

Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Monday 24 April 2017 at 09:30 hours in Training Room 2, Law House, Airdrie Road, Carlisle, ML8 0EQ

The composition of the PPC at this hearing was:

Chair: Ms Margaret Morris

Present: Lay Members Appointed by NHS Lanarkshire Board

Mrs Margaret Caraher
Mr John Woods

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

Mrs Janet Park

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

Mr Arif Hanif

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

1 APPLICATION BY G & S HEALTHCARE LTD

1.1 There was submitted an application and supporting documents from G & S Healthcare Ltd received on 10 March 2017 to have its name included in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at 35 Abbeygreen, Lesmahagow, ML11 0EQ

1.2 Submission of Interested Parties

The following documents were received:

- i) Letter received via e mail on 27 March 2017 from Mr Yogesh Verma, Kirkmuirhill Pharmacy Ltd on behalf of Kirkmuirhill Pharmacy and Coalburn Pharmacy.
- ii) Letter received via email on 3 April 2017 from Boots UK Ltd.
- iii) Email received on 12 April 2017 from Lesmahagow Community Council

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

parties:

- i) Lanarkshire Area Pharmaceutical Committee
- ii) Lanarkshire Area Medical Committee

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

- i) Consultation Analysis Report (CAR)

2 PROCEDURE

2.1 At 0930 hours on Monday 24 April 2017, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by G & S Healthcare 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 applicant would attend and that Mr Stephen McDermott would make the representations, accompanied by Ms Gail Duddy. There would be representations from the following interested parties: Kirkmuirhill Pharmacy, Coalburn Pharmacy, Boots UK Ltd and Lesmahagow Community Council.

2.3 It was noted that Members of the Committee had previously undertaken site visits to Lesmahagow 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 where it was noted that in addition to the script for his oral presentation, which all parties were asked

to submit in order to aid the Minute Secretary prepare an accurate minute and the Committee to formulate question, Mr McDermott had submitted additional information as appendices to this.

It was noted that it was not NHS Lanarkshire's policy to allow presentations rather the policy was to accept oral statements only. These appendices were almost like PowerPoint slides and included information and statistics which neither the PPC nor the Interested Parties had seen in that format previously. The Committee discussed whether this was admissible as all written evidence had to be with NHS Lanarkshire in time to circulate with the meeting papers so that all parties had the opportunity to prepare a response or questions in advance of the meeting.

The Committee sought advice on process from Mrs Gillian Forsyth, Administration Manager, NHS Lanarkshire who discussed this with Mrs Susan Murray of CLO. The advice was that NHS Lanarkshire did not permit visual aids during oral hearings and wished to maintain consistency. However, it was up to the Committee to decide whether to accept the information or not, bearing in mind that the Interested Parties had not seen this.

In further discussion, the Committee noted that most of the information on the Appendices was already contained in the oral presentation notes, Consultation Analysis report or publicly available and could be quoted during the Applicant's presentation but the paper copies would not be used. The Applicant had had ample time to submit the documents in advance and had chosen not to do so which could appear that he wished to put the Interested Parties at a disadvantage. The Committee therefore agreed not to allow the Appendices to be presented but that the applicant should speak to the information contained therein. The paper copies were then removed from the room.

- 2.6** There was a brief discussion on the application and procedures 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 1130 hours

3 ATTENDANCE OF PARTIES

- 3.1** The Chair welcomed all and introductions were made. For the Applicant, Mr Stephen McDermott would present and be supported by Ms Gail Duddy. From the Interested Parties eligible to attend the hearing the following accepted the invitation: Mr Yogesh Verma, accompanied by Mr Vinay Verma, representing both Kirkmuirhill Pharmacy and Coalburn Pharmacy; Mrs Kathleen Cowle, accompanied by Ms Tracey Wilson, representing Boots UK Ltd and Mr Jim Tague, accompanied by Mr David

Feeney, representing Lesmahagow Community Council.

The Chair advised that the parties consulted but who failed to respond and therefore were ineligible to attend or make representation to the PPC were: the Lanarkshire Area Pharmaceutical Committee and Lanarkshire Area Medical Committee.

- 3.2** The Chair explained the reason for the delay in starting was that the applicant had submitted additional information as appendices to his oral presentation and the committee had to decide whether or not to allow these.

In discussion the Committee had agreed not to allow these because:

- NHS Lanarkshire had always insisted on oral presentations only with no PowerPoint slides or equivalent. This extra information strayed into a formal presentation
- There had been ample time before the Hearing to submit written information
- Introducing the Appendices at the last minute was unfair on the Interested Parties who had not had the opportunity to view these

The Chair informed Mr McDermott that he could quote the information during the oral presentation but should not refer to the Appendices and asked if he was content to do so. Mr McDermott replied that he was.

- 3.3** The Chair advised all present that the meeting was convened to determine the application submitted by G & S Healthcare Ltd in respect of premises located at 35 Abbeygreen, Lesmahagow, ML11 0EQ. 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:

- 3.4** “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.”

- 3.5** 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.

- 3.6** 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.
- 3.7** 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.
- 3.8** 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

Mr McDermott then read from his written statement as follows:

- 4.1** Mr Stephen McDermott introduced himself and thanked the PPC for the opportunity to present. He said that he worked as a Community Pharmacist for 11 years and since 2006 had worked in and managed an independent pharmacy based in NHS Lanarkshire. He had enrolled to do his Independent Prescribing course which would commence in June. He also introduced his business partner, Gail Duddy, who had worked in pharmaceutical wholesaling for about 30 years. She had begun her career with AAH Pharmaceuticals, and was the founder and owner of Eclipse Generics, a short line wholesaler based in East Kilbride.
- 4.2** He then went on to address the proposed neighbourhood for the pharmacy which was Lesmahagow, a rural village with a strong sense of community.
- 4.3** He said that, following the public consultation exercise, they had re-defined the boundaries of the neighbourhood to include Auchloch, a retirement village, which was home to several hundred elderly residents. These residents accessed Pharmaceutical services within Lesmahagow on a daily basis. They identified this at the early stage of the joint consultation exercise, and it was further evidenced by over 50 comments received on the Consultation Analysis Report. Taking all these comments into consideration along with the 78.2% of respondents who agreed with

their original boundaries, the new neighbourhood was defined as:

- 4.4**
- To the North by Teiglum Burn (positioned North of Strathaven Road & Wellburn)
 - To the East by the M74
 - To the South from Bog Road, to where Bog Road meets Coalburn Road, crossing greenfield land to the village of Auchlochan (Rougham Woods).
 - To the West from Auchlochan (Rougham Woods), crossing greenfield land, behind New Trows Road and past North Garnmour to meet the northerly starting point
- 4.5** Within the defined boundaries of their neighbourhood there were many amenities and community facilities, including places of Worship, Glebe Medical Practice, one Pharmacy, a Dental practice, a Library, Banks, a Post office, along with numerous small businesses. There were also two Primary Schools and a Secondary School, along with Bank House Care Home, Glebe Sheltered Housing, Key Housing Association & Auchlochan Retirement Village.
- 4.6** The presence of the active Local Community Council showed what a strong sense of community there was within Lesmahagow.
- 4.7** Moving on to the population and demographics, he said that information taken from the 2011 Scotland Census showed Lesmahagow to have a population of 4340, however this figure did not include the village of Auchlochan, which was home to some 350-400 residents. As previously mentioned, Lesmahagow was a typical, rural town which should not be compared to an urban area. This could be seen as people travelled from Dillarburn, Hawksland, Brocketsbrae & Devonburn, Blackwood and Kirkmuirhill to access Pharmaceutical services in Lesmahagow.
- 4.8** Lesmahagow was therefore seen as being at the very heart of the community for this population, where they travelled to access GP appointments and Pharmacy services. This was further evidenced when reading the responses from the CAR.
- 4.9** He noted that in January 2017, the total number of patients registered at Glebe Medical Practice was 6560. Figures taken from ISO Scotland in Sept 2016, gave a breakdown of 'The population by Urban and rural classification' for Glebe Medical Practice. These figures showed:
- 5193 patients to reside within Urban category 3 (accessible small towns with settlements between 3000 and 10,000 people within 30 minutes drive of a settlement of 10,000 or more) and
 - 1338 patients in Urban category 6 (accessible small towns with settlements of less than 3000 people within 30 minutes drive of a settlement of 10,000 or more)

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- 13 Patients were unassigned to an urban or rural classification on the basis of their postcode

4.10 He, therefore, concluded that Lesmahagow had one Pharmacy, which currently served around 6,000 to 6,500 people. Patients looking to access a Pharmacy out with Lesmahagow would have to travel to Kirkmuirhill, some 2.9 miles away or Coalburn which was 3.5 miles away.

4.11 Using these figures, he wanted to demonstrate and highlight how the people of Lesmahagow are at a disadvantage compared to other areas within NHS Lanarkshire and other Health Boards. These neighbourhoods had similar populations; however had access to more community Pharmacies.

4.12 Firstly he looked at Lanark, which had a population of 8253 people. This population had access to 3 Pharmacies, equating to a population per Pharmacy of 2751 people. Similarly, Newmains had a population of 5710 people and access to 2 Pharmacies, equating to a population of 2855 patients per Pharmacy. In the case of Denny, which now had 3 Pharmacies, following the granting of a new Contract in 2013 had a population per Pharmacy of 2644 patients.

4.13 Comparing this with on Lesmahagow, he said that residents of the neighbourhood were at an obvious disadvantage when compared to the areas highlighted. The population of patients accessing Pharmacy services within their neighbourhood could be placed between 6000 to 6500 patients. However they only had access to one pharmacy.

4.14 From looking at the national statistics for health and deprivation, he said that within the proposed neighbourhood, there were high levels of deprivation with Datazone 1, Woodpark being Rank 1 Decile in the Scottish Index of Multiple Deprivation (SIMD). This Datazone was positioned 472, and was third generation of people who had never worked. This SIMD ranking put it within the top 10% most deprived areas in Scotland. In addition There were a further two data zones (2 & 3) being ranked in Decile 4 and 3 respectively.

4.15 He then highlighted high incidences of deprivation within Lesmahagow when compared to South Lanarkshire and Scotland:

- 22.7% of people are claiming benefits, compared to 19.2% for South Lanarkshire. and 17.6% for Scotland
- 72% in Council Tax Bands A-C compared to 62% for South Lanarkshire and 61% for Scotland
- 20.7% claiming free school meals compared to 16.8% in South Lanarkshire and 16.1% for Scotland
- 31% with one or more Long term Health Condition (90% for Auchlochan) compared to 29.9% for Scotland
- 18.7% of 16-74 year olds being long term sick or disabled compared to 16.6% for Scotland

4.16 He said that the PPC would be well aware that deprivation was one of the most important factors to consider when determining the healthcare needs of a

population The above figures showed that within their neighbourhood there were pockets of high deprivation, which in turn resulted in an increased need and demand for accessing pharmaceutical services.

- 4.17** He then referred to the elderly population within their neighbourhood which was much higher than the average found in both South Lanarkshire and Scotland. In Nov 2012 from statistics.gov.scot 25.1% of the population aged 60+ were claiming Pension Credits. This was substantially higher than the 17.1% in South Lanarkshire and 15.4% in Scotland. Furthermore, in the case of Auchlochan, the average age of the population was 83.4 years. Due to Auchlochan having a higher than average ageing population there was an increased prevalence of co-morbidities, as seen with 90.1% of them suffering one or more long term health condition. He noted that with the elderly population being high users of Pharmaceutical services, this put additional strain on the current services offered in the neighbourhood.
- 4.18** In noting that the population projections for Lanarkshire to 2030 showed a 72% increase in people over age 75, this would put an even greater strain on the existing pharmacy services.
- 4.19** Referring to the current population and Pharmaceutical services he conclude the following:
- There was currently a population of around 6,500 people accessing Pharmacy services within the neighbourhood.
 - These patients only had access to one pharmacy, putting them at a disadvantage when compared to other areas of Lanarkshire.
 - Their neighbourhood had a higher level of deprivation, long term sickness and a greater elderly population. These issues were forecast to increase which placed additional strain on the pharmaceutical services.
- 4.20** Mr McDermott then addressed future developments and said that Boots was currently under strain due to the high population of people it served. This train would further escalate when future developments were considered. These were:
- 4.21**
- Within the boundaries was Birkwood Castle which was currently being transformed into a 56 room luxury hotel, holiday chalets and a village with more than 150 houses. The hotel was due to open in Spring 2019. In November 2016, South Lanarkshire Council approved the extension and gave the green light to the early sale of 50 homes. As a result this could increase the current population by 450 to 600 people.
 - Planning permission had also been granted for Wellburn Farm, positioned at the north end of Lesmahagow. This had given approval for the development of 130 2, 3 and 4 bedroom homes which could see the population grow by a further 400 to 525 people.
 - Established in 2009, Auchlochan was a retirement village, which offered residential and assisted living. Since opening, 210 properties had been sold and occupied. With 56.9% of residents having no car

compared with 30.5% in Scotland, (census Scotland) the village operated a minibus service, providing transport to Lesmahagow 5 days per week.

- A further 52 apartments were currently for sale at the Nethanvale site, with 10 already sold. This would add another 104 people to the population figures, taking the total population of Auchlochan to approximately 500 residents, all whom accessed Pharmaceutical services in Lesmahagow.
- Auchlochan was set on 50 acres of land and the parent company was keen to extend this assisted living and residential village in the future.
- Taking all future developments into consideration, the neighbourhood could potentially grow by approximately 1220 residents within the next 3 years. This could take the number of patients accessing pharmaceutical services to over 7,780.
- These population projections did not include Annesview. The site of 178 plots was currently for sale, and SLC were hoping to sell it to Clyde Valley Housing which could add a further 390 residents.

4.22 He said that he was sure the PPC would be mindful of Lloyds Pharmacy Limited v the National Appeal Panel, 2004, where Lord Drummond Young indicated that "in addressing the question of the adequacy of existing provision to serve a neighbourhood, the decision makers should have regard to future developments". Being the experts, he was confident the PPC would acknowledge the future developments to 'secure' the adequate provision of services.

4.23 Mr McDermott said that the Regulations stated that an application will only be granted "in order to secure ADEQUATE provision of pharmaceutical services in the neighbourhood." Either the pharmaceutical services in Lesmahagow were adequate or they were not. He then proposed to demonstrate how the existing services being provided were NOT to a satisfactory quality, and could therefore be deemed inadequate.

4.24 He referred to the 325 responses received in the Consultation Analysis Report and the 204 signatures gathered in their petitions. These responses were from the patients accessing the services, and therefore gave a true reflection of the inadequate service they were being provided with.

4.25 He stated that the number of items dispensed across Scotland has increased on an annual basis and from 2004-2005 to 2014-15 there has been an increase of 34.9%. This figure was continuing to rise, with 102.2 million items dispensed in the 1254 Pharmacies in 2015-16. The average number of items dispensed per pharmacy was 81,499 items per annum. However, using FOI and ISD Scotland they discovered that for the year 2015-16, Boots dispensed 156,228 items. This equated to them dispensing 91.6% more prescription items than the national average. Boots had reached saturation point which was confirmed with the responses found in the Consultation Analysis Report, with people accessing services stating the following:

4.26

- "The Pharmacy we have is struggling, with too many prescriptions to

fill"

- "One Pharmacy is not enough to cover the population in this area. We need another Pharmacy"
- "The current Pharmacy cannot handle the amount of residents, patients or prescriptions"
- "Boots are unable to cope With the current workload"
- "'Often the existing pharmacy is too busy and you have to wait what I consider an unacceptable time to be attended to' .
- "It's always busy and seems overstretched"
- "Boots is too busy, can never get one to one advice, staff always harassed"

4.27 From this he concluded that, due to high dispensing figures, access to Core Pharmacy services was being put under strain, resulting in core services being delivered to an inadequate standard.

4.28 He referred to the dispensing of NHS prescriptions and noted that, as stated in NHS Lanarkshire's Pharmaceutical Care Services Plan, "the timeous and accurate dispensing of prescriptions remains the principle function of the NHS Community Pharmacy service."

4.29 He referred to Questions 3 and 4 in the CAR and said that Question 3 showed 58.7% of respondents felt the current 'Dispensing of NHS Prescriptions' was inadequate. Question 5 went on to show that 70.8% of respondents believed the proposed Pharmacy needed to open in order to have adequate access to the Dispensing of NHS Prescriptions.

4.30 From responses received; long waiting times for prescriptions appeared to be a real issue, in some cases being described as 'shocking' and 'unacceptable'. Patients had described waiting hours, sometimes days, for their prescription to be complete. This was due to the one Pharmacy dispensing 91.6% more items than the national average. Looking to the future, he predicted this problem was only going to worsen with the population being forecast to increase.

4.31 In addition to long waiting times, users of the service had reported medication errors, prescriptions going missing and mix ups with prescriptions. He therefore concluded that, due to Boots dispensing almost double the national average of prescriptions, patients safety was being jeopardised. He quoted the following responses from the CAR:

- 4.32**
- "staff appear under pressure. A mistake was made with my prescription. It was given by mistake to my stepson who lives at a different address to me"
 - "on a daily basis they are making regular errors"
 - "on a regular basis my medication gets muddled or mistakes are made, resulting in doing without medication for a week, and in pain"
 - "current Pharmacy is overloaded with patients. Prescriptions go missing"
 - "They misplaced my prescription in store, even blaming me for not handing it over."
 - "After a 45 min wait I eventually received the items'

- "sometimes DAYS to complete prescriptions"
- "Boots are a total joke. They mix up or lose your prescriptions"
- "the supply of my stoma bags has been wrong on a NUMBER of occasions"

4.33 He said that this evidence showed Boots to be in breach of NHS Lanarkshire Pharmaceutical Care Service Plan as they are not Dispensing NHS prescriptions in a "timeous and accurate" manner, therefore deeming this service as inadequate. We can also see from the final comment that Boots are delivering a sub standard Stoma Service to patients within the neighbourhood.

4.34 Mr McDermott further said that patients had also expressed overwhelming concerns about the poor stock availability within Boots. Patients were having to make at least two journeys to pick up their medicines. As this was a rural community, this could mean substantial distances. The situation was worsened if they had no car, then two taxi trips were required, or lengthy trips on public transport. This was unacceptable for the elderly and disabled population, as well as those living in deprivation who could not afford these costs. To illustrate this, he read some of the responses from the CAR:

- 4.35**
- "Boots are ALWAYS running out of stock. When it comes to repeat prescriptions, I have to wait days sometimes"
 - "Have to wait days for some meds, or they DON'T KNOW when they will get them in"
 - "Stock is NEVER available on the same day forcing you to do a RETURN journey"
 - "They can NEVER obtain stock. I know of family members and friends who have been FORCED to go without their medication for days/weeks due to items being out of stock"
 - "Boots could NEVER get my parents repeat medication in. They were going without medication which was not good for their health"
 - "Never have prescription in stock, despite me ordering it twice a month. Had to go to Motherwell to get epileptic medicines, which has happened on more than 4 occasions"
 - "Family and friends have GONE WEEKS WITHOUT medicines. Family member was without asthma tablets for weeks"
 - "I work with the DN team and the current chemist is DREADFUL in getting bandages or dressings for our patients. Trying to get medicines for Palliative Care patients is a NIGHTMARE from Boots"
 - "Often we need to collect an emergency prescription and the chemist don't have enough in stock. This means staff have to leave on ANOTHER OCCASSION to pick up the shortfalla further cost to the resident"

4.36 He said that Boots primarily accessed and procured stock from their parent company. Not only were the patients complaining about this issue, but healthcare professionals (DN) are raising concern over poor stock availability and the length of time taken to secure the stock. This issue was having a direct impact on the health needs of the population, with patients becoming non compliant, as they were left with no choice but to go without

medication. This showed Boots to be putting 'profit before patient', resulting in an inadequate service when 'Dispensing NHS Prescriptions'.

4.37 He said that patients also receiving an inadequate service in the provision of dosette boxes. As outlined in NHS Lanarkshire Pharmaceutical Care Service Plan, Pharmacists were expected to assess patients using the 'Compliance Needs Assessment Form' and come to the conclusion on whether or not the provision of a dosette box was required.

4.38 Unfortunately for the patients of their neighbourhood who required a dosette box now, the service was not available to them. This was due to the current Pharmacies within Lesmahagow and the neighbouring villages of Kirkmuirhill and Coalburn being at saturation point. What he was seeing was adults with mental and physical disabilities, elderly patients with complex drug regimes and patients with poor compliance being denied this service, which was unacceptable.

4.39 He further stated that, not only was the service being denied to people within the neighbourhood, some residents had fallen victim to the service being withdrawn. This was highlighted by Key Housing Association. This service was supplied by Boots. However due to them being at capacity, they were no longer able to provide the service. Consequently, they were left with no choice but to access these services from the Boots hub in Hamilton, a 28 mile round trip. This service was also proving to be inadequate, with users experiencing long waiting times on their prescriptions being delivered and medication errors occurring.

4.40 He contended that better pharmaceutical care and advice came from a pharmacy based within the community. The addition of G&S Healthcare to the neighbourhood would ensure that compliance aids would be available locally and within the community that needs them now.

4.41 He highlighted that recently, four high risk service users were refused this service from Boots and said that this showed a clear inadequacy in 'Dispensing NHS Prescriptions'. Boots were no longer willing to even assess the compliance needs of patients, and in turn, refusing the provision of a dosette box, when it was required.

4.42 This was appalling news for residents and was only going to worsen as demand grew. He then quoted from letters of support received during the consultation period:

- 4.43**
- Christine Reeson, Manager at Auchlochan,:....."Working within Auchlochan, I regularly see patients 'being refused compliance packs as the service is full. This impacts on my patients compliance as they are elderly..... The current local Pharmacies are at capacity and CANNOT take on. any new patients for dosette 'boxes. These pharmacies are in Kirkmuirhill, Coalburn and Lesmahagow"
 - Jean Ramsay, Head of Support, KEY Housing "We had asked the local pharmacy if they would consider taking on four of the individuals who are at most risk but they have refused/ are unable to do this. The current pharmacy is clearly saying that they

are at capacity and cannot provide a service to the people we support. It therefore seems obvious that there is a need for another pharmacy in Lesmahagow”

- Yvette Gilmour, Director, 121 Care at Home Ltd..... "There is no availability of blister packs from the local chemists, resulting in poor patient compliance. There is an increasing elderly population failing to take their medicines correctly"

4.44 He then quoted extracts from patient responses in the CAR:

- "Boots and no surrounding Pharmacies are able or have the capacity to take on additional patients requiring dosette boxes. It is unreasonable to expect patients to travel out with the village to collect medication in this way"
- "My Grandparents live in the neighbourhood of Lesmahagow. They are elderly and struggle with their medication. Boots are too busy to provide them with a dosette box. As a result they are non compliant with their medication which therefore effects their health. This highlights an inadequacy in Pharmaceutical Services"
- "My husband recently had a heart attack:Glebe Medical Practice advised that he could not get a dosette box at present as there is a waiting list because the current Pharmacies can't handle anymore"

4.45 *He said that additionally within the AR it was documented that:*

- "If the proposed Pharmacy opened, the services to the community of Lesmahagow would improve immensely as they would be able to offer dosette boxes to patients that require them now, not have them put on a waiting list"

4.46 Mr McDermott said that the above comments illustrated an unfortunate situation for patients who required a dosette box now, and highlighted a clear inadequacy.

4.47 He continued to say that Pharmaceutical Care was a key component of safe and effective healthcare. Pharmacists must work in partnership with patients to obtain optimal outcomes with medicines. Although medicines were the most common form of treatment in the NHS, they could also cause harm when patients fail to adhere to the prescribed drug regime. However these patients were being denied this service. This could have a catastrophic impact on patients' health, With non-adherence being estimated in 48% of asthma deaths, an 80% increased risk of death in diabetes and a 3.8 fold increased risk of death following a heart attack. (Prescription for Excellence).

4.48 Following the publication of the '2020 Vision', 'Healthcare Quality Strategy for Scotland', the 'Wilson & Barber Report' and 'Prescription for Excellence' the vision was to deliver the highest quality of healthcare services within NHS Scotland. The public needed to view the Pharmacy as their 'first stop'. NHS Scotland aspired for every patient to get the best possible outcome from their medicines, whilst avoiding harm.

- 4.49** From his findings he could safely conclude that the current Pharmaceutical Services were falling well short of this vision. The inadequate provision of dosette boxes was due to current contractors being at saturation point, however this was no excuse and he ask that it changed now. The granting of a new contract would allow this vision to become reality, resulting in adequate provision of dosette boxes.
- 4.50** Mr McDermott then reported that inadequacies did not end there and the he would now address the provision of the Minor Ailments Service and demonstrate how residents were receiving an inadequate service.
- 4.51** This service aimed to transfer care from GPs and Nurses to Pharmacists, thereby reducing the workload and waiting times at GP surgeries. The service also provided the Pharmacist with the opportunity to treat common illnesses, as well as identifying and signposting more serious health problems at an early stage. He then referred to questions 3 and 5 in the CAR which referred to the supply of medicines under the MAS.
- 4.52** He pointed out that the results showed that 46.2% of respondents believed the current Minor Ailment Service was inadequate. On looking at Question 5, 68.1% of respondents believed our proposed Pharmacy NEEDED to. open to have adequate access to Minor Ailment Service and quoted the following to illustrate his point:
- 4.53**
- "Working within AuchlochanI often see patients REFUSED Minor Ailments and directed to their Dr. They have to wait several weeks for an appointment. They can NEVER get advice from the Pharmacy".
 - "The Pharmacist is very busy and DOESN'T have time to discuss my Ailments. I have to wait for a Drs appointment"
 - "Getting something on the MAS is like asking for £1 million, and more than likely they direct you to the GP. SHOCKING service which is getting worse"
 - "Boots REFUSED to treat my elderly parents under the MAS, because they are using another Pharmacy"
 - "Access to the MAS is always a STRUGGLEat times feel like I'm scrounging when I ask for things"
 - "I think the Pharmacist is the first port of calleach time I have just been told to make an appointment with the GP"
 - "Accessing healthcare advise should never be viewed as a struggle"
- 4.54** He said that the above illustrated that this service is NOT ACCESSIBLE to patients. The Pharmacist was too busy to consult or advise patients on ways to manage or treat their common illnesses. As a result the workload was shifted back to the GPs and nurses, with patients being forced to wait weeks for an appointment to treat a Minor Ailment.
- 4.55** Also concern over this issue was raised at a meeting with Dr Kerr of Glebe Medical Practice. He believed Boots were referring patients to the Surgery, to treat an ailment which should have been dealt with by the Pharmacist. As a result GP appointments were being booked unnecessarily and waiting times for appointments were becoming longer. This was highlighted when looking at the 'Health and Care Experience Survey' for Glebe Medical Practice in 2015-16. Results showed a 56% positive score being given to the Practice

for 'Arranging to see a Doctor'. This figure was 15% statistically significantly lower than the Scottish average. We could ask ourselves the question, if this poor score was due to Boots referring patients to their GP unnecessarily.

- 4.56** Using information obtained from FOI and ISD Scotland, Mr McDermott said that it could be seen that the number of items being dispensed under Minor Ailments by Boots has fallen dramatically over the past few years. Boots were dispensing an average of 286 items per month for the year 2012-13. This declined to an average of 253 items in 2015-16, with a further decline in the current year, to an average 189 items.
- 4.57** A report published in March 2017 by ISD Scotland, highlighted the number of Minor Ailment items being dispensed across Scotland between the financial year of 2012-13 and 2015-16 had increased by 3% per year. Boots had demonstrated a 34% decrease in items dispensed from 2012 until present. This was due the service being inaccessible. The Pharmacist was too busy to consult with the patient and prescribe a suitable form of treatment. Patients were losing faith in Boots and instead would wait several weeks to speak to a GP. This was a clear contraindication to the core objectives of MAS and once again proved there to be an inadequate provision of Pharmaceutical Services.
- 4.58** He reported that earlier this year, the Scottish Government communicated that the previously announced extended MAS pilot in Inverclyde would commence on 30 January. The pilot would involve the current Minor Ailment Service being extended to all patients registered with a GP practice.
- 4.59** In addition there was an expansion in services provided by the Community Pharmacist which is part of the wider 'Pharmacy First' initiative. From March 2016, all Pharmacies within NHS Forth Valley were involved with a pilot, making Pharmacists the first port of call when treating an uncomplicated Urinary Tract Infection or Impetigo. It was only a matter of time until these pilots roll out throughout NHS Lanarkshire, which will increase demand on the current Pharmacy. More patients will be turning to their Pharmacist as the first port of call, adding additional pressure to the already overburdened Boots.
- 4.60** He noted that with the transfer of the budget from GPs to Pharmacists, the Community Pharmacist would have an important role to play when fulfilling the Public Health Service element of the contract. Currently it was the role of the Pharmacist and their staff to have a pro-active involvement in promoting smoking cessation and the Pharmacist and their staff must be easily accessible to offer support to the patient. Currently within Lesmahagow this service was not being offered to patients in a confidential manner with one patient quoting the following:
- "On many occasions I have had to speak in front of a busy shop about personal matters. The smoking cessation is held in the front shop with everyone listening and watching while you puff into the machine. It is degrading and wrong"
- 4.61** He stated that guidance from the GPhC stated Pharmacists must 'respect

and protect people's dignity and privacy' and 'provide the appropriate levels of privacy for patient consultations'. Within Boots there was a distinct lack of patient confidentiality, ranging from the consultation room not being used, to discussing individual's medication in front of other customers, and also methadone being administered in full view of waiting patients. This was further evidenced in the CAR responses and proved that guidance published by the GPhC was not being adhered to. Respondents to the survey reported the following:

- 4.62
- *"There is absolutely NO privacy provided in Boots currently"*
 - *"Getting advice from the Pharmacist is almost impossible as they are always busy. Information is not given out in a confidential manner, the same way that addicts have to take their medicine in the shop"*
 - *"Methadone patients NEVER get taken into private room, which is not fair on them remaining confidential or fair on other customers"*
- 4.63
- He then referred to his own proposed premises and said that if this Contract was granted, he would have a consultation room which could be accessed from both sides, offering both easy access for wheelchair users and the opportunity for the patient and advisor to have a private conversation, whilst not being overheard.
- 4.64
- He moved on to look at how compliant with the DDA Boots was. All would be well aware that all pharmacists providing services in the UK had a legal obligation to comply with the DDA Regulations. These clearly stated that reasonable adjustments should be made to the physical features of a pharmacy premises in order to overcome barriers to access.
- 4.65
- He suggested that, from their site visits, PPC members would have identified the high entry step into Boots, resulting in elderly and infirm patients having great difficulty entering the shop. This is even more troublesome for wheelchair and mobility aid users. On a visit he, himself, had made to Lesmahagow he witnessed an elderly, patient encountering this difficulty, being left with no choice but to leave his walking frame outside, whilst tackling the high step to gain entry. To any reasonable person, this highlighted that elderly, disabled and infirm patients must overcome barriers to access Boots.
- 4.66
- This accessibility problem was further evidenced in comments taken from the CAR:
- "Boots is the, only chemist accessible to the aforementioned 350+ people at Auchloch and it has a very high step. A lot of us are frail or disabled"
 - "inaccessible pharmacy for disabled people"
 - "there is no disabled access"..... "No wheelchair access"

- 4.67** He stressed that his Pharmacy would be fully DDA compliant with a ramp entrance supported by a handrail. The consultation room would be easily accessible to wheelchair users and they would also have a disabled toilet. They had also applied for an additional disabled parking bay outside the pharmacy.
- 4.68** He also noted that, although not a core service, it was both inadequate and unproductive that all three pharmacies in the surrounding areas did not have a dispensing pharmacist present over lunchtime. This was highlighted as an issue within the CAR, as patients have no access to pharmaceutical services during these hours. Therefore, in the event of a sick child needing antibiotics or a palliative care prescription needing dispensed urgently, the service would not be available.
- 4.69** He said that if this contract was granted he would be accessible for offering advice and dispensing from 8am - 6pm which is what he had done for over 11 years. He pointed out that he would take regular breaks throughout the day and eat lunch on the premises. This would offer the additional support and care that the residents of Lesmahagow required. In the event that he needed to attend GP meeting or clinics he would have pre-arranged locum cover, enabling him to have the freedom to build a healthy working relationship with other healthcare providers.
- 4.70** In summary, Mr McDermott said that from the information presented that day, it could be concluded that patients in Lesmahagow, had for many years suffered from a deficient and inadequate pharmaceutical service in that:
- Boots dispense almost twice the national average of prescribed items and are at saturation point. This has led to:.....
 - Patients receiving inadequate provision of services in relation to 'Dispensing of NHS • Prescriptions', the inadequate 'Supply of Medicines under the Minor Ailments Service', and an inadequate non supply of dosette boxes to new patients. He had also demonstrated how the existing Pharmacy had barriers to access for elderly, disabled and infirm patients. patient confidentiality was also breached; did not offer a comprehensive delivery service and were unable to dispense prescriptions in a timeous and accurate manner.
- 4.71** In conclusion, Mr McDermott said that he firmly believed it was both necessary and desirable to provide a second pharmacy within Lesmahagow to secure the adequate provision of pharmaceutical services.
- 4.72** All patients, regardless of their age, their income, education or disability had the right to receive high quality pharmaceutical care and he had shown how the neighbourhood was being denied this.
- 4.73** He said that by submitting these facts and responses, he believed G & S

Healthcare had provided the PPC with substantial evidence to exceed the burden of the legal test and being the experts trusted and had the confidence that a new Pharmacy contract would be granted.

This concluded the Applicant's statement

5 INTERESTED PARTIES' QUESTIONS TO APPLICANT

Mrs Cowle of Boots UK Ltd was invited to question Mr McDermott

- 5.1** Mrs Cowle noted that Mr McDermott had alluded to lots of concerns around the current service provision from Boots and asked if he was aware of any complaints made to NHS Lanarkshire. Mr McDermott replied that he struggled to find any but had noted that Boots had failed to submit their return on more than three occasions and wondered whether this was clerical error or failing to submit because complaints were there. The comments in the CAR led him to assume the latter.
- 5.2** Mrs Cowle asked if he was aware of how Boots dealt with concerns which were outwith the complaints process. Mr McDermott replied that he did not have concerns about how Boots dealt with complaints in house but wondered how many did go forward to complain to NHS Lanarkshire. He felt that they were just used to the poor service.
- 5.3** Mrs Cowle asked if he was aware of any concerns the APC or the GPhC had about the service. Mr McDermott said he was not but thought that that if they looked at the CAR, they should have a lot of questions to ask about the errors and lack of confidentiality.
- 5.4** Referring to conversations with patients on the shop floor, Mrs Cowle asked if he appreciated that patients had the right to be asked where they preferred to have a consultation or medicine dispensed and that some were uncomfortable going into a separate area. Mr McDermott did not dispute that patients should be asked their preferences but that they should as a minimum be taken to a quiet area.
- 5.5** Regarding capacity, Mrs Cowle asked if Mr McDermott was aware that Boots had operating procedures to fit increased business and that one size did not fit all. He replied that he was sure that they did but these were clearly not effective. The high volume of prescriptions dispensed had a direct impact on medicine errors and prescriptions being mixed up. Mrs Cowle said the he was basing this on one or two specific examples. Mr McDermott said that he had only given one or two in his presentation but if one looked at the CAR there were numerous references to incidents and quality of service.
- 5.6** Mrs Cowle asked if he was aware of the lunch arrangements for Boots current pharmacist in Lesmahagow. Mr McDermott replied that he believed lunch was taken between 1.30 and 2.30. Mrs Cowle pointed out that the pharmacist took lunch in the shop and could dispense if required. Mr McDermott indicated that he had been told that this was not the case.

- 5.7** Mrs Cowle asked if he was aware of any GPs raising concerns about the service with NHS Lanarkshire. Mr McDermott said that he was not but he had had a meeting with the GPs and they had mentioned concerns about stock, dosette boxes and patients being referred to them unnecessarily. She then asked if they were able to quantify the number of patients being inappropriately referred. Mr McDermott said he was not given exact number but was told this happened a lot of times – for example someone with a cough not on complex medication. This was the sort of thing which could have been treated by a pharmacist without wasting both the patient and GP time.
- 5.8** Referring to the Dosette boxes, Mrs Cowle asked if he was aware that these were not part of national contract and indeed NHS Lanarkshire were moving away from the concept and asked what impact that would have on his business if they were not required. Mr McDermott replied that it would not affect his business but asked what patients would then do. If they were phased out they would have to be replaced by something else. The number of elderly patients was growing and the 2020 vision was for most people to remain at home.
- 5.9** Mrs Cowle said the he had referred to patients being refused dosette boxes and asked if he had anything to substantiate that. Mr McDermott said that the letter from Key Housing clearly illustrated that they had been turned down for no reason and had not been directed to any other pharmacies. He also referred to the comments from the patient whose husband had had a heart attack whose wife had been advised by both Boots and the GP that she would not get a dosette box for him to use.
- 5.10** Mrs Cowle asked if the patient had been assessed. Mr McDermott said that he had not but the wife was helping her husband and when she returned to work she was not confident that her husband would manage his medicine on his own, even with the help of a carer.
- 5.11** Mrs Cowle asked if he was aware of the RPS guidelines on dosette boxes which also raised questions about whether they should be used. Mr McDermott replied that he was but some people would still need them. NHS Lanarkshire had an assessment form which was designed to ensure that they were given appropriately.
- 5.12** Mrs Cowle referred to carers and their ability to administer the medicines and that many Councils were enabling their carers to give medication. Mr McDermott said that practice varied and some were unwilling to take on the responsibility. With the dosette boxes, the pharmacist was responsible.
- 5.13** Mrs Cowle asked Mr McDermott what he thought about the safety of dosette boxes where the tablets were taken out of their packets and put into a second container. Mr McDermott said there was a risk but no dosette box left his pharmacy unless the colour and shape of each tablet

was described. He believed this was compliant.

Having ascertained that Mrs Cowle had no further questions, the Chair invited questions from Mr Verma of Kirkmuirhill and Coalburn pharmacies.

5.14 Mr Verma asked why GP patient numbers had increased. Mr McDermott replied that he did not say that the numbers had increased but that they were greater than those given for Lesmahagow in the census and this would be because the practices covered a wider remote rural community who would also be coming in to access the pharmacy.

5.15 Mr Verma said that all the Auchlochan residents were at the Glebe Practice; Blackwood had gone down to one doctor and the surgery at Kirkmuirhill had closed. As a result of this he did a twice a day pick up so that patients did not have to go into Lesmahagow.

The Chair reminded Mr Verma to ask question rather than make statements

5.16 Mr Verma asked which doctors had said that dosette boxes were unavailable. Mr McDermott replied that this was what the Glebe practice had told him, both the practice manager and Dr Kerr. Mr Verma assured him that Coalburn and Kirkmuirhill and never refused to supply a dosette box to any patient of the Glebe practice. Mr McDermott said he could not understand why patients were refused if this was the case.

5.17 Mr Verma referred to Mr McDermott saying that patients went to Motherwell for medicines and asked if they knew about the pharmacies in Coalburn and Kirkmuirhill. Mr McDermott replied that he did not know but it may be that Boots only referred people to their other branches rather than other pharmacies.

5.18 Referring to the growing population, Mr Verma pointed out that it could only grow on the outskirts of Lesmahagow and on either side new residents would be closer to Kirkmuirhill or Coalburn and a reason for not going to Lesmahagow was because it was too busy and there was no parking. He asked why this increase would be difficult for the three existing pharmacies. Mr McDermott referred to Birkwood Castle which was central and would have 150 houses. He envisaged that these would use Lesmahagow for their services. Also Auchlochan was growing and provided a minibus service 5 days a week so their residents could access Lesmahagow. In addition Lesmahagow was the heart of the community and there was no need for anyone to go to Kirkmuirhill when all the facilities were in Lesmahagow.

5.19 Mr Verma asked how opening a pharmacy in Lesmahagow would help Auchlochan residents. Mr McDermott replied that, based on the CAR responses, he had changed the neighbourhood boundaries to include Auchlochan. Originally he had thought it was just a care home but, on further investigation, he realised that it was also an assisted and

residential living complex. He had spoken to the manager who said that there were 50 care at home patients but the majority of residents lived independently or with minor assistance. Because of the minibus service, Lesmahagow was most easily accessible.

5.20 Mr Verma asked if the minibus service was just to let people get their prescriptions. Mr McDermott said that it was there to allow them to go about their day to day living, not just their medical needs.

5.21 Mr Verma asked if Auchlochan had indicated how many of their residents were served by Coalburn. Mr McDermott replied that they had not but their letter said that they had been refused dosette boxes.

5.22 Mr Verma asked how many dosette boxes on average a pharmacy could produce. Mr McDermott said that he did not know the average as some had hubs where they were prepared. However in his own pharmacy he did about 70 and the other pharmacy in the company did 120. Mr Verma pointed out that Kirkmuirhill and Coalburn did about 40 each and could easily do more so he was surprised that the GPs were saying that pharmacies were refusing to provide dosette boxes.

Having ascertained that Mr Verma had no further questions, the Chair invited questions from Mr Tague from Lesmahagow Community Council

5.23 Mr Tague asked how a new pharmacy would be better. Mr McDermott replied that the community would then have an adequate service rather than an inadequate one. There would be an easily accessible pharmacist and the workload would be evenly spread between the pharmacies. Safety would not be jeopardised; prescriptions would be dispensed timeously; dosette boxes would be supplied and adequate stocks maintained.

5.24 Noting that Mr McDermott was very critical of stock availability, Mr Tague asked how the new pharmacy would be better. Mr McDermott replied that he would deal with a vast range of wholesalers, both mainline and shortline, so it would be very unlikely that all would be out of stock at the same time. He pointed out that the short line wholesalers tended to know if a problem was going to arise and informed pharmacists so that they had the opportunity to secure stock in time to fulfil prescriptions. He said that his business partner, Gail Duddy was an expert in this field and had worked and owned wholesalers for years. He indicated that he dealt with two main line wholesalers and 7 shortline and had never had any problems obtaining stock. Also when a branded product was out of stock, he contacted the manufacturers to seek access to emergency stock.

5.25 Mr Tague asked Mr McDermott to expand on the services he intended to provide.

Mr McDermott replied that he would provide all the core services. In addition, he was about to start his independent prescriber training and,

when qualified, he intended to hold clinics. He said that he would be on the front line and deal with health inequalities; elderly; smoking; weight management; provide dosette boxes; provide a delivery service. He had completed the NES programme for clinical skills which made a difference during consultations

- 5.26** Mr Tague referred to MAS service and asked what would happen if he attended with an earache. Mr McDermott replied that he would ask what the symptoms were, ask about the medical history; register him; give medication/advice and ask him to come back in a day or two to check that everything was fine.

Having ascertained that Mrs Cowle had no further questions, members of the Committee were invited to ask questions in turn of Mr McDermott

6 COMMITTEE QUESTIONS TO APPLICANT

- 6.1** Mr Hanif asked why Mr McDermott had chosen the M74 rather than the Carlisle Road for his neighbourhood boundary. Mr McDermott replied that he felt this was the obvious physical boundary.

- 6.2** Looking at the population, Mr Hanif noted that there was a mismatch between the population stated and the numbers accessing GP and pharmacy services, which were higher. He asked there were other outlying areas involved. Mr McDermott replied that the population was derived from the census statistics for the zones in the proposed neighbourhood so would not necessarily cover all those accessing services in Lesmahagow.

- 6.3** Referring to Auchlochan, Mr Hanif asked where the residents, other than the 50 who were served by Boots in Lanark, went for their pharmaceutical services. Mr McDermott said that the vast majority would probably access these in Lesmahagow as that was where the minibus took them for their daily living needs.

- 6.4** Mr Hanif asked for Mr McDermott's thoughts on why there were no complaints registered with the Health Board. Mr McDermott replied that it was perhaps because they were satisfied that complaints were handled in house by the pharmacies and did not feel the need to go to the Health Board. However, he imagined that, looking at the CAR comments, many would be shocked that zero complaints were recorded.

- 6.5** Referring to the proposal to hold Independent Prescriber clinics, Mr Hanif asked where he would propose to hold these. Mr McDermott replied that this could be in the pharmacy, as he would have a consultation room, or, if the GP wished, at the surgery also.

- 6.6** If someone was looking for a private consultation, Mr Hanif asked what Mr McDermott would do about pharmacist cover. He replied that he would make arrangements with the pharmacist from his other pharmacy.

- 6.7** Mr Hanif asked what the size of the pharmacy would be and was told this would be 482 square feet.
- 6.8** Turning to the supply of dosette boxes, Mr Hanif asked if Mr McDermott thought that any patients had been refused because they were not suitable candidates. Mr McDermott replied that if the assessment was carried out properly, then individuals should be told if they did not qualify and why. The assessment was directly related to clinical need and he always told patients the outcome of the assessment. He realised that the demand was greater than the actual need for the boxes. However, he had only heard that the answer was always a downright no and patients were not aware of being assessed.
- 6.9** Mrs Park asked for clarification of the population figures as they varied in the papers and presentations. Mr McDermott said that he had found this difficult to arrive at. He had included the hamlets around Lesmahagow and had included an extra 500 from Auchlochan in his revised neighbourhood. In addition he had taken into account the known future developments. He had also looked at the GP practice; the number of prescriptions; the number dispensed; the number of items per prescription and come up with the figure of 6000 to 6,500 which he felt was realistic
- 6.10** Mrs Park asked where the petition had been placed. Mr McDermott replied that he had distributed it to local businesses on the main street and it clearly stated what they were signing. He had decided to issue the petition as during the first week of joint consultation he had comments that many people did not have access to computers but had points they wished to make and he had wanted to capture their opinions.
- 6.11** Mrs Park asked if it was reasonable to assume that some who had signed the petition also completed the CAR. Mr McDermott replied that he had no way of knowing but felt that they would be two separate groups.
- 6.12** Mrs Park asked if the lease for the premises had been signed. Mr McDermott confirmed that he held the least at the moment and if he was awarded the contract, he proposed to purchase the premises.
- 6.13** Referring to the size of the premises, Mrs Park asked how he would cope with preparing dosette boxes. He replied that he would aim to have storage at the top end and in the dispensary he intended to have an island which would give storage underneath so that he could make best use of the space available.
- 6.14** Mrs Park asked about the proposed staffing. Mr McDermott said, apart from himself, there would be an ACT working alongside a Technician and a Dispenser plus one full time and one part-time Counter Assistant. This situation would be reviewed once the level of business was established.
- 6.15** Mr Woods asked what Mr McDermott's employment situation was

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currently and he replied that he managed another pharmacy at present. The proposed pharmacy would be his first business.

- 6.16** Mr Woods asked how he determined what was a complaint and what just a comment. Mr McDermott said that he felt if there was a dispensing error this should be dealt with as a complaint. He indicated that currently dispensing errors and near misses were documented in house and submitted quarterly to the Health Board.
- 6.17** Mr Woods asked how he gathered feedback and comments from customers. Mr McDermott replied that he had a suggestion/comments box in the shop as people sometimes did not like to raise issues face to face. He firmly believed that patients had the right to make suggestions on improvements.
- 6.18** Referring to the presentation, Mr Woods remarked that Mr McDermott appeared to be spreading himself very thinly and asked how he would cope. Mr McDermott replied that he was ambitious and this would be his first business. He, therefore, wanted to offer a great service. If the business grew then he would need to look at ways of getting cover. Currently he used one regular locum, so there was continuity.
- 6.19** Mr Woods asked how he would deal with lunchtime. Mr McDermott said that he did not want to close over lunchtime, which all the other pharmacies did. His intention would be to remain on the premises and have lunch on site, taking regular breaks throughout the day.
- 6.20** Mr Woods asked if he was sure that obtaining stock would not be a problem. Mr McDermott said that he would open up the business to as many wholesalers as possible to give the greatest opportunity to source products.
- 6.21** Mr Woods asked about forming informal arrangements with other pharmacies. Mr McDermott replied if the application was successful he hoped to build healthy relationships with them. At the end of the day it all came down to patient care. He currently used neighbouring pharmacies and as long as the patient received the product they were happy, regardless of which pharmacy it came from.
- 6.22** Mr Woods noted that all applications to PPCs said that they would have short waiting times, but reality was often very different and asked for Mr McDermott's thoughts. Mr McDermott said that it really depended on the number of prescriptions and if they contained one or multiple items but he would hope that everyone was out of the shop within 10 minutes.
- 6.23** Mr Woods asked how he would monitor this situation. Mr McDermott said he was on the front line and could see how busy things were and, if it was a complex prescription, he would give the patient the approximate time needed to complete it.

- 6.24** Mr Woods noted that there were 325 responses to the consultation and 204 from the petition and asked if Mr McDermott was suggesting that all the comments were negative. He replied that they were not all negative but for dispensing 58.7% thought the current service was inadequate and 70.8% believed that a new pharmacy would make the service adequate.
- 6.25** Mr Woods then referred to the petition which mentioned an adequate service and noted that a lot of the comment fields were blank or mirrored previous comments and asked how Mr McDermott interpreted this. Mr McDermott said it was what it was and the definition of adequate was difficult for all but he wanted the question to be about adequacy of service. In this case it was the patient perception of what was adequate and a 53 mentioned adequacy.
- 6.26** Mr Woods asked if Mr McDermott was confident that there was no overlap with the CAR. Mr McDermott said that the petition was developed for those who had no access to a computer but he could not be certain that some had completed both.
- 6.27** Mr Woods referred to the future developments and asked what stage these were at. Mr McDermott replied that: Birkwood Castle had started with 50 houses being built; Nethanvale had 52 apartments currently for sale, with 10 already sold; Wellburn Farm had planning permission but building had not started but would do so within the next 2 to 3 years.
- 6.28** Mrs Caraher asked why Mr McDermott had chosen Lesmahagow for his pharmacy. He replied that he had spoken to a healthcare professional who lived in Lesmahagow and she was talking about the pharmacy services. He had then looked more closely and spoken to local people; most of them said there was a lack of pharmacy provision.
- 6.29** Mrs Caraher said that she had noticed that the frontage of his premises was only 3.1m wide and asked if this would cause difficulties. Mr McDermott said that there were no other units that he could secure in the area and acknowledged that it was not the biggest space but he would use that space to the best advantage.
- 6.30** Referring to the information Mr McDermott had given on deprivation and in particular the free school meals, Mrs Caraher noted that free meals were available to all pupils up to Primary 3 and asked if these were excluded. Mr McDermott said that the figures were taken from the statistics given and did not distinguish
- 6.31** Regarding availability to dispense, Mrs Caraher asked if he believed that a GP would let someone in urgent need leave the surgery knowing that no pharmacist was available to dispense a prescription. Mr McDermott said that he had meant there was a balance to be struck and that often it was family members collecting medicines in advance of an anticipated visit from a District Nurse so if the pharmacist was not in then, the medicine could not be available for the nurse to administer.

6.32 Mrs Caraher asked if he currently had a complaints and suggestions system. Mr McDermott confirmed that he did and would be his intention to have a suggestion box in the proposed premises.

6.33 The Chair referred to health promotion and asked for Mr McDermott's view on what was happening currently and how he would be more proactive. Mr McDermott replied that there was an element of Public Health in the contract and to fulfil that, the pharmacist had to be accessible. One conversation was not enough to educate patients to manage their own health. The pharmacist needed to work with them and follow up so that a full profile and plan could be built up.

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 Mr Verma asked if, when Mr McDermott became an Independent Prescriber, he intended to employ another pharmacist. Mr McDermott replied that he would have locum cover from a regular locum but would not initially be employing a full time pharmacist. He noted that this was covered in his business plan. He would build up to this once he had his qualification.

7.2 Mr Tague asked if there would be a daily delivery service and Mr McDermott confirmed that that was the aim.

7.3 Mr Hanif noted that a delivery driver was not covered in the staffing and asked how this would be done. Mr McDermott replied that he had looked at having a delivery driver or using staff. He had decided that there was more advantage in using staff and patients would have the opportunity to speak to a qualified member of staff who could feed information back to him.

Having ascertained that there were no further questions for Mr McDermott the Chair called a short break at 13:25 hours

8 THE INTERESTED PARTIES' SUBMISSIONS

8.1 *The PPC reconvened at 13:40 and the Chair intimated that she would ask all the Interested Parties to make their statements and then call for questions. She invited Mrs Cowle to make representation on behalf of Boots UK Ltd.*

8.1.1 Mrs Cowle noted that:

- The oral hearing was to determine an application under regulation 5 (10) of the NHS (Pharmaceutical Services) Regulations 2009 as amended.
- The issue in this case was whether the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the pharmaceutical list.
- When having regard to pharmacy provision, Boots understood that the panel should also have regard to pharmaceutical services provided to the neighbourhood from pharmacies located outside of it.
- Boots' case was that the existing pharmacy provision met the needs of the local population and persons within the neighbourhood.

and read from her statement as follows:

- 8.1.2** They agreed with the proposed neighbourhood defined on the map supplied with the application (noting that Auchlochan was now included), that being the village of Lesmahagow and the dwellings within the areas of New Trows and Auchlochan, which is bordered by the M74 to the east and open land to the north, south and west.
- 8.1.3** The population of the village at the time of the 2011 census was 4330 (with an estimated decrease to 4320 in 2015). Boots acknowledged that new houses have been built in Lesmahagow in recent years. However the population had not increased significantly and the existing pharmacy services have been able to accommodate any increase in demand for pharmaceutical services. It was worthwhile noting that the new houses were on the edge of the village and that access for these residents would not be improved by the new pharmacy.
- 8.1.4** Lesmahagow had good travel links with larger towns and cities in Lanarkshire in that: car ownership in Lesmahagow was better than the national average for Scotland (and Lanarkshire) with 73% of households having access to a car or van compared with 70% nationally. The number of households with two or more cars is also higher and the neighbourhood was served by public transport with regular bus services run from Lesmahagow to neighbouring towns such as Lanark and Motherwell.
- 8.1.5** The Boots Pharmacy was located at 43 Abbeygreen, Lesmahagow. The proposed site was on the same side of Abbeygreen as the Boots Pharmacy, with one other premises separating the existing pharmacy and the proposed site.
- 8.1.6** The findings of the CAR report (page 13) suggest that over 90% of those patients surveyed considered the proposed location to be accessible for patients in and around the neighbourhood. Given the close proximity of the existing pharmacy it must therefore follow that their pharmacy was as

accessible. The proposed pharmacy would not improve access by way of location.

8.1.7 The opening hours of their pharmacy were the same of those of the proposed pharmacy. In October last year they changed the opening hours of our pharmacy. The opening hours are now 8am until 6pm Monday to Friday and from 9am until 5pm on Saturday. These opening hours match those of the Glebe Medical Practice located at Abbeygreen. The CAR report suggests that a large proportion of respondents felt that the opening hours of the proposed pharmacy were appropriate. The proposed pharmacy would not therefore offer improved access by way of opening hours.

8.1.8 Boots pharmacy was staffed by a permanent pharmacist/manager who had been in position for over a year. They also had a second pharmacist three days a week. The pharmacists were supported by a team of support staff including 1 full time ACT, 1 part time trainee pharmacy technician, 1 part time healthcare assistant, 3 full time pharmacy advisors, 3 part time pharmacy advisors, 1 full time trainee pharmacy advisor and 1 part time pharmacy advisor (on Maternity leave that they could replace using extra duties).

8.1.9 Boots pharmacy had a consultation room to the rear of the sales floor. The pharmacy had a bell at the door for anyone with mobility issues that may require assistance. A suitable portable ramp was available for any patient that had difficulty negotiating the small step into the pharmacy. She noted that there was a step into the proposed premises also.

8.1.10 Boots pharmacy provided a range of local services to meet local needs. These services included:

- Minor Ailments Service
- Supervised administration (methadone and Subutex)
- Smoking Cessation
- Chronic Medication Service
- Emergency Hormonal Contraception
- Gluten Free Service
- Prophylactic paracetamol for men b vaccination (NHS)
- Prescription collection service (Dr Dash Surgery only) and delivery

All of these services were readily available from the team on a walk in basis and the store actively promoted the use of all these services with their current patients.

8.1.11 They consulted with patients and prescribed more than 50 items a week on the minor ailments service and would only ever refer a patient to the

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GP practice if their condition fell out with the regulations of the service, never as a result of pharmacist availability. Boots actively encourage the local practice to refer appropriate patients to alleviate GP workload through our relationship with the practice managers.

- 8.1.12** They had over 900 patients registered for the Chronic Medication Service, all of whom have had a risk assessment completed by a pharmacist and appropriate advice to support them with their medication.
- 8.1.13** Supervised administration was carried out to meet the needs of the individual patient. If they requested the privacy of a consultation room then that was provided. Equally if they were comfortable at the pharmacy then they would always respect the rights of the individual.
- 8.1.14** As with MAS, Boots actively promoted and encouraged patient to participate in the Public Health Services including Smoking Cessation. These services were also offered as a walk in service
- 8.1.15** It was worth highlighting that no complaint had been received that referenced lack of adequacy of service, as shown in the Patient Complaints document shared by NHS Lanarkshire.
- 8.1.16** Provision of compliance aids was not part of the National Contract nor was it a Locally Negotiated Service. Despite this and recognising the individual needs of their patients, the Lesmahagow team had 80 patients who currently received compliance aids directly from the store. There were more patients for whom the team had facilitated a delivery from a local store (Lanark). She highlighted that they appreciated that NHS Lanarkshire were working with Health and Social Care Partners to reduce the volume of compliance aids in the community, as recommended by the RPS. However they had no intention of withdrawing the service and endeavoured to meet the needs of any patient in crisis. Boots had been actively involved in the supply of original packs and MARR charts to patients and carers and would welcome this service if it were extended to Lesmahagow.
- 8.1.17** The supply of medication to residential and care home settings was currently delivered at patient level to residents in Lesmahagow from the Hamilton store weekly or as arranged. Emergency prescriptions were still dispensed locally and recent feedback had shown no complaints around this service from patients or care providers. The store offered a delivery service to patients that require it and staff went out of their way to deliver medication to patients after hours if required.
- 8.1.18** She also informed the group that they had a pharmacist who lived in Lesmahagow allowing them to ensure continuity of all services in the event of adverse weather conditions.
- 8.1.19** The Pharmaceutical Report included with the letter from NHS Lanarkshire dated 4th April confirmed the list of services available and which services

it commissioned but did not plan on providing for more pharmacies at this stage.

- 8.1.20** She noted from the application form, that the applicant proposed to promote all core services but had not specified any additional services they intended to provide.
- 8.1.21** Turning to adequacy of the existing services, she indicated that the existing pharmacy provision provides an adequate level of services to the neighbourhood.
- 8.1.22** The proposed pharmacy was located within metres of the existing pharmacy, did not offer opening hours beyond those already available, and did not propose to offer services that were not currently provided. Furthermore, any services not currently commissioned, could be commissioned from the existing pharmacy should a need be identified. Boots would be pleased to discuss any such needs.
- 8.1.23** The Pharmacy Complaints Report provided by NHS Lanarkshire shows that the LHB have received no complaints relating to service provision from our pharmacy in the last five years.
- 8.1.24** She commented that the applicant suggested in their application form that existing provision of pharmaceutical service was inadequate for three main reasons and she addressed these in turn:
- Stock availability - The level of omissions in Boots pharmacy is low and currently running at 0.6% of items. This figure included any exceptional items that were ordered in for customers that were not normally held in stock and any items where there were manufacturer supply issues. It should also be noted that the pharmacists, in Boots and non Boots stores locally work together to support each other to supply stock to meet the needs of patients.
 - Waiting times - the average waiting times are on average 5-10 minutes. The pharmacy team made every effort to manage customer expectations if it will take longer i.e. if they have a large number of items or at busier periods i.e. school finishing time. As mentioned previously Boots frequently had 2 pharmacists and an ACT on site to check prescriptions
 - Access to pharmaceutical services - The proposed premises did not offer better access than the existing pharmacy for those on foot, to car parking facilities for those accessing services by car or to bus stops. The proposed pharmacy did not offer anything by way of improved access through location or opening hours. The proposed premises had the same issue regarding a step up into the premises for which Boots had a ramp. Boots offered a full range of pharmaceutical services provided by a permanent pharmacy team. The failed to say in what way the proposed pharmacy would offer

access to services above the existing pharmacy.

8.1.25 Mrs Cowle said that she trusted the panel would afford what weight it considered appropriate to the contents of the CAR Report.

8.1.26 Finally she respectfully reminded the panel that the Regulations require the decision taken to determine whether the application is either necessary or desirable to secure the adequacy of pharmaceutical services.

8.1.27 To conclude she stated:

- The application did not offer improved access for patients either by way of location or opening hours.
- The existing pharmacy provided a range of pharmaceutical services in addition to core services to meet local needs.
- She submitted that 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

This concluded the presentation from Mrs Cowle

8.2 *The Chair then invited Mr Verma to make his statement on behalf of Kirkmuirhill and Coalburn Pharmacies*

8.2.1 Mr Verma referred to his reply to the consultation and confirmed that his motion to reject this application stemmed from 3 things:

- the policies of the companies submitted in support of the application required them to work with national chains and not local businesses;
- his two pharmacies were in close proximity and had a 5 day free delivery service; deep and varied inventories and were running at significant under capacity;
- they had not been approached to solve the 'issues' felt by those supporting this application. Even when they had serviced Auchlochan successfully for years, until the current management's policy to go to Boots required them to move.

He believed that from small items like dosette packs to large-scale deliveries, they were able to service the community and solve every issue without the need for an additional pharmacy.

This concluded the presentation from Mr Verma

8.3 *The Chair then invited Mr Tague to make his statement on behalf of Lesmahagow Community Council*

8.3.1 Mr Tague thanked the PPC for the opportunity to attend and then read

from his statement as follows:

8.3.2 Lesmahagow Community Council had taken the decision to support the application from G&S Healthcare for a new Pharmacy in Lesmahagow, to be sited on Abbeygreen.

8.3.3 The Community Council acknowledged the service provided by Boots Pharmacy and their endeavours to provide an adequate pharmaceutical service for the community in Lesmahagow. However it had taken the view, based on available evidence, that the service was currently inadequate. This decision was based on the following points:

- The Pharmacy was overstretched and frequently too busy to offer a satisfactory community service
- Reported delays in receiving medicines and repeat prescriptions.
- Waiting times in the Pharmacy
- Concerns over the MAS provided currently by Boots and the knock-on effect on GP waiting times
- Difficulty in getting health advice on a one to one basis
- Unavailability of stock leading to concerns over non-compliance with medication
- Limited availability of blister packs and dosette boxes
- Poor accessibility to the Pharmacy for disabled people.

8.3.4 The Community Council further acknowledged the service to the community provided by Kirkmuirhill Pharmacy Limited (Kirkmuirhill and Coalburn Pharmacies) but they did not believe that this constituted a strong reason for refusing Lesmahagow a second Pharmacy. Lesmahagow was a community in its own right and deserved to be treated as such. The village was a hub for not just the local community but also for outlying areas. This was evidenced by the fact that Lesmahagow had a High School and two Banks that serviced the wider area leading to an increased footprint in the village. The Community Council believed that this should be a factor when considering the proposal for an additional Pharmacy.

8.3.5 While the Community Council acknowledged the services of Kirkmuirhill Pharmacy Limited it recognised that the journey to Kirkmuirhill, the nearest alternative Pharmacy, some 2.9 miles distant required a round trip by bus for those who do not have access to a car of approximately an hour depending on prevailing circumstances. The Community Council considered that a journey to Coalburn Pharmacy some 3.6 miles distant, for most residents of Lesmahagow would result in a similar round trip. For an elderly person, the journey to either Pharmacy would present a challenge and be undesirable. This **was** assuming that both Pharmacies that already service a significant community have the capacity to support the residents of Lesmahagow

and surrounding areas in addition.

- 8.3.6** Lesmahagow Community Council's main purpose was to represent the residents of Lesmahagow and the surrounding area and their views. It would be remiss of the Community Council not to heed the responses to the proposed new Pharmacy as outlined in the Consultation Analysis Report (CAR) and the views of other parties who serve the community. The concerns already outlined in this statement reflect many of the responses in the CAR. In particular, the Community Council made reference to Q.IO in the CAR which demonstrated 72.9% of respondents supporting the opening of a new Pharmacy.
- 8.3.7** The Community Council had also taken into consideration further housing developments such as those proposed at Birkwood and Wellburn Farm. Taken into consideration with developments at Auchlochlan the Council suggested that this would lead to further pressure on the service provided by Boots Pharmacy.
- 8.3.8** Lesmahagow Community Council has also considered the ageing population of Lesmahagow and the surrounding area to be a mitigating factor in its decision to support the proposal for a new Pharmacy. South Lanarkshire Council statistics for Lesmahagow estimate an increase in those residents aged 60+ from 25% in 2012 to 35% in 2026.
- 8.3.9** Health and Deprivation statistics produced by South Lanarkshire Council indicate that levels of poor health and deprivation in Lesmahagow was above the national average. Lesmahagow Community Council suggests that this should be an important determining factor when deciding on the proposal for a new Pharmacy.
- 8.3.10** All of the above, in the opinion of Lesmahagow Community Council, supported the view that an additional Pharmacy was necessary to service the needs of the residents of Lesmahagow and the surrounding area. The assertion that the current provision was inadequate, despite the unquestioned hard work of Boots Pharmacy, only compounded that view. An improved service is both desirable and necessary.

This concluded the presentation from Mr Tague

9 QUESTIONS TO THE INTERESTED PARTIES

9.1 *The Chair then invited questions from the Applicant to Mrs Cowle*

- 9.1.1** Mr McDermott asked why Boots did not offer a comprehensive daily delivery service. Mrs Cowle replied that they had a formal delivery service on Mondays, Wednesdays and staff were able to deliver if required. If a patient needed something outwith the formal delivery times then they

would ensure that they received this. In addition there were also regular deliveries to residential and care homes from other Boots' stores.

- 9.1.2** Mr McDermott referred to staff doing deliveries out of hours and asked if this meant that they delivered after the pharmacist had left. Mrs Cowle replied that everything would be signed off by the pharmacist in accordance with legislation and the pharmacist also delivered.
- 9.1.2** Referring to the comments in the CAR about Boots' service being "shocking", "dire", and "unacceptable" and with gaps and deficiencies, Mr McDermott asked for Mrs Cowle's response. She said that she believed that the services provided were more than adequate. The pharmacist in the store was dedicated to the patients and gave excellent service. She had been there a year and Mrs Cowle understood that the previous pharmacist had not been so proactive.
- 9.1.3** Mr McDermott asked how many of the 900 patients registered for the Chronic Medication Service were active. Mrs Cowle said she believed that none or very few were active as there was not a great drive from NHS Lanarkshire to deliver this, although Boots had asked them about it.
- 9.1.4** Mr McDermott asked why Boots had failed to submit their complaints statistics 3 times within the last 15 months. Mrs Cowle said that she did not know. They definitely had the information and it was normally submitted centrally for all of the stores at once. She could only assume that it was human error as the information was there.
- 9.1.5** Mr McDermott asked if she agreed that there had been complaints. Mrs Cowle said that she agreed that people had opinions on the service and agreed that some felt the need to express those in the CAR. Boots itself actively sought feedback and offered e mail, telephone and surveys in store. On occasion, they drew patients' attention to the internal complaints procedure and would also give information on NHS Lanarkshire's procedure.
- 9.1.6** Mr McDermott asked how Boots would cope with any increase in demand. Mrs Cowle reiterated that she did not believe the current service was inadequate. A huge number of customers came through the door; just over 300 had chosen to respond to the consultation but not all had complained. Boots had been heavily involved in the roll out of MAS and would fulfil any extension to the National contract. They had been very successful with Pharmacy First. They also offered deliveries and had extended their hours.
- 9.1.7** Referring to the number signed up for MAS, which had increased in Scotland year on year, Mr McDermott asked why Boots had declined by 34%. Mrs Cowle said that she could only suggest that the current pharmacies was fully aware of the Formulary and had looked at all patients to ensure that they were being prescribed appropriately. It may be that she had stopped previous bad practice by prescribing with due

diligence.

- 9.1.8** Mr McDermott asked what had happened with the high risk individual who had been refused a dosette box without an assessment. Mrs Cowle said she could not comment on individual cases but the pharmacist had never seen a patient in crisis left in the lurch.
- 9.1.9** Mr McDermott asked if she could tell him the last time Boots assessed and took on a new patient for a dosette box. Mrs Cowle replied that she did not know but they did meet patient needs.
- 9.1.10** Mr McDermott asked if the dosette boxes came from outwith the area. Mrs Cowle replied that their Lanark branch supplied these to care homes only. Mr McDermott asked if the prescription changed would the new medication be delivered to the preparation premises. Mrs Cowle replied that those with dosette boxes were generally on stable medication with few changes. If there was a change there would not be a problem.
- 9.1.11** Referring to the opening hours, Mr McDermott asked why these had been increased only a week after the consultation on the new premises started. Mrs Cowle replied that the staff were already in the store at 8am and the pharmacist was also there so it was felt appropriate to change the hours to match the GP practice. It was Boots normal practice to match hours to local GPs in rural locations. She stressed that the hours had not been increased based on Mr McDermott's application but it had highlighted that they were not compliant with Boots' procedures.
- 9.1.12** Mr McDermott asked why a patient had been told their medicine was unavailable. Mrs Cowle replied that she could not comment on individual cases but generally they had access to other wholesalers and they also had a good relationship with the other pharmacies in the area.
- 9.1.13** Mr McDermott questioned Boots ability to meet increased demand as they already dispensed 91.6% more items than the National average and were full capacity and saturation point. Mrs Cowle replied that she did not understand how Mr McDermott could determine whether or not Boots was at capacity. However, they had a business model which did not allow them to reach that point before changing hours/staffing levels to meet the needs of the business. That was why there was so many staff in Lesmahagow and the situation would be kept under review.
- 9.1.14** Mr McDermott asked if they were not at full capacity why were there so many comments about patient safety, mixed up prescriptions and wrong prescriptions. Mrs Cowle noted that human error would always be a factor but they had clear clinical governance procedures and any concerns were highlighted. She indicated that Lesmahagow was not a store which was on special measures or receiving special support. There was also the facility to move the care home business to other stores to free up time to do local work.

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- 9.1.15** Mr McDermott asked when was the last time Boots closed a pharmacy. Mrs Cowle said she believed it was Castle Street in Dumfries in spring the previous year.
- 9.1.16** Noting that Mrs Cowle believed that the service was adequate, Mr McDermott asked why 72.9% of residents supported a new pharmacy. Mrs Cowle replied that if any member of the public was asked if they wanted additional services, then most would naturally say yes.
- 9.2** *The Chair then invited the Applicant to question Mr Verma*
- 9.2.1** Mr McDermott asked if Mr Verma agreed that Lesmahagow was a neighbourhood in its own right. Mr Verma replied that it was a village in its own right and that there had been one pharmacy there for a long time because it had not expanded much. He did not see how another pharmacy could survive.
- 9.2.2** Mr McDermott said that his application was in direct response to the comments received, particularly about Boots and asked if Mr Verma thought the current service was adequate. Mr Verma said the current service was adequate.
- 9.2.3** Mr McDermott asked if Auchlochan offered a shuttle bus to Kirkmuirhill and Mr Verma confirmed that it did not.
- 9.2.4** Mr McDermott asked Mr Verma to describe the journey by public transport from Auchlochan to his premises at Kirkmuirhill. Mr Verma said that they currently provided a delivery and pick up service so no-one had any need to come to the pharmacies in either Kirkmuirhill or Coalburn. Mr McDermott asked if he was familiar with the bus schedules and asked if a journey time of up to 58 minutes one way was acceptable. Mr Verma said he was reasonably familiar with the bus routes and pointed out that residents on the outskirts of Lesmahagow would also use this bus service and it would take them the same amount of time to reach the pharmacy in the centre.
- 9.2.5** Mr McDermott asked how many patients came to him from Auchlochan and Mr Verma said that it was quite a lot.
- 9.2.6** Referring to dosette boxes, Mr McDermott asked why people in the survey were saying there was no scope to increase the supply of dosette boxes. Mr Verma said that he could not understand this as he had capacity to do more and had never refused to supply one. He did not know why the Glebe had not contacted him if Boots were unable to do so.
- 9.2.7** Mr McDermott asked if Boots contacted him if they were short of stock. He confirmed that they did so.
- 9.2.8** Mr McDermott asked if Mr Verma was aware of the predicted increase in the elderly population of the area. Mr Verma said that he did know and

realised that the elderly tended to be higher users of pharmacy services.

9.2.9 Mr McDermott asked Mr Verma if he agreed that it was easy to say that capacity was available and the he could cope but that the reality was different, hence the responses in the CAR. Mr Verma said that he totally disagreed and wondered if Mr McDermott had looked at the statistics for Kirkmuirhill and Coalburn as well as Lesmahagow. At the moment his pharmacies were under capacity and could do extra dosettes.

9.3 *The Chair then invited the Applicant to put his questions to Mr Tague of the Community Council*

9.3.1 Mr McDermott asked if Lesmahagow was the heart of the rural community. Mr Tague replied that it was seen as the centre.

9.3.2 Mr McDermott asked if he thought it reasonable for the elderly and disabled to have to make long journeys by public transport because of inadequate services. Mr Tague replied that he had addressed that in his statement.

9.3.3 Mr McDermott asked if the Community Council agreed that current pharmaceutical services were at capacity. Mr Tague replied, based on the responses in the CAR, the petition and from general conversation, this appeared to be the case.

9.3.4 Mr McDermott asked if Councillor Muir was an active councillor. Mr Tague replied that he was and had the ear of the community so if he said that the general opinion that blister packs were unavailable then it would have credence.

9.4 *The Chair then invited Mrs Cowle to put questions to Mr Verma*

9.4.1 Mrs Cowle asked how he sought customer feedback and Mr Verma replied that he had a complaints box but there had not been a single comment. It was a village pharmacy so if patients wanted to make comments they would do so face to face.

9.5 *The Chair invited Mr Tague to put questions to Mr Verma*

9.5.1 Mr Tague had no questions.

9.6 *The Chair invited Mr Verma to put questions to Mr Tague*

9.6.1 Mr Verma asked where Gordon Muir obtained his comment about the dosette boxes. Mr Tague replied that he did not know.

9.7 *The Chair invited Mr Tague to put questions to Mrs Cowle*

9.7.1 Mr Tague asked if Boots had any plans to expand or improve the premises. Mrs Cowle said that they were looking at the premises and

layout, particularly at the front. The current store manager had seen the feedback and had conversations with her about it. If that was how patients felt, then the comments had to be taken on board and acted upon.

9.8 *The Chair invited Mr Hanif to question the Interested Parties*

9.8.1 Mr Hanif asked how Boots monitored waiting times and what the average time was. Mrs Cowle said that they did this in the same way as Mr McDermott with the pharmacist keeping an eye on the front of the shop and making a decision. They also occasionally did surveys to measure this. She said that the waiting time was normally about 5-10 minutes.

9.8.2 Mr Hanif noted that the second pharmacist worked three days a week and asked how the full time pharmacist was covered during holidays. Mrs Cowle replied that they would try to find a relief pharmacist who would work 5 days to provide continuity. The staff planned holidays in advance to ensure that the pharmacists were not off at the same time and the ACT would also not be off at the same time as the pharmacist.

9.8.3 Mr Hanif asked if she could say how many weeks they had been unable to provide double cover. Mrs Cowle said that the full time pharmacist had been off for 3 week holiday in the past year but she could not say how many of these days had double cover.

9.8.4 Mr Hanif asked if Boots undertook complex needs assessments and if she had information on the number carried out. Mrs Cowle replied that, if asked, they would do them but they did not record numbers assessed.

9.8.5 When asked about provisions at lunchtime, Mrs Cowle replied that the pharmacist took lunch on the premises. If it was a locum or the part-time pharmacist, they would often leave the premises for lunch so occasionally they would have to say they were closed. When this happened a sign would be put up in the shop in the morning to inform patients of the lunchtime arrangements and when a patient handed in a prescription or asked a question they would be told when the pharmacist was available.

9.8.6 Mr Hanif asked about the escalation process when stock was not available and how timing was affected. Mrs Cowle said that generally if it was from the regular supplier, depending on time of day, it could be in store on the day. With a non-regular supplier it would be the next day.

9.8.7 Mr Hanif asked if she knew the size of the premises and Mrs Cowle indicated that she did not.

9.8.8 Mr Hanif asked if Boots had consultation room and, if so, why it was not used. Mrs Cowle said that there was a consultation room which was there to be used. It was the patients who determined whether to use it or not as some preferred to speak or conduct their business on the shop floor. When asked if this included substance misuse patients, Mrs Cowle confirmed that it did.

- 9.8.9** Mr Hanif asked Mr Verma he closed both shops at lunchtime and he said they were always closed for lunch.
- 9.8.10** Mr Hanif asked what his staffing arrangements were and what pharmacy cover he had. Mr Verma replied that that he worked in Kirkmuirhill and there was a manager in Coalburn. He had 8 staff in total 3 permanent in the shops and 2 rotating between them. He stated that they did not have a designated driver and that all staff undertook delivery duties.
- 9.8.11** Mr Hanif asked if he provided services to Auchlochan. Mr Verma said that he did to the private patients.
- 9.8.12** When asked about the percentage of his business which came from Lesmahagow, Mr Verma replied that his main business was to people in Kirkmuirhill but he did a lot of deliveries into Lesmahagow.
- 9.8.13** Mr Hanif asked Mr Tague if there had been any comments or complaints from local residents before the application and the consultation. Mr Tague replied that there were no direct complaints about the pharmacy that he was aware of. Most comments were made in informal face to face discussions.
- 9.9** *The Chair invited Mrs Park to put her questions to the Interested Parties*
- 9.9.1** When asked about Boots wholesale suppliers, Mrs Cowle said that they had one main wholesaler and 2 short run suppliers which they used regularly. There was a degree of flexibility on which short run suppliers could be used as Boots had an arrangement with a number. These were accessed through Boots national procurement section. She did not know the detailed process but stock generally arrived the next day.
- 9.9.2** Mrs Park asked how many deliveries were received. Mrs Cowle said that there were two a day; one in the morning and one in the afternoon.
- 9.9.3** Mrs Park referred to comments from a locum pharmacist in the CAR and asked if she worked in the store. Mrs Cowle assumed she either did currently or had in the past but she had been concerned when she read the comments. She stressed that this was not how the current pharmacist felt about the store and the reason why staffing levels in the store were high was to release the pharmacist to deliver the National Contract Services. She understood that in some cases, a pharmacist preferred to be in the dispensary and avoided the front line but this was not how the current pharmacist operated.
- 9.9.4** Mrs Park asked what impact a new pharmacy would have on their business. Mrs Cowle replied that it would be detrimental to their business as the majority of it was dispensing with a very small retail unit. She hoped that the majority would remain loyal as the majority of the population in Lesmahagow had not responded to the consultation.

- 9.9.5** Mrs Park asked Mr Verma if he was content with the neighbourhood as described. Mr Verma indicated that he was.
- 9.9.6** Mrs Park asked what had been the impact on his business of losing the Auchlochan care contract. Mr Verma said it had an initial impact but was not so noticeable as he had just opened Coalburn and he received extra business from the private patients at Auchlochan.
- 9.9.6** When asked about the impact of the proposed new pharmacy, Mr Verma said that if his customers remained loyal it might not impact him too much although Kirkmuirhill may be affected.
- 9.9.7** Mrs Park asked Mr Tague about his statement that GP provision had doubled in the area. Mr Tague replied that the Glebe practice had doubled so there were more GPs in the practice. This had been the result of GP closures.
- 9.10** *The Chair invited Mr Woods to put his questions to the Interested Parties*
- 9.10.1** Mr Woods asked Mrs Cowle what the process was if Boots had to order from a non mainstream supplier. Mrs Cowle replied that the Pharmacy Assistant or the Dispenser would phone the escalation number and Procurement in Nottingham would be able to tell them whether the product was available. If not, then they would contact other local pharmacies or other Boots branches.
- 9.10.2** Mr Woods asked Mrs Cowle to confirm that she had said that methadone was dispensed on the shop floor. Mrs Cowle said that it was if that was what the patient wanted. Boots policy was always to offer patients the choice and give them what they wanted.
- 9.10.3** Regarding compliance needs assessments, Mr Woods asked if they just accepted the referral from the GP or did their own. Mrs Cowle said that historically it was assumed that the GP did the assessment. However to ensure continuity, the current pharmacist did the assessments when the patient or a family member asked.
- 9.10.4** Mr Woods asked Mrs Cowle to confirm the number of dosette boxes prepared currently. She replied that they did 80. It would be possible to go beyond that but they preferred to keep it at that level and, if possible, they used the Lanark store where there was a purpose built facility for dosette boxes. Their internal governance procedure was to stick to around 80 but the pharmacist would not leave a patient who needed a box without one and could go over that number.
- 9.10.5** Mr Woods noted that Mrs Cowle had stated that the average waiting time was 5-10 minutes and asked for her reaction to the comments in the CAR. Mrs Cowle agreed that there were patients who had to wait longer, depending on the nature and complexity of their prescription, and times

would vary.

- 9.10.6** Mr Woods asked if she agreed that there was a theme in the CAR on waiting times. Mrs Cowle replied that there were a lot of comments about waiting but noted that these did not necessarily come from people who picked up their prescriptions from Boots. However she saw this as valuable feedback as it allowed her to see who was not getting the service that Boots wanted to give so they could see what they needed to do differently. She noted that the pharmacist had only been there a year and is fighting a historic reputation. She stressed that there had been no formal complaints to either NHS Lanarkshire or the Community Council and the GPs did not feel so unhappy with the service that they felt they needed to let Boots know about it.
- 9.10.7** Mr Woods asked if he arrived at 8.10 am with a prescription would Boots dispense it at that time. Mrs Cowle confirmed that they would.
- 9.10.8** Mr Woods pointed out that during his visit he noted that the bell for assistance at the door was not working. Mrs Cowle said that they were aware of that and it was being fixed.
- 9.10.9** Mr Woods said that the DDA had been in operation for many years and asked if it was dignified to expect people to ring a bell and wait for the portable ramp to be deployed. Mrs Cowle replied that it was not an ideal situation but it was the best they had. The store was compliant and they had received no complaints from patients. She commented that the proposed premises had the same frontage. Mr Woods indicated that their plans resolved the situation.
- 9.10.10** Mr Woods asked Mr Verma to confirm his opening hours. Mr Verma said that the opened from 0900 to 1800 hours on Monday, Tuesday and Thursday with lunch break f r o m 1300 to 1400; and from 0900 to 1300 hours on Wednesday and Saturday.
- 9.10.11** Mr Woods asked Mr Verma if his pharmacies were DDA compliant as he had noted during his site visit that Kirkmuirhill Pharmacy did not have access facilities for the disabled but that the Report on Pharmaceutical Services indicated that Mr Verma had self-reported that it was DDA compliant. Mr Verma said that they were.
- 9.10.12** Mr Woods asked Mr Tague about the composition of the Community Council. Mr Tague replied that it was made up of 8 members who were elected by the community.
- 9.10.13** Mr Woods asked what had prompted the Community Council to make their statement. Mr Tague said that the Community Council took the view that they should attend and present based on the consultation and talking with members of the community.
- 9.11** *The Chair invited Mrs Caraher to put her questions to the Interested*

Parties

- 9.11.1** Mrs Caraher asked if she was a patient in a nursing home in Lesmahagow could she choose which pharmacy to use. Mrs Cowle said that care homes generally had contracts with a specific pharmacy so their residents would have medicines dispensed from there. However everyone had a choice where to go.
- 9.11.2** Mrs Caraher asked why Boots had not addressed the situation with the step into their premises as they had been saying for years that they it was in their plans to do so. Mrs Cowle replied that she could only say that it was in the plans but that it may have been pushed back as other locations perhaps. The Lesmahagow branch complied with minimum standards, although she acknowledged that this was not ideal.
- 9.11.3** Mrs Caraher said to Mr Verma that she had no problem accessing his pharmacy in Kirkmuirhill but what would happen with someone in a wheelchair. Mr Verma said that they would need someone to open the door for them.

- 9.12** *The Chair had no 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.

10 SUMMARIES

- 10.1** Mr Tague from the Community Council said that based on:
- the information in the CAR,
 - community conversations and
 - Mr McDermott's presentation to them where they were impressed with the level of research and passion he brought
- The decided as a Community Council to support the application for a new pharmacy in Lesmahagow.
- 10.2** Mr Verma said that he did not believe that the villages of Lesmahagow an Kirkmuirhill needed another pharmacy as there was capacity within the existing pharmacies to cope with demand. He therefore asked that the application be refused.
- 10.3** Mrs Cowle said that the application did not offer improved access for patients either by way of location or opening hours.
- The existing pharmacy provided a range of pharmaceutical services in addition to core services to meet local needs.
 - All existing pharmacies offered a walk in service and responded to patient needs
 - There had been no complaints to the pharmacy, NHS Lanarkshire nor the Community Council

- Boots operated a model which ensured that they could cope with changing demands and were not at capacity

She submitted that 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.

10.4 *Finally, the Applicant Mr S McDermott was invited to sum up*

10.4.1 Mr McDermott said that he believed that, despite various protestations to the contrary, an inadequate pharmaceutical service had become the norm for residents in Lesmahagow for too many years.

10.4.2 Boots were not proactive. They had recently changed their hours of opening solely in response to his application. Just a matter of weeks ago we heard that 4 high risk patients were not even assessed for compliance aids, just refused.

10.4.3 He said that Martin Green (Community Pharmacy Scotland) quoted - 'it is only by being proactive that we can make incremental steps towards fulfilling the potential that lies in Community Pharmacy in Scotland' and this was what G & S Healthcare would strive to do.

10.4.4 There was an obvious inadequacy of pharmaceutical services as evidenced by the CAR responses and FOI figures. This inadequacy was not a blip but was consistent across the many responses and continued to worsen.

10.4.5 He believe he had demonstrated that the granting of this contract was necessary for the following reasons:

- Boots was saturated due to the high volume of dispensing, which was 91.6% more than the average Pharmacy in Scotland and was jeopardising patient safety.
- Residents were receiving inadequate provision of services in relation to the following:
 - a. Dispensing of NHS Prescriptions' due to excessive waiting times and poor stock availability.
 - b. The inadequate and inaccessible Supply of Medicines under the Minor Ailments Service.
 - c. The inadequate and non existent supply of dosette boxes to new patients due to the service being at saturation point
 - d. They had also demonstrated how the existing Pharmacy had barriers to access for elderly, disabled and infirm patients.
 - e. Finally Boots breached patient confidentiality, did not offer a comprehensive delivery service and was unable to dispense prescriptions in a timeous and accurate manner.

10.4.6 One pharmacy could not meet the needs of the neighbourhood. The current population had a higher than average level of deprivation, elderly population and prevalence of co-morbidities. This burden was going to worsen with the development of new housing. In turn this would increase the population of the

neighbourhood as well as the ageing population being forecast to grow dramatically over the next 10 to 20 years.

10.4.7 All issues presented to the Committee today, were direct evidence showing an inadequacy in NHS pharmaceutical provision within Lesmahagow.

10.4.8 With prescription numbers increasing, two pharmacies in a village this size was reasonable. Adequacy must not be considered wholly in relation to access. In the past Pharmacy Applications have been granted in other neighbourhoods, such as Auchterarder, Newton Stewart, Thornliebank, and more recently in Denny, where pharmacies existed. However the level of existing services were deemed inadequate to service the population. As he had demonstrated this was also the case for Lesmahagow.

10.4.9 The application being put forward by G & S Healthcare was also desirable for the following reasons:

- From the CAR it could be seen that 62.5% of respondents believed there were gaps and deficiencies in current pharmaceutical services within their neighbourhood.
- Furthermore Question 10 of the CAR went on to show that 73% of all respondents were in support of the proposal to open a new Pharmacy. Along with this support, they also gathered 204 signatures on their petitions, from residents who believed the opening of a new Pharmacy would lead to the adequate provision of Pharmaceutical Services within their neighbourhood. The application also had strong backing from key members of the neighbourhood. This is evidenced with letters of support from the constituency MSP Dr Una Cameron, the local Community Council and two local Councillors (Alex McInnes and Gordon Muir). They also received letters of support from the manager of Auchlochan Village and Key Housing Association as well as support from Yvette Gilmour, the Director of 121Care at Home Ltd. Finally the proposal was backed by Raymond Thomson, Nurse for the Lanarkshire Alcohol and Drug Addiction team.
- They had been leasing the proposed unit for 14 months and if the contract was granted they would purchase the property. Their opening hours would be Monday to Friday – 8am to 6pm and Saturday 9am- 5pm, and they would remain open over lunchtime.
- The pharmacy would participate in all core NHS Services. They would also participate in local health board initiatives and Patient Group Directions. He would put pharmacist time to better use by employing an ACT (accredited checking technician). This would enable him to make a difference in terms of the services, such as smoking cessation, Minor Ailments and assessing patients for CMS.

10.4.10 This was their opportunity to provide evidence highlighting a deficient and inadequate service. He firmly believed that he had established and supplied the PPC with the necessary evidence, not from G&S Healthcare's point of view but from facts and figures available from reliable sources such as FOI and ISD Scotland.

- 10.4.11** More importantly he has represented the patients and residents of Lesmahagow in responses to both the petition and CAR report. These opinions must be listened to as these are the people that have been accessing these inadequate pharmaceutical services for far too long; this was their health and the health of their children.
- 10.4.12** This was not only about dispensing prescriptions, it was also about the Pharmacist being on the frontline, making services such as eMAS, smoking cessation and compliance assessments more accessible to patients. Going forward, the vision of G&S Healthcare Ltd was that the residents of Lesmahagow and Auchlochan had an adequate provision of Pharmaceutical services allowing the Scottish Government's 2020 Vision to become reality.
- 10.4.13** With the PPC being experts in this field, he had every confidence that this contract be granted as both necessary and desirable. This would address the existing inadequacy and lead to a secure, adequate provision of pharmaceutical services to the residents of Lesmahagow, Auchlochan and surrounding rural areas.
- 10.4.14** He concluded by thanking all for their patience and time.

11 RETIRAL OF PARTIES

- 11.1** 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, information provided within the papers collated and prepared for the meeting and oral representations made in person today prior to making a determination.
- 11.2** 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.
- 11.3** 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 1510 hours and the Applicant and the Interested Parties, along with their companions, left the room

12 COMMITTEE DELIBERATIONS

12.1 Supplementary Information

The Committee noted the following:

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- i That each member had independently undertaken a site visit to Lesmahagow and surrounding villages noting the location of the proposed premises, the existing 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 Lesmahagow and the surrounding villages of Blackwood, Kirkmuirhill and Coalburn.
- iii Prescribing statistics of the Doctors within Lesmahagow, Blackwood and Douglas
- iv Dispensing statistics of the Pharmacies within Lesmahagow, Kirkmuirhill and Coalburn
- v Demographic information for Lesmahagow, Coalburn, Kirkmuirhill/Blackwood and the surrounding areas (area profile numbers S00132348 and S00132512) taken from the 2011 Census.
- vi Report on Pharmaceutical Services provided by existing pharmaceutical contractors within Lesmahagow, Kirkmuirhill and Coalburn. This report provided an update to the list of services provided within this area as contained within Pharmaceutical Care Services Plan.
- vii Information extracted from pharmacy quarterly complaints returns to NHS Lanarkshire from Q1 2013/14 to Q3 2016/17.
- viii The application and supporting documentation provided by the applicant on 10 March 2017, and the Consultation Analysis Report
- ix Letter, received 1 February 2017 from Dr Lisa Cameron, MP.

13 SUMMARY OF CONSULTATION ANALYSIS REPORT (CAR)

13.1 Introduction

13.1.1 NHS Lanarkshire undertook a joint consultation exercise with G & S Healthcare Ltd regarding their proposed application for a new pharmacy contract at 35 Abbeygreen, Lesmahagow, ML11 0EQ

13.1.2 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.

13.2 Method of Engagement to Undertake Consultation

13.2.1 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.

13.2.2 The Consultation was publicised via NHSL press release, advertisements in the Carlisle and Lanark Gazette, NHSL Facebook page, Twitter account, rolling banner on the NHSL website homepage and statically on the Get Involved page. South Lanarkshire Council was also notified for dissemination to local groups and elected representatives and the relevant Public Partnership Forums. Lesmahagow Community Council was also informed. All these media gave details of how to access a paper copy of the questionnaire for those with no computer facilities. A copy of the questionnaire in different format or language could be made available if requested.

13.3 Summary of Questions and Analysis of Responses

A total of 325 responses were received; 318 via Survey Monkey and 7 on paper whose details were entered into the Survey Monkey questionnaire by Primary Care Department staff.

13.3.1

	Question	Yes	No	Don't Know	Replied	Skipped
Q1	Do you agree that the area within the red border describes the neighbourhood that would be served by the proposed pharmacy	254	58	13	325	0
Q2	Would a pharmacy at this proposed location be accessible for patients in and around the neighbourhood?	295	14	16	325	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	103	155	6	264	61
Q3b	Advice and medicines under the Minor Ailment Service	110	122	32	264	61
Q3c	National Pharmaceutical Public Health Services including smoking cessation and supply of emergency hormonal contraception	59	70	135	264	61
Q3d	Chronic Medical Service – for people with long term conditions	77	89	98	264	61

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Q3e	Substance Misuse services	53	55	156	264	61
Q3f	Stoma Service – appliance supply for patients with a colostomy or urostomy	31	39	194	264	61
Q3g	Gluten Free Foods	44	70	150	264	61
Q3h	Unscheduled Care – urgent health matters/ supply of emergency prescription medicines	67	105	92	264	61
Q3i	Support to Care Homes	60	55	149	264	61
Q4	Do you think the current provision of pharmaceutical services has any gaps or deficiencies?	165	61	38	264	61
Q5	G & S Healthcare 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 Prescriptions	187	73	4	264	61
Q5b	Supply of medicines under the Minor Ailment Service	180	67	17	264	61
Q5c	National Pharmaceutical Public Health Services including smoking cessation and supply of emergency hormonal contraception	141	55	68	264	61
Q5d	Chronic Medical Service – for people with long term conditions	156	57	51	264	61
Q5e	Substance Misuse services	112	57	95	264	61
Q5f	Stoma Service – appliance supply for patients with a colostomy or urostomy	120	34	110	264	61
Q5g	Gluten Free Foods	133	44	87	264	61
Q5h	Unscheduled Care – urgent health matters/ supply of emergency prescription medicines	165	48	51	264	61
Q5i	Support to Care Homes	126	52	86	264	61
Q6	Do you think that the proposed hours are appropriate?	218	35	10	263	62
Q7	If successful, do you think that there would still be gaps or deficiencies in the pharmaceutical services provided?	14	156	93	263	62

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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	164	52	39	255	70
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	129	54	65	248	77
Q10	Do you support the opening of a new pharmacy being proposed at 35 Abbeygreen, Lesmahagow, ML11 0EQ	186	59	10	255	70
Q11	I am responding as	Individual = 236 Group/Organisation = 3			239	86
Q12	Where contact information has been provided, we will make your responses available on the CAR	Full details 25	Name Only 29		No details 185	

14 DISCUSSION

14.1 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.

14.2 Neighbourhood

14.2.1 The Committee discussed the neighbourhood and noted:

- the Applicant's definition both as included in the CAR and as amended during his presentation
- the views expressed by the Interested Parties
- the maps provided in the consultation document; the maps supplied with the papers; the different zoom versions of the map provided on the day
- natural and physical boundaries such as roads, waterways and open land

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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.

It was noted that there were no objections from the interested parties to the neighbourhood as newly defined and that this also reflected a number of comments in the CAR.

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

North by Teiglum Burn (positioned North of Strathaven Road & Wellburn)

East By the M74

South From Bog Road, to where it met Coalburn Road, crossing greenfield land to the village of Auchlochan (Rougham Woods)

West From Auchlochan (Rougham Woods), crossing greenfield land, behind New Trows Road and past North Garngour to meet the northerly starting point

14.2.3 The neighbourhood contained all amenities necessary to carry out daily living including: primary schools, a secondary school, churches/places of worship, Post Office, Banks, a library, various shops and small businesses along with a GP practice, a dentist and a number of care homes.

14.2.4 The Committee noted that there was one pharmacy (Boots) within the defined neighbourhood along with two others just on the outskirts at Kirkmuirhill and Coalburn.

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

14.3.1 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.

The committee noted that the Report on Pharmaceutical Services submitted with the papers to all parties attending updated the information on services within this area to that contained within the current version of the Board's Pharmaceutical Care Services Plan

14.3.2 The Committee noted that the onus was on the applicant to show inadequacy. He had devoted considerable effort in gathering evidence,

not only from the CAR but also by leaving a petition in local businesses and undertaking a presentation to the Community Council. He had gone into considerable detail in his presentation to highlight areas of perceived inadequacy.

- 14.3.3** They noted that there had been no formal complaints or adverse comments about the existing service prior to the application and no formal complaints had been made to the Health Board. Mrs Cowle, Boots UK Ltd had said that the comments in the CAR were historical but the Committee noted that the new pharmacist had been in place for a year and had had time to sort any issues before the consultation.
- 14.3.4** From the information provided to the Committee and the oral presentations made; all of the pharmacies provided all of the core services. The existing pharmacies were insistent during the hearing that there were no capacity issues - Kirkmuirhill and Coalburn Pharmacies indicated that there was spare capacity for dosette boxes and that Boots were at their recommended ceiling for safety compliance. However the issue with dosette boxes was indicative of other underlying issues regarding capacity in the neighbourhood.
- 14.3.5** They noted that the Community Council felt so strongly about the issue that they chose to send a representative to attend the hearing and and make representation.
- 14.3.6** Regarding accessibility, the Committee noted the difficulty of access with Boots in Lesmahagow which did, nevertheless, satisfy minimum requirements of Disability Discrimination Act (DDA). They noted that the new pharmacy would be DDA compliant.
- 14.3.7** They noted that the Minor Ailments Service (MAS) was growing in Scotland and that it was part of the 2020 Vision and Prescription for Excellence that the pharmacy should be the first port of call to divert attention from the GP surgeries. It was noted that Boots numbers signed up for the MAS service was going down and they dispensed a low number of MAS products compared to their normal dispensing. Boots acknowledged this decrease and attributed it to the new pharmacist having a better understanding of who was entitled to receive the service. The Committee felt that this did not reflect the national trend and the aspirations of NHS Lanarkshire to promote services such as Minor Ailments in order to alleviate pressure on GP surgeries.
- 14.3.8** Regarding Public Health, from their visits members had seen evidence of smoking cessation help being promoted in Kirkmuirhill and Coalburn but Boots did not appear to be promoting the services that pharmacies could offer in this area. The proposed new pharmacy had clear plans to address public health needs, e.g. weight loss etc.
- 14.3.9** The Committee discussed the arrangements for consultations and were concerned that substance misuse patients were offered methadone in

public and were surprised to note that this practice was defended on the basis of patient choice. The Committee felt that the needs of other customers in the pharmacy at such times also needed to be respected and that patient choice extended to them as well.

14.3.10 They noted that the population was likely to increase in the future, though perhaps not to the numbers given by the Applicant. Therefore the Committee only took account of the developments which were already either built or under construction when considering this. In addition the elderly population would rise significantly and the Committee felt that this would increase the demand for a range of pharmaceutical services to the population, especially the frail and vulnerable.

14.3.11 In considering the impact on other pharmacies and the responses made to questions during the open session, the Committee believed that none would be significantly affected indeed it was confirmed during the hearing that no interested party in attendance felt that the granting of the proposed new pharmacy would result in their withdrawal from the pharmaceutical list or negatively impact on the level of services they would provide. . The Committee also noted that the dispensing figures for Boots in Lesmahagow were around 91% higher than the national average and that this may have contributed to the issues around waiting times and accuracy of dispensing.

14.4 Consultation Analysis Report

14.4.1 The Committee then went on to consider in detail the Consultation Analysis Report (CAR). The Committee noted that the level of response was very high showing that the proposed application was of interest to the public, indeed it was considerably higher than that seen in previous joint consultations within NHS Lanarkshire.

14.4.2 Examining the responses, and taking into account “don’t knows” and skipped questions, there appeared to be support for another pharmacy with criticisms of the current level of pharmaceutical service provision being in the majority. Although not all comments were negative, the nature of comments made had a level of consistency in terms of reflecting perceived inadequacies, i.e. stock issues, dispensing times, dispensing errors. Service matters such as Minor Ailments, dosette boxes, patient access to the pharmacist and confidentiality issues were also consistently reflected. The Committee gave due regard to these matters which had been articulated well by the Applicant and the Community Council at the hearing.

14.4.3 The CAR did show a number of perceived inadequacies with the current level of provision and the petition submitted by the applicant did support another pharmacy. There were a lot of comments about non-availability of medicines, waiting times and mistakes being made. Also the comments mainly referred to standards of the service received and it was pointworthy to note that they were not concerning how convenient another pharmacy

would be. The Committee felt that timeous and accurate dispensing had been negatively commented by the CAR respondents and signatories to the Petition.

- 14.4.4** The Committee felt that the CAR had a high level of response and therefore was a fair reflection of opinion in the neighbourhood. The Committee were mindful of the definition of adequate – “satisfactory or acceptable in quality and quantity” or “sufficient for a particular need.”

15 DECISION

Mr Hanif and Mrs Park left the meeting room at 16.30 hours

- 15.1** 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 Lesmahagow was **inadequate**.

- 15.2** Accordingly, the decision of the Committee was unanimous that the establishment of a new pharmacy at 35 Abbeygreen, Lesmahagow, ML11 0EQ was **necessary** 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 approved. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.

- 15.3** Mr Hanif and Mrs Park were requested to return to the meeting, and informed of the decision of the Committee.

The meeting closed at 1640 hours