

Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Friday 17 November 2017 at 09:30 hours in Training Room 4, Law House, Airdrie Road, Carlisle, ML8 5ER

The composition of the PPC at this hearing was:

Chair: Miss Margaret Morris

Present: Lay Members Appointed by NHS Lanarkshire Board

Mrs Margaret Caraher
Mrs Carol Prentice

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

Mrs Janet Park

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

Mr Iain Allan

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

1 APPLICATION BY C D CHEM LTD

1.1 There was submitted an application and supporting documents from C D Chem Ltd, received 6 October 2017, to have its name included in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at 4 McSparran Road, Croy, G65 9HN

1.2 Submission of Interested Parties

The following documents were received:

- i) Letter received via email on 23 October 2017 from Boots UK Ltd
- ii) Letter received via email on 3 November 2017 from Bestway National Chemists, t/a Well
- iii) Letter received via email received on 3 November 2017 M Farren Ltd t/a D Charteris
- iv) Email received from the Applicant on 10 November 2017 containing a statement from Croy Community Council (CCC) which, due to a technical error, had not been received within the consultation period however the Chair had agreed could be accepted as part of the applicant's submission and circulated to

all parties in advance of the PPC, recognising that the late submission meant that the regulations did not permit CCC interested party status.

The following parties did not respond during the consultation period removing their rights to make representation to the PPC as interested parties:

- i) AFR Enterprises, t/a Condorrat Pharmacy
- ii) Lanarkshire Area Pharmaceutical Committee
- iii) Croy Community Council
- iv) Lanarkshire Area Medical Committee
- v) Parties included in the consultation process by Greater Glasgow & Clyde Health Board by virtue of their boundary being within 2km of the proposed premises as required by the Regulations.

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 Friday 17 November 2017 the Pharmacy Practices Committee (“the Committee”) convened to hear the application by C D Chem Ltd (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (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 Christopher Johnstone would make the representations, accompanied by Mr Damian Nugent. There would be representations from the following interested parties: Boots UK Ltd and M Farren Ltd.

2.3 It was noted that Members of the Committee had previously undertaken site visits to Croy 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 1015 hours.

3 ATTENDANCE OF PARTIES

- 3.1** The Chair welcomed all and introductions were made. For the Applicant, Mr Christopher Johnstone would present and be supported by Mr Damian Nugent. From the Interested Parties eligible to attend the hearing the following accepted the invitation: Mr David Greer, accompanied by Mr Bal Sagoo representing Boots UK Ltd; Ms Mehvish Ashraf, accompanied by Ms Elinor Wilkinson, representing M Farren Ltd.

The Chair advised of the parties consulted but who failed to respond and therefore were ineligible to attend or make representation to the PPC, namely: AFR Enterprises Ltd, t/a Condorrat Pharmacy; Lanarkshire Area Medical Committee and NHS Greater Glasgow and Clyde.

Lanarkshire Area Pharmaceutical Committee and Croy Community Council had submitted comments outwith the statutory consultation period so could not be considered interested parties to the application. However the committee noted that the Applicant had sought permission for the CCC's statement to be included as additional information within their submission which the Chair had agreed could be circulated in advance of the hearing to members of the PPC and all interested parties.

- 3.2** The Chair advised all present that the hearing was convened to determine the application submitted by C D Chem Ltd in respect of premises located at 4 McSparran Road, Croy, G65 9HN. 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 confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. She 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 Christopher Johnstone, to speak first in support of the application

- 4.1 Mr Johnstone introduced himself and thanked everyone for their time and giving him the opportunity to speak. He said that he was a community pharmacist with seven years of pharmacy manager experience working for both a large multiple as well as independents and he was currently managing a busy pharmacy in Wishaw. In this time he had gained an independent prescriber qualification, and had represented his company at several community events such as speaking at local groups to promote healthy living and also speaking at funded respiratory groups to bring the most out of their condition. He also represented local pharmacies in discussions with the surgeries. He had also been actively involved in training Lanarkshire’s carers by teaching medicines management and promoting pharmacies position and involvement in the care community, administering and prompting

medicines. This had led to an award for innovation and change in the Scottish Pharmacy Awards 2016. He had also recently taken part in a local hero advert for NHS Lanarkshire.

- 4.2** He introduced his partner in health, Damian Nugent, who was also a pharmacist. Mr Nugent's four years experience as a locum provided great exposure to the pros and cons of different pharmacy settings and in the last three years had managed an independent pharmacy in West Lothian where he successfully implemented a signposting service which relieved pressure on the GP practice and also caught the attention of the Kilsyth Medical Practice when they met with them. He said that between them they had acquired a wide range of competencies and the skills necessary to not only operate a community pharmacy but to make a difference to the communities they served, being enthusiastic, eager and constantly striving for excellence.
- 4.3** He stated that while laying out the case, he intended to follow as closely as possible the 'factors to be considered document' which had been circulated by the Health Board.
- 4.4** Starting with a), he said that the proposed neighbourhood in which the premises were located was the village of Croy in its entirety. It was bounded to the North by Howe Road to where it met the B802; East by the open land beyond Cuilmuir View and Hillside to where it met the railway line; South by the railway line and West by Howe Road. He stated that within these boundaries were many amenities and community facilities, including: a post office, primary school, place of worship, sports hub and several small businesses. Croy train station had an extensive park and ride scheme and was a key commuter point for the Glasgow/Edinburgh line. There was an active community council and also a regeneration forum working on the new community centre.
- 4.5** Information from Scotland's Census 2011 showed Croy to have a population of 1026 residents with a fairly typical age profile until one looked at pensionable age. Between 2011 and 2016 there had been a national increase in the over 65s by 11%. Croy did not have an ageing population. In the same time frame Croy posted a decrease of 15% in its over 65s. If one did this to Twechar - a similar sized village close by which was granted a pharmacy in 2006 - they posted an increase in their over 65 population by 12%. This convinced him that adequate pharmaceutical services increased care of the elderly.
- 4.6** He stated that when they identified Croy as an area they would like to apply in they carried out the relevant due diligence. After some discussions with the local population at the church and outside the shop it became very apparent the inadequacy of pharmaceutical services in the area was causing deterioration in their health. There was hope, however, for the people of Croy by granting this application and they were enthusiastic to take the passion they had for communities into Croy and apply their modern approach to healthcare using their experience in markedly improving pharmacy services and

overall health. He said that the area in which he worked was in the bottom 30% of all health data zone areas in the country before a pharmacy contract was granted and was now in the top 50%.

4.7 Turning to health, he said that the percentage of residents who considered their health to be bad or very bad was almost twice that of the national average. This was further compounded by the percentage who were limited, a lot, by a long term condition - 15.1% compared with that of Kilsyth - 12.8% and Scotland on the whole - 9.6%. He stated that it was worth noting that Croy did not just differ from the national average in these health statistics but showed significant variance from the areas nearby which were asserting to be servicing it. What was of particular importance, was that a notable number of residents living in the neighbourhood suffered from and were restricted by poor health.

4.8 It was apparent from the Census data that 50% of the population of Croy had no car or van availability. This was striking compared to Kilsyth, Cumbernauld and indeed the rest of Scotland where the figures were a whole 20% better. The number that had access to one car or van was 36%, again lower than surrounding neighbourhoods, and it was fair to say this vehicle would be used as a means of transport to and from work as 66.8% of residents do so for commuting. For the patients who were less fortunate there was no pharmacy accessible to them in the heart of their community, this was extremely concerning to them and the population think it was unfair, considering they are much worse off than their surrounding areas and the national average. He said that there was no excuse for them to overlook the difficulties faced by the population. He quoted some of what was said during the public consultation:

- *There's not much transport for the elderly so it really helps them*
- *a lot of old people, they have to get buses or depend on other people to collect their repeats*
- *Croy has to travel for a chemist and this would be an excellent service for people who don't drive and have to travel more than once because chemist is on his or her lunch*
- *Croy is a thriving community with a lot of pensioners, a pharmacy would be a great help to the community*
- *It's ridiculous the distance people are currently enduring to travel to and from the closest chemist, especially the elderly*
- *In the joint response from the local Councillor Mark Kerr, Jamie Hepburn MSP and Stuart McDonald MP they state "We are aware from our casework that there are issues with public transport for local residents, with a limited bus service connecting the village to Kilsyth."*

4.9 In summary, he said that the residents of Croy were a further distance from a pharmacy and had less means of access to one than those in surrounding areas or the national average. In addition

the demographics indicated a higher health deprivation which was relevant to the statutory test as they had a neighbourhood in desperate need of adequate pharmacy services – it was common sense.

4.10 Having outlined the neighbourhood and described the demographics for Mr Johnstone moved on to point (b) - the existing services.

4.11 He said that as there were no existing services in the neighbourhood he would look at the current pharmaceutical services being provided to Croy by other contractors. In Kilsyth there were 3 pharmacies; Boots, Well and Charteris and they were within close proximity to one another. It was approximately 2 miles to Kilsyth to access a pharmacy. This would be a round trip of just over 4 miles which would take someone who was capable about an hour and twenty minutes to complete by walking. There was also a Boots pharmacy located in Craigmarloch at the Auchinbee District Centre which was approximately 1.5 miles in the opposite direction.

4.12 From the public consultation, he gave a few comments from the residents illustrating that there was nothing in Croy:

- there are no pharmacy services in Croy
- none of these services are currently being offered in Croy
- none of the above are available in the village

4.13 In summary he said that the residents felt there were no existing services in and to the neighbourhood. With regard to the statutory test no one was there to provide professional advice or professional help. They were left with pharmacies that were miles away that they found difficult to reach when they were in need. This was very inadequate and this was why there was such deprivation and why Croy was in freefall down the health ranking system. He noted that Scotland had 6700 datazones. If you were number 6700 you were the top ranked health area. He said that 13 years ago Croy was 2642 and today it was as low 553. The overall health of the area has dropped by 80%, it was a critical situation.

4.14 He then considered points (c) and (d) together- whether the existing services to the neighbourhood were adequate and, if not, in what respect were they inadequate.

4.15 In the CAR, Question 3 asked “do you think the current pharmaceutical services being provided in, and to the neighbourhood are adequate?” and noted that over 80% thought not, illustrating this with what was said:

- *"none of this was easily accessible for someone who was old or can't drive"*
- *"having to get a bus there and back for anything then have to back next day for the rest"*
- *"we do not have a pharmacy. to get a bus its £3 to Kilsyth and if*

anyone was ill there's nowhere local for advice, getting an appointment in the GP surgery can be difficult. if there was a local pharmacy with a minor ailments service this would be very beneficial"

- *"if chemist isn't available you can't get the prescription and have to travel back to get it. That is not good enough for people without transport"*

4.16 He stressed that these were a handful of responses which went on for two A4 pages on the level of inadequate services. He stated that, for a pharmacy, adequacy was at its most basic, the provision of the 4 core services and, if carried out properly, these should make a positive difference to the neighbourhood.

4.17 He then referred to figures taken from ISD which showed that none of the pharmacies in Kilsyth were offering the Chronic Medication Service in its entirety and this was one of the four core pharmaceutical services. Its sole purpose was to transfer the management and monitoring of repeat medication, for people with long term conditions, from the GP surgery to the pharmacy. In doing so it gave the doctor more time to focus their attention and skills on diagnosing and allowed the pharmacist to carry out their role as an expert in medication. When this was not implemented there was a build up of calls to the surgery with patients taking up GP appointments when they could be seen by the pharmacist. It prevented the patient from knowing that the pharmacist was there for more than just the dispensing but could provide sound healthcare and medicine advice. This was the reason there were so many comments in the CAR related to lack of GP appointments. Neither Boots, Well nor Charteris had dispensed a single CMS serial prescription from 2014 to the latest recorded month.

4.18 He went on to say that, after speaking to the practice manager, he was invited to a practice meeting at Kilsyth Health Centre to discuss the Croy application. At this meeting the doctors stated there was a failed attempt at implementing CMS and they would be open to CMS serial prescribing to relieve pressure on their already heavy work load. This service was pharmacy led and they could implement it as they had experience. He said that it could be concluded that these pharmacies were failing to provide a core pharmaceutical service. The GPs were also surprised at the types of clinics he could offer from Croy pharmacy. Croy patients had a higher incidence of respiratory problems; many associated with smoking and/or the quarry .They were excited that they could run respiratory clinics from Croy and take more pressure off their workload. This was adequate pharmacy services. One of the responses from Charteris was that their pharmacist was a prescriber too. The GPs were not even aware that pharmacists could provide such services.

4.19 He went on to state that another of the core services to be provided by community pharmacy was the Public Health Service. Community Pharmacy Scotland stated that it aims to: promote self care; make use of windows and display space in the pharmacy to promote health;

provide access to appropriate health education information and support; offer opportunistic interventions; and provide a rolling programme of pharmacy-based health promotion activities. He said that he had no evidence of this from the objecting businesses. The evidence was from the government backed statistics which showed a decline in health. If this core service were in proper use there would be no decline. If they were being provided and we saw such a decline in health, it was common sense to think they were inadequately provided. It was hard to make interventions or engage a neighbourhood in pharmacy health promotion activities when you were doing so remotely.

4.20 He further noted that a key element for delivery of the Public Health Service was the provision of the smoking cessation programme. Feedback from Stop Smoking Lanarkshire indicated that the promotion of the smoking cessation service in Kilsyth was poor. He said that there was a higher incidence of lung cancer if one lived in Croy compared to that of Twechar. In fact after the granting of the Twechar application in 2006 lung cancer registrations dropped by 38%. That was an adequate public health service. He invited the committee to guess how much Croy's had dropped by and noted that it did not drop. He said the he had asked everyone at the church and community council he saw smoking if they had tried to quit. Some advised they were told to come back and never did; someone said the patches weren't enough. One knew that patches were not enough and that was why one was expected to visit the pharmacy to have that healthcare interaction. Patients were not even aware of the help that was available.

4.21 He said that he was disappointed when they learned that in Kilsyth most pharmacies stop service for an hour during lunch and they advertised this with notices in their shop window or with signs next to the Responsible Pharmacist certificates. They made it clear that for the entire hour they could not sell counter medicines, dispense prescriptions, hand out medication or offer any pharmaceutical provision. In the NHS Lanarkshire Pharmaceutical Care Services Plan it was stated that "A high proportion of pharmacies within Lanarkshire open extended hours. In addition, very few pharmacies close over the lunch time period." This was not the case for Kilsyth. There was no consideration for the patients' access to services who had travelled from Croy and this was obvious from the public consultation comments.

4.22 Regarding Boots in Craigmarloch he said that this pharmacy was located next to a surgery which was the sister practice of the Central Health Centre in Cumbernauld. Both these surgeries take on residents with a Cumbernauld postcode, however, residents of Croy were required to register at Kilsyth Health Centre. The vast majority of items (90%) which that particular Boots dispensed were prescribed by Cumbernauld surgeries. Aside from that he said that he had evidence to suggest the pharmacy was operating over capacity. Between 2015 and 2016 they dispensed a total of 141,368 items. This information was taken from the Information Services Division Scotland. In the same year there were 102.2 million items dispensed by 1254 pharmacies across Scotland. This gave a national average of 81,499 items dispensed per annum and meant that

that Boots pharmacy dispensed 73% more items than the national average. Keeping this in mind it could be seen, from the list of statutory pharmacy complaints, which the Health Board had circulated, that there was an increase in the number that pharmacy was reporting. and these tended to relate to staff attitudes and accuracy of dispensing. It would be surprising to accept they provided an adequate service to the neighbourhood.

- 4.23** Mr Johnstone then turned to point (f) -was the pharmacy likely to open within 6 months and said that the site of the proposed pharmacy was the old Croy Clinic on McSparran Road. This building was already DDA compliant with the necessary doors, toilets, hand rails and wheelchair ramps. The pharmacy would be located on the upper floor of the building which was entered at street level. They would occupy the space previously used as a reception, waiting area, storage facility, toilet, treatment room and GP office. This equated to two thirds of the first floor layout and was fitting for a community pharmacy's requirements. The adjustments they intended to make were minor and would include securing the pharmacy internally from the rest of the building. The Croy Regeneration Forum was refurbishing the lower floor for use as a community hub and had agreed to grant a lease upon a successful application. They would be their anchor tenant and provide long term income to cover their utilities and running costs. Overall they did not anticipate any obvious barriers in setting up and expected to be fully operational within six months.
- 4.24** He noted that points (e),(g) and (h) of the considerations ask whether the granting of this application would secure adequate services and was it necessary and/or desirable to grant the application to secure adequate provision of pharmaceutical services in the neighbourhood.
- 4.25** Mr Johnstone said that as far as this was concerned a pharmacy at the proposed site would greatly increase accessibility to services by removing the barriers of mobility and cost which were clear concerns from the CAR. There was adequate parking with public car parks at two points on McSparran Road. However, as car ownership in the neighbourhood was low, and with the pharmacy being so central, they anticipated most patients to access it on foot. Being located in the middle of the majority of the housing meant that even those who felt limited by poor health would be given the opportunity to present in the pharmacy which was important for the core service as, such as Minor Ailments. Indeed it would be a lesser journey to the new Croy pharmacy than it was to the bus stop for a lot of residents. Face to face interaction with healthcare professionals was invaluable and afforded chances to promote health, give advice and make interventions to move Croy back up the health league table. This was why granting this application was necessary
- 4.26** He said that the Chronic Medication Service was ideally suited to this neighbourhood, particularly as there was currently no GP within it. The inefficient task of reordering repeat medication every month and having to

collect it from the surgery or a pharmacy in Kilsyth would immediately be streamlined. There was a real and measurable benefit in allowing CMS to be provided from within the village and in person. He fully expected patient understanding about their treatment to improve along with compliance and this in turn would reduce the incorrect use of medicines and reduce wastage. The GPs were also excited about them implementing this service; this was why granting this application was necessary.

4.27 In addition, he believed a new pharmacy in Croy would help secure adequate provision of the Public Health Service. Promotional material on display or being distributed from a pharmacy was only effective if the public were likely to see it. Health promotion was about educating patients in wellbeing and crucially health optimisation. Pharmacies were ideally placed in communities to interact not only with ill patients presenting for treatment but also non-sick residents passing by or popping in. They would also provide information for things like nutrition; plans you can follow to get the most out of your health; how to get your energy back; how to prevent diseases of age such as cancer, respiratory problems, type 2 diabetes, arthritis. Again, this was why granting this application was necessary.

4.28 He said that if you considered the smoking cessation service, they would be able to attract and retain more quitters. It was fair to say that the success rate for a quit attempt was far smaller if you had to seek out a provider and then travel back and forth to them every week for a 12 week programme. The more obstacles that were put in the way, the less likely the chance of achieving your goal. This was why granting this application was necessary.

4.29 He said they would also secure adequate provision of services by providing modern pharmaceutical services such as optimisation clinics, and pulmonary rehabilitation, which had great evidence base. By having access to this service they were confident they could improve the health outcomes of the high proportion of patients with a respiratory problem living in Croy. They had to target the areas where the population was suffering the most and allow them access to treatment which they were currently unaware of. He stated that community pharmacy was moving to a service based role; providing services which the community needed in the heart of it represented real pharmaceutical service adequacy. Again, this was why granting this application was necessary.

4.30 Mr Johnstone pointed out that everything they were offering to the neighbourhood was exactly the vision of the Scottish Government Pharmacy report - Achieving Excellence. He had shown how lack of adequate pharmaceutical services in an area could lead to an 80% reduction in health with Croy falling over 2000 places (out of only 7000) down the health league table. Since Twechar was granted a pharmacy in 2006 one could see a 43% reduction in hospital admission, when compared with Croy's 25% increase in the same timeframe. The statistics showed one was more likely to develop lung cancer because of

the lack of smoking cessation services and health interventions. He asked the meeting to think for a minute about what this meant for wider healthcare provision with the financial strain lung cancer put on the NHS, the hospital beds which would be freed up, the GP appointments which could be freed up and optimised by providing an effective sign posting service. This was why granting this application was desirable.

- 4.31 He said that, as shown in the consultation analysis report and the tabled letter, there was overwhelming support from the local community and Community Council. There was also backing from all levels of government, from local Councillor to MSP to MP, and the GPs. These individuals and organisations described a neighbourhood which was in a state of poor health and in desperate need of adequate provision.

This concluded the Applicant's statement

5 INTERESTED PARTIES' QUESTIONS TO APPLICANT

Mr Greer of Boots UK Ltd was invited to question Mr Johnstone

- 5.1 Mr Greer asked Mr Johnstone to explain how his lease worked. Mr Johnstone replied that, although one would normally expect to have a formal lease in place at this stage, as the Croy Regeneration Forum was a charitable body they were reluctant to pay the costs of drawing up the lease unless the application was successful. This was why he had obtained the letter from them.
- 5.2 Mr Greer asked who owned the building and received confirmation that it was owned by Croy Regeneration Forum and would be leased directly from them.
- 5.3 Mr Greer referred to the mention of an increase in over 65s and asked if Mr Johnstone was aware that this was driven by the presence of a care home. Mr Johnstone replied that nationally there had been an increase in the over 65s but this was not the case in Croy.
- 5.4 When asked in what way the bus service was inadequate, Mr Johnstone referred to the CAR and the number of responses regarding the issues faced by the sick and elderly when using public transport. He said that the fall in the health ranking would also contribute to this as there was no suitable access to pharmaceutical services and public transport was unreliable.
- 5.5 Mr Greer asked if he was linking the lack of a proper bus service as being detrimental to health. Mr Johnstone said that it was linked if this prevented access to services and that the difference could be seen in areas where public transport was not necessary to access pharmaceutical services.
- 5.6 Mr Greer pointed out that there was a bus every 15 minutes and there was also a My Bus service. Mr Johnstone said that the comments in the CAR from both patients and elected members said that the service was unreliable.

- 5.7** Mr Greer then asked how people in Croy accessed other services such as dentists, opticians, supermarkets etc. Mr Johnstone replied that the flow of people was generally towards Kilsyth for grocery shopping, dentist and GP visits. This however did not take into account how public health was provided. People in Croy were failing in health because they were not getting served correctly by the pharmacy service. He highlighted the high incidence of lung cancer as an illustration.
- 5.8** Mr Greer referred to the Croy Community Action Plan and asked if Mr Johnstone was aware that although mentioned in the text, the provision of a pharmacy did not feature in the Action Plan. Mr Johnstone said he was aware of this but the CAR comments and the letter from the Community Council obtained during the consultation period provided weight for the need for a pharmacy. Mr Johnstone felt this was particularly important from a public health intervention point of view, as if people were constantly being reminded then they would begin to take more account of their own health. The number one priority was health and well being and in order to spread the message people needed to get access to local healthcare.
- 5.9** Mr Greer asked if Mr Johnstone was aware that pharmacists were entitled to a lunch break. Mr Johnstone said that indeed he was and had no issue with that. The problem was that the pharmacists in Kilsyth closed at the same time every day, leaving no provision for one hour each day which resulted in the comments about people having to make another trip to get their medicine.
- 5.10** Mr Greer asked if the same consideration would apply to the fact that the proposed pharmacy would not open on a Saturday afternoon. Mr Johnstone replied that he had used the Health Board's recommended hours. He believed that this was sufficient for a population this size. He pointed out that this would be a new business and he would review the opening hours after time. He noted that Croy had high unemployment and imagined that most would access services on Monday to Friday.
- 5.11** Mr Johnstone agreed with Mr Greer that other pharmacists in the locality were open on Saturday afternoon and one was also open on a Sunday.
- 5.12** Regarding CMS, Mr Greer asked if Mr Johnstone understood that there was an issue across Scotland and in Lanarkshire which was being addressed by Community Pharmacy Scotland and the Scottish Government and that the real issue was engagement with GPs rather than pharmacists. Mr Johnstone indicated that GPs were keen for the pharmacists to provide this service.
- 5.13** Mr Greer said that if this was the case, then why had the GPs not approached the existing pharmacies in the area. Mr Johnstone replied that he had been informed that they had tried this before and it had not worked and stressed that he had experience and knew how to implement the service correctly and ensure it worked.

- 5.14 Mr Greer informed him that it was usually the IT which failed and that was driven by the Health Board. He could confirm that all Boots branches in the West of Scotland had IT issues and he should read the latest information from Community Pharmacy Scotland for the latest position. Mr Johnstone denied that this was the case and said the he had never had any IT issues with the CMS system.
- 5.15 Mr Greer commended Mr Johnstone for his interest in respiratory clinics and asked if he was going to have one in the proposed pharmacy. Mr Johnstone said that he had spoken to the GPs who had informed him that the respiratory problems were the biggest issue because of smoking and the quarry. He was more than willing to work with them to offer clinics. Also Croy was one of the few small villages to have an air quality monitor as the issue was known about.
- 5.16 Mr Greer asked how this would be funded. Mr Johnstone replied that he could not offer an authorised service unless he had a contract so he could not take any steps at present. He believed that, if the GPs and the pharmacist were on board and had identified a need, funding could be obtained from the Health Board.
- 5.17 Mr Greer pointed out that the Health Board had limited funds and had already spent these. Mr Johnstone said that in conversation with the GPs, they had spoken about pulmonary rehabilitation which he would offer free, the only cost being his time. He pointed out that there was a strong evidence base for the positive impact this could make. Mr Greer pointed out that this was not a core service. Mr Johnstone agreed but if funding for a clinic was not forthcoming then this was something else which could be offered.
- 5.18 Mr Greer asked how viable the pharmacy would be as there was only a small population. Mr Johnstone said that the census statistics showed a population of 1026 but recent ONS statistics put this at 1455 so it was potentially increasing. There was also a transient population of 650,000 a year going through the train station. There were also some new builds proposed in the surrounding area.
- 5.19 Mr Greer asked how many of these people would drive through Croy and Mr Johnstone could not put a figure on this but recognised that not all would go through the village. He pointed out that there was also a primary school whose catchment area extended beyond Croy and this would bring parents into the area. He indicated that the transient population had not been included in the business plan as his primary focus was on the health of the local population whose health had suffered because of the lack of pharmacy services.

Having ascertained that Mr Greer had no further questions, the Chair invited questions from Ms Ashraf of M Farren Ltd

5.20 Ms Ashraf pointed out that his analysis was very simple in that the health of the population was based on the bus service and lack of a pharmacy in the village and asked if health was more complex than just these two factors. Mr Johnstone replied that one only had to look at what can happen when there was a healthcare enterprise in place. He gave Twechar as an example where pre pharmacy it had dropped from 1045 to 6044 in the league, which was comparable to Croy's present situation, and had had risen to 2259 which illustrated what adequate pharmacy provision could do.

5.21 Ms Ashraf commented that Twechar pharmacy was very small and had no consultation room or privacy and that he appeared to be giving them a lot of credit for something they did not do and asked if he would acknowledge that part of the improvement was down to population growth. Mr Johnstone disagreed and believed that this illustrated what even a small pharmacy could achieve.

5.22 Ms Ashraf noted that there had been a reduction in the population in the area between the two censuses and that the older population had increased. She pointed out that her pharmacy offered a smoking cessation service every single day and that all of the staff were trained and outlined the steps leading up to this situation.

At this stage the Chair interrupted and asked Ms Ashraf to pose a question, confirming that she would have the opportunity to make her points during her own presentation.

5.23 Regarding CMS, Ms Ashraf pointed out that they had previously tried this and it had not worked and that the GPs had shown no interest in resuming. She asked what he would be offering that was different from the other three contractors in the area. Mr Johnstone replied that when he had spoken with the GPs they said there was a need for CMS and, although it had failed before, they were happy to try again but none of the pharmacies had approached them. Ms Ashraf said that this was not true as she had been at the surgery recently. Mr Johnstone indicated that he was repeating what the surgery had told him. It was his belief that Croy was the perfect area to try CMS as it was small and enclosed with the facility to provide opportunistic interventions which would help the health of the local population.

5.24 Ms Ashraf asked what evidence he had of failure of the pharmacists rather than non engagement by the GPs. She noted that she had good relationships with all the GPs and did not see this. Mr Johnstone reiterated that it was the GP who had asked him to provide the service should there be a successful application. Also from looking at the CAR comments, it was clear that Croy needed a positive and proactive approach to healthcare.

5.25 Ms Ashraf restated that she had an excellent relationship with the GPs regarding smoking cessation and asked how he would do better. Mr Johnstone said that he had been informed that Charteris kept sending the

patients back to the surgery. Ms Ashraf took issue with this.

At this juncture, the Chair again reminded Ms Ashraf to confine herself to asking questions.

- 5.26 Ms Ashraf asked how he had arrived at the figure of one hour and 20 minutes for the round trip to a pharmacy in Kilsyth. Mr Johnstone replied that he had walked it, recorded the distance as two miles and timed this. He had initially posted this application in 2014 and had spent a long time in Croy, getting to know the people. He was confident that he had the timing correct.

Having ascertained that Ms Ashraf had no further questions, members of the Committee were invited to ask questions in turn of Mr Johnstone

6 COMMITTEE QUESTIONS TO APPLICANT

- 6.1 Mrs Prentice asked how he proposed to staff the pharmacy. Mr Johnstone said that as a new business he would have to start slowly. However he would have, in addition to himself as the pharmacist, a full time dispenser and a counter assistant. Initially he envisaged that the counter assistant would also undertake deliveries. He stressed that he had experience in building a business as he had done this before and would be monitoring the cash flow closely. He was confident that the business was viable and that some of the services would be offered by himself after hours with the patients.
- 6.2 Mrs Prentice noted that the site was up a steep hill and asked how older people and those with chronic conditions would manage as all other pharmacies, although accessed by public transport, had level access. Mr Johnstone noted that the word "Croy" actually meant hillside and many people chose to live there and were used to the terrain. He also pointed out that for some it would be easier to get to the pharmacy than to the bus stop and for many of the population access was easy. There were also two areas for public parking in addition to on-street. He had spoken to the Croy Regeneration Forum about creating disabled parking spaces but he would have to gain the contract and ensure he had the cashflow to fund these.
- 6.3 Mrs Prentice said that during her site visit, there were a lot of people parked on the street and it was quite difficult to get up to the premises. Mr Johnstone acknowledged that it could be quite narrow. He said that he was originally looking at a unit on the main road – Constarry Road – but there were issues there as there was no parking anywhere close. He had therefore had a close look around the area and settled on the current proposed premises as the best option.
- 6.4 Mrs Park asked for an idea of the square footage of the premises and the proposed layout. Mr Johnstone said it was about 1300sq ft and the area would have to be secured internally but other than that the premises were

- ready to go. Basically the layout was ready to go in that it used the existing reception, waiting area, storage facility, toilet, treatment room and GP office. His long term plans were to provide a forward dispensing mode and that he intended to be out in front, serving the patients.
- 6.5** Mrs Park asked how the premises would be divided between pharmacy and retail. Mr Johnstone replied that he would have a small retail area but would need to see what the public wanted. He also intended to have conversations with the local shops to find out what they already provided as he did not want to take business from them. He stressed that his main interest was healthcare and he intended to focus on that. He was particularly interested in nutrition and metabolic pathways and was keen to provide something along those lines as this was not available at present.
- 6.6** Referring to his comments on lack of stock at the other pharmacies, Mrs Park asked how he would overcome this. Mr Johnstone said that he had good relationships with a whole range of wholesalers, frequently these were also small businesses. Currently they let him know when something was getting low; if the price was going to rise or if there were supply issues. He was also an active member of various social media groups which shared information on what products they had in stock and what they were short of which meant that supplies could be sourced from anywhere in the UK.
- 6.7** In reply to a question about deliveries, Mr Johnstone said that he envisaged that he would have two deliveries per day.
- 6.8** Regarding staffing, she asked what level of training would be given. Mr Johnstone replied that he envisaged employing someone of school leaver age who wanted to develop a career and training them to SVQ3. He would also be looking to employ an ACT as soon as possible. He stressed that he had experience in training and had always taken a big part in training staff.
- 6.9** Ms Park asked if there would be enough staff to remain open at lunchtime. Mr Johnstone assured her that there would be. He never compromised on his professional responsibility and remained focused on patient care. He noted that he never took an hour for his lunch and that it was not uncommon for him to interrupt his lunch to deal with a patient. He would need to see what the footfall pattern was before he decided when to take lunch.
- 6.10** Mrs Park asked what the clinic had been originally used for and was told that he had been unable to find out exactly despite extensive enquiries. The plans showed what the areas had been tagged as and he knew that there was a memory clinic running there recently. He was unaware of what services were offered or of any reason why they were not used. He was happy, however, to have found purpose built premises.
- 6.11** Mrs Park noted that he had quoted a number of statistics and asked why

the population was increasing but the number of over 65s was not. Mr Johnstone said that he had looked at the Community Plan and ONS figures and during the period between 2011 and 2016 there had been no new housing so he was unsure of the rise shown in the ONS. However, regardless of this, the area still had a need for pharmacy services.

- 6.12** Mrs Park asked if he agreed that any community offered a pharmacy on their doorstep would say yes and, if so, could he define the difference between convenience and adequacy. Mr Johnstone replied that everyone would like a pharmacy close by which made it easy to sell the idea to the community. However, this was not so much the case with the GP who would have another pharmacist to deal with. In this case, the GPs had been very interested in the services he proposed to offer as this could reduce the incidence of hospital admission and improve the general health. He pointed to Twechar where lung cancer rates had dropped since the pharmacy opened. The same was not happening in Croy.
- 6.13** Mrs Caraher indicated that most of her questions had been answered but she wanted to know how viable the pharmacy would be and where he saw himself in five years' time. Mr Johnstone said that the significant health inequalities and complex conditions in the area made it necessary to have a pharmacy. He had looked at areas with similar populations (Drymen, Carmunock and Twechar) to see how they coped. He stated that he did not expect to be vastly wealthy but his aim was to improve the health of the community and he knew how the numbers worked so was confident that it would be viable.
- 6.14** Mrs Caraher referred to the premises and asked if it had ever operated as a venue for clinics or if it had been built and never opened. Mr Johnstone said that he could find no evidence of there ever being a clinic there but, as stated, there was a memory clinic and Alcoholics Anonymous used it in the evenings. It was possibly designed for outpatients. He was pleased that it was a functional modern building ideally suited for pharmacy premises.
- 6.15** Mr Allan asked to what extent lunch time closures proved inadequacy of service as, looking at the information the only pharmacy which actually closed at lunchtime was Well Pharmacy with the others all operating from 9am to 6pm. Mr Johnstone said it was the withdrawal of the responsible pharmacist which caused the problem rather than the shop being closed. The shops still sold retail products but did not dispense.
- 6.16** Mr Allan referred to the analysis of complaints to the health board from 2013 to 2017 where there did not appear to be any drift upward or indeed any significant number of complaints and asked how this matched with the comments in the CAR. Mr Johnstone said that as far as complaints were concerned, pharmacies had to submit these returns to the Health Board and not all did. In the CAR, he had collated 2 A4 pages of negative comments. Therefore, he had given more weight to the information in the CAR.

- 6.17 Mr Allan referred to the Boots store in Craigmarloch shopping Centre which Mr Johnstone had said was over capacity as it was dispensing more than the national average. He noted that very few people from Croy used this store and there had been few complaints or errors so asked what Mr Johnstone hoped to achieve by including this in his submission. Mr Johnstone replied that he had used it for comparison purposes as it was close by but not one that was greatly used by Croy residents and there was no direct public transport. It had also been mentioned in the CAR and in the letter from the elected representatives. He also indicated that there had been a rise in complaints about this pharmacy. Mr Allan pointed out that he failed to see any rise.
- 6.18 The Chair noted that if one was an elderly or infirm resident of Croy, it would still be necessary to go to Kilsyth for the GP and all pharmacies offered a delivery service. She asked if this blurred the question of adequacy. Mr Johnstone was aware of the delivery service but this was not the same value as having a constant healthcare intervention locally. Delivery was necessary if someone was housebound but Croy had a population who were not housebound and who needed to be nudged to look after their health.
- 6.19 Mrs Prentice asked how he envisaged his pharmacy working more closely with nurses and other allied health professionals to improve the service. Mr Johnstone said he had experience in this area and had also worked with GP students. In his current pharmacy, he was invited to join the GPs multi disciplinary meetings. He noted that Kilsyth GPs had a pharmacy technician who liaised with the pharmacies and he would work with them to develop more services. He also noted that the Nurse Practitioner in Kilsyth was retiring and there were no plans to replace here. She triaged and undertook about 20 appointments a day so there was interest in providing a signposting service and managing conditions within the pharmacy to reduce pressure on the practice.

The Committee 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

- 7.1 There were no further questions.

At 1140 hours the Chair called a comfort break

During the break, in view of the interest shown, the Chair asked NHS Lanarkshire to find out about the previous use of the building. It appeared that it was designed to host maternity, dental, podiatry, addiction and memory services but was closed because they were underused. The services had transferred to the new Kilsyth GP

premises as part of a primary care review.

The meeting resumed at 1150 hours.

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

8 THE INTERESTED PARTIES' SUBMISSIONS

- 8.1** Mr Greer thanked the PPC for the opportunity to put the case on behalf of Boots UK Ltd and read from a pre-prepared statement as follows:
- 8.2** He first referred to the regulatory test and said that whilst many people would like to see a pharmacy closer to home, the panel would, after determining the neighbourhood also determine whether the services provided to the neighbourhood were adequate. If they were satisfied that the existing services were adequate, then the application should be refused. If they were not satisfied then they must consider whether or not the application met any identified inadequacy that exists.
- 8.3** Boots' case was that the existing pharmacy provision met the needs of the local population and persons within the neighbourhood in question.
- 8.4** Although they were aware that the panel must consider the application afresh they were aware that a previous application for a new pharmacy at premises in Croy was refused in 2010.
- 8.5** He said that, when making the previous determination, the Committee noted *"that paying due regard to the reasons set out and having noted the frequency of public transport passing through Croy approximately every 15 minutes due to the routes between Kilsyth and Cumbernauld, it was considered the existing services close by the neighbourhood could be deemed adequate as they provided a breadth and range of NHS contract services in line with contemporary standards and were easily accessible to residents of the neighbourhood."* This was still the case.
- 8.6** Regarding neighbourhood, he accepted the neighbourhood as defined by the applicant.
- 8.7** He noted, however, that the neighbourhood of Croy was small with a limited population and limited facilities. The neighbourhood did not exist in isolation as it had good transport links to the wider area. Residents of Croy looked to the neighbouring areas of Kilsyth, Craigmarloch and Cumbernauld for most services and only the very basic of daily needs were met by the village store and post office.
- 8.8** He said that residents of Croy were likely shop regularly at stores such as the Tesco supermarket at Craigmarloch Centre or Lidl and Co-op in Kilsyth. They would almost certainly be registered with the GP practices in these areas and it therefore followed that they were likely to access

- pharmaceutical services in these areas.
- 8.9** The population of the defined neighbourhood was approximately 1000 (taken from 2011 census output - backed up by Health Board information).
- 8.10** He said that, given that the population was small and that there were no GPs in the neighbourhood generating prescriptions, Boots believed the actual number of items that would be dispensed by the proposed pharmacy would be small and questioned the viability of the pharmacy.
- 8.11** He noted that the joint response from Jamie Hepburn MSP, Stuart McDonald MP and Councillor Mark Kerr made reference to visitors to the Park & Ride increasing the potential viability of the pharmacy.
- 8.12** In addition, facilities within the neighbourhood were limited and were mainly located on the B8802 Constarry Road. The proposed pharmacy is not co-located with any key amenities nor was it visible to passing trade.
- 8.13** Visitors to the Park & Ride typically had access to a vehicle and would be making their way from or to a larger town or major route. Given the opening hours of Boots pharmacy at Craigmarnoch Centre, the availability of ample free parking, and the opportunity to combine the trip with grocery shopping, possibly on their way home, Boots felt such visitors were more likely to use the existing pharmacies than one that was not visible from the road and which could take them out of their way and which might not be open before or after work.
- 8.14** Boots believed that few users of the Park & Ride would use the pharmacy for these reasons and would not, therefore, improve the likelihood of the pharmacy being a viable proposal.
- 8.15** He stated that should the panel adopt the neighbourhood defined by the applicant which did not have a pharmacy located within it, they trusted the panel would have regard to pharmaceutical services provided to the neighbourhood from pharmacies located outwith.
- 8.16** He said that it was stated in a previous application meeting minutes that the Committee *'was of the belief that the characteristics of the neighbourhood are such that the population of Croy require to travel outwith by private car or regular public transport to access the majority of services with regards to their daily needs, therefore existing pharmacies could be considered to be providing pharmaceutical services to residents within the neighbourhood from outwith.'* He submitted that this statement was relevant to this application also.
- 8.17** He noted that the proposed premises were on the site of the former NHS Clinic at 4 McSparran Road and it was in a fully residential location. It did not appear to have dedicated parking facilities. Whilst on road parking was available, parking on his recent site visit proved challenging as there were a fair number of residents' cars parked outside houses (on the roadside and on driveways). The only disabled parking space was a way down the road and might be intended for use by a local resident.
- 8.18** Regarding adequacy, he said that the existing pharmacies provided

access to an extensive range of pharmaceutical services as well as access to services in the evening and seven days a week at Boots, Craigmarloch).

8.19 The Boots pharmacies in Kilsyth and the Cumbernauld area provided services to residents of Croy. A pharmacy opening in Croy would have an adverse effect on the number of items dispensed by these pharmacies as in order to maintain viability the proposed pharmacy would seek to gain patient numbers from outwith Croy.

8.20 The data they had analysed confirmed that Boots pharmacies in Kilsyth and Craigmarloch both provided dispensing services to residents of Croy. They believed this demonstrated that a fair proportion of residents living in Croy looked to Boots nearest pharmacies for their pharmaceutical needs. This was not surprising given the number of amenities located close to these pharmacies {supermarkets, surgeries etc).

8.21 He said that Boots pharmacy at West Burnside Street, Kilsyth:

- was located in a parade of local shops with parking directly outside.
- was only a short distance from a large Lidl supermarket, BM Home Bargains store and Kilsyth Health Centre.
- was open from 9 am until 6pm Monday to Friday and from 9am until 5pm on Saturday.
- offered an extensive range of services including: smoking cessation, supervised administration, minor ailments scheme, emergency hormonal contraception, prescription delivery and compliance aids.
- was DDA compliant with power assisted doors.
- had a consultation room.

8.22 Turning to the pharmacy at, Auchinbee Centre, Craigmarloch, he said this:

- was located in a parade of local shops adjacent to a large Tesco Supermarket.
- Had ample free parking at the centre and dedicated disabled spaces.
- had a bus stop for the centre within metres of the pharmacy door.
- was open from 9am until 9pm, Monday to Friday, from 9am until 5.30pm Saturday and from 11am until 5pm Sundays.
- also offered an extensive range of services including: smoking cessation, supervised administration, free condom service, EMAS, CMS, Managed repeats, compliance aids
- delivered prescriptions including to patients in the Croy area if required.
- was DDA compliant with power assisted doors.
- had a consultation room.

8.23 He pointed out that customer surveys in both stores showed a high level of satisfaction with the pharmacies and the services they provided.

8.24 He submitted that the existing pharmacies provided an adequate level and range of pharmaceutical services to residents of Croy. There was no evidence to suggest that the existing level of service provision was not meeting patient needs.

8.25 As far as accessibility was concerned:

- There were pharmacies located where residents of Croy were likely to go to visit their GP or to shop.
- The Boots pharmacy at the Auchinbee centre was open seven days a week and from 9am until 9pm weekdays. The Asda Pharmacy at Cumbernauld was also open extended hours seven days a week, as was the pharmacy at the Antonine Shopping Centre.
- As the applicant was not proposing to open on Saturday afternoons or Sundays one must assume that the applicant would expect residents to access the existing services during these times and that the existing pharmacies adequately met the neighbourhood's needs outside of their opening hours.
- A number of bus services ran through Croy, notably the number 43 service that runs between Cumbernauld and Kilsyth stopping at Croy every 15 minutes throughout the day.
- There were bus stops at frequent intervals for buses in both directions located in the village - a resident of the village would not have to walk far to catch a bus.
- Observations made on a recent site visit were, from the number of cars parked outside houses and on the roadside, that there appeared to be a good level of car ownership in the village.
- Parking was available at the existing pharmacies with free parking at a number of sites including the Asda pharmacy and the Antonine Centre, the Auchinbee District Centre and in Kilsyth close to the existing pharmacies
- MYBus ran a dial-a-bus scheme which provided a door-to-door transport service for people with limited mobility who were unable to use ordinary buses.
- In the event that a patient could not access a pharmacy using one of these methods, free delivery services were available.
- There was also a path through to the Craigmarloch centre from Croy for anyone wishing to walk.
- There was no evidence to indicate that patients were experiencing significant difficulties when wishing to access pharmaceutical services.

8.26 In summary, Mr Greer said that :

- There were a number of pharmacies that provided adequate

services to the neighbourhood and that were reasonably accessible from the proposed site. Data showed that the existing Boots pharmacies provided pharmaceutical services to the residents of Croy.

- The applicant had not identified a need for a particular service that cannot be met by the existing contractors. All core services were provided.
- Boots had not heard any evidence to suggest an inadequacy in the existing services or that patients were encountering significant difficulties when wishing to access services.
- the existing pharmacy provision was adequate and that the proposed pharmacy was neither necessary nor desirable to secure the provision of pharmaceutical services in the neighbourhood in question.
- The application should be refused.

This concluded the presentation from Mr Greer

9 *The Chair then invited questions from the Applicant to Mr Greer*

9.1 Mr Johnstone asked if Mr Greer accepted that places with similar sized populations had viable pharmacies. He replied that they did but viability depended on a number of variables.

9.2 When asked if he agreed that there was a public health crisis in Croy, Mr Greer said that from the statistics there was a challenge but there were lots of places in Scotland in the same place.

9.3 When he asked if he accepted that the previous application should not be considered at the hearing as it was seven years ago, Mr Greer said that, even though it was seven years ago, nothing had changed in terms of pharmacy provision to that area.

9.4 Mr Johnstone asked if Mr Greer disregarded the comments in the CAR and the letters from the elected representatives and Community Council. Mr Greer replied that he did not disregard them as everyone was entitled to express their opinion. In his experience if you asked anyone if they wanted a local pharmacy they would say yes.

Having ascertained that Mr Johnstone had no further questions, the Chair invited questions from Ms Ashraf of M Farren Ltd

9.5 Ms Ashraf indicated that she had no questions for Mr Greer.

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

9.6 Mrs Caraher referred to the Croy Action plan which Mr Greer had used and asked where he had found this. She was informed that it was on the website and showed where the community's priorities were through an

action plan which highlighted which actions were to be put forward in order to improve the community. A pharmacy was mentioned in the discussion but was not in the action plan.

The Applicant and other Interested Party confirmed that they had copies of this and a copy was provided for the Committee's use.

- 9.7** Mrs Caraher asked Mr Greer to explain the issues with the Chronic Medication Service. Mr Greer said that under CMS, the pharmacist would register patients with long term conditions and part of this was to introduce zero prescribing where the GP would write a prescription for 6 or 12 months. He explained that there had been issues across the whole of Scotland regarding the system and how it worked between pharmacies, GP surgeries and Health Boards. The GP surgery required the right IT system set up and maintained in order to make it happen.
- 9.8** Mrs Caraher asked how Boots home delivery service worked for patients in Croy. Mr Greer said that the service was set up for housebound patients and there was a dedicated driver who delivered regularly and also collected prescriptions.
- 9.9** Mrs Caraher asked if there was a hub system and was told that this was only for compliance aids not deliveries. Repeat prescriptions were dispensed from each of the pharmacies and the dosette boxes, which was not a core service, from the hub. Mr Greer pointed out that this hub and spoke system was common practice in many pharmacies.
- 9.10** Mr Allan asked how lunchtime was covered in Kilsyth. Mr Greer replied that it was policy to allow the pharmacist to take the decision on when to take lunch. He would expect that if there were three pharmacies in the same area that they would talk to each other to ensure that they were not taking lunch at the same time.
- 9.11** Mr Allan asked if Mr Greer had an idea of the numbers of patients from Croy using the Kilsyth branch. He said that he did not have hard and fast numbers but that most of Croy residents were registered with the GP in Kilsyth and some would use Boots. It would be likely that it was only for out of hours service that they would go to the other branch.
- 9.12** Mrs Park referred to the expectation that the pharmacies in the area would stagger lunches and asked if this was what actually happened. Mr Greer replied that it was his understanding that Well Pharmacy did something different at lunch time and Ms Ashraf confirmed that they discussed their lunch hours with the other pharmacists in the area.
- 9.13** Mrs Park asked for the reasons behind the comments in the CAR on lack of stock and waiting times. Mr Greer said that stock was a huge issue due to HMRC closing two major suppliers which had put a strain on the supply. He noted that all pharmacies sometimes had sourcing difficulties which could also cause cash flow problems as prices were rising because of the

shortages. The issue had been raised within Scottish Government and the Scottish Parliament. He said it was hoped that HMRC in Bristol would start producing again. As far as Boots were concerned, they used their own network to try to get stock and also worked with other local pharmacies to borrow or swap.

As far as waiting times were concerned he said that this was largely a matter of perception but Boots did measure these as part of their normal management system. It was their practice to ask when the patient wanted the medicine and aimed to have it ready for them.

- 9.14 The Chair noted that much of the content of the hearing had been about providing holistic care to users of pharmacies to encourage them to take more responsibility for their own health care and asked what steps Boots took to ensure that they had a locus in promoting the general health of the population. Mr Greer replied that they were fortunate in Scotland to have a contract which was based on patient care as this gave the pharmacist the opportunity to have conversations with patients. Boots promoted a model that the pharmacist should be the first person seen when entering a pharmacy and they should free themselves from day to day operations to make this possible. For this reason Boots trained all their staff to do as much as possible so that the pharmacist was free to have conversations about patients' health.

The Committee had no further questions.

Having heard the responses to the questions asked so far the Chair gave the Applicant and Interested Party an opportunity to ask further questions of Mr Greer.

- 9.15 Mr Johnstone referred to the CMS issues and asked Mr Greer to clarify what Boots' problem was. Mr Greer replied that Boots did not have a problem. The problem was with the GP surgeries and until they had an IT system in place then CMS would not improve in Lanarkshire. He noted that other Health Boards had implemented it. Mr Johnstone indicated that this was not the impression he had obtained from the Kilsyth practice. Mr Greer reiterated that the success of CMS depended on IT and also the effort that a GP practice was willing to put in to set up and maintain the system.

There were no further questions for Mr Greer

- 10 ***The Chair invited Ms Ashraf to make representation on behalf of M Farren Ltd (t/a as D Charteris)***

- 10.1 Ms Ashraf thanked for the opportunity to be present and read from a pre-prepared statement.

- 10.2 She introduced herself as the Pharmacist Manager at D. Charteris Pharmacy. She said that her pharmacy had had, and continued to have, a

long and successful partnership with the people of Croy and which equipped her to form an opinion on this application.

- 10.3** She started by emphasising the importance of **Regulation 5 (10) of the 2009 Regulations** *“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.”*
- 10.4** She said that even with the housing expansion Croy was a small community. It currently had a population of 1026 people (2011 census); within it there was a takeaway, a hairdresser, a barber and a small convenience store which hosted the post office. The residents of Croy used Kilsyth, or elsewhere, for access to their everyday necessities as well as to visit their GP or dentist.
- 10.5** At present Croy was served by four Pharmacies, all within approximately 1.5 miles of the area. At her pharmacy they offered longer opening hours than the proposed pharmacy, had a fully inclusive and free of charge delivery service with a dedicated vehicle and driver which the proposed site did not have. At present they did daily deliveries to Croy and had the capacity to increase this further, although there had been no demand for this.
- 10.6** She stated that they had moved to the current, purpose designed, site in December 2014; it was designed to be fully accessible to all in our community, in line with the Equalities Act 2010. They had disabled access both from the front and rear of the shop and there were over 100 free car park spaces directly behind them. Charteris Pharmacy had a lowered counter for wheelchair users, as well as two access-friendly consultation rooms. These design modifications had been extremely successful in helping them provide a comprehensive service to those with mobility issues and young families with prams.
- 10.7** She said that they had the capacity to increase provision whether it be prescriptions, deliveries, eMAS consultations, supervised dispensing or dosette boxes. They provided a range of services, including a smoking cessation service and had strong links with other health care professionals, as demonstrated by the specialist nurse led weekly smoking cessation clinic held on site.
- 10.8** Many of the frustrations expressed in the public consultation referred to a lack of GP appointments and a pharmacy would not bridge this gap. The issue with stock availability was nationwide and could not be overcome by an individual contactor and the provision of additional services, such as CMS, was dependent on the agreement of the various GP practices.
- 10.9** Having served the people of Croy for a number of years she wanted to share her impression of them and that was that they were loyal people. To give an example the health centre moved sites in April 2015 thereby

making her pharmacy, which was previously the closest to the health centre, the third furthest away. Despite this, her patients from Croy still chose to walk past two other pharmacies and continued to get their prescriptions dispensed with them. D Charteris had delivered excellent pharmaceutical care to the people of Croy for over 100 years and when you have taken care of generations of a family they simply do not just switch loyalty because something a bit closer has appeared. She did not believe these patients would choose to go to this proposed site, nor did she believe they would receive services there which they could not and did not already access.

- 10.10** She believed the applicant's Pharmacy was one of convenience and not one that was required. However well-intentioned, the proposal was not based on serving the best needs of the community. The site was on top of a steep hill, with no parking readily available and was reliant on an already tight residential road for its small number of spaces. Moreover, with no prescribers in the area to support it and no passing trade this would make the proposed pharmacy unviable and she urged the PPC to reject the application.

This concluded Ms Ashraf's presentation.

11 ***The Chair then invited questions from the Applicant to Ms Ashraf***

- 11.1** Mr Johnstone asked if a delivery service contributed to overcoming the health crisis in Croy as there was no personal contact. Ms Ashraf replied that there were health issues across Scotland. The delivery service was only one aspect of the service she offered. She pointed out that even though they received deliveries, some patients still visited the pharmacy when they were going to see the GP.

- 11.2** Referring to GP access, Mr Johnstone asked if it would help the pressure on GPs if someone could take control of the prescriptions for 6 or 12 month periods. Ms Ashraf said it would not help as the GPs had informed her that the population was deprived and had multiple conditions which were not suitable for management under CMS. She had been told that there were not enough suitable patients for the service to justify the investment as it did not fit their population.

Having ascertained that Mr Johnstone had no further questions, the Chair invited questions from Mr Greer of Boots UK Ltd

- 11.3** Mr Greer asked Ms Ashraf to describe her relationship with the GPs and other healthcare professionals. She said that this was excellent in that the practice manager often dropped in for a chat and she spoke regularly to the practice technician. She also worked with the district nurses and worked very closely with other pharmacies in the area.

- 11.4** Mr Greer asked if there were any issues with the residents of Croy and was told there were none.

Mr Greer had no further questions.

The Chair then invited questions from Members of the Committee in turn to Ms Ashraf

- 11.5 Mr Allan asked what the policy was regarding lunch hours. Ms Ashraf said that she was on site for lunch every day and did not mind being interrupted. The staff were all trained to answer questions and knew when to call on her.
- 11.6 Mrs Prentice asked who funded the nurse led clinic on smoking. Ms Ashraf said that this was operated in partnership with NHS Lanarkshire. The GPs had said that they had no time to do this when she discussed it with them so she had approached NHS Lanarkshire and offered them the use of her large consultation room and they provided the nurse. In addition the staff in the pharmacy were trained to work with her. The GPs referred people to the nurse and to the pharmacy and they offered a full cessation service.
- 11.7 Mrs Park asked what the average waiting times were. Ms Ashraf pointed out that there was no negative comment in the CAR directed at her pharmacy and that the waiting time was generally about 5-10 minutes but many would be less than two minutes.
- 11.8 Mrs Park asked if she offered dosette boxes. Ms Ashraf said that they had started offering the service when they moved to the new site as there was more space and that the health centre knew about it.
- 11.9 The Chair noted that many of the frustrations in the CAR were about lack of GP appointments and that the pharmacy did not bridge this gap. She asked if Charteris had any plans to engage the community, particularly Croy, in terms of the community pharmacy ethos to divert them from A&E and the GP surgery. Ms Ashraf said that they currently undertook a lot of signposting. For example, many patients came to her before going to the GP and described their symptoms. She would give advice on where best to go or treat the patient. In terms of helping the GP, the smoking cessation had been a big success in that they had been able to free up appointments and prescriptions. She pointed out that she was always open to suggestions from the GPs and had frequent discussions with the practice manager.

The Committee had no further questions.

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.

12 SUMMARIES

- 12.1 Ms Ashraf, on behalf of M Farren Ltd, said that they had a daily delivery service which was fully inclusive and free. There had never been any issues with their services and they had received no negative feedback. She stressed that they always submitted information to NHS Lanarkshire. She recognised that it would be convenient to have a pharmacy in Croy but the reality was that you had to be sensible and take account of what was viable. The area was well covered by existing pharmacies and there was

no necessity for another one. She did not think that the site would be viable commercially, however well intentioned the applicant was. She asked that the application be refused.

- 12.2 Mr Greer said that there was no evidence to suggest that the current service was inadequate; all the arguments pointed towards convenience. He also questioned whether a pharmacy at the proposed location would be viable. In conclusion the existing pharmacy provision was adequate and the proposed pharmacy was neither necessary nor desirable to secure the provision of pharmaceutical services in the neighbourhood in question. The application should, therefore be refused.

Finally, the applicant Mr C Johnstone was invited to sum up

- 12.3 He had described the neighbourhood in which the premises were located as the village of Croy. There were no existing services within the neighbourhood and the nearest pharmacies which assert to be servicing it were in Kilsyth and Craigmarloch. The public consultation spoke volumes and he believed these services were inadequate. The reasons being: the pharmacies in Kilsyth fail to fully and effectively implement the core provision of the Chronic Medication Service, Public Health Service and the smoking cessation service; access to other neighbourhoods via public transport was limited and incurred a cost, car ownership in the village was low and the distance on foot was not practical especially for those restricted by poor health; the availability of the pharmacies in Kilsyth was also restricted due to lunch closures; the Boots in Craigmarloch focused primarily on the neighbourhood of Cumbernauld and evidence indicated that it was running over capacity, dispensing 73% more items a year than the national average. It also reported an increasing pattern of complaints for the most recent returns. Each of these factors was important on their own, however, if there was an amalgamation of problems with each then the provision of pharmaceutical services should be considered inadequate. He respectfully requested the PPC consider that if Croy was indeed being adequately serviced, why was there a continuous decline in its health.

He believed that the opening of a new pharmacy would secure adequate services in the neighbourhood as: it would be focused on servicing the neighbourhood from within; it would allow for the core services and modern pharmacy to be implemented fully and effectively; it would be in a central location and accessible on foot; there would be continuous provision throughout the day; it would be in a building which was already DDA compliant and, as it would only require minor adjustments, he fully expected to be operational within 6 months.

Finally he was certain that the granting of this application was both necessary, to provide the core pharmaceutical services to the neighbourhood and desirable, by laying the foundations to improve the health outcomes of Croy. This would be the starting point for reversing the trend in Croy's deteriorating health.

13 RETIRAL OF PARTIES

- 13.1** 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.
- 13.2** 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.
- 13.3** 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 1240 hours and the Applicant and the Interested Parties, along with their companions, left the room

14 COMMITTEE DELIBERATIONS

14.1 Supplementary Information

The Committee noted the following:

- i** That each member had independently undertaken a site visit to the Croy area 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 Croy and the surrounding area.
- iii** Prescribing and dispensing Figures Report for GP Practices and pharmacies close to G65 9HN from July 2016 to June 2017.
- iv** Demographic information for Croy taken from the 2011 Census.
- v** Report on Pharmaceutical Services provided by existing pharmaceutical contractors close to the village of Croy. This report provides an update to the list of services provided within this area as contained within the Pharmaceutical Care Services Plan.
- vi** Information extracted from pharmacy quarterly complaints returns to NHS Lanarkshire from April 2013 to June 2017.

- vii** Complaints received by NHS Lanarkshire about pharmacy services in North Lanarkshire in the last 5 years.
- viii** Response to public consultation received via e mail on 6 September 2017 from Jamie Hepburn MSP, Stuart McDonald MP and Councillor Mark Kerr.
- ix** The Consultation Analysis Report which accompanied the application and supporting documentation provided by the Applicant on 6 October 2017.

The statement from Croy Community Council submitted by the applicant as additional information on 10 November 2017.

15 SUMMARY OF CONSULTATION ANALYSIS REPORT (CAR)

15.1 Introduction

15.1.1 NHS Lanarkshire undertook a joint consultation exercise with C D Chem Ltd regarding its proposed application for a new pharmacy contract at 4 McSparran Road, Croy, G65 9HN.

15.1.2 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.

15.2 Method of Engagement to Undertake Consultation

15.2.1 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.

15.2.2 The Consultation was publicised via NHSL press release, advertisements in the Cumbernauld News & Kilsyth Chronicle, NHSL Facebook page, Twitter account, rolling banner on the NHSL website homepage and statically on the Get Involved page. North Lanarkshire Council was also notified for dissemination to local groups and elected representatives and the relevant Public Partnership Forums. Croy Community Council was also informed as it was 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.

15.3 Summary of Questions and Analysis of Responses

15.3.1

	Question	Yes	No	Don't Know	Replied	Skipped
Q1	Do you agree that the area within the red border represents the neighbourhood that would be served by the proposed pharmacy	233	7	6	246	0
Q2	Would a pharmacy at this proposed location be accessible for patients in and around the neighbourhood?	235	6	5	246	0
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	27	169	8	204	42
Q3b	Advice and medicines under the Minor Ailment Service	28	164	12	204	42
Q3c	National Pharmaceutical Public Health Services including smoking cessation and supply of emergency hormonal contraception	27	155	22	204	42
Q3d	Chronic Medical Service – for people with long term conditions	28	153	23	204	42
Q3e	Substance Misuse services	18	143	43	294	42
Q3f	Stoma Service – appliance supply for patients with a colostomy or urostomy	23	140	41	204	42
Q3g	Gluten Free Foods	22	143	39	204	42
Q3h	Unscheduled Care – urgent health matters/ supply of emergency prescription medicines	22	156	26	204	42
Q3i	Support to Care Homes	22	132	50	204	42
Q4	Do you think the current provision of pharmaceutical services has any gaps or deficiencies?	156	19	28	203	43
Q5	C D Chem Ltd 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	190	10	5	205	41
Q5b	Supply of medicines under the Minor Ailment Service	187	11	7	205	41

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Q5c	National Pharmaceutical Public Health Services including smoking cessation and supply of emergency hormonal contraception	178	12	15	205	41
Q5d	Chronic Medical Service – for people with long term conditions	186	9	10	205	41
Q5e	Substance Misuse services	152	24	29	205	41
Q5f	Stoma Service – appliance supply for patients with a colostomy or urostomy	172	11	22	205	41
Q5g	Gluten Free Foods	171	12	22	205	41
Q5h	Unscheduled Care – urgent health matters/ supply of emergency prescription medicines	185	10	10	205	41
Q5i	Support to Care Homes	163	11	31	205	41
Q6	Do you think that the proposed hours are appropriate?	188	111	3	202	44
Q7	If successful, do you think that there would still be any gaps or deficiencies in the pharmaceutical services provided?	7	159	35	201	45
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	147	13	39	199	47
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	48	88	63	199	47
Q10	Do you support the opening of a new pharmacy being proposed at 4 McSparran Road, Croy, G65 9HN	188	8	4	200	46
Q11	I am responding as	Individual = 186 Group/Organisation = 5			191	55
Q13	Where contact information has been provided, we will make your responses available on the CAR	Full details 32		Name Only 18	No details 135	

16 DISCUSSION

16.1 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.

16.2 Neighbourhood

16.2.1 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 maps provided on the day
- natural and physical boundaries such as roads, railways 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.

They noted that there was generally no disagreement with the definition of the neighbourhood contained in the consultation document as Croy was very much a self-contained village.

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

South	the railway line
West	Howe Road
North	Howe Road to where it meets the B802
East	Open land east of Cuilmuir View and Hillside to where it meets the railway line

16.2.3 The Committee noted that although there were no pharmacies within the defined neighbourhood, there were 3 pharmacies in Kilsyth, all of which were easily accessible by public transport or car and could be reached on foot. There were also a further 3 pharmacies in Auchinbee District Centre, Condorrat and Twechar.

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

16.3.1 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.

- 16.3.2** The Committee commended the Applicant's enthusiasm and passion to provide a pharmaceutical service to the community and noted that his application concentrated on improving health and reducing inequalities by providing public health services in addition to the core services required under a contract.
- 16.3.3** They questioned the viability of a new pharmacy as the population of Croy was small and it was unlikely that the transient population from the park and ride at the railway station would divert from the main road to have a prescription filled. They also noted that the school was very small.
- 16.3.4** Regarding relieving pressure on the GP surgery, the Committee believed that the population was very small so the number of diverted appointments would be small. In addition, the population gravitated to Kilsyth and Cumbernauld for the majority of their needs so could easily visit one of the pharmacies in these locations which they used currently.
- 16.3.5** During the oral presentations and questions, a lot had been said about the provision of the CMS service. The problems associated with the implementation of IT systems which would support this were known about and the opening of a new pharmacy would not change this.
- 16.3.6** From the information provided to the Committee and the oral presentations made, the existing pharmacies, apart from the Boots in Craigmarloch (which had few patients from Croy), were at or below the national average for prescribing and did not appear to have any capacity issues. All the pharmacies delivered all the core services and undertook deliveries to Croy. There were no complaints of note other than the comments in the car. The applicant had suggested that complaints were rising but the Committee could see no evidence of this in the information provided by the Health Board.

16.4 Consultation Analysis Report

- 16.4.1** The Committee then went on to consider in detail the Consultation Analysis Report (CAR). It was noted that the majority of respondents' comments related to inconvenience rather than necessity.
- 16.4.2** The PPC noted that there was a fairly high number of "Don't Know" answers to the questions regarding the services offered by existing pharmacies and the impact on other NHS services of a new pharmacy. The Committee felt that this level of 'don't know' responses reflected a level of uncertainty about the need for a pharmacy by respondents and did not lend weight of support to the application - the Committee expected to see a clearer picture of expressions of definite need and/or inadequacy in the responses

- 16.4.3 Therefore, whilst mindful of the level of uncertainty, the Committee paying due regard to 16.4.2 above was confident that the CAR was adequate in terms of its contribution to their deliberations and discussion of the application

17 DECISION

Mr Allan and Mrs Park left the meeting room 1340 hours

- 17.1 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 Croy 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.
- 17.2 Accordingly, the decision of the Committee was unanimous that the establishment of a new pharmacy at 4 McSparran Road, Croy, G65 9HN 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.
- 17.3 Mr Allan and Mrs Park were requested to return to the meeting, and informed of the decision of the Committee.

The meeting closed at 1350 hours

The Chair noted that this was the last meeting Mrs Janet Park could attend due to her withdrawal from the General Pharmaceutical Council register. The Chair took the opportunity to thank Mrs Park for her outstanding contribution and service to the Pharmacy Practices Committee, and all present wished her well for her retirement.