever asked patients what they thought of our service, bearing this in mind our staff undertook a questionnaire for this hearing. Whilst the questionnaire was not scientific, it was not designed to be biased either. Indeed with regard to customer feedback we provided for this hearing:

- Internal feedback
- External Feedback – our questionnaire returning 207 responses over 5 days
- Two Customer letters which were unsolicited
- Patient Rights (Scotland) Act 2011 submissions as provided to NHS Lanarkshire

From our questionnaire we received 207 responses over 5 days. Only one was negative and was from a lady who had to come back to collect her prescription because the wholesaler sent the wrong item – it was not a branch error. All in all the feedback is positive and where it is negative it does not differentiate retail business from pharmacy services - generic dispensing is a fact of life for all pharmacies which involves some education to patients.

Under the Patient Rights (Scotland) Act 2011 we are required to collate information about complaints and submit it to the Health Board. You have been provided with copies of the returns for the last two quarters submitted to the health board which show that there were no written or verbal complaints about pharmacy services in either of the Strathaven stores.

This brings me to the two unsolicited letters from customers who felt that they had almost been hoodwinked into signing the petition for a new pharmacy and wished to bring it to our attention.

Service provision and standards are part of the test of adequacy and I

would put it to the PPC that Strathaven already has above adequate NHS pharmacy service provision. The current pharmacies are not operating beyond capacity; both have quite large dispensaries and have sufficient room and ability to cope with increased volume of dispensing and providing more services. Both or jointly they provide all services available within NHS Lanarkshire and are demonstrated to continue to improve.

Conclusion:

Strathaven is a self-contained neighbourhood with a well above average affluent population of comparative good health against both the local NHS Lanarkshire or Scottish standards.

It has been long served to more than the minimum standards of adequate pharmaceutical provision by both the current contracts. A standard that we can evidence is appreciated by the vast majority of the population notwithstanding the lack of convenience of a pharmacy adjacent to the Health Centre.

What has come out from consultation with the local population is that the convenience of a pharmacy at the health centre would be much welcomed by the population - the inconvenience of walking 2-3 minutes is not as convenient as a pharmacy in the health centre. Most people are unable to park in the health centre car park so have to walk anyway. The Committee shall be aware that the notion of convenience is not part of the statutory test for considering whether an additional contract is required.

We believe that provision is adequate, indeed more than adequate. Whilst there are things which could be improved upon the existing service is adequate. That means that this application should fail."

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

Mrs Aggleton began by enquiring if Boots offered a repeat prescription collection and delivery service to which Mr Tait responded that they did. She then asked how the service was provided and Mr Tait explained that patients order their prescription from the surgery and Boots collect it. Mrs Aggleton asked if this was for convenience so that patients did not have to travel to the surgery to which Mr Tait replied that this was the case for some but not all. When asked why patients did not know about the service Mr Tait replied that he did not know but that it suggested that they needed to promote it more. Mrs Aggleton next asked how quickly the courier service used by Boots was able to deliver prescriptions. Mr Tait replied that it was a 24 hour service but that if a prescription was required urgently then it would be done "in house". Mrs Aggleton asked about the drivers and Mr Tait advised that all drivers were vetted and that they try to keep them to assigned routes for consistency.

Mrs Aggleton then asked Mr Tait who had formulated the questionnaire conducted in the branches. Mr Tait replied that it had been produced and handed out by Boots staff which led Mrs Aggleton to ask how representative the sample had been of the population. Mr Tait replied that it had been as representative as any other as their experience of surveys produced by external companies was that they framed their questions around the answers the client wanted to receive.

Mrs Aggleton then enquired how Boots staff had introduced their questionnaire to customers. Mr Tait answered that staff had displayed a sign advertising it beside a designated box for customers to post them once completed. Mrs Aggleton asked if responses had been influenced by staff telling customers that they might lose their jobs if another pharmacy opened, and she referenced responses such as "this would be sadly missed" and "store closing". Mr Tait replied that he felt this could be explained as presumption on the part of the customer; however, if indeed staff were saying that, even if both stores remained open should an additional pharmacy contract be granted there was an undeniable risk that staffing levels might decrease in line with reduced levels of business. He added that if their service was poor then people would not fill in the survey whereas if customers found it to be good they might be more inclined to complete a questionnaire as the service was worth keeping.

Mrs Aggleton asked if it was the case that a representative of Boots had attended a Community Council meeting and advised that the Sunday opening was to be discontinued due to lack of business and suggested that residents could access pharmaceutical services in East Kilbride. Mr Tait replied that the Sunday opening had been introduced as the Community Council felt that it was difficult for patients to travel to East Kilbride therefore the service would continue and that there were no plans to close.

Mrs Aggleton then asked whether both pharmacies had pharmacist cover all day, every day. Mr Tait replied that as staff lunchtimes were staggered there was always access to a pharmacist at one branch throughout the day.

Mrs Aggleton's final question was if Boots kept in regular contact with the Community Council. Mr Tait replied that he personally was not, but that the area manager attended their meetings quarterly. Mrs Aggleton stated that she had been advised by Council that they had no regular contact with Boots. Mr Tait advised that representatives regularly contacted the Council and asked if they wished them to attend meetings rather than attend as a matter of course.

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

Mrs Williams asked Mr Tait if he could explain the change from 22% in June 2012 to 12% in June 2013 of respondents who were not satisfied with the

service. Mr Tait answered that he believed that the service in Strathaven had improved. He continued to explain that there had been an issue in one of the Strathaven branches three years ago where the dispensary was not well run and that the pharmacist insisted on doing everything himself without assistance from support staff, and that this had resulted in poor provision of service and breakdown in relationship between the pharmacy and GP practices. He contended however that this is long past; the pharmacist is no longer employed by Boots, and Boots continue to make strides to improve. The result of this investment is demonstrated within the June 2013 survey. Indeed making reference to comments regarding length of waiting times within the Pharmacies he wished to clarify that Boots have been accused in the past of only having one supplier and this is no longer the case as staff can choose from four suppliers. Mr Tait accepted however that it takes longer to change perception than to initiate changes in procedures, and that the dramatic change recorded within the survey is indicative of the changes which were introduced and had taken place some time ago.

Mrs Williams referred to her question to Mrs Aggleton relating to service improvement stating that surveys will always suggest that things can be improved and asked what Mr Tait thought Boots could do to improve services. Mr Tait replied that there were always processes that could be made slicker, and that whilst he did not believe that dramatic changes were needed he was mindful to monitor patient to staff ratios, work on the relationship with patients and the community council. To his mind however this would and should be much in line with pharmacies and other businesses across the country. He added that their Strathaven staff take some of the comments lobbied personally because they are local to the area however feel that they are treated impersonally because they work for a multiple rather than independent pharmacy.

Mrs Williams then asked if the delivery service was just within Strathaven. Mr Tait answered that Boots would deliver to almost anyone who wanted the service as the company realised that whilst collection and delivery is not an NHS service if pharmacies do not provide it they ultimately lose the business to someone who will.

Mrs Williams then enquired whether the deliveries for Strathaven were dispensed from Strathaven pharmacies. Mr Tait replied that they were. Mrs Williams then asked what opportunity is given to a patient to speak to a pharmacist for advice. Mr Tait advised that patients were given the opportunity to phone the pharmacy and that further, one reason why Boots as an organisation had been slow to introduce delivery services was because of their concerns over the lack of contact with a pharmacist.

This led **Mrs Williams** to ask what the driver would do if a patient had a query about their drugs and was advised that they had a standard operating procedure for this which would lead the driver to refer the patient back to the pharmacy, giving them the appropriate telephone number.

Mrs Williams stated that she had no difficulty parking at the Health Centre during her site visit but that she was concerned about parking issues at the pharmacies. Mr Tait replied that he had experienced the reverse of this however he was able to advise that whilst there might be problems with the short stay 30 minute parking zone in the town centre there was a four hour stay car park adjacent, a long-stay car park a bit further away, as well as the parking facility beside Sainsbury's supermarket.

Mr Lang enquired how Boots collected the customer feedback for the "Feel Good Moments". Mr Tait advised there is a request for feedback on the back of their till receipts asking customers to phone or email in their experience and findings of their visit to the store and offering respondents entry to a free prize draw. He further explained that this service is not run by Boots UK Ltd but by an external company. **Mr Lang** then asked if this was promoted to customers as providing comment only on "Feel Good Moments. Mr Tait answered that it was a request for feedback, either good or bad and it was only internally referred to as "Feel Good Moments" for the staff to reflect upon.

Mr Lang then wished to discuss the issue of balances and enquired whether there was any evidence from the market research to show improvement from the time of the historic staffing issues referred to earlier. Mr Tait replied that their records reflect that only 1% of prescriptions require patients having to return for balances whereas it had been as high as 5%; this reduction was due to the implementation of a stock replenishment system which works well if there is no unnecessary manual intervention as experienced with previous pharmacist.

Mr Lang then asked the names of the additional suppliers with whom Boots UK Ltd held contracts. Mr Tait advised that they now used AAH Retail, Alliance Healthcare, their Central Boots Warehouse and Phoenix and, in answer to a supplementary question, he confirmed that two of those companies were, in fact, owned by Boots UK Ltd. **Mr Lang** then asked how Boots had promoted their Sunday service. Mr Tait admitted that it had been badly promoted, that they had simply opened without promoting it and confirmed that as a result of this hearing it was flagged as a missed opportunity that Mr Thomson, as Area Manager would be asked to address. This led **Mr Lang** to state that during his site visit a member of staff within one branch was unable to answer if they were open at lunch time, however at the other store staff were able to confirm that they were open throughout the day and also mentioned that they opened on Sundays. This information however was not displayed in the opening hours displayed in the pharmacy window. He asked Mr Tait if it was correct to assume that this evidenced that the Sunday opening was simply paying lip service to the Community Council. Mr Tait replied that he had accepted throughout the hearing that they could and needed to publicise the Sunday opening better, and that he had taken on board the need to maximise business and that it certainly was not lip service. Mr Lang asked if it was their intention to continue with the service beyond the PPC Hearing. Mr Tait advised that as far as he was aware there was no intention to cease opening on Sundays.

Mrs Wilson asked how many pharmacists were employed by Boots within the Strathaven pharmacies. Mr Tait answered that there was 1 pharmacist per shop but that the whole time equivalent was over 2.5 in order to cover lunchtimes, peak demand etc. **Mrs Wilson** then asked whether Mr Tait considered their local questionnaire to be representative as they received only 207 responses. Mr Tait replied that it was probably not but was not intended to be, having been done over only 5 days. **Mrs Wilson** asked if the respondents were self-selected. Mr Tait replied that he saw 20 being completed and that the biggest input requested from staff was "have you got a pen?" **Mrs Wilson** asked if Mr Tait thought that there was still scope to improve service provision to which he replied that there is always scope to improve.

Mrs Prentice asked why Mr Tait thought that the "Feel Good Moments" contained fewer comments regarding pharmacy provision compared with retail services. Mr Tait answered that he thought it might be that people expect good service from pharmacy but for retail they were more inclined to vote with their feet.

Mrs Prentice asked why there was an increase in January 2013 in recommending services such as MAS and smoking cessation. Mr Tait suggested that this might be due to a time-lag and that the stores were better at promoting the service than previously. He added that another reason could be that there had been a move for all pharmacies to deliver more services rather than being prescription driven - the ethos of the Scottish Government is for service provision not prescription numbers but unlike the suggestion by Mrs Aggleton earlier there is no evidence to support that a pharmacy could make a living from CMS.

The Chair asked if the Boots pharmacies provided services to people from outwith the town of Strathaven and Mr Tait advised that they did. **The Chair** enquired if Mr Tait knew what percentage of customers lived outside. Mr Tait replied that he did not know and commented that this would make a neighbourhood boundary difficult to define.

The Chair then asked Mr Tait if he was using demographics and statistics as evidence of less demand for pharmacy services in Strathaven. Mr Tait replied that the demographics would imply less demand for health care provision; for example fewer smokers which would have an impact on hypertension, stroke COPD and cancer numbers. **The Chair** then wondered how this equated with an increase of 3.5% per annum in prescriptions. Mr Tait replied that this might be due to increased prescribing of preventative medicines such as statins. He added that he does not know the percentage increase in prescribing within Strathaven but that if it is in line with the Scottish national average then it can be assumed that this is the reason.

The Chair next commented that of the 207 survey responses only one was negative which showed a very high degree of unanimity. Mr Tait replied that he had visited Strathaven recently and that compared to previous visits he believed that opinion in the town had swung: people now seemed to be more

aware that the issue was not about a pharmacy in the Health Centre but about a third pharmacy. They also seemed to be aware of the test factor of adequacy and that if a third pharmacy opened there would be implications for the two existing pharmacies and that services weren't so bad now as in the past.

The Chair then asked how Boots' survey compared with the independent survey commissioned by Mrs Aggleton. Mr Tait stated that the word "independent" had to be looked at referring to his earlier comments regarding how surveys were commissioned, so to that end he felt that both should be given equal weighting. **The Chair** then questioned Mr Tait about his assertion that people had been hoodwinked into signing the petition started by Mr Aggleton. Mr Tait replied that this had been the view of the people who had written the letters objecting to how their signatures had been obtained which he had provided to the Committee.

The Chair then asked how Mr Tait came to the view that service at Boots was above adequate. Mr Tait replied that this was based on criteria such as waiting times, balances and customer satisfaction. He opined that everything should be targeted to delivering service with the customer in mind, and that when things go wrong performance management can be used. It is not always possible to have the best person in every situation and it has to be worked upon.

This led **the Chair** to ask if Boots had a set standard of adequacy. Mr Tait replied that there were differences depending on local circumstances and that what was acceptable in Stornoway might not be acceptable in Glasgow, for them it was all about delivering customer care and that staff were aware of the standards expected of them.

The Chair then asked if Mr Tait would accept that a high income area like Strathaven was more demanding. Mr Tait replied that an area such as Castle Douglas was probably more demanding than Easterhouse, but that customers in poorer areas might be demanding in a different way with each voicing their discontent through entirely different forms of feedback.

The Chair next enquired what the likely impact of a third pharmacy would be on the existing pharmacies. Mr Tait replied that all pharmacy contracts are independent contracts and the stores are run separately. If a third contract were introduced he believed it would result in some sort of contraction of investment either in staff or the buildings but that it would remain to be seen what the impact was. **The Chair** then asked whether Boots would be able to maintain an adequate service. Mr Tait answered that they might be overstaffed and overstocked and have to curtail services but he was not suggesting that one of the branches would close.

Having established that there were no further questions from Members of the Committee, the Applicant or Interested Party in

attendance, the Chair then invited Mr Tait, Boots UK Ltd to sum up his representation

Mr Tait began by stating that he believed that the onus was on the applicant to provide evidence that it was necessary or desirable to have a new pharmacy. He added that he believed that the adequacy of pharmacy services in Strathaven had been shown to be entirely there and that there was no need for a third pharmacy. He continued that whilst undoubtedly the public would like to have the convenience of a dispensary at the health centre however the question was about adequacy. He concluded by stating that a new pharmacy was not necessary or desirable.

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

Mrs Aggleton contended that the Survey result presented by Boots was invalid because it was not independent and many of the "Feel Good Moments" were not relevant to pharmaceutical services. She stated that the survey she has commissioned was independent and read from page 10 of the report "About TMcK" stating that she disagreed that the two surveys could be deemed comparable as hers was done by an independent market research company while Boots was done "in house".

She did not believe that discontent had been solely due to patient perception of bad service in the past. The survey showed that 53% of people still believe that the service provision could be improved; 25% which equates to 3,000 people still believe that the service is not adequate. Evidence presented - letters from patients, GP, Facebook, survey - demonstrated that the current service was not adequate and is unable to cope with the demands of the population using it and the demands of the new contract.

Mrs Aggleton concluded by stating that the issue was not about the profitability of Boots but about the needs of the population which must come first.

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 been advised that both parties 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, Mrs Fenton, Mr Tait, Mr Thomson, Mr Lindsay and Mr Mackenzie 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 town of Strathaven noting the location of the proposed premises, the pharmacies, the general medical practices hosted within the Health Centre, and some of the facilities and amenities within.
- ii. maps showing the location of the Health Centre hosting the Doctors' surgeries and the proposed Pharmacy area in relation to existing Pharmacies within Strathaven.
- iii. prescribing statistics of the Doctors within the town of Strathaven during the period April 2010 to March 2013
- iv. dispensing statistics of the Pharmacies within the town of Strathaven during the period April 2010 to March 2013
- v. demographic information on the town of Strathaven taken from the 2001 Census
- vi. comments received from the Area Pharmaceutical Committee and Boots UK Ltd 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 town of Strathaven.
- viii. letter received from Mrs J Arthur, PFPI Project Assistant, NHS Lanarkshire intimating the views of the East Kilbride and District Public Partnership Forum
- ix. the application and supporting documentation provided by the applicant on 27 July 2012, including the letters from Avondale Medical Practice dated 18 July 2012 and 17 November 2011 which were submitted at late notice by the applicant
- x. Complaints Returns for October – December 2012 and January – March 2013 submitted by Boots UK Ltd on 6 June 2013

- xi. letter from Dr Godley, updated survey and petition submitted by the applicant on 7 June 2013
- xii. Statistical information and maps of Strathaven submitted via email by Boots UK Ltd on 7 June 2013
- xiii. Customer Feedback responses, two letters of support and Customer Satisfaction Questionnaires submitted in hard copy by Boots UK Ltd on 7 June 2013
- xiv. letter from Strathaven Community Council submitted by the applicant on 10 June 2013

Decision

THE COMMITTEE

then discussed the oral representation of the Applicant and the Interested Party 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 being the town of Strathaven.

In reaching this decision the Committee was of the opinion that Strathaven was a recognised postal geographic township and settlement. The town is bounded by arable fields and open land which act as natural boundaries.

THE COMMITTEE

also NOTED that the town of Strathaven was proposed by the applicant as the neighbourhood in which the proposed premises were sited, which was accepted by the interested party in attendance.

(ii) Existing Services

THE COMMITTEE

having defined the neighbourhood, was then required to consider the

adequacy of existing pharmaceutical services 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 were two existing contract Pharmacies (your Local Boots pharmacy at 13 Green Street and 25 Common Green) within the neighbourhood.

(iii) Adequacy

THE COMMITTEE

DISCUSSED the test of adequacy paying due regard to the findings set out above alongside the report on the range of pharmaceutical services in Strathaven collated by the office of the Chief Pharmacist – Primary Care on 29 May 2013, which indicated that between them the two “your local Boots pharmacy” in the neighbourhood provided a comprehensive range alongside the core requirements of the new contract.

THE COMMITTEE

NOTED that the applicant had provided evidence from a variety of sources, as recorded within this minute, suggesting that provision of existing services was inadequate including a report by Taylor McKenzie Research & Marketing Ltd (TM^cK) outlining the findings of a survey undertaken in Strathaven between 30 May and 4 June 2013, which updated their report on a survey undertaken during June 2012. Similarly Mr Tait had submitted evidence from a variety of sources suggesting service provision had improved since the time Mrs Aggleton’s original evidence had been gathered which included returns from two patient questionnaires compiled by staff within the Green Street and Common Green branches.

THE COMMITTEE

RECOGNISED that each party refuted the independence, statistical representation, and methodology of the others’ surveys and evidence. It was however mindful that it was their responsibility as an expert panel to examine and hear the evidence presented to reach a conclusion on whether the current quality of services was adequate.

Notwithstanding the views expressed regarding the limitation of each parties surveys and approach, the Committee REVIEWED the June 2013 TM^cK report and NOTED on page 4 that “approximately a quarter of respondents agree that the current provision of pharmacies in Strathaven is in fact inadequate both for them and their family (23%) and for the community (32%)”. The Committee as an expert panel INTERPRETED this information and ACCEPTED it as evidence that a large majority (ranging between 68% and 77%) of respondents agreed that the current provision of services in Strathaven was adequate for them and their family and for the community.

THE COMMITTEE

AGREED that this demonstrated an improvement in provision of NHS services since the original survey in June 2012, and that this also supported the steps taken by Boots UK Ltd to address failings identified since the time the application was submitted e.g. increased number of wholesale contracts, introduction of Sunday opening, change of pharmacy manager and the availability of Collection and Delivery service. This was further evidenced by the quarterly complaints return submitted to Lanarkshire NHS Board from Boots UK Ltd displaying a nil return for both Strathaven branches.

THE COMMITTEE

also NOTED that 53% of respondents agreed that pharmacy provision in Strathaven could be improved both for them and their family. When questioned on this statistic Mr Tait accepted that there were always areas for improvement such as in speed and efficiency of their operating procedure and staff and monitoring of usage patterns to ensure maximum stock and balance levels. The Committee was of the opinion that service providers should continually strive to improve their standards and service delivery and that evidence of shortcomings in level of service delivery does not automatically equate to inadequacy of services as evidenced by the findings within page 4 of the TM^cK survey as discussed above.

Furthermore, the Committee NOTED the concerns raised by Dr C Godley & Partners on 18 July 2012 regarding the quality of the service provided by the existing pharmacies which had led to them withdrawing from the managed repeat service (MRS). It was noted that Dr Godley had written on 4 June 2013 to confirm that the practice remained in strong agreement with the views expressed in that letter. It was also aware that a number of MRS are in operation nationwide and that Community Pharmacy Scotland recognised that some had become a focus for criticism by some doctors and NHS Boards culminating in the issue of a letter to contractors discouraging operation of such schemes.

Accordingly, the Committee DETERMINED that MRS was subject to discontent amongst the profession nationally and, in the absence of any special factors being presented that were particular or unique to Strathaven that might have led to a different conclusion, accepted that the views or dissatisfaction expressed by Dr Godley and partners within Strathaven was not an isolated case.

THE COMMITTEE

was mindful that in assessing adequacy they should focus solely on delivery of NHS services such as timeous and accurate dispensing of prescriptions, associated infrastructure such as systems for minimising out of stocks, and locally negotiated services. Weighing up the differing views on the evidence provided and presented during the hearing the Committee, as an expert panel, CONCLUDED that existing services were adequate as they provide a breadth and range of NHS Contract services in line with contemporary standards, and were easily accessible and available to residents of the neighbourhood including vulnerable members of the community. Indeed the evidence presented by both parties as questioned during the hearing and documents available within the papers circulated completely SATISFIED the Committee that the population of the neighbourhood of Strathaven, and those who chose to travel into the town, were adequately provided with pharmaceutical services.

Following the withdrawal of Mr B Lang and Mrs Y Williams 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 Williams and Mr Lang were then requested to return to the meeting, and advised of the decision of the Committee.