

MINUTE: PPC/2014/02

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Tuesday
22 April 2014 at 10:20 am in NHS Lanarkshire Headquarters Building, Kirklands
Hospital, Fallside Road, Bothwell, G71 8BB**

The composition of the PPC at this hearing was:

Chair: Mr Michael Fuller

Present: Lay Members Appointed by NHS Lanarkshire Board

Mr Charles Sargent

Mr John Woods

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

Mr Billy Lang

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

Mrs Yvonne Williams

Secretariat: Mrs Fiona Kennedy, NHS National Services Scotland

**1. APPLICATION BY KASIM GULZAR LTD, t/a HONEY PHARMACY, UNIT 1, 177
LOW WATERS ROAD, HAMILTON, ML3 7QQ**

There was submitted an application and supporting documents from Kasim Gulzar Ltd, t/a Honey Pharmacy received 27 November 2013, for inclusion in the Pharmaceutical List of Lanarkshire NHS Board in respect of a new pharmacy at Unit 1, 177 Low Waters Road, Hamilton ML3 7QQ.

Submission of Interested Parties

The following documents were received:

- i) Email received on 20 December 2013 from Web Pharmacy Ltd, t/a Right Medicine Pharmacy Ltd
- ii) Letter received on via email on 3 January 2014 from Lloyds Pharmacy Ltd

Correspondence from the wider consultation process undertaken by NHS Lanarkshire

- i) Email received on 28 January 2014 from Ms Tracy Slater, Administration Officer, South Lanarkshire Council.
- ii) Letter received on 7 February 2014 from Mrs Julie Arthur, PFPI Project Assistant, NHS Lanarkshire intimating the views of the Hamilton Public Partnership Forum.
- iii) Letter received via email on 7 February 2014 from Mr Niall Brittain, Neighbourhood Management Co-ordinator, South Lanarkshire Council.

2 Procedure

- 2.1 At 09:45 am on Tuesday, 22 April 2014, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Kasim Gulzar Ltd, t/a Honey 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”.
- 2.2 The Chair welcomed all to the meeting and introductions were made. When asked by the Chair, members confirmed that the hearing papers had been received and considered and that none had any personal interest in the application.
- 2.3 It was noted that Members of the Committee had previously undertaken site visits to the town of Hamilton independently during various times of the day and week to gather a sense of the natural working patterns of residents and visitors to the various premises. All confirmed that in doing so 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, schools and churches.
- 2.4 The Chair then reported that Mrs Gillian Forsyth – Administration Manager, Primary Care would enter and withdraw from the hearing alongside the Applicant and Interested Parties. The Chair emphasised that Mrs Forsyth 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 advised that Mrs Kennedy was independent from the Health Board and would be solely responsible for taking the minute of the meeting.
- 2.5 The Chair asked Members to confirm an understanding of these procedures. Having ascertained that all Members understood the procedures the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Chair then instructed Mrs Kennedy to invite the Applicant, Interested Parties and Officers of the Board to enter the hearing.

The open session convened at 10:20 am.

3 Attendance of Parties

The Chair welcomed all and introductions were made. The Applicant, Kasim Gulzar Ltd, t/a Honey Pharmacy was represented by Mr Kasim Gulzar. From the Interested Parties eligible to attend the hearing the following accepted the invitation: Mr David Henry accompanied by Ms Natalie Taylor – Lloyds Pharmacy Ltd and Mr Noel Wicks accompanied by Mr David Lamb – WEB Pharmacy Ltd (t/a Right Medicine Pharmacy Ltd).

3.1 Mrs Gillian Forsyth, Administration Manager – Primary Care also entered the meeting at this time.

3.2 The Chair advised all present that the meeting was convened to determine the application submitted by Kasim Gulzar Ltd, t/a Honey Pharmacy in respect of premises at Unit 1, 177 Low Waters Road, Hamilton, ML3 7QQ. The Chair confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, without prejudice, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations as amended:

“5(10) an application made in any case other than one to which Paragraph (3) or (4) applies shall be granted by the Board, after the procedures set out in Schedule 3 have been followed, only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable 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.”

3.3 The Chair advised all parties that the hearing would be conducted according to the procedure detailed within the Guidance Notes contained within the papers circulated. The Chair reported that Mrs Gillian Forsyth – Administration Manager, Primary Care had entered and would withdraw from the hearing alongside the Applicant and Interested Parties. The Chair emphasised that Mrs Forsyth 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 advised that Mrs Kennedy, SHSC, NHS National Services Scotland would be present throughout the duration of the hearing for the purposes of providing secretariat support to the Committee. The Chair confirmed that Mrs Kennedy was independent of Lanarkshire NHS Board and would not take part in discussions around the decision making process.

3.4 The Chair asked all parties for confirmation that these procedures had been understood. Having ascertained that all parties understood the procedures the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated.

- 3.5** The Chair explained 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 had any interest in the application.
- 3.6** The Chair asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement. The Chair concluded the procedural part of the hearing by reminding each party that there could only be one spokesperson. All confirmed understanding of this requirement.

4 Submissions

- 4.1** The Chair invited Mr Gulzar to speak first in support of the application.
- 4.1.1** Mr Gulzar thanked the panel for giving him the opportunity to present his application and stated that he would primarily be referring to the statement he had previously submitted with his application.
- 4.1.2** Mr Gulzar began by explaining why he had chosen to submit an application to open a pharmacy in Hamilton. He stated that he had numerous family members and friends who lived in the area, he was from Glasgow and did not know the area well. One of his family friends who currently used Boots Pharmacy had approached him on several occasions with queries and complaints about the service they currently got from Boots such as long waiting times and why they often needed to return to get the balance of their prescription. Mr Gulzar had advised them to try another pharmacy within the locality but the friend had replied that other pharmacies were quite distant to the one they currently used and did not want to go to other pharmacies.
- 4.1.3** Mr Gulzar decided to drive around the area to establish the location and current service provision in the area to investigate if there was an inadequacy of pharmaceutical services in the area. He advised that he also had a business partner who was involved in the property business and he had suggested on numerous occasions to open pharmacies in other locations. Mr Gulzar stated that he was not in the pharmacy business to open loads of pharmacies but his aim was to only open where he thought there was a genuine need for the community and that it would be viable and most importantly not to put another pharmacist out of business. His business partner found the property in Low Waters Road next to the Health Centre.
- 4.1.4** Mr Gulzar referred to the description of the boundary as described in his application which was previously defined by a PPC in 2010 as follows:
- 4.1.5** The area starting at Chantinghall Bridge heading along Bent Road into Quarry Street down to the railway line, then travelling East along the railway line to meet Meikle Burn continuing downwards to take in Eddlewood, traversing Strathaven Road taking in Meikle Earnock and Woodhead Green as far as Harlequin Court and Pembury Crescent to join the burn that flows through Neilsland Park and following it all the way back to Chantinghall Bridge.
- 4.1.6** Mr Gulzar then referred the panel to the detailed statement he had submitted in Part 4(b) section (iv) of his application which provided an assessment of the current service provision in the proposed neighbourhood.

4.1.7 He stated that the current provision of pharmaceutical services was inadequate and an additional pharmacy was necessary and desirable to secure adequacy. He stated that the current pharmaceutical provision did not provide patients with the services they were entitled to. He then began to address each of his points but did advise the Committee he would not read verbatim as he acknowledged they all had a copy of the paperwork:

4.1.7.1 The turnaround time to wait for a prescription to be dispensed was lengthy and in some cases in excess of 30 – 45 minutes at all of the three pharmacies within the neighbourhood. He reported that he had observed this particularly at Boots where people queued out of the door of the pharmacy. He stated that one of the reasons for such lengthy waiting times was the fact that the neighbourhood had a population of nearly 18,000 (17,872) people, a statistic he obtained from the Scottish Neighbourhood Statistics (SNS). He further stated that this statistic demonstrated that the neighbourhood had inadequate pharmacy provision as the national average population that a pharmacy should serve was approximately 4,500. This meant that the current three pharmacies in the neighbourhood should be adequately serving 13,500 people which potentially left a gap of 4,372 people and as such an additional pharmacy was necessary to fill this gap. He stated that in addition there was new housing planned for the neighbourhood therefore another pharmacy was necessary for current and future service provision.

4.7.1.2 “Running out” of regularly dispensed medicine was an extremely common complaint usually because Boots or Lloyds were extremely busy and over their capacity. The patient then has to return to the pharmacy at a later date/time to receive their medicine and if the medicine is needed urgently then the patient has to use another pharmacy within the neighbourhood and not forgetting that the patient has already waited 30 minutes or so already causing an inconvenience to the patient. This highlights the inadequacy and harms the reputation of the pharmacy and the NHS and if multiples are having difficulty with the required item then the patient has to travel outside the neighbourhood to try and get the item.

4.7.1.3 Where Boots and Lloyds Pharmacy, specifically Boots, as the complaint was made against Boots in this case, has its sole supplier as Unichem the other Boots Pharmacies in the neighbourhood using the same supplier will also have none of the required medicine in stock. This is the disadvantage of having a monopoly of multiples in the neighbourhood as the patient has to go to Lloyds Pharmacy and both Boots and Lloyds pharmacy are limited to Alliance/Unichem and AAH. The other option for the patient is to find a pharmacy who uses different wholesalers from Boots and Lloyds. Independent pharmacies have access to a wide range of suppliers such as Ethigen, Colorama, OTC Direct, Phoenix, AAH, Unichem/Alliance etc. The addition of having Honey Pharmacy in the neighbourhood would increase the supply of medicines and increase the ability to source and obtain medicines for patients and would complement the current pharmacies especially in times where there were issues with obtaining specific medicines.

- 4.7.1.4 Mr Gulzar stated that pharmacies are not just about handling prescriptions, as a pharmacist himself he found it extremely difficult to get out and speak to patients and the likelihood of a pharmacist being available to speak to a patient was a strain on the pharmacists' time, including the running of a dispensary and checking prescriptions. The pharmacists' availability was constrained by the busy nature of the pharmacy.
- 4.7.1.5. With regards to the dispensing of weekly compliance aid such as dossette boxes, bubble packs, Mr Gulzar stated that all three pharmacies within the neighbourhood refused to dispense dossette boxes as they did not have the capacity. He had called each of the three pharmacies in question on 5 September 2013 around 5.30pm and all three had confirmed they had no spaces for new dossette boxes which implied that maybe they were too busy and over capacity.
- 4.7.1.6 `He stated that the three pharmacies may be using a "hub", to carry out the dispensing for dossette boxes and admitted that he did not know much about the actual "hub" process. He stated that this may take the workload away from the pharmacist but he thought that this was a disadvantage to the patient as it made the process impersonal. His patients could call him and ask questions relating to their medication which provided a feeling of comfort and safety. A "hub" could be based anywhere and would remove the community feel from the pharmacy as there would be no face-to-face contact and therefore no relationship. If there were issues or dose changes there was no relationship between the doctor and the "hub" and the patient could not contact the "hub" if they had a query. Better pharmaceutical care and advice comes from a pharmacy based within the community. Somewhere a patient can visit, take a seat and talk to healthcare assistants and pharmacists and develop a relationship. The addition of Honey Pharmacy to the neighbourhood would ensure that no compliance aid was refused and there would be unlimited spaces and extra staff would be employed accordingly to cope with this as they were in the business for the patients and not just interested in the money.
- 4.7.1.8 There are four health centres and three pharmacies within the neighbourhood. Mr Gulzar did not propose that each health centre should have a pharmacy but he would be interested to know the amount of prescriptions dispensed by those three pharmacies as any pharmacy dispensing over an average of 6,000 items was deemed as a busy pharmacy. Opening another pharmacy would result in a reduction in prescription dispensing which would enable a better service provision from each of the four pharmacies giving time to speak with patients and reduce waiting times. It would provide time for the new services that the new pharmacy contract is asking for and ease the current workload on the current three pharmacies. All four pharmacies would be more than viable.
- 4.7.1.9 The pharmacies located at Portland Place, although within the neighbourhood are a "bit of a walk" away from the areas of Cadzow and Low Waters. A community pharmacy is usually seen on the main road next to amenities. Health centre pharmacies generally get less walk in business for general advice and general medicines. Mr Gulzar referred to them as being prescription factories. Boots being attached to the health centre gives patients the impression that the pharmacy is limited to those that use Low Waters Medical Centre only and Mr Gulzar stated that his family

members feel that way. The addition of Honey Pharmacy on the main street would give patients a community pharmacy for everyone close to the local amenities rather than just being considered as a health centre pharmacy.

- 4.7.1.10 For those patients who live on Low Waters Road, although near Boots pharmacy in Mill Road it is not suitable for people who may be disabled, or pushing prams and the elderly. Mr Gulzar stated that he took a walk round the whole area and while he is young and fit and goes to the gym three times a week it was quite a difficult climb for him from Low Waters Road up to Mill Road. He asked what this would mean for a patient who was elderly or had a chest infection to make that journey. He also stated that there was a notice in Google Maps, for anyone walking to Mill Road from Low Waters Road would have to “use caution – this route may be missing”. There are high kerbs which make it difficult for the elderly and the disabled and parents pushing prams. These all provide evidence that the pharmacy in Mill Road is difficult to access and therefore it was necessary and desirable for a pharmacy to be granted on Low Waters Road.
- 4.7.1.11 Mr Gulzar went on to state that when you stood at the top of Low Waters Road Boots Pharmacy in Mill Road was barely visible. There was a sign with Boots Pharmacy and the Medical Centre advertised however it was easily missed. It was primarily suitable Low Waters Medical Centre. Therefore potentially providing an inadequate Pharmaceutical service to any other patients from other areas or medical centres due to its hidden position and location away from useful amenities. Patients from the health centre would use this pharmacy in the first instance because the health centre is next to it rather than making it a first point of call for other services.
- 4.7.1.12 After visiting the area Mr Gulzar agreed that the defined neighbourhood could be split into two parts; an “upper” and “lower” part as referred to in a letter from a councillor. The lower part has two pharmacies serving the population. The upper part only has Boots Pharmacy in Mill Road. Patients are forced to use Boots Pharmacy due to the distance and difficulty faced having to re-climb back up the hill. It is here that patients are having to suffer lengthy waiting times and constantly having to return to obtain commonly used medications which have run out due to overuse and the busy nature of the pharmacy.
- 4.7.1.13 Mr Gulzar then referred to the health statistics he had obtained from the SNS website at www.sns.gov.uk using a general postcode of ML3 7QQ where it showed that the percentage of pregnant women smoking at booking was sitting at 22.7%. This was a figure that the addition of another Pharmacy to fill the void in adequacy would help bring down. Another Pharmacy would allow patients to be closer to other amenities and access more services such as the stop smoking service. Using the datazone S01005874, also within the neighbourhood the population figure for people who smoked was 47.9% in 2011. The addition of another Pharmacy would definitely help lower these figures. He also advised that Honey Pharmacy was currently helping over 60 people a month to quit smoking in their Pharmacy in Thornliebank.

4.7.1.13 There was also regeneration of the Cadzow area which would increase the amenities on Low Waters Road near to the proposed pharmacy. Roughly 18 new units that will be used as retail premises with flats above them. The population of the neighbourhood will increase due to this further housing which will contribute to the business of the current pharmacies.

4.7.1.14 Mr Gulzar then referred to the pictures he had taken around the neighbourhood which showed the difficult nature of the paths and the inclines of the hills discussed.

4.7.1.15 Mr Gulzar then referred to the consultation exercise he had carried out and he reported that he had been quite overwhelmed by the level of support which had all started by one person asking him about opening a pharmacy in the area because they were unhappy with the current service. He believed that the support he had received demonstrated that the public agreed that the proposed neighbourhood was suffering an inadequacy in pharmacy provision and that this had been highlighted in the letters, emails and signed petition. He also advised that in his current shop in Thornliebank they were located not far from a Boots Pharmacy and in addition he had worked in that pharmacy and noted that waiting times could be in excess of 40 minutes. He also recalled a time when a patient came into Boots asking to speak with him, as the pharmacist, about a sprained wrist and the dispenser had told him he could not go out to speak to the person as he had to check prescriptions and do other things, he therefore understood how Boots worked and the pressures on pharmacists' time.

4.1.8 Mr Gulzar concluded his presentation by stating that he had his own Pharmacy for over two years in Thornliebank. The situations described by people regarding Boots in Mill Road reminded him of the situations he had faced while working in a Boots Pharmacy. Where he was based he and Boots were currently serving a population of about 12,000 people and Boots were still getting the same complaints about their service. He finished by stating that he meant no disrespect to Boots especially as they were not able to be present at the meeting but he was voicing his own experience with respect to having worked for Boots.

He thanked the panel for allowing him to present his case.

4.2 Questions from Interested Parties to the Applicant

The Chair invited the Interested Parties in turn to question the Applicant.

4.2.1 Mr Henry of Lloyds Pharmacy began by seeking clarification as to where the actual proposed premises were located. Mr Gulzar explained that the unit used to be a pub and was then split into three units including a butchers and hairdressers. The owner of the unit was waiting on Mr Gulzar's application being considered and then would open up the door way to the unit. It was located two units from the health centre; the door way was currently bricked up.

4.2.2 Mr Henry noted that earlier Mr Gulzar had criticised the use of the "hub" for dispensing dossette boxes but he had also stated that he did not know how

this process worked therefore he asked how Mr Gulzar could criticise it. Mr Gulzar stated that any process carried out off site that concerned a patient was not a community pharmacy. The people involved in dispensing at the “hub” would not know the patient history for any queries that may be raised. Any queries that were raised would involve multiple phone calls between the “hub” the pharmacist and the GP whereas at his own pharmacy every dosage box, approximately 50, was made on the premises and he dealt with them all and knew every patient history.

- 4.2.3 Mr Henry noted that Mr Gulzar had stated he was a young fit man but yet he had found the walk from Low Waters Road to Mill Road difficult and asked how long it took Mr Gulzar to walk this distance. Mr Gulzar stated that overall it had taken him an hour for the round trip as he had been looking around the area and doing other things. Mr Henry informed the panel that perhaps he was not as young and fit as Mr Gulzar but it had taken him 15 minutes to complete the same round trip.
- 4.2.4 Following on from the previous question Mr Henry asked for an assessment of the difficulty of the walk from Low Waters Road to Mill Road. Mr Gulzar informed him that there were a lot of building works going on and he was forced to walk on the main road on a number of occasions which was extremely busy with cars flying up and down the road. He reiterated his previous point that it would be difficult for people with prams and the elderly or someone who was ill particularly with the busy road to cross. He mentioned that he gets called by an elderly lady when her delivery is one minute late to find out where it is. He stressed the walk was faced with difficulties and it was important to consider the range of people that could or may need to make that journey.
- 4.2.5 In response to questioning from Mr Henry, Mr Gulzar confirmed that there were two pedestrian crossings located on the busy road mentioned but he again stressed that it was difficult for elderly patients and those pushing prams.
- 4.2.6 With regards to a previous point made about people perhaps not knowing where Boots was located, following questioning Mr Gulzar stated that if he picked up a prescription at Cadzow Medical Centre he would ask the Medical Centre where the nearest pharmacy was and they would probably confirm it was Boots Pharmacy in Mill Road.
- 4.2.7 Mr Henry asked how the smoking figures quoted proved that there was an inadequacy of service in the neighbourhood. Mr Gulzar replied that pharmacies were the number one port of call for smoking cessation and this was a measure of how well a pharmacy was doing and it was important for Health Boards to make sure that pharmacies were providing this service in the community. He stated that before he opened his pharmacy in Thornliebank the number of people who smoked was extremely high now they had 60 patients a month signed up for the service which proved that Boots had not been providing an adequate service. Most of the neighbourhood did not know that they provided that service as Boots did not have time to promote it. The more time the pharmacy has to promote other services such as smoking cessation and CMS, etc, the better the service provision.

- 4.2.8 Mr Henry then asked why use the statistic for pregnant women smoking. Mr Gulzar replied that he used that one as it was the highest to give an idea of the level of inadequacy; he acknowledged he could look at people who were smoking in general as well.
- 4.2.9 Mr Henry stated rather than that statistic proving an inadequacy of service did it not just show the level of people that just wanted to keep smoking. Mr Gulzar stated if that was the case then pharmacies should be given the opportunity to help them stop smoking.
- 4.2.10 Mr Henry confirmed he had no further questions.

Questions were then invited from Mr Wicks, WEB Pharmacy Ltd.

- 4.2.11 Mr Wicks began by asking if Mr Gulzar was aware of any formal complaints about pharmacy provision being made to the Health Board. Mr Gulzar replied yes he was but did not know how many, he stated that potentially anyone who had signed the petition supporting the new pharmacy could have complained. Following a request for further clarification on complaints Mr Gulzar stated he did not know of any complaints made to the Health Board.
- 4.2.12 Mr Wicks referred to Mr Gulzar's opening statement where he stated that a pharmacy should provide services for 4,500 patients and asked where he got that figure. Mr Gulzar replied that he had read it somewhere and it had been mentioned in previous applications that 4,500 patients per pharmacy should be considered as the average and he agreed with that figure.
- 4.2.13 Following further questioning with regards to the average number of patients a pharmacy may serve Mr Gulzar agreed that pharmacies across the UK could service more or less than the average figure he quoted.
- 4.2.14 Mr Wicks noted that the whole of Hamilton had a population of roughly 48,000 people and it was served by 12 pharmacies therefore the figure of 4,500 per pharmacy was currently adequately covered in Hamilton and asked why Mr Gulzar thought there was an inadequacy. Mr Gulzar replied that he preferred to refer to his definition of the neighbourhood which showed that three pharmacies were not providing an adequate service for the population within that area as defined. Following further questioning Mr Gulzar agreed with the figures Mr Wicks had stated but that the other pharmacies he had mentioned were not providing services to the neighbourhood as he defined it.
- 4.1.15 Mr Wicks noted that contained within the application an email had been received dated 15 August and six letters offering support for the proposed pharmacy in response to the advert placed in the local newspaper. Mr Wicks highlighted that the formatting of the letters, including the majority of the wording in those letters were very similar and asked Mr Gulzar if he had sent out a standard template letter to people. Mr Gulzar stated that he did not and he had thought that perhaps it was a group of people that had got together and agreed to submit letters.
- 4.2.16 Mr Wicks again referred to the email dated 15 August whereby the respondent had suggested that 15 minutes was a long time to wait for a prescription and

asked if Mr Gulzar thought that an unreasonable amount of time. Mr Gulzar replied that he would not consider 15 minutes unreasonable. After further questioning on what would be considered a reasonable time Mr Gulzar stated that waiting times all depended on the amount of items and type of items on the prescription; it was an individual's perception. He did not consider 15 minutes an unreasonable length of time to wait.

4.2.17 In response to further questioning regarding what could be considered as a reasonable and adequate service for patients Mr Gulzar reiterated that his idea of an adequate service was that three pharmacies all located within a matter of blocks from each other should not fail to deliver. He had spoken to people and they had made it clear they were unhappy with the service. Equally he accepted that they might just be having a bad day but when there were numerous people with the same complaints then this was not an adequate service. He has been approached by a number of people since putting in the application and he felt he had to put in application as they have been wronged by the service currently provided. He stated that he did take a while to decide whether to submit an application as he saw there were three pharmacies but when he looked at the population figures and the number of health centres it was clearly potentially viable. He reiterated that people had approached him because of poor service and lengthy waiting times.

4.2.18 Mr Wicks asked how many people had written in to complain about the service and ask for a new pharmacy. Mr Gulzar stated that there had been more letters received since he had submitted his application. Mr Wicks stated that considering the population of the proposed neighbourhood and the letters received it was less than 0.5% of the population therefore there did not appear to be a vast outpouring of difficulties being faced by the community but possibly it was more related to convenience for people. Mr Gulzar stated that one person complaining was enough and he reiterated that people had reached out to him someone from Glasgow, not Hamilton.

4.2.19 Mr Wicks confirmed he had no further questions.

4.3 Questions from the Committee to the Applicant

4.3.1 Mrs Williams referred to Mr Gulzar's statement that he had witnessed waiting times in excess of 30 to 40 minutes when he had visited the area and asked how he knew that was the length of time. He replied that he was being told that by patients. He had visited the Low Waters Medical Practice Manager and was wearing his badge and he had been approached by a patient when leaving asking him if he was gathering names about opening a pharmacy at Fairhill. He explained that he was applying to open a pharmacy in Low Waters and she had stated that she had been waiting 25 minutes. He said this was some random patient telling him this. In addition someone else stopped him outside and asked the same thing and also mentioned the long waits they had experienced. He had gone into Boots in Mill Road and saw how busy it was therefore he had conveyed all of this evidence in his application.

4.3.2 Mrs Williams again referred to a previous comment made by Mr Gulzar regarding his own experience of GSL sales and pharmacists advice at Health

Centres and asked if he had worked in a health centre. Mr Gulzar replied that he had worked in health centres many times.

- 4.3.3 From questioning regarding Mr Gulzar's comments that Boots pharmacy provided an inadequate service as it was located at a health centre and people who did not attend that health centre would not know where it was located Mr Gulzar stated that he would ask someone if he was new to the area. As a pharmacist if he did not know the patient he would ask them if they were allergic to any medicines etc. He accepted that people had access to smart phones and could search for pharmacies that way but that the elderly and ladies with small children may not have this option and how would they know. He further stated that when there is a community pharmacy it is located in the main street and easily accessible and easily visible which provides a more adequate service.
- 4.3.4 Mrs Williams stated that he did not understand Mr Gulzar's argument that because Boots was located in a health centre and was not easily visible that equated to it not providing an adequate service. Mr Gulzar reiterated that Boots was inadequately sign posted.
- 4.3.5 Mrs Williams reported that even when she had visited Boots on a Saturday, when the health centre was closed Boots was very busy. She also noted that a number of patients accessed the service by car as Hamilton was a fairly suburban area this would be expected which meant it was possible to access any pharmacy in the area. Mr Gulzar asked how many people owned cars to take their kids to school and what about the elderly. Mrs Williams stated that according to the census information approximately 42.3% owned at least one car. Mr Gulzar replied that it was just another statistic.
- 4.3.6 Mrs Williams asked if there was parking available at the proposed premises. Mr Gulzar replied that there was parking on the main road and in the little street behind Cadzow Medical Centre. He further stated that he felt that if a pharmacy was located within the community people could easily access it. He confirmed there was no dedicated disabled car parking available at present but the Health Centre did have dedicated spaces.
- 4.3.7 In response to questioning about the population figure of 17,872 that Mr Gulzar had presented Mr Gulzar confirmed that it was taken from datazones and he was aware that this could result in an overlap of information but he replied that there was no overlap in this case and in the off chance that there was he had omitted those figures.
- 4.3.8 Referring to Mr Gulzar's statement about the dossette service and "hub" model used by Boots and Lloyds Mrs Williams asked if Mr Gulzar intended to offer a delivery and collection service of MDS. He confirmed that he did and that he had no issues with a delivery service but he did not think that things being made offsite were suitable for a community pharmacy. He maintained that if a pharmacist did the work himself then they would know their patients history.
- 4.3.9 Mrs Williams referred to the survey/petition and the letters submitted and noted the comment made earlier by Mr Gulzar being approach by someone asking if he was the person gathering names to support the opening of a pharmacy and

asked if Mr Gulzar had actively gathered names. Mr Gulzar replied he had not. The petition had been left at various locations in the neighbourhood, at shops and restaurants he did not do any canvassing, anyone who had a bad experience may have helped gather names.

- 4.3.10 Mrs Williams noted that there were similarities with the letters and asked if Mr Gulzar knew anyone who had submitted these letters. Mr Gulzar stated he could not remember and the personal details were blacked out so he couldn't be sure. He was not aware that these came from anyone that he knew.
- 4.3.11 From questioning on the layout and size of the proposed premises Mr Gulzar confirmed that it was very similar in size and layout with his current pharmacy in Thornliebank. He also stated that pharmacy provision was changing and he thought he had actually allocated a bit too much space. People no longer came into buy hairsprays etc. therefore he might increase the back area as he would want more of a back consultation room. He might also increase the waiting area but would know more through experience.
- 4.3.12 Mr Lang asked if Mr Gulzar thought that the Right (WEB) Pharmacy provided an adequate pharmacy service. Mr Gulzar stated that they were outwith the neighbourhood therefore he had not considered them but accepted people could access it but it would be difficult. Mr Lang stated that people did use it and once a neighbourhood was defined pharmaceutical provision was not limited to only those within the neighbourhood.
- 4.3.13 Mr Lang observed from his visit to the proposed premises that parking outside the premises was very near a pedestrian crossing and asked if there was much parking available. Mr Gulzar confirmed that there were three/four spaces along from the pedestrian crossing within 200-300 feet of the shop. It was limited on the main road therefore it was better to park at the health centre. If accessing the premises it was best to park off the main road.
- 4.3.15 Mr Lang referred to Mr Gulzar's previous statements about his relatives problems with Boots pharmacy and he had suggested to use Lloyds or Boots down the hill and suggested that perhaps they did not want to do that was because they thought they were in a different neighbourhood. Mr Gulzar agreed that might have been the case but he did not know as he was not from Hamilton and did not know the area. They maybe did see that as a potentially different neighbourhood as there was reference to an upper and lower part as he had mentioned earlier.
- 4.3.16 Mr Lang asked how Mr Gulzar obtained the signatures. Mr Gulzar replied that he had help from friends and family.
- 4.3.17 In response to questioning about the statistics on smoking within the neighbourhood of 47.9% Mr Gulzar could not detail the datazones and could not confirm if the statistic referred specifically to his defined neighbourhood.
- 4.3.18 Mr Lang asked how many scripts would be required to make Mr Gulzar's pharmacy viable. Mr Gulzar replied that from his experience in Glasgow they were pleased with 1400. He stated that 2000 scripts would make it more than viable. From further questioning he confirmed that he would not want it to be

classified as an essential pharmacy so that would not be relevant. He also confirmed that he would not open a pharmacy unless it was viable as he would have to employ a dispenser, a delivery driver and he would be the pharmacist. He stressed it was a viable proposal and it was not just about prescriptions it was about the provision of other services.

4.3.19 When asked for further figures to make the proposed business viable Mr Gulzar stated that by having the health centre located next to it was natural business. He assumed the health centre must issue about 5000 prescriptions per month. He confirmed that he had not actually written a business plan but he had not written a business plan for Thornliebank either.

4.3.20 Mr Woods noted that in Mr Gulzar's written statement he had stated that the population of the neighbourhood "around 17,872" was "pivotal in realising that the neighbourhood is currently subject to an inadequate pharmacy provision" and that 4,500 was the average that a pharmacy should be providing for. Yet he had stated that in his present pharmacy he was providing for 6000 patients therefore did that make his Thornliebank pharmacy inadequate as it was overrun according to his reasoning. Mr Gulzar replied that in Thornliebank the population was approximately 12,000 and agreed there was a potential that they were overrun if people were complaining but they had no complaints at present.

4.3.21 Mr Woods noted that Mr Gulzar stated he currently provided a service for 50 dossette boxes and that he did not have to refer to records but had questioned the use of the "hub" model by Boots and Lloyds and asked for further clarification on this point. Mr Gulzar stated that in terms of safety he would never issue a box without checking but yes he did know all of his patients and that was part of being there six days a week it was a community pharmacy and he would be safe regarding the issue of medicine. Also he stated that he had some patients that get a delivery but still come in and want to speak with the pharmacist. Mr Woods explained that was trying to compare the "hub" model with the delivery service that the pharmacy would be providing. Mr Gulzar stated that with his method a relationship would be built up with the patient the same relationship as with a patient and a doctor but the "hub" did not allow for this and involved more processes as the pharmacist did not personally make up the dossette box.

4.3.22 Mr Woods noted that Mr Gulzar referred to Boots as a prescription factory and asked how he would describe Honey Pharmacy. Mr Gulzar confirmed that those pharmacies located at Health Centres handled mainly prescriptions with Low Waters significantly more than Cadzow. Honey Pharmacy would not handle as many prescriptions and the addition of his pharmacy would lessen the workload on the other pharmacies.

4.3.23 On questioning whether lengthy waiting times would affect Honey Pharmacy should he take prescriptions away from the current pharmacies Mr Gulzar agreed that it would as the current pharmacies were currently overrun and he would lessen their workloads. It was all about the patients' needs at the end of the day and if Honey Pharmacy was busy then that would be a reflection on the Committee's correct decision to grant the application.

- 4.3.24 Mr Woods referred to Mr Gulzar's argument that the uphill problem along Strathaven Road heading towards Mill Road would also be a problem for his customers should the pharmacy be granted. Mr Gulzar agreed that generally there was a difficulty all over. Mr Woods asked for clarification on what Mr Gulzar's argument was with respect to this. Mr Gulzar stated that he just wanted to help everyone. Boots was overrun and this meant patients would have to travel downhill then back up if they wanted to access Lloyds but Honey Pharmacy would also be therefore reducing patients need to travel that distance.
- 4.3.25 Mr Woods referred to Mr Gulzar's argument that Boots was not visible because it was part of the health centre and asked how people would see Honey Pharmacy. Mr Gulzar stated that because Honey Pharmacy would be located on the main road people would pass it more frequently. Mill Road had no amenities but his premises did have local amenities around it and he could potentially have a more visible sign.
- 4.3.26 Mr Woods asked for further detail on the regeneration of the area particularly the increase in population. Mr Gulzar informed him that there would 34 flats built above the commercial units in that area but there was regeneration in all parts of Hamilton. Mr Woods asked if that would equate roughly to another 100 residents residing in those flats. Mr Gulzar agreed with that estimate. On further questioning he confirmed that he did not have any detailed information regarding further regeneration but had only heard conversations.
- 4.3.27 Mr Woods then referred to the petition carried out by Mr Gulzar and asked who came up with the wording. Mr Gulzar replied that he came up with the wording. Mr Woods asked him if he thought the wording was neutral as it could be seen as leading people. Mr Gulzar replied that he did not think this was actually required as part of his application. Mr Woods stated that he had submitted it in evidence therefore it was a valid question. Mr Gulzar stated he had no motive behind the petition.
- 4.3.28 Mr Sargent referred to Mr Gulzar's written statement that Low Waters Medical Centre's pharmacy only had a limited stock and asked if that would also apply to his proposed premises. Mr Gulzar replied that even at his Thornliebank store he could store more patient specific medicines and source those medicines not so common for people whereas Boots and Lloyds have a planogram which details what medicines they have to have. He tailors his supply towards the patients as opposed to someone from Head Office telling him what he should have in stock or on display.
- 4.3.29 Mr Sargent referred to the previous discussion on the use of the "hub" for dosette boxes and Mr Gulzar's agreement that this model did reduce the workload for pharmacists and asked if Mr Gulzar did not use this model and did not refuse business how would he cope with the demand. Mr Gulzar replied that when pharmacies get busier they tend to turn away this business. He informed the Committee that he had an Uncle who works in this business as an independent and he never turns away people. Mr Gulzar stated that unlike multiples who could not employ additional staff to managed demand, he would take on as many staff as possible in order to cope with the demand and he would never turn people away.

- 4.3.30 Mr Sargent asked for clarification where the petition was placed. Mr Gulzar replied that it was left in various locations around the neighbourhood, Cadzow Bowling Green, the shops next to the proposed premises (hairdressers, butchers), local take away places.
- 4.3.31 Mr Sargent noted that following the consultation only 6 letters and two emails had been received and asked if Mr Gulzar was surprised by this low response rate. Mr Gulzar replied that he was not surprised as in Thornliebank only two letters had been received. Not everyone reads the Hamilton Advertiser.
- 4.3.32 The Chair noted that Mr Gulzar had stated that 2000 prescriptions would make his pharmacy viable and asked how opening his pharmacy would impact on the viability of the other pharmacies in the neighbourhood. Mr Gulzar replied that all the pharmacies would remain viable. He stated that everyone kept referring to prescription business but there are other services that the pharmacy would provide.
- 4.3.33 The Chair asked if Mr Gulzar had any firm evidence to support his assertion that granting the application would not impact on any of the other pharmacies in the area. Mr Gulzar replied that in Thornliebank his pharmacy was only one mile from Boots and Boots has since hired more people and both pharmacies were working alright together. This is a similar situation to that as in Thornliebank there was a poor service from Boots and they complemented their service. The number of patients in the Cadzow Health Centre is approximately 4000 therefore he did not think other pharmacies would be affected.
- 4.3.34 The Chair referred to the argument from Mr Gulzar of the difficulties of access to various pharmacies because of the building works and asked if these building works were temporary. Mr Gulzar confirmed that they were.
- 4.3.35 The Chair then referred to Mr Gulzar's definition of the neighbourhood and noted that he had provided a map detailing a rather large neighbourhood and referred to upper and lower parts of the area. Mr Gulzar explained that he had used the same definition that was accepted by the PPC for the Low Waters Road application from 2010. He did consider changing it but felt that the wider neighbourhood including all the health centres and pharmacies would be better.
- 4.3.36 The Chair stated, for clarification, that there was no rule of precedent for PPCs and that the Committee would determine what constituted the neighbourhood solely on the evidence presented in writing and at the hearing of this application. He then asked why Mr Gulzar had not gone further down Bent Road/Quarry Street for the northern part of his neighbourhood. Mr Gulzar replied that those roads went into the town centre and he did not think that was part of the neighbourhood but a separate area.
- 4.3.36 The Chair asked should the application be granted when the pharmacy would be up and running. Mr Gulzar replied that it would be within the next three months. He clarified he would have three members of staff; himself, delivery driver and another member of staff either a dispenser or counter staff initially.

He also had access to other pharmacists and had a regular locum that could cover. They used the same locum for continuity purposes and he assured the Committee that he would not neglect Thornliebank.

4.3.37 In response to further questioning on the lack of a business case by the Chair, Mr Gulzar reiterated that he had no business case and the premises would be 100% up and running in that time frame. He did not have to go to a bank for funding as one of his friends and business partner had a lot of money and he had funded the whole of the Thornliebank Pharmacy £250,000 had been transferred into his bank account within 24 hours to enable him to get the premises up and running. Mr Gulzar was convinced the premises would be viable.

4.3.38 The Chair thanked Mr Gulzar and asked if anyone had any other issues that had arisen from the questioning. No other issues were raised.

5 The Interested Parties' Cases

5.1 Mr David Henry, Lloyds Pharmacy Ltd

Mr Henry read aloud the following pre-prepared statement making adjustments as necessary to account for the evidence presented by the Applicant:

"I would like to thank the Panel for allowing me to speak today.

As a preliminary point I would wish to advise that my understanding why Boots is not here is because of an administration error and missing the deadline for comments and not because of no interest in the application.

The PPC will be aware this is not the first time that an application has been considered for inclusion in the pharmaceutical list on Low Waters Road. Indeed an application was considered in 2010 at 175 Low Waters Road. This is adjacent to the premises specified in this application.

The applicant states that he agrees with the neighbourhood as defined by the PPC in 2010. The Committee will note that there are 3 pharmacies within this neighbourhood AND that the provision of pharmaceutical services was considered to be adequate.

It was considered in 2010 that Boots, Portland Place; Boots, 9 Mill Road and Lloyds pharmacy, 57 Portland Road were all within the neighbourhood with Right Medicine Pharmacy 7 Brandon Street, Lloyds pharmacy, 8 Quarry Street and Boots, 44 Regent Way on the periphery and providing services to the neighbourhood.

The PPC gave consideration to the accessibility of existing services in particular to those who are elderly or on low incomes or have children and pushchairs. In considering those perhaps on the periphery of the neighbourhood it was considered that it was just as easy to travel to existing pharmacies as it was the proposed site. This has not changed. It was also established there was a good bus network and service serving the neighbourhood. In addition there is a pharmacy at the terminus of

the bus station where there is also a pharmacy very close by.

The distance to the nearest pharmacy is only about 500 metres and therefore there would be little in the way of geographical advantage by granting this application as the distance is short.

The applicant refers to excessive waiting times for prescriptions to be dispensed but only in SOME CASES. It depends on what the patient needs to have dispensed in terms of the time taken to dispense it. Reference to 35-45 minutes seems to be plucked out of the air as within the representations submitted there is no reference to such time. Indeed the email dated 15th August alluded to by the applicant refers to a time period of up to 15 minutes. The other comments are unspecified.

The letters from residents all seem rather similar in fact it seems strange why they all have the same statement at the bottom and in a similar type font. One would normally expect them to be very different. I question was a template used?

The letter from a person on Warren Road refers to the pharmacies in Hamilton being busy – which ones? Hamilton is a wide area with a large number of pharmacies.

With regard to the petition there is no evidence whether those who have signed it have actually used the nearest pharmacies. All they have done is sign a petition. Some may see this as an opportunity to get more services into their area. We also do not know how the petition was conducted. We question whether the respondents understand how adequacy is considered in terms of the regulatory requirement for inclusion in the pharmaceutical list? The number of responses is also pretty small in comparison to the number of houses in the area. We also note there is only the option to sign the petition if they support another pharmacy. We do not know whether the petition has been signed on behalf of more than one family member. It is interesting to see that the same street appears more than once in the same handwriting e.g. Mill Road.

The applicant has not provided evidence of any complaints to the Health Board regarding the adequacy of existing Pharmaceutical Services in Hamilton. Evidence presented appears to be based on ignorance of pharmaceutical services rather than fact.

Pharmaceutical services were recently considered adequate a short distance up the road in Laignstonehall Road by Mint Pharmacy which would include some of the area proposed by the applicant.

There is no evidence of any specific gaps in services and no evidence that people have difficulty accessing existing pharmacies. Provision is adequate and therefore we ask that the application be refused. “

5.1.1 Questions from the Applicant to Mr Henry

Mr Gulzar had no questions.

5.1.2 Questions from Interested Parties to Mr Henry

- 5.1.2.1 Mr Wicks asked Mr Henry to explain the “hub” model. Mr Henry stated that the “hub” was essentially offsite dispensing. The regulations allow for offsite assembly of medicine. The prescription gets scanned in at the local pharmacy after being clinically checked by the pharmacist then assembled at the “hub” and then delivered back to the pharmacy for a final check. This method totally negates Mr Gulzar’s argument. The whole process starts and finishes in the pharmacy.
- 5.1.2.2 Mr Wicks stated that as far as the patient knows the medicine was assembled at the pharmacy. Mr Henry confirmed that was correct.
- 5.1.2.3 Mr Wicks asked why Lloyds used the “hub” model. Mr Henry replied that part of it was to reduce the workload and provide increased capacity for the pharmacist especially with the elevation of the pharmacy contract. The dispensing of the dossette boxes takes up a disproportionate amount of time which frees up the pharmacist to carry out consultations, CMS etc. The “hub” facilitates this.
- 5.1.2.4 Mr Wicks asked how staffing levels were managed. Mr Henry replied that they had a system to scale staffing in general but staff capability was more important. Over the past 10/12 years with continually changing pharmaceutical services Lloyds had actively trained staff to NVQ levels 2 and 3 with a view to the prescription for excellence.
- 5.1.2.5 Mr Wicks confirmed he had no further questions.

5.1.3 Questions from the Committee to Mr Henry

- 5.1.3.1 Mrs Williams noted that Mr Henry had confirmed that the use of the “hub” was to increase capacity in the pharmacy but Mr Gulzar had stated that he had phoned the three pharmacies and was told there was no capacity for dossette boxes and asked why that was. Mr Henry replied he did not think that was correct. He stated that Lloyds had four or five branches in Hamilton and between them they had the capacity to handle dossette boxes without going to the “hub”. He confirmed that some compliances were being handled locally.
- 5.1.3.2 In response to further questioning on the capacity of the pharmacies in the neighbourhood Mr Henry confirmed capacities were reviewed on a regular basis as they probably all formed some of the KPIs that the managers checked regularly and actions would be taken should it be felt that the capacity was being reached. He further stated that because they have a number of branches this enabled them to spread the load and any capacity issues were not the same experiences as by a single independent pharmacy.
- 5.1.3.3 In relation to a question on waiting times Mr Henry informed the Committee that a KPI had been set for this, but not by a pharmacist.

The KPI for waiting times was eight minutes though currently it was 15 minutes for Portland Place. When a patient presented the prescription it was scanned in and the time logged from that moment till the medicine was dispensed.

- 5.1.3.4 Mr Henry further confirmed that he believed a 15 minute wait was an acceptable waiting time and it was primarily about managing customer expectations and that was where rapport and local knowledge played a part.
- 5.1.3.5 Mr Henry then reported that no complaints had been received.
- 5.1.3.6 Mr Lang asked what Mr Henry would consider to be an excessive waiting time. Mr Henry replied that it would depend on what items were on the prescription but good counter staff would manage expectations and check if the medicine was available. He would not think that waiting for such a common item such as penicillin for 45 minutes was acceptable. In addition it depended on how many people were in the queue.
- 5.1.3.7 Mr Lang asked what would happen if a letter of complaint had been received stating that a patient had waited 45 minutes. Mr Henry said he would need to know all the facts first as he had mentioned the time was logged but he would be concerned if this was the waiting time for every patient.
- 5.1.3.8 Mr Lang asked what the impact of the new contract would be in relation to the viability of new pharmacies. Mr Henry replied that prescription business would still be needed to provide the CMS services. Even if a new pharmacy took 5% to 7% away from each of the existing pharmacies that would be the expected annual growth therefore they would tread water. There was also the possibility of losing patients who had already signed up for CMS who might re-sign up elsewhere. He acknowledged that the emphasis would be less on prescriptions but they opened the door for other services.
- 5.1.3.9 Mr Woods noted that Mr Gulzar had mentioned that multiples were not able to recruit additional staff when it was required. Mr Henry denied that was the case and if staff were needed they recruited.
- 5.1.3.10 Mr Woods then returned to the issue of dossette boxes and asked would there ever be a situation where they were refused. Mr Henry replied he could not think of a situation where that would be the case. He again confirmed that he was not aware of any complaints and reported that there was also an internal system for reporting complaints in addition to any that may go straight to the Board. He also confirmed that a non-pharmacy person had suggested the KPI of 8 minutes as a waiting time target.
- 5.1.3.11 As an aside Mr Woods reported that he always attended a Lloyds Pharmacy and was always asked, no matter what time of day, if he had any other things to do when he handed in his prescription.

- 5.1.3.12 Mr Woods then referred to the allegation of medicines being difficult to obtain and asked if that was a common problem. Mr Henry replied that has been experienced at one point or another across the city and there were certain drugs at certain times that were more difficult to obtain than others but both Boots and Lloyds have always been able to obtain them and help each other out. In respect of running out of a medicine then it would not be for long as each shop received two deliveries a day. Patients would either come back or they would offer to deliver it.
- 5.1.3.13 Mr Sargent referred to Mr Henry's comment about the wording of the petition and questioned how the public would understand what was meant by adequate provision of services with regards to the regulations. Mr Henry explained that was the point he was trying to make, that no-one could expect that the public would know what was meant by adequate service provision in terms of the regulations therefore he did not understand why that was included in the petition.
- 5.1.3.14 The Chair asked if access to the existing pharmacies were adequate if people did not have a car. Mr Henry confirmed that there were regular buses as they were located on a main bus route and even by walking it was only a 15 minute round trip.
- 5.1.3.15 The Chair asked if Mr Henry accepted the average figure quoted of 4,500 patients per pharmacy and the population figures presented for the neighbourhood which suggested that the current pharmacies were in excess of 4,500. Mr Henry confirmed that 4,500 was an acceptable average but it was not a hard and fast rule he did not have actual figures to hand as to what each pharmacy was currently handling. He stated that if someone came in for a service they would not turn anyone away. In addition he disputed the complaints made around lack of stock and waiting times. He meant no disrespect but the evidence presented appeared to be based on misconceptions about how multiples worked. It was true that they had two suppliers and they managed 90% of the issues, the rest of the issues were related to manufacturing problems outwith their control.
- 5.1.3.16 The Chair concluded by asking if Mr Henry accepted Mr Gulzar's definition of the neighbourhood. Mr Henry agreed that it made sense.
- 5.1.3.17 The Chair asked again if Mr Gulzar had any questions of Mr Henry. Mr Gulzar replied he had no questions.

5.2 Mr Noel Wicks, WEB Pharmacy Ltd

Mr Wicks thanked everyone for allowing him to present today and said he would keep the presentation as short as possible.

Mr Wicks began by addressing the issue of the neighbourhood. He personally considered the neighbourhood of Hamilton as a whole as he suspected that a lot of people could get around Hamilton relatively easily. Overall the population was nearly

49,000 and contained 12 pharmacies. WEB Pharmacy currently had an application at Laighstonehall. He appreciated that considering Hamilton as a whole might not be acceptable but did not agree with the applicant's proposed neighbourhood as it stood.

Mr Wicks proposed the following neighbourhood and described it as the South Eastern Hamilton wedge:

Northern boundary – A72 (Carlisle Road) running west along Miller street and the A723 and A724 to where it meets Dixon Street.

Western boundary – Dixon Street running into Glebe street and over to Mill Road and the green belt that is located to the west of Mill Road – this green belt continues parallel to Mill Road and again parallel and westerly to Strathaven Road.

Southern Boundary – the southern part of the housing on Strathaven Road (just past Ambleside Rise) – the southern boundary then goes from this western side following the trees and field area heading easterly to where it meets the Avon Water and following that until it meets the A72 Carlisle Road.

Eastern boundary – is the junction where the Avon Water and the A72 meet at the road bridge.

This neighbourhood would have four pharmacies within it and a population of approximately 18,000 but that was based on datazones and there could be overlap. Mr Wicks stated that he did not have a strong view on the definition of the neighbourhood.

Considering access currently within the proposed neighbourhood he also had a 15 minute round trip walk during which he also noted the frequency of the buses and the number of cars. Boots had very good parking including disabled spaces and the other pharmacies were easily accessible by bus or car.

Mr Wicks stated that in terms of the services currently available he had not seen any inadequacies. Like others he too had concerns about the formatting of the letters that had been submitted. He did not feel there had been a local outpouring of complaints certainly from the evidence presented and he too confirmed that it was a nil return with regards to complaints sent to the Board in relation to WEB pharmacy.

Mr Wicks reported that in terms of the services that his pharmacy supplied at Brandon Street they had a bespoke MDS unit one and half times the size of the proposed site where they handled about 200 trays and it was a key business area. He stated that the pharmacy was nowhere near capacity and they engaged with their workforce in terms of capacity. When they put out leaflets promoting this service, 5000 leaflets, they only got two responses. With regards to Mr Gulzar phoning the current three pharmacies and being told there was no capacity he believed those branches did not handle dossette boxes on site but were part of the "hub" model. WEB Pharmacy did not turn down any valid trays.

Furthermore, having regard of the Pharmaceutical Society's NICE guidelines for dossette boxes; it was not the panacea for everything and there was a big move away from those. Irrespective of that Mr Wicks stated that they did not have any cap on this service.

Mr Wicks then turned to the difficulty in getting medicines and stated that all pharmacies could struggle with that at one point or another and each pharmacy helped each other. WEB Pharmacy has lent to Boots and Lloyds and they in turn have helped WEB. All pharmacies did that and it was now primarily because of manufacturing issues. He accepted it may not be perfect but the addition of another pharmacy was not going to solve it.

Mr Wicks then referred to Mr Gulzar's hours of opening in his proposed premises which were Monday to Thursday 8am to 6pm and 9am to 5pm on a Saturday a total of 58 hours which was a lot for a single pharmacist. Mr Wicks asked how breaks were going to be managed in addition to waiting times. From a financial point of view that was an expensive pharmacy to run in addition to the cost of rent. In relation to viability of the proposed premises Mr Wicks suggested that unless the pharmacy was handling 4000 scripts a month then it would not be viable.

Mr Wicks concluded his presentation by stating that the current provision of pharmaceutical services was more than adequate for the population. People had easy access through public transport and by car. There was no real hard evidence of any inadequacy.

5.2.1 Questions from the Applicant to Mr Wicks

5.2.1.1 Mr Gulzar asked where Mr Wicks pharmacy came into consideration with respect to his defined neighbourhood. Mr Wicks informed him that a lot of people took the bus into town to access various amenities and especially as they were located right next to the bus station a lot of people from all over Hamilton used their services. In addition they also provided a prescription collection and delivery service.

5.2.1.2 Mr Gulzar referred to Mr Wick's disagreement of his defined neighbourhood and stated that the PPC in 2010 had agreed with it. Mr Wicks replied that he had attended that PPC hearing in 2010 and had also disagreed with the neighbourhood at that time.

5.2.1.3 Mr Gulzar referred to the difficulties in obtaining stock and stated that independent pharmacies had more sources to choose from and had evidence that Boots and Lloyds do have difficulties in this area and are limited in their sources. Mr Wicks agreed that it has happened but now pharmacies were very quick to respond and now carry several months of stock. He agreed that the original perception was initially true that it was down to the pharmacies limited wholesalers when there were shortages but now any issues were down to the manufacturers.

5.2.2 Questions from Interested Parties to Mr Wicks

Mr Henry had no questions.

5.2.3 Questions from the Committee to Mr Wicks

5.2.3.1 Mrs Williams asked Mr Wicks to describe his proposed neighbourhood again. Mr Wicks again described the neighbourhood as previously:

Northern boundary – A72 (Carlisle Road) running west along Miller street and the A723 and A724 to where it meets Dixon Street.

Western boundary – Dixon Street running into Glebe street and over to Mill Road and the green belt that is located to the west of Mill Road – this green belt continues parallel to Mill Road and again parallel and westerly to Strathaven Road.

Southern Boundary – the southern part of the housing on Strathaven Road (just past Ambleside Rise) – the southern boundary then goes from this western side following the trees and field area heading easterly to where it meets the Avon Water and following that until it meets the A72 Carlisle Road.

Eastern boundary – is the junction where the Avon Water and the A72 meet at the road bridge.

5.2.3.2 Mr Lang had no questions.

5.2.3.3 Mr Woods asked if WEB Pharmacy received much business from the neighbourhood as defined by the applicant. Mr Wicks replied that it was one of their main areas for business. They had a prescription collection and delivery service from all the surgeries in addition to other normal pharmaceutical services.

5.2.3.4 Mr Woods asked if there was a large call for the pharmacist to go out and speak to patients. Mr Wicks replied that generally there were normally support workers and local care workers that they dealt with and they had their contact details for any issues. It would only be in very unusual circumstances but otherwise there was not much call for this.

5.2.3.5 Mr Sargent asked what Mr Wicks would consider a reasonable waiting time. Mr Wicks stated that 15 to 20 minutes seemed reasonable but it all depended on the time of day, the pharmacist could be on a break or dealing with more complex issues. A waiting time of 30 minutes plus was unreasonable especially if routine.

There were no other questions from the Committee or the applicant.

6 Summaries

6.1 After the Chair had confirmed that there were no further questions or comments from those present and participating in the hearing, the various parties were asked in reverse order to sum up the arguments.

- 6.2** Mr Wicks reiterated what he had just stated in his presentation that no evidence of any inadequacy in the current pharmaceutical service provision had been presented. He did not think that the Applicant offered anything above what was currently being offered within and into the neighbourhood from the existing pharmacies therefore another pharmacy was neither necessary nor desirable and he asked that the application be rejected.
- 6.3** Mr Henry said that the Applicant had not provided any evidence of inadequacies in the current pharmaceutical provision. Many of the Applicant's points appeared to be based on misconceptions rather than actual fact. Mr Henry therefore asked the Committee to refuse this application as it was neither necessary nor desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood.
- 6.4** Mr Gulzar stated that it was unfortunate that there was no representation from Boots at the meeting as it was one of the main pharmacies in question. He informed the Committee that all his evidence had come directly from the patients who accessed the current services and from personal contact with the local people. He maintained that evidence had been presented and this was substantiated by a comment from a Committee member who saw how busy Boots was even on a Saturday morning. The current services were inadequate because they were overrun. He acknowledged that he did not know how overrun WEB Pharmacy was as he had not included it in his neighbourhood but he stated that Lloyds and Boots were not serving the population to an adequate standard. He concluded by stating that from the people he had spoken to an additional pharmacy was both desirable and necessary.
- 6.5** The Chair advised Mr Gulzar, as a point of clarification, that the Committee could only consider the evidence presented. Boots failed to register an objection and therefore were unable to attend. Whilst WEB Pharmacy was located outside Mr Gulzar's definition of the neighbourhood the National Appeals Panel had made it clear that because they provide services to people in the defined neighbourhood then they are invited to attend the meeting and be allowed to present evidence. The Committee must consider all evidence presented as a whole.

7 Retiral of Parties

- 7.1** The Chair then invited each of the parties present that participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. Mr Gulzar, Mr Henry and Mr Wicks each individually confirmed that they had had a fair hearing and that they had no further evidence to submit nor any further questions to ask nor any additional points to raise. The Chair advised that the Committee would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared, and a copy issued to all parties as soon as possible. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.
- 7.2** The Chair reminded the Applicant and Interested Parties that it was in their interest to remain in the building until the Committee had completed its private deliberations.

This was in case the open session was reconvened should the Committee require further factual or legal advice.

The hearing adjourned at 1.15pm and reconvened at 1.35pm.

8 Supplementary Information

Following consideration of the oral evidence, the Committee noted:

- i. That each member had independently undertaken a site visit of the town of Hamilton noting the location of the proposed premises, the pharmacies, general medical practices hosted and some the facilities and amenities within.
- ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and GP surgeries within Hamilton.
- iii. A map of Hamilton and surrounding areas.
- iv. Prescribing statistics of the Doctors within the town of Hamilton.
- v. Dispensing statistics of the Pharmacies within the town of Hamilton.
- vi. Demographic information on the town of Hamilton taken from the 2011 Census.
- vii. Report on Pharmaceutical Services provided by existing pharmaceutical contractors within the town of Hamilton.
- viii. The application and supporting documentation, including maps, store plans and photos provided by the Applicant on 27 November 2013.
- ix. Complaints submitted to the Health Board for the South West/East Unit covering Hamilton in the last five years. Tabled at the meeting for the Committee members only.
- x. Correspondence resulting from the wider consultation process undertaken by NHS Lanarkshire.

9. Decision

9.1 The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.

9.2 Neighbourhood

9.2.1 The Committee noted the neighbourhood as defined by the Applicant and the views of the Interested Parties. A number of factors were taken into account in defining the neighbourhood, including those resident in it, natural and physical boundaries, general amenities such as schools/shopping areas, the distances residents had to travel to obtain pharmaceutical services and also the availability of public transport.

9.2.2 The Committee considered that the railway line to the North was a good physical boundary and the Meikle Burn to the East to be a good natural boundary. Travelling from East to West the Committee considered the

southern boundary to follow the outskirts of the housing estates of Eddlewood, Meikle Earnock and Woodhead Green as these formed natural boundaries as housing was sparse and open ground lay beyond those areas. The Western boundary again followed the natural boundary of the Burn (unnamed) on the outskirts of Woodhead Green through Neilsland Park and up to and intersecting Mill Road to follow Brent Road, south of Bent Cemetery and St John's Primary School along Dixon Road and part way up Auchincampbell Road till it again met the railway line.

9.2.3 The neighbourhood proposed by the Committee contained four primary schools, the civic centre and library, two post offices, and an industrial estate. In addition three pharmacies were located within the neighbourhood with a further three pharmacies located approximately one mile away that provided services into the neighbourhood.

9.2.4 The Committee agreed that the neighbourhood should be defined as:

To the North - Unnamed Burn meets Auchincampbell Road south of the railway line following the railway line in an easterly direction to where it meets the Meikle Burn, south of Barncluith Road

To the East - Keeping to the East of Meikle Burn following it down past Laverock Hill, through Meikle Glen and the outskirts of housing estate Eddlewood cutting across Carscallan Road.

To the South - From Carscallan Road, south of Ambleside Rise crossing the A723 Strathaven Road. South of Annsfield Farm following the boundary of Meikle Earnock housing estate following the boundary of the Woodhead Green estate till it meets an unnamed Burn.

To the West - Following the unnamed Burn up through Neilsland Park across Neilsland Road to Chantinghall Bridge across to Brent Road and following Brent Road to Dixon Street up Auchincampbell Road till it meets the railway line.

9.3 Adequacy of existing provision of pharmaceutical services and necessity or desirability

9.3.1 Having reached a conclusion as to neighbourhood, the Committee 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 the neighbourhood.

9.3.2 The Committee considered population figures as defined by both the Applicant and the Committee's revised neighbourhood and agreed that the population would remain at approximately 18,000. However the Committee noted the difficulty in measuring precise population figures especially when using datazone figures which could overlap. The Committee noted that a new development of 18 commercial units and 34 residential flats were in progress but that this would not significantly increase the size of the population; at most an additional 100 residents. Although the Applicant had stated that further

regeneration in the area was expected there was no evidence or timetable to support this therefore the Committee took the view that the resident population was unlikely to increase substantially in the foreseeable future.

- 9.3.3 It was noted that there were three contracted pharmacies within the neighbourhood as defined by the Committee and a further three contracted pharmacies approximately a one mile radius from the proposed pharmacy which provided services into the neighbourhood. All pharmacies were within reasonable proximity, readily accessible by public or private transport. Many of these existing pharmacies were within walking distance of GP services, major food and other retail outlets. All provided the whole range of pharmacy services to the neighbourhood as well as a delivery service which was not part of the NHS contract. In addition none of the existing pharmacies had any capacity issues as indicated by the oral evidence provided by both Lloyds and WEB Pharmacies.
- 9.3.4 The Committee did not put much weight on the anecdotal account of waiting up to forty five minutes for a prescription because there was no evidence of any complaints about such matters. Furthermore the Committee considered there was no substantial evidence to the allegation that the current three pharmacies located within the neighbourhood refused or could not provide MCA services such as dosette boxes due to issues with capacity. In addition there was no evidence that allegations of pharmacies having inadequate supplies of medicines was anything other than isolated incidents as it was clarified that the pharmacies concerned all exchanged supplies when necessary.
- 9.3.5 The Committee noted the responses to the public notice and the petition from the Applicant which had been left at various locations around the site of the proposed pharmacy. The Committee had concerns about the authenticity of the letters submitted which appeared to be a standard template letter and the petition which contained multiple similar if not identical signatures. Overall the Committee considered that the small amount of feedback received to be more about convenience rather than adequacy of services.
- 9.3.6 The Committee considered the access issues to the current pharmacies in the neighbourhood. Whilst it was noted that there were numerous building works currently in operation between the proposed pharmacy and two of the other pharmacies, these were temporary.
- 9.3.7 The Committee noted from their site visit that there was no available parking directly outside the proposed premises contrary to the evidence given by the Applicant as there was a pedestrian crossing directly outside. In addition no evidence of any transport problems in the neighbourhood that would prevent residents accessing such services at existing pharmacies was presented.
- 9.3.8 The Committee noted that the applicant had not prepared or submitted a detailed business case in support of his application and the Committee was, as a result, concerned as to the future sustainability of a pharmaceutical business in that neighbourhood in the absence of any firm evidence to the contrary.

- 9.4** Following the withdrawal of Mr Lang and Mrs 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 Committee, for the reasons set out above, considered that the existing pharmaceutical service in the neighbourhood was adequate.

Accordingly, the decision of the Committee was that the provision of pharmaceutical services at the premises was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was rejected. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.

- 9.5 Mr Lang and Mrs Williams were requested to return to the meeting, and advised of the decision of the Committee.**

The meeting closed at 2.35pm