

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Monday 10 October 2016 at 09:30 hours in Conference Room, Kirklands Hospital, Fallside Road, Bothwell, G71 8BB**

The composition of the PPC at this hearing was:

Chair: Mr Michael Fuller

Present: Lay Members Appointed by NHS Lanarkshire Board

Mrs Margaret Caraher  
Mr John Woods

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

Mr Kenneth MacKenzie

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

Mrs Catherine Stitt

Secretariat: Mrs Gillian Gordon, NHS National Services Scotland, SHSC Meetings

**1 APPLICATION BY MESSRS DAVID DRYDEN AND MICHAEL BALMER**

**1.1** There was submitted an application and supporting documents from Mr D Dryden and Mr M Balmer received 31 August 2016 to have their names included in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at 41b Millgate Road, Hamilton, ML3 8JU

**1.2 Submission of Interested Parties**

The following documents were received:

- i) Letter received on 15 September 2016 from Boots UK Ltd
- ii) Letter received via email on 15 September 2016 from Lloyds Pharmacy Ltd
- iii) Email received on 29 September 2016 from Web Pharmacy Ltd

**1.3 Correspondence from the wider consultation process undertaken jointly by NHS Lanarkshire and the Applicants**

i) Consultation Analysis Report (CAR)

**2 PROCEDURE**

**2.1** At 0930 hours on Monday 10 October 2016 the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Mr Dryden and Mr Balmer (“the Applicants”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (SSI 2009 No 183, SSI 2011 No 32 and SSI 2014 No 118) (“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 Chair welcomed all to the meeting and introductions were made. When asked by the Chair, members confirmed that the hearing papers had been received and considered and that none had any personal interest in the application. The Chair informed members that the applicants would attend and that Mr David Dryden would make the representations, accompanied by Mrs Debbie Anderson. There would be representations from the following interested parties: Lloyds Pharmacy Ltd, Web Pharmacy and Boots UK Ltd.

**2.3** It was noted that Members of the Committee had previously undertaken site visits to Hamilton independently during various times of the day and week to gather a sense of the natural working patterns of residents and visitors to the various premises. All confirmed that in doing so each had noted the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to, banks, post office, supermarkets, churches, schools and sports facilities.

**2.4** The Chair advised that Mrs Gordon was independent from the Health Board and was solely responsible for taking the minute of the meeting.

**2.5** There was a brief discussion on the application and the Chair invited Members to confirm an understanding of these procedures. Having ascertained that all Members understood the procedures the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Chair then invited the Applicant and Interested Parties to enter the hearing.

The Open session convened at 1005 hours

**3 ATTENDANCE OF PARTIES**

**3.1** The Chair welcomed all and introductions were made. For the Applicants,

## MINUTE: PPC/2016/02

Mr David Dryden would present and be supported by Mrs Debbie Anderson. From the Interested Parties eligible to attend the hearing the following accepted the invitation: Mr Tom Arnott, accompanied by Ms Jennifer McDougall, representing Lloyds Pharmacy Ltd; Mr David Lamb, accompanied by Mr Richard Stephenson, representing WEB Pharmacy Ltd; Mr Charles Tait, accompanied by Mrs Maxine Smedley, representing Boots UK Ltd.

- 3.2** The Chair advised all present that the meeting was convened to determine the application submitted by Messrs Dryden and Balmer in respect of premises located at 41b Millgate Road, Hamilton, ML3 8JU. The Chair confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended which the Chair read out in part:
- 3.3** “5(10) an application shall be ... granted by the Board, ... only if it is satisfied that 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.”
- 3.4** The Chair emphasised the three components of the statutory test and confirmed that the Committee, in making its decision, would consider these in reverse order in that they would determine the neighbourhood first and then decide if the existing pharmaceutical services in and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.
- 3.5** The Chair advised that Ms Gillian Gordon, SHSC Meetings, NHS National Services Scotland, would be present throughout the duration of the hearing for the purposes of providing secretariat support to the Committee. The Chair confirmed that Ms Gordon was independent of Lanarkshire NHS Board and would play no part in either the public or private sessions of the Committee.
- 3.6** The Chair confirmed that all members of the Committee had conducted site visits to the premises concerned on different days and at different times in order to understand better the issues arising out of this application. No member of the Committee had any interest in the application.
- 3.7** The Chair referred to a previous application for a similar area. He stressed that, regardless of any references to that application in written or verbal evidence, the current application would be considered solely on its merits

based on the written and verbal evidence presented at the hearing that day.

- 3.8 The Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. He asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement. The Chair concluded the procedural part of the hearing by reminding each party that there could only be one spokesperson for each party.

#### 4 APPLICANT'S SUBMISSION

*The Chair invited Mr David Dryden, to speak first in support of the application*

- 4.1 Mr Dryden opened by thanking the Committee for the opportunity to present his case.
- 4.2 He stated that there was a 3rd World Country that had a life expectancy of 78 years, which was higher than Scotland's 76.8 years. It achieved this on extremely limited resources - just 10% of what the NHS spent - and had done so by moving away from the curative model of healthcare and focusing on preventative. Scotland had taken note and had changed the direction of its health service but was still in many ways playing catch-up - with Cuba.
- 4.3 He said that this was important because Scotland was still learning the lessons, and trying to adapt and modernise its healthcare system. So he intended to demonstrate how important pharmacy can be in the preventative model of health care, and where pharmacy services were currently falling short in this neighbourhood.
- 4.4 Turning to the neighbourhood he indicated that it had been discussed extensively in their submission. It was self contained, had clearly defined boundaries and had the vast majority of services one would expect to find in a neighbourhood, such as schools, post office, leisure facilities and places of worship. Importantly, the definition of the neighbourhood was supported by the results of the public consultation. This was an area with a range of demographics, but overall one could say that it had high levels of socio-economic deprivation and therefore a higher requirement for pharmacy services.
- 4.5 He stated that it was not always an easy task applying the legal test. There was no magic formula or key marker that gave a cut-off for saying the provision of pharmacy services was adequate or inadequate. But there was a wealth of supporting evidence and there were some key facts that he would establish:
- 4.6 Firstly: Lanarkshire needed to make improvements in key areas in order to

address health inequalities, rates of smoking and alcohol use, and pharmacy had been identified as having a key role in that strategy. This was made clear by the NHS Lanarkshire publication "Achieving Excellence" which showed a need for change because if you always do what you have always done you will always get what you always got. And what we had, as had been established, was not good enough.

- 4.7** Secondly: assessing adequacy of pharmacy services required one to look at the availability and accessibility of the core components of the community pharmacy contract to and within the neighbourhood.
- 4.8** He apologised in advance, if everyone on the committee knew the ins and outs of the contract but thought it important to take some time to look at the relevance of the different facets of the contract in a bit of detail.
- 4.9** He stated that there were four main components of the community pharmacy contract and since their introduction, community pharmacy had become an increasingly valuable point of access to the NHS and provided proactive and reactive frontline services.
- 4.10** He drew attention to the map provided which showed how the pharmacies were distributed throughout the surrounding neighbourhoods. He highlighted that all of the pharmacies were located in close proximity to GP surgeries and said that was because this network of pharmacies had not changed or been added to in a number of decades and at that time it used to be almost essential to be close to a GP surgery. He pointed out that nowadays pharmacy had a different role and did not need to be near a GP surgery to make it work. Perhaps more importantly, there was the potential for the modern services to have a greater impact when they were provided directly to a residential population. He said that given that the role had changed, one could not assume that this old infrastructure would be able to support all aspects of the new contract in every neighbourhood.
- 4.11** He pointed out that the Minor Ailments service puts pharmacies on the front line, and where accessible, it allowed patients ready access to a healthcare professional without the need for an appointment. This service was hugely important in terms of improving access to medicines and advice and reducing workload on GP surgeries. But it did much more.
- 4.12** He said that it was not just about handing out Bonjela for mouth ulcers and pointed out that 70% of oral cancer patients first presented at their community pharmacy before accessing any other NHS service about their oral problem. This gave the opportunity to identify and signpost oral cancers at an early stage with the potential to improve treatment outcomes
- 4.13** It also allowed the hugely important opportunity to discuss other aspects of oral health such as smoking cessation, alcohol consumption, brushing technique and diet. And this template works for a range of conditions where similar opportunistic interventions could be made in the same way that pharmacies already dealt with coughs and colds.

**4.14** He stated that this service was part of modern healthcare in NHS Scotland. It was not a desirable service but an essential one and needed to be incorporated into the day to day lives of those living within areas of high levels of socioeconomic deprivation in order for the above opportunities to be created and taken. He noted that whilst forming part of a larger healthcare system Minor Ailments represented a standalone service that could bring care to communities.

**4.15** He pointed out that there were no pharmacies within the neighbourhood and the existing network was not readily accessible by the residents of this neighbourhood. He said that, given these barriers how could one expect the MAS to service the population. He asked if one should expect patients living in this neighbourhood to make in some instances an hour-round trip to access this service and enquired whether this was fair or adequate as it undoubtedly limited the ability to detect serious health problems at an early stage.

**4.16** He asked the Committee to consider if the patient was elderly; had young children; no access to private transport; a limiting illness whether it was asking a lot of them to make special trips to seek out healthcare rather than putting healthcare in their lives. He stated that years of evidence had shown that this format did not work.

**4.17** He said that in his view, the distances involved were prohibitive for patients seeking to access this service, and evidence of this could be seen from the public consultation from which he gave the following quotes:

- There was no easily accessible pharmacy
- There were no local access to a pharmacy
- Patients needed a bus or taxi to nearest chemist
- There was not a pharmacy local to this area
- Pharmacies were too far away if you did not drive
- Parking was limited around current facilities
- People needed to travel about 1 mile to the nearest chemist
- I have to travel outwith my neighbourhood which can be problematic
- Too far away, too remote, could not get to a chemist, nowhere local, inadequate services exist in the area currently.

**4.18** He then turned to consideration of the Chronic Medication Service which was brought about to devolve some care of patients with long term conditions to community pharmacy, and pharmacists were tasked in general with:

- maximising the benefit of medicines
- minimising adverse effects

- and reducing waste.

- 4.19** He said that this service relied on the community pharmacy being more readily accessible than the GP surgeries. But the pharmacies were not more accessible as was shown in the CAR - so how could one expect these services to work in this neighbourhood?
- 4.20** He contended that only way one could make this work was by creating the opportunity for patients to visit their pharmacy on a frequent, potentially daily basis. He knew this from his experience of working in a pharmacy in a residential area and knew you simply could not provide these services from afar which was the situation at present.
- 4.21** He asked for us the opportunity to provide these services to the people who would then use them. Patients would get the benefit, and NHS Lanarkshire would get the benefit.
- 4.22** He then referred to delivery services which were available, but all this did was deliver medicines which only fulfilled part of the contract and deliveries could represent a barrier to providing other components of the contract by dis-incentivising patients to speak with their pharmacist. He stated that delivery services were sometimes essential but were not always needed where patients lived within walking distance of their pharmacy. He said the, in his experience, many patients would much prefer to be able to walk in to their local pharmacy, speak to the pharmacist and go about their life - wherever possible- in an independent manner. That was something all should be looking to support, and it was a key target of NHS Lanarkshire strategy.
- 4.23** He said that, as the results of the public consultation had demonstrated, patients in the area did not feel as though they had adequate or reasonable access to a community pharmacy, and they were not within walking distance.
- 4.24** He also pointed out that, since the budget was transferred from GPs to community pharmacy, pharmacists had gone on to become the largest provider of smoking cessation services in Scotland. If someone wanted to stop smoking in Scotland then your community pharmacy was the first port of call. He noted that rates of smoking were reducing across the country but not in groups with high levels of socioeconomic deprivation where they were actually increasing. He said that smoking cessation was a service that had been retrofitted to a network of pharmacies that was designed for another purpose. This was a clear benefit to those living near the pharmacies, but this neighbourhood did not enjoy access and this in fact worsened health inequalities.
- 4.25** He said that there were barriers to accessing these services in general - let alone on a weekly basis as was required for smoking cessation. These feelings had been echoed by the public in the consultation. He indicated that it seemed strange that smoking cessation services could

not be provided within this large neighbourhood, if the Board were indeed serious about fostering change.

**4.26** He stated that the public health messages and health promotion campaigns were not on display anywhere in our neighbourhood, which had some 10,000 residents, where there were high levels of socioeconomic deprivation. Patients must travel to their GP surgery to find a pharmacy in order to access public health services, and to him that was too little too late. One should not wait for patients to be ill before trying to promote good health; this had to be done from the get-go.

**4.27** He said that the shift to an emphasis on public health and disease prevention was massively important as we did not need more hospitals but we needed to keep healthy people healthy. This strategy relied on a range of initiatives; pharmacy in particular as it had the most readily accessible health professionals and was the most frequent point of contact with the NHS. He stressed that the public health service must be provided in this neighbourhood in order to deliver the health messages to the target audience

**4.28** He noted that patients were accessing dispensing services, but with difficulty. The results of the public consultation had also given further insight into the demand that was being placed on this network of pharmacies with comments made such as :

- pharmacies in the area insufficient to cope with the needs
- always very busy
- would help with waiting times
- would become more efficient waiting times can exceed an hour
- car parking, demand greater than supply
- inadequate services
- stress on small amount of current pharmacies, sometimes seem stretched to their very limits
- the need for local pharmacies can only get greater

**4.29** He said that, considering the above there was a wealth of evidence to suggest that:

1. This was a well defined neighbourhood, recognised by the public
2. The people felt that they did not have a local pharmacy and that the distances to access current pharmacies were too great
3. The existing network was overstretched

**4.30** He suggested that Millgate Road Pharmacy was required now, and that the need would only increase due to the pressures of having an ageing population and new housing developments. He said that today, therefore, there was an important opportunity to modernise the network and the chance to start delivering the services exactly where they were required - in this neighbourhood and to this neighbourhood.

- 4.31** He said that he could not see any negatives as there would be no cost to the public purse and the current levels of workload seemed to indicate that the existing pharmacies would remain viable.
- 4.32** Turning to the question of whether granting this application would secure adequate provision of pharmacy services, he said that they were experienced; had the plans and finances in place; the unit was central to the neighbourhood; committed to improving the health of the population; committed to reducing health inequalities and ensuring that appropriate and high quality healthcare was provided.
- 4.33** However, he pointed out that they went above and beyond what was expected in that they had given talks to primary schools and women's guilds; provided football strips for a local primary school team and undertaken charity work on a regular basis and had been recognised for this on national television. He said that they also worked with Employment Enterprise to create jobs and a start for those that were having difficulty finding work.
- 4.34** He returned to the public consultation which was supportive of the application and quoted:
- “Good location, good distance, within walking distance, covers a blank space that doesn't appear to be covered by existing pharmacies, suitable and close by, accessible to everyone in the area, benefit from a pharmacy on their doorstep, pharmacy which would cover a gap in the service provision, it's exactly what this area needs.”*
- 4.35** He suggested that granting this application was in fact the only way to secure the adequate provision of pharmacy services in the neighbourhood. And furthermore, by alleviating the pressure that the existing network was under, perhaps they would all be able to make a greater impact on the health of the population in this neighbourhood and beyond.
- 4.36** He noted that South Lanarkshire Council had recognised the needs of this neighbourhood and the need for change and had invested a great deal of finance into the Fairhill Lifestyles Centre, in the heart of the neighbourhood. There you could access the food co-op, community links charity, the gym, credit union, cafe, childcare, the library, local councillors. The council were doing their part in terms of investing in the fabric of this community and providing greatly-needed services. However, they had one hand tied behind their back as unfortunately pharmacy had not so far been able to respond and to play its part.
- 4.37** He wished it noted that they were at the Fairhill Fun day in September, flying the flag for pharmacy and doing their bit which was something they would hope to do year on year. But there was a great deal more work

to be done and a community pharmacy for this neighbourhood was an essential building block for this process.

- 4.38 With this in mind he asked the Committee to grant the application so that they could address the inadequacy of pharmacy services within the neighbourhood and continue the good work they had already begun.

***This concluded the Applicant's statement***

## **5 INTERESTED PARTIES' QUESTIONS TO APPLICANT**

***Mr Arnott of Lloyds Pharmacy Ltd was invited to question Mr Dryden***

- 5.1 Mr Arnott asked which of the core services were not offered by current pharmacies. Mr Dryden apologised if he had given the impression that he was criticising the existing pharmacies which had not been his intention. They all provided the core services as far as he was aware but his point was that they were not available in his proposed neighbourhood.
- 5.2 Mr Arnott referred to the 184 responses to the CAR and asked how Mr Dryden could describe this as having a lot of public support. Mr Dryden replied that he did not know what size of response to expect as the process was relatively new but it was the second highest response that NHS Lanarkshire had received to date.
- 5.3 Mr Arnott pointed out that this represented less than 2% of the population. Mr Dryden reiterated that it was new and not perfect. He referred to the advertisements placed three times in the Hamilton Advertiser to encourage a response but acknowledged that these were difficult to find. He believed that one should not look at the response rate but rather take account of the views of those who had taken the opportunity to comment.
- 5.4 In addition to the questionnaire, he noted that he had been to Fairhill Lifestyles three times and had received no negative responses from those he had spoken to. He could not guarantee that they would all then complete the questionnaire.
- 5.5 Mr Arnott said that the local MP had also encouraged his constituents to respond in addition to the advertisements and information being sent to the local community councils but still the response rate was less than 2% and asked if this showed a desperate need for a pharmacy. Mr Dryden replied that you would never get a lot of people replying but that this was one of the highest that the Board had had.
- 5.6 Referring to the proposed opening hours, Mr Arnott asked what people would do on a Saturday afternoon. Mr Dryden replied that until he had seen the responses from the CAR, he did not know that there was demand for Saturday afternoon opening. He indicated that this was something that he was willing to consider.

- 5.7 Mr Arnott noted that the proposed hours were less than those offered by every other pharmacy in the area and asked why this was the case. Mr Dryden replied that he could not comment on what other pharmacies did but the hours he proposed were in line with NHS Lanarkshire's model hours.
- 5.8 Mr Arnott then asked how someone who was housebound would receive their medicine and Mr Dryden said that it would be delivered.
- 5.9 Referring to accessibility Mr Arnott asked how someone with a walking disability from East Wellbrae would reach the proposed pharmacy as there was quite a steep hill. Mr Dryden replied that there were a number of roads around which could be used. He acknowledged that there were hills in the area but said that the area between the pharmacy and Mill Road was in a bit of a valley.
- 5.10 Mr Arnott referred to Mr Dryden's statement that the proposed pharmacy was central and listed roads on the periphery of the neighbourhood which were nearer to existing pharmacies and asked how it could be described as central. Mr Dryden replied that his premises were central to the neighbourhood, being only 50 yards from the Lifestyles Centre and opposite the Post Office. It could not possibly be central to every address in the area and there would always be properties on the boundaries which were nearer to other pharmacies.
- 5.11 Mr Arnott asked, that given the considerable difference in housing styles, how Mr Dryden could consider his proposal as a neighbourhood. Mr Dryden replied that there would never be an area where all the houses were the same.

***Having ascertained that Mr Arnott had no further questions, the Chair invited questions from Mr Lamb of WEB Pharmacy.***

- 5.12 Mr Lamb asked what questions he had asked to justify his statement that the neighbourhood definition was supported by the public consultation. Mr Dryden replied that it was a joint consultation and referred to Question 1 where 80% agreed. Mr Lamb said that this was not defining the neighbourhood, rather putting a cross in the middle of a map. Mr Dryden said the wording was perhaps not perfect but that was something which needed to be brought up with the Health Board at another time. The question was, however, pertinent to the legal test and that he had defined the neighbourhood on the map included in the questionnaire.
- 5.13 Referring to Mr Dryden's statement that public consultation demonstrated inadequacy, Mr Lamb asked which questions would lead to that comment. Mr Dryden replied that he had gone through the individual comments and taken his comments from there. These showed strong support. Mr Lamb then referred to question 4 where it appeared that less than 50% of respondents said that there were gaps in the service and asked for an explanation. Mr Dryden said, that it all depended on how one wanted to

carve it up but he felt that a better indicator was to use the comments which gave a better idea of how people felt. Mr Lamb referred to other comments which said that the service was currently adequate and suggested that Mr Dryden needed to take a more balanced view as less than 50% said that the current service was inadequate. Mr Dryden acknowledged where Mr Lamb was coming from in that statistics could be interpreted in many ways. He stated that it was not his job to read out all the comments. As far as he was concerned, he had gone through the comments, met local people and elected representatives and felt that there was broad support. It was up to the Committee to put their perspective on what everyone said and make their mind up.

**5.14** Mr Lamb asked how Mr Dryden could come to the conclusion that if a new pharmacy were approved, all the existing pharmacies would still be viable as he had no way of knowing. Mr Dryden said that looking at the workload of all and the comments about how busy they all appeared to be, he was confident that another pharmacy in the area would not affect the others significantly. All the others were close to GP practices so it was unlikely that their level of prescriptions would drop much. When pressed, he said that it was his personal opinion.

**5.15** Mr Lamb asked how the references to talks and charity work tied in with the statutory requirements. Mr Dryden said that it did not; he had merely been trying to give an idea of what they were trying to achieve overall. He believed that the application met the statutory test but he wanted to give a flavour of what they did over and above core services.

***Having ascertained that Mr Lamb had no further questions, the Chair invited questions from Mr Tait, Boots UK Ltd***

**5.16** Mr Tait referred to Mr Dryden's use of the phrase "walking distance" and Mr Lamb's questions about distances and asked if people from Little Earnock would walk to the proposed pharmacy. Mr Dryden replied that some would. Mr Tait pointed out that the Boots pharmacy in Wellhall would be closer. Mr Dryden replied that Wellhall was in a different neighbourhood and outwith the direction of travel. In addition there was little to attract people to Wellhall other than the GP surgery. He pointed out that the proposed pharmacy and neighbourhood contained the Post Office, Fairhill Lifestyle Centre and churches so people would gravitate towards it.

**5.17** Mr Tait asked what the major attraction in the proposed neighbourhood was and Mr Dryden replied that it would be the Fairhill Lifestyle Centre which had a gym, cafe and a library which attracted people on a daily basis.

**5.18** Mr Tait asked how people from the peripheries of the neighbourhood would get to the pharmacy without having a car and did he expect people to walk the 1.2 miles from Stewart Avenue. Mr Dryden replied that this was a relatively new and affluent area and most had cars. If they did not have a car, then there was a direct bus route.

- 5.19 Mr Tait then referred to Little Earnock and asked how the proposed pharmacy could be accessed. Mr Dryden said that there were bus routes and the 226 and 205 passed the pharmacy. Mr Tait pointed out that the 226 did not pass the proposed site and Mr Dryden replied that the bus stop was still relatively near.
- 5.20 Referring to the waiting times of one hour quoted by Mr Dryden came from and was informed that it was from the information obtained in the public consultation.
- 5.21 Turning to the emphasis Mr Dryden had placed on public health, Mr Tait asked if he was aware of the recent report on smoking cessation which indicated that numbers accessing the service had gone down by about 35% because of the move to electronic cigarettes. Mr Dryden replied that he was unaware of the report but it seemed to indicate further evidence of the need for the service in this area as people needed to speak to a professional about a complete programme rather than just switching to e-cigarettes.

***Having ascertained that Mr Tait had no further questions, members of the Committee were invited to ask questions in turn of Mr Dryden***

## **6 COMMITTEE QUESTIONS TO APPLICANT**

- 6.1 Mrs Stitt referred to the neighbourhood definition and noted that Mr Dryden had used the Earnock and Cadzow burns as boundaries and asked if he had considered the unnamed burn between these. Mr Dryden said it was always difficult to define a neighbourhood but, looking overall, he felt that those boundaries were correct and these two burns were more defined than the other.
- 6.2 Mrs Stitt asked where people currently accessed pharmaceutical services. Mr Dryden replied that he supposed they went to the one closest to either their home or the GP. He had not specifically asked the question in the public consultation.
- 6.3 Mrs Stitt referred to Mr Dryden's statement that a new pharmacy would not increase the cost to the public purse and asked how this could be the case. Mr Dryden said that his understanding was that there was a global fixed sum for prescriptions which was paid regardless of which pharmacy dispensed them. When it was pointed out the locally negotiated services were not always fixed, Mr Dryden said that he understood that the overall pot was still the same size.
- 6.4 When Mrs Stitt asked about planned housing developments in the area, Mr Dryden said that permission had been granted for 323 houses south of Torhead Farm and the South Lanarkshire Development Plan had provision for a further 1800 houses. He confirmed that these had not yet gone through the planning process.

*Mrs Stitt had no further questions.*

**6.5** Mr MacKenzie asked if Mr Dryden had considered using Strathaven Road as a boundary. Mr Dryden said that Strathaven Road was an arterial road with services on both sides so it would have been unfair to divide the neighbourhood by drawing a line down the middle of it. Also the road continued on down until the houses stopped so he considered the burn was more of a natural barrier.

**6.6** Mr MacKenzie asked how many items they would need to dispense in a month in order to be viable. Mr Dryden referred to when he had opened in Rutherglen the calculations had been based on the 1400 items a month contained within the Essential Small Pharmacy Scheme and felt that this was a volume which would ensure viability.

*Mr MacKenzie had no further questions.*

**6.7** Mrs Caraher then asked why he had chosen this site for the pharmacy. Mr Dryden said he knew the area from having friends there and from driving through it. While driving he tended to look for pharmacies and it had occurred to him that there were none. He found two empty units and had contacted the Council in August 2010 and it had taken until December 2015 to get the lease, following which he had made the application.

**6.8** When asked if he intended to review the opening hours or leave them as stated in the application, Mr Dryden replied that he would need to discuss this with his business partners. They would possibly look at opening on a Saturday afternoon. He pointed out that he could not change the hours that day but had certainly taken on board the comments in the public consultation.

*Mrs Caraher had no further questions.*

**6.9** Mr Woods noted that Mr Dryden had laid great emphasis on the community involvement aspect of his pharmacy and asked if the other pharmacies in the area did that as well. Mr Dryden replied that he did not know but his was the only pharmacy represented at the Fairhill Lifestyles fun day and he had seen no evidence of sponsorship.

**6.10** Mr Woods referred to the mention of smoking, oral health and intervention opportunities and asked if Mr Dryden was saying that other pharmacies did not do this currently. Mr Dryden replied that this was not the case but that they were not in the neighbourhood. He believed that the more you interacted with patients, the more opportunity there was to give advice and spot problems. In addition the volume of work in the other pharmacies would reduce the opportunity to interact.

**6.11** Mr Woods asked if Mr Dryden was implying that the others were too busy to do this. Mr Dryden replied that he did not know and was basing his

observations having been in one of the pharmacies once and on the public consultation and on his own experience in working in busy pharmacies. He knew that one tended to focus on the work in front of you at the time and had little time to speak to people. He needed to make time available and if this application was granted, he would do this. He explained that in his current pharmacy they dispensed about 5000 prescriptions a month which could be done with one pharmacist. He and his colleague overlapped on 2 days a week so that they could speak to patients and do community work.

**6.12** Mr Woods then referred to the bullet points on question 2 of the CAR and noted that the Committee was obliged to look at the difference between convenience and adequacy and asked what the comments indicated. Mr Dryden replied that they definitely indicated inadequacy in that there was no easily accessible pharmacy; a bus or taxi was needed to get to the others. He noted that the health of the country was not improving in the way that it was hoped and our definition of convenience v adequacy had to move in order to improve the health of the population.

**6.13** Mr Woods asked if it was his view that a pharmacy should be within walking distance. Mr Dryden replied that that would be the ideal but easy access to public transport and an easy drive were appropriate as people need to be able to access services without difficulty on a daily basis.

**6.14** Referring to delivery services, Mr Woods noted that Mr Dryden had said that the downside of these was that there was no face to face contact. He asked if Mr Dryden currently provided a delivery service. Mr Dryden said that he did where required as it was important that patients got their medicines and would do so if this application were successful. Mr Woods asked how this squared with Mr Dryden's statement that it was a barrier to service provision. Mr Dryden replied that he firmly believed that face to face was better and tried to encourage patients to come in. In addition he did phone patients to discuss their medicines when there was no other option.

**6.15** Mr Woods asked if it was his view that the present pharmacies did not do this. Mr Dryden replied that there was no pharmacy in his neighbourhood. Other pharmacies delivered into it which was an indication that a pharmacy was required so that patients would not have to depend on a delivery service. When he had opened in Rutherglen, patients had transferred to him because they could visit.

*Mr Woods had no further questions.*

**6.16** The Chair asked if Mr Dryden accepted that the legal definition did not require a pharmacy to be in a neighbourhood. Mr Dryden replied that he did.

**6.17** Mr Dryden, when asked by the Chair, indicated that he would be able to open the pharmacy within four months of his application being granted.

- 6.18 The Chair asked if it was necessary for patients to visit a pharmacy on a daily basis. Mr Dryden said that people did not need to come in every day but they were more likely to come in if they were in the area on a daily basis and passing. He said it was necessary to build a rapport and relationship with people and referred to the need to discuss medicines use and the changes in the services which pharmacists offered.
- 6.19 Referring to public health services, the Chair asked if this was provided by other pharmacies. Mr Dryden replied that the same posters and leaflets were available in every pharmacy in Scotland. However, if there was no pharmacy in the neighbourhood, then people were not seeing the posters as they passed and the message was potentially lost. The residents in his neighbourhood were only going to pharmacies to pick up prescriptions or for a special reason and were not talking to the pharmacists.
- 6.20 The Chair referred to the CAR and acknowledged that although only a small percentage had responded, this was a larger survey of the local population than under the former method of consultation. He highlighted the question on deficiencies and gaps and noted that the figures of those expressing agreement had dropped and asked what Mr Dryden inferred from that. Mr Dryden replied that, in general, responses to questions tended to drop off as the survey went on. In addition it was somewhat lengthy and perhaps not conducive to getting a full range of responses from an individual. However, on the whole it was representative of a range of views.
- 6.21 The Chair asked why there was a drop from 80% of respondents, who agreed with the neighbourhood and that there was a need for a pharmacy, to 46% of respondents who thought there were gaps in the service. Mr Dryden replied that it was perhaps because people did not know what services were offered. As an example, in his Rutherglen pharmacy, he had spoken to patients and encouraged them to register for MAS and when he did so they told him that no-one else offered this.
- 6.22 The Chair pointed that according to NAP decisions there was a clear difference between adequacy and convenience and asked for Mr Dryden's view on the proportion of responses who felt that a new pharmacy would be a good idea compared with those who felt that the existing service was inadequate. Mr Dryden indicated that there was no laid down percentage to determine inadequacy. He could say that there was a good amount of respondents who said it was not adequate and gave reasons.

*The Chair had no further questions.*

***Having heard the responses to the questions asked so far the Chair gave all Interested Parties and Committee members an opportunity to ask further questions of the Applicant.***

## 7 ADDITIONAL QUESTIONS TO APPLICANT

## MINUTE: PPC/2016/02

- 7.1 Mr Tait referred to the mention of the Essential Small Pharmacy Scheme and said that, according to his understanding this was now closed and asked why it had been raised. Mr Dryden said that he had just used it as an example of 1400 prescriptions a month as a yardstick for viability.
- 7.2 Mr Tait noted that Mr Dryden had referred to his statistics coming from the Scottish Neighbourhood Statistics database which he did not think existed anymore. Mr Dryden said that the name had changed but the statistics came from the official government site which was [statistics.gov.scot](http://statistics.gov.scot) as quoted in his application.
- 7.3 Mr Lamb referred to Mr Dryden's answers about the bus services and pointed out that his pharmacy was next to the bus station. Mr Dryden said that the question was about how to get from Torhead to Mill Road and had nothing to do with Mr Lamb's pharmacy.
- 7.4 Regarding the CAR responses tailing off, Mr Lamb said he was at a loss as to why this would happen as early as Question 4 as if someone had taken the trouble to log on, he would have thought they would have answered more. Mr Dryden said if you looked at the survey on line, the questions looked huge and complicated and could be difficult for some or they were put off by the amount of questions.
- 7.5 Mr Lamb asked how Mr Dryden could comment on how busy the other pharmacies having only visited one of them. Mr Dryden replied that he had also worked in one of the other pharmacies and he had discussed the other pharmacies with his colleagues. He did not have access to dispensing figures which would give a better idea. He noted that the Committee had access to these.
- 7.6 Mr Lamb then referred to the historic linkage between the pharmacists and the GP practices and asked how Mr Dryden would drive the behavioural change which would make people use a pharmacy close to their home. Mr Dryden stated that he would do what he had done before which was to get involved with the community and build up the business. In addition they would be passing his premises as they were going about their daily business.
- 7.7 Mr Arnott referred to the Essential Small Pharmacy Scheme and asked, if this was still in existence, whether the new pharmacy qualifies. Mr Dryden reiterated that he had only mentioned this as an illustration of the amount of prescriptions required for viability. However the answer would be no – it would not qualify.
- 7.8 Mr Woods asked what the timescale was for the 323 housing units to be built. Mr Dryden replied that the plans had not yet been released but he believed they were due to start soon.

***Having ascertained that there were no further questions for Mr Dryden the Chair invited Mr Arnott to make representation on behalf***

*of Lloyds Pharmacy Ltd*

**8 THE INTERESTED PARTIES' SUBMISSIONS**

- 8.1** Mr Arnott opened by thanking the Panel for allowing him to speak that day.
- 8.1.1** He said that the Applicant's reason for making this application seemed to be that the Pharmaceutical Services provided by current contractors were inadequate only because there were no pharmacy premises in his definition of the neighbourhood.
- 8.1.2** He said that there were, as the Panel was 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 this was the case in with this Application.
- 8.1.3** He stated that, indeed, the Panel will see from "The Advice and Guidance for those Attending The Pharmacy Practices Committee" that they must consider what are the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood.
- 8.1.4** Mr Arnott noted that there had been previous applications for a pharmacy contract in this part of Hamilton. All had been refused as the pharmaceutical service provided by existing contractors was deemed adequate and nothing had changed.
- 8.1.5** He said that the population of Hamilton is 53,200 and there were 12 pharmacies giving an average of 4,443 residents per pharmacy. Of these 12 pharmacies, four were situated within one mile of the Applicant's proposed Pharmacy and the Boots Pharmacy at 9 Mill Road was only 0.4 miles from the proposed Pharmacy. He indicated that four Pharmacies within one mile could hardly be described as inadequate.
- 8.1.6** He noted, on the Applicant's submission, he stated the Boots Pharmacy in Portland Place was 1.2 miles from the proposed site and the Lloyds Pharmacy in Portland Place was 1.7 miles from the proposed site. He said that he was not sure where the Applicant obtained the information as both were within one mile; perhaps he went the least direct route.
- 8.1.7** Mr Arnott said that it was interesting to note that, in defining his neighbourhood the applicant has used the B755 Chantinghall Road and the B755 Mill Road as a boundary but in order to exclude the Boots Pharmacy in Mill Road he has chosen to ignore the A723 as a boundary. Mr Arnott believed the reasons for this were obvious.
- 8.1.8** He also questioned whether the residents of Sherry Drive or Stewart Drive would consider themselves neighbours of someone living in Buchan Street or Neilsland Street or whether someone living in Brackenhill Drive would consider themselves a neighbour of someone living in Burnhouse Road or Kerr Crescent. In fact most of the residents North West of Highstonehall Road were actually nearer to the Boots

Pharmacy in Hillside Road.

- 8.1.9** He also noted that at the Applicant's proposed site there was a convenience store and a takeaway, hardly the hub of a neighbourhood
- 8.1.10** He pointed out the Applicant, in his submission, stated Hamilton itself was built on a hill and said that it was also true that the Applicant's proposed premises were at the top of a hill.
- 8.1.11** Mr Arnott noticed that a letter of support from the local MSP has been submitted and pointed out that he had been at very few hearings where there was not a letter of support from the local MSP.
- 8.1.12** Also he said the fact the Applicant sponsored the Local Football Team was not a reason to grant a Pharmacy Contract.
- 8.1.13** He said that if it was part of the new Regulations, that the Applicant "must establish the level of public support of the residents in the neighbourhood to which the application relates" then it could not be said the Applicant had not tried to gain public support:
- Newspaper adverts had been placed in the Hamilton Advertiser on 24 March 5 and 12 May and also in the Daily Record on the 29 July 2016.
  - As well as this South Lanarkshire Council were notified for them to disseminate to known groups and Elected Representatives.
  - A website link and banner were placed on the Home Page of NHS Lanarkshire's Website
  - There was a Survey Monkey Questionnaire on the NHS Lanarkshire Website
  - Twitter and Facebook Pages were available
  - over and above all this the Local M.S.P. whom he quoted "I recently encouraged my local constituents to take part in the feedback."
- 8.1.14** So it certainly could not be said the Applicant had not tried to gain the support of the residents. He had, however, failed to do so because pharmaceutical services provided by pharmacies out with his defined neighbourhood were adequate. He noted that despite all his efforts the Applicant received only 184 responses from his stated population of 10,103 - 1.82% of the residents. He referred to the following:
- Question 3** (about current services being adequate) Only 72 of the 145 who responded 48% said they were inadequate this represents 0.7% of the Applicants stated population of 10,103
- Question 4** (about gaps or deficiencies in the current services) Of those who responded to the question , only 69 agreed that there were gaps , 46 % of the respondents and 0.7% of his stated population
- Question 6** (about opening hours) contained the most negative responses. Only 53 responded and of the comments 35 stated they were not what was needed. Mr Arnott then read out a selection of comments from the CAR report which illustrated this, such as "but would like the full

day opening Wed/Sat”, “Maybe one later night would be better”, “Sunday opening would be beneficial”, “Should be all day Saturday at least and potentially later evening closure midweek”, “Open on Sunday would be better”, and “Hard to find pharmacies that are open late especially for full time workers”.

- 8.1.15** Mr Arnott said that it was interesting to note that the Applicant made no mention of the opening times of existing contractors and he proposed to open for only 49 hours. He pointed out that all five Lloyds Pharmacies currently opened longer hours than those proposed by the Applicant. In fact the Lloyds Pharmacies:
- at 33 Burnbank Road opened seven days a week for a total of 71 hours and on Mondays through to Fridays was currently open until 9 pm
  - at Portland Place opened for 50.25 hours each week
  - at Burnbank Centre opened for 53 hours per week
  - at Quarry Place opens for 50.5 hours per week
  - at Hamilton International opened for 54 hours per week
- 8.1.16** Mr Arnott also noted the Applicant cited a number of services to be offered at the proposed Pharmacy; all of these services were already offered by all existing Contractors.
- 8.1.17** In summary, he stated that the Applicant had shown no inadequacies in current pharmaceutical provision other than there was no pharmacy within his proposed neighbourhood. There were already four Pharmacies within a mile of his proposed location and there were 12 pharmacies providing an adequate pharmaceutical service to the residents of Hamilton.
- 8.1.18** He said that the panel must take account as to whether the granting of an Application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned. He noted that he had stated that currently Lloyds Pharmacy offered extended hours and a seven day service at our Burnbank Road Pharmacy; the granting of a further pharmacy contract could impact on their ability to provide these extended hours
- 8.1.19** He stated that the Applicant must also be aware that the NHS Lanarkshire Pharmaceutical Care Services Plan made no mention of a need for a pharmacy in his proposed neighbourhood and he was unaware of any complaints to the Health Board
- 8.1.20** Mr Arnott said that the Applicant must establish the level of public support of the residents in the neighbourhood and it could not be said the Applicant had not tried to gain public support. He had, however, failed miserably to gain the support of the residents, simply because there was little support for the application. The residents had no difficulties in accessing pharmaceutical services and, on a regular basis, travelled out with the neighbourhood to meet their daily needs. He stated that the Application was all about convenience, not adequacy or need.
- 8.1.21** The Panel had to consider what the existing pharmaceutical services in

the neighbourhood or in any adjoining neighbourhood were. There were four pharmacies within one mile of the proposed site.

- 8.1.22** Mr Arnott asked the panel to refuse this application as it was neither necessary nor desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood in which the premises were located.

*This concluded the presentation from Mr Arnott*

***The Chair then invited questions from the Applicant to Mr Arnott***

- 8.1.23** Mr Dryden stated that Mr Arnott had seemed to suggest that the only reason for the application was that there was no pharmacy in area and asked him to read this again which he did as follows:

“the Applicant’s reason for making this application seemed to be that the Pharmaceutical Services provided by current contractors was inadequate only because there were no pharmacy premises in his definition of the neighbourhood.”

- 8.1.24** Mr Dryden said that this seemed to put his whole application into one bracket and Mr Arnott had prepared his statement and decided that the whole thrust of his argument would be that there was no pharmacy in the neighbourhood. Mr Arnott said that he did not understand what Mr Dryden wanted.

- 8.1.25** Mr Dryden said that he was asking why Mr Arnott had decided he knew all aspects of his application. Mr Arnott replied that he had seen the application and had based his representation on that and he believed that if there was a pharmacy in the neighbourhood he had defined, the application would not have been made.

- 8.1.26** Referring to Mr Arnott’s calculation of the distribution of Hamilton residents to pharmacies, Mr Dryden asked if the pharmacies were evenly distributed. Mr Arnott said that they were not and this would probably be the case everywhere in Scotland.

- 8.1.27** Mr Dryden then asked why he had use the mean figure and Mr Arnott said that this was because Mr Dryden had made reference to all the pharmacies being busy and not able to cope.

- 8.1.28** Turning to the question of boundaries, Mr Dryden noted that Mr Arnott had suggested a reason for the burn being chosen instead of Strathaven Road and asked what the PPC in 2013 defined as the eastern boundary. Mr Arnott replied that he did not know and the Chair of the Committee had instructed all to ignore previous decisions.

- 8.1.29** Mr Dryden asked why Mr Arnott was critical of the proposed opening hours. Mr Arnott stated that he was not critical of the responses; he had merely quoted them and the majority were not in favour of the opening hours proposed.

- 8.1.30** Mr Dryden noted that Mr Arnott had mentioned some pharmacies being open until 9pm and some for seven days and as these were not contracted, should the committee not consider them. Mr Arnott replied that it was not for him to say. The important question was whether the new pharmacy would impact on existing pharmacies. He could not say whether or not any Lloyds would lose business but they may have to review their hours so a new pharmacy could impact on the current provision. Lloyds and the other contractors had a contract with the Health Board on the hours they offered whether core or outwith those hours. He said that he was only suggesting that the Committee look at whether the granting of a new contract would impact on the current services.
- 8.1.31** Mr Dryden said that Mr Arnott had suggested that the proposed pharmacy would not be offering any additional services. Mr Arnott said that the application had not listed any. When asked if this was pertinent to the legal test, Mr Arnott replied that the point he was making was that all the current pharmacies covered all that was required under the contract.
- 8.1.32** Mr Dryden referred to the Lloyds in Hamilton Technical Park which was not located close to a GP or any other services and asked if this was not proof that a pharmacy could exist away from GP surgeries. Mr Arnott said the Hamilton branch could not be compared with the applicant's premises and , in any event, he had no knowledge of the application so could not comment.

*Mr Dryden had no further questions.*

***The interested parties were invited to ask questions in turn but neither Mr Lamb nor Mr Tait had any questions for Mr Arnott.***

***The Chair then invited questions from Members of the Committee in turn to Mr Arnott***

- 8.1.33** Mrs Stitt asked what delivery services Lloyds offered. Mr Arnott said that all the pharmacies provided a 5 day a week delivery service to that part of Hamilton, with 2 vans covering all branches.
- 8.1.34** Mrs Stitt asked if someone phoned on a Tuesday desperate for a delivery how long would it take. Mr Arnott said it would be delivered as soon as the driver could get there. If they called early then the medicine would probably be with them before noon. However in a real emergency, branches had the authority to use couriers.
- 8.1.35** When asked if Lloyds had a lot of patients in the proposed neighbourhood, Mr Arnott said that there were a fair number but could not give exact figures.
- 8.1.36** Mr MacKenzie referred to Mr Arnott's comments about viability and hours

and asked what percentage of business would need to be lost for hours to be reduced. Mr Arnott said that it was very difficult to say as there were probably not a lot of patients between 6pm and 9pm but a lot of the pharmacy processes would take place at that time.

- 8.1.37** Mrs Caraher asked when the last time Mr Arnott was in these pharmacies and he replied that he was in Portland Place and Burnbank the previous Monday.
- 8.1.38** Mrs Caraher then asked if the pharmacies were busy at all times or if there were quiet periods. Mr Arnott said that they would be quieter in the evening. She then asked if they were more likely to open a pharmacy to coincide with GP hours. Mr Arnott said that this was not the case as the pharmacies with extended hours opened longer than the GPs.
- 8.1.39** Mr Woods referred to the community aspect of the pharmacy and asked how active Lloyds were in this. Mr Arnott said that they offered work experience placements to various schools; they visited local schools and nurseries and were currently doing a lot with dementia.
- 8.1.40** Mr Woods then asked what they did on the core services in the community. Mr Arnott said they had double pharmacist cover and advanced pharmacy technicians so the pharmacists were available for consultation. One pharmacist was currently training to be an independent prescriber. They also offered smoking cessation services in line with Health Board policy.
- 8.1.41** The Chair, noting that Lloyds had four pharmacies in the area, asked if Mr Arnott could identify one which would be most affected if a new contract were awarded. Mr Arnott said Burnbank Road and Portland Place would be the most affected.
- 8.1.42** The Chair asked if the pharmacy kept lists of the districts that their patients came from. Mr Arnott said that this would have to be done manually from the prescription as there was no system to capture this.
- 8.1.43** When asked by the Chair why he was sure that an additional pharmacy would have an adverse affect, Mr Arnott said that he was very sure as all pharmacies in the area would be affected the question was how big the affect would be.
- 8.1.44** Mrs Stitt noted that the Burnbank Road branch had extended hours which were longer than the GPs' and asked why this was the case. Mr Arnott replied that they had been asked by the Health Board to match the Out of Hours service in Douglas Street. He indicated that they could decide to change these and noted that the Health Board were currently reviewing the Out of Hours service and the branch would change to match their hours.

*There were no further questions for Mr Arnott.*

***The Chair invited Mr Lamb to make representation on behalf of WEB***

***Pharmacy***

- 8.2.1** Mr Lamb opened by thanking the Committee for allowing him to present his views and read from his prepared statement.
- 8.2.2** First he considered the neighbourhood in which the proposed application site lay. Whilst he appreciated that locality provided challenges in defining boundaries, he did not agree with the applicants' proposed neighbourhood as it stood. It seemed to him that the proposed neighbourhood had been defined with the intention of excluding any of the existing pharmacies.
- 8.2.3** The proposed neighbourhood could not, in his opinion, be considered a neighbourhood for all purposes. Within the proposed neighbourhood there were several different areas such as Fairhill, Lighthousehall, and Little Earnock. The proposed neighbourhood did not fit with any existing boundaries, such as those of community council or school catchment areas. He also suggested that people within the proposed neighbourhood did not stay within it in order to conduct the things which made up the daily fabric of their lives. There were few facilities within the applicants' neighbourhood and people within it were already making journeys to access things such as their bank and, of course, their GP.
- 8.2.4** He said that his pharmacy already provided pharmaceutical services to residents located within the proposed neighbourhood and they had no limiting factors on the volumes of business that they could deal with. He stated, taking into account the number of pharmacies already operating within the Hamilton area, and easily accessible for the residents within this newly proposed neighbourhood, one had to conclude that the service provision was already adequate and as such this application could only be for convenience.
- 8.2.5** Whilst he appreciated that the applicants had provided some statistical information covering their proposed neighbourhood the data sets included also spanned some significant areas of housing not defined in the applicants' neighbourhood and, therefore, it was very difficult to determine a precise population but he did not believe it would be the 10,103 quoted as this included data from outside the proposed neighbourhood.
- 8.2.6** Secondly he looked briefly at the existing pharmacy services provided around the applicants' proposed neighbourhood. This proposed neighbourhood had a number of pharmacies on its periphery such as Boots at Mill Road, located close to its eastern boundary, and a further one on its north western boundary at Hillhouse Road. He knew from his own pharmacy at Brandon street that they currently delivered, free of charge, a number of prescriptions from various surgeries across Hamilton into this proposed neighbourhood. He also believed that others also offered this service locally. Web Pharmacy also looked after a number of MDS tray patients from their bespoke MDS facility, located in the upstairs of the pharmacy at Brandon Street. This facility had capacity for many further MDS trays; a fact which they regularly communicated to the local surgeries, CPN's, mental health nurses and carer organisations in the

Hamilton and surrounding areas.

- 8.2.7** He went on to say that, in addition to the two pharmacies bordering the neighbourhood there were a further six pharmacies within a one mile radius of the proposed location. These pharmacies were easily accessible by car and by public transport. Indeed his own pharmacy was adjacent to the central bus station. There were a multitude of bus services in the area, many of which ran into Hamilton town centre. Examples of this would be the XI or 226 services which left from Lighthall Road four times an hour.
- 8.2.8** Mr Lamb said that the paths and streets in the area were well lit and made accessing the existing pharmacies a relatively short walk which, in many cases, would be under 15 minutes. In fact he argued that those people living near the north western boundary of the applicants' neighbourhood would have a longer walk and journey time to reach the proposed site than they would accessing the existing pharmacy at Hillhouse Road.
- 8.2.9** He said that, in terms of the existing provision for this proposed neighbourhood, it had access to eight pharmacies within a one mile radius; some of which are open for longer hours than the applicant proposed. These pharmacies currently offered all contractual services and many others beside. In this respect the applicant was not offering to provide anything that was not already available.
- 8.2.10** Thirdly, he noted that the public awareness campaign conducted through Survey Monkey generated 184 responses which was less than 2% of the population numbers as defined at Section 3 of the application. The response to question 4 showed that less than 50% of respondents believed that the current provision of pharmaceutical services had any gaps or deficiencies whilst at question 10 only 111 people out of a population of 10,103 supported the proposal, which in percentage terms is 1%. This clearly demonstrated that this was an application based on convenience rather than need.
- 8.2.11** He believed that the current provision of Pharmaceutical services currently available to this neighbourhood to be both accessible and more than adequate. The services were located in many cases close to patients' GP surgeries or near places where they would go to carry out their day to day activities such as in the town centre. These local services offered better parking; the dedicated disabled spaces in the Hillhouse Road site being an example.
- 8.2.12** In summary he proposed to the committee that the neighbourhood however defined currently enjoyed the benefit of more than adequate service provision and that the granting of a new contract at the proposed premises was neither necessary nor desirable in order to secure adequate provision. He argued that the applicants had been unable to provide any compelling evidence that inadequacy existed and this was an application based on convenience and, therefore, urged the Committee to reject this application.

This concluded Mr Lamb's presentation.

**The Chair then invited questions from the Applicant to Mr Lamb**

- 8.2.13** Mr Dryden noted that Mr Lamb had used the word convenience at least three times and asked if he could infer from that that the current situation was inconvenient. Mr Lamb replied that this was absolutely not the case. The current service provision was clearly adequate.
- 8.2.14** Mr Dryden then asked if a pharmacy at the end of a street was adequate or convenient. Mr Lamb replied that putting a pharmacy in what Mr Dryden defined as a neighbourhood was purely convenience because there were a number of pharmacies on the periphery who provided all of the services required.
- 8.2.15** Mr Dryden asked if the word “convenience” had positive or negative connotations. Mr Lamb replied that, under the Statutory Test, it had no connotations whatsoever. He noted that the Test considered adequacy and, in his view the current situation was clearly adequate and Mr Dryden’s application was based around convenience.
- 8.2.16** Mr Dryden asked if providing deliveries was evidence of an adequate level of pharmacy provision. Mr Lamb replied that it was. He acknowledged that delivering NHS prescriptions was not part of the core service and pharmacies could choose whether to offer it or not.
- 8.2.17** Mr Dryden asked if this meant that WEB were not fulfilling part of the contract. Mr Lamb replied that they were fulfilling the prescriptions and then delivering them so they were fulfilling the contract.
- 8.2.18** Mr Dryden then asked if Mr Lamb agreed that this was a private service propping up a core service in this area. Mr Lamb said it certainly was not but did not understand the point that Mr Dryden was making. He restated that the NHS service was the provision of the drug.
- 8.2.19** Mr Dryden said that, if WEB Pharmacy were using a private means to supply NHS prescriptions to the area, what was happening with other core services. Mr Lamb replied that his pharmacy was beside the bus station and all of the GP practices were outwith the proposed neighbourhood, so all patients in this area had to leave the neighbourhood to get to the GP. He stated that his pharmacy was one of a number on the periphery who provided pharmaceutical services. However he was still struggling to see what point Mr Dryden was making.
- 8.2.20** Mr Dryden asked if WEB were delivering part of NHS service – fulfilling prescriptions – then how did they deliver the other three core services. Mr Lamb replied that patients would come in when they were visiting their GP or catching a bus and they would provide any of the services required.

*Mr Dryden had no further questions*

**The interested parties were invited to ask questions in turn**

**8.2.21** Mr Arnott asked if a patient was housebound and WEB delivered their prescription did that have anything to do with convenience. Mr Lamb replied that it did not but helped to give the best possible care in individual circumstances.

**8.2.22** Mr Tait had no questions

**The Chair then invited questions from Members of the Committee in turn to Mr Lamb.**

**8.2.23** Mrs Stitt asked what he thought the definition of the proposed neighbourhood should be. Mr Lamb replied that the one Mr Arnott described with the boundary at the A723 was probably right. However he noted that there had been talk about a previous application for this area where a neighbourhood had been defined and that definition was probably still valid.

**8.2.24** Mrs Stitt noted that Mr Lamb had referred to eight pharmacies within one mile and asked which these were and she could not see from the information she had. Mr Lamb referred to the map and said that they would be those numbered: 10, 11, 8, 9, 3,4, 7 and 5. He noted that there had been a variety of distances quoted during the hearing and regardless of this there were 12 pharmacies in total in Hamilton.

**8.2.25** Mr Mackenzie asked what percentages of WEB's deliveries were into the proposed neighbourhood. Mr Lamb said that he did not know as this would have to be manually calculated.

**8.2.26** Mr MacKenzie asked if it was 10% what that would mean to his business. Mr Lamb said that he would have to do an exercise on loss of revenue and would not want to speculate.

**8.2.27** Mrs Caraher indicated that all her questions had been answered.

**8.2.28** Mr Woods asked how the MAS system worked for those who lived in Fairhill. Mr Lamb replied that they would sign the patient up when they were in and try to deal with their problems and they would ask them to call if they were still suffering when they were back home and do a telephone consultation. He noted that this would be a rare occurrence.

**8.2.29** Mr Woods asked how many people he had registered for MAS and how many came from the proposed neighbourhood. Mr Lamb replied that there were about 900 but did not know how many were from this neighbourhood as again this would have to be a manual exercise.

*The Committee had no further questions.*

**The Chair invited Mr Tait to make representation on behalf of Boots UK Ltd**

**8.3.1** Mr Tait noted that much of what he was going to say had been said already but he would go through his submission.

**8.3.2** He indicated that he would deal with the neighbourhood first, which was always difficult to define.

**8.3.3** Mr Tait opened by pointing out that there had been a prior application in this vicinity at Laighstonehall Road in June 2016. At that hearing he had stated that it was difficult to define a neighbourhood in this area. He asked:

- whether it was one or all of the defined or described areas such as Little Earnock, Laighstonehall, Fairhill, Chantinghall, Meikle Earnock
- or was it a combination of some or parts of some of those areas.
- What defined them as a neighbourhood
- what if anything was that neighbourhood's boundary.
- was it as described by one of the people answering the consultation that these "areas are potentially part of other neighbourhoods surrounding this application"

**8.3.4** He pointed out that the last PPC used mainly the presence of green space and burns to define the neighbourhood but these were different burns to those of the current applicant. The neighbourhood defined by the applicant ignored one such burn and green area which had two crossing points and used another as a boundary which as far as he could see had four crossing points; one of which was fairly adjacent to the site of the application at Fairhill. This crossing point also led to the largest supermarket in the area at Mill Road. He said that it was difficult to suggest the people did not walk about this neighbourhood.

**8.3.5** He noted that it was also difficult to accept that some of the housing in the neighbourhood as defined related to the remainder of the neighbourhood such as Stewart Avenue in Meikle Earnock.

**8.3.6** Mr Tait then turned to the question of accessibility. He noted that if one thing remained constant with this application it was that many of the population in the defined area had easier access to pharmaceutical services at places other than that proposed by the applicant. Namely:

- The population to the north and west had access to services at Hillhouse Road or Burnbank.
- The population to the east and south had access to Mill Road
- Most of the population would require public or private transport to access the proposed site
- The proposed site was served principally by 2 bus services – the X1 and the 205

## MINUTE: PPC/2016/02

- People living in Little Earnock, Swisscoat Avenue or Lighthstonehall areas may have to take two buses to access the proposed site
- Those adjacent to the proposed site at Fairhill could walk to Mill Road in under 15 minutes

**8.3.7** All of this population had access to the services on the periphery of this neighbourhood and those of the town centre which was the common access point for all the bus services in the area regardless of starting point.

**8.3.8** This diverse and dispersed population of the proposed neighbourhood had access to some services such as small convenience stores but lacked access to others such as major shopping outlets and GP services. There was also a lack of employment within the neighbourhood, all of which resulted in the population leaving this neighbourhood to access amenities and employment on a daily basis.

**8.3.9** Turning to current pharmacy services, he said that the proposed neighbourhood was surrounded by pharmacies at Mill Road, Low Waters Road, Burnbank and Burnbank Road as well as having comparative ease of access to the pharmacies in the town centre. All of these pharmacies provided a comprehensive pharmaceutical service with all local and national services being available including daily and weekly medication. He also believed that all of these pharmacies offered collection and delivery for any patient that required it.

**8.3.10** He stated that this current application offered no more than was currently available from the pharmacies in the vicinity, other than convenience, for those living close to the site and did not even offer that to the majority of the population of the neighbourhood proposed. Access via the 205 bus service was no better or worse than that which was current. Those living in areas not serviced by the 205 faced a bus journey and a long walk or two buses to access the proposed site. Currently taking two more stops on one bus would take them to other pharmacy services.

**8.3.11** As far as he was aware there had been no significant complaints about the current pharmaceutical services and he did not accept a 1.8% poll of the population as occurred with the consultation to be statistically valid.

**8.3.12** He said that 69 people in the consultation said that the current pharmaceutical service was inadequate which 37.5% of those who responded or 0.68% of the population of the proposed neighbourhood. He believed this was indicative of the general adequacy of pharmaceutical service provision to the vast majority of the population of the proposed neighbourhood and that any apparent support from the consultation for this application was based on the minority who would find it convenient.

**8.3.13** Finally, he said that he believed the application to be speculative and

should therefore fail.

*This concluded Mr Tait's presentation*

**The Chair then invited questions from the Applicant to MrTait**

**8.3.14** Mr Dryden had no questions.

**The interested parties were invited to ask questions in turn**

**8.3.15** Mr Arnott asked if Mr Tait agreed that the application was about convenience. Mr Tait replied that he did and this was obvious from the comments in the CAR.

**8.3.16** Mr Lamb had no questions.

***The Chair then invited questions from Members of the Committee in turn to Mr Tait.***

**8.3.17** Mrs Stitt noted that the closest pharmacies to the neighbourhood were the two Boots branches and asked what percentage of patients came from there. Mr Tait replied that this was difficult to answer. He pointed out that the vast majority of dispensing was for planned medication – probably about 90% - and there was very little acute so they were able to pre-plan the makeup and supply of prescriptions. Boots used an automated system so the numbers were meaningless. What was more important was to focus on the person.

**8.3.18** Mrs Stitt asked if there was substantial MAS business and Mr Tait said that there was very little in these two with a small amount in Hillhouse.

**8.3.19** Mrs Stitt noted that in a previous application Mr Tait had stated that the Millhouse Road premises were to be renovated and asked if this had happened. Mr Tait replied that it had with the layout being completely changed and an updated IT system.

**8.3.20** Mrs Stitt asked about the levels of staffing in the nearest two branches. Mr Tait replied that both had 2 pharmacists, at least one ACT, 5/6 full time equivalent dispensing staff. He also noted that Mill Road used an automated dispensing system so the pharmacists were there for service provision and not for dispensing and accuracy checking.

**8.3.21** Mrs Caraher asked if there had been any complaints about either of these pharmacies. Mr Tait said that there had been none for either. He expanded to say that they did normal internal reviews on near misses which would not appear on NHS statistics as no mistakes were made.

**8.3.22** Mrs Caraher indicated that when she had visited these pharmacies, she had not seen any complaints or suggestions forms and asked where they were. Mr Tait said they were in the consultation rooms but should also be available to the general public.

- 8.3.23** Mr Woods referred to Mr Tait's claim that the consultation was not statistically valid and asked what Mr Tait would accept as valid. Mr Tait replied that if one was looking at a 10,000 population then about 500 responses would be a representative sample. He pointed out that it would also be useful to know from which parts of the neighbourhood the responses came. As it was no-one knew how many were from Fairhill, Little Earnock, Meikle Earnock etc. He noted that this comment did not just apply to this CAR but to all as a spread across the whole neighbourhood was necessary in order to draw conclusions.
- 8.3.24** Mr Woods referred to the suggestion that all the pharmacies were very busy and therefore the services were inadequate and asked for Mr Tait's comments. Mr Tait replied that he had been in both recently and had been in the area many times over the last six years. These pharmacies were nothing like as busy as they had been and anyone could walk in and be able to speak to a pharmacist with two minutes. There was never a massive queue.
- 8.3.25** Mr Woods asked if the pharmacies provided MAS and Smoking Cessation. Mr Tait said that this went on all the time and was not an issue. It was just part of the job and when discussion MAS, the pharmacist had the opportunity to introduce public health messages.
- 8.3.26** Mr Woods asked if Boots staff did any community outreach work. Mr Tait replied that one their staff had attended the Queen's birthday celebration party in recognition of her community work. They also did work with schools, the baby bounty and gave donations which were not part of the contract but part of being in the community.
- 8.3.27** ***Before putting his questions the chair took the opportunity to clarify the impact of the CAR.***
- He wanted to put on record that this had been introduced by Government and that PPC's were under a legal obligation to take it into account. The advice on the 2014 Regulations said that the joint consultation was for 2 purposes. One was to assess the current provision and the second was to establish the level of support. The consultation was to be conducted in such a way as to reach the vast majority of the population in a neighbourhood. He noted what had been said during the hearing and acknowledged that this new form of consultation was all part of the learning process in engaging the public with the process of granting pharmacy applications and that a response rate of 184 was a considerable improvement on previous notification practices.*
- 8.3.28** The Chair referred to the question of accessibility and asked if Mr Tait thought this meant being able to walk to the premises. Mr Tait said that this would be far too restrictive as if this was a requirement a pharmacy would be needed on almost every third street corner.
- 8.3.29** The Chair noted that two of the Boots branches were closest to the

proposed neighbourhood and referred to the application form and the comments about Mill Road which mentioned lack of signage and a steep incline and asked for Mr Tait's comments. Mr Tait replied that the whole area was hilly, Hamilton was hilly and the proposed pharmacy was also on a hill. As far as signs were concerned, there big signs; one saying Health Centre and one saying Boots Pharmacy which were clearly visible. Anyone living south of Union Street would know where the pharmacy was situated. This apart from the fact that it was located in the same building as the GP surgery.

- 8.3.30** The Chair then referred to the Boots in Hillhouse Road which the applicant said was remote and outwith the direction of travel. Mr Tait replied that it would be outwith the direction of travel if one was on a bus but if someone lived in Sherry Drive or Laighstonehall Road then it was an easy walk. He pointed out that he felt the comments the applicant made were undeserved and biased.
- 8.3.31** The Chair referred to the statements Mr Tait had made regarding defining a neighbourhood and asked if he was able to supply a definition. Mr Tait indicated that he would leave this up to the Committee. He did point out that the applicant did not take into account the housing types, crossing points and the ebb and flow of people within the neighbourhood.
- 8.3.32** The Chair asked Mr Tait's opinion of taking into account the new housing developments. Mr Tait replied that these would probably not be accessed off an arterial road and the other housing had not even reached the draft planning stage.

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

## **9 SUMMARIES**

- 9.1** Mr Tait for Boots UK Ltd said that he believed the application failed because there was no inadequacy in the current service.
- 9.2** Mr Lamb for WEB Pharmacy said that the application failed not only on the inability of the applicant to prove inadequacy but also because of the dubiety over the definition of the neighbourhood.
- 9.3** Mr Arnott, for Lloyds Pharmacy Ltd said that the PPC needed to take account of the affect on existing pharmacies; the CAR which showed more comments against than for a new pharmacy and the fact that the application was all about convenience and not adequacy. There were already sufficient pharmaceutical services in the area.

**Finally, the applicant Mr D Dryden was invited to sum up**

- 9.4** Mr Dryden stated that he was clear on his views and hoped that he had put

them across adequately that day. He was clear about the definition of the neighbourhood, which was supported by the results of the public consultation. Mr Dryden conceded that the Committee might not agree but could disagree with the neighbourhood and still grant the application - or vice versa.

**9.4.1** He was clear that the neighbourhood had a high requirement for pharmacy services and that it contained some of the most deprived areas in Scotland.

**9.4.2** He said there was no pharmacy within the neighbourhood and the existing network of pharmacies was too remote to have a meaningful impact in terms of delivering a modern, proactive pharmacy service to the local population.

**9.4.3** NHS Lanarkshire themselves had highlighted key issues such as smoking rates, alcohol use and health inequalities - all of which pharmacy should be addressing. Pharmacy was the main provider of smoking cessation services so if the rates were too high then it must follow that provision of this pharmacy service was inadequate.

**9.4.4** Referring to inadequate access, he said that the people said no and the statistics said no. NHS Lanarkshire said that if improvements are not made then a further hospital would be required. He noted that the vast majority of hospitalisations were a failure of primary care and public health services. Pharmacy was the main provider of these so something was going wrong and this must be addressed.

**9.4.5** He stated that they were there to make that difference: They had already established strong links with Fairhill Lifestyles, participating in their fun day and have agreed to work together going forward. Fairhill Lifestyles was an anchor at the heart of the neighbourhood, right where he hoped to be. They were doing everything they can, making great strides, but they needed the help and support of Millgate Road Pharmacy.

**9.4.6** He believed that the location was ideal as there was parking and the unit would be fitted out to the highest modern specification and would be ready to make a difference in a matter of months. The public were in no doubt that granting this application would address the problems.

**9.4.7** The Control of Entry regulations were important to provide stability to the pharmacy network. But of even greater importance was that these regulations empower you to give pharmacy services to areas of need. Everyone was all too aware that investment in primary health care services was required. That was irrefutable and pharmacy was of paramount importance to this.

**9.4.8** Finally Mr Dryden said that he and his partners were there right now; asking the PPC to grasp this opportunity to make a permanent and positive contribution to the health care of this neighbourhood by granting this application.

## **10 RETIRAL OF PARTIES**

- 10.1** The Chair then invited each of the parties present to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. The Applicant and each of the Interested Parties, separately confirmed that they had had a fair hearing and the Chair advised that the Committee would consider the application and representations prior to making a determination.
- 10.2** The Chair reminded the Applicant and Interested Parties that it was in their interest to remain in the building until the Committee had completed its private deliberations. As, if the Committee required further factual or legal advice, the open session would be reconvened so that all parties could hear the advice and have the opportunity to challenge or comment on that advice.
- 10.3** The Chair informed all parties 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.

***The hearing adjourned at 1325 hours and the Applicant and the Interested Parties, along with their companions, left the room***

**11 COMMITTEE DELIBERATIONS**

**11.1 Supplementary Information**

The Committee noted the following:

- i** That each member had independently undertaken a site visit of Hamilton 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 Hamilton and the surrounding area.
- iii** Prescribing statistics of the Doctors within Hamilton and surrounding areas
- iv** Dispensing statistics of the Pharmacies within Hamilton and surrounding areas
- v** Demographic information for Hamilton taken from the 2011 Census.
- vi** Deprivation information for Hamilton as supplied by the applicant
- vii** Report on Pharmaceutical Services provided by existing pharmaceutical contractors within Hamilton.
- viii** Information extracted from pharmacy quarterly complaints returns

to NHS Lanarkshire from Q1 2013/14 to Q4 2015/16.

- ix The application and supporting documentation including the Consultation Analysis Report provided by the Applicant on 31 August 2016.

## 12 SUMMARY OF CONSULTATION ANALYSIS REPORT (CAR)

### 12.1 Introduction

12.1.1 NHS Lanarkshire undertook a joint consultation exercise with Mr Dryden and Mr Balmer regarding their proposed application for a new pharmacy contract at 41b Millgate Road, Hamilton, ML3 8JU.

12.1.2 The purpose of the consultation was to seek views of local people who may use this new pharmacy. The consultation also aimed to gauge local opinion on whether people felt access to pharmacy services in the area was adequate, as well as measuring the level of support for the new pharmacy.

### 12.2 Method of Engagement to Undertake Consultation

12.2.1 The consultation was conducted via Survey Monkey to capture respondents' definitive responses and free text views for accurate reproduction graphically and textually. The consultation link was hosted on NHS Lanarkshire's (NHSL) public website [www.nhslanarkshire.org.uk](http://www.nhslanarkshire.org.uk).

12.2.2 The Consultation was publicised via NHSL press release, advertisements in the Hamilton Advertiser and Daily Record, NHSL Facebook page, Twitter account, rolling banner on the NHSL website homepage and statically on the Get Involved page. South Lanarkshire Council was also notified for dissemination to local groups and elected representatives and the relevant Public Partnership Forums. Hillhouse and Whitehill Community Councils were also informed as they were local to the proposed area. All these media gave details of how to access a paper copy of the questionnaire for those with no computer facilities.

### 12.3 Summary of Questions and Analysis of Responses

#### 12.3.1

	Question	Yes	No	Don't Know	Replied	Skipped
Q1	Do you agree that the area within the red border in the above map describes the neighbourhood that would be served by the proposed pharmacy	148	26	10	184	0
Q2	Would a pharmacy at this proposed location be accessible for patients in and around the neighbourhood?	155	13	16	184	0

**MINUTE: PPC/2016/02**

Q3	With regard to the neighbourhood, as defined in Section A, do you think that the current pharmaceutical services being provided in and to the neighbourhood are adequate?					
Q3a	Dispensing of NHS Prescriptions	55	72	22	149	35
Q3b	Advice and medicines under the Minor Ailment Service	54	64	31	149	35
Q3c	National Pharmaceutical Public Health Services including smoking cessation and supply of emergency hormonal contraception	54	53	42	149	35
Q3d	Chronic Medical Service – for people with long term conditions	47	58	44	149	35
Q3e	Substance Misuse services	53	41	55	149	35
Q3f	Stoma Service – appliance supply for patients with a colostomy or urostomy	39	41	96	149	35
Q3g	Gluten Free Foods	46	45	58	149	35
Q3h	Unscheduled Care – urgent health matters/ supply of emergency prescription medicines	49	63	37	149	35
Q3i	Support to Care Homes	44	40	65	149	35
Q4	Do you think the current provision of pharmaceutical services has any gaps or deficiencies?	69	39	41	149	35
Q5	Mr Dryden and Mr Balmer are proposing to provide the services listed below. Do you think the proposed pharmacy needs to open in order for people in the neighbourhood to have adequate access to these services. ?					
Q5a	Dispensing of NHS Medications	110	29	10	149	35
Q5b	Advice and medicines under the Minor Ailment Service	108	31	10	149	35
Q5c	National Pharmaceutical Public Health Services including smoking cessation and supply of emergency hormonal contraception	102	33	14	149	35
Q5d	Chronic Medical Service – for people with long term conditions	102	28	19	149	35
Q5e	Substance Misuse services	85	34	30	149	35
Q5f	Stoma Service – appliance supply for patients with a colostomy or urostomy	85	27	37	149	35
Q5g	Gluten Free Foods	86	31	32	149	35

**MINUTE: PPC/2016/02**

Q5h	Unscheduled Care – urgent health matters/ supply of emergency prescription medicines	101	31	17	149	35
Q5i	Support to Care Homes	83	32	34	149	35
Q6	Do you think that the proposed hours are appropriate?	109	32	6	147	37
Q7	If successful, do you think that there would still be gaps or deficiencies in the pharmaceutical services provided?	13	99	35	147	37
Q8	In your opinion, would the proposed application help other healthcare providers to work more closely together – eg GPs, community nursing, other pharmacies, dentists, optometrists and social services	101	26	15	142	42
Q9	Do you believe this proposal would have any impact on other NHS services, eg GPs, community nursing, other pharmacies, dentists, optometrists and social services	72	41	29	142	42
Q10	Do you support the opening of a new pharmacy being proposed at 41b Millgate Road, Hamilton ML3 8JU	111	25	6	142	42
Q11	I am responding as	Individual = 126 Group/Organisation = 1			127	57
Q12	Where contact information has been provided, we will make your responses available on the CAR	Full details 16		Name Only 15	No details 96	

**13 DISCUSSION**

**13.1** The Committee in considering the written evidence submitted during the period of consultation, written and oral evidence presented during the hearing, the contents of the CAR and recalling observations from site visits carried out on different days and at different times, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.

**13.2** Neighbourhood

- 13.2.1 The Committee discussed the neighbourhood and noted:
- the Applicant's definition
  - the views expressed by the Interested Parties
  - the maps provided in the consultation document; the maps supplied with the papers; the map provided on the day
  - natural and physical boundaries such as roads, waterways and open land

They then discussed the general amenities such as schools, shopping areas, the mixture of public and private housing; community and recreational facilities; the distances residents had to travel to obtain pharmaceutical and other services and also the availability of public transport and levels of car ownership.

The Committee also looked at the various communities (Little Earnock, Meikle Earnock, Woodhead Green, Laighstonehall and Fairhill) contained within the neighbourhood as defined by the applicant and discussed the differing levels of deprivation; whether all would describe themselves as being part of Fairhill; identify with the neighbourhood as a whole and whether a majority of facilities required to go about their daily business were available.

- 13.2.2 The Committee agreed that the neighbourhood should be defined as:

<b>South</b>	From the Cadzow Burn at Muirhall going west through the green space/open land to where it met the unnamed burn
<b>West</b>	Following the course of the unnamed burn to Chantinghall Bridge
<b>North</b>	From Chantinghall Bridge along the B755 to the Cadzow Burn beside Graham Avenue
<b>East</b>	Following the course of the Cadzow Burn back to Muirhall

- 13.2.3 The neighbourhood proposed by the Committee contained the following amenities: school, church, Post Office, various shops, the Fairhill Lifestyle Centre (gym, library, cafe, community facilities). There was also a mix of public and private housing developments as well as recreational land. The burns and the open space provided natural boundaries and the B755 was a physical barrier.

- 13.2.4 The Committee noted that although there were no pharmacies within the defined neighbourhood, there were 12 pharmacies within Hamilton, 8 of which were within 1.5 miles of the proposed pharmacy and 2 of which were under a mile distant. All were easily accessible by foot, car or public transport.

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

- 13.3.1 Having reached a conclusion as to the defined neighbourhood, the

Committee was then required to consider the adequacy of pharmaceutical services to 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.

- 13.3.2** The Committee noted that the onus was on the applicant to show inadequacy. He had devoted some time to it in his presentation but relied on the comments from the consultation and had not shown real inadequacies in any of the core services despite repeated questioning from the committee and the pharmaceutical representatives.
- 13.3.3** There were no pharmacies in either the applicant's neighbourhood or that outlined by the PPC. However there were 12 on the periphery which provided services into the area and the statistics showed that they fell below the national average for patients per pharmacy.
- 13.3.4** From the information provided to the Committee and the oral presentations made; all of the pharmacies provided all of the core services and did not have any capacity issues and all appeared to be coping with the demands made upon them and had spare capacity. No evidence had been provided that there were excessive waiting times, although there were a few comments in the CAR.
- 13.3.5** Regarding accessibility, it was noted that gradients and hills would always be an issue for those who were less fit and all offered delivery services. However the whole of the area was hilly, regardless of where the pharmacies were located and residents had learned to cope through the use of public transport and the ownership of cars.
- 13.3.6** All of the pharmacies were easily accessed either on foot if it was near to where the patient lived or by bus as all services went in the direction of Hamilton Town Centre which was the natural direction of travel.

#### **13.4** Consultation Analysis Report

- 13.4.1** The Committee then went on to consider in detail the Consultation Analysis Report (CAR). Although the response numbers had been limited, it was noted that the majority of respondents' comments related to inconvenience rather than necessity. The Committee also considered the possibility that some respondents may not distinguish between necessity and having convenient access to services. It also had to be read in the context of what was said at the hearing.
- 13.4.2** The Committee noted that the map in the consultation document made it quite difficult to judge where exactly the area boundaries were as there were very few street names.
- 13.4.3** They noted that the number of responses was relatively low and that this and the comments made had been dealt with during the presentations.

On close examination of the responses, taking into account, “don’t know” and skipped questions the criticisms of current services seemed to be in a minority. Taken in totality there was very little evidence either in support or against the application. Of particular note was the fact that more than 50 questionnaires had been completed between 8.07 pm and 9.37 pm on 21 June and all of these were in support of the application.

- 13.4.4** Overall, the Committee believed that there problems with some of the questions listed in the Consultation Analysis Report (CAR) and that some respondents could have found them difficult to answer without detailed knowledge of the services offered by either the NHS or by local pharmacies. Despite those reservations, the Committee was confident that the evidence obtained from the CAR was both accurate and adequate for the purpose of considering this application. The Committee was in no way diverted or swayed by any (apparent) restrictions or imperfections in the CAR process from giving due weight to the expressions of public opinion, as set out in that Report.

## **14 DECISION**

### ***Mr MacKenzie and Mrs Stitt left the meeting room***

- 14.1** Following the withdrawal of the pharmacist members 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 pharmaceutical service within or provided to Fairhill was adequate. The Committee concluded that there was no evidence of any substance provided to demonstrate any inadequacy of pharmaceutical services to the defined neighbourhood.
- 14.2** Accordingly, the decision of the Committee was unanimous that the establishment of a new pharmacy at 41b Millgate Road, Hamilton ML3 8JU 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.
- 14.3** Mr MacKenzie and Mrs Stitt were requested to return to the meeting, and informed of the decision of the Committee.

**The meeting closed at 1530 hours**