

## MINUTE: PPC/2014/05

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Monday 10 November 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

Mr Charles Sargent

Mr John Woods

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

Mrs Janet Park

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

Mrs Catherine Stitt

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

### 1. **APPLICATION BY MR PETER BARILONE**

There was submitted an application and supporting documents from Mr P Barilone received 5 August 14, for inclusion in the Pharmaceutical List of Lanarkshire NHS Board in respect of a new pharmacy at 34 Main Street, Bothwell, Lanarkshire, G71 8EY.

#### **Submission of Interested Parties**

The following documents were received:

- i) Letter received via email on 1 September 2014 from the Area Pharmaceutical Committee
- ii) Letter received on 8 September 2014 from Boots UK Ltd
- iii) Letter received on 11 September 2014 from the Central Pharmacy Ltd
- iv) Letter received via e-mail on 12 September 2014 from Lloyds Pharmacy Ltd
- v) Letter received on 16 September 2014 from W Y Graham Ltd

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

- i) Letter received on 30 September 2014 from Bothwell Community Council
- ii) Letter received on 8 October 2014 from Miss Julie Arthur, PFPI Project Assistant, NHS Lanarkshire, intimating the views of the Hamilton and District Public Partnership Forum
- iii) Letter received on 13 October 2014 from Councillor Maureen Devlin, Depute Chair Social Work Resources, South Lanarkshire Council
- iv) E-mail received on 13 October 2014 from Ms Tracy Slater, Administration Officer, South Lanarkshire Council

## **2. Procedure**

- 2.1 At 09:30 hours on Monday, 10 November 2014, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Mr Peter Barilone (“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 Bothwell 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 advised that Ms 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 Mrs Langan to invite the Applicant and Interested Parties to enter the hearing.

## **The open session convened at 10:00 hours**

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

The Chairman welcomed all and introductions were made. The Applicant, Mr Peter Barilone was accompanied by Mr Mario Lummi. From the Interested Parties eligible to attend the hearing the following accepted the invitation: Mr Charles Tait (accompanied by Ms Shirley Frew) – Boots UK Ltd, Mr Tom Arnott (accompanied by Ms Karen Govan) - Lloyds Pharmacy Ltd, Mr James Paterson – William Y Graham Ltd. Mr Paterson gave apologies on behalf of Ms Ishbel Graham.

- 3.1 The Chairman advised all present that the meeting was convened to determine the application submitted by Mr Barilone in respect of premises at 34 Main Street, Bothwell, Lanarkshire, G71 8EY. 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 which the Chairman read out in full:

“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.”

- 3.2 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. Comments made in the Applicant’s statement about the statutory test and its relevance had been noted but the Committee were obliged to comply with the relevant statutory provisions and to apply the statutory definition set out above to this application. Reference had also been made by Boots to previous PPC and National Appeal Panel (NAP) decisions relating to pharmacy applications in Bothwell. However the Chairman advised that this was a fresh application being heard by a fresh Panel so judgement would only be made on written evidence submitted and oral evidence provided during the hearing. Mr Tait was entitled to make reference to these decisions, if relevant, when stating Boots case which the Applicant and other Interested Parties had the right to question. When asked, all parties at the hearing acknowledged the Chairman’s comments and confirmed agreement with that approach.
- 3.3 A change was announced in that Mrs Margaret Morris, PPC Co-Chair, was not in attendance due to ill health. Mrs Morris had planned to attend in an observational capacity.
- 3.4 The Chairman then advised that Ms Anne 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 Ms Ferguson was independent of Lanarkshire NHS Board and would play no part in either the public or private sessions of the Committee.

- 3.5 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.
- 3.6 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.
- 3.7 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 Peter Barilone, to speak first in support of the application**

4.2 Mr Barilone read aloud the following prepared statement:

4.3 "I would like to thank the Committee for giving me the opportunity to present my case today.

4.4 My name is Peter Barilone. I have been a qualified pharmacist since 1995. During that time I have worked as a pharmacy manager and a self-employed locum. I also returned to Strathclyde University to study for a Masters in Marketing.

##### **4.5 THE NEIGHBOURHOOD**

4.6 I have defined the neighbourhood in question as the village of Bothwell:

NORTH: The grounds of Bothwell Castle, cutting through the Golf Club and onto Hornal Road and Goldie Road  
WEST: The River Clyde  
SOUTH: The River Clyde  
EAST: The M74 motorway

4.7 The legal test was introduced in 1987 to maintain a rational distribution of community pharmacies and end the practice of leapfrogging, whereby pharmacies located as close as possible to GP surgeries. While this model was fit for purpose, this cannot always be said when considering the new pharmacy contract. When Control of Entry was introduced there was no formal contract set in place to provide core pharmaceutical services. In order to deliver a modernised, community based contract in every neighbourhood, the current framework for defining adequacy needs to consider the infrastructure required to support and deliver it. In putting the legal test on a pedestal, there is a danger that it can be looked upon as a scientific formula,

quantitatively defining whether a neighbourhood has adequate provision. This can act as a barrier to providing a well-balanced distribution of pharmaceutical services within a neighbourhood.

- 4.8 The validity of the application is dependent on whether it would secure adequate provision of pharmaceutical services in the neighbourhood. Due consideration should be taken into account with regard to the following factors:

POPULATION

DEMOGRAPHICS

EASE OF ACCESS

WORKLOAD

4.9 THE POPULATION

- 4.10 The General Register Office for Scotland estimates the current population of Bothwell to be about 6460. This population is rising and this will add pressure on existing pharmaceutical provision. The judicial review in the case of *Lloyds Pharmacy v the National Appeal Panel and EA Baird Ltd (June 2004)*, highlighted the requirement that the PPC should consider probable and future housing developments in its decision making. Recently, there has been a resurgence in house building and planning applications in the neighbourhood.

- 4.11 The completed Silvertrees development has added 60 new apartments and CALA Homes have submitted a planning application to build 15 homes on Covenanters Field. CALA Homes have also started the application process to build 80 homes just off Blantyre Mill Road and Clyde Terrace. At a later stage there are plans to build affordable housing on land adjacent to this plot. This could almost double the original number of homes the developer intends to build. Robertson Homes LTD have submitted a proposal to build 43 homes on land previously occupied by Kirkland's Hospital. Permission has been granted to build 12 apartments at Croftbank Crescent and a decision is pending on an application to build 4 homes on land at Glebe Wynd. This brings the total of future new builds in Bothwell to circa 214. Using the average occupancy rate in Bothwell of 2.3 people per household, the population would increase by 492, increasing its population to 6952. This is a population rise of 8% over the next few years.

4.12 DEMOGRAPHICS

- 4.13 Deprivation and age are two demographic factors that should be considered when assessing adequacy of pharmaceutical provision. However, the lack of significant deprivation does not preclude the need for another pharmacy. Even though Bothwell is perceived as one of the most affluent and least deprived areas of Scotland according to Scottish Neighbourhood Statistics (SNS) it contains pockets where there are higher levels of deprivation than the rest of the neighbourhood. When you compare figures there is actually more social housing in Bothwell than there is in Uddingston. The Scottish Index of Multiple Deprivation (SIMD) rankings point to the Fallside Road (S01005985) and Woodlands (S01005994) areas as the more deprived of the eight data zones that make up Bothwell. These two areas have a higher proportion of social housing, unemployment and long-term illness.

- 4.14 The Office of National Statistics (ONS) has reported that the UK population is ageing and is projected to continue ageing over the next few decades with the fastest population increases in the numbers of those aged 65 and over. The majority of the population of Bothwell is middle aged. According to Information Services Division (ISD) Scotland data, 31% of the practice population of the Bothwell Medical Centre are made up of those aged between 45 and 65. The South Lanarkshire Council Area Profile Report shows that the percentage of those aged 65+ living in Bothwell is higher than the rest of Scotland. There is a higher percentage of pensioner and lone pensioner households. Consequently, the dependency ratio in Bothwell is greater than the rest of Scotland. As this population ages, its pharmaceutical needs will place a greater burden on existing service provision.
- 4.15 The ISD Scotland data shows that in 2013, the Bothwell Medical Centre issued over 200,000 items. Only 42% of these items were dispensed within the neighbourhood. The remainder of the prescriptions were dispensed in Uddingston, Viewpark and the surrounding area. This low percentage can in part be attributed to the practice population living outside of the neighbourhood, who have their prescriptions dispensed closer to home. This applies, in particular, to those patients living in Viewpark, who attended the now closed D'Silva practice. They were transferred to the Bothwell Medical Centre, but continue to have their prescriptions dispensed in their own neighbourhood.
- 4.16 The ISD Scotland data shows that Bothwell is indeed a neighbourhood where the majority of the population choose to have their prescriptions dispensed from. However, a significant proportion of the population choose to have their prescriptions dispensed out with the neighbourhood. 28% of residents living in South Bothwell and 47% living in North Bothwell have their prescriptions dispensed in Uddingston, Viewpark and the surrounding area. This may be due to a number of reasons. Results from the survey report revealed that a dissatisfaction with current provision within the neighbourhood is a determining factor. The residents of North Bothwell are geographically closer to Uddingston and Viewpark than South Bothwell. This may explain why the percentage migration is greater in North Bothwell.
- 4.17 EASE OF ACCESS
- 4.18 Car ownership in Bothwell is higher than the national average. The 2011 Scotland Census statistics showed that only 20% of households do not have a car as opposed to the 31% national average. There is a regular bus service connecting the neighbourhood to Uddingston, where its pharmaceutical services are provided by three pharmacies. Even though the committee should consider services located out with the neighbourhood providing services into the neighbourhood, it should be noted that a significant proportion of the population would rather walk in to the village to access pharmaceutical services.
- 4.19 The neighbourhood of Uddingston is currently undergoing its own house building boom which will add pressure onto its pharmaceutical services. The Stewart Milne, Sunnymead development on Bellshill road, will add 157 homes. Across the road from this, Springfield Homes have started building 85 homes. Barrett's recently completed The Grammar and The Avenue developments

added 95 and 35 properties respectively and its Moray View development on the border with the neighbourhood of Bothwell will see 76 homes being built. This brings a total of new builds in Uddingston to 448. Using the average occupancy rate in Uddingston of 2.2 people per household, the population would increase by 986, increasing its population to 6756. This is a significant population rise of 17%.

4.20 There is ample parking around the side streets of Bothwell, but on the main street the number is limited. There are also three car parks all of which are on the same side as the proposed new pharmacy. One at the Cooperative and the other two on either side of Green Street. The main street is a busy thoroughfare connecting Uddingston with Hamilton, the East Kilbride Expressway and the M74. There is only one pedestrian crossing on the central retail section of the main street so crossing the road to access Boots can be challenging. Residents tend to walk into the village and this is especially the case with the elderly population living in retirement flats and care homes who tend to shop locally.

4.21 There is also the issue of access difficulties for disabled patients given the entrance step into Boots, as highlighted in the photographs provided. Due to the design of the building and strict planning restrictions within Bothwell a fixed external ramp is prohibited. The only way to comply with the Equality Act of 2010 is to have another easily accessible pharmacy in the neighbourhood.

#### 4.22 WORKLOAD

4.23 The best way to measure workload in community pharmacy is to look at the number of items dispensed. Since 2003, NHS Lanarkshire has seen a 32% increase in the number of prescription items being dispensed. Under the new pharmacy contract the focus has moved towards the range of services provided, rather than the volume of prescriptions dispensed. This has not lead to a simple shift in workload from a product to a service based model. In reality, the new services have added to the increasing workload.

4.24 ISD Scotland data shows that in 2013 Boots in Bothwell dispensed 95,294 items. The Scottish average per head of population is 4500 people per pharmacy. With Boots currently serving 6460 people in the neighbourhood, this is much higher than the national average. While I do not necessarily believe that it is impossible for a pharmacy to effectively serve a population that large, I do feel it presents a number of challenges. Some of these challenges are unable to be met by good facilities, supplementary services, additional staff or a comprehensive delivery service.

4.25 The time freed up with instalment dispensing of the Chronic Medication Service (CMS), has just been redirected to the administrative burden of building care records and reviewing patient's medication. Boots in Bothwell currently have 879 patients registered for CMS. That is more than double the number registered at any of the pharmacies in Uddingston. This pressure on pharmacist's time will only be compounded as more patients are rolled out on to CMS. This is on top of trying to source medications through the Direct to Pharmacy (DTP) supply chain, providing Local Enhanced Services (LES) and also trying to comply with all the Standards set out by the General Pharmaceutical Council (GPhC) for registered pharmacies.

4.26 It will be interesting to see how the Scottish Government's 'Prescription for Excellence' strategy will be integrated into daily practice. Community pharmacists in the neighbourhood will be running clinics where they will be assigned patients on a named basis. GP's will make the diagnosis and refer the patient to the pharmacist to prescribe a treatment.

#### 4.27 MARKET RESEARCH

4.28 I wanted to understand where the residents of Bothwell accessed pharmaceutical services and also their experiences of current services in the neighbourhood. I commissioned a questionnaire from independent market research company Research Resource. The brief was to establish:

1. Which pharmacies are used by local residents and why?
2. The perception of Boots in Bothwell for those who used it in the last 12 months.
3. Suggestions for improvements to their service.

4.29 It was found that the majority of residents in the neighbourhood used Boots most of the time. The most common reason was that it was handy and local. Also commonly cited was that prescriptions were sent there from the GP so they had to go there and that Boots was the only pharmacy in Bothwell. Analysis by demographic group shows that those who live in social rented accommodation, those who do not have access to a car and those who have a disability are more likely to use Boots in Bothwell.

4.30 It is interesting to note that whilst the number going most commonly to Lloyds Pharmacy in Uddingston was small, the most common reason for going there was due to the inadequacy of the service provided at Boots in Bothwell i.e. poor service, long waiting times or issues with prescriptions.

4.31 When looking at perceptions of Boots, it was found that more than half of respondents:

- 74% always felt valued as a customer.
- 72% were always happy with the service.
- 72% did not find errors in their prescriptions.

4.32 Conversely, less than half of respondents:

- 47% never had to wait a long time for prescriptions.
- 45% were always able to use a pharmacist for health advice.
- 44% never had to wait too long for prescriptions.
- 37% always found that when they go to collect their prescriptions it is always ready.
- 36% always found it easy to speak to a pharmacist for health promotion advice.
- 33% always found it easy to access Boots with buggies, wheelchairs or mobility aids.



- 4.33 Analysis by demographic, again, shows a differing experience of using the pharmacy service by disabled and social rented respondents compared to other demographics. Disabled respondents were significantly less likely to find Boots easy to access and were significantly more likely to find an error in their prescription.
- 4.34 In terms of tenure, respondents living in social rented accommodation were more likely to feel they always or sometimes had to wait a long time or had to wait too long for prescriptions. They were also more likely to find that their prescription was rarely or never ready when they went to collect it and always or sometimes found errors with their prescription compared to those who owned their own property.
- 4.35 Respondents were finally asked for any suggestions for improvement to pharmacy services in Bothwell. The main suggestions were that Boots needs to be fully stocked, they don't have everything you need and that they needed a bigger premises as it can be crowded at times. When asked for any other comments, 5.3% (that's 1 in 20) suggested that another chemist is needed.
- 4.36 The market research has shown that there is a significant proportion of the population who are dissatisfied with the pharmaceutical services provided in the neighbourhood. The research has mirrored the findings from the public consultation and anecdotal evidence highlighting perceived long waiting times, prescriptions not made up on time and errors with prescriptions. The demographic most affected by these issues are those living in social housing, those without a car and those with a disability. It is important to note that these residents are more likely to have health related issues and are more likely to be on more medication than the rest of the population of the neighbourhood.
- 4.37 THE LOCATION
- 4.38 The premises for the proposed pharmacy has been secured, in principle, inside the current Post Office, at 34 Main Street, Bothwell. I am confident that the 400 square feet made available will be ample enough to operate a pharmacy from. A detailed shop plan has been drawn up by SAS shop fitters that provides a secure pharmacy at the back of the premises and a reduced Post Office space at the front.
- 4.39 I am very conscious of the profitability of the business in the initial stages. The costs associated with a community pharmacy are front loaded, rising slowly as the pharmacy does more business. By sharing the property with the Post Office, my overheads will be lower, reducing the financial burden. As of 1<sup>st</sup> April 2014 contactors will be remunerated according to a simpler payment structure. This will be based according to a dispensing pool and the pharmaceutical needs of an area, such as deprivation and age. Even though this neighbourhood has a low level of deprivation the contract will not lose out as there will be a minimum dispensing pool allocation for every contractor. I am confident that I have developed a comprehensive business plan for this pharmacy to be a viable concern.
- 4.40 The Post Office will complement the pharmacy opening hours:
- Monday 9:00am until 8:00pm

Tuesday to Friday 9:00am until 6:00pm  
Saturday 9:00am until 5:00pm

- 4.41 I aim to work hard in the neighbourhood reaching out to the residents to provide the core pharmaceutical services outlined in the new pharmacy contract alongside services provided at local and national level. I intend to carry out a widespread pamphlet drop within the neighbourhood promoting these services and also helping to raise awareness. I will operate a daily prescription collection service and delivery service for those unable to call at the pharmacy. I also intend to offer a number of private Patient Group Directive (PGD) services that are not part of the core NHS services outlined in the legal test.
- 4.42 On a personal note, I grew up in Bothwell and understand the local population. There is a village mentality where relationships with retailers are built up over time through familiarity and trust. I intend to be here for the long run, becoming an integral part of the local community, focusing on a holistic person centred approach to providing pharmaceutical services. I also hope to develop a good working relationship with the Bothwell Medical Centre by embracing CMS and Prescriptions for Excellence. Pharmacy is still considered to be on the periphery of the NHS, even though there is the beginnings of integration, with the introduction of summary care records and direct referrals. I ultimately want the residents of Bothwell to perceive themselves as patients and not customers, when they enter the pharmacy.
- 4.43 CONCLUSION
- 4.44 The key part of this legal test is whether this application would secure the adequate provision of pharmaceutical services in the neighbourhood. Boots serves Bothwell to the best of its ability, but I believe that there is scope to improve on current access. The ISD Scotland data shows that the majority of the population choose to have their prescriptions dispensed in the neighbourhood. An aging population, increasing prescription figures and more house building are going to add pressure on the current services being offered. Another pharmacy that is easy to access by foot for the majority of the population, would complement the services offered by Boots. The market research commissioned has shown that a significant proportion of the population are dissatisfied with the current provision in the neighbourhood. It has also highlighted that the premises from which Boots operates is not adequate to cater for the volume of prescriptions it dispenses. By planning ahead of time and not waiting until Boots is at breaking point the neighbourhood will be better prepared to accommodate for the increase in its population and change to its demographics. In terms of the statutory test, this application should be granted on the basis that it is both necessary and desirable.”

**This concluded the presentation from Mr Barilone.**

- 5. The Chairman then invited questions from the interested parties to Mr Barilone. Mr Charles Tait of Boots UK Ltd was invited to question Mr Barilone first.**

- 5.1 Mr Tait noted that Mr Barilone had mentioned many statistics and how people used different areas. When asked Mr Barilone confirmed that people living in Uddingston and Viewpark were registered at Bothwell Medical Centre.
- 5.2 Mr Tait went on to ask whether there was any NHS pharmaceutical service not currently provided in the proposed neighbourhood. Mr Barilone explained that all services were being provided but the level and quality of these services could be improved. Mr Barilone did not propose that the new pharmacy would provide better services but support and compliment existing services.
- 5.3 When asked if this was part of the Regulations, Mr Barilone stated that market research had shown a need for improvement.
- 5.4 In response to questioning about the survey sample, Mr Barilone advised that 200 people took part in the survey. The number of disabled people was unknown but the survey had been carried out ethically and the sample balanced.
- 5.5 Mr Tait noted that some very specific statements had been drawn from the survey. Mr Barilone said that these had come from the market research. Mr Tait suggested that the poor responses from disabled customers could have reflected the views of only two or three people. It was repeated that the levels were consistent with those required for a balanced sample. Mr Barilone drew attention to the photograph of the mobility aid that was left outside the shop. Mr Tait thought this surprising as it would have been expected that the customer would have taken it inside.
- 5.6 A large part of Mr Barilone's argument was that the Boots shop in Bothwell was small so Mr Tait asked whether the area of the proposed pharmacy was smaller. Mr Barilone responded by saying that the area was adequate for providing pharmaceutical services. Mr Tait pursued this line of questioning given that the original question had not been answered. Mr Barilone explained that the application proposed two pharmacy contracts so that there were two shops in the neighbourhood. Mr Tait said that there would be a very small waiting area for the post office and pharmacy. Mr Barilone stated that Boots Pharmacy had only one chair available for waiting customers. Mr Tait believed there to be two and stated there should have been three.
- 5.7 Mr Tait asked for clarification on where the three car parks mentioned by the Applicant were located. One was at the Co-op, one next to the library and another behind the Co-op. There was also on street parking available. Mr Tait pointed out that the Co-op car park was restricted to use by Co-op customers. Mr Barilone said there was a good bus service serving the neighbourhood. Mr Tait agreed stating that there was a bus every 12 minutes to Hamilton to which Mr Barilone responded that people in the neighbourhood liked to walk to the pharmacy.
- 5.8 Mr Tait concluded by asking about where residents of Woodlands, one of the most deprived areas of Bothwell, would access pharmaceutical services. Mr Barilone acknowledged that the distance between Woodlands and the proposed pharmacy was almost exactly the same as to Boots in Uddingston. The distance was the same whether travelling north or south.

- 5.9 **Having ascertained that Mr Tait had no further questions, the Chairman then invited questions from Mr Tom Arnott, Lloyds Pharmacy Ltd.**
- 5.10 Mr Arnott began by asking for clarification of which pharmaceutical services were not currently provided in the neighbourhood. As had already been said to Mr Tait, Mr Barilone stated that all services were provided.
- 5.11 Mr Arnott noted that the population of Bothwell was around 6500 and that the national average number of people per pharmacy was 4500. Mr Barilone when asked to estimate the average number of people per pharmacy in Uddingston said that the population of Uddingston was around 5000 and there were three pharmacies. Mr Arnott went on to ask whether Mr Barilone thought there were too many pharmacies in Uddingston and whether these were working at full capacity. Mr Barilone referred to the annual dispensing figures provided by ISD – Lloyds 64231, Boots Main Street 64274, The Central Pharmacy 93869 – and said that was a lot of prescriptions (222374 items). Given the population of Uddingston was only 5000 Mr Barilone was asked where these people were coming from and replied Uddingston and Bothwell (as Boots in Bothwell only dispensed 95295 items). Mr Barilone agreed with Mr Arnott that people in Bothwell were accessing pharmaceutical services in Uddingston and quoted that only 42% of prescriptions issued by Bothwell Medical Practice were dispensed in Bothwell. It was also acknowledged that 10% of prescriptions issued in Bothwell were dispensed in Glasgow.
- 5.12 Mr Arnott asked if Mr Barilone agreed that the population of Bothwell was affluent and mobile. Mr Barilone did agree but also said that certain areas, Woodlands and Fallside, had lower than the national average of car ownership.
- 5.13 Mr Arnott found it difficult to believe that a pharmacy of only 400 sq ft was being proposed and asked if the consultation room shown on the floorplan provided by SAS Shopfitters Ltd was to scale. Mr Arnott had estimated the whole building to be 1300 sq ft and the pharmacy area 800 sq ft using the scale 1:50. Mr Barilone presumed the floorplan was to scale as it had been provided by a reputable company. Mr Tait pointed out that the scale 1:50 only applied on A3 and the floorplan was on A4.
- 5.14 Mr Arnott asked whether the floor plan had been approved by the Post Office given the security issues to be taken into account when planning a Post Office. Mr Barilone explained that Mr Lummi was in talks with the Post Office but the outcome had been delayed due to ill health. Post Office regulations had changed for the implementation of sub Post Offices within local shops. Mr Arnott noted that it was not known whether the Post Office would pass these plans. Mr Barilone said there were instances of pharmacies and Post Offices sharing premises and had no reason to believe that the plans would not be approved provided there was a securely locked area that was detailed in the standard operating procedures (SOPS). The shop fitters had also said the plans were adequate and had carried out work in pharmacies of this type in the past.
- 5.15 **The Chairman next invited questions from Mr James Paterson, W Y Graham Ltd**

- 5.16 Mr Paterson enquired whether Mr Barilone had any connection to the J & J G Dickson & Son Pharmacy in Viewpark to which the response was no.
- 5.17 Mr Paterson then asked in what way Mr Barilone considered the proposed premises an improvement to Boots. Mr Barilone reiterated that the application was to support and compliment the services provided by Boots, offering the core services and accommodating an increase in prescription figures from an ageing population.
- 5.18 Mr Paterson referred to the Applicant's statement that there had been complaints about the small range of commodities available at Boots in Bothwell. This seemed odd when the shelving space in the proposed pharmacy was not massive and the bench space in the dispensary seemed minimal. Mr Barilone corrected Mr Paterson explaining that comments from the public consultation referred to medication not being available at Boots which necessitated patients going to other pharmacies for prescriptions – the comments were not about over the counter items.
- 5.19 In response to questioning about the length of the proposed lease, Mr Barilone stated that a 5 year lease had been agreed. Mr Paterson thought this very short in general terms and asked whether Mr Barilone proposed to relocate to larger premises in due course. Mr Barilone said that was not the intention and was very happy with the size of the proposed pharmacy.
- 5.20 Mr Barilone confirmed when asked that two or three staff worked in the Post Office and that staff facilities were to be shared. However it was intended that Post Office staff would consume refreshments in the Post Office area. Mr Barilone explained that a full risk assessment would be carried out, ensuring confidentiality agreements were signed by all staff on the premises in addition to SOPS.
- 5.21 Having ascertained that Mr Paterson had no further questions, the Chairman noted that there had been no questions about the Applicant's definition of the neighbourhood. The interested parties stated that this particular point would be addressed during the statements from the other interested parties. Questions were then invited from Members of the Committee in turn to Mr Barilone.**
- 5.22 Mrs Park asked for clarification about the predicted population increase in the neighbourhood and why this figure had changed from 781 in the application to 492 in the statement. The original application included developments in the pipeline which had not been factored into the statement. The Applicant said that all 492 developments mentioned in the statement were going to happen in the next couple of years and that the other 289 were expected within the next five years especially the 200 homes in Craighead Retreat.
- 5.23 Mrs Park continued by asking whether the population figures for future developments in Uddingston included Tannochside. Mr Barilone said this was not the case and referred to Uddingston only. Building was happening right now.
- 5.24 Mrs Park referred to the submission statement that it was not easy to cross Main Street in Bothwell and retirement homes were spoken about. Mr Barilone

was asked whether it was not a fact that the retirement homes were on the same side of the road as Boots Pharmacy and therefore those residents did not need to cross the road. Mr Barilone had been referring to the small one bedroom houses on the other side of the road.

- 5.25 Mrs Park considered two emails and four letters a small response to the public consultation and asked for the view of the applicant. Mr Barilone was surprised that any responses had been received at all and was pleased at receiving these replies.
- 5.26 Mrs Park enquired about staffing levels for the proposed pharmacy and how the long opening hours were to be covered. Mr Barilone was to be the only pharmacist but hoped eventually to employ a locum, two part-time dispensers, a trainee dispenser, Saturday person and a part-time delivery driver on a zero-hours contract. The shop front was to be staffed by the pharmacist and the dispensers not Post Office staff.
- 5.27 Mrs Stitt asked about omission of Countess Gate and Earls Gate from the neighbourhood. Mr Barilone explained that these areas had not been included in Bothwell on the Scottish Census and SIMD websites. There was no rhyme or reason given for exclusion but it was suspected these streets had Uddingston post codes.
- 5.28 Mrs Stitt asked if it was correct to assume that the red dots on the floorplan related to the Post Office and green dots the pharmacy. Mr Barilone said this was what had been agreed at the moment in theory but as the Post Office was to offer a reduced service the size of the respective areas may change in practice.
- 5.29 Given that the opening hours of the Post Office were shorter than those for the proposed pharmacy, Mrs Stitt asked whether the Post Office planned to mirror the opening hours of the pharmacy. Mr Barilone confirmed that this was to be the case, the sub Post Office was smaller but opening hours extended to compensate and comply with Post Office Regulations.
- 5.30 When asked about lunch time cover, Mr Barilone confirmed the pharmacy was not planning to close for lunch.
- 5.31 Mrs Stitt noted that the Post Office premises had a very slight lip at the entrance. Mr Barilone said that people with mobility aids currently accessed the premises at the moment but if it could be addressed in the refit then this would be done.
- 5.32 Mrs Stitt went on to ask how easy it was to manoeuvre a wheelchair or mobility aid in the space outside the Post Office given that there was a railing present. Mr Barilone said that current patrons of the Post Office using mobility aids did not have any difficulty and the railing was advantageous in stopping children/animals running out onto the road.
- 5.33 Mr Barilone was then asked whether there were any planning requirements for the refit. Planning permission was not required and the false wall at the back of the shop could easily be removed. Mrs Stitt enquired whether the retail space allocated to the pharmacy on the floorplan was larger than that seen

during the site visit. Mr Barilone said that it was and had Committee Members made themselves known during the site visit, Mr Lummi was prepared to show the space available. There was at least another 120 sq ft available at the rear of the premises and the shop fittings were to be stripped away to make it look bigger.

- 5.34 It was noted that the population of Bothwell was 6500 and that 10000 people were registered with Bothwell Medical Centre. Mrs Stitt did not expect more than 42% of Bothwell Medical Centre prescriptions to be dispensed at the local Boots Pharmacy and asked for the thoughts of the Applicant on this percentage. Mr Barilone stated that there was a percentage of people not satisfied with the service provided by Boots and was of the opinion that the pharmacy was running at capacity. It was alleged that Boots were trying to order prescriptions three weeks in advance. When pressed, Mr Barilone acknowledged that 30% of patients registered with Bothwell Medical Centre lived in Viewpark. Mrs Stitt pursued the matter and asked whether 42% seemed reasonable given that many people registered with Bothwell Medical Centre were not residents of Bothwell. Mr Barilone reiterated that the market research had shown there was a proportion of people not satisfied by Boot's service and because of that went elsewhere.
- 5.35 With regard to dissatisfaction of current provision, Mr Barilone was asked what exactly was meant by that. Mr Barilone was going by percentages – 74% always felt valued as a customer so 26% were not always satisfied as customers. Page 11 of the survey showed that only 45% were always able to ask the pharmacist for health advice and 9% rarely, 22% said that their prescription was never ready so there was a whole group of people there that were dissatisfied.
- 5.36 Mrs Stitt continued by asking if the applicant was aware of any official complaints. Mr Barilone said that the information sent for this hearing suggested there were no official complaints but it was misleading to look at data and interpret that as no complaints. Disgruntled customers did not complain for all sorts of reasons including being unaware of the complaints procedure, patients may just go elsewhere or those with transport issues may not want to complain as there was no option to go elsewhere. Mr Tait challenged this by referring to the applicant's statement which noted that people living in the neighbourhood were vocal and asked if vocal people with a complaint would not let it be known. Mr Barilone said that residents were vocal but some just did not like to complain.
- 5.37 In response to questioning about future plans to improve parking in Bothwell, Mr Barilone said the Community Council was currently looking at possible locations to extend parking facilities. The applicant found parking in Bothwell easier than Uddingston.
- 5.38 Mr Woods made reference to the caution with which the self reporting of zero complaints should be regarded and asked whether information from the survey should be treated similarly. Mr Barilone said that the sample size of 200 used in the survey had a margin of error of +/- 7%. The margins of error for sample sizes of 300 and 100 were 5% and 10% respectively.

- 5.39 Mr Barilone was asked what should be taken from the following survey results that 74% of customers always felt valued and 20% felt valued sometimes. The Applicant thought this reflected how happy customers were with the service adding that the comments mentioned by residents had been purposefully left at the back to give some context.
- 5.40 Mr Woods wondered what the results would have been if the survey was repeated at the proposed pharmacy. In line with other PPC surveys Mr Barilone would have expected more respondents to always feel valued – 80% to 90%.
- 5.41 Mr Woods referred to the analysis provided on pages 12 and 13 stating that disabled people and those living in social accommodation were more likely to experience longer waiting times and more prescription errors. When asked why this was the case Mr Barilone thought these customers consulted doctors more often, were on more medication and so prescriptions took longer to dispense and there was more chance of an error. Mr Woods failed to see the cause and effect between living in social accommodation and prescriptions not being ready for collection. Mr Barilone explained that this was a reflection of the demographic and that there was a statistical difference found by the Market Research Company.
- 5.42 Mr Woods went on to ask whether there was a definite timescale e.g. six months for building of the new homes in Bothwell mentioned during the Applicant's presentation. Mr Barilone could not guarantee that these new homes would be ready in six months but there was definitely a market for new homes as Robertsons and CALA had started the ball rolling.
- 5.43 Mr Woods noted that the Applicant planned to work 55 hours per week with no lunch break and checked whether this was correct. Mr Barilone confirmed that a lunch break would be taken but in the pharmacy so would be available should customers need assistance during this time. The Applicant confirmed that this was a lot of hours to work but was important and required in the initial stages to establish the business.
- 5.44 Page 5 of the Applicant's statement (4.29 above) talked about prescriptions being sent to Boots by the GP but Mr Woods enquired whether that was not the customer's choice. Mr Barilone said that it was but as this statement had been made during the market research perhaps patients did not realise another pharmacy could be used. Mr Woods said that presumably the patient had opted to use that pharmacy to which Mr Barilone replied that it was the only one in Bothwell.
- 5.45 Mr Woods commented that of the four letters received in response to the consultation, two looked to have been written by the same hand and both mentioned Glasgow Fort. Mr Barilone had not noticed that at all.
- 5.46 Mr Barilone was then asked what was to be taken from the statement that residents were to perceive themselves as patients not customers of the proposed pharmacy. Mr Barilone replied that the Scottish Government had introduced Prescriptions for Excellence which aimed to make all pharmacists independent prescribers by 2023. Pharmacists were therefore to engage more with customers as patients and the relationship would change.



- 5.47 Mr Woods referred to part 4 of the application about the meeting the Applicant had with the Practice Manager at Bothwell Medical Centre and asked Mr Barilone to expand on the statements made about Boots managed repeat reordering service. Mr Barilone clarified that the meeting was an informal introductory meeting and that Boots were not in attendance. It was acknowledged by Mr Barilone that these statements were anecdotal and as such could not be taken into account by the Committee.
- 5.48 It was noted that throughout the Applicant's presentation the word "adequacy" was not used. Mr Woods wanted to know if there was a reason for that. Mr Barilone explained that "adequacy" had been used but as mentioned at the beginning of the presentation the legal test was based on quantitative aspects whereas a more qualitative approach to the application had been taken i.e. customer dissatisfaction, under provision within the neighbourhood and too many prescriptions for Boots to cope with (7% of survey respondents always had a long time to wait at Boots for a prescription). Mr Woods had been led to believe that waiting time could be governed by the number of items on the prescription to be dispensed. Mr Barilone agreed and said that was the reason for having two similar questions in the survey in order to judge waiting time and tolerance – 22% said rarely to the statement "I have found that when I go to collect my prescription it is always ready." The argument from the Applicant was that the proposed pharmacy would provide additional pharmaceutical provision on top of that already available for the neighbourhood.
- 5.49 Mr Sargent drew attention to the photograph of the disabled walker and asked why anyone would leave a mobility aid outside the pharmacy. Mr Barilone said that it couldn't be brought into the pharmacy because of the small lip at the entrance. The Applicant had later established that the walker belonged to a 94 year old patient that lived in a small home close by. Mr Sargent did not think that this was a very secure approach but the applicant said that Bothwell was not a high crime area.
- 5.50 It was noted that the Applicant's case stated there were "access difficulties for disabled patients given the entrance step into Boots" and later "The only way to comply with the Equality Act of 2010 is to have another easily accessible pharmacy in the neighbourhood." As each of these statements was contradictory Mr Barilone was asked which one applied. Mr Barilone had not intended to imply that Boots was easily accessible.
- 5.51 Mr Sargent asked whether the applicant did not think modern disability scooters would manage that lip to which Mr Barilone said it could be argued that it could be lifted up and over the step but could not imagine how an electric scooter could get into the Boots shop.
- 5.52 Mr Sargent then referred to the statement that "respondents living in social rented accommodation were more likely to feel they always or sometimes had to wait a long time or had to wait too long for prescriptions. They were also more likely to find that their prescription was rarely or never ready when they went to collect it" and asked whether Boots in Bothwell favoured the well off. Mr Barilone was not saying that at all, the market research company was given

the brief to look at the demographics of the information received and that was what was produced.

- 5.53 When asked whether the proposed pharmacy would provide methadone services and needle exchange, Mr Barilone confirmed that all services required would be provided and understood that there were methadone patients in Bothwell. Mr Sargent asked if provision of methadone services would cause security problems for the Post Office, Mr Barilone said that methadone patients were given criteria for behaviour. Most were well behaved even residents from higher areas of deprivation.
- 5.54 If this application were to be granted, Mr Sargent wanted to know whether the pharmacy would be able to open within six months. Mr Barilone had discussed the time taken to open up with the shop fitters and that had been estimated at two weeks. The pharmacy should be able to open within six months but if there were unforeseen circumstances it was understood by the Applicant that the Health Board could grant an extension.
- 5.55 The Chairman wanted to be clear that the survey responses on page 11 of the Research Resource Survey Report related to Boots in Bothwell and not Boots in Uddingston as the heading was "Experience of pharmacy services in Bothwell and surrounding areas". Mr Barilone explained at these respondents were asked "Do you shop in Boots" and the narrative above the results stated "All but one respondent had used the Boots pharmacy in Bothwell within the last year".
- 5.56 The Chairman referred to the survey results that 73% of respondents were always happy with the service provided by Boots and that 72% never found any prescription errors and asked if Mr Barilone considered those results as good. Mr Barilone said that, in comparison with the satisfaction rates expressed in other surveys for the PPC, satisfaction rates of 80% and above were expected and did not consider anything under 80% to reflect a good service.
- 5.57 The Chairman then asked for clarification on the response ratings about health advice and whether 44% sometimes being able to use the pharmacist for health advice meant that 56% could not use the pharmacist for health advice or did not want health advice from the pharmacist. Mr Barilone gave the context around the responses in that "When you want to use the pharmacist for health advice 56% sometimes couldn't use them".
- 5.58 When asked if the Applicant had thought about surveying all the pharmacies supplying the neighbourhood as well Mr Barilone said that it was too costly. The Chairman explained that the committee considered pharmaceutical services from all pharmacies supplying services to the neighbourhood. Mr Barilone referred the Committee to the results detailed on page 8 of the Survey Report and noted that 90% of respondents used Boots in Bothwell most often. It was recognised that the 90% using Boots in Bothwell most often used other pharmacies in the area as well.
- 5.59 The Chairman noted that despite the high usage of Boots in Bothwell only 5.3% of respondents had suggested another pharmacy was required. Mr Barilone was asked whether this was a low percentage and whether a higher

number would have been expected had services been inadequate. Mr Barilone replied that the survey had not suggested another pharmacy may be opened in the area. It was about the current provision in the area.

- 5.60 The Chairman commented that the Applicant's case had included a judgement on existing provision and future demand of pharmaceutical services. Six separate developments were listed but there was no indication of the certainty that these were to be built and this was required by the Committee. Mr Barilone therefore gave an indication of the status of each development and a map grid reference as follows:

Development	Map Grid Reference	Location	Status
Silvertrees	9E	Old Mill Road	almost completed
Covenanters Fields	9F	Between Hamilton Road and Bellshill Road	Planning application submitted by CALA homes for 15 homes, referred to the Scottish Government as a monument may be built on the site, decision expected by the end of 2014
Blantyre Mill	9D	Clyde Avenue	Application submitted
Kirklands Hospital	7F		Land sold and planning application submitted by Robertsons Builders
Croftbank Crescent	9F		Granted but work not yet started
Glebe Wynd	8F		Awaiting approval

- 5.61 The Chairman explained that the Committee had to decide how far in advance these developments would start to have an impact on the population of the area. Mr Barilone was therefore asked when these developments were expected to be inhabited by people requiring pharmacy services to which the Applicant estimated two years from previous experience of other developments in the area.
- 5.62 **Having heard the answers provided, the Chairman asked if any further questions needed to be asked by the Interested Parties or Committee Members of Mr Barilone.**
- 5.63 Mrs Stitt asked how many other applications Mr Barilone had been involved with in the last two years. Mr Barilone said none.
- 5.64 Mrs Stitt also wanted to know what role Mr Lummi had with the Community Council within the last six months. Mr Barilone confirmed that Mr Lummi did not currently have a role with the Community Council but had been involved as Vice Chair then Chair within the last six months.
- 5.65 Mrs Park enquired about how many suppliers the proposed pharmacy would use. Mr Barilone said two to three wholesalers (Alliance, Phoenix) and a buying group to help get the best price for the shop lines. AHM would probably be used to stock the pharmacy.
- 5.66 When asked by Mr Tait, Mr Barilone confirmed that only two developments had full planning permission and the rest were in the process of applying for draft planning permission.
- 5.67 Mr Tait was confused by the suggestion that Boots pharmacy was inappropriate or not up to standard and noted that the staff facilities within the

proposed pharmacy were at the opposite end from the Post Office. Given that the staff facilities were to be shared, Mr Barilone was asked whether Post Office staff were to walk through the pharmacy and dispensing area with hot tea and food. Mr Barilone said that was the current arrangement. Mr Tait suggested that the GPHC Inspectorate would not be very happy about staff wandering about the pharmacy with mugs of hot tea and food. Mr Barilone said that if it was an issue then it would be dealt with.

**6. Having ascertained that there were no further questions for Mr Barilone, the Chair invited Mr Charles Tait to make representation on behalf of Boots UK Ltd.**

**6.1 Mr Tait read out the following prepared statement making alterations as necessary:**

**6.2 “Neighbourhood**

6.3 There have been two previous applications in Bothwell in recent years, the most recent being in 2012. On both occasions the neighbourhood was defined as the settlement not village or town of Bothwell itself, we see no reason to deviate from this definition with this application.

6.4 This was defined at the last PPC by the committee as, *‘the area bounded to the West by the natural curvature of the River Clyde, bounded to the South by the A725 road and bounded to the North by Hornal Road and Goldie Road through Bothwell Castle Golf Course and Bothwell Castle (remains) to the River Clyde’.*

6.5 The neighbourhood would be best described as principally a domiciliary area for a commuting population, which contains much of the basic essentials for a community, but which is also enhanced and supported by the services provided in near neighbouring communities, chiefly Uddingston though also Hamilton, where a wider, more extensive selection of services are available including supermarket shopping and a transport hub. Both of the adjacent settlements shared many facilities, had a reasonably common demographic and were not particularly deprived.

6.6 The population of Bothwell has increased from 6484 persons in 2001 to 6612 in 2011 and would largely be described as being affluent, the vast majority being in the top 20% least deprived in Scotland whether measured against, multiple, health or wealth deprivation.

6.7 During that same period an additional 224 homes have been developed in the neighbourhood contributing to the population growth of 128 persons, while the overall density of population per household has decreased. Current population density per household being 2.18 persons per home as of 2013.

6.8 Almost 80% of the homes in the neighbourhood as defined are occupier owned and car ownership is significantly higher than the Scottish average with multiple car ownership being common if not almost the norm.

6.9 The neighbourhood is served by one of the most comprehensive bus services in Lanarkshire with buses to or from Uddingston or Hamilton every 12 minutes

using the twin circular Lanarkshire bus routes or the 255 Newarthill to Glasgow national bus route. The Panel has been given the relevant bus timetables.

6.10 Notably while Bothwell is principally a commuter residential neighbourhood it does not have a rail connection for which it relies upon the neighbouring settlement of Uddingston, which is used by a large number of the residents on their daily commute to and from Glasgow.

6.11 A summary of the neighbourhood would therefore be one of a highly mobile, affluent and healthy population in a neighbourhood with the basic necessities but also reliant on access to service provision in surrounding neighbourhoods for what are now considered essentials in modern daily life. There is no supermarket in Bothwell.

## **6.12 Pharmaceutical Service Provision**

6.13 The neighbourhood defined contains one pharmacy, which provides all the services both national and locally required, including Addiction Services, monitored dosage systems, stoma, gluten free, CMS and MAS, along with a script collection and delivery service where required.

6.14 The current service provision extends over six days and the hours of opening reflect those of the local surgery including late night opening Mondays until 8.00 pm. The remaining weekdays the pharmacy is open to 6.00 pm and Saturdays 5.00pm.

6.15 We have no evidence of patient dissatisfaction with the current provision from this site and no record of complaints over the last twelve months over pharmaceutical services. Boots own records show over 80% of customers satisfied with the service provided by the Bothwell store.

6.16 Further we might suggest that the data supplied by the applicant supports patient support and appreciation of the services provided. Affluent areas tend to score lower in satisfaction surveys and I am amazed and delighted that 70% of people are always happy with the service provided by Boots Pharmacy in Bothwell.

6.17 The further service provision from out with the defined neighbourhood is provided by a further three pharmacies principally in Uddingston although some patients may also access services further afield in Viewpark or Hamilton. There is no reason to suggest from anything heard today that current provision of pharmaceutical services is not adequate.

6.18 We believe a significant number of patients in Bothwell access GP services in Uddingston and reciprocally patients residential in Uddingston access GP services in Bothwell.

6.19 I think from the evidence I have provided and the survey results from the Applicant it has been shown there are no issues with the current provision of pharmaceutical services so would ask for this application to be refused.

6.20 I would also like to point out that there would only be around 60 extra people living in the neighbourhood within the next two to three years.”

**This concluded the presentation from Mr Tait.**

- 6.21 The Chairman asked Mr Tait to explain the difference in the South East corner of the neighbourhood from that proposed by the Applicant. Mr Tait had heard this neighbourhood defined three times now, twice by the PPC and once by the National Appeal Panel, and each time the A725 had been used rather than the river.
- 6.22 **The Chair then invited questions from Mr Barilone to Mr Tait.**
- 6.23 Mr Barilone began by asking what proportion of Boots customers completed the survey but Mr Tait was unable to answer this explaining that customers chose whether or not to complete the survey from an invitation on the back of the till receipt.
- 6.24 When asked if there was an incentive provided for customers to complete the survey, Mr Tait said there was and respondents were put into a draw to win £200 of advantage card points.
- 6.25 Mr Barilone then wanted to know who collected and processed the survey data. Mr Tait was unable to recall the name of the company but it was independent from Boots.
- 6.26 Mr Barilone commented that there was a predisposition of satisfaction for self completion of online surveys and were not particularly inclusive. It was well known that most older people or those from deprived communities did not have access to the internet. The Applicant went as far as to suggest that this methodology was biased and asked if Mr Tait agreed with these points made. Mr Tait did not agree and said that feedback from the online survey had been provided as an indication of customer satisfaction. Mr Tait reiterated that Boots in Bothwell had not received any complaints about its pharmacy service in over a year. Furthermore Mr Tait did not think many Bothwell residents were deprived so a lack of computer skills was not a significant issue in this case. Mr Barilone continued by stressing that the data was flawed because it was not obtained from a sampled proportion of the population and was surprised it had been submitted by Boots. Mr Tait responded by saying the more affluent an area the more likely negative responses were received as people took the opportunity to complain.
- 6.27 Mr Barilone asked why Boots error log rather than complaint log had not been submitted. Mr Tait said this could have been provided but was not an accurate indication of errors experienced by customers as many were identified before dispensed items exited the shop.
- 6.28 Mr Barilone moved onto waiting times and asked why the prescriptions for less than half the respondents were always ready (37%) and 34% always or sometimes had to wait too long. Mr Tait thought these results dubious because of the way in which the questions had been phrased and the population sampled. A pharmacist and an Accredited Checking Technician (ACT) were on site at all times. It struck Mr Tait that the answers given were in response to questions the respondent thought were being asked. Mr Tait reported that a check of dispensing time was made on four different occasions

last month. In all cases prescriptions were dispensed in less than 10 minutes unless there was a large number of items or another healthcare worker needed to speak to the patient. Mr Tait asked if Mr Barilone had another interpretation of the data. Mr Barilone suggested that patient comments indicated there were staffing issues as the manager only worked part-time. Mr Tait confirmed that three part-time dispensers, one ACT and two pharmacists covered the whole week. Locums were not used. Mr Barilone continued by asking about the distribution of staff over the day in order to establish that cover was adequate. There was generally three or four staff in the Bothwell Pharmacy all the time. Mr Tait provided reassurance that staffing levels were not “cut to the bone” and no member of staff had left the pharmacy in the last four years. Furthermore Mr Tait would not have expected 74% of respondents to always feel valued as a customer or 73% to be happy with the service at Boots Pharmacy in Bothwell. In light of this information Mr Tait did not consider this pharmacy to be failing in any way.

- 6.29 In response to questioning about the delivery service, Mr Tait confirmed that Boots offered a delivery service which was operated by a separate delivery system in which all drivers were vetted. Staff from the pharmacy may also deliver emergency supplies on an informal basis. Mr Barilone asked whether the delivery system had a regimented approach to which Mr Tait hoped that it did to comply with the SOPS. Problems experienced by Boots delivery would be no worse than those expected from a part-time driver on a zero hours contract. Mr Barilone asked about an incident at the Shettleston hub when a customer was informed that a delivery could not be made at a certain time. Mr Tait found that hard to believe and if that was the case the shop staff would have delivered the items themselves.
- 6.30 Mr Barilone then asked whether it was the intention to use the hub system to take workload from the Bothwell pharmacy. Mr Tait explained that this would be done if it was deemed a sensible business approach. At the moment all trays were prepared in the pharmacy.
- 6.31 Mr Barilone asked whether, at a previous NAP hearing, Mr Tait confirmed the need for more than one pharmacy in Bothwell. At this point the Chairman interrupted to confirm that, as stated at the beginning of the hearing the Committee would make its decision solely on the evidence submitted prior to, and during, this hearing. The question was not pursued by Mr Barilone.
- 6.32 **Having ascertained that Mr Barilone had no further questions, the Chairman invited questions from Mr Arnott to Mr Tait, Boots UK Ltd.**
- 6.33 Mr Arnott was confused about the Applicant’s line of questioning concerning the hub and asked if that was not what Prescription for Excellence was all about. Mr Tait agreed that the aim of Prescription for Excellence was to free up time dispensing items to enable Pharmacists more time to interact with patients and prescribe medication.
- 6.34 Mr Arnott then asked whether a prescription collection and delivery service was part of the core pharmaceutical contract to which Mr Tait replied that it was not.

- 6.35 **The Chair then invited Mr James Paterson, WY Graham Ltd, to question Mr Tait.**
- 6.36 Mr Paterson had no questions for Mr Tait.
- 6.37 **Having ascertained that Mr Paterson had no questions, the Chairman then invited questions from Members of the Committee in turn to Mr Tait.**
- 6.38 Mrs Park asked if Mr Tait cared to comment on the following statement made by the Applicant "By planning ahead of time and not waiting until Boots is at breaking point". Mr Tait advised that Boots was certainly not at breaking point in Bothwell and that it was not at all appropriate.
- 6.39 When asked about the number of monitored dosage systems prepared in Boots Bothwell, Mr Tait confirmed that it was around 45. Only when numbers increased to more than 100 would consideration be given to using the hub due to space restrictions.
- 6.40 Mrs Park concluded by asking how many seats were available in the Bothwell Boots Pharmacy. Mr Tait said two but Mrs Park had only seen one on Saturday afternoon.
- 6.41 Mrs Stitt noted that it had been suggested the small step at the entrance to Boots Pharmacy could not be removed and asked if this was the case. Mr Tait explained that the shop was not deep enough for an internal ramp and the conservation area prevented an external ramp. Most people using a mobility aid were able to enter the shop and Mr Tait explained that it was very unusual to see one left outside.
- 6.42 When asked whether Boots had considered making improvements to the existing shop by extending the space into the back loading area, Mr Tait confirmed that this had been considered and Boots would continue to look at ways of making more commodities available in general.
- 6.43 The situation with Boots managed repeat prescription service had been eluded to and Mrs Stitt enquired about the situation. Mr Tait confirmed that there may have been an issue in the past but there were no issues currently - prescriptions were collected one week in advance. Boots were in regular contact with the Practice Manager to ensure any issues were satisfactorily resolved. The managed repeat prescription service would continue at Boots in Bothwell for the foreseeable future.
- 6.44 Mr Woods asked about lunch cover at the Boots Pharmacy in Bothwell. The pharmacy had two pharmacists working different days of the week and had different approaches to lunchtime. One pharmacist took a lunch break and so if leaving the premises the pharmacy had to close. The other pharmacist working two days of the week chose to work through lunchtime and so the pharmacy remained open.
- 6.45 Mr Woods did not want to labour the point about disabled access but suggested that the step could surely be smoothed away. Mr Tait explained



that part of it could potentially be removed but there would then be a gap left at the bottom of the door. Mr Woods urged Boots to look at this matter again.

- 6.46 When asked if Boots actively asked customers to provide feedback online, Mr Tait said that staff suggested it would be good for customers to do so. 170 responses had been received in six months, all of which were quite positive.
- 6.47 Mr Woods was struck that there was flexibility within Boots Pharmacy for remodelling the shop and asked whether this was being considered. Mr Tait replied that more space could be provided internally but in order to do that commodity space would need to be removed. One of the criticisms from customers was that there were not enough non-pharmaceutical items in the store.
- 6.48 Mr Sargent asked whether Mr Tait had said that Boots Pharmacy was to be refurbished the last time an application to open a pharmacy in Bothwell was considered by the PPC. Mr Tait seemed to remember that it was due for refurbishment. Work had been done on it but was uncertain how much.
- 6.49 Mr Sargent imagined that it would be difficult to manoeuvre if in a wheelchair. The pharmacy certainly had wheelchair users in the store and there had never been an issue with manoeuvrability. Mr Tait added that the Bothwell community expected Boots to sell more items than it could keep. When challenged about putting profit before people's needs, Mr Tait explained that there was not much profit in commodity and Boots were trying to satisfy customer demand.
- 6.50 Mr Sargent asked whether customers would go elsewhere if the sales pagoda was removed from the store. Mr Tait did not think this would be the case for prescriptions.
- 6.51 The Chairman then asked if Mr Tait accepted the existing facilities were not big enough to which the reply was given that the premises were big enough as a pharmacy but not as a shop.
- 6.52 The Chairman enquired whether people went to Uddingston to shop rather than Bothwell. Mr Tait replied that there was a greater variety of shops in Uddingston so would attract people for that purpose. People usually accessed pharmacy services as part of normal daily life.
- 6.53 The point had been made about new developments, those that had been confirmed and those in the pipeline. The Chairman asked whether Boots could cope with an increase in demand. Mr Tait explained that an extra couple of hundred extra people in the neighbourhood would result in a negligible workload across the existing pharmacy network. The vast majority of the neighbourhood was middle aged due to the cost of housing and type.
- 6.54 Should this application be granted then it would have a serious affect on Boots business. Consideration would need to be given to how much would be spent on the store and on staffing levels. Mr Tait was of the opinion that there was not sufficient business to support two pharmacies in Bothwell. Even although there were three pharmacies in Uddingston the question was not about

whether another pharmacy could be sustained but whether the existing network was adequate.

**6.55 The Chairman asked if there were any further questions for Mr Tait.**

6.56 Mr Paterson asked whether Boots had ever received a complaint about disabled access. Mr Tait was not aware of any such complaints.

6.57 Mr Tait was asked by the Chairman to describe arrangements available at Boots to enable disabled customers to access pharmacy services. Mr Tait explained that there was a call button outside to attract the attention of staff, a portable ramp was available or assistance offered by staff to allow disabled customers to enter the pharmacy. Occasionally customers may be served at the door.

6.58 Mr Barilone asked Mr Tait again about the name of the company operating Boots survey. Mr Tait was unable to remember but assurance was given that it was independent from Boots.

6.59 The hearing had to be adjourned at 1pm for half an hour in order to find an alternative meeting room. The Chairman apologised profusely for any inconvenience caused as a result of the move down the corridor and expressed gratitude for the fact that everybody present at the morning session was able to remain for the afternoon session. The Chairman gave everybody present an absolute assurance that the interruption and change of meeting room would in no way interfere with the Committee's determination and ability to judge this application on the evidence submitted to, and during, the hearing itself. All the parties concerned accepted that assurance and agreed to continue with the hearing on that basis.

6.60 When the hearing recommenced the Applicant clarified that the Post Office lease had been agreed for 25 years with a 5 year rent review.

**7. Having ascertained that there were no further questions for Mr Tait, the Chairman invited Mr Tom Arnott to make representation on behalf of Lloyds Pharmacy Ltd.**

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

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

7.3 The applicant states that the Pharmaceutical Services provided by current contractors is inadequate, however as he points out the Boots Pharmacy in Bothwell, is not the only pharmacy providing pharmaceutical services to this neighbourhood.

7.4 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 and that is what happens in Bothwell.

7.5 The applicant states that the population of Bothwell is 6,450 and this is higher

than the Scottish average of 4,500 patients per pharmacy. He does point out that many of the residents of Bothwell CHOOSE to have their prescriptions dispensed outside the neighbourhood. This does not mean that current provision is inadequate.

- 7.6 Indeed in his application the Applicant points out that many patients who attend Bothwell Medical Centre, who were previously patients of the D'Silva Practice in Viewpark continue to use pharmacies other than Boots in Bothwell through CHOICE as they reside out with Bothwell. Indeed the Applicant's Survey shows almost 10% of those interviewed use pharmacies out-with Bothwell, Uddingston, Viewpark, Tannochbrae, Calderbrae, and Birkenshaw.
- 7.7 It is interesting to note that the 2011 Scottish Neighbourhood Statistics state the population of Bothwell is 6612, Uddingston 5744 and Viewpark, Tannochbrae, Calderbrae, and Birkenshaw is 12,100.
- 7.8 The total population of this area is 24,456 currently serviced by seven pharmacies. An average of 3,493 patients per pharmacy, much lower than the Scottish average.
- 7.9 The Applicant states that the volume of new house building will put pressure on existing services. I would contend it will be many years before existing pharmacies would be unable to meet any increased demand for Pharmaceutical Services.
- 7.10 If the Panel were to accept the Applicant's contention that only a pharmacy within a neighbourhood can provide services, you would then have the three pharmacies in Uddingston - Boots, Lloyds and Central Pharmacy servicing a population of 5,744 patients (an average of 1,915 patients per pharmacy).
- 7.11 I visited the Applicant's proposed site. To say I was surprised would be an understatement. I visited the Boots Pharmacy and asked how a disabled person could access their premises. There is a bell which allows a patient to call for assistance and a ramp that can be used as and when needed. I also noted that car parking is available outside the Boots unit. This is not the case with the Applicant's proposed Premises as can be seen from the photographs provided by the Applicant there are double yellow lines and railings outside the premises.
- 7.12 On visiting the Post Office (The Applicant's proposed site) and asking the proprietor where the Proposed Pharmacy was to be situated, I was astounded to find that basically what is already a tight space is to be divided in two.
- 7.13 **In the original papers there were no detailed plans. I note that they have now been submitted (not sure if this was prompted by my visit).**
- 7.14 The Applicant originally stated that the pharmacy would occupy 400 sq ft. I am not an architect, however the applicant's plan shows the total square footage of the building to be 1,300 sq ft and it looks as if the pharmacy is 750 sq ft?
- 7.15 At the time of my visit there were no customers in the Post Office, however if the Post Office was even reasonably busy it would not be easy for a Patient to make their way through to the proposed pharmacy.

- 7.16 The Applicant has carried out a Survey. I must admit that some of the Chart Information is difficult to decipher as it is in black and white. I assume that the original is colour copy. However if I am interpreting the data correctly only 1.6% (page 14) suggested that opening another pharmacy would improve pharmacy services in Bothwell. 73% of those surveyed (page 12) have stated they are always happy with the service they receive in Boots and a further 23% state sometimes happy. I am not sure what sometimes means, however you could take from it that 96% are generally happy with the service they receive from Boots.
- 7.17 The Application is not supported by the Area Pharmaceutical Committee which states it is neither necessary nor desirable and point out that there are several pharmacies serving a highly mobile population. I would also point out that this is a VERY affluent area and the vast majority of the residents are mobile. Mr Tait from Boots has also given the detail of the bus services within the areas.
- 7.18 The Applicant has provided correspondence from the Bothwell Community Council. They state the premises are to be shared with the existing Post Office, a vital Hub and amenity for the village. Due to other factors the Post Office is in grave danger of closing, and therefore the proposed pharmacy contained, will assist survival of the Post Office by virtue of shared operating costs and increased footfall of residents. The viability of a Post Office IS NOT a reason to grant the application for a pharmacy.
- 7.19 **Another late additional information submission** is a letter from Councillor Ann Kegg which states and I quote: "It is also good to have competition for large companies to ensure that there is not a monopoly situation and I would therefore, commend Mr Barilone's application to you. He has several years as a pharmacist himself and would be admirably suited to his new venture".
- 7.20 I hope the Panel would agree that Mr Barilone being an admirable fellow, and the fact that there is no other pharmacy, other than that operated by a large company such as Boots is not a reason to grant an application to provide pharmaceutical services to a neighbourhood.
- 7.21 The panel will be aware that a previous application by Angeline Scotland was refused by the PPC on 23rd January 2012 and this ruling was confirmed by the National Appeal Panel on 16th March 2012. One quote from the PPC Decision and upheld by the National Appeal Panel was:
- "It is legitimate for the panel to have regard to the provision of pharmaceutical services in the neighbourhood not only by pharmacies located in the neighbourhood but also those on the fringes. It is the adequacy of provision to persons in the neighbourhood which has to be looked at and that provision will not necessarily come exclusively from pharmacies actually within the neighbourhood boundaries. The Committee therefore considered that it is appropriate to consider 'services provided to the neighbourhood'".
- 7.22 The Applicant has provided no evidence of any inadequacy in the services provided by existing pharmacies, other than there is only one pharmacy within his defined neighbourhood.

- 7.23 NHS LANARKSHIRE PHARMACEUTICAL CARE SERVICES PLAN makes no mention whatsoever of any NEED for a further pharmacy in Bothwell. The NHS Lanarkshire Pharmaceutical Care Services Plan states:
- 7.24 **ADEQUACY COMMENT Dispensing of Prescriptions**  
The Health Board has no evidence of patients having difficulty in accessing dispensing services.
- 7.25 **ADEQUACY COMMENT Minor Ailments Service**  
The Health Board has no evidence of patients having difficulty in accessing the Minor Ailments Service.
- 7.26 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.
- 7.27 **The Chair then invited questions from Mr Barilone to Mr Arnott**
- 7.28 Mr Barilone asked whether there was parking outside Lloyds Pharmacy in Uddingston. Mr Arnott said there was and had parked five yards from the store that morning. Mr Barilone stressed that there was parking close to the Post Office though not directly outside.
- 7.29 With regard to the Survey Report Mr Barilone did not understand why a black and white copy had been circulated when a colour copy was submitted. Mr Arnott confirmed that a black and white copy had been received.
- 7.30 Mr Barilone sought agreement from Mr Arnott that developments within Uddingston were currently going ahead and would result in another 448 homes (a 17% rise in population). Mr Arnott agreed and stated that this would result in a population increase of 2300 people. Lloyds could take care of the extra demand for pharmaceutical services on its own without Boots or the Central Pharmacy.
- 7.31 **Having ascertained that there were no further questions for Mr Arnott from Mr Barilone, the Chairman invited questions from the other Interested Parties namely Mr Tait, Boots UK Ltd followed by Mr Paterson, W Y Graham Ltd**
- Neither asked any questions of Mr Arnott.
- 7.32 **Having ascertained that there were no further questions from the other Interested Parties, the Chairman invited questions from Members of the Committee in turn to Mr Arnott.**
- 7.33 Mrs Park asked about the number of trays that would require work to be transferred to the hub. Mr Arnott said this may never be necessary as more team members could be employed and there were no capacity issues with Lloyds in Uddingston.

- 7.34 Mrs Stitt enquired about the delivery service that Lloyds provided. Deliveries were made by Lloyds between 1 and 4 pm. Out-with those times deliveries would be made by pharmacy staff to anywhere in the neighbourhood.
- 7.35 Mrs Stitt wondered why the letter from Councillor Ann Kegg was circulated when it was too late to be considered. The Chairman advised that the Committee were very keen to ensure that all submissions and representations on this application were considered at the hearing and that the Committee wanted to avoid any criticism or complaint that such evidence had been excluded from consideration. That explanation was accepted by all present.
- 7.36 Mr Woods asked how Lloyds determined the adequacy of its customer service. Mr Arnott explained that this was gauged by the experience of a company employed to carry out unannounced visits to Lloyds pharmacies. Uddingston Pharmacy scored 97.5% last year about which Mr Arnott was very pleased.
- 7.37 When asked about lunch break cover, Mr Arnott confirmed that the pharmacist was always present on the premises and could be called upon if necessary.
- 7.38 Mr Sargent wanted to know if granting of this application would have a substantial impact on Lloyds in Uddingston. Mr Arnott explained that it would have an effect though certainly not close the pharmacy down. Lloyds had invested heavily in the Uddingston premises to give patients a better experience.
- 7.39 Mr Sargent then asked whether any Lloyds Pharmacy operated in the same premise as a Post Office. Mr Arnott confirmed that Lloyds Pharmacies were totally independent with no Post Office/Pharmacy joint ventures in Scotland.
- 7.40 The Chairman asked what percentage of Lloyds Uddingston business came from the proposed neighbourhood. This information had been provided by Mr Barilone and was 5%.
- 7.41 When asked about the neighbourhood, Mr Arnott said that Lloyds did not contend with that described by the Applicant.
8. **Having established that there were no further questions for Mr Arnott, the Chairman invited Mr Paterson to make representation on behalf of W Y Graham Ltd**
- 8.1 Mr Paterson read aloud the following pre-prepared statement:
- 8.2 "W Y Graham Pharmacy wish to oppose the granting of this application on the grounds it is neither necessary nor desirable.
- 8.3 Mr Barilone's application seems to focus on the current pharmaceutical services provided in the area being in his opinion 'no longer adequate' and in particular focuses on the Boots branch across the road from where he wishes to open.
- 8.4 However, this seems to fly in the face of the evidence presented.
- 8.5 He acknowledges that Boots, like all the other pharmacies in Bothwell and the

surrounding areas, already comply with most of the 17 characterising community pharmacy services outlined in the NHS Lanarkshire Pharmaceutical Services Care Plan. All pharmacies have declared themselves DDA compliant, including Boots. There does not appear to be any complaints made to the Health Board about a lack of or inadequate disabled access to Boots. I am not party to whether Boots themselves have had any complaints - perhaps that can be answered by their representative. Mr Tait earlier confirmed that this was the case. In any case, if Boots were found to have deficiencies in their compliance with the DDA, then that is a matter for them as a company to address, and has no relevance to whether the *pharmaceutical* services provided in the neighbourhood defined by the applicant are adequate or not.

8.6 With regard to the various pieces of 'supporting' evidence Mr Barilone has submitted, I would like to address these in turn:

#### 8.7 AREA PHARMACEUTICAL COMMITTEE/ SURVEY

8.8 It is extremely relevant that the Area Pharmaceutical Committee concluded that within the neighbourhood as defined by the applicant, existing pharmaceutical services are adequate and as such, they cannot support his application. As they point out, although the population of Bothwell is nearly 6,500, the list size at the Medical Centre is nearly 10,000. So that is 3,500 people on the list who do not live in Bothwell. They choose to have their prescriptions dispensed out-with Bothwell for the simple reason that they do not live there, and as such, have little reason to visit there to access local amenities when they have their own local amenities in the area in which they reside. These people are 'not a significant proportion of the population of Bothwell' as Mr Barilone ascertains but a significant proportion of the patient's registered with GP's at Bothwell Medical Centre - two entirely different things, and explains why only 42% of prescriptions issued from the Medical Centre are dispensed in Bothwell itself.

8.9 Any 'anecdotal' evidence suggesting the reason for this is a dissatisfaction with the current provision of pharmaceutical services is completely unfounded.

8.10 With regards to the assertion that the premises that Boots operate out of 'is no longer adequate', locating a pharmacy at the back of a busy Post Office doesn't seem to me to be a credible alternative. In the survey report, 13.4% of respondents suggested 'bigger/ less crowded premises' as a possible improvement to services - to go through a busy post office to access pharmacy services hardly appears to be an improvement. I would ascertain that 400 square feet at the back of a busy Post Office doesn't offer 'bigger, less crowded premises'. Irrespective of this, the suitability or otherwise of Boots' premises would appear to be a matter for them as a company to address if need be.

8.11 With regards to 'anecdotal' evidence of a poor service from Boots, again there have not been any complaints made in regard to this to the Health Board re Boots. Indeed, in the survey presented as to the panel, 73% of respondents said they were 'always' happy with the service they received, 23% said sometimes, and ZERO per cent said never. I am not here to fight Boots corner, but this 'anecdotal' evidence appears to be fundamentally

flawed, and in no way should be regarded as evidence in deciding if a new contract should be awarded.

8.12 In the survey, >90% of residents used Boots most often. The comment after Q3 in the survey 'Also commonly cited was that prescriptions were sent there from the GP so they HAD to go there' is just not true - patients can choose whatever pharmacy they want to go to and cannot have this determined by their surgery.

8.13 Only 7% of respondents said it was because Boots was the only pharmacy there. The survey results show Boots is regarded in a generally very positive manner in all aspects of their service. So the 'anecdotal' evidence of a general dissatisfaction appears again to be unfounded.

8.14 Nearly half of respondents could offer no suggestions for any improvement in pharmaceutical services. Only 1.6% suggested 'Open another chemist'. Any other negative comments relating to dispensing times, stock levels etc should be a matter for Boots as a company to address and has no bearing on the adequacy of pharmaceutical services in the neighbourhood. In any case, the vast majority of respondents appear to be generally content with the service in the neighbourhood.

#### 8.15 NEWSPAPER NOTIFICATIONS

8.16 Similarly, the response to the applicant's newspaper notification should not be regarded as representative of the community as a whole. Two e-mails and four letters from a population of nearly 6,500 is hardly significant. The claim that Boots do not stock enough medication to fill prescriptions is not a general view replicated in the survey results and Mr Barilone's assumption that this meant 'Prescriptions are being taken out the neighbourhood' cannot be substantiated - how would he possibly know this?

#### 8.17 PROJECTED POPULATION INCREASE

8.18 The application foresees a possible population rise of 12% over the next few years but this is an application for NOW, not the next few years. Mr Barilone says he wishes to see 'a well-balanced distribution' of services but opening a pharmacy at the back of a Post Office directly across the road from an existing Pharmacy doesn't constitute a well-balanced distribution. He is not proposing to open at the other end of town, near the retirement flats or in one of the more deprived areas in Bothwell. Indeed, he is offering nothing new in terms of location within Bothwell.

8.19 As for any population increase in Uddingston resulting in a possible increase in demand for services in Bothwell, I'm quite sure the 3 pharmacies in Uddingston itself could cope with any projected population increase.

8.20 The number of pharmacies that exist in neighbouring areas is irrelevant - the applicant has stated that the Scottish average per head of population is around 4500 people per pharmacy. Even with the projected population increase 'in the next few years', the population of Bothwell would still be considerably lower than the Scottish average to justify having two pharmacies in the neighbourhood.



8.21 LETTERS FROM COMMUNITY COUNCIL/LOCAL COUNCILLOR

8.22 Regarding the letter from the Community Council, the viability of a local Post Office is completely irrelevant in the context of determining whether a neighbourhood's pharmaceutical services are adequate and this should be completely discounted.

8.23 Councillor Kegg's letter states 'it is good to have competition for large companies' but not for small independent businesses, one wonders?

8.24 Commercial competition or the lack of it is not a barometer used in judging if the existing pharmaceutical services are adequate in a neighbourhood.

8.25 Also, she assumes all planning applications are going to be successful. In any case, whilst Mr Barilone no doubt appreciates her support, there is nothing in the letter that is relevant to the adequacy of existing pharmaceutical services in the neighbourhood and as such it should be disregarded.

8.26 PRACTICE MANAGER AT BOTHWELL MEDICAL CENTRE

8.27 Again, the views of the practice manager are completely irrelevant in the context of this meeting. The views of local pharmacies are likewise irrelevant in assessing the adequacy of GP services in a neighbourhood. If there are issues with the operation of Boots' managed repeat service, then that should be resolved by Boots and the medical centre.

8.28 CONCLUSION

8.29 There is nothing in Mr Barilone's application to suggest the existing pharmaceutical services in the defined neighbourhood are inadequate. Indeed, all aspects of the NHS Lanarkshire Pharmaceutical Services Care plan are being fulfilled by the existing network. He has not demonstrated that the existing services are inadequate, and has based his application on an assertion that the existing pharmacy in Bothwell cannot cope presently with the local pharmaceutical needs - an assertion not backed by evidence of a survey or by the NHS Complaints results. He is offering nothing new in terms of location in the neighbourhood. The local Area Pharmaceutical Committee have determined that the application is neither necessary nor desirable to secure adequate pharmaceutical services in the defined neighbourhood, and I concur. I would ask the Pharmacy Practices Committee to reject the application on these grounds.

8.30 **This concluded the presentation from Mr Paterson.**

8.31 **The Chair then invited questions from Mr Barilone to Mr Paterson**

8.32 Mr Paterson was unable to recall when the D'Silva practice closed in Viewpark when asked. Mr Barilone advised that 3000 patients had transferred 5 years ago to Bothwell Medical Practice. Statistics from ISD showed that 13% of prescriptions from Bothwell and Uddingston were currently dispensed in Viewpark at J & J G Dickson. Mr Barilone then asked what made Mr Paterson think that these patients would change to another pharmacy should the

proposed application be granted. Mr Paterson stated that these patients may not change pharmacy.

- 8.33 Mr Barilone was trying to understand the motivation for the attendance of Mr Paterson at the hearing. Mr Paterson explained that granting this application, which involved opening a pharmacy across the road from another, set a precedent and may or may not have an effect on the prescription figures of W Y Graham. Mr Paterson suggested that existing services were adequate and a new application was not welcome.
- 8.34 Mr Barilone referred to comments made by survey respondents that Boots Pharmacy had to be used. When asked if Mr Paterson agreed that this was the general patient perception it was stated that patients could ask to use another pharmacy or collect the prescription themselves.
- 8.35 Mr Barilone moved onto pages 14 and 17 of the survey report and noted that the answers were almost replicated when the questions were vastly different. Mr Paterson stated that the fact only 5.3% thought another chemist was needed showed how biased surveys could be. Furthermore as the margin of error was +/- 7% it could be argued that no-one thought another pharmacy was needed.
- 8.36 Having ascertained that Mr Barilone had no further questions the Chairman invited questions from Mr Charles Tait, Boots UK Ltd then Mr Arnott, Lloyds Pharmacy Ltd to Mr Paterson.**
- 8.37 Mr Tait and Mr Arnott had no further questions for Mr Paterson.
- 8.38 The Chair then invited questions from Members of the Committee in turn to Mr Paterson.**
- 8.39 Neither Mrs Park nor Mrs Stitt had any further questions.
- 8.40 Mr Woods wanted to know how lunch was covered at W Y Graham Ltd to which Mr Paterson replied that the pharmacy closed for lunch.
- 8.41 Mr Paterson confirmed that 7.7% of prescriptions were dispensed at W Y Graham for Bothwell residents.
- 8.42 In response to questioning from Mr Woods about how customer satisfaction was determined, Mr Paterson explained that it was evident from the growth of prescription numbers each month. Customer surveys may be considered in future but were not currently carried out.
- 8.43 Mr Woods continued by asking how adequacy was determined. Mr Paterson responded by stating that pharmacies in the network were fulfilling the 17 characteristics of the Pharmaceutical Service Care Plan but declined to comment on Boots complaints. Additionally the APC did not believe that another pharmacy in Bothwell was required.
- 8.44 When asked by the Chairman, Mr Paterson thought the impact of this pharmacy on W Y Graham Ltd would be minimal and took the opportunity to comment that this application should not be granted because inadequacy of

the existing provision had not been demonstrated. Instead this was a spurious attempt to damage the reputation of Boots.

- 8.45 Mr Paterson was content with the neighbourhood proposed by the Applicant.
- 8.46 Mr Sargent referred to the two emails and four letters the Applicant received in response to the public consultation and wondered whether Mr Paterson thought this response level average. Mr Paterson did not know but as it had been submitted as evidence it was relevant that it should be commented upon. When asked if Mr Paterson accepted that the majority of disgruntled people would take prescriptions elsewhere or continue to use the same pharmacy because it was handy, it was explained that in business 100% of customers were never going to be satisfied all of the time but it depended upon how bad the service was whether customers walked away or stayed put.

**This concluded the presentations.**

## **9. Summaries**

- 9.1 **After the Chairman 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 Chairman invited Mr James Paterson, WY Graham Ltd to sum up first**
- 9.3 Mr Paterson had nothing else to add to the statement that had just been heard.
- 9.4 **The Chairman then invited summing up from Mr Tom Arnott, Lloyds Pharmacy Ltd**
- 9.5 Mr Arnott stood by the presentation made especially the comments on adequacy.
- 9.6 **Mr Charles Tait, Boots UK Ltd, was then invited to provide a summary.**
- 9.7 Mr Tait noted that the Applicant had tried to convince the Panel that the Regulations were not about adequacy but about improvement. A legal case cited that this was wrong. Adequacy had to be measured by the Panel and the existing pharmaceutical service was either adequate or not. Mr Tait believed there to be no evidence of inadequacy and was very pleased with the survey evidence submitted by the Applicant that Boots in Bothwell always satisfied 74% of customers. It was concluded that this Boots Pharmacy must be doing something right, that there was no need for this application and that it should not be granted.
- 9.8 **Finally the Chairman invited Mr Peter Barilone to sum up and a shortened version from that submitted in writing was given.**
- 9.9 Mr Barilone stated that Boots had the opportunity to refurbish the pharmacy and address access for the disabled but hadn't done so. A previous Applicant tried to open up the road but when this was refused Boots didn't take over that premise and move to a larger site. Mr Barilone thought it appalling that

Mr Tait was satisfied with a satisfaction score of 75%. There had been two applications for pharmacies in Bothwell in the last five years which alone spoke volumes. If this failed there would be another. The population was growing and many of those were elderly. The majority of people chose to service prescriptions in the neighbourhood. Mr Barilone concluded that this application should be granted as it was both necessary and desirable.

**9.10 The Chair thanked all for contributing and providing written statements.**

**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 in which case, the hearing would be reconvened and the parties would be invited to come back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.

**The hearing adjourned at 1415 hours**

**The Committee reconvened at 1430 hours.**

**11. Supplementary Information**

Following consideration of the oral evidence, the Committee noted:

- i. That each member had independently undertaken a site visit of Bothwell noting the location of the proposed premises, the pharmacies, general medical practices hosted and the facilities and amenities within.
- ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and GP surgeries within Bothwell and the surrounding area.
- iii. A map of Bothwell and Uddingston.
- iv. Prescribing statistics of the Doctors within Bothwell and surrounding areas as supplied by the applicant
- v. Dispensing statistics of the Pharmacies within Bothwell and surrounding areas as supplied by the applicant
- vi. Demographic information for Bothwell, Uddingston, Viewpark, Hamilton and Blantyre taken from the 2011 Census.
- vii. Report on Pharmaceutical Services provided by existing pharmaceutical contractors within Bothwell, Uddingston, Hamilton and Blantyre.

- viii. Information extracted from pharmacy quarterly complaints returns to NHS Lanarkshire April 2013 – June 2014
- ix. The application and supporting documentation provided by the Applicant on 5 August 2014.
- x. Letter dated 26 September 2014 from Ms Jeanette McGuire, intimating the views of Bothwell Community Council
- xi. Letter dated 8 October 2014 from Mrs Julie Arthur, PFPI Project Assistant, intimating the views of Hamilton & District Public Partnership Forum
- xii. Letter dated 9 October from Councillor Maureen Devlin, Depute Chair of Social Work Resources supporting this application
- xiii. Email dated 13 October 2014 from Tracy Slater on behalf of the Chief Executive, South Lanarkshire Council declining to comment on this application
- xiv. Additional information from the Applicant on 22 October 2014 including planning applications and the Survey Report and issued on 23 October 2014
- xv. Letter from Councillor Anne Kegg, received outwith the timescale for submission of comments, circulated on 30 October 2014.
- xvi. Replacement page 12 of Bothwell Pharmacy Research Survey Report, replaced due to a typographical error, circulated 30 October 2014.
- xvii. Amended floor plan of pharmacy submitted by Mr Barilone, circulated on 5 November 2014
- xviii. Copies of previous PPC Minute and Decision of the National Appeal Panel relating to application By Angeline Scotland Ltd, Decision of the National Appeal Panel relating to application by Apple Pharmacy Ltd, SIMD data, map, Area Profile Report for Multi Member Wards and bus timetables, submitted by Mr Charles Tait, circulated on 05 November 2014.
- xix. Quarterly Complaints Returns and Customer Care Summary submitted by Mr Charles Tait, circulated on 07 November 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 when defining the neighbourhood, including those resident in it, natural and physical boundaries, general amenities such as schools/shopping areas, the mixture of public and private housing, the provision of parks and other recreational facilities, the distances residents had to travel to obtain pharmaceutical and other services and also the availability of public transport.
- 12.3 There was a general acceptance by the Interested Parties of the neighbourhood proposed by the Applicant with the exception of Boots that favoured the A725 as the south eastern boundary and thereby omitting Raith Haugh from the neighbourhood. The Committee discussed the likelihood of

future development on Raith Haugh but concluded that it was unlikely because the ground was marshy. This area was therefore not likely to have any impact on pharmaceutical services in the near future if included in the neighbourhood.

12.4 The Committee was in agreement with the eastern, southern and western boundaries proposed by the Applicant but not the northern boundary. The tributary from the River Clyde formed a more natural northern boundary than the edge of the housing development encompassing Lady Jane Gate. The Committee also decided that Countess Gate and Earl's Gate should be part of the neighbourhood and therefore Castle Avenue as far as the road through Bothwell Castle Golf Course should form part of the northern boundary.

12.5 The neighbourhood proposed by the Committee contained shops including a co-op, two primary schools, churches, a hospital, bank, post office, hotel and several recreation areas.

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

To the North - The tributary of the River Clyde, continuing to Castle Avenue then south along Castle Avenue as far as the road through Bothwell Castle Golf Course to Bothwell Road, down Bothwell Road to Hornal Road and Goldie Road.

To the East – The M74 motorway

To the South - The River Clyde

To the West - The River Clyde

**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 used the survey to argue that the existing pharmaceutical services provided by Boots Pharmacy, the prime supplier in the neighbourhood were inadequate. However because of the subjective nature of the questions and unclear nature of the rating of the answers, the Committee were unable to draw any conclusion that the service was inadequate. With regard to Q5 on page 11 using the pharmacist for health advice – 44% said sometimes. The Committee were uncertain whether this referred to the perception of the respondent or actual usage of the service. Similarly in relation to shop access with buggies, wheelchairs or mobility aids – it was not certain whether respondents had actually tried to access Boots with this equipment or if this was the perception. Only 10% had rarely or never used the pharmacist for health advice but it was not clear whether these people never had the need or did not feel able to ask the pharmacist for advice.

- 12.9 The cause and effect of prescriptions being rarely or never ready for those living in social housing was not satisfactorily explained because there was no logic to it. The Committee stated that this undermined the confidence in the efficacy of the survey and found the Applicant's criticism of Boots difficult to accept.
- 12.10 The large amount of work put into this Application was recognised by the Committee but it did not demonstrate inadequacy. There were a limited number of complaints, a limited response to the advert and a limited number of people had suggested another pharmacy was needed. There were only a small percentage of people living in the neighbourhood that were disabled, deprived or without a car. The population of the defined neighbourhood was generally affluent and articulate. Had the pharmaceutical service provided been inadequate this would have been made known as this type of population were more likely to complain. The Committee did not dismiss the survey but the weight attached to it and its value was substantially less because of its subjectivity and vagueness of response ratings.
- 12.11 In contrast to the Applicant's findings, the information presented by Boots from its own independent survey was very positive.
- 12.12 Additionally, NHS Lanarkshire required all pharmacies to submit information about complaints received on a quarterly basis whether written or verbal. Boots Pharmacy in Bothwell had submitted zero complaints from April 2013 to June 2014.
- 12.13 Comparison of national statistics also showed that Boots Pharmacy in Bothwell was performing substantially better in certain areas.
- 12.14 Much had been made by the applicant about the disability issues and access difficulties at Boots premises in Bothwell. The Committee acknowledged that once in the shop it may be difficult to manoeuvre if in a wheelchair or mobility scooter but the same could be said of the proposed pharmacy which was only 400 sq ft. In fact Boots was DDA compliant because reasonable adjustments had been made to allow disabled customers to access pharmacy services – a bell, removable ramp and assistance from staff. Boots were physically unable to build a ramp outside the shop to remove the small step because it was located in a conservation area and would have been a trip hazard. This did not lead the Committee to conclude that this made the existing services from Boots in Bothwell inadequate only that improvements could be made.
- 12.15 The Applicant had portrayed the proposed pharmacy as complimenting the service currently provided by Boots. However the Committee was unable to consider issues of convenience or improvement when granting an application only inadequacy of the current provision.
- 12.16 The applicant had cited six housing developments but only two had received planning permission and only one was in the process of being built. Therefore whilst two developments were probable the other four were speculative.

- 12.17 The Committee considered the population impact should all six go ahead and estimated an increase of around 500 people in Bothwell. This together with an estimated population increase in Uddingston of 986 would take the population of both Bothwell and Uddingston to 13483. With four pharmacies serving this area each would provide services to an estimated 3370 people. This was easily manageable especially as the existing pharmacy network had much spare capacity.
- 12.18 When only considering those housing developments granted planning permission the Committee estimated a maximum of an extra 150 people. However it was noted that the developments in Silvertrees were not family homes but apartments likely to be occupied by single people or couples. An increase of 30 people was therefore probable. Additionally, local knowledge had indicated that Silvertrees had taken 15 years to be developed so an increase of 500 people to the neighbourhood within two years as suggested by the Applicant was very optimistic. The Committee concluded that the Applicant had failed to demonstrate that future demand made current provision inadequate.
- 12.19 The Committee then looked at the dispensing figures for the four pharmacies providing services to the neighbourhood. Professional opinion was that whilst the figures for Boots in Bothwell were high there was extra capacity available. The existing pharmacy network was expected to be able to cope with a population increase in Bothwell to around 6958.
- 12.20 The Applicant tried to imply that many people were not going to Boots in Bothwell through choice. However given that Dr D'Silva had transferred patients from Viewpark to the Bothwell Medical Practice the Committee suggested that it was because these people were not resident in the neighbourhood. It was assumed that most of these patients continued to have prescriptions dispensed in Viewpark.
- 12.21 The Applicant also made an issue of Bothwell Medical Practice patients thinking that prescriptions had to be dispensed at Boots in Bothwell but provided contradictory evidence that many prescriptions (58%) issued from Bothwell Medical Centre were not dispensed in the neighbourhood. Uddingston Pharmacies collected repeat prescriptions from Bothwell Medical Centre and therefore people living or shopping in Uddingston opted to use pharmacies there.
- 12.22 The Committee considered the higher levels of deprivation, social housing and long term illness in Fallside Road and Woodlands but found no evidence of any impact on the delivery of adequate pharmaceutical services. The Applicant agreed that a resident of Woodlands would take roughly the same time to reach a pharmacy in Uddingston as the Boots in Main Street, Bothwell.
- 12.23 Although the South Lanarkshire Council Area Profile Report showed the percentage of those aged 65+ in Bothwell to be higher than the rest of Scotland with a higher percentage of lone pensioner households, there was no evidence that this had caused or was likely to cause in the near future any inadequacy of pharmaceutical service provision. Future proofing was available to Boots as the current premises had the potential to be remodelled



and expanded or work outsourced. Boots also had the advantage of employing an Accredited Checking Technician.

- 12.24 The defined neighbourhood was affluent with higher than average car ownership. The population was therefore very mobile with easy access to pharmacies out-with the neighbourhood.
- 12.25 Local experience had been that parking in Uddingston and Bothwell was very difficult. Parking at the proposed pharmacy was no better than others serving the neighbourhood though it was noted that there were a few parking spaces directly outside Boots Pharmacy in Bothwell.
- 12.26 Boots in Bothwell had been proactive in registering patients for the Chronic Medication Service (CMS) and currently had 879 people registered. There was a significant amount of administration work involved in the registration process. This showed that the staff in Bothwell Boots were not at maximum dispensing capacity as if this had been the case so many people would not have been registered for CMS.
- 12.27 The Committee concluded that there was no evidence provided to demonstrate any inadequacy of the existing pharmaceutical services to the defined neighbourhood.
- 12.28 Following the withdrawal of Mrs Park and Mrs Stitt 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.
- 12.29 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.
- 12.30 Mrs Park and Mrs Stitt were requested to return to the meeting, and advised of the decision of the Committee.

**The meeting closed at 15:30 hours**