

## MINUTE: PPC/2014/01

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Monday 3 February 2014 at 09:30 hours in the Conference Room, 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

Mrs Margaret Caraher  
Mr John Woods

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

Mr Kenneth Mackenzie

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

Mrs Janet Park

Secretariat: Ms Anne Ferguson, NHS National Services Scotland, Scottish Health Service Centre (SHSC)

**1. APPLICATION BY MR PAUL POLLOCK & MR DOUGLAS MITCHELL, MITCHELL & POLLOCK LTD, UNIT 2, 123 CAMBUSNETHAN STREET, CAMBUSNETHAN, WISHAW, ML2 8NN**

There was submitted an application and supporting documents from Mr P Pollock and Mr D Mitchell, Mitchell & Pollock Ltd received 6 November 2013, for inclusion in the Pharmaceutical List of Lanarkshire NHS Board in respect of a new pharmacy at Unit 2, 123 Cambusnethan Street, Wishaw, ML2 8NN.

### **Submission of Interested Parties**

The following documents were received:

- i) E-mail received on 25 November 2013 from Deans Pharmacy
- ii) Letter received on 4 December 2013 from Welch Chemists Ltd
- iii) E-mail received on 7 December 2013 from Mrs Elaine Aggleton, Overtown Pharmacy
- iv) Letter received via e-mail on 10 December 2013 from Lloyds Pharmacy Ltd
- v) Letter received on 16 December 2013 from McIntyre and Cairns Pharmacy

## **Correspondence from the wider consultation process undertaken by NHS Lanarkshire**

- i) Letter received on 13 January 2014 from Mrs Julie Arthur, PFPI Project Assistant, NHS Lanarkshire intimating the views of the Wishaw Community Forum

### **2. Procedure**

- 2.1 At 09:00 hours on Monday, 3 February 2014, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Mr P Pollock and Mr D Mitchell, Mitchell & Pollock Ltd, (“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 was 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 Chairman welcomed all to the meeting and introductions were made. When asked by the Chairman, 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 Wishaw 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, and churches.
- 2.4 The Chairman then reported that Mrs Gillian Forsyth – Administration Manager, Primary Care would enter and withdraw from the hearing alongside the Applicant and Interested Parties. The Chairman emphasised that Mrs Forsyth was in attendance solely to clarify any matters of factual accuracy. The Chairman advised that Miss Ferguson was independent from the Health Board and was solely responsible for taking the minute of the meeting.
- 2.5 The Chairman asked Members to confirm an understanding of these procedures. Having ascertained that all Members understood the procedures the Chairman confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Chairman then instructed Miss Ferguson to invite the Applicant, Interested Parties and Officers of the Board to enter the hearing.

### **The open session convened at 09:30 hours**

### **3. Attendance of Parties**

The Chairman welcomed all and introductions were made. The Applicant, Mitchell & Pollock Ltd was represented by Mr P Pollock. From the Interested Parties eligible to attend the hearing the following accepted the invitation: Mr Tom Arnott - Lloyds Pharmacy Ltd; Mr Stephen Welch – Welch Chemists Ltd; Mr John Connolly – Deans Pharmacy.

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

3.2 The Chairman advised all present that the meeting was convened to determine the application submitted by Mitchell & Pollock Ltd in respect of premises at Unit 2, 123 Cambusnethan Street, Wishaw, ML2 8NN. The Chairman 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 Chairman advised all parties that the hearing would be conducted according to the procedure detailed within the Guidance Notes contained within the papers circulated. The Chairman reported that Mrs Gillian Forsyth – Administration Manager, Primary Care had entered and would withdraw from the hearing alongside the Applicant and Interested Parties. The Chairman emphasised that Mrs Forsyth was in attendance solely to clarify any matters of factual accuracy. The Chairman then advised that Miss Ferguson, NHS National Services Scotland SHSC would be present throughout the duration of the hearing for the purposes of providing secretariat support to the Committee. The Chairman confirmed that Miss Ferguson was independent of Lanarkshire NHS Board.

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

3.5 The Chairman 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 Chairman 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 Chairman 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 Chairman invited Mr Paul Pollock of Mitchell & Pollock Ltd, to speak first in support of the application**

- 4.2 Mr Pollock read aloud the following pre-prepared statement:

- 4.3 “Good Morning

We would like to thank the board for being allowed to present here this morning and for taking the time to look over our application. To our pharmacy colleagues we would like to say that while we are attempting to demonstrate the need for a community pharmacy today, we do not wish to undermine your hard work and effort.

- 4.4 My name is Paul Pollock and I am one half of Mitchell and Pollock Ltd. This is Douglas Mitchell who is my business partner and we are both community pharmacists. We jointly own Cambusbarron Pharmacy in the outskirts of Stirling. You will forgive me today if I refer to Cambusbarron instead of Cambusnethan.

- 4.5 Our application is for a contract to be granted to allow us to provide pharmaceutical service at Unit 2, 123 Cambusnethan Street. This property sits within a group of retail units in the heart of Cambusnethan.

- 4.6 The boundaries, defined in the application are:

Northern boundary – Green belt north of Lewis Avenue, Louisville Avenue, Galloway Avenue & crossing Coltness Road.

Western boundary - Coltness Road crossing through Kirk Road, down through Meadowburn Road.

Southern boundary -Greenbelt south of Cambusnethan Cemetery, joining onto Woodhall Road.

Eastern boundary - Woodhall Road to the Northern Greenbelt boundary including the housing at Lewis Avenue.

- 4.7 Cambusnethan has its own group of shops, including a day to day licensed grocers, a further licensed grocers in Northmuir Drive, an Indian takeaway, bookmakers, cash point, Patsy's Place, 2 pubs called the Horse and Anchor and the Auld Hoose, a dog groomers and 2 churches called Cambusnethan Old and Morningside Parish Church, and Cambusnethan North Church. There is a local well-named charity organisation called 'made for you in M12'. This is run by the local churches and offers locals community centre activities such as

bingo nights, coffee mornings, children's activities and youth groups. Cambusnethan has its own primary school and nursery called Cambusnethan Primary and Nursery. There is also Cambusnethan Miners welfare society and social Club. The reason we are mentioning all these places is to show that Cambusnethan is a community in its own right.

- 4.8 There is a mix of housing with low story flats, larger family styled houses, many streets with bungalows, semi-detached houses and retirement housing. These are a mix of council and private residents.
- 4.9 Cambusnethan does not have a community pharmacy, dental practice or GP. Therefore there is absolutely no healthcare provision in the local neighbourhood.
- 4.10 Cambusnethan is clearly sign posted when you enter the area from all directions. It is a neighbourhood which is not part of Wishaw, Newmains or Coltness. The community has a clear identity.
- 4.11 While finalising some details I went to the area last week and spoke to some passers-by. I was outside the pharmacy site at the time. I stopped them in my car as if I was lost and asked if this was Wishaw.

'No, this is Cambusnethan, Wishaw is about a mile in that direction'

I repeated this exercise with both Newmains and Coltness and received the same response. Both added that this was Cambusnethan.

- 4.12 We have been in contact with all four local councillors for the area. I spoke to Councillor McKendrick who, last week, forwarded an email to me indicating he was in full support of a community pharmacy citing the benefits to the many elderly in the community. He was very complimentary to the efforts of Deans Pharmacy in Coltness and was hopeful that this would be repeated in Cambusnethan. He added that he could count on the support of at least two of the other three councillors who were like-minded.
- 4.13 Cambusnethan's main street is a busy road and the main artery joining Newmains, Cambusnethan and Wishaw. The bus services provided while reasonable only travel along this main road. The vast majority of residents do not live on the main road. We also found that many use the taxi services to get in and out of Wishaw town centre. Either way, we recognise that patients are paying to access what should be free, easily-accessible and 'local' services.
- 4.14 Walking to either Wishaw or Newmains would involve travelling alongside this busy road for over 1km to the nearest pharmacy. In fact if you live in the heart of the community, which is set back from the main road, the journey can be in excess of 1.6km in one direction. This is a 20 minute walk for an able-bodied person.
- 4.15 From talking locally, much of the community use Wishaw Health Centre for their medical services with pharmacies dotted around this practice. During regeneration of the town centre, it became clear to many just how far away pharmacy services actually are. Walking to the Health Centre involved

navigating around 5 roundabouts for a trip which depending on which part of Cambusnethan you live in, could be over 2 km and around 25 minutes each way.

- 4.16 In the other direction it is a long walk to Newmains Health Centre which has the pharmacy inside. Almost directly across the road we have the second Welch pharmacy. Manse Road GP Practice is only a two minute walk away. Therefore all services in Newmains, as in Wishaw, are compressed into a small area with the pharmacies focusing on high dispensing. Newmains has an immediate population of 5-6 thousand and themselves are a community separate from Cambusnethan.
- 4.17 Finally, if you travel north along Coltness Road after leaving Cambusnethan, you enter the community of Coltness which has between 4300 and 5000 residents depending on which data you use.
- 4.18 We gathered information about the community from datazones provided by the Scottish neighbourhood statistics. This is a government site and provides information about local areas and their communities.
- 4.19 Using these government datazones we calculated the community we would be serving is 4267 patients. Of this number, 868 residents are elderly (60+, over 20%) and 710 are under 16 (almost 17%). So we have over 1/3 of our population, not including pregnant mums, disabled, other vulnerable groups who live in Cambusnethan and are expecting them to travel in excess of a mile, endure a bus journey, to access pharmaceutical care. In 'Prescription for Excellence' the changes in demographics expect the elderly population to rocket by over 25% in the next ten years and almost 60% in the next 20 years.
- 4.20 20 years ago was 1994 (world cup USA 1994) which we can all remember so 20 years in the future is not far away for everyone here to consider the impact it will have on the area. And to consider that our busy pharmacies are expected to cater for another 60% elderly. For note, the over-75's are the highest users of NHS services (Wilson report) so this is an area we need to get right.
- 4.21 Prescription for Excellence states **“the pattern of disease will see a continuing shift towards long term conditions with growing numbers who will have multi-morbidities. In particular the combination of physical and mental health disorders can produce additional complex needs”**
- 4.22 As mentioned previously much of the housing in Cambusnethan is designed and occupied by the elderly. Small cottage houses on one level occupy large areas of the community. Cambusnethan has a higher proportion of elderly inhabitants than the surrounding Lanarkshire community and Scotland in general. With the expectation for people to live longer the assumption is that the elderly community will grow substantially and have more complex conditions that need treated.
- 4.23 The two documents, The Wilson report and Prescription for Excellence, describe the vision for pharmacy in the future. They envisage pharmacy at the forefront of services, importantly offering more than they currently do. They see pharmacists as being more integral in primary care and patients potentially

having a named pharmacist as well as an expanded CMS model. A pharmacy will not just be about dispensing prescriptions. Wilson quotes that dispensing **"becomes a trigger point for the establishment of a more meaningful clinical encounter between patient and pharmacist. This brings the opportunity for greater patient involvement in their own care and improved understanding of what the medicines are intended to achieve"**

4.24 In Prescription for Excellence we noted that there was a comment regarding a community pharmacist who prescribes in collaboration with the GP's in 'Deep End Practice'. We decided to do some more research on this and found that Deep End Project looked at 100 surgeries in the most deprived areas in Scotland.

4.25 Initially as an independent pharmacist prescriber myself, my hope was to show that was opportunity to utilise my qualification in this area, citing this as an example. However reading the report from Deep End Project once again it showed from a medical perspective the lack of manpower and healthcare facilities in deprived areas.

4.26 **Although the epidemiology of disease shows a steep social gradient with 2.5 to 3 times greater prevalence in the most deprived, compared with the most affluent tenths of the population in NHS Greater Glasgow and Clyde Health Board, the distribution of medical manpower, in terms of GP whole time equivalents, is virtually flat.'**

4.27 We are expecting therefore to have larger numbers of prescriptions and patients with long term conditions in areas which show deprivation. The attached map in the pack shows at least five areas of deprivation in the surrounding areas, some of which are in the worst 5% in Scotland. Nearly all of these areas are offered pharmaceutical services by the pharmacies objecting to our application.

4.28 The Deep End Report continues.. **"the consequences of the flat distribution of manpower were stark. Consultations in deprived areas were characterised by:**

**Higher demand**

**Shorter time available**

**Greater psychological and physical morbidity**

**More multi-morbidity**

**Less enablement reported by patients with complex problems**

**Greater GP stress"**

4.29 Consequently the knock-on effect is that the workload on pharmacy services is equivalent, with pharmacists unable to offer the attention, care and support that is required.

4.30 You would question the ability of heavy dispensing pharmacies in these areas

to be able to properly meet the standards set out in these reports, especially if that pharmacy also caters for a substantial number of patients out-with the local community.

4.31 In short, a community already lacking in pharmaceutical care will be further deprived in the future.

4.32 The Wilson report states that

**"onset of multi-morbidity occurred 10-15 years earlier in people living in the most deprived areas compared with the most affluent and that the presence of a mental health disorder increased as the number of physical morbidities increased."**

Although Cambusnethan is not in one of the lowest 15% deprived areas, the areas surrounding it are and the burden on the surrounding pharmacies would be high.

4.33 If you accept that Wilson, Prescription for Excellence and the results from the Deep End Project are factual, then we have a future in parts of Lanarkshire which will require medical and pharmaceutical input to a greater degree due to both elderly needs and factors associated with deprivation. Clearly the reliance on pharmacies in these areas will be heavier and pharmaceutical care, which should be delivered with more manpower and facilities.

4.34 When we consider the areas which would benefit by the addition of a pharmacy in Cambusnethan, we must include Wishaw, Newmains and Coltness as the level of care and time spent with individuals would increase.

4.35 The consultation process was followed as per the regulations.

Adverts were submitted to the local newspaper, the Wishaw Press for four consecutive weeks.

We also carried out a door-to-door survey over the course of the process where we received in excess of 350 signatures in support of the pharmacy locally. Interestingly residents were commenting that a pharmacy would work well in the area both in providing services locally and how viable it would be.

We only received 3 emails. Two of these were looking to clarify the services we would offer and the third was a dispenser in the area looking for work.

4.36 Douglas and I have 25 years of pharmacy experience between us.

We opened a pharmacy in Cambusbarron two years ago in which we changed a 2 bed roomed house into a community pharmacy. This was achieved in four months.

Our intention there was to employ all staff locally, start independent prescribing clinics, have a good link with the local high school and a good relationship with the community.

Since then we have employed all staff locally, we have 3 nearly 4 IP clinics



commenced, we have employed 4 pupils from the local high school who wish to pursue careers in healthcare and we have attended numerous community council events and contributed to local fundraising.

- 4.37 Ultimately we wish for our pharmacy in Cambusnethan to be of similar ilk and intend to pursue these avenues should our application be accepted.
- 4.38 We would provide all services in the pharmaceutical contract including AMS CMS eMAS PHS. Addiction services would be carried out from a private area and this would involve the construction of a consultation room. Our consultation room would facilitate other services such as CMS reviews, smoking cessation EHC and eMAS.
- 4.39 We would be keen to engage with new developments such as the Gluten-free foods service and any locally agreed projects. We would be happy to offer needle exchange if this was required and would also be keen to provide services to nursing homes if there was a need.
- 4.40 I would be keen to offer IP clinics locally if the need was required also. In Forth Valley I provide a weekly Champix clinic and from the data enclosed in the pack there may be opportunities for this.
- 4.41 Lanarkshire has the second highest smoking prevalence in Scotland in patients with long term conditions behind Glasgow.

**“Smoking cessation is the single most effective and cost effective way to reduce the risk of developing COPO and stop its progression.”**

- 4.42 Prescription for Excellence has commented that "**outcomes of the smoking cessation component were better when patients saw the same member of pharmacy staff**". Furthermore studies with Champix have shown better results if the patient is monitored weekly and given motivational support.
- 4.43 Quite simply, if a pharmacy is in your community, then you are more likely to engage and stay engaged with smoking cessation services. If you have to travel to another community then engagement is less likely. If the pharmacy has the ability to offer Champix as an alternative to NRT then the patient is more likely to have a successful quit attempt.
- 4.44 Currently I provide two weekly prescribing clinics for care homes residents in Lanarkshire. With the elderly population increasing and care home places likely to go the same way, management of this patient group will become more of a focus. I would be well placed to expand this role in Lanarkshire and provide care home services to the standard and quality expected, should the contract application be successful.
- 4.45 With a population of 4267 we believe that viability is not going to be an issue.
- 4.46 The existing retail units are all taken and well used, indicating a drive in the area to 'go local'.
- 4.47 There is the potential that not all 4267 will attend our pharmacy. Even with a 50% attendance going by national ISD statistics, we will be achieving 38,190

prescription items per year. This is based on a Scottish average and as our statistics have shown, Cambusnethan has a greater than average elderly population and we expect this to be reflected in local uptake.

- 4.48 Historically, dispensing fees and number of prescriptions were the main driving force. This now is not the case, with dispensing fees on the decrease and the focus on service provision.
- 4.49 Recently, the payment for CMS has increased. This pharmacy only service, which will be developed even further in the next couple of years, is one of the many ways in which a new community pharmacy will benefit the population of Cambusnethan and allow the pharmacy to be paid not only on quantity but on quality of care.
- 4.50 Our rent has been agreed and in line with other businesses in the area and tenancy will begin as soon as our contract is granted. The premises are occupied at present and in speaking to the landlord the resident is able to move to another unit. The resident has moved on more than one occasion at the landlord's request.
- 4.51 Our reasoning in agreeing a contract through the solicitors is so that we were not displacing the current occupant for the purposes of the hearing and then potentially reinstating her should the contract fall through.
- 4.52 The unit is 527 sq foot.
- 4.53 We have been assured by our surveyor that the property is in good condition and in fact has recently been refurbished.
- 4.54 We are aware that there may be internal upgrading which should only take a matter of weeks.
- 4.55 Our intention is also to upgrade the entrance to the shop to allow wheelchair access. I spoke to Lanarkshire building control and planning last week. I was advised that building consent would only take 21 days once submitted. As a point to note we had to apply for change of use, building control warrant and speak to the roads department when going through same process in Cambusbarron. This was done with no difficulty and we opened in 4 months. Incidentally we also installed an internal ramp in Cambusbarron to overcome a step leading into the property.
- 4.56 We have acquired the services of an architect who has fitted out numerous pharmacies across Scotland.
- 4.57 We intend to have alarmed security linked to the police, the premises also has shutters. Panic buttons will be installed in areas throughout the shop as well.

#### Existing pharmaceutical services

- 4.58 Lloyds pharmacy operates four pharmacies within the immediate vicinity of Wishaw Health Centre.
- 4.59 I hope the members of the committee have had the opportunity to see the

library car park dug up and experienced the chaos trying to park in Wishaw Health Centre as a result. Also due to upgrading, you cannot now access Wishaw Main Street from Kenilworth Road at the front of the Health Centre. Parking has consequently suffered further and even travel to the town centre is difficult as you cannot drive down Stewarton Street for major roadworks. Many patients park in Lidl's car park to access the Main Street pharmacies, despite the many signs indicating this is for Lidl's customers only and the threat of fines. I left Lidl's car-park last week and found it to be 1 mile exactly to our proposed premises.

4.60 From Freedom of Information we know that two of the pharmacies are dispensing over 150,000 items 2012/13. These are the pharmacies closest to the health centre. Proposed plans are to build a new modern health centre across the road on the library site so in the future, foot-flow will remain the same.

4.61 I have a quote –

**'This is an outdated model. They are situated in such a way as to try to capture as many prescriptions as possible coming out of Wishaw Health Centre. It does not fit in with the pharmacy contract where services such as eMAS work best when delivered in local pharmacies.'**

This is a quote from the Coltness application NAP appeal 2009 which was accepted as being accurate since they got the contract.

4.62 Regarding Coltness, it is a community in its own right even with its own community council. The defined boundaries of Coltness have already been accepted at their pharmacy hearing with these boundaries not encroaching on our own.

4.63 Even as a relatively new pharmacy it dispenses a huge number of prescriptions and you have to ask why Deans Pharmacy is objecting. If they are here to object as they are offering pharmaceutical services to patients from Cambusnethan then they are overstretching from their original defined community. They are providing pharmaceutical services to an area which have already agreed, is out with their boundary.

4.64 Since the residents of Coltness have supported their new pharmacy, the same would be expected in Cambusnethan and Councillor McKendrick believes this to be accurate.

4.65 If you leave Deans Pharmacy and travel along Coltness Road towards Cambusnethan, a full mile later, you will still find yourself still on Coltness Road. You haven't even turned uphill along the main road towards the shops.

4.66 I accept that there is continuity of housing along many of the roads, as submitted by one of the other pharmacies but then surely that happens in many neighbourhoods. Expansion of a neighbourhood does not mean that the areas lose their identity but rather they are thriving and growing. Between 2001 and 2009, the population of Wishaw, Coltness and Newmains grew by over 11% each and this may explain the pattern of housing.

- 4.67 There are two pharmacies in Newmains. These two pharmacies serve an area wider than Newmains alone. Areas such as Morningside and Bonkle do not have a pharmacy and would use these as their *first* port of call. New housing development by both Bett Homes and Stewart Milne is taking place in Morningside and this will add a significant number of customers to the Newmains pharmacies. From freedom of information these 2 pharmacies in the year 2012-2013 dispensed over quarter of a million prescription items. This number will increase further as the housing development continues. More prescriptions will mean less time for service led activities. A pharmacy in Cambusnethan will not only benefit the residents of Cambusnethan but will allow the existing patients of the Newmains pharmacies to continue to receive good service.
- 4.68 What we cannot escape is the continuity of deprivation in the wider neighbourhood, the agreed growth in elderly population in the near future and the lack of healthcare in the immediate area. Compound this with the increased role that pharmacists will be anticipating following the recent publications, the evidence of pharmacies surrounding which are heavy dispensing sites, support from local councillors and the community and at a premises which is accessible to all in the neighbourhood.”

**Mr Pollock concluded his presentation.**

**5. The Chair then invited questions from the interested parties to Mr Pollock. Mr Tom Arnott of Lloyds Pharmacy Ltd was invited to question Mr Pollock**

- 5.1 Mr Arnott opened the questioning by seeking clarification for the use of Meadowburn Road as a boundary in the Cambusnethan neighbourhood. This road had been used as a boundary because it was not far from the sign that indicated entry into Cambusnethan. Mr Arnott failed to understand how Meadowburn Road could be taken as the western boundary.
- 5.2 For someone living at the end of Meadowburn Road, Mr Arnott asked whether it was not closer to access a pharmacy in Wishaw town centre. Mr Pollock disagreed and thought the proposed pharmacy site was closer.
- 5.3 In response to questioning, Mr Pollock said that Cambusnethan was not a deprived area as it was not in the bottom 15%. There were other areas around Cambusnethan such as Greenfield that were more deprived. Mr Arnott went on to ask what percentage of the proposed neighbourhood was deprived. Mr Pollock did not have that information available.
- 5.4 Mr Arnott referred to the suggestion that heavily dispensing pharmacies could not offer its customers a full range of pharmacy services. Mr Pollock stated that this was not what was said. Mr Arnott continued by asking whether the volume of prescriptions dispensed was dependent upon opening hours, number of staff and how workload was planned. Mr Pollock agreed. Mr Arnott then asked how many pharmacists were employed at each of the Lloyds premises in Wishaw. Mr Pollock was uncertain for these particular pharmacies.
- 5.5 The paperwork received by Mr Arnott did not have any evidence of the petition or door to door survey mentioned in the supporting statement. The Chairman

confirmed that this information had not been submitted with the application documentation and asked whether a summary of the information was available. Mr Connolly objected to its use as having been carried out in advance there was no reason why it could not have been submitted previously enabling interested parties to digest and question the evidence. The Chair asked whether the applicant intended to rely heavily on the petition and survey to make a case in support of the new pharmacy. Mr Pollock said not and explained that the whole point of it was to highlight that there was no objection from the community for another pharmacy in the neighbourhood. For that reason the applicant agreed not to seek permission of the committee to present the survey as evidence.

- 5.6 Mr Arnott asked Mr Pollock to state the opening hours of the Lloyds pharmacies dispensing the highest volume of items. Mr Pollock's suggestion was incorrect so Mr Arnott confirmed it as 9am-9pm, 7 days a week, 365 days per year. The opening hours at these Lloyds pharmacies were much longer than those of the proposed site. As a result Mr Arnott said that the proposed pharmacy was not serving the Cambusnethan neighbourhood.
- 5.7 In response to questioning about how many buses ran from Cambusnethan to Wishaw town centre, Mr Pollock said there were buses every 20 minutes. Mr Arnott disagreed and stated that buses were more frequent than that.
- 5.8 **Having ascertained that Mr Arnott had no further questions, the Chair then invited questions from Mr Stephen Welch, Welch Chemists Ltd.**
- 5.9 Mr Welch had no questions for Mr Pollock
- 5.10 **The Chair then invited questions from Mr John Connolly, The Deans Partnership**
- 5.11 Given the judicial guidance on boundaries, Mr Connolly was unable to understand why Coltness and Meadowburn Roads formed a boundary and asked for an explanation. Mr Pollock replied that these were very busy roads and Coltness Road in particular was difficult to cross in places.
- 5.12 Mr Connolly suggested that there were signposts in the area that clearly defined the boundaries of Cambusnethan. Mr Pollock said that the sign opposite the cemetery was decorative and looked as though it had been provided by the local community council. The most westerly sign indicating entry to Cambusnethan was the recognised sign of Lanarkshire Council and close to Coltness Road.
- 5.13 Mr Pollock stated that much of the flow of traffic using the services of Cambusnethan main street came from Coltness Road and Meadowburn Road. When asked whether traffic flow constituted a boundary, Mr Pollock thought that it did. Mr Connolly suggested that this argument made Cambusnethan part of Lanarkshire rather than a distinct neighbourhood. Mr Pollock disagreed saying that Coltness and Cambusnethan were two distinct neighbourhoods which ran into each other.
- 5.14 Mr Connolly asked the applicant to provide the reasoning behind the proposed eastern boundary. Mr Pollock said that if standing on Lewis Avenue the

greenbelt up to Newmains could be clearly seen. Mr Connolly challenged this by stating that Cambusnethan Street which ran into Newmains had continuous housing of similar style with good footpaths and was not a physical boundary. Mr Pollock repeated that the greenbelt could be clearly seen from Lewis Avenue or Easter Crescent. The two neighbourhoods were joined closely together.

- 5.15 Mr Pollock was then asked to explain how travel from Cambusnethan was difficult. Most people living in this residential area using public transport needed to come down onto a main route and wait for a bus. People shouldn't need to access pharmacy services by bus. If on foot then five roundabouts had to be negotiated. Mr Connolly said that Cambusnethan residents had a high percentage of car ownership and the percentage with two or more cars was higher than the Scotland average. Mr Pollock replied that the majority of people worked during the day. For one car families this may leaving an elderly person or young mum who found it difficult to travel on public transport. Even if it was possible to travel by car it was still difficult to park.
- 5.16 Mr Pollock was asked to state the number of miles that was a reasonable distance to travel to access pharmacy services but was unable to quote a figure.
- 5.17 Mr Connolly enquired why the applicant had submitted this new application when a previous one for the same neighbourhood had been refused. The previous application was refused because of property issues. This application involved an established retail unit where the rental agreement was in place. The population of the area had not increased so there was nothing changed with regards to foot flow but a lot had changed in terms of demographics. Mr Connolly suggested that the previous application had failed because the services in the area were adequate. The Chairman made it clear that the Panel would make a decision on the facts of this application irrespective of the decision on a previous application.
- 5.18 Mr Pollock was asked to provide evidence that current pharmacy services were inadequate. There was deprivation throughout Wishaw eg Craigneuk (lowest 5% in Scot). People living in deprived areas were most in need of pharmacy services. It was therefore anticipated that residents from Cambusnethan accessing pharmacy services had to wait in a queue because of the high demand from other areas. A new pharmacy in Cambusnethan was supported by Councillor McKendrick.
- 5.19 Other than distance were there any other complaints about existing pharmacies. The applicant was not aware of any complaints to the Health Board only from feedback received from the door to door survey.
- 5.20 Mr Pollock was then asked about the suggestion that Cambusnethan had 1500 vulnerable people and whether everyone under 16 and over 60 was vulnerable. The applicant believed so because of the difficult journey to be made – a 15 year old was still classed as a child.
- 5.21 The applicant had stated that Cambusnethan had a higher elderly population. Mr Connolly asked whether this was statistically relevant given that it only

equated to 22 people. Mr Pollock highlighted that the significant factor was that there would be more elderly people in next 20 yrs.

- 5.22 Mr Connolly went on to ask whether any plans had been drawn up for the proposed pharmacy. These would not be produced unless the application was granted. It was noted that there was a significant step outside the premises. Mr Connolly asked whether the applicant was aware of the DDA regulations for a ramp. Whilst Mr Pollock did not have the specifics to hand, the process of changing a step to a ramp had already been completed at Cambusbarron. Handrails were installed and the ramp constructed at the appropriate gradient.
- 5.23 Plans for the existing business at the proposed premise showed the front shop unit to be 306 square feet. Mr Pollock said that the retail unit was a total of 506 square feet and would be redesigned so what was there now did not matter. Mr Connolly questioned whether the property was of adequate size to be fit for purpose as a pharmacy. Mr Pollock said it was of similar size to the existing pharmacy in Cambusbarron.
- 5.24 Mr Connolly concluded by asking whether the applicant was aware that the Pharmacy Practice Committee would consider the adequacy of existing pharmacy services to the neighbourhood. Mr Pollock was aware of this.
- 5.25 **Having ascertained that Mr Connolly had no further questions, the Chair then invited questions from Members of the Committee in turn to Mr Pollock.**
- 5.26 Mrs Park enquired about staffing plans for the proposed pharmacy. Staffing was to be similar to that at Cambusbarron with one full time pharmacist (Mr Pollock or Mr Mitchell), one dispenser and two Saturday staff to be employed from the local high school. More dispensers could be employed if necessary. There would also be a delivery driver.
- 5.27 Mrs Park then asked how Mr Pollock saw someone living in Mossbank Road accessing pharmacy services. Mr Pollock thought the proposed pharmacy at Cambusnethan Street would be used with access from the back streets of Thrashbush to Branchal Road. Mrs Park questioned whether such a person would be more likely to use the proposed pharmacy than Deans Pharmacy in Coltness. Mr Pollock thought this would be the case as the Coltness pharmacy was further away and involved travel along a busy road. The applicant was also of the opinion that Mossbank Road residents felt more part of the Cambusnethan community than Coltness.
- 5.28 The shops adjacent to the unit were mentioned in the applicant's statement. When Mrs Park visited on a Wednesday afternoon these shops seemed to be shuttered except for the convenience store. Mr Pollock confirmed that all were functioning businesses. The takeaway shop and Patsy's Place had been open on the Sunday though not the dog grooming parlour.
- 5.29 Mr Mackenzie enquired about the negative comments from the door to door survey. Mr Pollock said these were not necessarily negative but referred to comments that people preferred to use another pharmacy where good service was obtained.

- 5.30 In response to questioning about how much of each business the proposed pharmacy expected to take, Mr Pollock stated that it was around 40,000 prescriptions per year although recognised not as many prescriptions may be dispensed. This figure had been based on 4200 people with an average of 18-10 prescriptions per year. It was not possible to estimate the percentage this business would take from the other pharmacies.
- 5.31 Mr Woods asked the applicant to explain why the existing pharmacy services to the proposed neighbourhood were inadequate. Inadequacy resulted from the long travelling distances in order to access these services. Mr Pollock said that communities should be able to access pharmacy services locally. Travel to the town centre was difficult. Councillor McKendrick recognised the great benefit of the proposed pharmacy to elderly residents within Cambusnethan.
- 5.32 Mr Woods questioned whether this was more an issue of convenience but Mr Pollock said that to walk was quite a journey to make with five roundabouts to be negotiated. Journeys by car were difficult because parking was an issue. It was not so much an issue of convenience just that at the moment residents had no other option.
- 5.33 Mr Woods summarised that inadequacy resulted because of the travel involved and that the population had no pharmacy in its community. Some would argue that services can come from out-with the community. The main focus for prescriptions dispensed was to residents from out-with the area in which the pharmacy was located. Mr Woods pointed out that another dispensing services argument was that there was an inadequacy there.
- 5.34 Mr Pollock didn't like to say that given the respect shown for the work of the existing pharmacies. However there was a definite requirement for smoking cessation and an expectation that CMS would be rolled out in the future. Mr Pollock questioned the ability of high dispensing pharmacies to provide a thorough service. The fact that there wasn't a pharmacy in a recognised neighbourhood also indicated inadequacy, particularly if consideration was given to the levels of deprivation out-with that neighbourhood.
- 5.35 Given that 350 people had been surveyed Mr Woods was puzzled as to why it hadn't been submitted and relevance placed upon it. Mr Pollock explained that the relevance of the survey had been used to indicate support for the proposed pharmacy. If the survey showed that residents did not want the proposed pharmacy then there would have been no point going ahead with the application. Mr Woods asked if the survey had been used to determine any inadequacy of the existing service. It had not as the initial intention was to find out if this service was required in the neighbourhood.
- 5.36 Mrs Caraher asked whether the pharmacy would collect prescriptions from health centres and deliver to patients unable to get to the pharmacy. Mr Pollock confirmed that there would be a free collection and delivery service for all not just the elderly. This was the current arrangement in the Cambusbarron pharmacy.
- 5.37 The Chair noted that no mention had been made of any major housing development in the neighbourhood and wondered whether the population of



4267 was stable. Mr Pollock confirmed this to be the case though the general population of Lanarkshire was expected to increase by 5% and Wishaw & Coltness by 10%. There would be growth in the elderly population from within the estimate of 4267.

- 5.38 Mr Pollock was asked to tell the committee the percentage of proposed business expected from prescriptions. Relating to experience from the other pharmacy it was expected that 85-90% of the business would be from NHS prescriptions. Although dispensing fees were decreasing this was still seen as the main business.
- 5.39 Given that these prescriptions were currently provided by existing pharmacies, the Chair continued by asking the applicant from where this income was expected. Mr Pollock explained that the proposed pharmacy was looking to offer a service to the Cambusnethan community. It was thought that residents would find it easier to access pharmacy services locally rather than go into Wishaw town centre. It was anticipated that residents would transfer repeat prescriptions to its local pharmacy.
- 5.40 It had already been highlighted that adequacy was not same as convenience. The main feature of inadequacy had not been demonstrated by complaints about existing pharmacies but expressed as a result of travel and parking difficulties. The Chair asked whether these applied only to Wishaw or included Newmains. Mr Pollock confirmed that the parking difficulties in Newmains were similar to those in Wishaw.
- 5.41 The statutory test stated that applications could only be granted if a) a neighbourhood was defined and b) services going into that neighbourhood were inadequate. Mr Pollock was asked to expand on this given that the application could not be granted on the basis that every neighbourhood should have a pharmacy. The population within Cambusnethan was distinct being signposted both in and out of the neighbourhood. The area called Cambusnethan did not currently have a medical facility, Newmains and Wishaw had sizeable populations. Mr Pollock suggested that the proposed neighbourhood of over 4000 people should have access to medical services. Pharmacy services were changing to be more frontline e.g. eMAS whilst a network of pharmacies was required for repeat prescriptions.
- 5.42 **The Chair asked if anyone had any further questions for Mr Pollock.**
- 5.43 Mr Arnott asked whether the road works mentioned in Wishaw were temporary. Mr Pollock replied that the road works had been going on for more than a year and there was likely to be more disruption when the new medical centre was being built. At the moment there was a problem accessing services and this had been highlighted by patients.
- 5.44 Mr Arnott also asked why the proposed pharmacy would deliver prescriptions as existing contractors currently delivered. Mr Pollock said that delivery of prescriptions was now almost considered standard. Patients having good days could also walk to the pharmacy rather than have the prescription delivered.

- 5.45 Mr Connolly asked whether the purpose of the temporary road works was to make travelling into Wishaw town centre easier. Mr Pollock stated that people were currently unable to travel down Stewarton Road. It was acknowledged that this was temporary until the health centre was being built. Mr Connolly thought that once the new health centre was open the existing health centre site was to become a car park of large capacity. Mr Pollock acknowledged that this was to come to fruition in the future – 2016.
- 6. Having ascertained that there were no further questions for Mr Pollock, the Chair then invited Mr Tom Arnott to make representation on behalf of Lloyds Pharmacy Ltd.**
- 6.1 **Mr Arnott read out the following pre-prepared statement:**
- 6.2 “I would like to thank the Panel for allowing me to speak today
- 6.3 The Applicant’s main argument seems to be that the Pharmaceutical Services provided by current Contractors is inadequate only because there are no Pharmacy Premises in his definition of the neighbourhood.
- 6.4 There are, as the Panel is aware numerous examples from Pharmacy Practice Committee Hearings and numerous National Appeal Panel Hearings that adequate Pharmaceutical Services can be provided to a neighbourhood from Pharmacies situated out-with that neighbourhood. In 2010 an Application by Mint Pharmacy for premises at 119 Cambusnethan Street was refused by both the PPC and the National Appeal Panel. There has been no significant change since, other than the population of Cambusnethan has decreased.
- 6.5 Cambusnethan has a population of 2,830 according to the Scottish Neighbourhood Statistics 2011 and not 4,267 as claimed by the Applicant. Indeed the population has gone down by 42 since 2010.
- 6.6 The neighbourhood as defined by the Applicant includes an area to the south of Kirk Road which has Meadowburn Road as the Western Boundary. This is not in Cambusnethan.
- 6.7 The extremities of Cambusnethan to the East and West are clearly signposted. Coming from Newmains the sign says **Cambusnethan/Wishaw** and travelling from Wishaw it is clearly signed that Cambusnethan begins just past the roundabout at the Junction of Kirk Road and Coltness Road just as you start to walk up the steep incline to the Applicants premises, and there is a further sign at the junction with Thrashbush Road that says **Cambusnethan** I would suggest that Thrashbush Avenue is the Western Boundary.
- 6.8 He also appears to have included an area which includes Coltness High School. I think the name suggests this is in Coltness.
- 6.9 Within the above boundaries there is no Pharmacy. However as the Applicant states the Lloyds Pharmacy in Kirk Road is 0.8 miles from his proposed site. The 2 other nearest Pharmacies in Newmains are situated within 0.8 miles of the Applicant’s proposed site and indeed within 0.5 miles of the Applicants Eastern Boundary.

- 6.10 The AA Routefinder supplied by the Admin Support to the Chief Pharmacist shows 6 Pharmacies within 1 mile of the Proposed Premises.
- 6.11 There are no gradients and the Pathways are well lit and in good repair.
- 6.12 Indeed someone living in Foulisykes Road is probably as near the Welch Pharmacy in Newmains as the applicants proposed Pharmacy.
- 6.13 There are numerous buses available going to both Newmains and Wishaw.
- 6.14 For the housebound Lloyds Pharmacy offer a Collection and Delivery Service and currently have the added benefit of regular 2<sup>nd</sup> Pharmacist Cover which allows the Pharmacists to fully participate in all Core Services such as CMS and eMAS NRT.
- 6.15 I believe that Deans Pharmacy also currently operate with 2 Pharmacists on duty.
- 6.16 In his Application he states the local shops are well used and include a popular Convenience Store. On visiting the site I saw an empty unit on the road opposite a Convenience Store as stated, a Tasty Bites Takeaway and an Ooh La La Designer Dogs shop. Hardly the hub of the community and proof that residents currently access services such as GPs, banks and supermarkets out with their neighbourhood on a day to day basis.
- 6.16 The NHS Lanarkshire Pharmaceutical Care Services Plan states:
- 6.17 **ADEQUACY COMMENT Opening Hours**
- A high proportion of pharmacies within Lanarkshire open extended hours, one until 10.30pm at night and 16 are open 7 days per annum. In addition, very few pharmacies close over the lunch time period. I note that the Applicants proposed Opening Hours are less than some of the existing contractors.
- 6.18 **ADEQUACY COMMENT Dispensing of Prescriptions**
- The Health Board has no evidence of patients having difficulty in accessing dispensing services.
- 6.19 **ADEQUACY COMMENT Minor Ailments Service**
- The Health Board has no evidence of patients having difficulty in accessing the Minor Ailments Service
- 6.20 There have been no complaints to the Health Board regarding existing services supplied by existing Contractors.
- 6.21 The Applicant has shown no inadequacies in current Pharmaceutical Provision other than there is no pharmacy in his proposed neighbourhood
- 6.22 There have been no complaints about current service provision.
- 6.23 I would therefore ask the Panel to refuse this application as it is neither

necessary nor desirable in order to secure the adequate provision of Pharmaceutical Services in the neighbourhood in which the premises are located.”

**Mr Arnott concluded his presentation**

- 6.24 **The Chair then invited questions from Mr Paul Pollock, Mitchell & Pollock Ltd, to Mr Arnott**
- 6.25 Mr Pollock referred to the statement from Mr Arnott that Cambusnethan was not a community and asked whether Cambusnethan was included a particular community served by one of the Lloyds pharmacies. Mr Arnott explained that Lloyds were serving a population which did not have boundaries. Mr Pollock went on to ask whether pharmacy services to Cambusnethan were being divvied up by the existing pharmacies including Lloyds. Mr Arnott said that this was not the case adding that Lloyds was too professional for that.
- 6.26 Mr Pollock asked whether by the mention of a steep incline into Cambusnethan, Mr Arnott was inferring that residents walking back from the town centre had a difficult journey. Mr Arnott denied this saying that the geography of the area was merely being pointed out.
- 6.27 Mr Pollock went on to ask whether Mr Arnott considered the eastern side of Cambusnethan to be part of Coltness. The reason for asking was that Mr Arnott had stated that Coltness High School was in Coltness because of its name. Using this same reasoning Mr Arnott was asked whether Coltness Parish Church at the eastern edge of the proposed neighbourhood on Cambusnethan Street and close to Newmains was also in Coltness. Mr Arnott thought it may have been.
- 6.28 **Having ascertained that Mr Pollock had no further questions, the chair then invited questions from Mr Stephen Welch, Welch Chemists Ltd, to Mr Arnott**
- 6.29 Mr Welch had no questions for Mr Arnott
- 6.30 **The Chair then invited Mr John Connolly, The Deans Partnership, to question Mr Arnott.**
- 6.31 Mr Connolly asked whether Mr Arnott foresaw any difficulty in providing services if demand increased demand in future. The answer was no and similarly there would be no restriction in services. The extended opening hours 9am-9pm 365 days per year not only benefitted patients but allowed services to be planned.
- 6.32 Mr Connolly continued by asking whether Lloyds delivered to patients. Mr Arnott said that Lloyds did deliveries.
- 6.33 **Having ascertained ascertained that Mr Connolly had no further questions, the Chair then invited questions from Members of the Committee in turn to Mr Pollock.**

- 6.34 Mrs Park asked Mr Arnott to define the neighbourhood. The neighbourhood statistics were broken down as Cambusnethan. Mr Arnott defined the neighbourhood as per the signposts in the area. The 30mph sign crossed Kirk Road, so the eastern boundary was Thrashbush Avenue, the southern boundary the green area below Cambusnethan Street, northern boundary Louisville Avenue and the western boundary the greenbelt to the west of Lewis Avenue. When asked whether the houses in Louisville Avenue were to be included Mr Arnott said this was debateable.
- 6.35 When asked by Mr Mackenzie of the impact on Lloyds losing 10% of its business, Mr Arnott said that it would have a major impact especially if all 10% was lost from only one pharmacy. It may affect the number of Lloyds Pharmacies in Wishaw and the extended opening hours currently offered.
- 6.36 Mr Arnott was asked whether Lloyds pharmacies were bigger or smaller than that proposed by the applicant. When existing Lloyds pharmacies were being refitted two consultation rooms were now been created. Mr Arnott thought it would be difficult to incorporate two consultation areas in 506 square feet so this size of premise would not be considered by Lloyds.
- 6.37 Mr Woods was surprised to learn that the area of Lloyds Kirk Road Pharmacy was 750-800 square feet.
- 6.38 The argument had been used by the applicant of a possible future potential inadequacy for those pharmacies dispensing high volumes of prescriptions because the other services required would not be able to be provided. Mr Arnott was asked to respond to this argument. Mr Arnott referred to a model proposed by Bill Scott whereby pharmacies of the future would not be dispensing vast numbers of prescriptions but instead these would be dispensed from hubs. This would allow pharmacies to concentrate on the provision of services. Lloyds in Wishaw which was open from 9am to 9pm currently produced 350 CDS trays. There was no pressure on this service from the volume of prescriptions dispensed. Prescription for Excellence also reflected this model. Mr Arnott did not consider the pharmacy services currently provided Lloyds to be inadequate in any way.
- 6.39 Mr Woods went on to ask whether Mr Arnott disagreed with the idea of servicing the local community. Mr Arnott agreed that the local community should have access to adequate healthcare provision but this did not necessarily mean on the doorstep. Asking a 15 year old to walk 0.5 miles to access a pharmacy was not exceptional.
- 6.40 Mrs Caraher asked whether Lloyds would collect a prescription from a customer living in Tasmania Quadrant. Mr Arnott confirmed it could be collected following Lloyds standard operating procedure.
- 6.41 In response to questioning as to whether Mr Arnott knew of any chemist that had gone bankrupt in the past ten years, the answer was no but if a thousand extra pharmacies opened without government funding then bankruptcy would occur.
- 6.42 The Chair asked if the difference in the Cambusnethan population between Lloyds and the applicant could be accounted for by the shift in the western

boundary. Lloyds had estimated the population as 2813 whilst the applicant 4267. Mr Arnott said this was the case. Lloyds had quoted the figure as per the Scottish Statistical Neighbourhood information for Cambusnethan whereas the applicant had used two or three datazones that were not specified as being part of Cambusnethan.

6.43 The Chair went on to ask where Lloyds would draw the line for the number of prescriptions dispensed. Mr Arnott stated that it could get to a stage where the premises were not big enough. Currently Lloyds pharmacy was open 84 hours per week compared to 51 hours for that proposed. Lloyds workload was therefore spread over 84 hours. Volume was not a limiter on the number of prescriptions dispensed but depended upon how work was planned, organised and dispensed. Lloyds assembled prescriptions offsite in Glasgow to enable pharmacies to focus on providing services.

6.44 **The Chair asked if anyone had any further questions for Mr Arnott.**

6.45 Mr Pollock asked whether Lloyds saw its vulnerable patients regularly for which dispensing packs were provided. Mr Arnott said that Lloyds did domiciliary visits if necessary. Having two pharmacists in store meant that the main pharmacist was available to carry out these visits.

6.46 Mr Arnott confirmed that very few patients visited Lloyds Pharmacy during the extended opening hours. There was no capacity issue dispensing 150,000 prescriptions as staff had more time when stores were quiet to focus on these volumes.

7. **Having ascertained that there were no further questions for Mr Arnott, the Chair then invited Mr Stephen Welch to make representation on behalf of Welch Chemists Ltd**

7.1 Mr Welch read aloud the following pre-prepared statement:

7.2 "1- Boundaries between Cambusnethan, Newmains, Wishaw and Coltness are not distinct. Housing is continuous. The proposed boundaries are debatable.

7.3 2- There has been no significant population change in the applicant's proposed area since the last application was refused.

7.4 3- Access to a pharmacy does not necessarily have to be every half mile for adequate services to be provided. For vulnerable, disabled or house bound patients 20 yards or 1 mile makes no difference to accessing a pharmacy. There is access to advice via the phone, prescription collection and house deliveries.

7.5 4- Health centre pharmacy at 17 Manse Road is more than "just a hatch". There is a consultation room and a limited 'P' and 'GSL' range on display for purchase. There is also very fast liaison with doctors and nurses on site. GSL medication for self selection is also provided at 88 Manse Road and any convenience store, petrol station and supermarket often with extended opening hours.

- 7.6 5- There is an excellent bus service between Wishaw, Cambusnethan and Newmains. Staff and customers report regular service with 266 and 267 with 10 to 15 minutes between buses Monday to Friday and every 20 minutes on a Saturday.
- 7.7 6- A pharmacy opening at the proposed site will close down the current business trading from the site. This will replace jobs not create new ones.
- 7.8 7 - A new pharmacy will adversely affect the other pharmacies in the area at a time of significant changes to pharmacy remuneration and service requirements. There is a fixed global sum and targets have to be attained per capita. A new pharmacy will have a detrimental effect on this balance.
- 7.9 8- I believe that the current pharmacy provision is more than adequate for the Wishaw, Cambusnethan, Newmains and Coltness area. The current service provision is better than it was when the previous application was rejected. A new pharmacy will add nothing to what is currently provided.”

**Mr Welch concluded his presentation**

- 7.10 **The Chair then invited questions from Mr Paul Pollock, Mitchell & Pollock Ltd, to Mr Welch**
- 7.11 Mr Pollock referred to the second point made by Mr Welch in the statement above and asked whether there were two large housing developments being built in the area. Mr Welch reckoned these were in Wishaw and Newmains not Cambushnethan. Mr Pollock stated that the population had increased 10-11% between 2001 and 2009 and asked whether this increasing trend had continued since 2009. Mr Welch imagined that the population had gone up but was unable to provide figures.
- 7.12 **Having ascertained that Mr Pollock had no further questions, the Chair then invited questions from Mr Tom Arnott, Lloyds Pharmacy Ltd to Mr Welch**
- 7.13 Mr Arnott had no questions for Mr Welch
- 7.14 **The Chair then invited Mr John Connolly, The Deans Partnership to question Mr Welch**
- 7.15 Mr Connolly noted that the new housing developments were comprised of Stewart Milne homes which were “nice” houses. When asked, Mr Welch did not think these residents were likely to be high users of pharmacy services.
- 7.16 Finally Mr Connolly asked whether Mr Welch had any capacity issues from the increasing elderly population. Mr Welch did not foresee any issues but would address the problem should it arise.

- 7.17 **Having ascertained that Mr Connolly had no further questions for Mr Welch, the Chair then invited questions from Members of the Committee in turn to Mr Welch**
- 7.18 Mrs Park wondered if a timescale was available for completion of the housing development in Morningside. Mr Welch did not know the exact timescale but much of the development had already been built and included a nursing home.
- 7.19 When pressed to define the neighbourhood, Mr Welch agreed with Mr Arnott's definition which was slightly smaller than the applicant's.
- 7.20 Mr Welch was unable to provide information on the number of patients from that area currently using the pharmacy at 88 Manse Road but said 73% of the prescriptions dispensed from that pharmacy came from doctors' surgeries in Wishaw. It was not known how many eMAS patients were registered outwith Newmains.
- 7.21 Mrs Park concluded by asking for an indication of the demand for a delivery service from the proposed neighbourhood. Mr Welch was unable to provide a figure but deliveries were made on request.
- 7.22 Mr Mackenzie asked about the impact on Welch Chemists Ltd if 10% of its business was lost from each Welch pharmacy. Mr Welch confirmed that this would have a detrimental effect given that most the business at 88 Manse Road came from prescriptions issued by doctors in Wishaw.
- 7.23 When asked, Mr Welch estimated the size of 88 Manse Road as 800-1000 square feet and 17 Manse Road as 700-800 square feet.
- 7.24 As a high dispensing pharmacy, Mr Woods asked how Mr Welch would defend an accusation that a good service was not being provided. Mr Welch explained that both premises coped well with adequate staffing levels – 88 Manse Road had six or seven dispensing staff and two full time pharmacists whilst 17 Manse Road had three dispensing staff and one full time pharmacist. Both provided the other services without any problems. Having two pharmacists meant that one could provide consultations whilst the other dispensed prescriptions. No complaints had been received from NHS Lanarkshire or customers. Welch customers were not made aware of the complaints procedure but would make any concerns known.
- 7.25 With 88 Manse Road dispensing 73% of its prescriptions from Wishaw doctors, Mr Woods presumed that these were from residents of the Newmains area. Mr Welch said this information had not been broken down to address level but residents were from Newmains, Morningside, Bonkle and Wishaw. Most of these prescriptions were brought in off the street though an increasing number were collected.
- 7.26 Mr Caraher recalled an incident with Welch pharmacy whereby a request to pick up and deliver a prescription was refused. It was an unusual circumstance when Mrs Caraher was not able to do it herself but Welch Chemists were unable to help. The exact date this happened was unknown but it was within the past year. Mr Welch explained that changes had been



made in the last three months. Generally now if someone asks then the pharmacy would go out of its way to make sure the prescription was delivered.

7.27 The Chair was concerned that there was currently a business trading from the proposed site. Mr Pollock gave reassurance that this was a temporary arrangement and there would be no issue taking occupancy to open the pharmacy.

**8. Having ascertained that there were no further questions for Mr Welch, the Chair then invited Mr John Connolly to make representation on behalf of the Deans Partnership.**

Mr Connolly read aloud the following pre-prepared statement:

8.1 "I'm sure we're all well aware of the legal test and we've been provided with a very useful document that tells us the factors to be considered when applying the test and in what order it should be done.

8.2 Firstly, what is the neighbourhood in which the premises are located? Always a difficult decision. It appears to me that the applicant has created a false neighbourhood in order to maximize his population whilst excluding pharmacies from it. The western and eastern boundaries proposed do not exist.

8.3 The northern and southern boundaries are greenbelt land - obvious natural boundaries that I would tend to agree with.

8.4 The western boundary the applicant has chosen however baffles me. Considering Coltness Road to be a boundary simply does not make sense - it is easily crossed and not a big enough road to be considered a physical boundary, the housing style on both sides of the street are the same and hence it can be described as a boundary. I would suggest that a more sensible boundary would be between Thrashbush Avenue and Mossneuk Crescent and behind Coltness High School - where there is a difference in housing style - local authority vs private dwellings. Continuing down the Eastern edge of the cemetery. The Western boundary again I believe is flawed as there is continuous housing between Cambusnethan and Newmains of a similar style. I would actually argue for this reason that Cambusnethan and Newmains are part of the same neighbourhood.

8.5 From judicial guidance handed down by Lord Nimmo-Smith and others the applicants neighbourhood does not make sense and cannot be considered a neighbourhood for all purposes.

8.6 Residents of Cambusnethan all require to travel to Wishaw and Newmains as part of their everyday lives to access services and shopping.

8.7 I submitted some bus time tables that show there is an exceptional bus service available to the residents of Cambusnethan. I apologise for the volume but it is important to have this information on record. This shows that there are 12 buses an hour that go from Cambusnethan to Wishaw, one every 6-9 minutes and a journey of around 4-6 minutes. There are 12 that make the return journey at exactly the same frequency. In addition, there are a further 12

buses per hour that go from Cambusnethan to Newmains and again 12 making the return journey.

- 8.8 All of which practically stop right outside a pharmacy. I can't imagine many places where there is a better and more frequent bus service.
- 8.9 A really significant point that struck me when I was out looking around Cambusnethan was just how many houses had cars parked outside them during the day. This prompted me to look at car ownership numbers on Scottish Census Results Online which showed me that the percentage of houses with no car was far lower in Cambusnethan than compared with the rest of Scotland (26.9% vs 34.2%) and the number of households with 2 cars was significantly higher in Cambusnethan compared to the rest of Scotland.
- 8.10 So we can see that residents are extremely mobile and will have little difficulty accessing services due to high car ownership, excellent public transport and the numerous pharmacies in close proximity.
- 8.11 Looking at Scottish Neighbourhood Statistics, we can see that much of Cambusnethan is very affluent with low levels of unemployment, good levels of health and good rankings in the Scottish Index of Multiple Deprivation, something that I'm sure you'll have noticed on your site visit around the area.
- 8.12 That said, I don't believe it matters how the neighbourhood is defined, as I don't think neighbourhood is the key factor here. The over-riding fact is that the people who live in Cambusnethan have excellent pharmaceutical services and have excellent access to them. Not only are these services adequate, I would go as far to say that the people who live in Cambusnethan have better access and better pharmaceutical services than most people in Scotland.
- 8.13 This brings us onto the second point to be considered - What are the existing services to the neighbourhood? Not just those in the neighbourhood, we also need to consider those services provided from outside the neighbourhood too.
- 8.14 I know that all the pharmacies in the area provide an excellent service, but the only one I can talk about with any real authority is my own.
- 8.15 We moved into our existing premises in November 2010. They were custom built and we invested a significant amount of money to create a pharmacy of the highest standards. Our unit is 1850sq ft, which allows us plenty room to grow and adapt to meet any changes in how pharmaceutical services are delivered. I passionately believe that we deliver a first class service that goes above and beyond what is expected and provide services well in excess of the core services of the contract.
- 8.16 In order to ensure that we can deliver the highest possible standards, we have an extremely skilled workforce. We have 2 pharmacists, which allows us to provide home visits by a pharmacist to ensure that housebound patients or those with mobility problems have full access to services. It also allows us to fully engage with new parts of the contract such as the Chronic Medication Service and to ensure that we can fully embrace new developments that may come out of Prescription for Excellence.

- 8.17 We have an Independent Prescribing Pharmacist and are about to commence a Champix Smoking Cessation Clinic. We have 2 consultation rooms available to enable us to deliver such services. We have an Accredited Checking technician which also enables pharmacists more time to engage with patients and deliver new services. We have a pre-registration pharmacist, several dispensing technicians and healthcare counter assistants. We have a free to all prescription collection and delivery service. This service delivers to Cambusnethan and so the new pharmacy would not provide anything that is not already provided.
- 8.18 We constantly evaluate the level of service we provide. We have independent mystery shoppers who visit the pharmacy 4 times per year. We carry out 2 patient surveys per year and also attend local community council meetings and pensioner groups amongst others to gauge feedback about our services.
- 8.19 We operate 3 full line wholesaler accounts as well as multiple shortline accounts to ensure we have adequate stock for our patients, this is something which the contractor members in the panel adds a significant monthly cost to the business.
- 8.20 I think it is evident from the excellent service provided by my own pharmacy and the 7 others which are very close by, that access to pharmaceutical services in the neighbourhood, no matter how you define its boundaries is more than adequate.
- 8.21 The applicant has not provided one single shred of evidence to show inadequacy. There are 3 pharmacies within 0.8 miles of the applicant's premises and several more nearby, it is ludicrous to suggest that accessibility is a problem.
- 8.22 If the services are deemed to be adequate then the application fails the legal test and must be refused."

**Mr Connolly concluded his presentation**

- 8.23 **The Chair then invited questions from Mr Paul Pollock, Mitchell & Pollock Ltd to Mr Connolly**
- 8.24 Mr Connolly was asked whether the first sign on Cambusnethan Street indicated the start of the Cambusnethan neighbourhood but disagreed in favour of the sign further up the hill.
- 8.25 Mr Pollock asked why people getting a prescription in Wishaw went to Deans Pharmacy rather than Lloyds. Mr Connolly surmised that these people probably lived in the direction of Deans Pharmacy and passed it on the way home. Mr Pollock pointed out that people were using pharmaceutical services out-with Wishaw town centre.
- 8.26 Mr Pollock referred to the reason given by Mr Connolly for not using Coltness Road as the western boundary because the housing on both sides of the street was the same and asked whether this was not also the case on Thrashbush Avenue. Mr Connolly said that the boundary would be between Thrashbush Avenue and Mossneuk Crescent and that the cemetery further

south was a natural boundary. Mr Pollock agreed that the cemetery was the natural boundary but remained confused with the boundaries proposed by Mr Connolly. The northern boundary was given as behind Coltness High School, going south between Thrashbush Avenue and Mossneuk Crescent, cutting across Moss Park. The different housing styles constituted the boundary.

- 8.27 Mr Pollock explained that the majority of pupils attending Cambusnethan Primary School ultimately went to Coltness High School. Whilst Mr Connolly agreed with Mr Pollock that communities were shared it was stressed that neighbourhoods were distinct.
- 8.28 Mr Pollock noted that it was said that the proposed pharmacy was no different from existing pharmacies so asked how many clinics were run at Deans Pharmacy. Mr Connolly hoped there would be a clinic every week but was dependent on funding. Mr Pollock highlighted that the pharmacy in Cambusbarron ran four clinics per week. As this pharmacy was not in Cambusnethan, Mr Connolly stated that the number of clinics run in Cambusbarron had nothing to do with this neighbourhood or application. The funding available for clinics differed by Health Board area.
- 8.29 Mr Pollock referred to Mr Connolly's statement that residents were not deprived and asked whether this meant that there should not be a pharmacy in Newton Mearns or Bearsden. Mr Connolly clarified that what was said was that existing services were adequate for people living in Cambusnethan.
- 8.30 Mr Connolly was congratulated on the success of Deans Pharmacy and the fact that it was thriving. Mr Pollock said there was a real need for it in the neighbourhood and suggested that Cambusnethan was similar to Coltness. However Mr Connolly thought both neighbourhoods very different: there was a high incidence of deprivation in Coltness and the population was bigger. One of the reasons Deans Pharmacy had flourished was because it was convenient but this had nothing to do with the statutory test.
- 8.31 Mr Pollock suggested that if pharmacy services in the area were adequate then there would have been complaints from residents about this application. However Mr Connolly did not think people would complain about an additional pharmacy that was convenient for Cambusnethan residents. Mr Connolly informed the hearing that a pharmacy in Cambusnethan had been considered before opening in Coltness but had been dismissed due to its close proximity to Wishaw.
- 8.32 Mr Pollock suggested the argument completely flawed that Mary Glen residents had as far to travel to the site of the proposed pharmacy as those in Newmans or Coltness. Mr Connolly said that people living in these areas expected to travel to access services. There were no issues accessing existing pharmacies given the high level of car ownership and frequent bus services.
- 8.33 **Having ascertained that Mr Pollock had no further questions the Chair then invited questions from Mr Tom Arnott, Lloyds Pharmacy Ltd to Mr Connolly.**

- 8.34 Mr Arnott asked whether Deans Pharmacy had any capacity issues. Mr Connolly said there were none and the pharmacy was more than comfortable dispensing the volume of prescriptions currently handled whilst fully engaged in providing other services. Should there be any future capacity issues pharmacies would collaborate and use robotics to increase dispensing capacity. The shop had been designed to enable robots if required – these would massively increase dispensing volume. Action would be taken to employ additional pharmacists before capacity became an issue.
- 8.35 Mr Connolly was asked about the impact of Deans Pharmacy losing 10-15% of its business. This would definitely have an impact on its ability to employ a second pharmacist and may consequently affect opening hours.
- 8.36 **Having ascertained that Mr Arnott had no further questions, the Chair then invited questions from Mr Stephen Welch, Welch Chemists Ltd to Mr Connolly**
- 8.37 Mr Welch had no questions for Mr Connolly
- 8.38 **The Chair then invited questions from Members of the Committee in turn to Mr Connolly**
- 8.39 Mrs Park sought to clarify the boundary that was flawed as the Newmains side had been referred to as the western boundary. Mr Connolly apologised for the confusion and confirmed this was in fact the eastern boundary. Mr Connolly was inclined to agree with the neighbourhood definition provided by Mr Arnott and did not agree with the western boundary proposed by the applicant. The cemetery provided a physical boundary and patients living in Coltness Road described themselves as being from Wishaw.
- 8.40 Mrs Park went on to ask how Mr Connolly envisaged Mossbank Road residents accessing pharmacy services. It was surmised that pharmacy access would be obtained by turning right onto Coltness Road and going along to Deans Pharmacy.
- 8.41 There was an idea that there would be demand for eMAS and smoking cessation from the proposed neighbourhood. Mr Connolly stated that the area to the east of Branchal Road was more affluent. Generally the more affluent an area, the lower the requirement for services such as eMAS and NRT. People living in the Cambusnethan neighbourhood may also access these services from other pharmacies. However there were no figures for use of pharmacy services from this area.
- 8.42 Mrs Park concluded by asking whether there was a demand for deliveries into the proposed neighbourhood. Deans Pharmacy did deliver into Cambusnethan and did not refuse anyone who asked even though there was a cost implication for the pharmacy.
- 8.43 Mr Mackenzie advised that he had no questions for Mr Connolly
- 8.44 Following on from Mrs Park's final question, Mr Woods asked whether deliveries were essentially only made to the Coltness community. Mr Connolly

said that was not the case, deliveries were made to the whole community with customers in Newmains, Cambusnethan, Gowkthrapple etc. The majority of services were provided to Coltness but were not restricted to that neighbourhood.

- 8.45 Mr Woods asked for evidence about how services at Deans Pharmacy had changed following feedback from the community. Mr Connolly explained that the feedback was more around what patients wanted at the pharmacy and to understand more about the medicines. There had been no feedback to indicate anything was wrong. Changing pharmacy services was more of an evolution than revolution.
- 8.46 Mr Woods asked about visits by the pharmacist into the local community. Mr Connolly said home visits were by no means a highly used service as people were quite independent. In Mr Connolly's experience people aged over 60 years were not vulnerable.
- 8.47 Mr Connolly was then asked if the opening of a new pharmacy would add to the services available. It was highlighted that the current pharmacies provided adequate services and any additional pharmacies would dilute the sum available to each to provide these services. Quality not quantity of services was required.
- 8.48 In response to questioning about the applicants wanting to do what Mr Connolly had done, the reply was that the applicants had not shown there to be an inadequacy.
- 8.49 Mrs Caraher wanted to know more about the role of an accredited checking technician. Mr Connolly explained that an accredited checking technician was a pharmacy technician with additional training that enabled final prescription checking. A pharmacist clinically checked the prescription which was made up by a dispensing technician. The accuracy on the prescription label was then checked by an accredited checking technician. This freed up pharmacist time to be put to better use. Accredited checking technicians were widely used in hospitals and were as accurate as pharmacists.
- 8.50 When asked by the Chairman no panel member, applicant or interested party wanted to return to any previous point made in the questioning of Mr Connolly.

**This concluded the presentations.**

- 8.51 The Chair advised that two late emails had been received in relation to this application. One expressed an objection to this application from Elaine Aggleton but did not cover any point not already discussed. The other was from Councillor McKendrick in support of the application and had already been mentioned in the presentation from Mr Pollock. This information was noted and accepted by all the parties present, no questions were raised on those items of correspondence.

## **9. Summaries**

9.1 **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.**

9.2 **The Chair then invited Mr John Connolly, The Deans Partnership to sum up his presentation**

9.3 Mr Connolly did not agree with the applicant's definition of neighbourhood and thought the one proposed by Mr Arnott more sensible. No evidence of inadequacy had been demonstrated. The population of Cambusnethan was highly mobile and had access to excellent pharmacy services. Mr Connolly thought the application failed the statutory test and should not be granted.

9.4 **The Chair then invited Mr Stephen Welch, Welch Chemists Ltd to sum up his presentation**

9.5 Mr Welch stated that the current pharmaceutical services were perfectly adequate and provided services to the whole area. The Panel was asked to refuse the application.

9.6 **The Chair then invited Mr Tom Arnott, Lloyds Pharmacy Ltd to sum up his representation**

Mr Arnott concluded that the proposed pharmacy was more about convenience than necessity as the neighbourhood had access to three pharmacies within 0.8 miles of the proposed site. There had also been no complaints about the services provided by the existing pharmacies. On these grounds Mr Arnott asked that this application be refused.

9.7 **The Chair then invited Mr Paul Pollock, Mitchell & Pollock Ltd to sum up his representation**

9.8 Mr Pollock read the following pre-prepared statement

"The statutory test asks the following:

1. What is the neighbourhood - this has been answered and supported by road signs, the public and a general acceptance that Cambusnethan is not Newmains, Coltness or Wishaw.

2. What are the existing services in the neighbourhood - there are no services.

3. Are the services adequate - No services exist in the defined area

4. Why are they not adequate - They are not adequate due to the opinions of the public and councillors alike and distance to other pharmacies demonstrate this clearly.

5. Would the application secure adequate services - Yes the pharmacy would provide all parts of the contract and explore opportunities to offer

additional services.

6. Is it likely to open within 6 months – Yes

7. Is it necessary to grant the application - With the accepted levels of deprivation in the wider area, the pharmacies will have to provide higher than average levels of pharmaceutical care as well as dispensing services. Cambusnethan to the local pharmacy is an unacceptable journey time with travel often compromised.

8. Is it desirable - Yes, strong support in the community.”

9.9 For all these reasons Mr Pollock urged the Panel to approve the application.

9.10 **The Chair thanked everyone for their contributions**

## **10. Retiral of Parties**

10.1 The Chairman then invited each of the parties present that had 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. Having been advised that all parties were satisfied, the Chairman 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.

10.2 The Chairman 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 1220 hours**

**The Committee reconvened at 1240 hours.**

## **11. 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 Wishaw 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 Wishaw and the surrounding area.
- iii. A map of Wishaw and surrounding areas.
- iv. Prescribing statistics of the Doctors within the town of Wishaw and surrounding areas



- v. Dispensing statistics of the Pharmacies within the town of Wishaw and surrounding areas.
- vi. Demographic information on the towns of Wishaw, Newmains, Cleland and Overtown taken from the 2001 Census.
- vii. Report on Pharmaceutical Services provided by existing pharmaceutical contractors within the town of Wishaw and surrounding areas
- viii. The application and supporting documentation provided by the Applicant on 6 November 2013.
- ix. Letter received on 13 January 2014 from Mrs Julie Arthur, PFPI Project Assistant intimating the views of Wishaw community forum
- x. Additional information provided by Mr Connolly and issued on 24 January 2014.

## **12 Decision**

- 12.1 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.

### **Neighbourhood**

- 12.2 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.
- 12.3 The Committee was content to define Cambusnethan as a neighbourhood. Mrs Caraher advised that Cambusnethan Primary School was now located behind Greenfield Drive and not off Kirk Road as shown on the map. The Committee did not consider using the Cambusnethan sign at the bottom of Coltness Road to mark the boundary of the Cambusnethan neighbourhood because local knowledge indicated that residents from the Mossbank Road/Mossneuk Park area were considered to be from Coltness. There was evidence of population flow along Coltness Road to Deans Pharmacy and those pharmacies surrounding the health centres.
- 12.4 Arguments against the applicant's proposed western boundary rang true with the Committee, Meadowburn Road was more part of Wishaw than Cambusnethan. Meadowburn Road residents tended to travel into Wishaw rather than in the opposite direction to Cambusnethan. The housing in Coltness Road was of a similar type to that in Mossbank Road/Mossneuk Crescent. This led the Committee to decide that Coltness Road was not an appropriate western boundary. Thrashbush Avenue was instead considered by the Committee to form part of the western boundary as the housing in Mossneuk Crescent was of a different type to that in Thrashbush. The burial ground also provided a natural boundary.

- 12.5 The neighbourhood proposed by the Committee contained shops, a pub, a primary school and two churches. There was a mixture of housing and a sign that welcomed people into Cambusnethan.
- 12.6 The Committee agreed that the neighbourhood should be defined as:
- To the North - The area of greenbelt to the east of Coltness crossing Mossneuk Plantation and encompassing the top of Branchal Road
  - To the East – The greenbelt area as far as the point where Cambusnethan Street joined Manse Road then south crossing Woodhall Road
  - To the South - The greenbelt area crossing Eastmuir Plantation back up to Cambusnethan Street between the burial ground and West Gate
  - To the West - The most easterly Cambusnethan sign on Cambusnethan Street northwards up Thrashbush Avenue and round the boundary of Coltness High School

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

- 12.7 Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of existing pharmaceutical services in that neighbourhood and, if the committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.
- 12.8 The Applicant had argued that travel and parking issues impacted on the adequacy of the existing pharmaceutical services. However the road works were temporary and once completed were expected to improve travel and access to Wishaw town centre as was the proposed new car park.
- 12.9 The population of Cambusnethan was highly mobile and not expected to increase in the foreseeable future. Additionally no complaints had been raised about the existing pharmaceutical services.
- 12.10 The Committee did not share the view of the applicant that pharmacies dispensing high volumes of prescriptions had difficulty providing services. The complete absence of a survey meant that all evidence was circumstantial. Indeed the evidence given by the interested parties was to the contrary.
- 12.11 The neighbourhood as defined by the Committee (approximate population 2800) was of a smaller size than that of the applicant. Cambusnethan residents were also required to move out of the neighbourhood for other services e.g. shopping.
- 12.12 The Committee drew a clear distinction between the Applicant's arguments around what might be deemed to be the convenient location of a pharmacy for a community, based on the proximity and ease of access of a local pharmacy, and the statutory test of what was considered an adequate provision of pharmaceutical services in the neighbourhood. Cambusnethan was, socially, a very mixed neighbourhood, it was a neighbourhood that was well serviced by

public transport (a regular supply of buses) , the population had a good level of mobility (a high percentage of car ownership, with some households having two cars), and local people were well used to travelling into Wishaw and Newmains for shopping and other facilities (including the health centre and medical practice).

- 12.13 There was a high demand on the services provided by nearby pharmacies (the parties objecting to the application had given clear evidence that they were able to cope, and that evidence had not been contested by the applicant), there were no complaints whatsoever against those pharmacies and there was absolutely no evidence of any lack of quality by those pharmacies. Where patients were not able to avail themselves directly of those services, provision had been made for home deliveries. The Applicant's case was based solely on what they saw as inconvenience for the local population, which they had mistakenly interpreted as inadequacies, and it did not establish any inadequacies at all in the existing services.
- 12.14 The Committee concluded that there was no evidence provided to demonstrate any inadequacy of the existing pharmaceutical services to the Cambusnethan neighbourhood.
- 12.15 Following the withdrawal of Mrs Park and Mr Mackenzie 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 into the neighbourhood was adequate.
- 12.16 Accordingly, the decision of the Committee was unanimous 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.
- 12.17 Mrs Park and Mr Mackenzie were requested to return to the meeting, and advised of the decision of the Committee.**

**The meeting closed at 13:30 hours**