

Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Monday 23 September 2019 at 09:30 hours in Law House, Airdrie Road, Carlisle, Lanarkshire ML8 5EP

The composition of the PPC at this hearing was:

Chair: Mr Michael Fuller

Present: Lay Members Appointed by NHS Lanarkshire Board

Mrs Caroline Prentice
Mr John Woods

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

Mrs Dorothy Findlay

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

Mrs Yvonne Williams

Secretariat: Ms Jenna Stone, NHS National Services Scotland, SHSC Meetings

1. APPLICATION BY DJM1 Ltd T/A UDDINGSTON PHARMACY

1.1. There was submitted an application and supporting documents from DJM1 Ltd received 31 August 2016 to have their names included in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at 82 Bellshill Road, Uddingston, G71 7NE

1.2. Submission of Interested Parties

The following documents were received:

- i) Letter received via email on 22 August 2019 from Lloyds Pharmacy Ltd
- ii) Letter received via email on 23 August 2019 from Boots UK Ltd
- iii) Letter received via email on 2 September 2019 from W Y Graham Pharmacy
- iii) Letter received on 10 September 2019 from The Central Pharmacy Ltd

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

- i) J & J G Dickson & Son

- ii) Uddingston Community Council
- iii) Lanarkshire Area Pharmaceutical Committee
- iv) Lanarkshire Area Medical Committee

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

- i) Consultation Analysis Report (CAR)

2. PROCEDURE

2.1. At 0930 hours on Monday 23 September 2019 the Pharmacy Practices Committee (“the Committee”) convened to hear the application by DJM1 Ltd (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (SSI 2009 No 183, SSI 2011 No 32 and SSI 2014 No 118) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List”.

2.2 The Chair welcomed all to the meeting and introductions were made. When asked by the Chair, members confirmed that the hearing papers had been received and considered and that none had any personal interest in the application. The Chair informed members that the Applicant would attend, and that Mr Scott McMurray would make the representations, accompanied by Mr Scott Johnson. There would be representations from the following interested parties: Lloyds Pharmacy Ltd, W Y Graham and Boots UK Ltd. The Central Pharmacy Ltd had responded but had confirmed that they were unable to attend the hearing. The Chair also confirmed that the following parties were included in the consultation but did not respond: J & G J Dickson & Son, the Lanarkshire Area Pharmaceutical Committee, the Lanarkshire Area Medical Committee and the Uddingston Community Council.

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

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

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

The Open session convened at 1000 hours

3. ATTENDANCE OF PARTIES

- 3.1.** The Chair welcomed all and introductions were made. For the Applicants, Mr Scott McMurray would present and be supported by Mr Scott Johnson. From the Interested Parties eligible to attend the hearing the following accepted the invitation: Mr Tom Arnott representing Lloyds Pharmacy Ltd; Ms Shona Lyall accompanied by Ms Jennifer Ganson, representing W Y Graham; Mrs Kathleen Cowle, accompanied by Ms Tracey Wilson, representing Boots UK Ltd. The Chair stated that only one person would be permitted to speak on behalf of each party (Mr McMurray, Mr Arnott, Mrs Cowle and Ms Lyall). The Chair also advised that although Central Pharmacy were eligible to attend the hearing, they had been unable to submit a representative to attend the hearing
- 3.2.** The Chair advised of the parties consulted but who failed to respond and therefore were ineligible to attend or make representation to the PPC:
- i) J & J G Dickson & Son
 - ii) Uddingston Community Council
 - iii) Lanarkshire Area Pharmaceutical Committee
 - iv) Lanarkshire Area Medical Committee
- 3.3.** The Chair advised all present that the meeting was convened to determine the application submitted by DJM1 Ltd in respect of premises located at 82 Bellshill Road, Uddingston, G71 7NE. The Chair confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended which the Chair read out in part:
- 3.4.** “5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List.”
- 3.5.** The Chair emphasised the three components of the statutory test and confirmed that the Committee, in making its decision, would consider these in reverse order in that they would determine the neighbourhood first and then decide if the existing pharmaceutical services in and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether

the services to be provided by the Applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.

- 3.6.** The Chair confirmed that a statutory joint Consultation had been undertaken to assess the current provision of pharmaceutical services in or to the neighbourhood and whether it was adequate and to establish the level of support of residents in the neighbourhood. The Consultation complied with the requirements of Regulation 5A(3)(b) which sets out the range of issues to be consulted upon. The Consultation Analysis Report (CAR) is presented as factual and has been provided to the Committee, the Applicant and all parties consulted. The Committee is required to include a summary of the CAR in its published determination and to illustrate how it was taken into account in its determination of the statutory test.
- 3.7.** The Chair advised that Ms Jenna Stone, SHSC Meetings, NHS National Services Scotland, would be present throughout the duration of the hearing for the purposes of providing secretariat support to the Committee. The Chair confirmed that Ms Stone was independent of Lanarkshire NHS Board and would play no part in either the public or private sessions of the Committee.
- 3.8.** The Chair confirmed that all parties had been informed of the attendance of Ms Lesley Thomson (a Non Executive Director of NHS Lanarkshire and Co-Chair of the Pharmacy Practices Committee), at this hearing as an observer and nobody expressed any objections. Ms Thomson would be present for the public session only and would play no part in the proceedings.
- 3.9.** The Chair confirmed that if the Committee required legal advice, the services of Ms Susan Murray, Senior Solicitor, Central Legal Office were available via teleconference throughout the proceedings. If any issues arose during the private session which required legal interpretation, the Applicant and Interested Parties would be invited back to hear the legal advice and given the opportunity to participate.
- 3.10.** The Chair confirmed that all members of the Committee had conducted site visits to the premises concerned on different days and at different times in order to understand better the issues arising out of this application. No member of the Committee had any interest in the application.
- 3.11.** The Chair stressed that, regardless of any references to any previous applications in written or verbal evidence, the current application would be considered solely on its merits based on the written and verbal evidence presented at the hearing that day. No previous decisions of the Pharmacy Practices Committee would have any bearing on the Committee's decision.
- 3.12.** The Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. He asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, and whether they had any questions or queries about those procedures and whether they were content

to proceed. All confirmed agreement on all these points. The Chair concluded the procedural part of the hearing by reminding each party that there could only be one spokesperson for each party.

4. APPLICANT'S SUBMISSION

The Chair invited Mr Scott McMurray of DJM1 Ltd ("the Applicant"), to speak first in support of the application

- 4.1. The Applicant explained that DJM1 Ltd was a company that had been set up for the purpose of taking on the proposed pharmacy at 82 Bellhill Road, Uddingston.
- 4.2. The Applicant stated that he had been engaging with the owner of the site, which had been built 4 years ago. The Site unit had already had planning permission to operate as a pharmacy, so if the application was successful, this part was already in place.
- 4.3. The Applicant stated that he was not a pharmacist. He had worked in Uddingston for 5 years and lived 150 yards away from the proposed premises. The Applicant added that he knew people in the area and had been in the area for around 25 years.
- 4.4. The Applicant said that he had become aware of the unit becoming available 2.5 years ago via some friends and pharmacists, and that the NHS had said that the unit needed to be used for medical purposes. The Applicant added that he had spoken with around 25 pharmacists, gained opinions on the industry, and from people who worked in the area and had received good feedback on any issues in the area. He had worked on levels of service at the top level. For pharmacy patients, he believed that service levels should be increased to ensure service levels were where they needed to be. The Applicant said that he had noticed a theme from visiting various pharmacies, speaking to consultants, and speaking with people in shops – and service level concerns were a recurring theme. The Applicant commented that pharmacists had said that there were a lot of constraints in the industry in shops, and said that he would speak about staffing levels later in his presentation.
- 4.5. The Applicant stated that his main emphasis was that he wanted the pharmacy to be a community pharmacy – not a large chain or having a number of shops in the area. The Applicant added that he would be involved in staffing levels, and noted that he would be based there - but outwith the pharmacy – but would always be there to deal with any customer service issues.
- 4.6. Amendments
- 4.6.1. The Applicant said that he had changed one boundary and not discussed this with NHS Lanarkshire and said that it was not necessary to replicate the boundary of the surgery, which he had raised in his letter. The Applicant stated that two things had changed from the original Application – which had

been amended following consideration of the results in the CAR (i) opening hours (ii) boundaries.

4.7. Boundaries

4.7.1. The Applicant commented that there had been a number of responses from people who felt that the services were lacking in Bothwell, and that another pharmacy was needed to serve them, so it had made sense for the neighbourhood area to be extended to include both his original defined area and also the area of Bothwell. The Applicant explained that he had previously only included Uddingston but had extended the boundary to include Bothwell following feedback from both the CAR and the local community.

4.7.2. The proposed boundaries of the neighbourhood were as follows:

North – Blantyre Farm Road past Kyle Park

East – Following the river from Kyle Park down to Blantyre, and

South – Following the river until it met/juxtaposed the A725, and followed this up to the Wraith Interchange with the M74 (Junction 5).

West – M74

4.8. Opening Hours

4.8.1. The Applicant stated that in terms of the proposed opening hours, from feedback received from the CAR and from the local community, he had revised the pharmacy hours which incorporated earlier opening each day, opening on a Sunday and one late night during the week.

Original opening hours

Monday – Friday 09:00-18:00

Saturday 09:00-17:00

Sunday – closed

Revised opening hours

Monday, Tuesday, Wednesday, Friday: 08:30-18:00

Thursday 08:30-20:00

Saturday 09:00-17:00

Sunday 09:00-13:00

4.8.2. In relation to the change of opening hours, the Applicant said that he knew of one pharmacy over the boundary in North Lanarkshire that had late night opening (but was unable to recall the name of the pharmacy). It made sense to amend the hours since even one late night would allow people to attend from Uddingston and Bothwell, without having to travel, in addition to opening on a Sunday.

4.8.3. With regard to changing the opening hours to 08:30am instead of 09:00am, the Applicant said that this reflected the surgery opening hours of 8am on Monday, Tuesday, Wednesday and Friday, and 07:30 on Thursdays. Having a pharmacy on site with the surgery reflected the opening hours, as

it would mean that the local community did not need to travel too far and they would also have a pharmaceutical service available on a Sunday and Thursday evening.

- 4.9.** The Applicant stated that he had arranged in principle for a 10 year lease with the Landlord, with an option to extend. This had been secured subject to approval of the application.
- 4.10.** The Applicant referred to the proposed layout and noted the generous size of the proposed premises. Knowing the issues raised by local residents, and from speaking to pharmacists in relation to issues with waiting times, he had felt it was a high priority to lay out a generous waiting area and made sense, as part of good customer service (which he had done with other business outlets) to provide a facility with seats, and to offer tea, coffee and soft drinks to make customers more comfortable.
- 4.11.** In terms of support, the Applicant said that he had raised the application with Uddingston Community Council and verbally through the Chair (who was on holiday), the Vice Chair had intimated that they would give support. The Applicant added that he had received support from MSP Richard Lyall and two Councillors. The Applicant commented that other MPs and politicians were not able to comment in case any of the Interested Parties objected that they were not being favoured. The Applicant noted that Jim McGuigan and Maureen Devlin (Councillors) had given their support. The Applicant believed this was a benefit to the both community and the Community Council.
- 4.12.** In relation to the site and issues that had been raised that there was no bus route to the site, the Applicant stated that he was unable to comment or have input into this point. The surgery was already in place and operating and was getting busier. The Applicant saw a need for a pharmacy and added that although he could not comment about no bus service being available, patients were already visiting the GP Surgery.
- 4.13.** In relation to the issues raised with the busy road, the Applicant said that it was a concern close to his heart, and said that Councillor Devlin was looking at potentially adding a crossing since the surgery was already there. The Applicant said that he did not expect that having the pharmacy on site would vastly increase the amount of traffic as patients visiting the pharmacy would already be visiting the surgery. They had permission for 9 spaces to be allocated to the pharmacy – two of which would be disabled spaces.

Complaints

- 4.13.1.** The Applicant said that from the information and facts supplied to him by the NHS, and from speaking with local residents, he had concerns on service levels, and noted the number of complaints recorded over 5 years amounting to 66 complaints, 27 of which related to one pharmacy alone.
- 4.13.2.** The Applicant stated that, going on the evidence provided by NHS Lanarkshire, he believed this was a high number of complaints compared to

other areas in Lanarkshire – around 1 complaint per month, and stated that no other areas hit that same number, which reinforced his claim that there was an issue on service levels, which he therefore saw as an inadequacy, and acknowledged that it was up to the PPC to decide to define what adequate was.

- 4.14.** The Applicant noted that he had been guided by NHS Lanarkshire that the CAR was the appropriate way to provide information in a set of standard questions which were published and advertised over a set period of time, online via monkey survey. His answers related to information obtained from the CAR. The Applicant added that in addition to the population figures, complaints, boundary, he had no further papers to submit and was content with the results.
- 4.15.** The Applicant stated that DJM1 Ltd wanted to operate a local hands-on community pharmacy, with a personal touch – not be part of a big chain. As part of this, it made sense to work with the surgery and he noted the advantage of working within the unit.
- 4.16.** The Applicant said that the Landlord had informed him that he had offered the opportunity to move into unit to all other pharmacy companies in the area, but some of the responses had been that they did not wish to move as it would not be busy enough, and would get more business in the main street where they were currently located. The Applicant said he saw a practical advantage in operating from a unit so close to the surgery, which made sense - especially for customers, and, since all the other companies had declined to move, he saw this as a need in the area and wished to fill the gap in the current service levels.
- 4.17.** The Applicant noted that everyone understood the challenges faced by GP Surgeries and the difficulty in obtaining an appointment – sometimes up to 8 weeks for an appointment. Some refused to give appointments. The Applicant stated that he intended to work with the surgery to alleviate pressures – eg with MAS – his aim was to assist the community and improve services.
- 4.18.** The Applicant noted the population figures received by NHS Lanarkshire were from 2011. The Applicant referred to population figures from 2008 estimating a population of 8000, with a projected increase to 14000 by the end of this year, which was a 75% increase. In addition there were another 200-300 homes proposed at various sites, and more developments planned including Bellhill Road. The Applicant said that people should be asking what changes have been made since 2008 to cope with the population growth of 75%.
- 4.19.** The Applicant stated that the needs of the community were paramount, and, therefore, having a local pharmacy working with the local GP surgery, would ensure the best possible service, and reduce the amount of complaints. The Applicant noted that there had been earlier mention of adequate services and queried what would be regarded as adequate – and said that 66 complaints in 5 years – 27 of which were from one shop – was something

that should be considered in relation to the correct service levels for pharmacies.

4.20. Consultation Analysis Report (“CAR”)

- 4.20.1.** The Applicant referred to the CAR and noted that the questions on the neighbourhood border had already been covered (Q1 and Q2).
- 4.20.2.** The Applicant referred to Q3 which asked whether residents regarded current pharmaceutical services to be adequate, and noted that 28% regarded the MAS as inadequate, which he believed was high and should be an area of growth.
- 4.20.3.** In relation to Q4 which queried whether there were any gaps or deficiencies in the current provision of pharmaceutical services, the Applicant asserted that there were, since 44% of respondents had indicated that there were gaps.
- 4.20.4.** The Applicant linked Q4 to Q5 on whether the proposed pharmacy needed to open in the neighbourhood in order to have adequate access to pharmaceutical services, and noted that the numbers were high – 56% for prescriptions and 55% for MAS. Lots of high numbers indicated that the current services did not appear to be adequate.
- 4.20.5.** Q6 related to the opening hours which the Applicant stated was a quite high response at 57%. He had subsequently amended the opening hours and said that if the revised opening hours had been put into the consultation, he believed this figure would have increased as he had reflected the changes following the requests made by respondents for late night opening and to open on a Sunday.
- 4.20.6.** For Q7, which asked whether there would still be any gaps or deficiencies if the new pharmacy opened, the Applicant noted that 67% said that there would not be any deficiencies. He said it made sense that, by being close to and working with the surgery, they would improve services. The Applicant added that he had had discussions with Lincluden Surgery and although he would not go on record with his opinion, he noted that the Surgery understood the huge benefits to them in having a pharmacy on site.
- 4.20.7.** In relation to Q9, which asked whether the proposal would have an impact on other NHS services, the Applicant acknowledged that it was not clear on whether respondents would regard this as a positive or negative impact, and said that he preferred to regard it as a positive impact – and noted that the respondents had replied “YES” in nearly half the returns – which he admitted could be taken either way.
- 4.20.8.** The Applicant stated that there had been support from 2/3 of respondents and, in summary and in conjunction with the other answers, the people who had responded to the CAR had been in favour of the proposal as they felt that services in the area were currently inadequate.

- 4.21. The Applicant stated that he had been guided by the NHS, and had consulted with the other pharmacies who all provided the basic core services eg dispensing prescriptions, MAS, Public Health Service, Smoking Cessation Service, CMS, Substance Misuse, Unscheduled Care, Support to Care Homes, Stoma Service, Gluten Free Foods – but had noted that the surgical exchange service was not provided by the other pharmacies, but was provided by one in Tannochside in View Park, and acknowledged that this is one service that they would be willing to explore, as they believed this was a gap in service, and currently it would mean residents travelling outwith the area to access that service.
- 4.22. Staffing
- 4.22.1. The Applicant said that he had held lengthy discussions with consultants and pharmacists in relation to the staff that they would like to bring into the new pharmacy. They had named a Superintendent Pharmacist, and had others lined up (one full time pharmacist, one part time pharmacist, support staff and himself), if the proposal was successful. However, the Applicant declined to reveal the names of the pharmacists since the individuals were already working in some of the chain pharmacies.
- 4.23. The Applicant said that the application was not about making as much money as possible, but about being a local community pharmacy and having the best services – whilst the plan would ensure that the pharmacy could be sustainable and make a reasonable profit. The Applicant added that for himself, he already had an income stream so this was not the most important issue in relation to opening the pharmacy.
- 4.24. If the application was successful, the key was to work closer with the surgery, ensure all service levels were met – including dispensing of prescriptions, low waiting times, considering how customers were treated when they entered, and what they were provided with, which would mean that there would always be a pharmacist available as the shop would not shut for lunch. The Applicant added that sometimes customers had been told that the pharmacist was away on a break, and promised that this would not happen in his shop – and reiterated that they would be providing a personal and local service for customers.
- 4.25. In relation to the shop, the Applicant said that they would have a delivery driver, online services (via an app), and a waiting area. Online orders would be dealt with but not to the detriment of customers attending the pharmacy in person. The Applicant stated that they would not tell customers to come back in 20 minutes because they were too busy making up customer deliveries. In this regard, the Applicant confirmed that they would ensure that the pharmacy was sufficiently staffed to cope with this and raised the key point that there was no bus route, and customers will also have just visited the surgery and therefore the last thing that he wanted was to keep people waiting too long or sending them away to do some shopping for the interim waiting period. Also, they had the consultation room available if anyone needed to speak with the pharmacist.

- 4.26.** The Applicant said that he had read minutes of previous hearings and said that he had met with key suppliers who were keen to work with them in support of the new pharmacy opening up at the site. There would be a link to the stock system, and if the application was successful, deals and agreements were already in place to be signed off with the key suppliers.
- 4.27.** The Applicant referred to comments made by W Y Graham in relation to the change of neighbourhood boundaries and the change to the opening hours, which he said that he had already covered. The Applicant added that it was difficult to define an area where a customer was likely to visit and was often surprised – sometimes it was for convenience as the surgery was next door - but for the purposes of his application, they were not considering Tannochside, only the Uddingston and Bothwell area as defined in his map.
- 4.28.** The Applicant referred to comments asking why there was an NHS surgery there when there was no bus route. The Applicant said that this was outwith his responsibility and control, but there had not been a bus route to the area for a long time and not when the surgery application had been approved and said that the discussion of a new bus route was not for the PPC hearing . The Applicant added that it would make sense if patients were already visiting the surgery (as it would relieve pressure on traffic in the centre of Uddingston) if patients were then able to visit the pharmacy next to the surgery, rather than having to make an additional journey to Main Street to get their prescription dispensed.
- 4.29.** The Applicant noted that Central Pharmacy had not been able to attend and wished to address their comments in their letter in relation to leap-frogging. The Applicant stated that it was about the level of service being provided. Customers could choose and decide where they wished to go. From the complaints, the current service level was inadequate and customers wanted a better service. The service level could not be discounted or ignored. The community were saying that the service level was not what they wanted and needed to be taken into consideration. The Applicant noted that he had touched on the bus route, and noted the point about traffic on Main Street.
- 4.30.** In relation to parking, the Applicant noted that if people were already visiting the GP Surgery, they would therefore visit the surgery so that they did not need to make another car journey. The Applicant commented that the traffic on Main Street was very congested and said the majority of shops were restaurants and cafes and noted the issue with parking in Main Street.
- 4.31.** The Applicant made a general point in relation to what was regarded as evidence, which he believed was the CAR, and stated that NHS Lanarkshire had advised him of this and prepared the standard questions for respondents to answer. He would stand by the CAR as it was representative of the feeling of the community and also reflected his own experiences after being in the area for 5 years. The Applicant stated that people were still asking him when the pharmacy would be opening and that the Community were looking for this.

This concluded the Applicant's statement

- 4.32. The Chair made two points of clarity and explained that :
- 4.32.1. Although the Applicant and Interested Parties were entitled to look at previous meetings, the decision of the PPC would not be affected by any prior cases and would only consider the evidence from the hearing in addition to the written representations already received.
- 4.32.2. In relation to the definition on the word “adequacy”, the Chair confirmed that the Applicant was correct to assume that the interpretation was up to the PPC. The judgement and decision of the PPC on whether the current service was adequate or not would be based on written submissions and evidence presented on the day.

5. INTERESTED PARTIES’ QUESTIONS TO APPLICANT

- 5.1. ***Mrs Kathleen Cowle of Boots UK Ltd was invited to question the Applicant.***
- 5.1.1. Mrs Cowle stated that the original population from 2011 was 6.5k and was now between 12-14k, and felt that a number of only 84 responses to the CAR that were in favour of the new pharmacy was statistically significant, and asked the Applicant if he believed that 84 responses out of a population of 14k was a fair representation.
- 5.1.1.1. The Applicant replied that he could only go by the number of people who had responded to the consultation.
- 5.1.2. Mrs Cowle asked the Applicant to expand on his comment about the advantages of being independent and adding a personal touch.
- 5.1.2.1. The Applicant replied that, having worked with multinational global companies, if complaints came directly to the pharmacy, he was on site to respond to any issues, and believed that the CEO of Boots would not be on hand to respond to local issues from Boots shops.
- 5.1.3. Mrs Cowle asked how this would be an advantage in relation to responding to customers’ complaints.
- 5.1.3.1. The Applicant replied that there were advantages in being an independent. There was no structure, no bureaucracy and he and his colleagues were the decision makers. He had spoken with various pharmacists who worked for chain pharmacies who had said that they found it difficult to manage their shops as they were unable to make decisions arising from issues, and therefore there were customer service issues with chain pharmacies.
- 5.1.4. Mrs Cowle asked whether any pharmacists were accountable.
- 5.1.4.1. The Applicant replied that each pharmacist was accountable for their own customer service, and said that his pharmacy would encourage pharmacists to produce ideas in an open forum, and the quicker that they could express those ideas face to face without having to wait for an Area Manager to visit,

this would be an advantage. This was why he would be there on a daily basis to handle any changes that might be required.

- 5.1.5.** Mrs Cowle asked the Applicant to expand on his comment in relation to the “personal touch” as Boots staff had been in Uddingston for over 10 years and were integrated into the community, and Mrs Cowle asked how the Applicant would improve on that service level.
- 5.1.5.1.** The Applicant said that it was not just about a pharmacist working on the pharmaceutical side in relation to dispensing prescriptions and other services, and stated that it was also important from a business sense – he could oversee what was going on in the shop and would not be caught up on other functions. His role was to look at customer service, to see where the advantages lay, and in so doing, to deal with any issues such as lunchtime closing hours and waiting times.
- 5.1.6.** Mrs Cowle asked what other evidence the Applicant had.
- 5.1.6.1.** The Applicant replied that he had visited some of the shops and declined to go into details but said that he had personal evidence of issues from his neighbours.
- 5.1.7.** Mrs Cowle asked the Applicant to expand on his evidence that he had referred to.
- 5.1.7.1.** The Applicant said that he had a few examples, where the customer had been told that there was no pharmacist available and they were asked to return in half an hour. The Applicant declined to name the shop and said that this came back to his earlier statement in relation to complaint levels and the high amount of complaints compared to other parts of Lanarkshire.
- 5.1.8.** Mrs Cowle referred to the Applicant’s statement that the proposed premises had been offered to the other pharmacies in the area and declined, and asked if the Applicant was aware of the process for relocation, and that if a pharmacy was seen as leapfrogging, it is unlikely that such a relocation request would be approved.
- 5.1.8.1.** The Applicant replied that in his statement, he had explained that his information was second hand, as he had stated that the owner had informed him of the responses from the other pharmacies.
- 5.1.9.** Mrs Cowle said that experienced pharmacies would be aware that if they were applying for a relocation of premises to the GP surgery, this would be challenged and would not be permitted and asked, from a business perspective, why this was not known to the Applicant, and said that a pharmacy could not move to the detriment of the business.
- 5.1.9.1.** The Applicant replied that he knew of other areas in Lanarkshire where pharmacy relocation was not an issue, and stated that Mrs Cowle was incorrect and said that an application could be made which would then go to a hearing, adding that a pre-decision could not be determined, and asked

why a chain would do this if they did not think that they would be successful. The Applicant noted that this had already occurred in another area in Lanarkshire.

- 5.1.9.2.** Mrs Cowle replied that this would not happen in Uddingston. The Applicant responded that that this had happened in another area and said that his point was that less than 10% of applications for new pharmacies had been approved in the past 10-15 years. He had seen a need, and listened to the people in the neighbourhood and from friends in Bothwell. The Applicant admitted that he had less than 1:10 chance for a successful application but acknowledged that the opportunity was there and said that the legislation was there for the opportunity for the application to be successful, and refuted Mrs Cowle's claim otherwise.
- 5.1.9.3.** The Chair interjected to clarify that a relocation of a pharmacy would be subject to an application and that interested parties were entitled to attend a hearing which would take into consideration the same factors that would impact other businesses and other factors. The Chair noted that both Mrs Cowle and the Applicant were aware of the procedure.
- 5.1.10.** Mrs Cowle asked what services were inadequate to residents of Uddingston.
- 5.1.10.1.** The Applicant replied that one inadequacy was waiting times, which he would expand upon when he came to ask questions to each pharmacy. Mrs Cowle said that at their pharmacy, the waiting time was 5-10 minutes. The Applicant replied that he was going by the responses to the CAR where people had raised issues with the services not being provided, and if the customers were unhappy, this meant that services were inadequate.
- 5.1.11.** Mrs Cowle asked the Applicant if he had identified any specific inadequacies.
- 5.1.11.1.** The Applicant replied that one issue related to waiting times, when a customer had been asked to visit the pharmacy to collect multiple items and had been informed that they only had 7 out of 8 items, and that the 8th item was out of stock, and were informed that they would need to come back at a later time.
- 5.1.12.** Mrs Cowle asked if the Applicant had any evidence of this to provide at the hearing.
- 5.1.12.1.** The Applicant acknowledged that he did not.
- 5.1.13.** Mrs Cowle asked if the Applicant was aware of the services that the pharmacies provided.
- 5.1.13.1.** The Applicant replied that he did not feel it was appropriate to ask each pharmacy to inform him what services they provided, but acknowledged that he would like to work with them.
- 5.1.14.** Mrs Cowle asked whether the Applicant's comment on "surgical exchange"

actually referred to “needle exchange”.

- 5.1.14.1. The Applicant confirmed that he was now aware of this fact, and, based on the evidence from NHS Lanarkshire, he would like to consider it as a service that they might provide.
- 5.1.14.2. Mrs Cowle clarified that the needle exchange would only be available if the NHS felt that there was a need, and that in that event, the Health Board would approach a pharmacy to request if they would provide this service. Currently, no pharmacy had been approached.
- 5.1.15. Mrs Cowle said that the Applicant had commented several times that granting the application would “make sense” and queried how this would not be considered as convenience.
- 5.1.15.1. The Applicant replied that he had been careful not to use the word “convenience” and that it made sense – eg the new surgery being built, the pharmacy being in the same building, working with the GPs, and it would also make sense to work with the other pharmacies. Out of the 25 pharmacists he had spoken with, everyone had said that they would like to work more closely together.
- 5.1.16. Mrs Cowle asked the Applicant to clarify his point on necessity.
- 5.1.16.1. The Applicant replied that everyone wished to improve services. When services were inadequate, his desire was to ensure services were adequate. From having spoken with 25 pharmacists saying that they could provide a better service if they were located in a site next to the surgery, the Applicant concluded that this would make sense.
- 5.2. ***Having ascertained that Mrs Cowle had no further questions, the Chair invited questions from Mr Arnott of Lloyds Pharmacy Ltd***
- 5.2.1. Mr Arnott asked the Applicant what core services he believed were not offered by the existing pharmaceutical contractors.
- 5.2.1.1. The Applicant replied that his point related to adequate provision of services, and averred that he had not stated that no core services were being provided, but his point was to query whether the services were being adequately provided.
- 5.2.2. Mr Arnott asked the Applicant to clarify specifically which services were being provided inadequately.
- 5.2.2.1. The Applicant referred Mr Arnott to the CAR and the responses from customers that they were not happy and therefore did not feel they were getting an adequate service. In particular, there were issues flagged by respondents in relation to waiting times and items being out of stock, and gave an example that it was not acceptable for a customer not to be informed that an item was out of stock on their prescription and that they would need to wait, rather than being provided with an opportunity to go to

another pharmacy who would be able to dispense all items.

- 5.2.3.** Mr Arnott referred to the CAR and said that the majority of respondents had felt that the services were currently acceptable: 99/155 had confirmed that existing services were adequate under Q3, and asked the Applicant to clarify his position.
- 5.2.3.1.** The Applicant said that he had provided percentages during his presentation and said that in relation to Q3, in relation to dispensing of prescriptions, 30% regarded the service as inadequate. Mr Arnott stated that this meant that the majority felt that the service WAS adequate. The Applicant felt that 70% was not an acceptable percentage for an adequate level of service and would aim for 97-98% service level, and referred to Q10 that stated that 62% of respondents to the CAR supported the application.
- 5.2.4.** Mr Arnott referred to Q4 in relation to gaps and deficiencies in the current level of service and the Applicant's insistence on focussing on 44.3% which was a minority of respondents.
- 5.2.4.1.** The Applicant stated that if he was successful, he would not discount the 44% of responses from residents which he considered a substantive number of people who considered the services to be inadequate, and that he would regard 96% as a success, and believed it was up to the Committee to decide what was adequate, but in his opinion, this was not acceptable in any industry. Mr Arnott agreed to disagree.
- 5.2.5.** Mr Arnott asked whether Applicant regarded 174 responses from a population of 12150 to be a significant response rate.
- 5.2.6.** The Applicant replied that, the Consultation had only covered the Uddingston area of 6000 residents, so the response rate was not from a population of 12000. Secondly, he had stated in his presentation that he could not force people to complete the consultation but, once they had completed it and he had spoken to people in relation to it, he had felt that this was a true representation of how the people felt. The Applicant noted an example where a member of staff from a pharmacy in Uddingston had called a customer a liar online. 44% was not to be disregarded and it was not an appropriate way to treat customers. The Applicant acknowledged that everywhere was busy, but customers needed to be felt that they were being heard. The Applicant stated that he wanted 100% adequacy and would not acknowledge that 56% of customers being happy was acceptable. For example, one customer said that they had felt uncomfortable visiting the shop because of what they had been called by a member of staff. The Applicant said that this was an unacceptable way to treat people and aligned with his definition of services being inadequate.
- 5.2.7.** Mr Arnott referred to the CAR and asked whether this meant that no residents of Bothwell had responded.
- 5.2.7.1.** The Applicant said that only the area of Uddingston had been included in the Consultation (eg only Uddingston on the map), and he had not implied that

Bothwell residents had not responded.

- 5.2.8.** Mr Arnott asked whether 174 responses from the CAR, of which 46 people (out of a population of 6000) had stated that there were gaps or deficiencies in the current service was an adequate response.
- 5.2.8.1.** The Applicant said that he was only able to go by responses contained in the CAR and was not able to make people respond to the Consultation.
- 5.2.9.** Mr Arnott asked why the Applicant had changed his proposed opening hours (Q6) following the publication of the CAR, despite the majority (57%) of respondents stating that the proposed opening hours were satisfactory, and asked why the Applicant was ignoring the majority.
- 5.2.9.1.** The Applicant replied that he had not ignored the majority (and if he had that would have meant reducing the hours proposed). Instead, as part of customer service, he was keeping the 58% happy and aiming to keep more customers happy by extending the hours, and not cutting back. He had listened to the community – not just looking at responses to the CAR. Other people had asked why the pharmacy was not opening on a Sunday or on Thursday evening. The Applicant stated that he was trying to ensure that services would be adequate and by extending the opening hours, he anticipated that the percentage of people who were happy with the proposed hours would increase – ie more than 58%. The Applicant confirmed that he had not reduced the opening hours but had improved them.
- 5.2.10.** Mr Arnott asked how many people had asked for Sunday opening.
- 5.2.10.1.** The Applicant replied that he had spoken with a few people and received personal feedback in relation to the Sunday opening, particularly from residents of Bothwell.
- 5.2.10.2.** Mr Arnott stated that the Bothwell had not been included in the map attached to the original Consultation.
- 5.2.10.3.** The Applicant explained that when the CAR had been published, he had listened to patient feedback and seen that residents of Bothwell wished to be included and had also wanted Sunday opening and a late night opening. Therefore the changes made to the opening hours reflected what the people had asked for.
- 5.2.11.** Mr Arnott commented that it had been noted that there was no bus service.
- 5.2.11.1.** The Applicant confirmed that the NHS had said there was no bus route.
- 5.2.12.** Mr Arnott asked about the Uddingston border where the majority of residents lived who lived near to (ie closer to) the existing pharmacies, as opposed to the Applicant's proposed site and noted that Uddingston was a relatively affluent area according to the SIMD rankings. Mr Arnott asked for the Applicant's view.

- 5.2.12.1.** The Applicant said that he had not decided on the location of the surgery and pharmacy unit and acknowledged that there was no bus route.
- 5.2.13.** Mr Arnott referred to the Applicant's comments that residents of Bothwell were unhappy with services and asked the Applicant why he had not applied for a pharmacy in Bothwell, eg if there was a shortfall of available pharmacies for people in Bothwell, why had the Applicant not considered opening in Bothwell, and asked whether a unit was available in Bothwell.
- 5.2.13.1.** The Applicant replied that he had explained that the unit located within the surgery was to be used for medical purposes, as agreed by the NHS and he could only work with the surgery in order to provide a pharmaceutical service at that location, so it made sense to improve on inadequate services currently provided by the existing pharmacies and to work with Lincluden Surgery.
- 5.2.14.** Mr Arnott asked whether the Applicant had applied for the unit purely because it was next to the surgery, and asked whether the Applicant had considered opening a unit elsewhere.
- 5.2.14.1.** The Applicant replied that the unit with the GP surgery provided an advantage and would ensure inadequate services would be improved.
- 5.2.15.** Mr Arnott asked whether the Applicant had any evidence to back his support that he said he had received.
- 5.2.15.1.** The Applicant said that he received an email from MSP Richard Lyall and had also had conversations with Councillors Jim McGuigan and Maureen Devlin (and suggested that he could ask them to provide written confirmation/emails if it was required). The Applicant added that he had been advised by NHS Lanarkshire that he could mention that he had support, but that it could not be taken into consideration. The Applicant said he was mentioning the support he had received which could be taken at face value, and added that Jim McGuigan said that he thought it would "assist the community greatly in the area"
- 5.2.16.** Mr Arnott referred to the complaints received and asked who had made the complaints, to whom the complaints had been made and how had they been made.
- 5.2.16.1.** The Applicant replied that he was going by the information that had been provided by NHS Lanarkshire from the survey monkey statutory complaints return.
- 5.2.17.** Mr Arnott referred to the Patients Right (Scotland) Act, 2011, and clarified that complaints made to the NHS had been self reported by the pharmacies. The Applicant thanked Mr Arnott for the clarity. Mr Arnott asked the Applicant how many dispensing errors did he believe might be made by a pharmacist in 5 years.
- 5.2.17.1.** The Applicant replied that he did not know, but felt that 66 complaints was

large number, and that 27 complaints (41%) against one shop was a concern.

- 5.2.18. Mr Arnott asked whether making tea and coffee was a core service.
- 5.2.19. The Applicant acknowledged that this was not a core service but said he had made the point that it would not be the pharmacist making the tea/coffee but either himself or a counter staff member. The Applicant reiterated that he would have a Superintendent, a full time pharmacist and a part time pharmacist, and the reason behind this was not to squeeze as much profit as possible out of the business, but to make it sustainable and to provide a good level of service, since adequate service levels were not currently provided.
- 5.2.20. Mr Arnott asked whether the Applicant was standing by his revised neighbourhood of Uddingston and Bothwell.
- 5.2.20.1. The Applicant confirmed he was.
- 5.2.21. The Chair sought clarity on the complaints paper that had been referred to by the Applicant.
- 5.2.21.1. The Applicant confirmed that the list of complaints was the Survey Monkey Report which had been supplied by NHS Lanarkshire. It was confirmed that all parties had the paper.
- 5.3. ***Having ascertained that Mr Arnott had no further questions, the Chair invited questions from Ms Lyall of W Y Graham***
- 5.3.1. Ms Lyall referred to the layout of the proposed shop and said that the retail area looked to be larger than the dispensing area and asked the Applicant for more information.
- 5.3.1.1. The Applicant replied that it was a very large unit and the dispensary area was larger than it appeared and was larger than many shops – and that also took into account the secure back entry for deliveries.
- 5.3.2. Ms Lyall explained that, in an independent pharmacy, dispensing prescriptions was very important, and expressed concern in relation to the waiting area and wondered why the Applicant would need it if they had so many staff on hand to assist customers as there would be no need to provide customers with tea or coffee if the Applicant's pharmacy staff were providing the service level he intended.
- 5.3.2.1. The Applicant said that in the real world, there was a possibility that potentially 10-20 customers could enter the pharmacy at the same time and people would need to wait as they would not be able to serve every customer at the same time. The Applicant said that he was old fashioned and felt bad if someone infirm or elderly was hanging around waiting, even for a small amount of time, which is why he decided to add a waiting area.

- 5.3.3.** Ms Lyall raised concerns with the Applicant's statement that the core services were not being adequately provided by the current contractors and said that W Y Graham were considered to be within the Applicant's neighbourhood and was upset by the Applicant's comment that he felt that core services were not being provided. Ms Lyall also acknowledged that waiting times were important, but it was minor compared to the majority of other services provided.
- 5.3.3.1.** The Applicant replied that he could not control where patients went to obtain their pharmaceutical services, and although he had the W Y Graham supply figures (for which he was grateful), he said that he could not turn customers away who lived in other areas – eg Tannochside, Viewpark etc. However, his neighbourhood was Uddingston and Bothwell.
- 5.3.4.** Ms Lyall agreed with the Applicant's comments on the respondents comments to the questions in the Consultation, since often the public did not understand and did not know what the questions were talking about.
- 5.3.4.1.** The Applicant replied that the NHS had told him the questions and the process, which he was unable to change and could only go by the results to the CAR
- 5.3.5.** Ms Lyall asked about the number of responses in relation to complaints which Mr Arnott had stated were provided directly (self reporting) to the NHS, and raised the point that what constituted a complaint was subjective – eg someone coming into the pharmacy to say they were unhappy, or if there had been dispensing errors. Any complaints they had were because the customer had visited the premises, and were not officially reported to the NHS, so noted that the complaint figures may be distorted. However, the statistics showed that if there were 12,000 prescriptions being dispensed and only 1 complaint per month was received, that was a low number.
- 5.3.6.** The Applicant noted Ms Lyall's comments and reiterated his point that the current service levels were not at the level he wanted to be at – any complaint that came in, he would take personally.

Having ascertained that Ms Lyall had no further questions, members of the Committee were invited to ask questions in turn of the Applicant.

6. COMMITTEE QUESTIONS TO APPLICANT

6.1. Questions from Mrs Yvonne Williams to the Applicant.

- 6.1.1.** Ms Williams referred to the Applicant's staffing model of a Superintendent Pharmacist, one full time pharmacist and one part time pharmacist, plus support staff and a driver, and asked who would be present on site for most of the day.
- 6.1.1.1.** The Applicant replied that the Superintendent Pharmacist would be onsite most of the time, and the shifts would be settled between the Full Time and Part Time pharmacists. If the Application was successful, all working hours

would be covered and, ideally, the Applicant wanted two pharmacists available as much as possible, which would also ensure high customer service levels, not just in relation to dispensing. The Applicant added that he would also be in attendance on site during core hours.

- 6.1.2.** Ms Williams referred to complaints raised by the Applicant that a pharmacist had not been available in another pharmacy due to the fact that they had been on a break, and asked whether it was his intention to always have two pharmacists present.
- 6.1.2.1.** The Applicant confirmed and said that he had spoken with other pharmacists about hours and breaks, and said it was not just customer service but also staff needed to ensure that they had proper breaks. It needed more staff in the “pool” to make it work and said that it was not appropriate to expect a pharmacist to work long hours and eat lunch while dispensing as it was not nice for customers or other staff to see this. The Applicant said that if the pharmacists were working longer hours, there was more chance for a mistake to be made. The Applicant added that if a customer came into the pharmacy and wished to speak with the Pharmacist, they should be able to do that, and also provide a welcoming atmosphere when someone entered.
- 6.1.3.** Mrs Williams asked whether it was commercially viable to have two pharmacists present.
- 6.1.3.1.** The Applicant said that he was an Accountant by trade and had run the numbers and prepared the business model. The Applicant added that it was not his intention to make a large profit but aimed to be sustainable with a decent return.
- 6.1.4.** Mrs Williams asked where the Applicant intended his staff to sit as the dispensary was very small.
- 6.1.4.1.** The Applicant demurred and said that the dispensary was not small. If there were two people in the back area, when someone went into the Consultation Room, they could fit two people in – eg a part time pharmacist, a member of the counter staff who could make tea/coffee. The Applicant added that when he had mapped the outline of the premises with the architect and showed it to the consultant, the consultant had responded that he did not believe space would be an issue.
- 6.1.5.** Mrs Williams asked what staff would be available to dispense.
- 6.1.5.1.** The Applicant replied that there would be a technician, and it could be a part time pharmacist available or at times there may be 3 pharmacists in the shop. The Applicant explained that he had discussed shifts with the Superintendent Pharmacist and the full time Pharmacist and other staff members as he did not want staff to work unreasonable hours without breaks.
- 6.1.6.** Mrs Williams asked whether the architect had experience of designing pharmacies.

- 6.1.6.1.** The Applicant confirmed that the architect did and currently had designed two shops (4 shops in the past 3 years).
- 6.1.7.** Mrs Williams noted that a new pharmacy would normally start small and build on volume, and asked if the Applicant intended to increase the size of the dispensary area.
- 6.1.7.1.** The Applicant confirmed that the pharmacy would be able to change, adapt and grow – the counter and false wall could be moved, and the dispensary area could be doubled if required. The Applicant acknowledged that the initial plan that had been provided might not be the final version as this depended on other information.
- 6.1.8.** Mrs Williams referred to the Applicant's challenge to define his neighbourhood which came down to patient choice as to which pharmacy they visited and that the Applicant had mentioned convenience (ie that they could go shopping nearby), and asked whether convenience might be a consideration in his application.
- 6.1.8.1.** The Applicant denied that the application was based on convenience but on inadequate services, which he had mentioned at least 7 times.
- 6.1.9.** Mrs Williams referred to patients who visited the GP surgery and said that the majority of patients would collect their prescriptions elsewhere as patients often avoided going to the GP, and asked how this would impact on the location of the Applicant's pharmacy.
- 6.1.9.1.** The Applicant said that from his discussions with the GP surgery, he did not believe this aligned with Mrs Williams' comments. Also, there was the point about having the personal touch being removed if patients visited a different pharmacy. They were in an area of population growth and were trying to develop services that would alleviate pressure from the GP surgery – eg sometimes patients could not get an appointment for 8 weeks, so his pharmacy would be seeking to provide and improve services – eg repeat prescriptions, online orders (not to the detriment of people coming into the shop – as he did not want to be told that the pharmacy was undertaking deliveries and asking customers to return later for a prescription). This is why he needed the staff, in order to cover this need.
- 6.1.10.** Mrs Williams referred to the change in opening hours with patients visiting the surgery from 8am and asked why the Applicant did not align his opening hours to 8am (instead of 8.30am) in order to link with the surgery.
- 6.1.10.1.** The Applicant replied that patients would arrive for appointments from 8am so by the time they came out from the GP surgery, the pharmacy would be open.
- 6.1.11.** Mrs Williams referred to the Applicant's comments that he would have a delivery driver who would collect repeat prescriptions and asked if that would include collecting from Viewpark surgeries.

- 6.1.11.1.** The Applicant replied that Tannochside and Viewpark were not his targeted areas, but added that if patients requested it, then his pharmacy would cover this and he would not turn down customers from outwith his neighbourhood, which he reiterated was Uddingston and Bothwell.

Mrs Williams had no more questions.

6.2. Questions from Mrs Findlay to the Applicant

- 6.2.1.** Mrs Findlay referred to the Thursday opening hours and noted that the surgery would be opening at 7.30am and referred to the Applicant's comments that they would not turn customers away but his pharmacy would not open until 8.30am on Thursdays, and asked for clarity.

- 6.2.1.1.** The Applicant said that when he had changed the opening hours he had discussed this with pharmacists and, if the application were successful, he might reconsider asking the Superintendent Pharmacist whether he would be prepared to work the extra hours. The Applicant said that he did not wish to coerce staff to working earlier as customers would not wish to enter a shop if the pharmacist was grumpy and they would therefore lose customers due to poor treatment. The Applicant admitted that although he would like to open at 7.30am on a Thursday, he could not commit at this stage.

- 6.2.2.** Mrs Findlay asked whether the Applicant was intending to opening late on Thursday when the GP surgery was not opening late, but the shops were, and also noted that the surgery would not be open on Saturday or Sunday.

- 6.2.2.1.** The Applicant confirmed he was intending to open the pharmacy late on Thursday and also on Saturday and Sunday.

- 6.2.3.** Mrs Findlay referred to the complaints figures with the area of high self-reporting complaints and asked if the Applicant had anything else to compare this with.

- 6.2.3.1.** The Applicant said that he had no other evidence to provide other than information he had gleaned from other sites, and which he had obtained from pharmacists.

- 6.2.4.** Mrs Findlay referred to the definition of adequate and asked if the Applicant had identified any specific services as being inadequate – eg blister packs, capacity in shops.

- 6.2.4.1.** The Applicant explained that he could not provide evidence examples as he had not brought the papers with him but noted that he was going by what was contained in the CAR which did not drill into the detail, but said that as he had mentioned earlier, people generally had to wait when they had a list of multiple items on their prescription, and referred to an example mentioned earlier where someone had not been informed that one item was out of stock when they had other items, and also issues with the pharmacy being closed at lunchtime or that the pharmacist was not available as he was on a

break. The Applicant reiterated that these answers came from responses in the CAR.

Mrs Findlay had no more questions

6.3. Questions from Mrs Prentice to the Applicant

- 6.3.1.** Mrs Prentice referred to the list of complaints and asked whether the Applicant agreed that these had been easily dealt with and asked whether the Applicant would be able to do any better.
- 6.3.1.1.** The Applicant replied that his intention was not to have as many complaints in the first place. The shop was already in operation and he would like to believe that there would not be that many complaints. In terms of how he might deal with complaints, the Applicant said that this was subjective in relation to what he might consider a satisfactory response compared to someone else on what “good enough” might mean.
- 6.3.2.** Mrs Prentice asked the Applicant to explain what the difference was that he would offer to customers to provide a better experience.
- 6.3.2.1.** The Applicant replied that (i) he would not like a high level of complaints. He had taken on board comments from pharmacists in relation to the high level of complaints received (ii) they would offer a better response – being onsite to respond to any issues or concerns, to ensure customers were happy – which he considered a personal service.
- 6.3.3.** Mrs Prentice asked how the Applicant would ensure he had a better supply of stock.
- 6.3.3.1.** The Applicant confirmed he would have many suppliers and when he first opened the shop, he had the experience of consultants of other pharmacies to see how they operated. He would monitor the supplies via computer systems to ensure the stock control levels were maintained. The Applicant commented that he did not know what the other pharmacies did for stock control but maintained that he would provide the best service he could, by having agreements in place with suppliers. The Applicant acknowledged that there would be times when everyone was out of stock, and noted that the potential issue of BREXIT in relation to stock supply would put matters out of his control.
- 6.3.4.** Ms Prentice referred to Q3 and Q4 of the CAR in relation to gaps in service, and the Applicant’s comments that gaps existed and that he intended to provide an extra level of customer service. In relation to Q3, most of the comments favoured the opening of a new pharmacy and Mrs Prentice queried whether the concerns raised related to convenience – eg parking next to the surgery. In relation to Q4 and comments made in relation to issues with parking, ease of access and having more friendly staff, Mrs Prentice asked how the Applicant’s model was different.
- 6.3.4.1.** The Applicant explained that he was not going to shy away from human

failings and that some people had mentioned convenience in the CAR; however, he reiterated that during his presentation he had not mentioned convenience. Customers should have a good service, be treated well, have ease of access to the premises, no waiting times, all items in stock, and good staff interaction – and the Applicant regarded issues that occurred if this was not done properly as a lack of adequate services.

6.3.5. Mrs Prentice asked if the Applicant had spoken with other care professionals eg district nursing teams, and how to work with them to benefit patients.

6.3.5.1. The Applicant acknowledged that he had not spoken to all, but he had spoken to some teams. Even those with whom he had spoken had said that they would be unable to commit. Relationships already existed and other pharmacies were against the application, and it was therefore difficult to put people in a position to commit. One person he had spoken to had 2.5 years experience of being in a pharmacy, and he had also discussed this with pharmacists, friends who had shops and consultants, and he therefore knew each section that would need to be covered, but this action would only be triggered if the application were successful.

6.3.6. Mrs Prentice asked the Applicant to expand on his comment from Jim McGuigan that it would “assist greatly”.

6.3.6.1. The Applicant said that Mr McGuigan had said “assist greatly for patients” which he understood as meaning a better service for patients.

6.3.7. Mrs Prentice asked the Applicant to clarify the access requirements in order to be DDA Compliant.

6.3.7.1. The Applicant confirmed that there was a push button for entry at the front of the shop and also there were 2 disabled parking spaces and 7 normal spaces.

Mrs Prentice had no further questions

6.4. Questions from Mr Woods to the Applicant

6.4.1. Mr Woods referred to the Application form Q4(b)(iv) where the Applicant had stated that “*there is no adequate provision for any pharmaceutical services in the area*” and asked him to clarify this point and to provide evidence.

6.4.1.1. The Applicant repeated that he had been informed by the NHS that the CAR was the evidence. Other than the CAR, the Applicant stated that he had already provided examples of residents’ experiences, but a comment relating to the new pharmacy being an unfair advantage to himself as he lived in the area had not been collated into the report.

6.4.1.2. Mr Woods asked, aside from the evidence contained in the CAR which had already been noted, he asked the Applicant to provide evidence to back up his statement in his Application on Question 4(b)(iv).

- 6.4.1.3.** The Applicant said that he had asked people questions about it, but had been informed by NHS Lanarkshire that the evidence that was to be provided was the CAR – the questions for the Consultation were set by NHS Lanarkshire (he did not set the questions), and he was advised by NHS Lanarkshire in relation to what to what was to be submitted at the hearing. The Applicant added that NHS Lanarkshire had provided the population figures, the complaints and the CAR, which he regarded as the forms of evidence that would be accepted, which is why he said that the services were inadequate.
- 6.4.2.** Mr Woods referred to the Applicant’s comments that “constraints in the industry for an inadequate service”
- 6.4.2.1.** The Applicant replied that he was not aware that he had used the word “constraint” and was not sure of the context, but believed it related to discussions on service levels at the shops, and that the small independent shop would have a personal touch without layers of management – that would be a constraint.
- 6.4.3.** Mr Woods asked what evidence the Applicant had that Boots were unable to deal with issues – and referred to the Applicant’s allusion citing the CEO of Boots.
- 6.4.3.1.** The Applicant said he was reading between the lines and in relation to the number of complaints, he was unable to think why there had been so many issues, and therefore so many dissatisfied customers.
- 6.4.4.** Mr Woods asked about the tea/coffee waiting area which the Applicant had described as generous, and asked why would the applicant need this.
- 6.4.4.1.** The Applicant said that sometimes there may be a rush of people – perhaps 10 people at a time – and it would not be possible to serve everyone at the same time, and acknowledged that there would be times when customers might need to wait, and hoped that the number of occasions this occurred would be minimal. The Applicant stated that he was aiming for a good level of customer service, and wanted people to feel comfortable about coming in, and if maybe one of those 10 people who came into the shop was infirm, he wanted to be able to offer them a seat. It was a decent sized area and if business increased, they could improve the pharmacy area.
- 6.4.5.** Mr Woods asked if the Applicant was aware that this also happened in other pharmacies.
- 6.4.5.1.** The Applicant replied that he was not sure if other pharmacies also had an area for tea and coffee.
- 6.4.6.** Mr Woods asked the Applicant to provide evidence of what happened if there was an excess waiting time in another pharmacy.
- 6.4.6.1.** The Applicant replied that in one shop he had been told to wait half an hour, and said he was sure there were other examples. Mr Woods stated that this

was not evidence. The Applicant said that Mr Woods would have to take his word.

- 6.4.7.** Mr Woods asked the Applicant what he would consider to be an adequate waiting time for a prescription to be dispensed.
- 6.4.7.1.** The Applicant said he would expect the majority of people to be served when they entered the shop – and to be seen immediately and not need to wait. With regard to how long an individual might need to wait – he said possibly between 5-10 minutes, but definitely would not expect to be told that he would have to wait half an hour.
- 6.4.8.** Mr Woods referred to the Applicant’s comment on having many suppliers and asked whether he had considered there may be some circumstances where items were out of stock for all pharmacies.
- 6.4.8.1.** The Applicant acknowledged that there would be occasions where no stock available would be outwith his control but was trying to minimise the risk.
- 6.4.9.** Mr Woods asked if the Applicant thought if the other pharmacies also did the same thing.
- 6.4.9.1.** The Applicant said he could not comment on that but, on a personal level, he would intend to get the best agreement he could and have the best stock levels, as they had a good sized area to hold stock. Having spoken with other pharmacists who had informed him how low stock could get since they were not allowed to have too much stock tied up. Mr Woods asked if the Applicant had any evidence of this. The Applicant replied only from what he had been told by other pharmacists.
- 6.4.10.** Mr Woods commented that convenience and adequacy were separate.
- 6.4.10.1.** The Applicant stated he had been informed of this and which was why had not mentioned the word “convenience” in his presentation.
- 6.4.11.** Mr Woods asked what population level was viable for the pharmacy to operate, specifically in relation to the Applicant’s defined neighbourhood.
- 6.4.11.1.** The Applicant replied that with his neighbourhood estimated to have a population of 14,000 by the end of the year, and with 4 pharmacies in the area, this would equate to a population of 2.500 customers per pharmacy, which he believed was viable.
- 6.4.12.** Mr Woods referred to the Applicant’s figures of between 200-300 units for future developments and asked for clarity on where he had obtained the figures. Mr Woods noted that the total number of future developments were listed as 208 units, but his figure was 163 units for development up to and including 2022. (Following the open session of the PPC, it was clarified that the figure of 163 units was incorrect and the correct figure of future developments up to 2022 was 178 units)

6.4.12.1. The Applicant said that he was referring to planning application proposals. The Planning Department had not disclosed the information but he knew of two sites in addition to those sites already mentioned.

6.4.13. Mr Woods asked whether this meant that no planning permission had yet been obtained for the proposed developments, and asked how many developments had planning permission.

6.4.13.1. The Applicant said there were no developments with planning permission, but currently there were several applications for development that had been submitted.

Mr Woods had no further questions.

Meeting adjourned at 12:10pm for a comfort break when the Applicant and Interested Parties left the room, and reconvened at 12:25pm.

6.5. Questions from the Chair to the Applicant

6.5.1. The Chair asked the Applicant to clarify that he had received planning permission for the pharmacy.

6.5.1.1. The Applicant replied that the unit had planning permission for retail use and he had had a meeting with the Planning Department of South Lanarkshire Council and they confirmed this. He had explained that it would be operated as a pharmacy in addition to selling other retail items, which was included in the application.

6.5.2. The Chair asked how long would it take for the unit to be operational, if the application was successful.

6.5.2.1. The Applicant replied that it would take roughly 3 months as the unit was currently a shell and would need a lot of work to set it up.

6.5.3. The Chair made a point of clarity in relation to the point on future developments and said that the PPC was permitted to take into account a population expansion from a reasonable period from the hearing date, for example developments planned within 6 or even 12 months.

6.5.3.1. The Applicant said that he was quoting from the information that had been provided by NHS Lanarkshire, and that with the 15 units already completed in 2019 and, adding the future developments of 208, this had added up to 223 developments for completion up to 2021/22. That is what the NHS had provided.

6.5.4. Mr Woods said that he was unclear how the Applicant arrived at the figure of 223 which differed to his own figure of 163. (Following the open session, it was subsequently noted that the correct figure was 178 and not 163 units for future development up to 2022).

6.5.4.1. The Applicant referred to the information provided by NHS Lanarkshire

which noted completed and future developments: 15 units completed in 2019, and adding this to the 208 future developments, believed this totalled 223 between 2019-2022.

- 6.5.5.** In relation to public transportation, the Chair queried whether customers visiting the pharmacy would be in the same position as patients who were visiting the surgery who required access by public transport – ie there was no access by public transport.
- 6.5.5.1.** The Applicant acknowledged this point.
- 6.5.6.** In relation to impact on other pharmacies, the Chair asked if the Applicant had estimated the impact that a new pharmacy would have on an area where a number of pharmacies already existed.
- 6.5.6.1.** The Applicant said that he had a number of questions to ask the Interested Parties first, but had currently based his assumptions on what he had known from previous areas and had looked at the population figures.
- 6.5.7.** In relation to the neighbourhood boundary, the Chair asked the Applicant why he had decided to extend this to include Bothwell.
- 6.5.7.1.** The Applicant said this was in response to reviewing the responses in the CAR where he had seen a few people had made the point. Also, he had spoken to people in Bothwell who had said that they felt the services for the current pharmacy were not good enough and asked why he had not taken Bothwell into consideration – eg some of them attended Lincluden Surgery and did not currently have a good pharmacy service in Bothwell.
- 6.5.8.** The Chair asked whether the Applicant had taken into consideration that extending the boundary would mean 7 pharmacies with a neighbourhood population of 14k and that dividing 14k by 7 pharmacies meant roughly a population of 2000 per pharmacy; the Chair referred to the Applicant's comment that in order to be sustainable, a population of 2500 was required and asked him to comment.
- 6.5.8.1.** The Applicant stated that he had not included Tannochside and Viewpark, so this would be four pharmacies – Boots, Central, Lloyds and W Y Graham, and his own pharmacy, this would mean 14k divided between 5 pharmacies (2800).
- 6.5.9.** The Chair referred to the 66 complaints over a 5 year period which equated to approximately 1 complaint per month divided between 7 pharmacies and asked whether the Applicant considered this number to be significant – how relevant or important was it?
- 6.5.9.1.** The Applicant responded that it was significant and repeated that he had spoken to several pharmacists about the complaints – 27 of which related to one pharmacy. If those 27 complaints were removed, then it would be a different picture: 39 between 6 pharmacies.

- 6.5.10.** The Chair asked whether the Applicant's point was in relation to an issue about one particular pharmacy or was he extending his argument to include all pharmacies.
- 6.5.10.1.** The Applicant said that his issue related to all the pharmacies since, from his personal knowledge of having spoken with consultants at other pharmacies, they had an average of a couple of complaints per year, measured against a pharmacy with 5-6 complaints per year.
- 6.5.11.** The Chair pointed out that in relation to the debate about adequacy and convenience, people were often confused as to the meanings of both terms, or the meaning of their opposites: inadequacy and inconvenience. The Chair asked whether the Applicant had drawn the distinction between these terms and, if so, on what it was based.
- 6.5.11.1.** The Applicant stated that what was adequate related to expected levels of service for patients who would expect to be satisfied with the service. The Applicant added that to him, he would look at 95% as adequate for a patient being happy. In those cases of 70% or 1/3, taken in conjunction with the 44% that said there were gaps in current provision of services meant that the current level of services were inadequate.
- 6.5.12.** The Chair noted that the process prior to hearings had changed – previously the application would have been advertised in the hope that people would respond and, now, the consultation method had been developed. The Chair asked whether the Applicant accepted that in terms of the overall number of responses and in terms of percentages, the number of responses might appear to be relatively small.
- 6.5.13.** The Applicant said that the number of responses could be considered small against 5000, but the process had been designed by NHS Lanarkshire and he had been informed that this was the evidence to be used. He had not been advised that if he only received a small number of responses, then this would not be counted as evidence, and reiterated that he had been informed that the CAR was provided as evidence.
- 6.5.14.** The Chair explained that the PPC would take into account all the answers from the respondents, in addition to the numbers and percentages and place a weight on each as part of the Committee's deliberations when reaching a decision and asked the Applicant if he was content with the number of responses.
- 6.5.15.** The Applicant acknowledged that he would have like to have received more responses, and had spoken to other people in the area in relation to the issues. The Applicant said, statistically, if there was a low percentage of responses, one could be subjective, but the number of responses could not be discounted. The Applicant stated that he still considered the number of responses to be accurate – not 100% but said this should still be taken into consideration. The Chair confirmed the PPC were obliged to take the CAR fully into account.

The Chair had no further questions.

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

7. ADDITIONAL QUESTIONS TO APPLICANT

7.1. Mrs Cowle had no further questions.

7.2. Mr Arnott had no further questions.

7.3. Mr Lyall had no further questions.

7.4. Additional Questions from Mrs Williams.

7.4.1. Mrs Williams referred to the Applicant's comment that four pharmacies were contained within the Applicant's neighbourhood, and noted that the PPC would need to consider services provided to and within the neighbourhood. Mrs Williams asked whether the Applicant agreed that the 3 pharmacies outwith his neighbourhood boundary in Tannochside and Viewpark would also provide services into his neighbourhood.

7.4.1.1. The Applicant said that he did not have any information about this, but he believed that they did – but acknowledged that if an individual went to W Y Graham Pharmacy, it was not possible to know where this person lived, and acknowledged that the person could live outwith the area.

7.5. Mrs Findlay had no further questions.

7.6. Mrs Prentice had no further questions.

7.7. Additional Questions from Mr Woods.

7.7.1. Mr Woods referred to the point on adequacy and the level of patients' satisfaction, and in relation to Q3 of the CAR which talked about adequacy of current services to the neighbourhood, asked the Applicant whether he had decided whether the 56 narrative responses related to adequacy or convenience.

7.7.1.1. The Applicant replied that he had not considered convenience, and only based his arguments on their responses. He had looked at the additional specific comments, but acknowledged that comments did not only relate to adequacy.

7.7.2. Mr Woods asked if the Applicant would accept that there were some arguments of convenience in the narrative comments contained in the CAR.

7.7.2.1. The Applicant said that it would be folly to say that people would not regard convenience as part of the issue, but he believed the bigger issue related to service, not convenience.

7.7.3. Mr Woods referred to the narratives and convenience arguments and asked whether the Applicant agreed that this might be the case.

7.7.3.1. The Applicant acknowledged that there may be, but added that there could be some other issues, but the CAR did not go into sufficient detail.

Having ascertained that there were no further questions for the Applicant, the Chair invited Mrs Cowle to make representation on behalf of Boots UK Ltd

8. THE INTERESTED PARTIES' SUBMISSIONS

8.1. Mrs Kathleen Cowle from Boots UK Ltd read from a pre-prepared statement

8.1.1. Thank you for giving me the opportunity to speak today. Our position is that the existing pharmacy provision more than adequately meets the needs of the local population within the neighbourhood and this application is one based solely on convenience.

8.1.2. Neighbourhood.

We believe that the neighbourhood identified by the applicant in the original consultation is the neighbourhood that should be considered today with the exclusion of some of the Castle Avenue area. We would consider this to be Uddingston with a population now of approx. 6000 (now 6500) residents (based on census of 2011 and subsequent new builds of approx. 250 houses)

8.1.3. Our Boundary is the A74 road from River Clyde down to behind the new retail park at Goldie Road leading to Hornal Road through to the golf course and back across Castle Avenue to the river again. I do not include all of Castle Avenue as once you get past the castle, residents would consider themselves to be part of Bothwell. It's a very small boundary but one recognised by those that live in the estate.

8.1.4. This is consistent with the findings of the PPC at a previous hearing where premises at 34 Main Street Bothwell were being considered. In doing so the panel clearly identified and distinguished Bothwell to be a neighbourhood in its own right with the boundary described as

- The northern boundary of the Bothwell was defined as *'the tributary of the River Clyde, continuing to Castle Avenue, then south along Castle Avenue as far as the road through Bothwell Castle Golf Course to Bothwell Road, down Bothwell Road to Hornal Road and Goldie Road.'*

8.1.5. Persons living in our proposed neighbourhood have easy access to a wide range of services

8.1.6. Demographics

2011 census information for Uddingston tells us that

- 71% of households were owner occupied which is 10% higher than the national average, with a significant higher number of detached dwellings.
- Car ownership in the neighbourhood is higher than the national average with 76% of households having access to a private vehicle. 35% of households have access to two or more vehicles.
- Health indicators show that residents of the neighbourhood benefit from levels of health that are slightly above average, despite an age profile which is weighted towards the older age group.

In summary, the people of Uddingston are relatively affluent, mobile and have good levels of general health.

8.1.7. Looking at adequacy

As mentioned, we believe the population of Uddingston to be approx. 6500 at most. Within this neighbourhood there are 3 pharmacies, assuming all these patients use one of these 3 pharmacies that would average 2000-2500 patients per contract. The National average of patients per pharmacy is 4500. Many pharmacies have numbers of patients high above the National average across Scotland and are more than capable of providing an excellent service to those that need it.

8.1.8. The panel will be aware that they must also consider services available to the neighbourhood. Residents then have access to a total of 7 pharmacies, covering a seven day and late night service all within a few miles of the proposed site. The panel might reflect that in the previous application for Bothwell the PPC concluded service to be adequately provided by the same pharmacies in question today. There has been no significant increase in the total population of Uddingston and Bothwell since that application. Nothing that cannot be managed across 7 pharmacies

8.1.9. Looking within the neighbourhood, our pharmacy at 45 Main Street, Uddingston is just 0.3 miles from the proposed site, a 6 minute walk or a 1 minute drive. It is open six days a week and offers a range of pharmaceutical services which includes all national and locally negotiated services such as:

- Minor ailments
- Chronic Medication Service
- Supervised administration of methadone
- Emergency contraception
- Smoking cessation
- Public Health Services

8.1.10. Outwith the neighbourhood, our Bothwell pharmacy is also open six days a week and again provides all National and local services available in Lanarkshire. Just 1.4 miles from the proposed site, this takes 4 minutes in

the car, and a 25 minute walk, so it is very unlikely that a patient would have a reason to do so. Our Tannochside pharmacy is open extended hours Mon-Sat 9am-8pm and Sun 11-5pm. allowing us to provide additional urgent care to patients, and better access after work and at weekends. We are 2.1 miles from the proposed site that's 6 minutes in the car and again a 25 minute walk. There is free and adequate parking right outside the door.

8.1.11. We meet frequently with Lanarkshire Health Board staff to discuss gaps in services including opening hours and opportunities to develop new services. At present there have been no gaps identified and no requests for services not already being provided. We meet once a quarter, if not more frequently and have good relationships with NHS Lanarkshire – they could ask us to change services if they identified any gaps, but they have not identified anything as a gap.

8.1.12. The applicant is not proposing to offer services that, if not already provided, could not be provided by one of the existing pharmacies. We noted that in his application he failed to mention one of the most valuable services in Lanarkshire, Pharmacy First. All pharmacies currently provide this.

8.1.13. The applicant has failed to show any evidence of inadequacy in the existing services. There are no statements within the Pharmaceutical Care Services Plan of an unmet need either in core or additional services that would suggest a further pharmacy contract is required

8.1.14. Access

There is no evidence to indicate that patients are experiencing significant difficulties when wishing to access pharmaceutical services. The existing pharmacies are located where patients go to access key facilities such as banks or carry out their regular shopping. People who visit the existing pharmacies by car will find car parking in the Old Glasgow Road Car Park to the rear of the pharmacies with additional public car parks off Old Mill Road. There is also some on-street parking on Main Street outside the pharmacies with dedicated disabled parking spaces.

8.1.15. While parking on the Main Street can be busy at peak times this does not indicate an inadequacy in accessing pharmaceutical services, a slight inconvenience maybe in terms of having to go round the block or wait a few minutes for a space but not inadequacy. Patients accessing our Bothwell Pharmacy have many options for parking and our Tannochside premises as mentioned has ample free parking directly outside.

8.1.16. All premises are DDA compliant.

8.1.17. With regards to access to stock.

All of our pharmacies operate more than 98% of stock available to the patients when required. All of our premises have access to multiple wholesalers. If stock is available to the network, then we can get it the same as everyone else. The panel may be aware the stock shortages have been

higher in the last 12 months than seen previously. These are recognised National shortages where items are unavailable to anyone and everyone from the manufacturer. These shortages will not be remedied with the opening of another pharmacy; in fact the opposite could be expected if the wholesalers have one more pharmacy to supply limited stock to.

- 8.1.18.** Should the application be granted we must consider both the viability of the proposed pharmacy and the effect on the existing pharmacies.
- 8.1.19.** A pharmacy opening at the site of the main surgery in Uddingston would have a significant detrimental effect on the viability of the existing pharmacies.
- 8.1.20.** Our experience of health centre pharmacies suggests that a pharmacy co-located within a health centre will dispense around 48% of the items prescribed by the Health Centre by the end of the first year.
- 8.1.21.** This is 48% less items available to the surrounding pharmacies. This will have detrimental effects on the viability and could see pharmacies reduce extended hours, reduce investment in premises and cut back eventually on staff levels.
- 8.1.22.** The CAR and representations in it
- The response to the CAR was very low at less than 3% of the population of Uddingston and even lower if you consider Bothwell residents as well. The applicant has taken on the feedback of the few who responded and has changed his neighbourhood and opening hours. There is a recurring theme throughout the CAR report and that is one of convenience.
- 8.1.23.** To quote some of the comments given the residents stated that the new pharmacy would be 'very handy, very convenient, exceptionally convenient, saves time going to Uddingston, can pop in'
- 8.1.24.** There is nothing in the CAR report that would identify any gap or shows a current need. A few negative comments mention the time it takes to order a prescription from the surgery and get it to the pharmacy, this will not change if a new pharmacy opens as GPs need time to print, check and sign prescriptions.
Accessibility is seen by many to be a greater issue at the proposed site with concerns over safety too
- 8.1.25.** Again to quote a few comments residents feel the new premises will create problems stating 'crossing the road seen as hazardous, busy road, parking would be difficult' 'only appropriate if driving, too far to walk'. It doesn't give the impression that it would be seen as an improvement for the many that do not need to see the GP on a regular basis.
- 8.1.26.** In total only 84 people support the opening of a new pharmacy contract in this location. This cannot therefore be seen as necessary. It is difficult to even say that it would be desirable if only 84 people feel it would be of use.

8.1.27. Summary

The population of both Uddingston and Bothwell have been shown to be relatively affluent, mobile, and healthy. They require no exceptional additional pharmaceutical care.

8.1.28. The legal test requires that the applicant provides evidence of inadequacy. I would suggest that he has failed to do so. Only 84 people across Uddingston support the granting of this application. There are no inadequacies identified in any services currently or likely to be needed in the near future. The CAR results reflect this, as does the local Pharmaceutical Care Services Plan.

8.1.29. Access to pharmacies across from his proposed neighbourhood of Uddingston and Bothwell and that identified by myself (as just Uddingston) is absolutely adequate with all pharmacies having capacity for growth. Parking may take a few minutes at peak times but this could also be true of his premises should the application be granted.

8.1.30. It cannot be denied that the granting of this application would have a significant impact on the viability of all surrounding pharmacies that could result in a reduction in hours and non contracted services.

8.1.31. In summary we would submit that the existing pharmacy provision is adequate and that the proposed pharmacy is neither necessary nor desirable to secure the provision of pharmaceutical services in the neighbourhood in question.. We therefore respectfully urge members of the PPC to refuse this application.

This concluded the presentation from Mrs Cowle

8.1.32. The Chair reminded all parties that the Committee would not be permitted to take into account any references to previous PPCs, and whilst comments on the boundary were acknowledged, the Committee would not be permitted to allow previous decisions to be considered.

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

8.2.1. The Applicant asked if the information provided by Mrs Cowle in her statement had previously been submitted to NHS Lanarkshire or was this the first time the figures had been presented.

8.2.1.1. Mrs Cowle replied that some of the information had been previously submitted, and some of it was new and queried which information the Applicant was referring to.

8.2.2. The Applicant referred to the previous PPCs which he noted that the Chair had indicated should not be mentioned. The Chair remarked that he was not able to prevent people from mentioning any previous PPCs, but had clarified that these references would not be taken into account when

considering their decision.

- 8.2.3.** The Applicant made a statement referring to the services mentioned in the CAR which had been provided by NHS Lanarkshire. Mrs Cowle noted that Pharmacy First had not been mentioned in the Applicant's application.
- 8.2.3.1.** The Applicant said he had been informed by NHS Lanarkshire about this service.
- 8.2.4.** The Applicant asked which Boots branch Mrs Cowle represented.
- 8.2.4.1.** Mrs Cowle replied that she represented Boots UK Ltd and therefore this included the three pharmacies in Tannochside, Uddingston and Bothwell.
- 8.2.5.** The Applicant asked how long Boots or previous pharmacies been located in Uddingston.
- 8.2.5.1.** Mrs Cowle said she did not know, but added that it was a long time. The Applicant asked if this would have been prior to 2008 and Mrs Cowle replied affirmatively.
- 8.2.6.** The Applicant referred to a previous comment made by Mrs Cowle in relation to complaints and asked if it would be accurate to say that complaints provided by NHS Lanarkshire related to all complaints for the Boots UK shops.
- 8.2.6.1.** Mrs Cowle replied that complaints came under the Patients Act and acknowledged that Boots had their own process for patient feedback, given the opportunity.
- 8.2.6.2.** The Applicant asked whether the list contained numbers of other types of complaints / services within the mentioned periods.
- 8.2.6.3.** Mrs Cowle said No.
- 8.2.6.4.** The Applicant asked if this meant that not all complaints were contained in the NHS Lanarkshire Quarterly Return and asked whether there may be more complaints that had been handled by the shops.
- 8.2.6.5.** Mrs Cowle remarked that it did not contain the number of compliments received either, and acknowledged the point.
- 8.2.7.** The Applicant referred to Mrs Cowle's previous comments about the length of time it took to issue a prescription and asked what this would average out to be.
- 8.2.7.1.** Mrs Cowle said that there was no set time, and the turnaround was completed as quickly as possible – for example, 1-2 items might take 5 minutes, but for more complex needs, they would have to contact the GP which took longer.

- 8.2.8.** The Applicant asked whether any of the Boots UK shops closed at lunchtime.
- 8.2.8.1.** Mrs Cowle confirmed that the both pharmacies closed at lunchtime. [
- 8.2.9.** The Applicant asked what customers did at that time.
- 8.2.9.1.** Mrs Cowle said that the lunchtime closure had been in operation so long, patients were aware of this, but also a pharmacist was on site so if urgent the staff could come and speak to a pharmacist.
- 8.2.10.** The Applicant referred to the growing population and said that although older patients would know, what about new patients.
- 8.2.10.1.** Mrs Cowle said that they advertised the relevant hours in the pharmacy and also checked with the other pharmacies on the Main Street to ensure there was no clash, but if there was an emergency, the pharmacy would not ignore the request, although if it was at lunchtime, the pharmacist had gone for lunch.
- 8.2.11.** The Applicant asked if there were any other times that a pharmacist would not be available and what was the process for covering opening times.
- 8.2.12.** Mrs Cowle replied that under the Regulations, pharmacists were permitted to be offsite for up to 2 hours; however she did not see the benefit, so unless the staff member became ill, then a pharmacist would always be on site.
- 8.2.13.** The Applicant referred to comments on parking in Bothwell and asked if she had tried to park in the area as he had been in Bothwell every day and asserted that Mrs Cowle's driving around the block was not convenient and was inaccurate. The Applicant declared that Mrs Cowles statement was not factual, and it was much worse than a 3-4 minute drive.
- 8.2.13.1.** Mrs Cowle affirmed that she had parked at the weekend across the road from the store.
- 8.2.14.** The Applicant referred to Mrs Cowle's comments that he had not provided evidence, and asked if she had evidence to accompany the quoted stock that she had available in her stores.
- 8.2.14.1.** Mrs Cowle confirmed that she did not.
- 8.2.15.** The Applicant asked if Mrs Cowle agreed with his comment that it was not about services being provided, but that they needed to be adequate, and it was also a question of what was desirable in order to be adequate, and said that to him, adequate meant a good level of service.
- The Chair interjected that the issue as to whether an application was necessary or desirable would only be discussed if it was agreed by the Committee that the current service was inadequate.
- 8.2.16.** The Applicant asked what measurements Boots UK Ltd had in place to look

at levels of service in their shops – and asked if Mrs Cowle had any facts, percentages, or customer satisfaction surveys.

- 8.2.17. Mrs Cowle confirmed that Boots UK Ltd did conduct customer satisfaction surveys but did not have any information with her.
- 8.2.18. The Applicant asked whether Mrs Cowle accepted that 44% satisfaction from a customer service would be an issue for a pharmacy to address (eg waiting times, stock unavailability etc).
- 8.2.19. Mrs Cowle confirmed that she would have the same view as the Applicant – that one complaint is too many, since Boots was at the heart of the care of the patients. One complaint would not be acceptable.

The Applicant had no further questions.

8.3. *The Chair invited questions from the interested parties in turn to Mrs Cowle. Questions from Mr Arnott to Mrs Cowle*

- 8.3.1. Mr Arnott queried how stock ability was checked and asked if there were internal reports.
 - 8.3.1.1. Mrs Cowle confirmed there were.
- 8.3.2. With reference to complaints, Mr Arnott asked if a customer came into the pharmacy and made a complaint – and even if the issue was handled immediately, would the Pharmacist still report it?
 - 8.3.2.1. Mrs Cowle confirmed that they would: even if the patient was then happy and complimented the staff in relation to this, they would have to report that the issue had been resolved.
- 8.3.3. Mr Arnott asked about the neighbourhood and asked whether residents would say they lived in Uddingston or Bothwell.
 - 8.3.3.1. Mrs Cowle confirmed that residents would say that they resided either in Uddingston or Bothwell, since residents were proud of where they lived.

Mr Arnott had no further questions.

8.4. Ms Lyall had no questions to ask Mrs Cowle

8.5. The Chair then invited questions from the Members of the Committee in turn to Mrs Cowle.

Mrs Williams' Questions to Mrs Cowle

- 8.5.1. In relation to a response given to the Applicant to a question on pharmacy closures at lunchtime, Mrs Williams asked Mrs Cowle to clarify whether this meant that the pharmacy doors were closed or that the pharmacist was unavailable.

- 8.5.1.1.** Mrs Cowle confirmed that the doors would not be closed. Customers could hand in prescriptions, but a pharmacist would need to take their lunch-break prior to the prescription being collected.
- 8.5.2.** In relation to parking Mrs Williams said that on Wednesday 18 September, she had visited the pharmacy in Uddingston and had found it difficult to park nearby (Old Glasgow Road or Church Street) and had spent between 10-15 minutes to find a parking space. Mrs Williams asked whether the pharmacy had received any complaints in this regard.
- 8.5.2.1.** Mrs Cowle replied that they had not received any complaints directly and suggested that complaints may have been sent to the Community Council, since customers did not see it as the pharmacy's fault that they were unable to park.
- 8.5.3.** Mrs Williams noted a comment made that this could happen at peak times and that all pharmacies were busy, and noted that there had been 2-3 people in front of her when she visited the pharmacy in Uddingston and asked whether the feeling was that other businesses caused an issue with parking rather than it necessarily being at peak time that people would visit pharmacies.
- 8.5.3.1.** Mrs Cowle acknowledged that Uddingston Main Street had lots of people with cars and that it was not specifically because people were accessing pharmaceutical services, but general every day purposes, and added that having 9 spaces anywhere would be a challenge.
- 8.5.4.** Mrs Williams asked whether all 3 Boots pharmacies in the area were DDA compliant.
- 8.5.4.1.** Mrs Cowle confirmed that they were.
- 8.5.5.** Mrs Williams referred to Uddingston Main Street and noted that the dispensary was very small and asked how it impacted on the capacity they had to deal with an increase in housing that may be coming.
- 8.5.5.1.** Mrs Cowle quoted a GP who had said that the pharmacy was small but adequate to support confidential conversations. Mrs Cowle added that she was aware of space and how it was used. If there was an increase in capacity, they would look at the layout and decide whether to take more of the retail area – but at the moment, it worked well, and had been endorsed by the GP.

Mrs Williams had no further Questions.

- 8.6.** Mrs Findlay had no questions for Mrs Cowle.
- 8.7.** Mrs Prentice had no questions for Mrs Cowle.

8.8. Questions from Mr Woods to Mrs Cowle.

- 8.8.1.** Mr Woods referred to the Uddingston branch of Boots and said that he had noticed that there was no notice of NHS services available either outside or inside – eg no sign offering the smoking cessation service
- 8.8.2.** Mrs Cowle replied that there was an NHS Public Health poster in the window.
- 8.8.3.** In relation to the collection and delivery service, which Mr Woods acknowledged was not a core service, he asked whether Boots provided this service to customers.
- 8.8.3.1.** Mrs Cole said this was not provided from the Uddingston branch, but was provided from the Bothwell branch, and added that no complaints had been received in relation to this.
- 8.8.4.** Mr Woods asked that if a patient required something urgently and it was out of stock at the Boots branch, would staff liaise with other pharmacies.
- 8.8.4.1.** Mrs Cowle acknowledged that the national shortages this year had been exceptional, and noted that the independent and multiple pharmacies worked closer together as they had to rely on each other to deliver the items when there were shortages, and Boots would speak to Lloyds and Central Pharmacy. Mrs Cowle stated that another pharmacy would not be able to improve on this. Mrs Cowle added that they also arranged for other pharmacies to borrow and replenish stock from Boots.

Mr Woods had no further questions

8.9. Chair's questions to Mrs Cowle

- 8.9.1.** The Chair referred to Mrs Cowle's statement referencing impact and viability, and her comment that her experience had shown that a pharmacy co-located within a GP surgery would dispense up to 48% of items, and asked where this information had come from.
- 8.9.1.1.** Mrs Cowle said that this came from internal discussions (at a national level), when a pharmacy was placed within a GP practice, within the first year they expected to have that level of business.
- 8.9.2.** The Chair asked if 48% was an average.
- 8.9.2.1.** Mrs Cowle confirmed that it was.
- 8.9.3.** The Chair queried whether this related to first prescriptions or repeats.
- 8.9.4.** Mrs Cowle confirmed it related to both.
- 8.9.5.** The Chair acknowledged that if a Pharmacy was co-located with the surgery it could pick up first time prescriptions, and asked if they also had access to

repeat prescriptions.

- 8.9.5.1. Mrs Cowle confirmed that they would have access to repeat prescriptions, and noted the nature of walk-in business when, potentially, a patient going to see the GP would likely also visit the co-located pharmacy.
- 8.9.6. The Chair noted that pharmacy and GP surgery (being co-located) had no any access to public transport and therefore people would need to be car owners, and asked whether the impact on repeat prescriptions was likely to be less than for first time prescriptions.
- 8.9.7. Mrs Cowle confirmed that this might be true to begin with but it did not stop Boots from expecting those numbers.
- 8.9.7.1. The Chair asked if Mrs Cowle had any figures to indicate how many of these would be dependent on first time prescriptions and whether she was able to distinguish between first time and repeat prescriptions.
- 8.9.8. Mrs Cowle said that she did not know.
- 8.9.9. The Chair had no further questions.
- 8.10. **All parties were invited to ask additional questions to Mrs Cowle.**

Questions from the Applicant to Mrs Cowle

- 8.10.1. The Applicant asked whether all three Boots pharmacies had a consultation room.
- 8.10.1.1. Mrs Cowle confirmed they did.
- 8.10.2. The Applicant referred to quotations from the CAR – under Q3 *“I am currently a patient of Lincluden it’s difficult enough taking time to go to a GP without having to wait on a prescription, and then when you arrive at the pharmacy, the pharmacist is at lunch meaning no one can give you the medication. It’s frustrating”* and also made another point about advertising in local shops and noted a quote from a customer who had said that the NHS services were *“poorly advertised”*.
- 8.10.2.1. Mrs Cowle said that they were not permitted to advertise.
- 8.10.3. The Applicant referred to the shop window. And quoted the customer *“I am a type 1 diabetic and was not aware of many of these services being provided by current pharmacies in the vicinity”*. The Applicant commented that he understood advertising and wondered, from the responses, whether patients might be expected to know of the services supplied by the pharmacies.
- 8.10.3.1. Mrs Cowle said that she did not know whose patient this was that had made the response in the CAR, and would argue that they had higher numbers in Scotland for CMS, and had held conversations with many people with a chronic condition, and noted that she would have been disappointed with the

comment if that had been one of their customers.

- 8.10.4.** In relation to stock shortages, the Applicant asked whether Mrs Cowle's earlier comment to work with another pharmacy meant that they could take more stock.
- 8.10.4.1.** Mrs Cowle confirmed that more stock could be made available. Although the Boots in Uddingston was a small branch, they would be able to distribute to more pharmacies.
- 8.10.5.** The Applicant asked whether the pharmacies contacted each other to say what stock they had, and that in that case, if he was successful with the application, he would then be part of the same circle of pharmacies who would be able to share stock.
- 8.10.5.1.** Mrs Cowle replied that they would share if they had stock and if there was a patient who required it.
- 8.10.6.** The Applicant said that it was unfair to suggest that a new pharmacy would make things worse.
- 8.10.6.1.** Mrs Cowle stated that it would.
- 8.10.7.** The Applicant referred to Boots pre 2008 and asked how many staff they had in 2008 compared to the current level of staff.
- 8.10.7.1.** Mrs Cowle said that Boots used a staffing / workload model so that staffing levels could deal with the workload.
- 8.10.8.** The Applicant asked how the model would handle the population explosion as a 75% increase was massive.
- 8.10.8.1.** Mrs Cowle said that their pharmacy responded to need – and they could train more dispensers.
- 8.10.9.** The Applicant asked if Boots had survived pre-2008, surely the levels could cope with surviving the addition of a new pharmacy, as the population had increased by 75% and this should not impact on the other pharmacies, and asked what happened specifically in the 3 Boots shops to cope with the changes since 2008.
- 8.10.9.1.** Mrs Cowle said that they had identified the population as affluent and therefore had less growth in services.
- 8.10.10.** The Applicant asked what the growth was in the Boots shops between 2008-2019.
- 8.10.10.1.** Mrs Cowle said that for Lanarkshire, for last year the growth was 5.5%, and Uddingston and Bothwell were at the heart of that.

- 8.10.11. The Applicant asked about the volume of business for the last year.
- 8.10.11.1. Mrs Cowle said that the volume was flat across Scotland and had not seen an increase in the volume of items, and was in line with the population growth – which was also flat and had not increased.
- 8.10.12. The Applicant queried whether there had been no growth in prescriptions between 2008 and 2019.
- 8.10.12.1. Mrs Cowle said that she did not have figures from 2008.
- 8.10.13. The Applicant said that it made sense to talk of population growth and noted that Mrs Cowle did not have exact figures to say whether the prescriptions had increased between 2008 and 2019 but asked if it would be fair to say that there would have been a substantial increase.
- 8.10.13.1. Mrs Cowle said yes.
- 8.10.14. The Applicant said he was trying to make a point on viability if the pharmacies had been able to survive prior to 2008.
- 8.10.14.1. Mrs Cowle said that this was different to the Applicant's point on viability and acknowledged that the Boots pharmacies had survived prior to 2008.

The Applicant had no further questions.

8.11. Additional Questions from Mr Arnott to The Applicant

- 8.11.1. Mr Arnott asked if the population for 2008 for Uddingston and Bothwell had been 3000.
- 8.11.2. The Applicant replied that in 2008 the population had been 8000 and was 14,000 in 2019.

8.12. There were no further questions to Mrs Cowle from the Interested Parties or the Committee.

9. The Chair invited Mr Arnott to make representation on behalf of Lloyds Pharmacy Ltd

- 9.1. Mr Arnott read from a pre-prepared statement.
- 9.1.1. I would like to thank the Panel for allowing me to speak today.
- 9.1.2. The Applicant's reason for making this application appears to be based solely on the fact that a unit has become available next to the Lincluden Medical Centre, as the applicant has stated he would look at no other unit.
- 9.1.3. This type of application is the main reason the New Regulations regarding pharmacy contract applications were introduced.

- 9.1.4. I am absolutely stunned that the Applicant thinks he can prove the current pharmaceutical service to the residents of Uddingston and Bothwell is not adequate.
- 9.1.5. Uddingston and Bothwell has a combined population of 12,150 and are served by 7 pharmacies, an average per head population of 1735. The Scottish average is around one pharmacy for every 4500. Uddingston's population is approximately 6,500, covered by 3 pharmacies, which gives an average of 2000 per head of population.
- 9.1.6. On top of this, demographics show that the residents of Uddingston and Bothwell are among the most affluent in the whole of Scotland and have better access to pharmacies than the vast majority of Scotland's population.
- 9.1.7. I do not understand how the Applicant arrived at a 75% population growth in 11 years.
- 9.1.8. I would also point out that visits to a pharmacy are not a daily or even weekly occurrence for the majority of people.
- 9.1.9. Convenience is not a reason for granting a pharmacy contract. However, in this case, the majority of residents of Uddingston live nearer existing pharmacies. It may be more convenient for the Applicant as he lives across the road.
- 9.1.10. The Applicant in support of his application has carried out a consultation exercise. From a population of approx 12,150, the Applicant has had 174 responses = 1.4% of the residents and, in answer to Question 3 "*Do you think the current pharmaceutical services being provided in and to the neighbourhood are adequate regarding the dispensing of prescriptions*", 99 out of the 155 who responded to the question said that they were adequate – the majority.
- 9.1.11. In response to Question 4 "*Do you think that the current provision of pharmaceutical services has any gaps or deficiencies*", only 44.3% of the respondents said that there were any gaps or deficiencies – ie the minority.
- 9.1.12. Question 5 asked the residents about the Applicant's proposed services. All the services listed are already provided by existing contractors.
- 9.1.13. Perhaps one of the most surprising results of the CAR is that, despite the majority of respondents stating that the proposed opening hours on the CAR were appropriate (Question 6), the Applicant on his application has changed his proposed opening hours to include Sunday opening. The only reason I can see for this is that he is trying to add some substance to his application which is only being made as his premises are situated next to the Lincluden Medical Centre, and the Panel will be aware that at any time in the future, the Applicant could reduce the opening hours.
- 9.1.14. If it is part of the new Regulations that the Applicant "*must establish the level of public support of the residents in the neighbourhood to which the*

application relates”, then although it cannot be said that the Applicant has not tried to gain public support; he has, however, failed to gain the support of the residents, simply because there is little public support for the application.

- 9.1.15. This is because existing contractors already provide an adequate pharmaceutical care service to the Applicant’s proposed neighbourhood.
- 9.1.16. Despite all the Applicant’s efforts, he has received only 174 responses from the residents of his proposed neighbourhood, and the majority do not think there are any gaps or deficiencies in the current pharmaceutical services in the neighbourhood.
- 9.1.17. The Applicant has proved no inadequacies in current pharmaceutical services.
- 9.1.18. There are 3 pharmacies within 0.3 miles of the Applicant’s proposed site.
- 9.1.19. I am also surprised that there is no correspondence from the local Community Council, local MP or local MSP as is normal with these applications.
- 9.1.20. A not-for-profit pharmacy is certainly a unique concept. Viability is the normal measure.
- 9.1.21. The Panel must consider “*what are the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood*”. There are 7 pharmacies who are all meeting the pharmaceutical needs of the residents of Bothwell and Uddingston, three are within 0.3 of a mile.
- 9.1.22. Having examined the NHS Lanarkshire Pharmaceutical Care Services Plan, I can see no reference to there being a need for a pharmacy in the Applicant’s proposed neighbourhood.
- 9.1.23. 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.

This concluded the presentation by Mr Arnott.

- 9.2. **13:30-13:35. There was a brief comfort break when the Applicant requested permission to leave the room. Mr Johnson who accompanied the Applicant, and all the Interested Parties and the Committee remained in the room.**

When the Applicant returned, the Chair invited Questions from the Applicant to Mr Arnott.

- 9.2.1. The Applicant clarified a point made in Mr Arnott’s statement that he did not state that he would not look at other units; however the reason for the unit being there was to improve services that were inadequate. The Applicant

asked where Mr Arnott's information had come from in relation to the fact he would not look at another unit.

- 9.2.1.1.** Mr Arnott replied that the Applicant had said it. The Applicant said that his original comment had been that it depended on other advantages.
- 9.2.2.** The Applicant asked what figures Mr Arnott had in relation to Lloyd's customer services that he was prepared to share.
- 9.2.2.1.** Mr Arnott declined.
- 9.2.3.** The Applicant referred to Question 4, with 44% being unhappy, and asked if Mr Arnott would regard 44% service level to be an issue that would need to be addressed.
- 9.2.3.1.** Mr Arnott confirmed it would.
- 9.2.4.** The Applicant asked in terms of population growth – taking figures from the Council census in 2011, that there had been little growth between 2011-2019.
- 9.2.4.1.** Mr Arnott referred to the SIMD and the 2017 population of 12,150, and acknowledged that he would accept 14,000 as the population, which would make the response rate to the CAR even lower.
- 9.2.5.** The Applicant said that the population estimated to be 14000 by the end of the year. The Applicant asked if Mr Arnott would accept the population in 2008.
- 9.2.5.1.** Mr Arnott commented that he could not say.
- 9.2.6.** The Applicant asked if there was a Lloyd's shop policy in 2008 or prior.
- 9.2.6.1.** Mr Arnott replied that he did not know, but added that a lot had been spent on improvements in 2014.
- 9.2.7.** The Applicant asked if Mr Arnott knew how many staff he had prior to 2008.
- 9.2.7.1.** Mr Arnott stated that he did not know, and doubted that any of the interested parties would be able to answer that question.
- 9.2.8.** The Applicant explained that he was trying to work out what changes had been made given the 75% growth in population since 2008.
- 9.2.8.1.** Mr Arnott said that the model for staffing levels were based on services – which were different in Scotland than from the rest of the UK, and the dispensing volumes were constantly revised up and down, and the staffing levels were adjusted accordingly.
- 9.2.9.** The Applicant asked if the model was rigid.

- 9.2.9.1.** Mr Arnott replied that it was not. In Scotland, the model could not be rigid due to the number of local services, and was revised based on local need.
- 9.2.10.** The Applicant said that if Mr Arnott did not know the number of staff they had, how would they cope with the population increase.
- 9.2.10.1.** Mr Arnott said that Lloyds would cope.
- 9.2.11.** The Applicant asked what evidence Mr Arnott had in relation to the number of visits to a pharmacy that a customer may make.
- 9.2.11.1.** Mr Arnott replied that a healthy person would not visit on a daily basis.
- 9.2.12.** The Applicant asked if it would be fair to say that if pharmacies were able to create the right atmosphere, services and facilities, then more people would attend the pharmacy.
- 9.2.12.1.** The Arnott replied that people attended the pharmacy if they needed help or were sick, and did not believe that providing tea and coffee and seating was the right way to proceed.
- 9.2.13.** The Applicant asked if a pharmacist was available and provided a good service, would that be more likely to encourage customers to visit a pharmacy in Main Street, or would they go to one with a better atmosphere.
- 9.2.13.1.** Mr Arnott said that it was a pharmacy and not a destination to go for a chat. The main purpose of visiting a pharmacy was to look after their health – either with a prescription or other service.
- 9.2.14.** The Applicant noted that generally, patients often could not get an appointment with their GP for 8 weeks and asked whether it would be a good thing for the patient to be able to go to consult a pharmacist, and asked if Lloyds Pharmacy had a consultation room.
- 9.2.14.1.** Mr Arnott replied that they did have a consultancy room.
- 9.2.15.** The Applicant asked how frequently the consultancy room was used.
- 9.2.15.1.** Mr Arnott said that it depended on need – but confirmed that it would be used.
- 9.2.16.** The Applicant referred to Mr Arnott's comments regarding the change to opening hours and clarified that he had listened to the responses and increased the opening hours so patients would have the ability to come to the pharmacy within those extended times, and asked Mr Arnott to confirm his understanding that the Applicant had taken patient feedback on board.
- 9.2.16.1.** Mr Arnott said that there had been feedback from 12 people. The Applicant commented that he had spoken to others in addition to looking at the responses in the CAR, possibly as many as 15-20 people. From 6500 people he had agreed to open on Sunday.

- 9.2.17.** In reference to Mr Arnott's comment that the Applicant would operate a "not for profit" business, the Applicant stated that he did not say that – he had said that he wanted it to be sustainable and to return a small profit. He did not need a high level of profit and said that he could invest in more staff – through their staffing level model.
- 9.2.17.1.** Mr Arnott acknowledged that profit was not the Applicant's main driver and asked what the cost would be for a full time pharmacist.
- 9.2.17.2.** The Applicant replied that he had agreements in place, dependent on whether the Application was successful, but refused to quote salaries and said it was unfair.
- 9.2.18.** The Applicant asked Mr Arnott to expand on his comment that there had been no support in the area for the application.
- 9.2.18.1.** Mr Arnott replied that there had only been 174 respondents to the CAR, and 56% said that services were adequate. If the population was 14,000, and 56 people had said that they needed a pharmacy, then he believed that was not a great demand.
- 9.2.18.2.** The Applicant acknowledged that he would have liked to have had a greater number of responses but said that he could only go by what was in the CAR. The Applicant acknowledged Mr Arnott's point but, having spoken to the Community Council, Jim, McGuigan, Richard Lyall and Maureen Devlin, he had their backing. They represented a few people and would not be backing the application if they did not believe in it.
- 9.2.18.3.** Mr Arnott said that these individuals were not present at the hearing and that it was not in their interest to deny anything. Mr Arnott added that normally, the Applicant would bring signed documents of support to the hearing.
- 9.2.19.** The Applicant asked if it was fair to say that people from the Community Council who were in support may not want to do an online report, which was the process for NHS Lanarkshire.
- 9.2.19.1.** Mr Arnott replied that other than one application when the local Community Council had not wanted the pharmacy, he had never known an occasion when a letter of support had not been provided.
- 9.2.20.** Regarding Mr Arnott's point on adequacy of services, the Applicant stated it was not just about which services were provided, but also how – ie were they provided adequately. The Applicant asked if Mr Arnott agreed that poor customer service and a lack of providing a good service would constitute inadequacy, or whether he believed that if a service was being provided, it was therefore adequate.
- 9.2.20.1.** Mr Arnott replied that Lloyds – whether getting lots of customer complaints, whether sales were down or prescriptions were down – all issues were taken seriously.

- 9.2.21. The Applicant asked whether this applied to complaints outwith the NHS - and noted the 27 complaints against Lloyds in the past 5 years.
- 9.2.21.1. Mr Arnott stated that this applied to all complaints – Lloyds had a statutory obligation to report. Although he was unable to speak for other pharmacies, the main reason for complaints to Lloyds was for patient health.
- 9.2.22. The Applicant asked if a dispensing pharmacist was available at all times, and what were Lloyds' opening hours.
- 9.2.22.1. Mr Arnott confirmed the pharmacy was open all day, but the pharmacist would take a break. However, if a prescription was required, it would be given.
- 9.2.23. The Applicant asked whether another pharmacist was available to ensure that one pharmacist could take a break but still have another on the premises to cover – ie two pharmacists.
- 9.2.23.1. Mr Arnott said no – there were very few pharmacies in Scotland with two pharmacists on site.
- 9.2.24. The Applicant asked whether this meant that there was always a pharmacist in the shop and would not leave the premises even when they were on a break.
- 9.2.25. Mr Arnott said that the pharmacist may leave to get a sandwich for lunch, or otherwise might send another member of staff to get one.

The Applicant had no further questions for Mr Arnott.

9.3. The Chair invited questions from the Interested parties in turn.

Questions from Mrs Cowle to Mr Arnott.

- 9.3.1. In relation to complaints, Mrs Cowle asked whether these were still recorded, even if they were resolved.
- 9.3.2. Mr Arnott confirmed that they were, even if the action to resolve the issue was taken on the spot.
- 9.3.3. *Mrs Cowle had no further questions for Mr Arnott*

9.4. Having ascertained that Mrs Cowle had no further questions, the Chair invited questions from Mrs Lyall to Mr Arnott.

Mrs Lyall had no questions.

9.5. Having ascertained that the interested parties had no further questions, Chair invited questions from the Committee to Mr Arnott.

Mrs Williams' questions to Mr Arnott.

- 9.5.1. Mrs Williams asked whether Mr Arnott had received any complaints at the pharmacy in Uddingston in relation to parking.
- 9.5.1.1. Mr Arnott said that he was not aware of any. However, he said that been to Uddingston and parked easily where there were many spaces. However, he acknowledged that there may be times when parking might be an issue, and noted that he was not aware of any complaints in relation to parking.
- 9.5.2. Mrs Williams asked what Mr Arnott's definition would be for the neighbourhood.
- 9.5.2.1. Mr Arnott said he agreed with the neighbourhood defined by Mrs Cowle, and noted that a previous PPC hearing had said that North of Bothwell and to the left of the M74 would be Uddingston.
- 9.5.3. Mrs Williams asked whether Tannochside or Viewpark would be included in the neighbourhood.
- 9.5.3.1. Mr Arnott said no, but noted that 3 pharmacies outwith Uddingston and Bothwell would also service the local residents.

Mrs Williams had no further questions for Mr Arnott.

9.6. Questions from Mrs Findlay to Mr Arnott.

- 9.6.1. Mrs Findlay asked for clarity on the lunchtimes and opening hours – ie that the shop remained open but the pharmacist would take a break.
- 9.6.1.1. Mr Arnott confirmed that the pharmacist might leave the premises on their lunchbreak, but this was unusual.
- 9.6.2. Mrs Findlay asked whether there was a time when everyone might be at lunch at the same time.
- 9.6.2.1. Mr Arnott replied that his pharmacy did not close, but one might shut at 12.30pm and one might shut at 1pm. Central remained open at lunchtime.

Mrs Findlay had no further questions for Mr Arnott.

9.7. Questions from Mrs Prentice to Mr Arnott.

Mrs Prentice had no questions.

9.8. Questions from Mr Woods to Mr Arnott

- 9.8.1. Mr Woods noted that it was not a core service, but asked whether Lloyds provided a delivery and collection service.
- 9.8.1.1. Mr Arnott confirmed that they did – and they had trialled charging.

- 9.8.2. Mr Woods asked whether they would ask other pharmacies if there was a shortage of a particular item of stock.
- 9.8.2.1. Mr Arnott confirmed that they would liaise with other pharmacies in the vicinity, but acknowledged that the situation was getting worse and pharmacies from Granton would now be liaising with pharmacies in Grangemouth.
- 9.8.3. Mr Woods referred to the numbers of complaints contained in the Quarterly Return of complaints over the past 5 years and commented that, from the 21 quarters, 17 quarterly returns from Lloyds had been submitted. 14 quarters had had complaints, there were 4 nil returns, and also 3 returns with zero. This was a total of 39 complaints. Mr Woods said that for 2018 and 2019 and the First Quarter of 2019/20 there had been 14 complaints made about Lloyds which equated to 82% of the total, most of which appeared to be been due to accuracy of dispensing; Mr Woods commented that the explanation of actions taken seemed to be “cut and paste” and asked Mr Arnott to comment.
- 9.8.3.1. Mr Arnott replied that Lloyds took a serious view of dispensing errors which were a safety concern. When a complaint was raised, especially with dispensing errors, a review would be held with each team member to look at the cause and consider options to rectify the situation. Mr Arnott stated that he had received the complaints statistics late and queried the number of complaints quoted by Mr Woods.
- 9.8.4. Mr Woods commented that Lloyds appeared in each quarter due to accuracy of dispensing and queried whether staff were appropriately trained.
- 9.8.4.1. Mr Arnott replied that if there was any safety issue, this was picked up by the Superintendent Pharmacists. Everything – including errors reported centrally- would be included in the report sent to the Health Board. So if something was happening regularly, this would be picked up in the investigation.
- 9.8.5. Mr Woods queried why the complaints seemed to be appearing so consistently.
- 9.8.5.1. Mr Arnott replied that some near misses had been reported – ie they had been caught by the Pharmacy Manager before the customer left the premises, and other than suggesting that it might be due to a member of staff, he had no other answer to make.

Mr Woods had no further questions for Mr Arnott

- 9.9. **The Chair had no questions for Mr Arnott.**

There were no further questions to Mr Arnott from the Applicant, Interested Parties or the Committee.

10. **The Chair invited Ms Lyall to make representation on behalf of W Y**

Graham

- 10.1. Mrs Lyall read a pre prepared statement.
- 10.1.1. I am here to represent WY Graham Pharmacy, and we wish to object to the application for this new contract on the grounds that it is neither necessary nor desirable.
- 10.1.2. The grounds for this application from Mr McMurray focus primarily on the statement that there is “no adequate provision for any pharmaceutical services within the area”.
- 10.1.3. Our primary concern is the subject of the area in question. The area concerned appears to be uncertain. The people who will be using this pharmacy will likely be patients of Lincluden surgery, therefore the area considered should be that which is covered by Lincluden surgery, as indicated in their website. This area is much larger than the area proposed in the application.
- 10.1.4. Lincluden surgery serves patients who stay in Viewpark and Tannochside, as well as Uddingston and Bothwell. Patients who live in this area can receive adequate pharmaceutical care from stores outwith the actual area suggested in the application.
The neighbourhood of the surgery is served at the moment by the three pharmacies on the main street, who provide adequate pharmaceutical care.
- 10.1.5. The public enquiry demonstrated that a pharmacy in that site would be more convenient for the residents in that neighbourhood, but we do not believe that can be the only reason why a new contract is granted. The new contract should only be granted if it is desirable and necessary.
- 10.1.6. Since there is adequate provision of pharmaceutical services in the neighbourhood then there appears to be no good reason for this application to be granted.

This concluded the statement from Mrs Lyall.

- 10.2. **The Chair invited questions from the Applicant to Mrs Lyall**
- 10.2.1. The Applicant confirmed that he was not looking at the area covered by W Y Graham and had no questions.
- 10.3. **Having ascertained that the applicant had no questions, the Chair invited questions from the Interested parties in turn.**
- 10.3.1. Mrs Cowle had no questions for Mrs Lyall.
- 10.4. Mr Arnott had no questions to for Mrs Lyall
- 10.5. **The Chair invited the Committee to ask questions to Mrs Lyall**

Mrs Williams' questions to Mrs Lyall

- 10.5.1.** Mrs Williams referred to the comment that the *“area concerned appeared to be uncertain”* and asked Mrs Lyall to clarify what her definition of the neighbourhood would be.
- 10.5.1.1.** Mrs Lyall acknowledged that originally she had found it difficult to understand the difference between area and neighbourhood which had subsequently been clarified. However, her pharmacy did not have many patients from Lincluden Surgery, but she acknowledged that other pharmacies (such as Boots) serviced a lot of people who visited that surgery and were patients in that area, and commented that it would have an effect on the area.
- 10.5.2.** In relation to the Applicant's neighbourhood definition which included both Uddingston and Bothwell, against Boots and Lloyd's proposal that the neighbourhood should only be Uddingston, Mrs Williams asked Mrs Lyall whether she agreed either view or did she have a different view.
- 10.5.2.1.** Mrs Lyall said that she was not sure, since the primary area was the Applicant's neighbourhood, but also people who were going to Lincluden Surgery would likely go to the pharmacy there rather than elsewhere.
- 10.5.3.** In relation to the number of prescriptions for Lincluden Surgery, Mrs Williams acknowledged that this was not a large number and asked whether the customers lived locally to W Y Graham or Uddingston or Bothwell or both.
- 10.5.3.1.** Mrs Lyall said that most customers were local to W Y Graham.
- 10.5.4.** In terms of parking, Mrs Williams asked whether Mrs Lyall had received many complaints, since she had found parking “tight”, when she had visited the premises.
- 10.5.4.1.** Mrs Lyall said that she had received no complaints as people could park outside the shop and around the back. There were no restrictions on parking, unlike the Main Street in Uddingston, so people did not find it difficult to park. Mrs Lyall added that the majority were local residents and did not drive anyway.

Mrs Williams had no further questions for Mrs Lyall.

10.6. Mrs Findlay's questions to Mrs Lyall

- 10.6.1.** Mrs Findlay asked Mrs Lyall about lunchtime openings and whether W Y Graham also offered a delivery service.
- 10.6.1.1.** Mrs Lyall confirmed that they had double cover at lunchtimes on most days. On Monday, they had one pharmacist who stayed on the premises and would go upstairs for lunch but, if needed, they could come down if required. Mrs Lyall stated that they had no issues with lunchtimes. In relation to the question on delivery drivers, Mrs Lyall confirmed that W Y Graham had one

part time, and one full time driver.

Mrs Findlay had no further questions for Mrs Lyall.

10.7. Mrs Prentice had no questions to ask Mrs Lyall

10.8. Mr Woods' questions to Mrs Lyall

10.8.1. Mr Woods asked what percentage of business of W Y Graham serviced the Applicant's neighbourhood.

10.8.1.1. Mrs Lyall said that approximately 5% of their business came from Lincluden, but most of their business was local.

Mr Woods had no further questions for Mrs Lyall

10.9. The Chair had no questions to ask Mrs Lyall

10.10. The Applicant was invited to ask further questions to Mrs Lyall.

10.10.1. The Applicant asked how long the premises had been located at that site.

10.10.1.1. Mrs Lyall confirmed it had been there more than 15 years.

10.10.2. The Applicant asked whether Mrs Lyall was aware of changes to the premises since 2008.

10.10.2.1. Mrs Lyall confirmed she had worked at W Y Graham for 15 years and the staff numbers had increased, and they had also introduced deliveries and employed a delivery driver and had a delivery van. The care staff had doubled; and Mrs Lyall added that substantial changes had been made to the business.

10.10.3. The Applicant referred to Mrs Lyall's comment of double cover other than Monday and asked whether this was so that the pharmacist could take a regimented break, and queried if this meant that the shop did not close at lunchtimes.

10.10.3.1. Mrs Lyall confirmed that this was correct and said she believed it was proper, and added that a pharmacist was on site all the time.

10.10.4. The Applicant referred to the Quarterly Complaints Return and asked whether Mrs Lyall had any way to measure complaints – ie whether this was for all complaints.

10.10.5. Mrs Lyall said that it was difficult to quantify the meaning of the word complaint. Things that they admitted to – things that they were obliged to report – would be complaints; however if there was someone waiting for a prescription, Mrs Lyall noted that there would not be many in that report, as that was simply due to moaning customers.

The Interested Parties, the Applicant and the Committee had no further questions to ask Mrs Lyall.

11. SUMMARIES

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

11.1. Mrs Lyall on behalf of W Y Graham was invited to sum up.

11.1.1. Mrs Lyall said that she had nothing further to add – she still opposed the application as it was not necessary in the area.

11.2. Mr Arnott on behalf of Lloyds Pharmacy Ltd was invited to sum up

11.2.1. Mr Arnott said that there were 3 pertinent pharmacies in the neighbourhood, one of which was within 0.3 miles of the Applicant's site.

11.2.2. Mr Arnott said that he Applicant had not proved inadequacy of service provision.

11.2.3. Mr Arnott commented that he NHS Lanarkshire Care Service Plan made no mention of the need for a pharmacy. In addition to the three pharmacies mentioned, and the three pharmacies on the periphery, this was 6 pharmacies for a population of 14,000.

11.2.4. Mr Arnott stated that there was no need for a pharmacy and asked the panel to refuse the application, as it was neither necessary nor desirable in order to ensure the adequate provision of pharmaceutical services in the neighbourhood.

11.3. Mrs Cowle on behalf of Boots UK Limited was invited to sum up.

11.3.1. Mrs Cowle said that the neighbourhood of Uddingston had a population of 6500 and 3 pharmacies covered the area and did not believe that any evidence had been presented today – other than the CAR – to indicate any need for an additional pharmacy.

11.3.2. Mrs Cowle said that in the CAR, only 84 respondents had been in support and many of those comments had related to convenience.

11.3.3. Mrs Cowle noted that the Applicant had mentioned the CAR a few times and said that the number was low because they “could only get what was given” and commented that she had been to other hearings where the number of responses had been significantly higher, and suggested that if the Applicant had engaged more and the Community Council had been more proactive, he may have received a higher rate of responses.

11.3.4. Mrs Cowle commented that the Applicant had not presented any facts and figures, only anecdotal evidence, and noted that he had thanked Mrs Lyall

for providing information on prescriptions which Mrs Cowle believed indicated that the Applicant did not have a full understanding of prescriptions.

11.3.5. In summary, Mrs Cowle stated that there was no need for an additional pharmacy and requested that the PPC panel refuse the application.

11.4. The Applicant was invited to sum up

11.4.1. The Applicant said that from the evidence contained in the CAR, and from the conversations at the hearing (which had been an eye opener to hear that staff levels did not cover lunch periods, and pharmacists were often eating lunch while dealing with customers), there was a duty on pharmacies to ensure service levels were adequate, and added that it was not about how many services they were providing (as anyone could provide a half-baked service) but about the adequacy of all services.

11.4.2. The Applicant said that he had now better understood the reasons behind the number of complaints for errors in prescribing, due to the pharmacist working while eating lunch – and the Applicant noted that Mrs Lyall said she had two pharmacists working.

11.4.3. The Applicant said that for good customer service levels, staff needed to be treated properly and to be allowed breaks. The Applicant noted that Mr Woods had picked up a number of blanks in the Complaints Returns, and thought that there may be more complaints since the Quarterly Returns only counted complaint issues that had been reported, and therefore the Quarterly Returns could actually be worse.

11.4.4. For adequacy of service, the Applicant said that it was important for patients to have an adequate service, and queried what adequate might look like – 44% who said they were unhappy could not be regarded as saying services were adequate.

11.4.5. The Applicant acknowledged that a lot of the chat had related to convenience – which he had not mentioned. However, in reference to the argument of convenience, good points had been made relating to parking and access to the pharmacy. The Applicant added that it was subjective that if people were driving around for 10-15 minutes to try and park and were unable to get a space, then they might drive away and access services outwith the area. The Applicant queried whether this would be regarded as adequate – ie would a service be considered adequate if the customer could not get into the shop. The Applicant asked what was causing the inadequacy – was it inconvenience, or should each patient be required to drive around for 15 minutes in order to get an adequate service, and the Applicant referred to the fact that the customers could not get over the doorstep in order to receive the service.

11.4.6. The Applicant said that his main point had been about the population growth and noted that no information had been provided by the Interested Parties to explain in detail what they had done to their pharmacies in relation to the

population growth.

- 11.4.7.** The Applicant noted comments that had been made in relation to viability and said that in 2008, there had many a lot fewer patients, and the pharmacies had managed to be viable. Since 2008, the population had increased by 75% - and would not really increase if one new pharmacy was added – and stated that this could still be viable.
- 11.4.8.** The Applicant said that if his application was successful, he would be working with the other pharmacies, and added that there would not be stock issues that could not be resolved between them – eg if he had stock and another pharmacy did not, then he was willing to share information. The Applicant did not accept the claim that an additional pharmacy would be detrimental to viability.
- 11.4.9.** The Applicant said that there needed to be an additional pharmacy in order to provide adequate services to customers, since the current pharmacies in the area – in his opinion – did not provide an adequate service.
- 11.4.10.** In relation to the low response rate to the Consultation, the Applicant said that he had backing from an MSP and two Councillors and noted that nobody was naive enough to suggest that they should only rely on the numbers in the CAR, and stated that the CAR was the evidence – in the format that NHS Lanarkshire had put forward – and that the questions were those provided by NHS Lanarkshire. So, using the evidence from the CAR, it had demonstrated that services were inadequate. The increase in population growth since 2008 outweighed an issue from adding one more pharmacy.
- 11.4.11.** The Applicant said that he was not hiding away from the argument – ie to a pharmacy within a surgery would help achieve providing adequate services. He regarded this as a necessity. The NHS had stated that the unit was to be used for health reasons and said that the NHS was aware that adequate services needed to be provided in the area.
- 11.4.12.** The Applicant said that he was confused about the argument about Bothwell, as 3 pharmacies covered Uddingston only and only one pharmacy was in Bothwell. So how could the area of Bothwell be serviced adequately if there were 3 pharmacies in Uddingston, and the pharmacist was not there all the time in Bothwell. The Applicant said that he was confused by the arguments put forward by the Interested Parties.
- 11.4.13.** The Applicant acknowledged that previous hearings could not form part of any argument, but said that everyone knew that there had been a previous application which had been refused and asked whether the Interested Parties felt that there might be a precedent if his application was accepted, given that it had been refused before, and he was uncertain on the line of argument presented by the Interested Parties.
- 11.4.14.** NHS had demonstrated that other GP Surgeries in Moss End and Larkhall had pharmacies on site – and the Applicant accepted this was a model to

provide adequate services.

- 11.4.15.** The Applicant acknowledged that he had amended his opening times and also increased the neighbourhood area based on customer feedback on what the community needed.
- 11.4.16.** The Applicant said that he was not working to achieve a big profit like the other pharmacies were seeking to achieve. Their pharmacy model would do what was required to achieve a profit, but service was at the forefront. They would have pharmacists available at all times – there would be no need for someone needing to finish a sandwich or to be offsite – and confirmed that there would be cover at all times. The Applicant felt strongly that if they were providing an adequate service, it was not right to tell a customer that the pharmacist would be popping out for ten minutes and to ask them to wait to return. This was not fair on the staff, and was not adequate for the patient.
- 11.4.17.** Regarding the areas marked for development, the Applicant said that the population was going to increase and it would be better to have the infrastructure in place in order to be aware of future population needs.
- 11.4.18.** The Applicant acknowledged that he could not say anything further about housing, and understood that it was an affluent area, but said nobody knew what might happen in the future - whether a person was affluent or not – nothing would stop something happening to a family member who had long term medical needs. The Applicant admitted he did not understand this argument put forward by the Interested Parties. The Applicant said that the service needed to be available for everyone in the community, whether they were affluent or not.
- 11.4.19.** The Applicant said that the needs of a growing population would need to be met, and his pharmacy would provide a service to help the surgery – which would provide adequate services for patients; the Applicant added that there would be more people seeking to use the Minor Ailments Service (MAS), more consultations.
- 11.4.20.** The Applicant said that a big part would involve working with other suppliers in the health community – this was community driven and not a model decided from a head office. They would use what affected people in Uddingston – there would not be tiers of management.
- 11.4.21.** The Applicant said that when the opportunity to take the unit had arisen 2.5 years ago he had spoken to people in the community and others, including other members of pharmacy staff. The Applicant confirmed that they would employ a Risk Manager – who had 8 years' experience – who would handle the application for the premises and would independently check the site and ensure things were done properly, and also ensure that there were no gaps or services.
- 11.4.22.** In relation to levels of service, the Applicant said that the interested parties had failed to mention what they were doing to ensure they had an adequate

level of service. From the discussions – which was backed by his feelings – the Applicant said that there were no adequate services. Having heard from the discussions at the hearing, he could now understand why – eg customers could not get a pharmacist at lunchtime. This explained why he had letters of support from the MSP and Community Council and constituents – patients wanted adequate services but they did not have them – which the Applicant asserted as his main argument.

This concluded the summary by the Applicant

11.5. The Chair asked if any party had any additional questions.

11.5.1. Mrs Lyall referred a comment to the Applicant in relation to his comment on the need for an additional pharmacy in respect of the population growth in the area and said that part of the issue was the ability for a pharmacy to increase capacity for a growing population – if there was no ability for them to increase, then there was no need for a new pharmacy.

11.5.1.1. The Applicant said that his point was not about size and space, but about adequate services now – and before the expected population increase – it was already a problem here and now, and this would be exacerbated as population growth continued.

12. RETIRAL OF PARTIES

12.1. The Chair then invited each of the parties present to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. The Applicant and each of the Interested Parties, separately confirmed that they had had a fair hearing and that they had nothing further to add. The Chair advised that the Committee would consider the application and representations in detail and in private prior to making a determination.

12.2. The Chair reminded the Applicant and Interested Parties that it was in their interest to remain in the building until the Committee had completed its private deliberations. If the Committee required further factual or legal advice, the open session would be reconvened so that all parties could hear the advice and have the opportunity to challenge or comment on that advice.

12.3. The Chair informed all parties that a written decision with reasons would be prepared, and a copy issued to all parties as soon as possible. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.

12.4. ***The hearing adjourned at 1430 hours and the Applicant and the Interested Parties, along with their companions and the Observer, left the room***

13. COMMITTEE DELIBERATIONS

13.1. Supplementary Information

The Committee noted the following:

- (i) That each member had independently undertaken a site visit of Uddingston, Bothwell and the surrounding areas, noting the location of the proposed premises, the pharmacies, general medical practices hosted and the facilities and amenities within.
- (ii) Two maps showing the location of the proposed Pharmacy in relation to existing Pharmacies and GP surgeries within Uddingston and the surrounding area.
- (iii) Prescribing statistics of the Doctors within Uddingston, Bothwell and surrounding areas
- (iv) Dispensing statistics of the Pharmacies within Uddingston, Bothwell and surrounding areas
- (v) Demographic information for Uddingston [and Bothwell] taken from the 2011 Census
- (vi) Deprivation information for Uddingston, Bothwell and surrounding areas, as supplied by NHS Lanarkshire.
- (vii) Report on Pharmaceutical Services provided by existing pharmaceutical contractors within Uddingston, Bothwell and the surrounding areas. This report provides an update to the list of services provided within this area as contained within Pharmaceutical Care Services Plan
- (viii) Information extracted from pharmacy quarterly complaints returns to NHS Lanarkshire from Q1 2014/15 to Q1 2019/20
- (ix) The application and supporting documentation including the Consultation Analysis Report provided by the Applicant dated 8th August 2019.

14. SUMMARY OF CONSULTATION ANALYSIS REPORT (CAR)

14.1. Introduction.

14.1.1. NHS Lanarkshire undertook a joint consultation exercise with DJM1 Ltd regarding their proposed application for a new pharmacy contract at 82 Bellshill Road, Uddingston, G71 7NE.

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

14.2. Method of Engagement to Undertake Consultation

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

14.2.2. The Consultation was publicised via NHSL press release on 21 February 2019, advertisements in the Hamilton Advertiser on 21 February 2019, 10

April 2019 and 22 May 2019, NHSL Facebook page, Twitter account, rolling banner on the NHSL website homepage and statically on the Get Involved page. South Lanarkshire Council was also notified for dissemination to known groups and elected representatives and the Public Partnership Forum and Uddingston Community Council on 21 February 2019. All these media gave details of how to access a paper copy of the questionnaire for those with no computer facilities or required a copy in a different format or language.

14.3. Summary of Questions and Analysis of Responses

14.3.1.

	Question	Yes	No	Don't know	Replied	Skipped
Q1	Do you agree that the area within the purple border represents the neighbourhood that would be served by the proposed pharmacy	119	45	10	174	0
Q2	Would a pharmacy at this proposed location be accessible for patients in and around the neighbourhood?	149	17	8	174	0
Q3	With regard to the neighbourhood, as defined in Section A, do you think that the current pharmaceutical services being provided in and to the neighbourhood are adequate?					
Q3a	Dispensing of NHS Prescriptions	99	46	10	155	19
Q3b	Advice and medicines under the Minor Ailment Service	94	43	18	155	19
Q3c	National Pharmaceutical Public Health Services including smoking cessation and supply of emergency hormonal contraception	73	26	56	155	19
Q3d	Chronic Medication Service – for people with long term conditions	70	32	53	155	19
Q3e	Substance Misuse services	52	22	81	155	19
Q3f	Stoma Service – appliance supply for patients with a colostomy or urostomy	37	18	100	155	19
Q3g	Gluten Free Foods	48	33	74	155	19
Q3h	Unscheduled Care – urgent health matters/ supply of emergency prescription medicines	57	49	49	155	19
Q3i	Support to Care Homes	45	14	96	155	19
Q4	Do you think that the current provision of pharmaceutical services has any gaps or deficiencies?	62	54	24	140	34

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Q5	DJM1 Ltd 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 access to these services. ?					
Q5a	Dispensing of NHS Prescriptions	78	59	3	140	34
Q5b	Advice and medicines under the Minor Ailment Service	77	54	9	140	34
Q5c	National Pharmaceutical Public Health Services including smoking cessation and supply of emergency hormonal contraception	61	52	27	140	34
Q5d	Chronic Medication Service – for people with long term conditions	62	49	29	140	34
Q5e	Substance Misuse Services	45	51	44	140	34
Q5f	Stoma Service – appliance supply for patients with a colostomy or urostomy	55	38	47	140	34
Q5g	Gluten Free Foods	51	46	43	140	34
Q5h	Unscheduled Care – urgent health matters/ supply of emergency prescription medicines	73	41	26	140	34
Q5i	Support to Care Homes	54	38	48	140	34
Q6	Do you think that the proposed hours are appropriate?	80	48	11	139	35
Q7	If this proposal is successful, do you think that there would still be gaps or deficiencies in the pharmaceutical services provided?	19	93	27	139	35
Q8	In your opinion, would the proposed application help other healthcare providers to work more closely together – eg GPs, community nursing, other pharmacies, dentists, optometrists and social services?	77	39	19	135	39
Q9	Do you believe this proposal would have any impact on other NHS services, eg GPs, community nursing, other pharmacies, dentists, optometrists and social services?	65	43	27	135	39
Q10	Do you support the proposal to open a new pharmacy at 82 Bellshill Road, Uddingston, G71 7NE>	84	46	5	135	39

Q11	I am responding as	Individual = 135 Group/Organisation = 0	135	39
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15. DISCUSSION

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

15.2. Neighbourhood

15.2.1. The Committee discussed the neighbourhood and noted:

- the Applicant’s definition outlined within the CAR which had been subsequently amended in his Application.
- the views expressed by the Interested Parties
- the maps provided in the consultation document; the maps supplied with the papers; the map provided on the day
- natural and physical boundaries such as roads, waterways and open land

15.2.2. The Committee discussed the potential effect on the results of the CAR following the Applicant’s decision to alter the neighbourhood boundaries, since the residents of Bothwell would not have been included in the original consultation and, in the view of the Committee – some of whom lived and worked in the area and used the pharmaceutical facilities - would potentially have been less likely to have submitted a response to a Consultation as it may not have seemed relevant to them.

15.2.3. The Committee then discussed and noted the number and type of general amenities such as schools, shopping areas, the mixture of public and private housing; community and recreational facilities; the distances residents had to travel to obtain pharmaceutical and other services (3 together in Main Street) and also the lack of public transport and relative affluency of residents in the area. It was noted that both Uddingston and Bothwell were fairly affluent in both home and car ownership, with properties in Bothwell being more expensive than Uddingston.

15.2.4. The Committee also looked at communities of Uddingston and Bothwell contained within the neighbourhood as defined by the applicant and discussed whether all would describe themselves as being part of Uddingston or Bothwell.

15.2.5. The Committee concluded, on the basis of information provided at the hearing and of local knowledge, that the residents of Bothwell and Uddingston were living and working in distinct and separate neighbourhoods. Residents of Bothwell took considerable pride in their own neighbourhood, as did the residents of Uddingston, and both areas contained completely different demographics.

15.2.6. After detailed consideration, the Committee agreed that the neighbourhood for the purposes of this application should be defined as the same Neighbourhood contained in the map within the CAR.

North: M74 at the point where Blantyre Farm Road (B758) crossed it, and, at the bend in the road, going in a straight line until it met the River Clyde.

West: Following the River Clyde South along the Clyde Walkway until it meets the tributary alongside the woodland border of Bothwell Castle and north of the Castle itself.

South: Follow the tributary east bound until it meets the unnamed road (that also leads to Bothwell Castle) until it meets Castle Avenue. Then cross over, passing directly across open land (the Bothwell Castle Golf Course) until it meets the junction of Hornal Road and the B7071 (Bothwell Road) and follow eastwards until it becomes Goldie Road, and continue until it intersects the M74.

East: M74 until it crosses underneath the B758 (Blantyre Farm Road).

15.2.7. The neighbourhood proposed by the Committee contained the following amenities: banks, supermarkets, two primary schools, a grammar school, churches, Post Office, various shops, restaurants, bars and pubs, sports facilities (golf and tennis clubs), library, railway station and hotels. The neighbourhood also contained a large residential housing area (Springfield) with a mixture of retirement, private and social housing and an industrial park for small industry and businesses. The River Clyde provided a natural boundary and the M74 provided a physical barrier.

15.3. Adequacy of existing provision of pharmaceutical services and necessity or desirability

15.3.1. Having reached a conclusion as to the defined neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services in and 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.

15.3.2. The Committee noted that the onus was on the applicant to show inadequacy. He had devoted some time to it in his presentation but relied primarily and substantially on the comments from the CAR and had not produced any hard evidence of real inadequacies in any of the core services despite repeated questioning from the Committee and the pharmaceutical representatives.

15.3.3. The Committee noted that there were three existing pharmacy contractors in the neighbourhood situated together on Uddingston Main Street, and a further four pharmacies on the periphery and in neighbouring areas which

provided services into the area (Tannochside, Viewpark, Bothwell).

- 15.3.4.** From the information provided to the Committee and the oral presentations made; all of the pharmacies provided all of the core services and did not have any capacity issues and all appeared to be coping with the demands made upon them and had spare capacity. No evidence had been provided that there were excessive waiting times, although there were a few comments in the CAR.
- 15.3.5.** Regarding accessibility, it was noted that there was no bus service to Lincluden Surgery (and therefore also to the Applicant's premises) and therefore unless residents lived in the immediate vicinity of Lincluden Surgery, residents would need to access services by car (or get a taxi).
- 15.3.6.** Looking at parking options, it was acknowledged that comments had been made in the CAR in relation to difficulty in finding a parking space in Uddingston. The Committee noted discussions in the open session in relation to the length of time it might take to find parking which varied depending on the time of day.
- 15.3.7.** The Committee recognised that the pharmacies in Uddingston were easily accessed either on foot if it was near to where the patient lived, or by car (with parking areas nearby).

15.4. Consultation Analysis Report

- 15.4.1.** The Committee then went on to consider in detail the Consultation Analysis Report (CAR). Although the response numbers had been limited, it was noted that the majority of respondents' comments clearly related to inconvenience rather than necessity. The Committee also considered the possibility that some respondents may not distinguish between necessity and having convenient access to services. It also had to be read in the context of what was said at the hearing.
- 15.4.2.** They Committee noted that the number or responses was relatively low and that the statistical responses and the comments made had been dealt with during the presentations. On close examination of the responses, taking into account, "don't know" and skipped questions the criticisms of current services seemed to be in a clear minority. Taken in totality there was little evidence in support of the application other than that the existence of a pharmacy next to the surgery would be convenient.
- 15.4.3.** Overall, the Committee believed that there were problems with some of the questions listed in the Consultation Analysis Report (CAR) and that some respondents could have found them difficult to answer without detailed knowledge of the services offered by either the NHS or by local pharmacies. Despite those reservations, the Committee was confident that the evidence obtained from the CAR was both accurate and adequate for the purpose of considering this application. The Committee was in no way diverted or swayed by any (apparent) restrictions or imperfections in the CAR process from giving due weight to the expressions of public opinion, as set out in that

Report.

15.4.4. The Committee noted the Applicant's comments that he had been informed that the CAR was the only evidence that was required, and chose not to accept that version of events. The Committee was aware that the Applicant had held discussions with NHS Lanarkshire to provide input into the questions that were contained within the Consultation and was fully involved in the whole process.

15.4.5. The Committee noted that the response rate to the CAR from the public was low in relation to the population (174 responses from a population of 6500).

15.4.5.1. Q1. *"Do you agree that the area within the purple border represents the neighbourhood that would be served by the proposed pharmacy?"*

The Committee noted that over 2/3 of the responses were in agreement with the neighbourhood as defined.

15.4.5.2. Q2. *"Would a pharmacy at this proposed location be accessible for patients in and around the neighbourhood?"*

The Committee acknowledged that the responses endorsed the Committee's definition of the neighbourhood. The Committee noted the comments relating to the difficulties of public access to services and were unaware of any intention for Lanarkshire Council to provide a bus service to the Surgery.

The narrative comments noted good access for residents living in the immediate vicinity except for anyone near Main Street or above; the surgery could only be accessed if residents had access to a car.

15.4.5.3. Q3. *"With regard to the neighbourhood, as defined in Section A, do you think that the current pharmaceutical services being provided in and to the neighbourhood are adequate?"*

The Committee noted that the majority (68% - 99/46 respondents) stated that the services were adequate. Extrapolating the narrative comments by removing "don't know", indeterminate responses, and comments noting convenience, the results were: adequacy 25, inadequacy 8. This changed the response rate to 76% of respondents noting that current services were adequate which gave a higher percentage of residents stating that services were adequate.

15.4.5.4. Q4. *"Do you think that the current provision of pharmaceutical services has any gaps or deficiencies?"*

The Committee noted that the majority (62/140 vs 54/140) stated that there were currently gaps and/or deficiencies. Extrapolating the narrative comments by removing "don't know", indeterminate responses, and comments noting convenience, the results were: only 4 respondents identified any gaps, 12 people noted no gaps or deficiencies. This changed

the response rate to 25% noting gaps or deficiencies, and 75% noting no gaps or deficiencies. This conflicted with the headline responses.

- 15.4.5.5.** Q5. *“DJM1 Ltd 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 access to these services.”*

The Committee noted that the majority (78/140) stated that there were currently gaps and/or deficiencies. 59/140 did not believe there were currently gaps or deficiencies in service. Extrapolating the narrative comments by removing “don’t know”, indeterminate responses, and comments noting convenience, the results were: only 1 respondent noted the need to open in order to provide adequate access to services, and 15 respondents said that there was no need. This changed the response rate to 6% saying that a pharmacy needed to open to provide adequate services, and 94% did not. This conflicted with the headline response.

- 15.4.5.6.** Q6. *“Do you think that the proposed hours are appropriate?”*

The Committee noted the Applicant’s extension of opening hours following his reflection on responses to the CAR.

- 15.4.5.7.** Q7. *“If this proposal is successful, do you think that there would still be gaps or deficiencies in the pharmaceutical services provided?”*

The Committee noted that 19/139 believed that there would still be gaps in service, and 93/139 did not. The Committee noted that a number of comments had related to opening hours (which had subsequently been addressed – see clause 15.4.5.6).

- 15.4.5.8.** Q8. *“In your opinion, would the proposed application help other healthcare providers to work more closely together – eg GPs, community nursing, other pharmacies, dentists, optometrists and social services”*

The Committee noted 77/135 respondents felt that the application would help other healthcare providers to work more closely together (vs 39/135) and noted this was open to differing interpretation by respondents.

- 15.4.5.9.** Q9. *“Do you believe this proposal would have any impact on other NHS services, eg GPs, community nursing, other pharmacies, dentists, optometrists and social services”*

The Committee noted that the majority (65/135 responses vs 43/135) felt that it would have an impact. The Committee also noted that it was unclear whether the impact would be positive or negative which could also cause confusion for respondents.

- 15.4.5.10.** Q10. *“Do you support the proposal to open a new pharmacy at 82 Bellshill Road, Uddingston, G71 7NE”*

The Committee noted that the majority (65% = 84/135) of respondents were

in favour (46/135 were not). Extrapolating the narrative responses and removing “don’t know”, indeterminate responses and comments noting convenience, this turned into 21 responses noting existing services were adequate (84%) and 16% stating that existing services were inadequate (4 responses). This conflicted with the headline figures.

15.4.5.11. Q11. It was noted that all responses were from individuals and no organisations.

15.5. Complaints

15.5.1. The Committee acknowledged 66 complaints made against the existing pharmacy contracts over a period of 5 years which equated to dispensing of approximately 50,000 items per month (3 million items over the 5 year period). The Committee considered that the number of complaints were small in proportion to the number of items dispensed and were not significant.

15.5.2. The Committee acknowledged there had been a regular number of complaints made against Lloyds Pharmacy (particularly relating to issues with dispensing of items) over the past five years, and noted that there had been 20 complaints made for 2018/19 and 2019/20 (first quarter). The Chair agreed to flag the Committee’s concerns with the Health Board.

15.6. Quality of Service and Viability

15.6.1. The Committee discussed how quality of service could be measured, which was delivered to a standardised specification. The Committee concluded that the Applicant had not presented any evidence that he could provide a better service than the existing contractors. The Applicant would face the same issues as existing pharmacies with respect to staff and stock and the Applicant had only given verbal assurances of his intentions. The Committee did not attach a great deal of weight – because of the lack of hard evidence – to the Applicant’s assertions that he could match, let alone supercede, the quality of service by, or products from, the existing pharmacies.

15.6.2. The Committee noted the Applicant’s comments in relation to pharmacists taking lunch breaks at other pharmacies and his assertion that he would ensure there was cover at all times.

15.6.3. The Committee discussed viability in relation to the population of Uddingston covered by the current 3 pharmacies, and noted the comment by Mrs Cowle that in the first year of business, a pharmacy co-located with a surgery could expect to take 48% of business, which the Committee believed could affect the viability of the 3 pharmacies in Main Street.

15.7. Future Developments

15.7.1. The Committee noted that since 2011, the population of Uddingston had only increased by 1100 and that Uddingston still had three pharmacies in the

neighbourhood (as opposed to one pharmacy in Bothwell). The Committee were also aware that much of the business of pharmacies these days was based on repeat prescriptions and that a total of seven pharmacies providing services within and into Uddingston should be more than enough to cope with the volume of both first and repeat prescriptions.

15.7.2. Mr Woods noted that of the list of future developments contained in the evidence, only two of those pertained to Uddingston (Greyfriars and Bothwell Road), with a combined number of 49 units of which zero were scheduled to complete in 2020, 30 scheduled to complete in 2021 and 9 in 2022, and a further 10 units scheduled for completion later than 2022. It was also noted that the number of 163 units referenced earlier by Mr Woods for developments to be completed up to 2022 was incorrect and was actually 178, with an additional units scheduled for completion after 2022. The Committee took into account that the completion dates for some of the developments did not yet have planning permission and may therefore not proceed, and that they did not have sufficient information even to speculate beyond the next 6-12 months..

15.7.3. The Committee noted that the Applicant had but considerable emphasis on business developments since 2008, some 11 years ago. The Committee were of the view

- (i) that they did not have sufficient evidence to make any considered judgements on the past, or of developments since 2008
- (ii) that the workload these days was, in any case, completely different,
- (iii) that there were (amongst other things) considerable efforts these days to reduce the number of prescriptions and thereby mitigate the impact on local pharmacies,
- (iv) that staff may not have increased in proportion to the volume of work but that the range of skills available to a pharmacy had substantially extended,
- (v) that the existing pharmacies in Uddingston had shown that they were more than capable of coping with additional demands.

16. DECISION

Mrs Williams and Mrs Findlay left the meeting room.

16.1.1. Following the withdrawal of the pharmacist members in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, the Committee, for the reasons set out above, considered that the pharmaceutical service within or provided to the neighbourhood of Uddingston was adequate. The Committee concluded that there was no evidence of any substance provided to demonstrate any inadequacy of pharmaceutical services to the defined neighbourhood.

16.1.2. The three existing pharmaceutical contractors in Uddingston, and the four other pharmacies outwith the neighbourhood provided adequate services to and into the neighbourhood.

- 16.1.3.** Accordingly, the decision of the Committee was unanimous that the establishment of a new pharmacy at 82 Bellshill Road, Uddingston, G71 7NE was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was rejected. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.
- 16.1.4.** Mrs Williams and Mrs Findlay were requested to return to the meeting, and informed of the decision of the Committee.

The meeting closed at 16:15 hours