

**Minutes of the hearing of the Pharmacy Practices Committee held on Tuesday 18 July 2023
at 1000 hrs at the Conference Room, Medical Education and Training Centre, Kirklands
Hospital, Fallside Rd, Bothwell, Glasgow G71 8BB**

The composition of the PPC at this hearing was:

Chair: Ms Lesley McDonald

Present: **Lay Members Appointed by NHS Lanarkshire**
Mr Michael Fuller
Ms Carol Prentice

Pharmacist Nominated by the Area Pharmaceutical Professional Committee
(included in Pharmaceutical List)
Mr Iain Allan

Pharmacist Nominated by Area Pharmaceutical Professional Committee (not
included in any Pharmaceutical List)
Mr Kenneth MacKenzie

Secretariat: Nicole Smith, NHS National Service Scotland

1.	APPLICATION BY David Tanner, David Tanner Ltd
1.1	There was an application submitted and supporting documents from David Tanner Ltd received on 7 June 2023 for inclusion in the pharmaceutical list of a new pharmacy at 2A Hillhouse Road, Hamilton, ML3 9TB.
1.2	Submission of Interested Parties
1.3	The following documents were received: <ul style="list-style-type: none"> i. Letter dated 12 June 2023 from Mr M Embrey on behalf of Web Pharmacy ii. Ltd Letter dated 20 June 2023 from Mrs J Severn on behalf of Boots UK Ltd. iii. Letter dated 26 June 2023 from Mr M Cox on behalf of Lloyds Pharmacy Ltd.
1.4	Correspondence from the wider consultation process undertaken
	<ul style="list-style-type: none"> i) Consultation Analysis Report (CAR) ii) Proposed Wellhall Pharmacy, Social, Demographic and Accessibility Analysis report by Hargest Planning dated June 2023 (with additional version of Table 4.3 Accessibility of Existing Pharmacies submitted by David Tanner 14 July 2023)

	<p>iii) Letter from Boots UK Ltd to Monica Lennon, MSP dated 16 June 2023</p> <p>iv) Letter from Rowlands Pharmacy dated 3 July 2023 submitted by Lloyds Pharmacy via e-mail on 4 July 2023</p>
2	Procedure
2.1	At 1000 hours on 18 July 2023, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by David Tanner Ltd (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List”.
2.2	The 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. When committee members were asked by the Chair in turn to declare any interest in the application, none were declared.
2.3	Members of the Committee had undertaken independent site visits to 2A Hillhouse road, Hamilton, ML3 9TB and the surrounding area. During which the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to schools, sports facilities, community centres, supermarkets, post office, banks and churches had been noted.
2.4	The Chair advised that Nicole Smith was independent from the Health Board and was solely responsible for taking the minute of the meeting.
2.5	The Chair outlined the procedure for the hearing. All Members confirmed an understanding of these procedures.
2.6	Having ascertained that all Members understood the procedures, that there were no conflicts of interest or questions from Committee Members the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Applicant was invited to enter the hearing.
	The open session convened at 1015 hrs
3	Attendance of Parties
3.1	The Chair welcomed all and introductions were made. The Applicant, David Tanner Ltd represented by Mr David Tanner, assisted by Mr Keith Hargest. From the Interested Parties eligible to attend the hearing, Boots UK Ltd represented by Mr Scott Jamieson, assisted by Mrs Lorraine Martin and Lloyds Pharmacy Ltd represented by Mr Tom Arnott, assisted by Mrs Gillian Hunter.
3.2	The Chair advised all present that the meeting was convened to determine the application submitted by David Tanner Ltd in respect of a proposed new pharmacy at 2A

	Hillhouse Road, Hamilton, ML3 9TB. The Chair confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended, which the Chair read out in part:
3.3	“5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located...”
3.4	The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.
3.5	The Chair asked all parties for confirmation that these procedures had been understood. Having ascertained that all parties understood the procedures the Chair confirmed that the Oral Hearing would be conducted in accordance with the Procedure at Hearings document contained within the papers circulated.
3.6	The Chair confirmed that members of the Committee had independently conducted site visits in order to understand better the issues arising from this application. Assurance was given that no member of the Committee had any interest in the application.
3.7	The Chair 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.
4.	Submission
4.1	The Chair invited Mr David Tanner, to speak first in support of the application.
4.2	Mr Tanner read aloud the following pre-prepared statement making alterations as necessary:
4.3	Introduction
4.3.1	<p>“Pharmacy is under significant pressure. Pharmacists across all sectors of the NHS have remained accessible to the public and provided essential services throughout the COVID-19 pandemic.</p> <p>The challenges of the pandemic and its longer-term consequences continue, and these are now being compounded by the escalating cost of living crisis. Many fear what is around the corner, when winter pressures are added to the mix.” These are the words of the Royal Pharmaceutical Society, September 2022.</p>
4.3.2	Pharmacies in the Neighbourhood are under significant pressure. On top of the effects of Covid-19 and the cost-of-living crisis, the population they serve has increased by nearly 30%; the nature and extent of the services they deliver to the Neighbourhood

	has materially increased; while at the same time the number of available pharmacists has decreased.
4.3.3	These circumstances have inevitably led to a decline in the provision of Pharmaceutical Services to the Neighbourhood to the point at which they are now inadequate.
4.3.4	I am making this application in the hope that I can contribute towards the improvement in the provision of those services to the Neighbourhood.
4.4	David Tanner – About me
4.4.1	My name is David Tanner. I am 60 years old. I qualified as a pharmacist in 1986, and I opened my first and only shop in the Neighbourhood in 1991.
4.4.2	I operated from Wellhall Pharmacy – the premises for which I seek a Licence today – from 1996 to 2003. Before then, I operated the pharmacy business at 19A Comely Bank Hamilton from 1991 to 1996. I proudly served the Neighbourhood as their pharmacist for over 12 years. I have therefore a great affinity with the neighbourhood and its residents. I know many of them personally. I still take my mother to the Wellhall Medical Centre.
4.5	Neighbourhood
4.5.1	Population
4.5.2	The population has changed since I stopper operating my pharmacy in 2003. It is bigger, and it continues to grow.
4.5.3	Based on census data, the population of the Neighbourhood in 2001 was 19,543. By 2011, it had grown by just over 25% to 24,480. In 2020, it had increased to 25, 172. This is a growth in population by 27.8% since 2001.
4.5.4	In the last 30 years, one pharmacy licence has been granted – in 2007 – for the pharmacy in Hamilton International Business Park.
4.5.5	It can be seen from the number of developments for which planning permission has been granted that the number of people in the Neighbourhood will continue to grow.
4.5.6	Five new sites are under construction giving 386 new houses. At an estimate of 3 people per house, that is 1158 extra people in the Neighbourhood.
4.5.7	Consent has been given to three more developments with a total of 258 new houses.
4.5.8	A further five sites with 532 units are at proposal stage.
4.5.9	Given the shortage of housing, it is unsurprising that new housing developments continue to be built in the Neighbourhood.
4.5.10	It is conservatively estimated (without taking into account unknown future developments) that there will be an additional population of 3,405 people in the Neighbourhood by 2030, increasing its size from 2001 by nearly 46.2%.
4.5.11	Information and detail on the change in the population of the Neighbourhood can be found in section 2 of the report by Hargest Planning Ltd, Social, Demographic and

	Accessibility Analysis dated June 2023, which I have lodged with this Application. It identifies the sites of the new housing and the sources of the information relied upon.
4.5.12	Deprivation
4.5.13	There is a wide range of deprivation within the Neighbourhood – some areas are identified to be within the least deprived data zones within Scotland whereas other areas, at least 12 out of the 38 data zones located wholly or partially within the Neighbourhood, are in the 20% most deprived data zones in Scotland.
4.5.14	A key reason for the identification of deprivation in the Neighbourhood is associated with poor health and, consequently, there is a high dependency on NHS health services, including pharmaceutical services.
4.5.15	At least eight data zones, out of the 38 in the Neighbourhood, are in the most deprived 10% in Scotland for the health domain.
4.5.16	Section 3 of Hargest’s report sets out in detail the extent to which residents living within the Neighbourhood have above average levels of multiple deprivation.
4.5.17	Neighbourhood boundaries
4.5.18	The Neighbourhood comprises a significant proportion of west Hamilton including parts of Udston, Hillhouse, Earnock, Little Earnock and Meikle Earnock.
4.5.19	I identified the Neighbourhood based on my knowledge of patients/customers served when I operated the pharmacy between 1991 and 2003; what I know of the general distribution and location of patients attending the adjacent Wellhall Medical Centre; and the clearly identifiable boundaries of the Neighbourhood based on natural features (burns, parks, woodland etc.) and major roads.
4.5.20	Those boundaries are:
4.5.21	To the North: Red Burn and Udston Road
4.5.22	To the West: Muttonhole Road and Parkneuk Road
4.5.23	To the South: Cadzow Burn and Muttonhole Road
4.5.24	And to the East: A724, Chantinghall Road and Cadzow Burn
4.5.25	Within the Neighbourhood there is one existing pharmacy, operated by Boots UK Ltd located at 113 Wellhall Road. There are 11 other pharmacies located elsewhere in Hamilton, outside the Neighbourhood, but which serve into the Neighbourhood, as well as serving their own neighbourhoods.
4.5.26	One thousand, three hundred and seventy eight of the CAR’s 1,519 respondents to the first question – that’s 90.72% - agreed with the Neighbourhood’s proposed boundaries. Eighty seven respondents – 5.73% - did not agree and 54 respondents – 3.55% - did not know.
4.6	Adequacy of services

4.6.1	I recognise that the premises will only be added to the Pharmaceutical List if the Committee is satisfied that it is necessary or desirable to secure adequate provision of pharmaceutical services in the Neighbourhood.
4.6.2	Desirable is defined in the Mirriam Webster dictionary “as worth seeking or doing as advantageous, beneficial or wise.”
4.6.3	Necessary is defined in the same dictionary as meaning “absolutely needed.” Desirable and necessary do not mean the same thing.
4.6.4	Accordingly, to succeed, an application does not need to establish that a pharmacy is absolutely needed to secure adequate provision of pharmaceutical services, but rather that it is worth doing as it is advantageous, beneficial or wise in order to secure those services in the Neighbourhood.
4.6.5	As it is, I would respectfully submit to the Committee that the CAR and the supporting information produced establish beyond doubt that the local community absolutely needs an additional pharmacy in the Neighbourhood.
4.6.6	Consultation Analysis Report (CAR) – its role
4.6.7	The CAR, introduction says “The purpose of the consultation was to seek the views of local people who may use the proposed new pharmacy. The consultation also aimed to gauge local opinion on whether people felt they already had adequate access to pharmacy services in the area, as well as to measure the level of local support for the application.”
4.6.8	The CAR received 1,524 responses. Two of those responses were on behalf of organisations: Burnbank Medical Centre and Hillhouse Community Council. One can assume that their responses were representative and therefore counted for more than one person. Even if we did not make that assumption, 1,524 responses represent nearly 6% of the Neighbourhood – more than 600 people per 10,000 of population, which is more than enough to be considered representative of the Neighbourhood. Admittedly, it cannot be known for sure if all the respondents reside in the Neighbourhood, but it can be safely assumed that they all – including those who do not support the application – have a connection with the Neighbourhood if they have taken the time to complete the CAR.
4.6.9	Accordingly, the CAR can and must be taken as representing the views of the Neighbourhood.
4.6.10	CAR Results
4.6.11	The views of the Neighbourhood are unambiguous: one can be left in no doubt from the CAR that the local people in the Neighbourhood do not consider that they are receiving adequate pharmaceutical services. They give reasons that reflect the macro-economic challenges faced by the pharmacies in the Neighbourhood. Predominantly, the complaints are of inaccessibility, queuing outside shops for hours for prescriptions due to the shop’s physical limitations, waiting unreasonable times for prescriptions, not being able to access a pharmacist, not being able to obtain the necessary medication in an emergency, and not all services being provided.

4.6.12	These complaints are not of inconvenience. Waiting inside a shop for your prescription instead of standing outside for hours, queuing in the rain, is not just a nice to have. Being able to access a shop safely is vital. And being able to access medicine, a pharmacist and all core services are fundamental, basic pharmaceutical services. They are also pillars of the Scottish Government’s approach to the alternative pathways to primary care.																																																																	
4.6.13	Question 3 of the CAR asks, “Do you think that the current pharmaceutical services being provided in and to the neighbourhood, are adequate?”																																																																	
4.6.14	<p>The answer to this question can be separated out as follows: (Please refer to the table below):</p> <table border="1" data-bbox="240 629 1495 1883"> <thead> <tr> <th colspan="5" data-bbox="240 629 1495 757">3. With regard to the neighbourhood, being the area shown within the blue outline on the map, do you think that the current pharmaceutical services being provided in and to the neighbourhood, are adequate?</th> </tr> <tr> <th data-bbox="240 757 1023 846">Answer Options</th> <th data-bbox="1023 757 1118 846">Yes</th> <th data-bbox="1118 757 1214 846">No</th> <th data-bbox="1214 757 1337 846">Don't Know</th> <th data-bbox="1337 757 1495 846">Response Count</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 846 1023 936">NHS Prescriptions - Dispensing of Acute Prescriptions</td> <td data-bbox="1023 846 1118 936">282</td> <td data-bbox="1118 846 1214 936">948</td> <td data-bbox="1214 846 1337 936">51</td> <td data-bbox="1337 846 1495 936">1281</td> </tr> <tr> <td data-bbox="240 936 1023 1178">NHS Pharmacy First Scotland (Replaces Minor Ailments Service) NHS Pharmacy First Scotland is a NHS service designed to encourage everyone to visit their community pharmacy as the first port of call for all minor illnesses and specific common clinical conditions</td> <td data-bbox="1023 936 1118 1178">576</td> <td data-bbox="1118 936 1214 1178">560</td> <td data-bbox="1214 936 1337 1178">144</td> <td data-bbox="1337 936 1495 1178">1280</td> </tr> <tr> <td data-bbox="240 1178 1023 1305">Pharmaceutical Public Health Services - Smoking cessation and supply of emergency hormonal contraception</td> <td data-bbox="1023 1178 1118 1305">504</td> <td data-bbox="1118 1178 1214 1305">382</td> <td data-bbox="1214 1178 1337 1305">393</td> <td data-bbox="1337 1178 1495 1305">1279</td> </tr> <tr> <td data-bbox="240 1305 1023 1433">Medication Care and Review - To enable Community Pharmacy Teams to support patients with long term conditions</td> <td data-bbox="1023 1305 1118 1433">537</td> <td data-bbox="1118 1305 1214 1433">465</td> <td data-bbox="1214 1305 1337 1433">278</td> <td data-bbox="1337 1305 1495 1433">1280</td> </tr> <tr> <td data-bbox="240 1433 1023 1485">Substance Misuse Services</td> <td data-bbox="1023 1433 1118 1485">400</td> <td data-bbox="1118 1433 1214 1485">324</td> <td data-bbox="1214 1433 1337 1485">546</td> <td data-bbox="1337 1433 1495 1485">1270</td> </tr> <tr> <td data-bbox="240 1485 1023 1574">Stoma Service - Appliance supply for patients with a colostomy or urostomy</td> <td data-bbox="1023 1485 1118 1574">413</td> <td data-bbox="1118 1485 1214 1574">249</td> <td data-bbox="1214 1485 1337 1574">617</td> <td data-bbox="1337 1485 1495 1574">1279</td> </tr> <tr> <td data-bbox="240 1574 1023 1664">Unscheduled Care - Urgent health matters/supply of emergency prescription medicines</td> <td data-bbox="1023 1574 1118 1664">529</td> <td data-bbox="1118 1574 1214 1664">487</td> <td data-bbox="1214 1574 1337 1664">264</td> <td data-bbox="1337 1574 1495 1664">1280</td> </tr> <tr> <td data-bbox="240 1664 1023 1715">Gluten Free Food</td> <td data-bbox="1023 1664 1118 1715">343</td> <td data-bbox="1118 1664 1214 1715">288</td> <td data-bbox="1214 1664 1337 1715">647</td> <td data-bbox="1337 1664 1495 1715">1278</td> </tr> <tr> <td data-bbox="240 1715 1023 1767">Pharmaceutical Advice to Care Homes</td> <td data-bbox="1023 1715 1118 1767">382</td> <td data-bbox="1118 1715 1214 1767">244</td> <td data-bbox="1214 1715 1337 1767">650</td> <td data-bbox="1337 1715 1495 1767">1276</td> </tr> <tr> <td colspan="4" data-bbox="240 1767 1337 1827">answered question</td> <td data-bbox="1337 1767 1495 1827">See below</td> </tr> <tr> <td colspan="4" data-bbox="240 1827 1337 1883">skipped question</td> <td data-bbox="1337 1827 1495 1883">See below</td> </tr> </tbody> </table> <p data-bbox="240 1883 1495 2047">The individual services in this question are not all mandatory and can be left blank. This skews the answered or skipped question counts. Therefore refer only to the response count for each individual service</p>	3. With regard to the neighbourhood, being the area shown within the blue outline on the map, do you think that the current pharmaceutical services being provided in and to the neighbourhood, are adequate?					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4.6.15	Of the 1,281 people who responded to Question 3, 948 said that the dispensing of prescriptions was inadequate. That is 77% of the people who answered yes or no.
4.6.16	NHS Lanarkshire Pharmaceutical Care Services Plan, 1 April 2011 said, “The timeous and accurate dispensing of prescriptions remains the principal function of the NHS community pharmacy service.”
4.6.17	Nine hundred and forty-eight people in the Neighbourhood do not consider that the existing pharmacies are adequately performing their principal function of timeous and accurate dispensing of prescriptions.
4.6.18	In respect of the other core services, on average, almost 50% of those that answered yes or no considered that they were also inadequate. The fact that 50% considered them to be adequate still leaves almost half of the Neighbourhood unhappy with the provision of the other core services.
4.6.19	The comments that accompanied the answers to this question include: (Please refer to the table in 4.6.14)
4.6.20	The CAR paints a clear picture that the pharmacies, particularly the single pharmacy within the Neighbourhood, are overwhelmed and cannot cope. The situation is worsening as the amount of housing increases.
4.6.21	Of the 12 pharmacies in or around the Neighbourhood, five are dispensing more than the average for NHS Lanarkshire and all are dispensing more than the national average. Three of those pharmacies dispense over 50% more than the NHS Lanarkshire average, while one dispenses 100% more than the NHS Lanarkshire average and nearly seven times more than the national average. The only pharmacy which is in the Neighbourhood dispenses almost 60% more than the NHS Lanarkshire average and over five times more than the national average.
4.6.22	Given these volumes of prescriptions it is perfectly understandable why the level of service they are physically able to provide has diminished to the point that it has become inadequate.
4.6.23	It is little wonder, therefore, that the experience of the local residents in the Neighbourhood is so negative.
4.6.24	This is also reflected in the number of complaints about pharmacies received by NHS Lanarkshire for Hamilton: 84% relate to dispensing. That is wholly consistent with the answer to Question 3 in the CAR. IT doesn't matter that those complaints may have been resolved, the fact they are being made demonstrates that the most basic service of a pharmacy is not being adequately provided to the Neighbourhood.
4.6.25	Question 4 – Do you think that the current provision of pharmaceutical services has any gaps or deficiencies?
4.6.26	The question was answered as follows: (Please refer to the table below)
	<p>4. Do you think that the current provision of pharmaceutical services has any gaps or deficiencies?</p>

	Answer Options	Response Percent	Response Count
	Yes	65.60%	839
	No	15.79%	202
	Don't know	18.61%	238
	<i>answered question</i>		1279
	<i>skipped question</i>		245
4.6.27	Eightyone percent – 839 respondents – consider that the current provision of pharmaceutical services has gaps and deficiencies.		
4.6.28	Of the 646 respondents who provided additional comments to their answers, 566 provided negative comments, describing in detail the gaps and deficiencies. Their comments are recorded in section 4b of the CAR.		
4.6.29	Of the 567 negative comments, 146 were directed specifically at the lack of parking and access issues, especially disabled access.		
4.6.30	This is, again, unsurprising. There is only one pharmacy in the Neighbourhood. It (as well as the pharmacies at 57 Portland Place and 82 Portland Place) has inadequate parking, with many local residents commenting on how unsafe they feel while queuing outside of the pharmacy for their prescriptions because of the parking issues. Table 4.3 of The Hargest Report, Accessibility of the Existing Pharmacies summarises the access for each of the pharmacies. All those attending were provided with a copy of this table prior to hearing.		
4.6.31	<p>The parking issues are borne out by the level of enforcement activity outside the pharmacy in the Neighbourhood. South Lanarkshire Council have confirmed that:</p> <ul style="list-style-type: none"> a) 44 PCNs (Parking Charge Notices) were issues to vehicles for waiting or loading on Royellen Avenue, Hamilton, (whose junction with Wellhall Road falls between numbers 107 and 133 Wellhall Road) between 1 January 2019 and 31 December 2022 b) There are eight recorded reports about congestion and/or parking problems on Royellen Avenue, Hamilton for the same period of time. 		
4.6.32	Parking is not simply a question of convenience. For physically disabled, elderly and people with children, insufficient parking means insufficient access. If they cannot access a pharmacy, they cannot get the pharmaceutical services they need.		
4.6.33	It is also clear that for the pharmacy at Wellhall Road, the insufficient parking not only creates an access issue, it also leaves those queuing outside for access to pharmaceutical services feeling unsafe.		
4.6.34	Stakeholder feedback		
4.6.35	In addition to CAR, feedback has been received from local Councillors, Wellhall Medical Centre and Hillhouse Community Council.		

4.6.36	Each of those stakeholders tells a similar story to the CAR: they are being told by their members, patients and constituents that the provision of pharmaceutical services in the Neighbourhood is inadequate. They highlight lack of availability of medicines, poor access to pharmacies, long waiting times, inadequate parking and reduced access to core services.
4.6.37	<p>Of all, the letter from Wellhall Medical Centre is perhaps the most stark. They write:</p> <p>“We support the opening of an additional pharmacy opening in Hamilton as we feel the pharmacy provision is currently inadequate. There are many new houses being built which is putting a massive pressure on the service.</p> <p>We have patients coming to us having tried to access Pharmacy First and being told that due to the pharmacies being too busy they are directed back to the GP.</p> <p>Patients are continually complaining to us that they are waiting 4/5 days or more for prescriptions being dispensed.</p> <p>There is a shortage of dosette box availability, with pharmacies having no availability or waiting lists.</p> <p>We have issues with weekly dispensing, we are having to call different pharmacies to check for availability of this service.</p> <p>We have seen a big increase in the amount of patients being referred back to their GP’s when drugs aren’t available asking us for alternatives.”</p>
4.6.38	The local residents of the Neighbourhood are using every avenue available to them to make it known that the provision of pharmaceutical service is inadequate. They have answered the CAR in significant numbers; they have complained to NHS Lanarkshire; they have spoken with their local councillors; they have spoken with the local MP; and they have talked to their community council. The local doctors in the neighbourhood can see what their patients are experiencing. They are also having problems getting adequate services from the pharmacies.
4.6.39	Nobody is blaming the existing pharmacies for the situation they find themselves in, they are all simply acknowledging that a number of macro-economic factors have taken the existing pharmacies to the point where they can no longer meet the demand and continue to provide adequate pharmaceutical services. Something needs to change.
4.7	Is the provision of pharmaceutical services from the Premises necessary or desirable to ensure adequate provision?
4.7.1	This is of course the question the Committee must ask itself if it first considers that the information put before it demonstrates that the current provision of pharmaceutical services in the Neighbourhood is inadequate.
4.7.2	Pharmacists
4.7.3	<p>It is widely accepted that there is a shortage of pharmacists in Scotland:</p> <p>The Royal Pharmaceutical Society Scotland says, “The pharmacy workforce is under significant pressure: there are shortages of pharmacists and pharmacy staff in every sector right across Scotland. Data are collected on NHS Scotland vacancies (published March 2021) and on community pharmacy vacancies (most recent data 2020, 99%</p>

	response rate). These data show a pharmacist vacancy rate of 7.6% for NHS employees and 11.6% for community pharmacy.”
4.7.4	The number of pharmacists in the Neighbourhood has a direct impact on how easily a local resident can speak with a pharmacist; how quickly they can access core services, such as Pharmacy First; how long they have to wait to receive their prescriptions; and the times the pharmacies can open.
4.7.5	Two experienced pharmacists have committed to join me if this application is granted. This means that two pharmacists will be added to the Neighbourhood if the Premises are added to the List. Those pharmacists will materially improve the provision of the pharmaceutical services to the Neighbourhood simply by increasing the number of pharmacists in the Neighbourhood. Their experience and expertise (which I acknowledge cannot be assessed by the Committee) will further improve the services that are on offer to the Neighbourhood.
4.7.6	I'll also have sufficiently trained staff to complement and assist the pharmacists, to ensure that patients are properly managed and not left waiting too long for prescriptions. This was how I ran the pharmacy previously.
4.7.7	Premises
4.7.8	The Premises are a purpose built pharmacy. They are DDA (Disability Discrimination Act) compliant, with level access through automated doors. They have one consulting room to ensure privacy when needed.
4.7.9	The floor space is large in comparison to the other pharmacies, meaning there will be no queues outside the door.
4.7.10	There is ample parking as well as easy access via bus, with a bus stop a short stop from the Premises. I'd refer to Section 4 of the Hargest Report for more details on accessibility.
4.7.11	The Premises will provide a large, safe and accessible space from which the local community will be able to access all pharmaceutical services.
4.7.12	Stock
4.7.13	There have been stock issues for every pharmacy. If a particular medicine is not available, I will not necessarily be able to get it when every other pharmacy cannot (although I have been promised priority service by Aver Generics, for which there is a letter dated 22 June 2023).
4.7.14	However, I believe I can increase the amount of medicine in the Neighbourhood in two ways: <ul style="list-style-type: none"> a) Stock: I will be well stocked. You will see that the storage area I have in the Premises is significant. This means that there will be more of each medicine in the Neighbourhood before it becomes unavailable – the very presence of an additional pharmacy will increase the provision of medicine into the Neighbourhood. b) Suppliers: Boots and Lloyds have prescribed suppliers that they must use. I understand that business model: it has its benefits, including on base cost.

	<p>However, its drawback is that they cannot go outside of those suppliers if there is a shortage. As an independent, I would not be tied to a small number of suppliers; I will be able to speak to any supplier to try and order in medicines. In this way, I give myself as good an opportunity as possible to try and source hard to get medicines. This is in effect compliments Boots and Lloyds, as it spreads the net as wide as possible between their supplies and mine.</p>															
4.7.15	Opening Times															
4.7.16	As at August 2022, only one pharmacy in or around the Neighbourhood was open in the evening (Ref 6 – Boots, Douglas Street), seven were open on Saturday afternoons and only two (Refs 6 and 9, both Boots) were open for limited hours on Sundays.															
4.7.17	<p>I will be open seven days a week, as follows:</p> <p>Monday 08:00 – 18:30</p> <p>Tuesday 08:00 – 18:30</p> <p>Wednesday 08:00 – 18:30</p> <p>Thursday 08:00 – 18:30</p> <p>Friday 08:00 – 18:30</p> <p>Saturday 09:00 – 17:00</p> <p>Sunday 10:00 – 14:00</p>															
4.7.18	I will be able to achieve these hours by having two pharmacists and enough supporting colleagues. It will reduce my profit, but it is necessary to allow me to deliver adequate pharmaceutical services to the Neighbourhood and my shop would still be viable.															
4.7.19	Of those that answered the relevant question in CAR on opening hours (Question 6) 89.41% - 1,089 respondents – thought the hours were adequate; 83 respondents – 6.97% - didn't think they were adequate; and 43 – 3.61% - didn't know.															
4.7.20	Question 5 of CAR: Do you think it is necessary or desirable for the proposed pharmacy to open in order for people in the neighbourhood to have adequate access to these services?															
4.7.21	<p>For each and every one of the core services, at least 80% of those that answered the CAR were of the opinion that the proposed pharmacy was necessary or desirable for the provision of adequate pharmaceutical services. That is an overwhelmingly supportive number from a very large CAR response. This is shown on the table below.</p> <table border="1"> <tr> <td colspan="5">5. David Tanner T/A Wellhall Pharmacy is proposing to provide the services listed below. Do you think it is necessary or desirable for the proposed pharmacy to open in order for people in the neighbourhood to have adequate access to these services?</td> </tr> <tr> <td>Answer Options</td> <td>Yes</td> <td>No</td> <td>Don't Know</td> <td>Response Count</td> </tr> <tr> <td>NHS Prescriptions - Dispensing of Acute Prescriptions</td> <td>1068</td> <td>112</td> <td>15</td> <td>1195</td> </tr> </table>	5. David Tanner T/A Wellhall Pharmacy is proposing to provide the services listed below. Do you think it is necessary or desirable for the proposed pharmacy to open in order for people in the neighbourhood to have adequate access to these services?					Answer Options	Yes	No	Don't Know	Response Count	NHS Prescriptions - Dispensing of Acute Prescriptions	1068	112	15	1195
5. David Tanner T/A Wellhall Pharmacy is proposing to provide the services listed below. Do you think it is necessary or desirable for the proposed pharmacy to open in order for people in the neighbourhood to have adequate access to these services?																
Answer Options	Yes	No	Don't Know	Response Count												
NHS Prescriptions - Dispensing of Acute Prescriptions	1068	112	15	1195												

	NHS Pharmacy First Scotland (Replaces Minor Ailments Service)NHS Pharmacy First Scotland is a NHS service designed to encourage everyone to visit their community pharmacy as the first port of call for all minor illnesses and specific common clinical conditions	1049	105	38	1192
	Pharmaceutical Public Health services - Smoking cessation and supply of emergency hormonal contraception	928	111	155	1194
	Medication Care and Review - To enable Community Pharmacy Teams to support patients with long term conditions	998	94	102	1194
	Substance Misuse Services	770	176	245	1191
	Stoma Service - Appliance supply for patients with a colostomy or urostomy	805	92	295	1192
	Unscheduled Care - Urgent health matters / supply of emergency prescription medicines	996	105	91	1192
	Gluten Free Food	728	120	341	1189
	Pharmaceutical Advice to Care Homes	780	94	313	1187
				Answered	See below
				Skipped	See below
	The individual services in this question are not all mandatory and can be left blank. This skews the answered or skipped question counts. Therefore, refer only to the response count for each individual service.				
4.7.22	Ninety-one percent said yes for the dispensing of prescriptions, Pharmacy First and Medication Care and Review. Ninety percent said yes for Stoma Care and unscheduled Care. Eighty-nine percent said yes for Pharmaceutical Public Health Services and Advice to Care Homes.				
4.8	In Conclusion				
4.8.1	The CAR and supporting letters from MPs, MSPs, councillors, the community council and the medical practices demonstrate that the local residents and doctors of the Neighbourhood consider that there is inadequate provision of pharmaceutical services. There is no other way to interpret the information. Nearly 1,000 people are of the view that the current pharmacies cannot adequately perform the most basic and fundamental role of a pharmacist to dispense prescriptions.				
4.8.2	This is not the fault of the existing pharmacies. It has been caused by matters outside of everyone's control, including Covid-19, the cost of living, the availability of pharmacists, and population growth.				
4.8.3	These problems are not going away. The population of the Neighbourhood will have increased by over 26% by 2025 and 46% by 2030.				

4.8.4	To redress the balance and secure the adequate provision of pharmaceutical services to the Neighbourhood, it is both necessary and desirable to add the Premises to the Pharmaceutical List. It will bring with it two more pharmacists to the Neighbourhood, provide access to more medicine, and will address the inadequacies identified in the CAR and by those stakeholders who represent patients, constituents and local members.
5.	The Chair invited questions from the Interested Parties
5.1	Mr Scott Jamieson (Boots UK Ltd) to Mr David Tanner
5.2	Mr Jamieson asked Mr Tanner if he was aware that a mailbox and notice of the questionnaire were provided in Wellhall Medical Centre in December and, if so, at what date? Mr Tanner noted that the practice set those provisions up when they became aware of the application and that he did not instigate those.
5.3	Mr Jamieson queried as to whether it was clear in the application and questionnaire that this was for a new pharmacy that would be opening rather than a reopening of an already existing pharmacy. Mr Tanner replied saying that the pharmacy is already there and that this application is specifically for the NHS contract to dispense medication. The CAR was agreed and is surely clear.
5.4	Mr Jamieson asked how many responses were received via the post-box in Wellhall Medical Centre. Mr Tanner confirmed that he did not count the responses.
5.5	Mr Jamieson asked whether the responses received from the box at Wellhall Medical Centre were provided to the Board or entered into an online survey. Mr Tanner confirmed that any engagement was either done in person from the CAR website or a paper copy that was submitted to the Board for recording. He noted that he only created awareness to get engagement and wasn't party to the filling out of forms in the Wellhall Medical Centre.
5.6	Mr Jamieson queried as to whether or not the Board knew that Wellhall Medical Centre were going to advertise and collect responses and whether or not it was agreed. Mr Tanner confirmed that he was not aware of the specific arrangements of the Boards involvement but that everything that has been done was accurately recorded as part of the process.
5.7	Mr Jamieson noted that the CAR had 279 responses the day after the consultation opened and asked Mr Tanner if he could explain that. Mr Tanner noted that the consultation started on 8 December and was under the impression that NHS Lanarkshire had put the fact that the consultation exercise was open on their website.
5.8	Mr Jamieson referred to door-to-door canvassing that took place in February and asked Mr Tanner if he could explain that in more detail, how he decided where and who to canvass? Mr Tanner noted that the canvassing was done based on those living in his definition of the neighbourhood, though he was not aware of the exact locations, and that during canvassing people were asked to engage with the CAR and give their opinion.
5.9	Mr Jamieson queried about the canvassing and whether people were given the questionnaire to complete at that time or if they completed it online while the canvasser was still present? Mr Tanner confirmed that a device would be available for individuals to complete the CAR at the time if they chose to do so, and that a paper copy was also

	available to hand out should someone not wish to answer at that time. This was done to drive engagement and make people aware.
5.10	Mr Jamieson sought confirmation that those being canvassed were either given the iPad to complete the survey on the day or handed a paper copy to do it at a later date and send to the Board. Mr Tanner confirmed that he did not personally take part in the canvassing, but that yes at the time of canvassing individuals were given the opportunity to engage in the consultation exercise.
5.11	Mr Jamieson asked if the Wellhall Pharmacy Facebook page was still available. Mr Tanner noted that he was unaware of the status of the page.
5.12	Mr Jamieson noted that there is an “Opening Soon” sign outside the premises and asked Mr Tanner when that appeared. Mr Tanner confirmed it has been up for some time.
5.13	Mr Jamieson asked Mr Tanner whether or not he intended to open as a private pharmacy should his application for an NHS contract not be successful. Mr Tanner replied that it was not the purpose of this meeting to discuss what happens if the contract is unsuccessful.
5.14	Mr Jamieson noted that he noticed Mr Tanner did not include the area that surrounds Lloyds international in his definition of the Neighbourhood and asked for his rationale. Mr Tanner noted that there is a physical barrier. The area to the North of the boundary is a natural boundary, which is why he used it. This area was identified as a self-contained area on a previous application. People in that area are typically either studying at University or commuting in to work.
5.15	Mr Jamieson asked Mr Tanner if he was aware that 21% of prescriptions in the area come from the Wellhall Medical Centre. Mr Tanner stated that he believes prescriptions are coming there, as explained in the CAR, because people who have for years gone and used pharmacy services at Wellhall in the Neighbourhood have had problems and asked the medical practice to send their prescriptions or physically gone to get those prescriptions outwith the Neighbourhood due to the inadequacy of pharmaceutical provisions in the Neighbourhood.
5.16	Mr Jamieson referred to the new housing developments and new residents and asked Mr Tanner what impact he thinks that will have on the multiple index of deprivation in the Neighbourhood? Mr Tanner noted that the new housing developments, shown in blue on Figure 3.1 of the Hargest Report, are in low areas of deprivation and that the red and orange areas are the high levels of deprivation. The new housing coming in will make no difference in the pattern as those high levels will still remain.
5.17	Mr Jamieson asked if he was aware of how many complaints were received by NHS Lanarkshire in the last 18 months for the Boots pharmacy on Wellhall Road. Mr Tanner confirmed that he did not have a specific figure. Mr Jamieson confirmed none have been received.
5.18	Mr Jamieson asked Mr Tanner if he knew approximately how many patients access NHS Pharmacy First at Boots Wellhall Road each week. Mr Tanner noted that the current consultation exercise demonstrated the inadequacy of the service which is not indicative of the number of people who have accessed the service but rather people who have had problems accessing it. Mr Jamieson confirmed over 100 patients per week access

	Pharmacy First at Boots. Mr Tanner argued this suggests there will likely be a high number of people who cannot access the service.
5.19	Mr Jamieson asked Mr Tanner if there were any gaps in pharmaceutical services identified by NHS Lanarkshire in pharmaceuticals planning? Mr Tanner noted he did not have that information. Mr Jamieson confirmed there were none.
5.20	Mr Jamieson asked Mr Tanner about possible dosette services from his proposed pharmacy. Mr Tanner noted that this was not a contracted service, but if a patient is requiring one then it is indicative of issues with the wider service.
5.21	Mr Jamieson queried that, if the contract is successful, would there be anything to prevent Mr Tanner from reducing the hours he has proposed for his pharmacy to the minimum model hours for NHS Lanarkshire? Mr Tanner noted that the application stated what the opening hours of his pharmacy would be and that he was not aware they could be reduced.
5.22	Mr Jamieson asked Mr Tanner if he was aware that the Boots at Wellhall Road had recently had an inspection from General Pharmaceutical Council on the 14 March 2022? Mr Tanner noted that he was not aware.
5.23	Mr Jamieson asked Mr Tanner if he was aware that, during that inspection, the Boots at Wellhall Road was rated as a good practice? Mr Tanner stated that people in the CAR are saying there is an inadequacy for NHS prescriptions.
5.24	Mr Tom Arnott (Lloyds Pharmacy Ltd) to Mr David Tanner
5.25	Mr Arnott asked Mr Tanner to identify the core services that are currently not being provided by the existing contractors. Mr Tanner replied that patients are not able to access all the services provided by existing contractors.
5.26	Mr Arnott noted that Mr Tanner supplied a letter from an MP and an MSP, and asked what level of inadequacy evidence Mr Tanner supplied them with. Mr Tanner replied that the MP and MSP were calling him up on some of the inadequacies as their constituents have reported them in the area.
5.27	Mr Arnott asked Mr Tanner to confirm if any more than anecdotal evidence was used in correspondence with the MP and MSP. Mr Tanner noted that the evidence used is comments received from their constituents.
5.28	Mr Arnott noted that in December 2016, Mr Tanner evicted Boots from the premises for which he is applying and gave them six-weeks' notice before they needed to find an alternative premises. Mr Arnott asked if this was in-line with the claim Mr Tanner makes that he cares for the community. Mr Tanner confirmed that the lease he entered into with Boots was a 15-year lease and that Boots knew the terms of the lease and end date. He states it was not his responsibility to make provision for the end of the lease as they were aware of that.
5.29	Mr Arnott asked again whether or not Mr Tanner thinks his actions of evicting Boots six weeks prior to Christmas was showing a caring attitude for the population of the Neighbourhood? Mr Tanner stated the facts that the lease with Boots ended on 31 August, which was agreed to 15 years previously, and that it was not his responsibility

	to manage their business and make provisions. After Boots continued to trade from the premises, Mr Tanner sought legal advice and the sheriff evicted them.
5.30	Mr Arnott asked Mr Tanner to confirm that these actions left the area with no pharmaceutical services at all. Mr Tanner stated that it was Boots who left the Neighbourhood with no pharmaceutical services.
5.31	Mr Arnott asked Mr Tanner why it took less than six months to submit an application for a pharmacy at the premises following the eviction of Boots. Mr Tanner noted that given the steps necessary for the process, that is the date stated on the application when it was completed.
5.32	Mr Arnott noted that he was confused in regards to the Neighbourhood proposed by Mr Tanner, which are inclusive of eight areas that are already Neighbourhoods by name. He asked why they specifically were included. Mr Tanner confirmed that the CAR asked him to define the Neighbourhood that would be serviced by his pharmacy and so he included these eight key areas that he has identified as being served by this pharmacy and that, yes, there are numerous named areas within the Neighbourhood.
5.33	Mr Arnott noted that Mr Tanner used some natural boundaries in his map, but not others, and asked him why. Mr Tanner confirmed that he has worked in the area for a long time and, with the exception of the new housing which is recent, the people that came to his business before came from these areas.
5.34	Mr Arnott asked Mr Tanner why he didn't use Earnock and un-named burns in his definition of the Neighbourhood. Mr Tanner noted that there are people North of that boundary that, in his experience, come to use the pharmaceutical services at his business and that the CAR asks for the Neighbourhood to be defined that would be serviced by the pharmacy. He noted that there will be some overlap in other areas of Hamilton. There are the other burns but, in his experience the people in those overlapping areas will come to his pharmacy.
5.35	Mr Arnott asked Mr Tanner what made one burn different from another. Mr Tanner confirmed that the burn in question is very close to his proposed site and that he expects people more distant than that burn will travel to visit his pharmacy.
5.36	Mr Arnott asked Mr Tanner if Pollok Avenue was included in his Neighbourhood. Mr Tanner confirmed that the top portion of Pollok Avenue that comes from Glasgow Road is included in his Neighbourhood.
5.37	Mr Arnott asked Mr Tanner to confirm then if his Northern boundary Glasgow Road and Burnbank Road and Union Street. Mr Tanner said it was not.
5.38	Mr Arnott asked Mr Tanner to clarify his Northern boundary, from the West. Mr Tanner confirmed that the Northern boundary line is the red burn to Burnsten Road.
5.39	Mr Arnott asked if the Red burn runs up to High Blantyre Road. Mr Tanner confirmed that it did, and that it runs to the junction of what would be the A724 on the East.
5.40	Mr Arnott noted that Mr Tanner said the population increased dramatically, but if S01012897 and S01012898 are taken out of the equation than the increase in population

	is only 361 in 12 years. Mr Tanner confirmed that only 10% of S01012897 is included in his findings as in his Neighbourhood.
5.41	Mr Arnott noted that, even without S01012897, with all the other data zones recorded there has only been a small increase in population size. Mr Tanner noted his understanding that the information requested is given in more detail in the Hargest report circulated prior to the meeting.
5.42	Mr Arnott asked how many more people live in Mr Tanner's definition of the Neighbourhood since 2021. Mr Tanner confirmed 692, as stated in the Hargest Report table 2.4.
5.43	Mr Arnott noted that Mr Tanner mentioned someone was building 368 houses, and asked if he knew the figure used for populations is 2.1 which would therefore calculate to a maximum of 710 people moving in to the Neighbourhood. Mr Tanner noted that the average Mr Arnott was referring to is the average figure to Lanarkshire, but that these houses being built are larger family homes than compared to the average.
5.44	Mr Arnott asked Mr Tanner if he thought those people moving into the new builds in the area will be deprived. Mr Tanner stated that the new builds are not within the 10 most deprived data zones.
5.45	Mr Arnott asked Mr Tanner if he agreed that, if the Committee says the services are adequate in the Neighbourhood, that they do not consider the application necessary or desirable. Mr Tanner noted that was for the Committee to decide based on the level of provision.
5.46	Mr Arnott noted that Mr Tanner talks about Boots being in his definition of the Neighbourhood and asked if he accepted that the other 11 Boots services in Hamilton are also servicing the Neighbourhood? Mr Tanner agreed that they were.
5.47	Mr Arnott asked Mr Tanner if he agreed dosette boxes were not core services. Mr Tanner agreed.
5.48	Mr Arnott asked Mr Tanner if he was aware that most Boards are moving away from the use of dosette boxes. Mr Tanner confirmed that they are not a core service and as such he is unaware of what decisions other Boards are making about them at this time.
5.49	Mr Arnott asked Mr Tanner if he thought that his hiring of new pharmacists would add to the shortage of pharmacists in the area and asked if they are already currently working. Mr Tanner confirmed that those pharmacists are employed at the present time.
5.50	Mr Arnott asked Mr Tanner if he recognised that by hiring two already employed pharmacist it will cause a shortage elsewhere. Mr Tanner noted that he employed two people to address the inadequacy of services in an area of particular need.
5.51	Mr Arnott noted that Mr Tanner is proposing to open his pharmacy at 64.5 hours per week with two pharmacists, and asked if he would still be viable with that in addition to £150k per annum in pharmacy costs and additional support staff. Mr Tanner noted that he understood the numbers well and that he would still be viable.
5.52	Mr Arnott noted that Mr Tanner made points about drug shortages and asked if he thought that stockpiling drugs in his storerooms would cause an issue for other

	pharmacies. Mr Tanner noted that he had backup stock to operate his business and provide for patients and customers previously and that by just adding a pharmacy to the Neighbourhood, there will be more medicines in the Neighbourhood.
5.53	Mr Arnott asked Mr Tanner what the time the first GP appointment at Wellhall Medical Centre is. Mr Tanner noted he wasn't sure what time GP consults to at the present time as they have been changing some, but that the reason for his opening hours is that some of the practices have been doing some of their consultations earlier before the practice opens and some later after close.
5.54	Mr Arnott asked Mr Tanner if he was surprised to know the first appointment at Wellhall Medical Centre was at 8:30. Mr Tanner reiterated that the practices are using times outwith the appointments times to consult with patients. Also, he confirmed that his early opening ours aren't solely to deal with the hours of the medical practice but to also provide times that people are able to access the pharmaceutical services and that has been backed up by the CAR where people showed support for those hours.
5.55	Mr Arnott asked Mr Tanner if there was anything that would prevent him from reducing his hours at any time. Mr Tanner reiterated his commitment to provide the hours stated in the application and he intends to honour them.
5.56	Mr Arnott asked for confirmation that Mr Tanner was sticking to his statement that the Cartside burn is different from the others and doesn't form a barrier for the Neighbourhood. Mr Tanner reiterated that his experience is that people coming to his business will be from both sides of the burn.
6.	The Chair invited questions from the Committee
6.1	Mr Iain Allan (Pharmaceutical Contractor Member) to Mr David Tanner
6.2	Mr Allan referred to the staffing levels proposed, inclusive of two full time pharmacists and asked if one of them would be an independent prescriber. Mr Tanner confirmed that they are not independent at this time but that he intends to explore that option.
6.3	Mr Allan asked Mr Tanner if the experienced staff who have agreed to work with him at the premises should this contract be granted are individuals who have worked for him before. Mr Tanner noted that he hasn't approached any individuals rather than the two pharmacists and won't unless and until the application is successful.
6.4	In relation to the stock supply issues, Mr Allan asked Mr Tanner if he thought it was just Boots, Lloyds etc. experiencing those issues or if the shortages are also affecting independent pharmacies as well. Mr Tanner noted that patients reported being sent back to their GPs without contact being made by the pharmacy, and that it appears from the CAR that some are then finding their way to the Right Medicine Pharmacy outwith his proposed Neighbourhood to get services that they can't get from Lloyds or Boots.
6.5	Mr Kenneth MacKenzie (Pharmaceutical Non-Contractor Member) to Mr David Tanner
6.6	Mr MacKenzie asked Mr Tanner which specific services patients and doctors are having issues accessing. Mr Tanner noted that doctors obtain stock orders supplied from the pharmacy at 113 Wellhall Road and there was an instance where they did not receive their stock order. Upon contacting Boots, they were informed they would have to come

	and collect it and the practice now no longer obtains stock from that pharmacy or even within the town.
6.7	Mr MacKenzie asked Mr Tanner if he had done any viability projection and model. Mr Tanner noted that he has traded from the premises before and the business he ran was viable. He also noted that the CAR shows a number of people are having to leave the area to source pharmaceutical services, enough to support the business. He confirmed he has not done a specific model, though, but is confident from his experience.
6.8	Mr MacKenzie queries as to whether Mr Tanner had two pharmacists operating in his previous business or if it was just himself. Mr Tanner noted that frequently he had one more pharmacist than himself.
6.9	Mr MacKenzie asked Mr Tanner what his rationale was for coming up with the proposed operating hours of his business. Mr Tanner noted a number of reasons, including the provision of a Saturday afternoon and Sunday opening. Upon discussions with practices adjacent to the building, doctors noted that work was being done via telephone before practice opening hours. Part of the reason the CAR was done was to see where the inadequacies are.
6.10	Ms Carol Prentice (Lay Member appointed by NHS Lanarkshire) to Mr David Tanner
6.11	Ms Prentice noted the importance of providing a safe service and asked Mr Tanner about how the two pharmacists and other staff would offer something to that regard that is different or better than the currently available support and care. Mr Tanner noted that shortcomings were identified in the CAR and that providing another pharmacy in the Neighbourhood will help with those shortcomings and confirmed he would employ sufficient numbers of staff to provide this service.
6.12	Ms Prentice enquired about Mr Tanner's proposed stock levels. Mr Tanner stated that, based on his experiences, pharmacies now do not have enough stock to offer should those on the shelf be purchased. He noted he plans to keep slightly more stock to account for restocking after sales, and that doing so would not be stockpiling but simply business management. Instead of having days' worth, he'll ensure his stock is for a couple of weeks' worth. In his previous business, Mr Tanner confirmed he would phone further afield if necessary to make sure this was possible and that this wasn't a service patients were getting at the current time.
6.13	Mr Michael Fuller (Lay Member appointed by NHS Lanarkshire) to Mr David Tanner
6.14	Mr Fuller reminded Mr Tanner that the key word for the PPC was not necessary nor desirable, but adequate and asked at what point in his understanding or definition does a service become inadequate and why he thinks the current pharmaceutical services in the Neighbourhood are inadequate? Mr Tanner referred to the comments received in the CAR, noting they show inadequacy without a doubt because people can't access the services.
6.15	Mr Fuller noted that the Committee are obliged to take the CAR responses into account. He asked Mr Tanner why he would consider the comments anything more than people just moaning about the service as very few complaints have been put into the Health Board? Mr Tanner noted that over 1,000 people said that there were inadequacies and

	the CAR has been put out for a reason and it is showing inadequacies in the sheer volume of people who have responded.
6.16	Mr Fuller noted that, as a previous operating pharmacist, Mr Tanner must have experiences of people making complaints about his pharmacy and having dealt with them. He asked Mr Tanner if he thinks those complaints were sufficient to determine the adequacy of his past service. Mr Tanner noted that he believes the sheer number and nature of complaints. The level of complaints he received while operating were significantly less and he did not consider them indicative that the service he provided was inadequate. The CAR is saying that people can't access services and giving all the reasons for it.
6.17	Mr Fuller noted that Mr Tanner noted there are 12 pharmacies serving the Neighbourhood and that according to his figures the population of the Neighbourhood will increase 27.5k to 2030, which means roughly 2,280 people per pharmacy. He asked Mr Tanner if he thought that was too many people. Mr Tanner replied that he thought it was about the distribution of pharmacies in the area, with some pharmacies doing significantly different than others in the area. He also noted that catchments for other pharmacies are a big part of their neighbourhood and outwith his own, and that the sheer number of people in the Neighbourhood he defined is pressure on the service.
6.18	Mr Fuller noted that Mr Tanner's opening hours and how it was recognised that they would reduce the amount of profit he makes, and asked Mr Tanner if he thought that was viable long-term. Mr Tanner noted that it was his understanding that would be the case.
6.19	Mr Fuller noted that the CAR references the fact that no pharmacies have late night opening, and asked Mr Tanner if he considered that a possibility for his pharmacy. Mr Tanner reiterated that he spoke to the practices to see their opening hours and then allowed people enough time to get away from the doctor or home from work. Mr Tanner emphasised that the hours he detailed are achievable without burning out staff.
6.20	Mr Fuller asked Mr Tanner if his intention for stock was to rely on one or two particular stock suppliers. Mr Tanner noted that would not be the case and that, in his experience, he deals with dozens of suppliers to ensure he gets the stock he needs. There are many pharmacies doing similar.
6.21	Mr Fuller asked Mr Tanner if he felt this would give him more flexibility than combine companies. Mr Tanner confirmed that yes he would.
6.22	Mr Fuller noted the necessity to take into account population size development, but also noted that Mr Tanner's statement speaks to an extra 3,400 people by 2030 compared to 2025 in the Hargest report. He asked Mr Tanner when he expected the numbers from the new developments to start materialising. Mr Tanner responded that the biggest period of growth is happening right now and up until 2025 rather than after 2025. The specific projection of growth from 2025 to 2030 is 800 people.
6.23	Mr Fuller asked Mr Tanner if all of the people in the new developments would be using his pharmacy. Mr Tanner said they would not, but he noted that Wellhall Medical Centre is having more growth than others and that those living in new housing on the south periphery will have to drive, and that parking is a provision at his premises.
6.24	Mr Fuller asked Mr Tanner if he considered any other pharmacies in the Neighbourhood and how they would be affected if his application is granted. Mr Tanner noted that he is

	aware of other businesses, but that the overwhelming number of people who don't have access to pharmaceutical services strengthens the argument of the application. He noted that the consideration for other pharmacies is about viability and not profitability, and that the shortcomings and inadequacies of the current provisions can be addressed by the opening of his proposed premises.
6.25	Ms Lesley McDonald (Chair) to Mr David Tanner
6.26	Ms McDonald asked Mr Tanner which document encompasses the information about the described large number of complaints to NHS Lanarkshire. Mr Tanner noted that he was relying on the reply to his Freedom of Information request for those numbers.
6.27	The Chair had no further question for the Applicant but offered the Committee the opportunity to ask additional questions given any new information provided. Upon receipt of confirmation that the Committee had no further questions The Chair then invited Boots UK Ltd to make their representation.
7.	Interested Parties – Boots UK Ltd
7.1	The Chair invited Mr Scott Jamieson of Boots UK Ltd to speak.
7.2	Mr Jamieson read from the following pre-prepared statement. We disagree with the neighbourhood defined by the applicant.
7.3	It is of note that the applicant's neighbourhood only contains one pharmacy and has been contrived to have as large a population as possible.
7.4	However, should the panel agree wholly or in part with the applicant and we are not suggesting that they should, the panel will be aware of the need to consider services to the neighbourhood from pharmacies outwith.
7.5	Our proposed neighbourhood: <ul style="list-style-type: none"> • Northern boundary – The East Kilbride Expressway – Geographical boundary. Lloyds at Technology Park – 21% of items come from Hillhouse Road (largest single surgery for Lloyds) suggests serves the neighbourhood. • Southern Boundary – along Cadzow Burn to where it meets Mill Road, up Mill Road to area above the Cemetery on Bent Road to south of Chantinghall where it meets the railway line. Includes areas known as Little Earnock, Laighstonehall and Chantinghall. • West – open land to extent of developed area of Hamilton – Geographical boundary. • East Railway line incorporating Burnbank to where it meets the Expressway.
7.6	Those with local knowledge of the area consider Burnbank to be part of the same neighbourhood. Demographically it is similar to the Hillhouse and Udston areas.

7.7	The applicant has included comments from Burnbank Surgery which suggests they consider Burnbank to serve the neighbourhood they have defined.
7.8	Whilst we have defined a neighbourhood, we believe that the neighbourhood boundaries are not barriers to access and patients travel freely around Hamilton.
7.9	The proximity and use of facilities in Hamilton, is relevant both when considering the definition of the neighbourhood, and the services provided to the neighbourhood from pharmacies outwith.
7.10	There are no barriers to access in Hamilton. Whilst there may be neighbourhoods as defined by us, people freely move around Hamilton as a whole. The town consists of 3 retail parks, and these are frequented by those living within all areas of Hamilton. There are many retailers here including a Sainsbury's supermarket, Boots, M&S and TK Max.
7.11	People who move house in and around Hamilton tend to remain registered with their current GP hence why our pharmacy dispenses prescriptions generated from many GP practices within Hamilton and from different parts of the town.
7.12	In summary: <ul style="list-style-type: none"> • We essentially disagree with the neighbourhood defined by the applicant and suggest it is the boundaries of the area we have defined. • We can draw a line to denote the neighbourhood but in reality, it doesn't exist for patients. • We ask that the Committee take into consideration pharmacies throughout Hamilton when making their determination of services provided in and to the neighbourhood.
7.13	SIMD (Scottish Multiple Index of Deprivation) shows that many areas of Hamilton are ranked as some of the least deprived (output areas) in Scotland. The outer areas and those where new housing have been built and developed show a level of much less deprivation.
7.14	2011 Census data – Population - We understand the population of Hamilton to be approximately 53,200. Twelve pharmacies are located within Hamilton itself. (Equates to 4432 patients per pharmacy which is approximately in line with national averages – 1250 pharmacies approximately - Scot gov website), 2021 mid-year population estimate of 5,479,900 = 4383 patients per pharmacy).
7.15	Car ownership - Levels of car ownership in Hamilton are on par with the national average. 42.3% of households have access to a private vehicle. 22% of households have access to two or more vehicles. 69% of households have access to at least one vehicle. (Scotland – 42.2% have access to a vehicle – 21.6% have access to two or more vehicles).
7.16	Home ownership - Levels of home ownership in are also on par with the national average. 65.1% of households are owner occupied (with or without a mortgage), the national average being 62%. 24.6% are rented from the council or social landlords, the remainder being privately rented. (Scotland – 62% owned and 25% rented).

7.17	<p>General health - Levels of general health are also on par with 80% of residents rating their health as good or very good and 6.9% rating their general health as bad or very bad. (Scotland – 82% good/vg and 5.6% bad/v. bad)79% of the population live without a long-term health issue or disability that limits their day-to-day activities in any way, which again on par with the national average. (Scotland – 80% live without issue or disability affecting day to day lives).</p>
7.18	<p>Given the quality, the target demographic, size and cost of new housing in this area since the 2011 census, it is unlikely any new residents to the neighbourhood will have a negative effect on these statistics.</p>
7.19	<p>The data for our neighbourhood reflects the averages for Hamilton and Scotland as a whole.</p>
7.20	<p>In summary:</p> <ul style="list-style-type: none"> • The census data for our neighbourhood reflects the averages for Hamilton and Scotland as a whole. • In addition to the pharmaceutical service provision in the neighbourhood, there are also a number of pharmacies within the wider area of Hamilton that are within a reasonable travelling time for any patient wishing to use them. • Given the demographics of the area (commuters, professionals) residents may also access pharmacies in the wider area where they go to work or regularly shop.
7.21	<p>Housing Developments in the Hamilton area – The new housing in the area is typically of higher affluence, with better health, and higher car ownership. Page 6 of the Planning Report suggests most of the additional 1,469 dwellings will be built before the end of 2025 – however the net population is minimal (1.5%).</p>
7.22	<p>In the extract from the Improvement Service in collaboration with National Records of Scotland (sub council area population projection), this clearly states for Hamilton a population increase of 837 between 2020 and 2030.</p>
7.23	<p>The existing pharmacies have met any needs arising from recent developments and have the capacity to meet any future needs arising from new housing developments.</p>
7.24	<p>In summary:</p> <ul style="list-style-type: none"> • The census data for our neighbourhood reflects the averages for Hamilton and Scotland as a whole. • New housing developments will increase affluence, higher car ownership and improved health – households with possibly less need. • The existing pharmacies have met any needs arising from recent developments and have the capacity to meet any future needs arising from new housing developments.
7.25	<p>The proposed premises history</p>

7.26	There are several references in the CAR to the relocation of Boots from the premises at 2a Hillhouse Road to 113 Wellhall Road. Therefore, we thought it might be helpful if we explain the background and why there was a need for relocation.
7.27	As you may, or may not be aware, Mr Tanner sold the pharmacy contract at Hillhouse Road to Alliance Pharmacy a number of years ago but retained ownership of the premises. Alliance Pharmacy later merged with Boots.
7.28	The Boots lease on the premises came up for renewal in 2017. Mr Tanner instructed an agent to deal with the lease renewal and Boots was led to believe that he was prepared and was preparing to renew the lease.
7.29	However, towards the end of the existing lease Mr Tanner suddenly changed his position entirely and served notice to quit.
7.30	Boots immediately looked into securing other premises within a relocatable distance, but it became clear that the premises we could move to were limited.
7.31	However, we did manage to secure the premises on Wellhall Road and in only approximately six weeks, stripped out the former chip shop, refitted it as a new pharmacy.
7.32	The Boots pharmacy relocated on 17 December 2018, just a week before Christmas. Services were uninterrupted and the team did a great job to ensure services were continuous for their patients. We did this at one of the busiest times of the year, when patients are in need of their medication even more so especially as some pharmacies close over the Christmas period. The relocation took place over a weekend as to not disrupt pharmaceutical service and so that patients had continuous access to the pharmacy and our patients saw no interruption at all.
7.33	It shows the importance to Boots and our pharmacy team at Wellhall Rd, that patients were not left without provision for any length of time. This is supported in the letters of support sent in to our pharmacy.
7.34	A lot of effort went into this, this is possibly why some respondents in the CAR were under the impression that Boots had chosen to relocate rather than having been forced to do so.
7.35	Had the pharmacy closed, under the current pharmacy application process it would have taken a number of months for a new pharmacy contract to be granted and open. This would have left patients in the area having to look for an alternative pharmacy provider. Many may have been unable to access services at all or would have to travel to the next nearest pharmacy, which is over 1 mile away.
7.36	Having to vacate the current premises and not being able to secure alternative premises at the end of the lease, would have resulted in a loss of pharmaceutical services to the local community for a not insignificant period of time.
7.37	If this application were to be approved today, there would then be an appeal period. This would mean that is no appeals were received, if successful, the process would have taken 10 months, 10 months' patients would have been without pharmaceutical services.

7.38	<p>In summary:</p> <ul style="list-style-type: none"> • The proposed premises are the premises Boots used to occupy until we were evicted on 17 December 2018 and are a very short distance from the existing Boots pharmacy. • Boots relocated to their current site, the former Chip Shop, which were the only available premises at the time. The team worked extremely hard to fit out the pharmacy and retail areas so that there was no interruption to services. • It was never Boots intention to vacate the premises at the GP Surgery, but we were left with no choice but to relocate or close which would have left patients without pharmacy provision.
7.39	Existing services provided in and to the neighbourhood
7.40	<p>There are currently 12 pharmacies within Hamilton, five in the neighbourhood as defined by us. It is of note that there is only one in the neighbourhood as defined by Mr Tanner.</p>
7.41	<p>The existing Boots pharmacy is located only 180 metres (Google maps – NB NHS Lanarkshire info suggests it's half a mile but is incorrect) from the proposed pharmacy, and only two minutes' walk at the most. There is a crossing point outside the Boots pharmacy for anyone needing to cross the road and the journey between the two is very straightforward.</p>
7.42	<p>Our pharmacy on Wellhall Road provides the following services:</p> <ul style="list-style-type: none"> • Pharmacy First, for which we are the biggest provider in the area. • Pharmacy First Plus, with an Independent Pharmacist setting up Pharmacy First Plus Service • Medicines Care and Review Service • EHC and BC • Stop Smoking Service • Unscheduled Care Service • Gluten Free Food Service • Ostomy • Substance Use Service • Needle Exchange Service, for which NHS Lanarkshire has funding to commission two providers per locality. In Hamilton they are Lloyds at Burnbank road and our pharmacy at Wellhall Road • Hepatitis C treatment • Medication Administration Record Service
7.43	<p>Delivery – We also provide a delivery service if required. This service is provided free of charge. Twice daily deliveries Monday to Friday and arranged for all patients should they require this service. We are open 8:45 – 18:00 Monday to Friday and 9am – 1pm on a Saturday.</p>

7.44	Compliance pack medications DDS are provided through a hub in Douglas Street. In accordance with current guidelines and preference of NHS Lanarkshire a MARR chart services is available from all Boots for patients however we have ability to offer patients packs where a pharmacist identifies a patient need/appropriate for patient. This is available from Douglas Street hub and Burnbank.
7.45	Staffing – Our pharmacy is fully staffed with no vacancies. We have permanent pharmacists who have been in position for a number of years. Pharmacists include an Independent Pharmacist currently in position.
7.46	Additional information – Our current premises have a consultation room, which offers privacy to patients, a hearing loop, automatic doors and a ramp to access the premises.
7.47	Our pharmacy team have a good relationship with local GPs and have had good, ongoing conversations with them. No concerns have been raised. The point previously raised around our providing for Wellhall Medical Centre was in regards to liquid nitrogen, for which NHS Lanarkshire desired an alternative put in place. That was not our choice to discontinue the provision.
7.48	In summary: <ul style="list-style-type: none"> • The current pharmacy provides all services. • Our pharmacy on Wellhall Road is only a short walk away from Wellhall Surgery.
7.49	Existing pharmacies in the wider area
7.51	The Committee will be aware of services provided to the neighbourhood from pharmacies outwith and that these should also be taken into consideration when assessing the adequacy of the existing services provided to the neighbourhood. The Committee should not restrict themselves to considering the existing services physically located in the neighbourhood only.
7.52	The existing pharmacies in Hamilton are currently providing access to services Seven days a week. Our pharmacy at Regent Way are open on Sunday and Douglas Street is open until 7pm Monday to Friday. Boots on Douglas Street is just over one mile (1.2 miles).
7.53	The existing pharmacies provide core, national and locally negotiated services (Details of which patients can find on NHS Inform, the pharmacy’s own website, in printed material available in the pharmacy (leaflets etc) and the Pharmaceutical List).
7.54	Access to the existing pharmacies
7.55	By Car – Patients wishing to access services by car will have a choice of pharmacies from which to do so. Parking is available at our pharmacy and there is parking in the local side streets and at the housing car park a few metres away. There is ample free parking is available at the Lloyds Pharmacy at the Technology Park. Also, ample free

	parking at or near to, the pharmacies at Burnbank, Lloyds Burnbank Road, Boots Douglas Street for example.
7.56	Public Transport – There are many buses that operate throughout Hamilton as can be seen from the map above. The 226 runs down Wellhall Road and this service runs every 15 minutes weekdays and Saturdays. The service operates every half an hour on Sundays. There is a bus stop directly outside our pharmacy on Wellhall Road. In addition to private vehicles and public transport, patients may also choose to use community transport or delivery services which are available from a number of pharmacies. The proposed premises are a very short distance from the surgery at Wellhall Road. Our pharmacy team tell us that many of our patients walk to us.
7.57	In Summary: <ul style="list-style-type: none"> • The existing pharmacies are reasonably accessible from the neighbourhood, whether a patient is travelling on foot, by car or by public transport. • The current pharmacy provides all services. • Our pharmacy on Wellhall Road is only a short walk from the Wellhall Surgery. • Free parking is available at the existing pharmacies. • Free delivery services are provided by existing pharmacies.
7.58	Absence of complaints – We are not aware of any complaints made to the Board in the past 18 months. There are a number of positive comments about our service within the CAR. We also have a mechanism for patient feedback.
7.59	Here are examples of our latest comments received from patients:
7.60	2176 - Hamilton Wellhall Road Survey Date: 19/5/2023 07:54 Why Extremely Satisfied (9) The staff are always welcoming The store is always clean tidy and welcoming The pharmacist is extremely helpful each time I visit and always goes the extra mile to assist on your requirements
7.61	2176 - Hamilton Wellhall Road Survey Date: 1/4/2023 05:53 Why Extremely Satisfied (9) Was asked what I was looking for. Explained my symptoms to the pharmacist. She recommended an antibiotic rather than antiseptic cream for my infection around my toes. She then done the prescription for me and I received the medication . They were more than helpful, kind and caring. Top class service .
7.62	2176 - Hamilton Wellhall Road Survey Date: 23/3/2023 11:41 Why Extremely Satisfied (9) Pharmacist was able to look at my son's ingrown toenail and reassured me that I was

	doing all the right things to treat it for him, I was concerned regarding discharge and infection and next steps advised which resulted in getting antibiotic for him. Felt really looked after.
7.63	In summary: <ul style="list-style-type: none"> - No complaints have been made to the Board in the last 18 months. - Customer feedback is overwhelmingly positive for the service offered from the current Boots pharmacy.
7.64	Viability
7.65	The Committee will be aware of the need to 'secure' the adequacy of services in the area, which includes considering the effect granting the application would have on the stability and sustainability of local NHS Pharmaceutical Services. That is the existing services available to patients as well as the long-term viability and security of the new pharmacy, should the application be granted.
7.66	In our experience, when a pharmacy opens near to an existing pharmacy, in a locality where there is the one pharmacy, the existing pharmacy can see a significant decrease in the number of items it dispenses and demand for services.
7.67	The PPC will be aware that pharmacist resources have been an issue recently and that a new pharmacy in an area will give rise to an increase in demand for pharmacist and support staff resources.
7.68	The PPC will have to assess the affect existing services available to patients as well as the long-term viability and security of the new pharmacy, should the application be granted.
7.69	If our items significantly decrease, it could possibly put our service at risk.
7.70	Our pharmacist has also recently completed their IP qualification and is in the process of setting up a Pharmacy First Plus Service in our pharmacy.
7.71	If this proposed pharmacy goes on to open, the potential loss of business at Boots could put these services at risk and lead to a reduction in staff. Notably second pharmacist costs and IP service.
7.72	Furthermore, it is possible that if the business is divided between the two pharmacies one or more of the pharmacies could close - plus we do not know the effect the change of ownership will have on the Lloyds pharmacy (new owners typically increase the business through focused efforts).
7.73	We submit that should the application be approved, and the proposed pharmacy go on to open, it will at the very least destabilise the provision of NHS Pharmaceutical services in this area.

7.74	We would like to take the opportunity to remind the panel that a pharmacy although private, is NHS funded and the addition of a new contract would be at an expense to the NHS.
7.75	In summary: <ul style="list-style-type: none"> - If the pharmacy goes on to open it will destabilise the existing provision. - A reduction in staff and services is likely. - Additional cost to the NHS.
7.76	The CAR Report and representations
7.77	The Joint consultation ran from 8 December to 21 April 2023.
7.78	Firstly, we like to remind the panel of the situation that led to the relocation of the Boots Pharmacy. This relocation and reasons behind it were dealt with professionally by our team, however this may have led to a misunderstanding amongst patients/respondents thinking that it was our choice to relocate.
7.79	Regarding Question 1, however, there are several comments in this section that relate to the neighbourhood being contrived or fabricated.
7.80	Comments in there also suggest there is no need for another pharmacy Also positive comments about our service:
7.81	Page 41 – point 11 ‘The two Boots pharmacies in this area are fabulous and go out of their way to help. I have had an emergency delivery from Boots on many occasions when I have been unable to get out’
7.82	Page 42 – point 4 ‘Boots Pharmacy is fantastic and provides all these services really well’
7.83	Page 57 – point 9 ‘As explained above Boots in Wellhall Road have been fantastic even though they were forced to move premises,’
7.84	Page 137 – point 18 ‘I don’t believe this additional pharmacy is necessary. There is already an established pharmacy team 100m away who have been doing an excellent job for years, including working under the very stressful conditions during the pandemic. Has consideration been given to how the existing pharmacy team who have developed their services and rapport with their service users over a long period of time’
7.85	You will note from the papers sent with the PPC meeting invite that several interested parties have objected to the application.

7.86	I have written to Monica Lennon, Boots takes seriously patient safety extremely seriously, we are unaware of any patients who have gone without their medication, if this were the case it would be classed as a significant patient safety event, which would result on a full investigation lead by our clinical governance team to identify route cause(s) and mitigation to prevent any re-occurrence, notification to patients GP and NHS Lanarkshire. We note Monica Lennon has not responded to our letter or invite to visit out pharmacy at Wellhall Road.
7.87	<p>In summary:</p> <ul style="list-style-type: none"> - There is a misunderstanding amongst some respondents as to why we relocated. - Comments are about convenience rather than inadequacy. - The CAR contains positive comments, 50% of responses say the pharmaceutical provision is adequate.
7.88	Several comments relate to stock issues – stock availability is a national problem. Out of stocks is a national issue. We have access to three wholesalers – Alliance, AAH and Phoenix and new PGD helps pharmacists with strengths and forms. We can also source from our Specials department. Store team are clear on their commitment to make sure patients do not go without their medication and contact the GP for a suitable alternative.
8	The Chair invited questions from the Applicant.
8.1	Mr David Tanner (Applicant) to Mr Scott Jamieson
8.2	Mr Tanner asked Mr Jamieson to define his neighbourhood again. Mr Jamieson repeated the boundaries as submitted in his statement.
8.3	Mr Tanner noted that Mr Jamieson gave the average figures of multiple deprivation for Hamilton, and asked him if he accepted the Scottish Index of Deprivation is at a local level and not for a town as a whole. Mr Jamieson noted that based on the data zones included, he felt it's a representative number that includes a good mix of the most deprived and least deprived areas.
9.	The Chair invited questions from the other Interested Parties
9.1	Mr Tom Arnott (Lloyds Pharmacy Ltd) to Mr Scott Jamieson
9.6	Mr Arnott asked Mr Jamieson to confirm how much of his business would be impacted by the opening of a new pharmacy. Mr Jamieson confirmed that, by estimates informed by past situations, he would lost 50% of his business and have to reduce his staff to one pharmacist.
9.7	Mr Arnott asked Mr Jamieson if he stood by his previously made statement about how viability for pharmacies has differed from 2003 to 2023. Mr Jamieson confirmed that he did.
9.8	Mr Arnott asked Mr Jamieson about his previous question regarding the necessary clarity that this application is for a new pharmacy rather than a relocation of an already existing

	pharmacy. Mr Jamieson confirmed that there did seem to be some confusion. When Wellhall Medical Centre was informed that this application was for a new pharmacy rather than Boots moving back to its old location, they removed their response box for the CAR.
9.9	Mr Arnott noted that Mr Jamieson said he wrote to Monica Lennon, MSP to clarify the points she had raised in her letter of support to Mr Tanner. Mr Jamieson confirmed that was the case as he was quite alarmed at what she had written as facts, so he wanted the source and to know if it was correct so that he could follow-up with appropriate actions. She has not replied, though.
10.	The Chair invited questions from the Committee
10.1	Mr Iain Allan (Pharmaceutical Contractor Member) to Mr Scott Jamieson
10.2	Mr Allan noted that Mr Jamieson made reference to a waiting list and asked if it was for weekly dispensing. Mr Jamieson confirmed that the hub on Douglas Street has actually seen a significant reduction in pressure in the last two years so there is plenty of capacity for more dispensing if needed.
10.3	Mr Allan asked about how the staffing schedule works with two pharmacists. Mr Jamieson confirmed that their schedules dovetail with a considerable agree of overlap when possible, and that there are also ACTs and Pharmacy Technicians available to dispense medications.
10.4	Mr Allan asked Mr Jamieson how the customer satisfaction surveys for Boots take place. Mr Jamieson confirmed the surveys usually take place at home, when Boots sends them an invite to complete the survey that includes the web address.
10.5	Mr Kenneth MacKenzie (Pharmaceutical Non-Contractor Member) to Mr Scott Jamieson
10.6	Mr MacKenzie noted the three positive examples of customer feedback that Mr Jamieson provided, and asked for the average feedback the store receives. Mr Jamieson noted that so far for the year, the average calculated score based on feedback is 85%.
10.7	Mr MacKenzie asked how many customer satisfaction surveys are filled in in any 12 month period. Mr Jamieson confirmed that two to three a week are returned.
10.8	Mr MacKenzie referred to the Pharmacy First offering at Boots, noting that suggestions of patients being turned away earlier shows signs of Boots not being able to cope, and asked Mr Jamieson if he knew of any customers who had to be turned away due to lack of capacity. Mr Jamieson confirmed that he absolutely did not know of any customers who have been knocked back due to capacity and that he does not at all recognise the statement made regarding patients being turned away and failure to cope.
10.9	Ms Carol Prentice (Lay Member appointed by NHS Lanarkshire) to Mr Scott Jamieson
10.10	Ms Prentice confirmed that all of her questions had been previously answered.
10.11	Mr Michael Fuller (Lay Member appointed by NHS Lanarkshire) to Mr Scott Jamieson

10.12	Mr Fuller asked Mr Jamieson if he was able to provide with any degree of certainty the extent to which the Boots pharmacy in Wellhall covers services to the Neighbourhood and how much of their business comes from the Neighbourhood. Mr Jamieson confirmed that, in terms of prescription volume, about 60% comes from the Wellhall Medical Centre.
10.13	Mr Fuller asked Mr Jamieson if those prescriptions from Wellhall Medical Centre fits within his description of the neighbourhood. Mr Jamieson clarified that Burbank would be included, and that the breakdown of Boots pharmacies across Hamilton indicates that while patients move they like to stick to the same GP. The next biggest group of patients is 10% from Hamilton West, 5% from Burbank, and then many areas that contribute 1% or 2%.
10.14	Mr Fuller noted that not all of Boots patients will use Wellhall Medical Practice and asked if it was probably that the number of patients from Wellhall can presumed to be higher. Mr Jamieson agreed that is likely the case.
10.15	Mr Fuller asked Mr Jamieson if their current premises is smaller than the one they were in previously. Mr Jamieson couldn't speak to the size but confirmed the space was different and required a different layout.
10.16	Mr Fuller noted complaints made in the CAR about size, privacy, access etc. and asked Mr Jamieson to confirm if Boots plans on staying at the current location with no room for expansion. Mr Jamieson noted that the pharmacy meets the needs of Boots, with a private consultation area in the back and a reasonable amount of shop floor space. There is also a large area in the back used for dispensing and there is capacity to increase production in that regard.
10.17	Mr Fuller asked what is above the pharmacy. Mr Jamieson confirmed it is a privately owned flat.
10.18	Mr Fuller asked how long the lease is for Boots at the current premises. Mr Jamieson did not know.
10.19	Mr Fuller asked Mr Jamieson to speak to complaints made in the CAR around pressures on the service and attitude of staff at Boots. Mr Jamieson confirmed he has not seen any problems, and that Boots has a stable and fully trained team including Accuracy Checking Technicians to free the pharmacist up to deliver patient facing services. He noted that overall the workforce crisis has meant staff have had to be trained due to turnover, but expected that to be the case in any community pharmacy at this point in time as there are more jobs than people.
10.20	Mr Fuller asked Mr Jamieson about his stock levels. Mr Jamieson confirmed Boots would hold stock so that if there was a crisis they would have three to four days of stock on the premises. He also noted that it has never been harder to get supplies of medication and that directions from NHS Lanarkshire are received on how to cope with these shortages in this currently challenging environment.
10.21	Mr Fuller asked Mr Jamieson to respond to comments in the CAR noting delays between five to 14 days in some cases. Mr Jamieson responded by saying that Boots do not recognise those comments. He confirmed that the pharmacy is well run with a solid operating platform that is efficient and provides an appropriate service level from when a prescription is received. Some patients complain having ordered a script on a Monday,

	but it is possible that the pharmacy may not receive that script until Friday or Saturday from the GP. Once received by Boots, the turnaround time for patients on long-term medications is usually 24 hours, occasionally up to 48 hours. Boots also offers a texting measure so patients aren't inconvenienced by turning up to the pharmacy too soon.
10.22	Mr Fuller asked if there were IT problems involved in communication with GPs. Mr Jamieson confirmed that not everyone is on the same systems and that does create problems. The biggest ask of Scottish Government right now is for an integrated IT system. Independent pharmacists can't access a patient's notes, sometimes information is communicated via Word Document or a written note. He confirmed the system was in dire need of improvement.
10.23	Mr Fuller asked Mr Jamieson about the relationship between Boots and the Wellhall Pharmacy and Medical Practices. Mr Jamieson confirmed that there is a good relationship, and that he reached out to Wellhall Medical Centre to ask for feedback about the service levels at Boots and there was nothing to suggest there was any issue.
10.24	Mr Fuller asked about the impact of having a practice pharmacist. Mr Jamieson confirmed the impact was positive, as Boots pharmacists now have a point of contact within the practice and notes that it improves the patient journey.
10.25	Mr Fuller referred to the figure Mr Jamieson used that, should the application be granted, Boots would lose 50% of their business and wondered how accurate that was given many prescriptions are repeat and that people already have a relationship with Boots as their pharmacy. Mr Jamieson noted that the figure was based on examples of similar situations happening to other Boots locations in places like Blackburn, and confirmed it would be a wider situation than just Boots.
10.26	Mr Fuller noted the amount of recent publicity around the possible closures of pharmacies, and asked Mr Jamieson what assurances he can provide about his pharmacies in Hamilton. Mr Jamieson noted that it was very tough for all pharmacies at the moment, and confirmed that around 300 pharmacies are due to close UK wide but noted that Scotland has a different funding model than England does and, therefore, he expects to see few pharmacies close in Scotland and no closures in Hamilton.
10.27	Ms Lesley McDonald (Chair) to Mr Scott Jamieson
10.28	Ms McDonald asked Mr Jamieson to confirm that his pharmacy is providing all core services. Mr Jamieson confirmed that Boots was providing all core, national and local negotiated services.
10.29	Ms McDonald asked Mr Jamieson what procedures are in place if a patient is in need of an emergency prescription. Mr Jamieson confirmed that with the unscheduled care service, the pharmacist can access the emergency care summary to find out what medication the patient is on and give a supply for a month's worth of medication on the NHS. This is a back-up and certainly wouldn't be used due to an inefficiency in the pharmacy operating platform.
10.30	Ms McDonald asked Mr Jamieson if he had any intention of extending the pharmacy's opening hours to include Saturday afternoon. Mr Jamieson confirmed there was currently no intention to do that.

10.31	Ms McDonald asked Mr Jamieson if Saturday services were provided elsewhere in the Neighbourhood he has proposed. Mr Jamieson confirmed that they were, at Mill Road, Douglas Street and Regent Way.
11.	Interested Parties – The Chair then approached Lloyds Pharmacy Ltd
11.1	The Chair invited Mr Tom Arnott of Lloyds UK Ltd to speak. Mr Arnott read from a pre-prepared statement.
11.2	I would like to thank the Panel for allowing me to speak today.
11.3	The Applicant's reason for making this application seems to be that the Pharmaceutical Services provided by current Contractors is inadequate because there is only one Pharmacy in his definition of the neighbourhood.
11.4	There are, as the Panel is aware numerous examples from Pharmacy Practice Committee Hearings and numerous National Appeal Panel Hearings that adequate Pharmaceutical Services can be provided to a neighbourhood from Pharmacies situated out with that neighbourhood and this is the case in this in Hamilton. Hamilton has a population of 54,650.
11.5	Indeed, to use the Applicant's logic that only one Pharmacy services his definition of the neighbourhood with a population of 25,172 is totally illogical as by stating this he is basically saying that the other 11 Pharmacies in Hamilton are servicing the rest of Hamilton's population of 29,308 or 2,664 patients per Pharmacy this is utter nonsense. The Applicant also mentions an increasing population.- In 2011 the population of Hamilton was 53,284 in 2023 the population is 54,650 an increase of only 1,366 or 2.5% this is not a substantial increase in population.
11.6	The Panel will see from The Advice and Guidance for Those Attending the Pharmacy Practices Committee they must consider what are the existing pharmaceutical services in the Neighbourhood or in any adjoining neighbourhood.
11.7	Indeed, using data supplied by the Applicant, within his defined neighbourhood there is an existing Pharmacy and a further seven Pharmacies within two miles and indeed three of these are within 1.1 miles of his proposed Pharmacy a further seven Pharmacies are within three miles.
11.8	My understanding is that the Applicant is applying for premises owned by himself and these are the Premises in which he served Boots a 6 week eviction notice , forcing Boots to find premises and relocate within a 6 week timescale, if as appears to be the case in his Application , the Applicant cares for the Health and well-being of the community I find these actions contradictory and indeed prove that this Application is not about the Adequacy of existing services but about him making money.
11.9	The following is a comment on page 19 of the CAR, and I quote: "The owner is greedy and did not care for pharmacy customers when he ousted Boots for more money."
11.10	The following is from Page 137 of the CAR and I quote: "Think it's an absolutely disgusting move if u ask me Boots was in this was functioning very well there were no issues other than the landlord putting them out with sheer greed. They have put a sign up saying this was being open Won't be using it as no time this day for greed."

<p>11.11</p>	<p>As regards his definition of the neighbourhood I think it is best summed up by a comment in the CAR and I quote page 23 of the CAR: “The boundary has been exaggerated to make it look a lot larger when a significant part of this area is fields not houses, he has also conveniently stopped the boundary right next to several other pharmacies in the area suggesting that people would travel further to go to his pharmacy rather than the one within walking distance to them which is ludicrous.”</p>
<p>11.12</p>	<p>I must admit I am confused as looking at a Map of Hamilton within the Applicants proposed neighbourhood there are clearly named neighbourhoods.</p> <ul style="list-style-type: none"> • Udston • Hillhouse • Earnock • Little Earnock • Laighstonehall • Fairhill • Woodhead Green • Meikle Earnock <p>Many of the residents of the Applicants proposed neighbourhood appear to live nearer to existing Pharmacies. I would be amazed if someone living in Galloway Avenue (Meikle Earnock) Considered themselves a neighbour of someone living in Brankholm Brae (Hillhouse). A further example of the Applicant mashing together Areas of Hamilton to suit his needs.</p>
<p>11.13</p>	<p>Also, although there is an ALDI within his definition of the neighbourhood the 3 main Supermarkets are in the North of Hamilton as are most of the Retail Parks which the residents of Hamilton access without difficulty, and of course there are numerous Pharmacies. I also note that on the Applicants statement and I quote: “Pharmacies in the Town Centre and on Major Arterial routes have very good bus access.” Also using information supplied by the applicant 69% of Residents have access to a Car. Hamilton is not a Rural Area it is the fourth largest town in Scotland.</p>
<p>11.14</p>	<p>The Applicant claims that there has been an increase in population. I agree, however using the data provided by the Applicant, when you exclude the Nerston and EK Landward Data zones SO1012897 and SO1012898 which as far as I can see are not in his definition of the neighbourhood, since 2011 the population has only increased by 361.</p>
<p>11.15</p>	<p>The Applicant refers to a high response rate to the CAR I cannot agree. My understanding is that the survey was made available to the total population of Hamilton and beyond (I note there are responses from as far afield as Ferniegair) normally one of the questions on the CAR is do you live in the neighbourhood, that is not the case with this survey. The Applicant received only 1,519 responses from a population of at least 54,650 that is a response rate of only 2.7%, which the Panel will be aware is actually a very low response rate. Even if the responses only came from residents within his definition of the neighbourhood, which is extremely unlikely, the response rate is only 6.0%. There have been many CAR surveys that exceed the Applicants response rate such as: Ferniegair 51.0%, Monkton 22.7%, Townhill 21.1%, Pumpherston 21.0%, Fenwick 17.0%, Blackburn 12.9%, Moffatt 10.0%, Aberlady 9.6%,</p>

	Mid Calder 9.5%, Bishopton 9.0%, Pitmedden 7.8%, Glenrothes (Collydean) 7.8% and Burntisland 6.7%.
11.16	<p>Question 1 of the CAR: Do you agree that the Area with the blue border represents the neighbourhood that would be served by the proposed Pharmacy?</p> <p>There are numerous detailed comments that do not agree a few examples are as follows:</p> <p>“I have lived in Hamilton for a number of years and in my opinion the Blue Border encompasses many Areas in Hamilton, so it is not a neighbourhood.”</p> <p>“This neighbourhood makes no sense at all. This is a few Areas of Hamilton joined together for whatever reason possible to suit the applicant.”</p> <p>This one I feel sums it up, and I quote:</p> <p>“Not an area in Hamilton.”</p>
11.17	<p>Question 3 of the CAR: With regard to the neighbourhood, being the Area shown with the blue outline on the map, do you think that the current pharmaceutical services being provided in the neighbourhood are adequate?</p> <p>When you look at the Individual Services provided, with the exception of the Dispensing of Acute Prescriptions, it is a minority who state services are inadequate.</p> <ul style="list-style-type: none"> - Pharmacy First: Only 560 of the 1,280 who responded, which is 43%, state the provision of this service is inadequate. - Smoking Cessation and EHC: Only 382, or 30%, of respondents state the provision of this service is in adequate. - Medicine Care Review: Only 465, or 36%, of respondents state the provision of this service is inadequate. - Substance Misuse: Only 324, or 25%, of respondents state the provision of this service is inadequate. - Stoma: Only 249, or 19%, of respondents state the provision of this service is inadequate. - Unscheduled Care: Only 487, or 38%, of respondents state the provision of this service is inadequate. - Gluten free: Only 288, or 22%, of respondents state the provision of this service is inadequate. - Pharmaceutical Advice to Care Homes: Only 244, or 19%, of respondents state the provision of this service is inadequate. <p>These responses show that only a minority of respondents see any inadequacy in the provision of Pharmaceutical Services.</p>
11.18	The other worrying feature of this CAR is the number of questions that only a minority of respondents answered in detail if I am reading the report correctly. For example:
11.19	Question 4: Do you think that the current provision of Pharmaceutical Services has any Gaps or Deficiencies? Only 537 responded in detail.
11.20	Also, there are many comments that are very complimentary about the current service provision (pages 55 and 56 also page 75 and 130 and 131).

11.21	Another issue with this CAR is that the responses to Q5 do not reflect the answers in Question 3.
11.22	Question 6: Do you think that the proposed Opening Hours are adequate? Only 448 responded in any detail out of a possible 1,519.
11.23	The Panel must consider the results of the CAR however in this case there appears to be a lack of clarity in the responses.
11.24	I noted some of the responses to Question 7 on page 100: If this proposal is successful do you think that there would still be any Gaps in the Pharmaceutical Services provided? Another quote: "I cannot think of anything right now as the current service provided by the local Health Centre provides outstanding service to the Community."
11.25	As regards Opening Hours , The Applicant has only stated these hours to add some substance to his Application.
11.26	All Current Contractors meet the Core Hour needs of NHS Lanarkshire. I cannot understand the 7.00am Opening Time as the First Appointment at Wellhall Medical Centre is 7.30am. Six of the Hamilton Pharmacies are open until 6pm including the Boots on Wellhall Road. Six of the Hamilton Pharmacies are open all day on a Saturday. The Boots on Regent Way is open on a Sunday which is surely sufficient to meet any demand.
11.27	Fife which has a population of 371,910 has seven Sunday Opening Pharmacies which equates to one Pharmacy per 53,130 of the population a very similar number to Hamilton and Fife is far more rural.
11.28	The Applicant can at any time reduce these hours and his proposal to have a Pharmacy open for 76.5 hours per week would make me question its viability. As I say these hours have been shown simply to add some substance to his Application and are certainly not necessary.
11.29	I also note the Applicant has provided a letter of Support from Burnbank Medical Centre, which is not the closest GP Practice to the Applicant's proposed Pharmacy. In my opinion this reads more like an old pal's act with comments such as, "I have worked with David when he first opened Wellhall Pharmacy some 20 years ago," other than this comment there is very little to support the need for another Pharmacy.
11.30	I also note that there is no letter of support from Wellhall Medical Centre, which is in the same building as the Applicants proposed Pharmacy. I assume this is because the Wellhall Practice has a good working relationship with the Boots Pharmacy on Wellhall Rd.
11.31	While visiting the proposed premises I noted a large sign stating Wellhall Pharmacy coming soon. Not sure why the Applicant has done this, as it is only today the PPC are meeting to discuss the Application.
11.32	I also took the opportunity to visit the Boots Pharmacy on Wellhall Rd.

11.33	The first thing I noticed was the amount of Parking Places, as much has been made of the lack of Parking I was surprised to find at least 14 Parking Places in the vicinity of the Boots Pharmacy not the three places mentioned in the CAR.
11.34	I have been involved with Pharmacy for 20 years and I can usually tell when I walk into a Pharmacy whether there are Operational Issues, I can assure the Panel that in this case I saw a very organised clean bright Pharmacy.
11.35	I spent some time speaking to Sarah and the team, without exception they were Professional and Patient centred their enthusiasm was as good as I have come across in any Pharmacy I have ever visited.
11.36	On looking at some of the SIMD Data provided by the Applicant I agree there are pockets of deprivation within his definition of the neighbourhood, however from his advised population of 25,172 on the measure Access to Services which includes Access to Pharmaceutical Care there are only 1,122 who are in the 10% most deprived in Scotland and these fall within Data zone SO1012733 Little Earnock 16 of the data zones mentioned by the Applicant Are in the Top 50% on the measure Access to Services. It is also interesting to note that only 15.6% of the population of Hamilton are over 65 years of age this is well below the Scottish Average of 17.2%.
11.37	I would also point out that all Contractors offer a free Collection and Delivery Service to any Patients who require this Service, the granting of this contract would make no difference to anyone who is genuinely housebound and cannot attend their Pharmacy in Person.
11.38	This Application in my opinion has nothing to do with Adequacy of Existing Services it is about the Applicant trying to make a profit from the Premises he owns. Hamilton is adequately served by the 12 existing Pharmacies.
11.39	The Panel must take account as to whether the granting of an application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.
11.40	As the Panel is no doubt aware there has been a change in ownership of many of the existing Lloyds Pharmacies I am sure that the purchasers will have made their viability assessments based on the status quo in Hamilton and any loss of business could impact on their viability.
11.41	At this time Pharmacy is going through a difficult period the granting of unnecessary Contracts will only exacerbate the current issues facing Pharmacy. There is currently a critical shortage of Community Pharmacists and Pharmacy Staff. Pharmacists are now on the Governments list of Professions where there are shortages and recruitment issues.
11.42	Community Pharmacy Scotland have requested that Health Boards stop recruiting Pharmacists and Technicians from Community Pharmacy, over the past three to four years almost 600 Pharmacists and 300 Pharmacy Technicians have been recruited in to General Practice. The granting of this unnecessary Contract would only exacerbate this shortage.
11.43	There has been no significant increase in population.

11.44	The Applicant must also be aware that the NHS Pharmaceutical Care Services Plan for Lanarkshire makes no mention of a need for a Pharmacy in his proposed neighbourhood.
11.45	The Panel must take account as to whether the granting of an application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.
11.46	I am unaware of any complaints to the Health Board regarding current service provision and having examined the NHS Lanarkshire Pharmaceutical Care Services Plan. I can see no reference to there being a need for a Pharmacy in the Applicants proposed neighbourhood.
11.47	I would therefore ask the Panel to refuse this application as it is neither necessary nor desirable in order to secure the adequate provision of Pharmaceutical Services in the neighbourhood in which the premises are located.
12.	The Chair invited questions from the Applicant.
12.1	Mr David Tanner (Applicant) to Mr Tom Arnott
12.2	Mr Tanner asked for Mr Arnott to explain his definition of the Neighbourhood. Mr Arnott confirmed that he considered all of Hamilton to be one neighbourhood where people move about freely and that this applies to any proposal for any part of Hamilton.
12.3	Mr Tanner queried about the information supplied previously about accessibility in the Hargest Report. Mr Arnott confirmed that he was not using the Hargest Report but the SIMD figures on access of service which is the norm for PPCs.
13.	The Chair invited questions from the other Interested Parties
13.1	Mr Scott Jamieson (Boots UK Ltd) to Mr Tom Arnott
13.2	Mr Jamieson asked what the potential viability impact would be on Lloyd's pharmacies should this contract be granted. Mr Arnott noted he couldn't comment on all Lloyd's pharmacies but that when speaking to Ms Hunter about Roland's pharmacy, they noted they would have to review their staffing and opening hours amongst other things.
13.3	Mr Jamieson asked if Community Pharmacy Scotland got an agreement from Scottish Government. Mr Arnott confirmed that is still in negotiation.
14.	The Chair invited questions from the Committee
14.1	Mr Iain Allan (Pharmaceutical Contractor Member) to Mr Tom Arnott
14.2	Mr Allan queried Mr Tom Arnott on the math he used to calculate the number of opening hours and it was confirmed that the actual proposed opening hours for the applicant's pharmacy total to 64.
14.3	Mr Kenneth MacKenzie (Pharmaceutical Non-Contractor Member) to Mr Tom Arnott

14.4	Mr MacKenzie confirmed that all of his questions have been previously answered.
14.5	Ms Carol Prentice (Lay Member appointed by NHS Lanarkshire) to Mr Tom Arnott
14.6	Ms Prentice confirmed that all of her questions had been previously answered.
14.7	Mr Michael Fuller (Lay Member appointed by NHS Lanarkshire) to Mr Tom Arnott
14.8	Mr Fuller asked Mr Arnott if he could give any assurances about the system of Lloyd's premises in the area. Mr Arnott confirmed there is only one Lloyd's in the Neighbourhood as determined by the applicant. The Lloyd's in Hamilton and Blantyre are being taken over by Rowlands and others, but Mr Arnott noted he is not privy to all the discussions taking place.
14.9	Mr Fuller asked if Rowlands have made any statements in regards to the future viability of the pharmacies they are purchasing. Mr Arnott confirmed that Rowlands will be purchasing four of the six Lloyds branches in the area and will be providing services to a vast number of the population with the aim to increase staffing and continue service provisions.
14.10	Ms Lesley McDonald (Chair) to Mr Tom Arnott
14.11	Ms McDonald confirmed that all of her questions have been previously answered.
15.	The Chair asked for the Applicant and Interested Parties to summarise their positions in reverse order.
15.1	Mr Tom Arnott for Lloyds Pharmacies Ltd
15.2	The CAR did not receive a large response. Some of the questions have answers that are ambiguous. Is this new pharmacy yesterday? No. Does the application have to do with patient care? No. It's to do with the applicant wanting to utilise the premises that he already owns to make a profit. There hasn't yet been a significant increase in population numbers. There have been no complaints to NHS Lanarkshire health board. There is no mention of a need for a new pharmacy. Hamilton is well served by 12 existing pharmacies, one of which is in the applicant's definition of the neighbourhood, and historically the residents of Hamilton more freely about Hamilton. I ask the panel to deny this application as it is neither necessary nor desirable.
15.3	Mr Scott Jamieson for Boots UK Ltd
15.4	It's really important that we remember the context of how the premises of the application became available. Boots were evicted at short notice, not given six weeks, to vacate those premises. I find it odd given the straight off the high street that Boots could not easily secure another premises. That says a lot about the applicant's care for the population of that neighbourhood and their pharmaceutical provisions as he was quite happy to let them go through a period of time without any. The applicant's area is contrived to include as many new housing developments as he could and only include one pharmacy. There are five pharmacies in the neighbourhood defined by Boots and 12 services in Hamilton that can service that neighbourhood. All core, national and local negotiated services are provided. There is no evidence to demonstrate that there is an inadequacy in service and submit that the service to patients in Hamilton by existing

	<p>pharmacies is adequate. New residents are likely to be mobile, working and accessing pharmacy services in the local area. Many of the new homes are already built and inhabited. We have the capacity to do more and would be happy to discuss the provision of any additional services with NHS Lanarkshire. No complaints have been received in the last 18 months to NHS Lanarkshire. Should the application be approved, it will at the very least destabilise the provision of pharmaceutical NHS services in the area. We ask the Committee to reject the application.</p>
15.5	Mr David Tanner of David Tanner Ltd
15.6	<p>The Neighbourhood, in my experience of having worked there, is as identified in the CAR. There could be the exclusion of various areas and inclusion of others but the Neighbourhood is certainly not the whole of Hamilton. The inclusion by Boots suggests that some of the area has been included in addition to the area I proposed but this was laid and agreed as a self-contained area at a previous hearing. People travel there for work, but it is not a residential area. The expanded area that Boots has suggested includes some high deprivation areas and their catchment would include 30k to 35k for five pharmacies. That equates to almost 7k per pharmacy which is significantly more pressure than my proposed numbers. The question of how I disposed of the business and the fact that I somehow evicted groups from the premises is simply not true the way that it is being presented. When I sold the business in 2003 the purchase made it crystal clear they did not want to purchase the premises, they wanted a 15 year lease and at the time they took it on they were 100% certain that the final day was the 31 August 2018. They had a 15 year long knowledge of that and failed to liaise with me, or make other provisions for providing premises, and continued to trade. I provided them with the decisions that there was not going to be any renewal of the lease at any stage of the process. This was discussed by legal professionals and the courts, at no stage did I discuss a continuation or renewal of the lease. When we asked them to vacate on 31st August they refused to do so. Because they refused to look at a legal document I had reason to take them to court at my own expense and the sheriff put them out four months after they had no legal right to trade there. I'm sorry to say that what is being suggested is simply not true. The evidence that has been presented by the CAR is large in number, it's been suggested that the 1,500 people is a small percentage of the population of the neighbourhood and that the number of responses is low but it's about the data and responses available and people have answered that there is a significant inadequacy across the board which is backed up by letters from MPs, MSPs and the Community Council. Medical practices say that they have to leave the neighbourhood to access pharmaceutical services. There is new housing and identified significant growth from the Hargest Report. The Wellhall Medical Practice has been clear that the service has not been forthcoming and that prescriptions are not collected later in the day but only in the morning. IN conclusion I go back to my previous statement, the CAR and supporting letters from MPS, MSPs indicate inadequacies that can be addressed by providing the Neighbourhood access to an additional pharmacy with two additional pharmacists.</p>
16.	Concluding business
16.1	<p>The Chair was made aware that she missed an important stage in the procedure following the statements from the Interested Parties where she did not give the chance for follow-up questions after the initial round of questioning.</p>
16.2	<p>The Chair asked if there were any further questions for Mr Jamieson.</p>

16.3	Mr Allan asked Mr Jamieson if he had an indicative figure for when a second pharmacist becomes mandatory or unnecessary based on business. Mr Jamieson confirmed this decision was based on salary allocation models, which takes into account service and item provision.
16.4	The Chair asked if there were any further questions for Mr Arnott. There were none.
16.5	The Chair noted that, during the summaries, Mr Tanner provided new information in relation to the claim that Boots was refusing services to the existing pharmacy at Wellhall Medical Centre in that they would not pick up prescriptions in the afternoon. Mr Jamieson was given the chance to speak to this information and confirmed that Boots and the Wellhall pharmacy do connect twice a day as agreed in the morning and afternoon.
17.	Retiral of Parties
17.1	The Chair invited the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. Having been advised that all parties were satisfied, the Chairman advised that the Committee would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared, and a copy issued to all parties as soon as possible. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.
17.2	The Chairman advised the Applicant and interested party that it was in their interest to remain available until the Committee had completed its private deliberations. This was in case the open session had to be reconvened should the Committee require further factual or legal advice, in which case, the parties would be invited to come back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.
17.3	The hearing adjourned at 1430 hours to allow the Committee to deliberate on the written and verbal submissions.
18.	Summary of Consultation Analysis Report (CAR)
18.1	Introduction
18.2	NHS Lanarkshire undertook a joint consultation exercise with David Tanner Ltd regarding the application for a new pharmacy within 2A Hillhouse Road, Hamilton, ML3 9TB.
18.3	The purpose of the consultation was to seek views of local people who may be affected by this or use the pharmacy at its proposed new location. The consultation also aimed to gauge local opinion on whether people felt access to pharmacy services in the area was adequate.
18.4	Method of Engagement to Undertake Consultation
18.5	The consultation was conducted by: <ul style="list-style-type: none"> - Newspaper advertisement in Hamilton Advertiser on Thursday 8 December 2022, Thursday 19 January 2023 and Thursday 9 March 2023

	<ul style="list-style-type: none"> - Notice advertising the commencement of the joint consultation was sent to South Lanarkshire Council for dissemination as appropriate to known groups and elected representatives. Notice was also given to Public Partnership Forum, Hillhouse Community Council and Meikle Earnock Community Council on 8 December 2022. - The website link and banner appeared on the NHS Lanarkshire home page for the duration of the consultation period advertising the consultation. - SurveyMonkey Consultation Questionnaire hosted on NHS Lanarkshire public website - NHS Lanarkshire Twitter and Facebook tweets and posts directing towards NHS Lanarkshire website and consultation survey. - Press Release issued by Communications Department on 8 December 2022. - Facebook post by Daily Record on their page on 8 December 2022.
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18.6 The Consultation Period lasted from 8 December 2022 to 21 April 2023.

18.7 Summary of Questions and Analysis of Responses

18.8 Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; perceived gaps/deficiencies in existing services; wider impact; impact on other NHS services and optional questions on respondents' addresses and circumstances.

Question	Response Percent %			Response Count		
	Yes	No	Don't know	Yes	No	Don't know
1. Do you agree that the area within the blue border represents the neighbourhood that would be served by the proposed pharmacy?	90.72	5.73	3.55	1378	87	54
2. Would a pharmacy at this proposed location be accessible for patients in and around the neighbourhood?	93.29	3.95	2.7	1418	60	41
3. With regard to the neighbourhood, being the area shown within the blue outline on the map, do you think that the current pharmaceutical services being provided in and to the neighbourhood, are adequate?						
3a. NHS Prescriptions	N/A			282	948	51
3b. NHS Pharmacy First Scotland	N/A			576	560	144
3c. Pharmaceutical Public Health Services	N/A			504	382	393
3d. Medication Care and Review	N/A			537	465	278
3e. Substance Misuse Services	N/A			400	324	546
3f. Stoma Service	N/A			413	249	617
3g. Unscheduled Care	N/A			529	487	264
3h. Gluten Free Food	N/A			343	288	647
3i. Pharmaceutical Advice to Care Homes	N/A			382	244	650

4. Do you think that the current provision of pharmaceutical services has any gaps or deficiencies?	65.6	15.79	18.61	839	202	238
5. David tanner T/A Wellhall Pharmacy is proposing to provide the services listed below. Do you think it is necessary or desirable for the proposed pharmacy to open in order for people in the neighbourhood to have adequate access to these services?						
5a. NHS Prescriptions	N/A			1068	112	15
5b. NHS Pharmacy First Scotland				1049	105	38
5c. Pharmaceutical Public Health Services				928	111	155
5d. Medication Care and Review				998	94	102
5e. Substance Misuse Services				770	176	245
5f. Stoma Service				805	92	295
5g. Unscheduled Care				996	105	91
5h. Gluten Free Food				728	120	341
5i. Pharmaceutical Advice to Care Homes				780	94	313
6. Do you think that the proposed hours are adequate?	89.41	6.97	3.61	1064	83	43
7. If this proposal is successful do you think that there would still be any gaps or deficiencies in the pharmaceutical services provided?	9.59	57.19	33.22	114	680	395
8. 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?	79.76	8.32	11.84	930	97	138
9. A) Do you believe this proposal would have any beneficial effects on other NHS services- eg GPs, community nursing, other pharmacies, dentists, optometrists and social services?	78.49	11.05	10.45	916	129	122
B) Do you believe this proposal would have any adverse effects on other NHS services?	13.46	77.53	9.01	157	904	105
10. Do you support the proposal to open a new pharmacy at 2A Hillhouse Road, Hamilton, ML3 9TB?	89.87	9.18	0.94	1047	107	11

18.9	In total 1,524 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.
18.10	Of the 1,524 responses, 1,164 were identified as individual responses and three responses were received on behalf of an organisation.

The Committee considered in detail the responses to each of the questions in the CAR with particular reference to the six issues introduced by The National Health Service (Pharmaceutical Services) (Scotland) (Miscellaneous Amendments) Regulations 2014, on which the CAR must seek views:

- (i) the pharmaceutical services to be provided by the applicant;
- (ii) gaps in existing pharmaceutical provision;
- (iii) the relationship and integration of the pharmaceutical services to be provided by the applicant with other NHS funded services;
- (iv) the potential for the pharmaceutical services to be provided by the applicant to impact on other NHS funded services;
- (v) the neighbourhood to which the application relates; and
- (vi) the location and proposed opening hours of the premises to which the application relates

Question 1 Do you agree that the area within the blue border represents the neighbourhood that would be served by the proposed pharmacy?

90.72% of respondents agreed with the proposed neighbourhood. However, on further examination few of the positive comments related to agreement with the neighbourhood per se, rather they focussed on the desirability of having another pharmacy and parking challenges at Boots, Wellhall Road.

The comments disagreeing were more likely to raise issues with the neighbourhood as proposed highlighting that there were other pharmacies close to the proposed boundary and some suggesting the whole of Hamilton as a neighbourhood.

Comments included “fair description viable for the new premises” ; “yes, think that’s about right but there are lots of chemists in the vicinity”; “this area and possibly wider” and “Yes as it is a great location”.

The Committee therefore concluded that the responses to this questions did not in fact demonstrate support for a particular neighbourhood and considered the views expressed in the CAR, together with the submissions from the applicant, interested parties and their own local knowledge.

Question 2 Would a pharmacy at this proposed location be accessible for patients in and around the neighbourhood?

93.29% of respondents considered the proposed premises to be accessible highlighting the location adjacent to the medical practice, the good parking facilities and easy access to bus services.

The Committee noted these responses as being relevant to whether an additional pharmacy was necessary or desirable and agreed to consider these comments further if the existing provision was found not to be adequate.

Question 3 With regard to the neighbourhood, as defined by the applicant, do you think that the current pharmaceutical services outlined, being provided in and to the neighbourhood, are adequate?

The Committee considered the responses to this question in detail. For all services, other than Dispensing of Acute Prescriptions (948 inadequate/282 adequate), the majority of respondents indicated that services were adequate (albeit in some occasions by a small percentage).

The responses related largely to services at the current Boots Pharmacy at Wellhall Road. Respondents appeared to be commenting on difficulties experienced by only having access to one pharmacy within the blue line rather than services in and to the neighbourhood. Comments included “large area containing a low number of pharmacies compared to the surrounding area beyond the blue border” and “only one pharmacy in the area”. Concerns were expressed about the need to access pharmacies which were further away and that “existing pharmacies in the local area were overloaded”.

Respondents also highlighted growing need due to planned extra housing and generally that “additional options would be good”.

Concerns in relation to queuing, waiting times and stock were picked up by the Committee in questions to the interested parties.

These comments together with the responses received and the submissions of all parties were considered by the Committee in reaching a conclusion as to the adequacy of existing provision.

Question 4 Do you think the current provision of pharmaceutical services in and to the proposed neighbourhood has any gaps or deficiencies?

537 respondents answered this question and 987 skipped. 65% of those answering indicated that they considered there to be gaps in existing provision.

The responses were principally a critique of the service provided by Boots at Wellhall Road and did not demonstrate an appreciation that the existing provision included services in and to the area. A comment refers to having to go to Lloyds at the Technology Park to have a prescription fulfilled as a gap in existing provision. Another comment states that “There are many pharmacies in the area who together have everything covered”.

Concerns expressed about Boots at Wellhall Road included queues, business, waiting times being too long, shortages in prescriptions, non availability of pharmacists on

occasion, lack of hours on Saturday afternoons and Sundays and that “they won’t put tablets in a weekly tray”.

Issues were also raised about emergency prescriptions. The Committee asked questions of the Interested Parties in relation to these concerns, considered the concerns against the core services to be provided, the data provided in relation to pharmacy closures and complaints, and sought clarification of the arrangements for dispensing of emergency medication.

These comments together with the responses received and the submissions of all parties were considered by the Committee in reaching a conclusion as to the adequacy of existing provision.

Question 5 Mr David Tanner is 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 pharmaceutical services?

There was a strongly positive response by respondents to this question.

Comments included “ can only be beneficial”, “other pharmacies in the area over prescribed”, “growing need in growing area”, “ great to have” and “pressure off Boots”. Positive experiences of the applicant in the past, the view that competition could make things better and communication issues between the Wellhall Medical Practice were also raised.

With the exception of communication issues with Wellhall Medical Practice (which was the subject of a question to Mr Jamieson), the Committee noted these responses as being relevant to whether an additional pharmacy was necessary or desirable and agreed to consider these comments further if the existing provision was found not to be adequate.

Question 6 David Tanner plans to provide services at the following times

89.4% of respondents supported the proposed opening hours with Sunday opening being particularly welcomed.

The Committee noted these responses as being relevant to whether an additional pharmacy was necessary or desirable and agreed to consider these comments further if the existing provision was found not to be adequate.

Question 7 If the proposal is successful do you think there would still be any gaps or deficiencies in the services provided?

57% of respondents indicated that they did not consider that gaps in service would remain if this application were to be granted. Comments included the potential to “close gaps” and “take pressure off” and that local companies were preferred to large ones. Other respondents were unsure and made comments relating to their own lack of knowledge or wider issues with the NHS.

The Committee noted these responses as being relevant to whether an additional pharmacy was necessary or desirable and agreed to consider these comments further if the existing provision was found not to be adequate.

Question 8 In your opinion would the proposed application help other healthcare providers to work more closely together – e.g. GPs, community nursing, other pharmacies, dentists, optometrists, and social services.

79.76% of respondents thought that granting the application would support relationship and integration with other NHS funded services. Comments focussed on the closeness to the health centre, parking and opportunities to work closely with the Wellhall Medical Practice. The comments related to GP rather than other health services.

The Committee noted these responses as being relevant to whether an additional pharmacy was necessary or desirable and agreed to consider these comments further if the existing provision was found not to be adequate.

Question 9 Do you believe this proposal would have any impact on other NHS services – e.g. GPs, community nursing, other pharmacies, dentists, optometrists, and social services?

78.49% of respondents considered that granting the application would have a beneficial impact on other NHS funded services. Positive comments were made about the applicant and the potential for closer working with GPs.

77.53% of respondents considered that there would not be a negative impact of granting the application. Comments were more mixed and included “need as many pharmacies as we can”, “might improve services from other pharmacies”, “competition needed” but also “probably cause nearby Boots to close so no change to service” and “may make other services less viable”.

The likely impact on other pharmacies of granting the application was addressed by interested parties in their submissions as well as in questions from the Committee. These comments together with the responses received and the submissions of all parties were considered by the Committee in reaching a conclusion as to the adequacy of existing provision.

Question 10 Do you support the proposal to open a new pharmacy at 2A Hillhouse Road, Hamilton, ML3 9TB?

	<p>90% of respondents supported the proposal.</p> <p>The Committee noted is level of support as being relevant as to whether an additional pharmacy was necessary or desirable and agreed to consider these comments further if the existing provision was found not to be adequate.</p>
18.11	Consultation Outcome and Conclusion
18.12	The use of SurveyMonkey for both electronic and hard copy responses has allowed the views to be recorded and displayed within this CAR in a clear and logical manner for interpretation by the reader.
19.	Decision
19.1	The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.
19.2	Neighbourhood
19.3	The Committee noted the rationale adopted by the applicant in determining the proposed neighbourhood as detailed in the Hargest Report (para 1.3) and the acknowledgement in that Report that the boundary would be “soft”. It also noted the information provided in relation to the sources of prescriptions dispensed by Boots, Wellhall Road which indicated that approximately 60% of its prescriptions originated at the Wellhall Medical Practice.
19.4	<p>The applicant’s submission included comments from the Burnbank Medical Practice that they considered themselves as serving the area defined by the applicant.</p> <p>The Committee drew on their own visits to the area as well as the written and verbal representations. The burns highlighted at the meeting were not apparent walking or driving in the area and the transport network (roads/railway lines) were considered to be clearer boundaries. The neighbourhood proposed by Boots includes three GP practices and five existing pharmacies.</p> <p>The Committee acknowledged that individuals moved freely within Hamilton but considered that the neighbourhood suggested by Lloyds Pharmacy was too wide.</p> <p>The Committee also considered the availability of other facilities and resources such as schools, churches and retail facilities and concluded that the area proposed by Boots UK Ltd was a more realistic neighbourhood.</p>

	<p>The Committee therefore agreed to adopt the definition of the Neighbourhood as put forward by Mr Scott Jamieson from Boots.</p> <p>This includes the following boundaries:</p> <p>Northern boundary – The East Kilbride Expressway – Geographical boundary.</p> <p>Southern Boundary – along Cadzow Burn to where it meets Mill Road, up Mill Road to area above the Cemetery on Bent Road to south of Chantinghall where it meets the railway line.</p> <p>West – open land to extent of developed area of Hamilton – Geographical boundary.</p> <p>East Railway line incorporating Burnbank to where it meets the Expressway</p>
<p>19.5</p>	<p>Adequacy of existing provision of pharmaceutical services and necessity or desirability.</p>
<p>19.6</p>	<p>Having reached a conclusion as to 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.</p>
<p>19.7</p>	<p>In undertaking its consideration of adequacy of existing provision the Committee considered the responses to the questions in the Consultation Analysis Review (the CAR) and evaluated those responses alongside evidence heard at the hearing, experience gleaned from site visits by Committee members and their knowledge of general issues concerning community pharmacy provision in Lanarkshire, including NHS Lanarkshire’s Pharmaceutical Care Services Plan.</p>
<p>19.8</p>	<p>Population and Housing – The Committee considered the data relating to the current population and expected growth due to the ongoing developments. The Committee noted that there was divergence in the projections in the submissions made but considered that the projected increases(including the higher levels) could be distributed among existing pharmacies and concluded that current or upcoming population growth would not be to the extent that would require additional pharmaceutical services based on numbers alone.</p> <p>In reaching this conclusion the Committee noted that the increase in population since 2001 had been absorbed by existing pharmacies. It also took into account that the new build housing proposed was predominantly larger units catering for families who may be expected to own cars and have possibly less need of health services.</p> <p>The Committee considered deprivation and considered that the neighbourhood as agreed included areas of both high and low need and was representative of Hamilton as a whole in presenting a mixed picture. The Committee did not consider the levels of deprivation in the neighbourhood rendered the existing services in and to the neighbourhood inadequate.</p>

19.9

Accessibility – The Committee noted that for patients who are mobile, it is only a 150m walk from the proposed premises to another pharmacy. There is a good bus service. There are parking spaces on the road at the Boots Pharmacy, Wellhall Road as well as further up. There were not understood to be any designated disabled spaces at Boots, Wellhall Road and proposed pharmacy has disabled parking spaces directly outside. Other existing pharmacies providing services in or to the neighbourhood have ample free parking available. The Committee also noted that all pharmacies in the area offered a free delivery service for prescriptions.

In considering accessibility the Committee discussed fully the services by all the pharmacies in and to the neighbourhood and its focus was not solely on Boots, Wellhall Road and the perceived inadequacies in relation to accessibility at that pharmacy highlighted by the CAR. The Committee considered the demographics of the area and that residents may access pharmacies in the wider area to reflect their daily habits e.g. work, shopping, school drop off and pick up.

19.10

Current Pharmaceutical Services – All parties acknowledged that the relevant test was the adequacy of services in and to the neighbourhood. The CAR and, to some extent, representations at the hearing itself focussed almost exclusively on the service provided by Boots at Wellhall Road. This was evidenced by statements made in the CAR about the requirement to travel to Lloyds at the Technology Park to support the view that the current service was inadequate. While the Committee did note some concerns about service delivery from Boots UK Ltd, they also gave consideration to other services available in and to the neighbourhood and were satisfied that all basic core services are already provided in and to the neighbourhood.

Each of the members of the Committee had visited the proposed site, the neighbourhood and the existing Boots Pharmacy at Wellhall Road several times and at different times and did not find any evidence of unreasonable or outdoor queues, and parking was available with prompt turnover of spaces. The Committee accepted the explanation from Boots that outdoor queueing had only taken place during Covid restrictions.

The Committee noted the CAR responses as to adequacy of existing services and concluded that a substantial majority of comments were based on convenience rather than adequacy e.g. reference to the previous siting of the Boots pharmacy, and did not take account of services available to the neighbourhood outwith the blue lines of the applicant's proposed neighbourhood.

The Committee had regard to the standard in The Pharmaceutical Care Services Plan in relation to timeous and accurate dispensing of prescriptions. There were a number of comments in the CAR and in submissions about delays in dispensing prescriptions but accuracy did not appear to be an issue. This is supported by the error data before the Committee. From personal experience members of the Committee were familiar with a week to 10 days being a general standard for repeat prescriptions to allow for liaison between medical practices and pharmacies. The Committee was advised of the process for dispensing of emergency prescriptions and had no evidence to support comments in the CAR that patients had gone without medication.

The Committee had regard to the letter of support from Wellhall Medical Practice and noted that drug shortages and the need to prescribe alternatives was acknowledged and being addressed by NHS Lanarkshire, that the provision of dosette boxes was not a core service and that the closest pharmacy geographically did not agree that patients had been turned away when requesting Pharmacy First. The letter indicates that it had been necessary to phone around pharmacies to secure weekly dispensing but not that such dispensing was not available in and to the area.

The Committee were mindful that dosette boxes should be used only when patient need has been assessed. In some cases after assessment it may be more appropriate for the patient to use Medication Administration Records.

The Committee considered from its own experience that the nature of Pharmacy First, and its promotion by NHS Lanarkshire and GP practices, had increased demand for the service. As it tends not to operate on an appointment basis this could mean that patients were asked to return at a later time. There are also limitations as to what pharmacists can provide and a patient can be advised that a GP appointment or a phone call to the GP surgery outlining the issue and advising that the pharmacist had suggested the contact was required is appropriate.

In 6.6 above Mr Tanner referred to an instance of a local medical practice ceasing to use Boots in Wellhall Road for a stock item. Mr Jamieson submitted that that related to the revised service delivery model for liquid nitrogen. Mr Tanner did not agree that the instance related to liquid nitrogen. The Committee concluded that a single instance with a single pharmacy did not amount to inadequacy of service.

Mr Tanner also referred to the level of Complaints detailed in the response to his FOI request. These figures related to the whole of Hamilton rather than the Boots Pharmacy in Wellhall Road or the neighbourhood. It was noted that these figures were higher than the official data on formal complaints before the Committee. The Committee concluded that the most likely explanation for the disparity was that the FOI response included all contact in relation to concerns including those resolved locally without the need for a formal complaint.

Mr Tanner and Mr Fuller had an exchange in relation to adequacy (paras 6.14-6.16 above) where Mr Tanner indicated that the views expressed in the CAR were sufficient evidence of inadequacy. Mr Tanner proposed definition of necessary and desirable but not adequate. The Committee noted that adequacy was not defined in the relevant Regulations and that it therefore required to look at its normal meaning. Dictionary definitions of adequacy indicate a service that is good enough rather than a gold standard and the Committee considered this to be a common sense definition.

The Committee noted the potential impact of granting this application on the future of pharmacies providing services in and to the area. From experience elsewhere a reduction of customers, service and staffing of around 50% was anticipated by Boots,

	<p>Wellhall Road which could lead to questions over the viability of that location. The statements by the interested parties focussed equally on the impact on existing services and on the long term viability and sustainability of future provision. It was also noted that Boots, Wellhall Road was in the process of setting up a Pharmacy First Plus service which would at risk as one of the pharmacists was likely to be made redundant due to the projected reduction on dispensing. The Committee was also conscious of the wider national picture in relation to closure of branches by Boots and Lloyds.</p> <p>The Committee noted the information provided on the relocation of Boots to its current premises in Wellhall Road but this information did not impact on the decision making process. The Committee also noted the discussion on the viability of Mr Tanner's offering but concluded that this was a business decision for him and did not consider further in its decision making.</p> <p>Following thorough consideration the Committee concluded that the CAR did not raise any issues which had not been fully discussed and addressed at the hearing, and that the Committee was satisfied that due consideration had been given to full content of the CAR.</p>
<p>20</p>	<p><u>DECISION</u></p> <p>Mr Allan and Mr MacKenzie withdrew from the meeting room.</p>
<p>20.1</p>	<p>Following the withdrawal of the pharmacist members in accordance with the rules of procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, the voting members were satisfied that the Committee had taken all of the statutory factors into account and, for the reasons set out above, considered that the pharmaceutical service provided to the neighbourhood was adequate.</p>
<p>20.2</p>	<p>Accordingly, the decision of the Committee was unanimous that the establishment of a new pharmacy at 2A Hillhouse Road, Hamilton, ML3 9TB was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was rejected. This decision was made subject to the right of appeal as specified in Paragraph 4.1, of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended.</p>
<p>20.3</p>	<p>Mr Allan and Mr MacKenzie were requested to return to the meeting, and informed of the decision of the Committee</p>
	<p>The Hearing closed at 16:00 hrs</p>

Signed: *Lesley McDonald*

Lesley McDonald
Chair – Pharmacy Practices Committee

Date: **01 August 2023**