

Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Wednesday 4 September 2019 at 12:00 hours in Meeting Room 1, Law House, Airdrie Road, Carlisle, ML8 5ER

The composition of the PPC at this hearing was:

Chair: Miss Margaret Morris

Present: Lay Members Appointed by NHS Lanarkshire Board

Mrs Carol Prentice

Mr Charles Sargent

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

Mr Neil Cassells

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

Mrs Catherine Stitt

Secretariat: Ms Anne Ferguson, NHS National Services Scotland, SHSC Meetings

1. APPLICATION BY G&S HEALTHCARE LTD

1.1. There was submitted an application and supporting documents from G&S Healthcare Ltd t/a Newton Pharmacy, received 29 July 2019, to have its name included in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at Old Kirk, Newton Brae, Newton, G72 7UW.

1.2. Submission of Interested Parties

1.2.1 The following documents were received:

1.2.2 i) Letter received via email on 15 August 2019 from Boots UK Ltd

MINUTE: PPC/2019/01

- 1.2.3 ii) Letter received via email on 15 August 2019 from Lloyds Pharmacy Ltd
- 1.2.4 iii) Letter received via email on 16 August 2019 from A&A Gilbride Ltd (via consultation process undertaken by Greater Glasgow & Clyde Health Board)
- 1.2.5 iv) Letter received via email on 23 August 2019 from Leslie Doherty Ltd and additional documentation received 28 August 2019
- 1.2.6 v) Email received on 23 August 2019 from Stephen Towill, Vice Chair, Halfway Community Council and attachments
- 1.2.7 vi) Letter from Elspeth Millar, Practice Manager, Ardoch Medical Practice
- 1.2.8. vii) Letter from Claire McLean, Practice Manager, North Avenue Surgery
- 1.2.9. viii) Letter from Craigallian Avenue Medical Practice dated 26 August 2019
- 1.2.10. ix) Letters from Dr Clare McCann, Ardoch Medical Centre dated 25 August 2019
- 1.2.11. x) Letter from Dr Keith McIntyre, North Avenue Medical Practice dated 26 August 2019
- 1.2.12. xi) Letter from Karen McCann, District Nurse, NHS Lanarkshire
- 1.2.13. xii) Letter from James Kelly MSP dated 24 January 2019
- 1.2.14. xiii) Letter from Councillor Alistair Fulton dated 15 May 2019 received via NHS Greater Glasgow & Clyde
- 1.2.15. xiv) Email from Councillor Walter Brogan dated 24 July 2019
- 1.2.16. The following parties did not respond during the consultation period removing their rights to make representation to the PPC as interested parties:
 - 1.2.17. i) The Central Pharmacy Ltd
 - 1.2.18. ii) Lanarkshire Area Pharmaceutical Committee
 - 1.2.19. iii) Lanarkshire Area Medical Committee
 - 1.2.20. iv) Apart from A&A Gilbride Ltd no other party responded through the consultation conducted by Greater Glasgow & Clyde Health Board by virtue of their boundary being within 2km of the proposed premises as required by the regulations
- 1.3. **Correspondence from the wider consultation process undertaken jointly by NHS Lanarkshire and the Applicants**

1.3.1 i) Consultation Analysis Report (CAR)

2. PROCEDURE

2.1. At 12:00 hours on Wednesday 4 September 2019, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by G&S Healthcare Ltd (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (SSI 2009 No 183, SSI 2011 No 32 and SSI 2014 No 118) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether “the provision of Pharmaceutical Services at the Premises named in the application is necessary or desirable in order to secure adequate provision of Pharmaceutical Services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List”.

2.2. The Chair welcomed all to the meeting and introductions were made. When asked by the Chair, members confirmed that the hearing papers had been received and considered and that none had any personal interest in the application. Although Mrs Stitt highlighted three concerns about possible conflicts of interest these were not considered relevant by the Chair as Mrs Stitt did not have a business or social relationship with the Applicant. The Chair informed members that Mr Stephen McDermott would make the representation on behalf of the Applicant accompanied by Ms Gail Duddy. There would be representations from the following interested parties: Boots UK Ltd, Lloyds Pharmacy Ltd, Leslie Doherty Ltd and the Halfway Community Council.

2.3. It was noted that Members of the Committee had previously undertaken site visits to Newton 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. The dates and times (if provided) of these visits were as follows:

Mr Sargent – the afternoon of Thursday 29 August 2019

Mrs Prentice – Monday 26 August 2019

Mr Cassells – Thursday 29 August

Mrs Stitt - made 3 visits on Wednesday 14 August 2019 at 4pm, Friday 23 August 2019 at 2pm and Tuesday 3 September 2019 at 7pm

Miss Morris – Wednesday 21 August 2019

All confirmed that in doing so each had noted the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to, banks, post office, supermarkets, churches, schools and sports facilities.

2.4. There was a brief discussion about the application and the Chair invited Members to confirm an understanding of the 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.

2.5. The Open session convened at 12:35 hours.

3. ATTENDANCE OF PARTIES

3.1. The Chair welcomed all and introductions were made. For the Applicant, Mr Stephen McDermott was presenting supported by Ms Gail Duddy. From the Interested Parties eligible to attend the hearing the following accepted the invitation: Mrs Kathleen Cowle accompanied by, Mr Chris Diamond representing Boots UK Ltd, Mr Niral Nathwani accompanied by Miss Nicola Cairns representing Lloyds Pharmacy Ltd, Mr Michael Doherty, representing Leslie Doherty Ltd, and Mr Stephen Towill representing Halfway Community Council.

3.2. Due to the proximity of this Application to the boundary of NHS Greater Glasgow & Clyde, regulations required that a consultation exercise was also undertaken with the statutory committees and any pharmacy contractors deemed appropriate. Parties who had been included in the Consultation exercise, by either NHS Board, and who had responded, were outlined above.

3.3. The Chair advised that the parties below were consulted but failed to respond and were therefore ineligible to attend or make representation to the PPC:

- (i) The Central Pharmacy Ltd
- (ii) Lanarkshire Area Pharmaceutical Committee
- (iii) Lanarkshire Area Medical Committee

3.4. The Chair advised all present that the hearing was convened to determine the application submitted by the Applicant in respect of premises located at Old Kirk, Newton Brae, Cambuslang, G72 7UW. 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:

3.5. “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.”

- 3.6.** It was noted that previous decisions of the PPC or outcomes of the National Appeal Panel would have no bearing on this application.
- 3.7.** 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. The neighbourhood would be determined first then a decision made whether 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.
- 3.8.** The Chair stated 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 – and was presented as a factual Consultation Analysis Report (“CAR”) and had been provided to the Committee, the Applicant and Interested Parties.
- 3.9.** The Chair confirmed that the Committee was required to include a summary of the CAR in the published determination and to illustrate how it was taken into account in the Committee’s consideration of the statutory test. The Committee would also have regard to the circulated Report on Pharmaceutical Services, which showed services currently provided in or to the proposed neighbourhood.
- 3.10.** The Chair advised that Ms Ferguson, 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 Ferguson was independent of NHS Lanarkshire and would play no part in either the public or private sessions of the Committee.
- 3.11.** 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.
- 3.12.** The Chair confirmed that all members of the Committee had received and read all the supporting documentation supplied by the Applicant and Interested Parties including the Consultation Analysis Report and the maps of the area and 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.

- 3.13.** The Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. Confirmation was obtained that all parties had fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. 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

- 4.1 The Chair invited Mr Stephen McDermott (“the Applicant”), to speak first in support of the application.**

The Applicant read out the following from a pre-prepared statement:

- 4.2** “Good Afternoon.

- 4.3** Firstly I would like to thank the PPC for allowing G&S Healthcare to present our application for consideration.

- 4.4** My name is Stephen McDermott and I have worked as a Community Pharmacist for 14 years. After leaving Strathclyde University, I did my pre-registration with Boots, before working in and managing Leslie Chemist in Cambuslang, where I was based for around 11 years. Last year, I successfully completed my Independent Prescribing course.

- 4.5** This is my business partner Gail Duddy. Gail has worked in pharmaceutical wholesaling for about 30 years. She began her career with AAH Pharmaceuticals, and was the founder and owner of Eclipse Generics, a short line wholesaler based in East Kilbride.

- 4.6** In 2017 we successfully applied for a new contract in Lesmahagow.

4.7 NEIGHBOURHOOD

- 4.8** The neighbourhood I propose for our Pharmacy is Newton, a residential village located in East Cambuslang. The presence today of the community council shows what a strong sense of community there is within Newton.

4.9 MAP OF NEIGHBOURHOOD



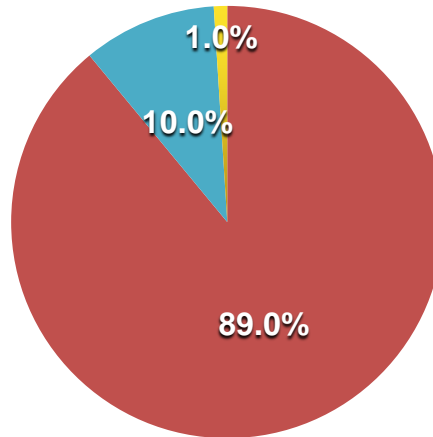
4.10 The boundaries of our neighbourhood are defined as follows:

- To the North by the River Clyde
- To the East by the Rotten Calder
- To the South by the ‘West Coast Mainline Train Track’
- To the West by the Light Burn/Newton Burn

4.11 At this stage I would like to highlight, that of the 413 respondents who completed the CAR, 89% agreed with the proposed boundaries of our neighbourhood.

4.12 DO YOU AGREE THE PROPOSED NEIGHBOURHOOD WOULD BE SERVED BY THE PHARMACY?

■ YES ■ NO ■ DON'T KNOW



- 4.13.** Within the defined boundaries there are planned amenities and community facilities. The bustling Newton railway station with direct links to Glasgow makes this community extremely attractive and affordable to city workers. Two local parks, two primary schools, a nursery, a public house, a small convenience store, an MOT station and a hairdressers. There is also a community wing within Newton Farm Primary which offers many classes and activities.
- 4.14.** In early 2000, when the population was around 500, plans were made to transform Newton into a COMMUNITY GROWTH AREA, with 2150 new houses being constructed over the following 20 years.
- 4.15.** The first Phase of the development began in 2006, with the construction of about 650 homes along with the new St Charles Primary School. This school once homed 70 pupils, which is quite the contrast to the 391 pupils it now schools.
- 4.16.** Phase 2 commenced around 2015, with a further 600 homes and a non denominational primary school, Newton Farm Primary. The school was completed in 2017, with a roll of 302 pupils. At present an extension of 5 classrooms is underway which will increase the capacity to around 500 pupils by 2020. The increase in pupil roll is directly linked to the increase in new housing and influx of residents to Newton.
- 4.17.** There will also be a new stand alone nursery constructed on Newton Brae. This will also be completed by 2020, and house 140 pre-school youngsters.

- 4.18. Once again this highlights that Newton has most certainly developed into a neighbourhood of its own right.
- 4.19. **POPULATION & DEMOGRAPHICS (Datazones - S01012828 & S01012820)**
- 4.20. Newton is situated within Cambuslang East. In 2018 Cambuslang had a population of 31,000. This shows a massive growth of 42% in the last 17 years.
- 4.21. In the same period of time the population of Scotland only increased by 4.6% and South Lanarkshire by 4%. These figures are key indicators that the growing population is directly linked to the ever increasing building developments. It also highlights that it's people living out with the area that are moving into Cambuslang.
- 4.22. The developments in Newton comprise of 3-4 bedroom homes, therefore the SLC statistic of a 2.18 average household size is probably a tad low for this neighbourhood. Further proof of this and an important statistic is that both Newton datazones show more than DOUBLE the average birth rate, compared to the rest of South Lanarkshire Council and Scotland (statistics.gov 2017).
- 4.23. With no up to date figures in car ownership we must look at the census 2011 figures. On average Newton shows that 43.05% of households only have access to one car or van.
- 4.24. Using 2018 figures from statistics.gov and following the completion of Phase 2, we can conclude at present, Newton has a population of around 5000. (Datazone - S01012828 POPULATION '942' & S01012820 POPULATION '2995'). This **IS A HUGE 740% GROWTH** since the 2011 census. This will continue to increase over the next 10 years as they build on the 450 acres of land as shown on the master plan.

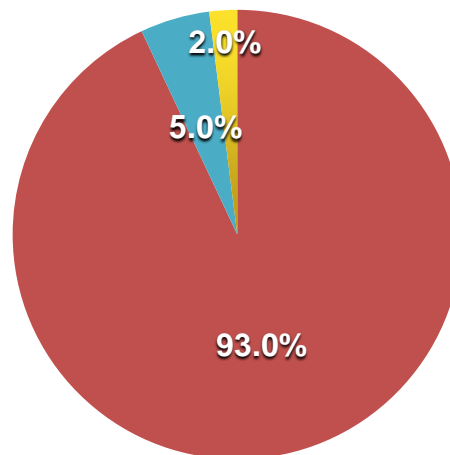
4.31. We can conclude Newton has a current population of 5000, yet no pharmaceutical services. The lack of a current GP surgery within Newton **should not** be an indicator that a pharmacy is not required or viable. In actual fact, **the opposite is true**, it indicates inadequacy and highlights a greater need for a pharmacy, especially with the current GP crisis.

4.32. **ACCESSIBILITY**

4.33. 93.25% of respondents from the CAR agreed that a pharmacy at our proposed location would be accessible for patients in and around the neighbourhood of Newton. At present these residents are living within data zones ranked in the second lowest Geographic access domain. (2016 SIMD Deciles)

4.44. **WOULD A PHARMACY AT THIS PROPOSED LOCATION BE ACCESSIBLE FOR PATIENTS IN AND AROUND THE NEIGHBOURHOOD?**

■ YES ■ NO ■ DON'T KNOW



4.45. The two nearest Pharmacies are Lloyds, 2a Hallside Court, Drumsagard [Lloyds Drumsagard] (1.5 miles - 28 mins walk) and Boots, 233 Hamilton Road, Halfway [Boots Halfway] (1.4 miles - 26 mins walk)

4.46. There are very poor transport links between Newton, Hallside and Halfway, with the current bus service being both **indirect** and **infrequent**.

4.47. SPT (McGills) offer the 364 bus service every 90 minutes (Mon - Sat) from 06.32am - 5.30pm.

4.48. As highlighted on McGills website.....I quote ***“There is no space in these buses for a pushchair, unless it’s a foldable buggy”*** and would also like to highlight, there is even more so, a distinct lack of

wheelchair access.

- 4.49. Current issues around accessibility were clearly highlighted by respondents of the CAR. Some comments on accessibility read -
- 4.50. ***“Just now, it is a 45 minute walk to nearest pharmacy. When not feeling well, this takes longer or additional expense of a taxi”***
- 4.51. ***“The current pharmacy is too far away for easy access of information, advice and prescriptions”***
- 4.52. ***“I am about to have a baby and throughout my pregnancy and into maternity leave I would hugely benefit from a local pharmacy..... It’s an extremely important service for all residents of Newton, but in my personal situation I find the prospect of having to drive to reach pharmaceutical services once I have a newborn both daunting and impractical”***
- 4.53. There is a further 3 pharmacies located in Cambuslang West which are 2 and 2.5 miles away, equating to a 50 minute walk EACH WAY.
- 4.54. Cambuslang Main St was once considered to be the heart of the local community, however over the last few years, many services have been withdrawn from the Main St and this is now no longer the case.
- 4.55. In 2015 The Cambuslang Community Survey was conducted. Drawing a record response of 1900 respondents, virtually no one had anything positive to say about the Main St.



- 4.56. The central pedestrian crossing continues to be seen as confusing, especially for older residents. These junctions are dangerous which has

been linked to at least 3 fatalities.

4.57. Residents also criticised the narrow design of the shopping lane becoming blocked by stationary buses. And provision for disabled people is regarded as minimal.

4.58. This quote sums up the view of many of the respondents:

4.59. ***“There is a lack of places to cross the street, too few parking and drop off points for the size of the community and its facilities”***

4.60. Traffic congestion is increasingly becoming a major concern and it is extremely difficult to find a parking space on the Main St.

4.61. There is also the unfortunate news that SLC are investigating the implementation of parking permits, making areas of Cambuslang restricted to residents' cars. This area encompasses the Main St and surrounding streets.

4.62. The Scottish Government has made a commitment to reducing carbon emissions. Having more cars within the Main St is not the answer. As mentioned in the supporting document from Halfway Community Council ***“The carbon footprint made with all this travel by car, taxi, and train is significant for such a highly populated town and adding to the already, heavy pollution levels. Cambuslang was recorded as the third highest polluted town in Scotland recently.”***

4.63. Within 18 months, the TSB, RBS and Clydesdale Banks all announced closures, leaving Cambuslang without any banking facilities. Over 60% of people said the closure of these branches had caused them to shop LESS often in the Main St.

4.64. Taking all this into account, it is fair to say that Cambuslang Main St is NO longer regarded as being the HEART of the local community.

4.65. **FUTURE DEVELOPMENTS**

4.66. The surrounding pharmacies are already under strain, which will further escalate when considering future developments - Over the next few years 900 new homes will give Newton a population of around 8000.

4.67. Pharmacy services will be further affected by the addition of the following housing developments.

4.68. 1. 195 homes are presently being constructed on the former Hoover plant in Cambuslang West. This will see the population increase by around 500 to 550.

4.69. 2. Planning permission has been granted for East Whitlawburn, in Cambuslang West. 200 rented homes and 100 private will see the population grow by 800-900 by 2021.

- 4.70. 3. Persimmons are building on Greenlees Road. The addition of 244 homes to Cambuslang West will increase the population by 600-650.
- 4.71. 4. Persimmon are also building in Gilbertfield, Cambuslang East. 371 houses and 15 flats will bring an additional 1100 residents. SLC has also applied to build a further 57 social housing dwellings.
- 4.72. 5. East Of Drumsagard, the Walker Group have planning permission to build 190 homes, adding 500-550 to the population.
- 4.73. Taking these 2215 new homes into consideration, the population will increase by over 5000. This will give Cambuslang a population in excess of 36,000, yet only 5 Pharmacies, equating to 7200 per Pharmacy.
- 4.74. I'm sure the PPC will be mindful of Lloyds Pharmacy Limited v. the National Appeal Panel, 2004, where Lord Drummond Young indicated that ***"in addressing the question of the adequacy of existing provision to serve a neighbourhood, the decision makers should have regard to future developments"***.
- 4.75. Being the experts, I'm confident the PPC will acknowledge the future developments to 'secure' the adequate provision of services.
- 4.76. **INADEQUACY OF SERVICES**
- 4.77. In reference to the regulations, an application will only be granted "in order to secure ADEQUATE provision of pharmaceutical services in the neighbourhood." Either the Pharmaceutical services in or available to Newton are adequate or they are not. At present residents have NO access to Pharmaceutical services within their neighbourhood. I will now demonstrate how the Pharmaceutical services they are travelling to access are NOT to a satisfactory quality, and can therefore be deemed inadequate.
- 4.78. Throughout my presentation, I will refer to the 413 responses received in our Consultation Analysis Report. These are from patients accessing the services, and therefore give a true reflection of the inadequate service they are being provided with.
- 4.79. I would also like to highlight at this stage that we received 4 letters of support from all 4 local GP surgeries prior to the end of the consultation period. I'm sure the PPC will have identified that these letters were consistent with the findings of the CAR.
- 4.80. The PPC will be aware that the number of items dispensed, per Pharmacy across Scotland has increased on an annual basis. From the year 2014 to 2018 the average number of items dispensed per Pharmacy increased by 2.1% from 101.15M to 103.4M.

- 4.81. Using official figures from FOI and ISD Scotland I will now demonstrate how, over the past 5 years, the community Pharmacies close to Newton have seen prescription items increase at a more rapid rate than the 2.1% seen in the rest of Scotland. These findings will highlight that the increase in population within Newton has had a direct impact on Pharmaceutical services within the neighbourhood, which in turn has put contractors under huge pressure and led to the INADEQUATE provision of services.
- 4.82. Firstly if we look at Lloyds Drumsagard and Boots Halfway. These pharmacies are situated within Cambuslang East and closest to Newton. As demonstrated, these pharmacies ARE NOT easily accessible, however using FOI and ISD Scotland we discovered that from 2014 to 2019, the number of items dispensed by Lloyds increased by **11.25%**, whilst Boots Halfway saw a **10%** increase compared to the national average increase of 2.1%.
- 4.83. This is not the case for the pharmacies in Cambuslang West despite some pharmacies showing a slight growth and loss there has been no housing developments in Cambuslang West in the last 5 years. These figures are a clear indicator that the population of Newton access pharmaceutical services from Boots and Lloyds, the two pharmacies closest to their neighbourhood and not the pharmacies in Cambuslang West which we have shown to be inaccessible.
- 4.84. I would like to highlight to the PPC in the year 2017/18 Lloyds and Leslie Chemist, 222 Main Street (Leslie Chemist 222) dispensed 14% and 120% more prescription items respectively than the national average Pharmacy, even before the addition of future developments. These increases are having a direct impact on services, with residents stating the following:
- 4.85. ***“The current services to the community are stretched”***
- 4.86. ***“The current service is TERRIBLE and SLOW”***
- 4.87. ***“Due to the significant increase in population over the last few years it is apparent that the Lloyds Pharmacy struggles”***
- 4.88. ***“Current arrangements are awful and cannot cope with volumes in the area”***
- 4.89. ***“Services are getting poorer.....they are too busy and can’t cope with all the new houses”***
- 4.90. ***“Lloyds at Drumsagard can’t cope with volume of prescriptions”***
- 4.91. Due to high dispensing figures and an ever increasing population within Newton, access to Core Pharmacy services is being put under strain, resulting in core services being delivered at an INADEQUATE standard.

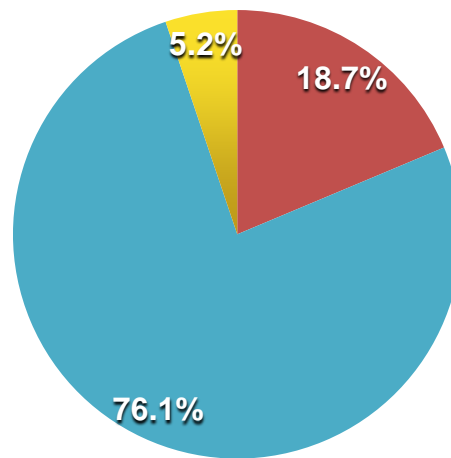
4.92. Firstly let's look at the 'Dispensing of NHS Prescriptions'.

4.93. As stated in NHS Lanarkshire's Pharmaceutical Care Services Plan, "the timeous and accurate dispensing of prescriptions remains the principle function of the NHS Community Pharmacy."

4.94. **'PROVISION OF 'DISPENSING NHS PRESCRIPTIONS'**

4.95. DO YOU THINK THE CURRENT SERVICE BEING PROVIDED IS ADEQUATE?

■ YES ■ NO ■ DON'T KNOW

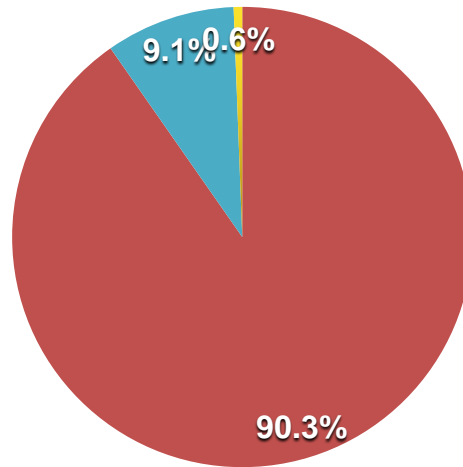


4.96. DO YOU THINK THE PROPOSED PHARMACY NEEDS TO OPEN FOR PEOPLE TO HAVE ADEQUATE ACCESS TO 'DISPENSING OF NHS PRESCRIPTIONS?'

Question 3 of the CAR showed 76.1% of respondents felt the current Dispensing of NHS Prescriptions' was inadequate.

MINUTE: PPC/2019/01

■ YES ■ NO ■ DON'T KNOW



- 4.97. Question 5 found **90.3%** of respondents believed our proposed Pharmacy **NEEDED** to open in order to have adequate access to the Dispensing of NHS Prescriptions.
- 4.98. From responses received, long waiting times for prescriptions appeared to be a real issue, in some cases being described as **'TERRIBLE'**, **'OUTRAGEOUS'**, **'APPALLING'** and **'RIDICULOUS'**. Patients described waiting hours, sometimes days for their prescription to be complete. This is due to the Pharmacies being under constant demand, which we can predict is only going to worsen.
- 4.99. Patients reported medication errors, prescriptions going missing and mix ups with prescriptions. The safety of patients accessing services is being jeopardised, with responses from the CAR reporting the following:
- 4.100. ***"It is not uncommon for my prescriptions to be collected by Lloyds on the Monday and come the Friday they are still not completely finished"***
- 4.101. ***"I was issued out of date tablets which I only noticed after issuing them"***
- 4.102. ***"They are over stretched, so much so I was dispensed the wrong prescription.....then had to go back. There was no offer for them coming to collect for the inconvenience. Poor service."***
- 4.103. ***"Lloyds Pharmacy struggle. Often medicines are out of stock or there is a significant wait in having the prescription prepared leading to multiple trips."***
- 4.104. ***"they tell you it will be a minimum 20 minute wait, often up to a couple of hours and tell you to go away and come back later. If you***

and your children are sick and/or no access to a car this is the last thing you need”

- 4.105. ***“waiting times for prescriptions are outrageous. 40/45 mins is regular.....they are currently, SHOCKINGLY INADEQUATE”***
- 4.106. This shows contractors to be in breach of NHS Lanarkshire Pharmaceutical Care Service Plan as they are NOT Dispensing NHS prescriptions in a “timeous and accurate” manner, therefore deeming the service INADEQUATE. To make matters worse, residents of Newton are having to travel out with their neighbourhood, only to be delivered this sub-standard and poor service.
- 4.107. Residents also expressed overwhelming concerns of poor stock availability. Patients are having to make at least two journeys to get their medicines, meaning substantial distances and time whether on foot or by car. The situation is worsened if they have no car, then two taxi trips are required, or lengthy trips on public transport. This is unacceptable for mums with youngsters who are having to access services during the day by foot.
- 4.108. This issue is highlighted with a fraction of the responses taken from the CAR:
- 4.109. ***“My prescriptions are never ready and most often I need to go back to collect the rest. I get the same stuff every month. Getting to Cambuslang costs me money on the bus and is now a long journey due to the bad bus service and road works.”***
- 4.110. ***“Boots NEVER have medication in stock”***
- 4.111. ***“Month on month I have nothing but problems as they never had enough in stock and I had to keep going back, some months on more than 3 or 4 occasions”***
- 4.112. ***“Boots and Lloyds provide an appalling service. I’ve seen myself wait for days in both of them, only to be told to come back for the remainder. Every time I get a prescription, numerous trips have to be made”***
- 4.113. ***“It’s a joke.....stock is never there. Have used both multiples and it’s getting worse”***
- 4.114. Boots and Lloyds primarily access and procure stock from their parent company. Patients and Healthcare professionals are raising concerns over availability and the length of time taken to secure stock. This is leading to patients becoming non compliant, left with no choice but to go without medication. Pharmacies in Cambuslang East, are putting ‘profit before patient’, resulting in an inadequate service when ‘Dispensing NHS Prescriptions’. These issues were further raised in the letters of support from all 4 local GP’s, highlighting poor stock as a major issue.

- 4.115. Patients are also receiving an inadequate service in the provision of dosette boxes. Unfortunately for patients, both within our defined neighbourhood and in surrounding areas, who require a dosette box now, the service appears to be unavailable to them. This was clearly highlighted from the CAR responses, with residents reporting the following:
- 4.116. *“I collect my parents prescriptions from Lloyd’s.....and although my father needs a weekly dosette box he is being denied this as they can’t take any more on. I called round all the chemists in the vicinity to be told the same.”*
- 4.117. *“No dosette boxes available”*
- 4.118. *“Hopefully the new Pharmacy will be able to offer a daily delivery service and dosette boxes for the elderly”*
- 4.119. *“I have an elderly parent, with complex medical needs. The Pharmacy advise a wait time of up to a yr to get wkly blister pack of meds prepared for him”*
- 4.120. I must highlight that our original letters of support from GPs reported availability as an issue. This is consistent with the above findings from the CAR, which is direct information from the patients or family member’s trying to access these services. In the second set of letters submitted by Mr Doherty, Craigallian Practice reported that Boots were **“still unable to take on any dosette boxes or deliveries”**, North Avenue reported that **“MOST”** of the Pharmacies do not have waiting lists and Dr McCann reported that **“the practice and patients have been advised over the last few years that there are waiting lists in some local pharmacies.”**
- 4.121. I ask the question, how will this ever improve with the addition of the new homes into the area and an increasing population, yet no more Pharmacies?
- 4.122. Refusal of this service shows a clear inadequacy in ‘Dispensing NHS Prescriptions’ as some contractors are no longer willing to assess the compliance needs of patients, and in turn, refusing the service, EVEN IF IT IS REQUIRED.
- 4.123. The vision for NHS Scotland was to deliver the highest quality of healthcare services. NHS Scotland aspired for every patient to get the best possible outcome from their medicines, whilst avoiding harm.
- 4.124. We can safely conclude that the current Services in and around Newton are falling well short of this vision. The inadequate provision within Cambuslang East is due to contractors being at saturation point, however this is NO excuse and I ask that it changes now. The granting of a new contract would allow this vision to become reality, resulting in

the ADEQUATE provision of dosette boxes.

4.125. Inadequacies do not end here. I will now demonstrate how patients are receiving an INADEQUATE provision of the Minor Ailments Service.

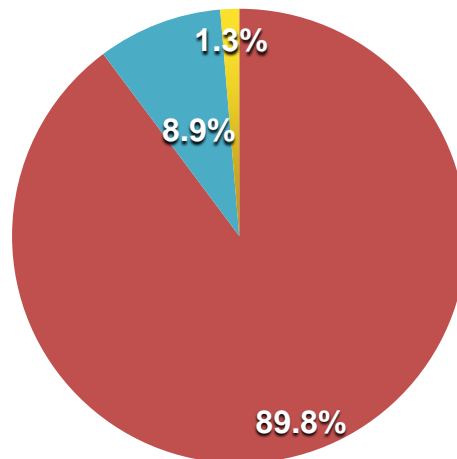
4.126. Introduced in 2006, the Minor Ailment Service (MAS) allowed qualifying patients to use their Pharmacist as the FIRST port of call for the treatment of common illnesses. I am sure the PPC will be in agreement that since this service has been running for over 13 years, all Pharmacy Contractors and surgeries should have patients well educated on how to access this core service.

4.127. **CAR RESULTS - 'SUPPLY OF MEDICINES UNDER THE MINOR AILMENTS SERVICE'**

4.128. **DO YOU THINK THE CURRENT SERVICE BEING PROVIDED IS ADEQUATE?**

4.129. **DO YOU THINK THE PROPOSED PHARMACY NEEDS TO OPEN FOR PEOPLE TO HAVE ADEQUATE ACCESS TO 'SUPPLY OF MEDICINES UNDER THE MINOR AILMENTS SERVICE?'**

■ YES ■ NO ■ DON'T KNOW



4.130. Looking at the results from the CAR, **71.4%** of respondents believed the current Minor Ailment Service was INADEQUATE.

4.131. Question 5 showed **89.8%** of respondents believed our proposed Pharmacy NEEDED to open to have adequate access to the Minor Ailment Service.

4.132. Is this due to recent closure of Cambuslang Clinic and the health visitor going part time. More than ever mothers from Newton will need an accessible Pharmacy. I will now illustrate how evidence taken from the CAR highlights an inadequacy in the current Minor Ailments Service'.....

- 4.133. *“Minor Ailments Service is BAD....*
- 4.134. *“Minor Ailments is also a SHAMBLES. It is a common occurrence to be refused treatment for the kids and be referred to the GP for an appointment for a simple ailment that could have been treated by the Pharmacist.”*
- 4.135. *“The Pharmacist is too busy to speak to me and I end up having to make a doctors appointment”*
- 4.136. *“The new manager is always reluctant to give anything on Minor Ailments. Quite often he will tell me to see the surgery. This is poor and I wait for appointments”*
- 4.137. *“In all the adverts it states that the Pharmacist should be the first port of call but the pharmacist must be very busy as I am often referred back to the doctor for my children and then it is usually a 2 week wait”*
- 4.138. This service is **NOT ACCESSIBLE**. The Pharmacist is too busy to consult or advise patients on ways to manage or treat their common illnesses. As a result the workload is **SHIFTED BACK** to the GPs and nurses, with patients being forced to wait weeks for an appointment to treat a Minor Ailment.
- 4.139. Concerns were raised by GP’s within the area. They were of an unanimous opinion that the service was not being utilised properly. Low uptake on the service was having a direct impact on waiting times at their practice.
- 4.140. As the PPC will be aware, this issue was raised by all local GPs in their supporting letters for our application.
- 4.141. Quoting from North Avenue Surgery -
- 4.142. *‘the practice receives a high volume of referrals to the surgery to treat minor ailments that could easily be treated by the pharmacist.... This causes a massive impact on waiting times at the Practice, when in actual fact the Community Pharmacist is on the frontline and should be treating these patients’*
- 4.143. From FOI we discovered that the number of items being dispensed under MAS by most contractors had fallen over the past few years, despite more people accessing this service.
- 4.144. Contractor Code 3335 - 2017 (1458 items)...2018 (1524 items) an increase of 4.5%
Contractor Code 3336 - 2017 (2432 items)...2018 (2186 items) a decrease of 10%
Contractor Code 3341 - 2016 (1204 items)...2018 (885 items) a decrease of 26.5%
Contractor Code 3344 - 2017 (1608 items)...2018 (1658 items) an increase of 3.1%

MINUTE: PPC/2019/01

Contractor Code 3345 - 2017 (3435 items)...2018 (3331 items) a decrease of 3%

- 4.145.** Using FOI we discovered that **collectively, contractors demonstrated a massive 32% reduction** in the number of eMAS items dispensed over the past few years, which when looking at reports by ISD Scotland, most definitely goes against the national trend.
- 4.146.** More alarmingly, eMAS registrations for Lloyds, the closest Pharmacy to Newton, had decreased by a huge 12% from 2017 to 2018.
- 4.147.** From the residents, surgeries and findings taken from ISD Scotland we can conclude that residents believe the MAS to be **INACCESSIBLE**. The Pharmacist is too busy to consult. Patients are losing faith in their Pharmacist and instead will wait several weeks to speak to a GP. This is a clear contraindication to the core objectives of MAS and once again proves there to be an **INADEQUATE** provision of Pharmaceutical Services.
- 4.148.** We are also seeing an expansion in services provided by the Community Pharmacist as part of the wider 'Pharmacy First' initiative. At present pharmacists are the first ports of call when treating a Urinary Tract Infection or Impetigo. Dr McCann quoted that her practice doesn't see any benefit from this service.
- 4.149.** I would like to highlight that the future role of the Pharmacist will follow in the footsteps of NHS Forth Valley. Here, a pilot makes the Pharmacist the **FIRST PORT OF CALL** for patients suffering from an infective exacerbation of their COPD. Further PGDs allow Pharmacists to prescribe Hydrocortisone 1% for skin conditions and Flucloxacillin 500mg in the treatment of skin infections.
- 4.150.** It is only a matter of time until these pilots are rolled out in NHSL. This will increase demand on the current contractors, who at present struggle to deal with the Minor Ailments Service and Pharmacy First.
- 4.151.** **CONFIDENTIALITY**
- 4.152.** If this contract were granted, we would provide the full range of core services as well as the extended Pharmacy First Services. Unlike what is shown in the plans, we have made the decision to have two consultation rooms and not just a privacy screen.
- 4.153.** The PPC will be aware that guidance from the GPhC states Pharmacists must 'respect and protect people's dignity and privacy' and 'provide the appropriate levels of privacy for patient consultations'. From site visits and responses to the CAR, the PPC will have witnessed and identified that not all contractors are able to or willing to accommodate such scenarios. Some Pharmacies do not have a consultation room and with very small front shop space, there is nowhere to go to have these consultations in private.

- 4.154. Newton residents reported a distinct lack of patient confidentiality, ranging from the consultation room not being used, to discussing individuals medication in front of other customers, and methadone being administered in full view of waiting patients.
- 4.155. ***“I complain about Lloyds, but my experience with Boots was worse. This Pharmacy offers no confidentiality to patients. The consultation room is never accessible as drug addicts seem to have it to themselves. I have even been stood next to Methadone patients as they discuss drug usage in front of my kids”***
- 4.156. ***“My husband used the shops in Cambuslang.....the Pharmacist was unapproachable. He was also made uncomfortable with methadone being given to patients in the shop floor”***
- 4.157. **DDA COMPLIANT**
- 4.158. We must ask the question....are the current Contractors truly DDA Compliant?
- 4.159. Being the experts, the PPC will be aware that all pharmacists providing services in the UK have a legal obligation to comply with the DDA Regulations. They state that reasonable adjustments should be made to the physical features of a pharmacy premise, in order to overcome barriers to access.
- 4.160. From site visits, the PPC will have identified areas of inaccessibility, with not all contractors having an automatic door. This results in elderly and infirm patients having great difficulty entering the existing Pharmacies. This is even more troublesome for wheelchair and mobility aid users or parents with pushchairs.
- 4.161. This accessibility problem is further evidenced with comments taken from the CAR:
- 4.162. ***“In Boots there is no confidentiality. The store is tiny and my business has been discussed freely in front of customers which is not acceptable. Accessing with a twin pram is almost impossible. In fact a staff member asked me to leave the pram outside (which is normally swamped with drug addicts) despite me having two sick twins”***
- 4.163. **DELIVERIES**
- 4.164. Although not a core service, deliveries to patients of Newton is inadequate and inconsistent, which will worsen when Boots join Lloyds in charging patients for deliveries. To start charging for this service is a tax on the elderly, the disabled and financially challenged.
- 4.165. From the information we have presented today we can conclude that patients in Newton, have for many years suffered from nonexistent

Pharmaceutical service. They are being forced to travel out with their neighbourhood, only to receive an inadequate provision of services.

- 4.166.** Recent expansion within Newton has put massive strain on the contractors within the area. The population is going to increase in the forthcoming years. Before considering these future developments we have demonstrated today that...
- 4.167.**
- Two contractors are already dispensing way above the national average for Scotland. Lloyds 14% and Leslies (222) a massive 120%. Furthermore, the Pharmacies in Cambuslang East that residents of Newton access have seen their annual dispensing figures, rapidly increase at a rate above the National average for Scotland. All Pharmacies within Cambuslang will see increases with the inclusion of future developments.....
- 4.168.**
- Patients receiving inadequate provision of services in relation to 'Dispensing of NHS Prescriptions', the inadequate 'Supply of Medicines under the Minor Ailments Service', and an inadequate non supply of dosette boxes to new patients. We have demonstrated how the existing Pharmacies local to Newton are breaching patient confidentiality, do not offer a comprehensive delivery service and are unable to dispense prescriptions in a timeous and accurate manner.
- 4.169.** I firmly believe it is both necessary and desirable to provide a pharmacy within Newton to secure the ADEQUATE provision of pharmaceutical services to the neighbourhood.
- 4.170.** All patients, regardless of their age, income, education or disability have the right to receive high quality pharmaceutical care and we have heard here today how the neighbourhood is being denied this.
- 4.171.** By submitting these facts and responses, I firmly believe G & S Healthcare have provided the PPC with substantial evidence to exceed the burden of the legal test and being the experts I trust and have the confidence that a new Pharmacy contract be granted.
- 4.172.** THANK YOU FOR YOUR TIME AND PATIENCE“

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

5. INTERESTED PARTIES' QUESTIONS TO THE APPLICANT

5.1. Questions from Mr Nathwani (Lloyds Pharmacy Ltd) to Mr McDermott

5.1.1 Mr Nathwani asked whether Mr McDermott agreed that the residents of Newton Farm were young, affluent and owned cars. Mr McDermott said that there were a large number of infants within the neighbourhood population, people were working but was not entirely affluent as only 43% had access to only one car or van. In these circumstances, Mr

McDermott questioned where a patient living in this neighbourhood went to access pharmaceutical services if their partner had taken the family car to work. With much of the population aged 45-54 then the percentage of elderly residents (aged 60+) was expected to increase in ten years time.

- 5.1.2** Mr Nathwani checked whether Mr McDermott had also said that 43% of the population had access to two or more cars. Mr McDermott confirmed that this was what he had said but stressed that 43% had access to only one car or van. The Applicant said that this was significant for patients trying to access pharmaceutical services on a day-to-day basis if working partners took the car. Mr McDermott also stated that adequacy of pharmaceutical services could not be determined by access alone.
- 5.1.3** When asked if Mr McDermott agreed that for most people a visit to the pharmacy was not a weekly or daily occurrence, the Applicant agreed that a visit to the doctor was not common. However pharmacists were on the front line and were to be the first port of call for patients seeking healthcare advice. The elderly needed healthcare advice and pharmacists were there to be accessible.
- 5.1.4** Mr Nathwani asked if the Applicant agreed that residents travelled out with the neighbourhood to access amenities such as banks, GPs and supermarkets. Mr McDermott responded that most people now did online shopping and that access to pharmaceutical services could not be determined by the accessibility of supermarkets. Mr Nathwani suggested that people may travel a mile up the road to Morrisons or journey into Blantyre for groceries. Mr McDermott disagreed and thought that such shopping was done online. Several banks had closed in Cambuslang Main Street over recent years but with the prevalence of online banking were no longer as relevant when determining a neighbourhood.
- 5.1.5** Mr Nathwani referred to the comments about dosette boxes mentioned in the Applicant's statement and asked how patients received this service. Mr McDermott explained that patients needed to be clinically assessed to access this service. The majority of the time this was carried out by a doctor but Mr McDermott could also assess patients and in doing so used his own professionalism.
- 5.1.6** Mr Nathwani noted that a lot of the letters of support from GPs mentioned CDS patients and asked if these patients had been properly assessed. Mr McDermott explained that pharmaceutical services in the area had been openly discussed during initial meetings with GPs when it was reported that patients had been denied dosette boxes. Mr Nathwani pursued the question of whether doctors had assessed these patients. Mr McDermott said it was not just the job of doctors to carry out these assessments. There was current guidance from NHS Lanarkshire about compliance aids. Mr McDermott referred to comments made by Boots at a previous hearing about a move away

from dosette boxes but did not think this was the case. Even if it was the case then the substitute for dosette boxes would still result in workload for the pharmacy. Mr Nathwani explained that NHS Borders had moved away from CDS to MAR charts especially for dementia patients.

- 5.1.7** Mr Nathwani had noticed that many of the GP letters followed the same template and asked whether Mr McDermott had any influence in their production. Mr McDermott had not but had met with GPs during the consultation period and spoken about the pharmaceutical services in Cambuslang East. Following a GP visit by another contractor, Mr McDermott had received a phone call from that contractor who felt that the GPs had been misled by Mr McDermott. However the existing pharmaceutical service issues discussed when Mr McDermott had met the GPs were consistent with comments received in the CAR.
- 5.1.8** Mr Nathwani asked whether Mr McDermott was questioning the information contained within the CAR. Mr McDermott stated that the CAR was central to this process and therefore could not be dismissed.
- 5.1.9** Mr Nathwani was interested to know how Mr McDermott knew that residents outside the defined neighbourhood had not taken part in the consultation exercise. Mr McDermott said that if people out with the neighbourhood had taken part then these people were not happy with the existing pharmaceutical service received. Once a pharmaceutical contract had been granted then people out-with the defined neighbourhood could use the pharmacy. Mr McDermott doubted very much whether people from Cambuslang would travel to Newton to use the proposed pharmacy. The responses were most likely from neighbourhood residents as G&S Healthcare Ltd had invested time in the neighbourhood – online advertising of the survey had been arranged as well as a leaflet drop.
- 5.1.10** When asked by Mr Nathwani if Mr McDermott lived in Newton he said he did not and that he stayed in Bothwell.
- 5.1.11** If this application was successful, Mr Nathwani enquired whether it was the intention for Mr McDermott to be the pharmacist at Newton Pharmacy. Mr McDermott was currently working in the Lesmahagow pharmacy but would be keen to work in Newton Pharmacy because the business was starting from scratch.
- 5.1.12** Mr Nathwani was interested to know how long it would take residents to walk from the new houses in Newton Farm to the proposed pharmacy. As Newton Farm was a vast area, Mr McDermott stated that the time would vary between 5 and 20 minutes.
- 5.1.13** Given that there was no clear path, Mr McDermott was asked whether the proposed pharmacy was easily accessible to residents in the proposed neighbourhood. Mr McDermott thought that it was easily accessible and stated that it was definitely more accessible than the

current situation. Although there was no clear path people would walk up and round to the pharmacy. Mr Nathwani stated it was still a 10-15 minute walk.

5.1.14 There was a discrepancy between the eMAS registration figures quoted in the Applicants statement and those available to Lloyds. Mr Nathwani therefore asked the source of the eMAS registration information provided by Mr McDermott. Mr McDermott said that Lloyds (Contractor number 3345) was the biggest contractor in the area for eMAS items (250 items per month) with around 800 eMAS registrations although registrations had decreased by 12% since 2017. This data was sourced from the opendata website. Mr Nathwani did not recognise this information as it was not consistent with that provided internally by Lloyds Pharmacy.

5.1.15 When asked how eMAS would be promoted in the proposed pharmacy, Mr McDermott said it would be done on the frontline. Staff training was required to promote the services available to patients via the Minor Ailments Service adding that it was essential in addressing health inequalities in the area. Mr McDermott also proposed to meet with GPs. These initiatives had worked well in Mr McDermott's current pharmacy in Lesmahagow.

5.1.16 Mr Nathwani asked whether Mr McDermott did not think the existing contractors were already taking such action to promote eMAS. Looking at the figures, Mr McDermott said it was questionable as to whether this was the case especially following the second letter from Ardoch Medical Practice which specifically mentioned that better patient education was required.

5.1.17. Having ascertained that Mr Nathwani had no further questions, the Chair invited questions from Mrs Cowle of Boots UK Ltd.

5.2 Questions from Mrs Cowle (Boots UK Ltd) to Mr McDermott

5.2.1 Mrs Cowle invited Mr McDermott to tell her about the number of eMAS registrations for Boots Halfway. Mr McDermott said that in 2018 Boots Halfway had 664 eMAS registrations but did not have a figure for 2019. Mrs Cowle stated that eMAS registrations in this pharmacy had increased from 692 in January 2019 to 710 in June 2019. Mr McDermott said that this information contradicted the trend in increased prescription numbers in the area and thought all existing pharmacies were inaccessible for those living in the proposed neighbourhood.

5.2.2 Mrs Cowle referred to the national trend for a reduction in the number of eMAS items dispensed and asked if Mr McDermott was aware of any factors that had an impact on this reducing trend. Mr McDermott said that ISD had told him that the number of eMAS items dispensed in the area had reduced but that the reduction was not significant. Mrs Cowle explained that this national trend had decreased because registration requirements had tightened. Boots Halfway had bucked the trend. Mr

McDermott stated that the number of eMAS items dispensed should not be decreasing when the pharmacy was the first port of call for healthcare assistance.

- 5.2.3** Mrs Cowle asked if Mr McDermott could provide a number for the maximum number of items that could be dispensed and maximum number of services that could be provided from the proposed pharmacy. Mr McDermott did not believe that there was a maximum number. Review of the standing operating procedures would influence the number of items dispensed whilst the services offered would be reviewed in house. Extra pharmacy staff could be brought in depending on demand.
- 5.2.4** Mrs Cowle asked Mr McDermott to clarify in what respect existing contractors were at capacity. Mr McDermott stated dosette boxes.
- 5.2.5** Mrs Cowle referred to comments in the Applicant's statement that Newton residents had identified a lack of confidentiality whilst accessing pharmaceutical services and patients were unable to have prescriptions delivered. Mrs Cowle was interested to know how these comments had been attributed by the Applicant specifically to Newton residents. Mr McDermott said that the neighbourhood boundaries of the CAR were specifically Newton. Mrs Cowle noted that it was impossible to know where those responding to the consultation exercise lived. Mr McDermott said many comments received had referred to "coming from Newton".
- 5.2.6** Mrs Cowle said that Mr McDermott had made a significant statement about existing pharmacies jeopardising patient safety and wanted to know in what way. Mr McDermott explained that there was evidence in the CAR that some people had been given out of date or wrong medication. There had also been a significant increase in the number of complaints made about Lloyds Drumsagard. When asked to explain "significant, Mr McDermott said that 7 complaints had been received about Lloyds Drumsagard in the first quarter of 2019-20. If this continued for the remainder of the financial year then there would be a 300% increase in complaints received compared with 2014-15.
- 5.2.7** Given the current issues with the national stock supply of some medications, Mrs Cowle enquired whether Mr McDermott had experienced any issues obtaining medication. Mr McDermott had experienced very few difficulties.
- 5.2.8** Mrs Cowle referred to the comment from a family member quoted in the Applicant's statement about dosette boxes and asked if Mr McDermott thought it right and proper that a family member was making a decision about a patient's dosette box use. Mr McDermott clarified that a family member provided the statement that his father had not been given a dosette box. It was uncertain as to whether the patient had undergone an assessment but thought given the statement made that he may well

have had an assessment.

5.2.9 Methadone patients had a right to chose to take this medication in privacy or on the shop floor. Mrs Cowle asked Mr McDermott whether a patient could take methadone in full view of other customers if that was their choice. Mr McDermott did not think this gave off the right vibe and suggested that the pharmacist should have waited until no other patients were in the pharmacy. Mrs Cowle disagreed as patient rights had to be respected.

5.2.10 Having ascertained that Mrs Cowle had no further questions, Mr Doherty of Leslie Pharmacy was invited to question the Applicant.

5.3. Questions from Mr Doherty (Leslie Doherty Ltd) to Mr McDermott

5.3.1 Mr Doherty asked if Mr McDermott was aware of the average script count of the five pharmacies for March 2019. As Mr McDermott did not have that information Mr Doherty said it was now less than 7000. When asked if the proposed pharmacy could handle that number, Mr McDermott said that it could.

5.3.2 Mr Doherty went on to ask what made Mr McDermott think that the existing pharmacies were unable to handle that number of monthly prescriptions. Mr Doherty replied the comments in the CAR such as medication errors and long waiting times.

5.3.3 Mr Doherty asked whether the dispensing of 7000 items per month was an unsafe number. Mr Doherty said that safety couldn't be judged just on the number of items dispensed as it depended on other factors. For instance how many times the pharmacist was brought to the counter to provide other pharmaceutical services.

5.3.4 Mr McDermott was asked to clarify the location of the nine pharmacies mentioned in the Applicant's statement in Rutherglen. Mr McDermott listed these as one on Fernhill Road (Melville Chemist), Burns Pharmacy, three on Stonelaw Road (Burnside, Millar & McGowan & T McLean), one on Rutherglen Main Street (Boots), Superdrug and Dicksons Pharmacy i.e. those with a G73 postcode. Mr McDermott stated that Rutherglen and Cambuslang had similar populations (31,000) but Rutherglen had nine pharmacies whereas Cambuslang had only five.

5.3.5 Mr Doherty asked how many people in Newton Farm used the pharmacy first service. Mr McDermott explained that this could only be assessed by looking at the level of car ownership and in 2011 43% had one car or less. Mr Doherty said this was an incorrect way of looking at it and stated that only 6% of people did not have access to a car and 43% had two or more cars. Mr McDermott disagreed because if the one car was not available to the patient at home during the day then that patient would need to use the bus or walk to the pharmacy to access services. The Chair intervened in the discussion to note that each point

of view was valid.

- 5.3.6** Mr Doherty enquired whether there was proof that patients were left without medication. Mr McDermott referred to the comment made in the CAR involving a patient from Lloyds who had received only part of her prescription for antidepressants and when she went back for the remainder because all had been taken, the drug was out of stock.
- 5.3.7** Mr Doherty queried whether Mr McDermott had said that eMAS registrations had gone down by 32%. Mr McDermott clarified that it was the number of eMAS items dispensed. Mr Doherty stated that this statement was not consistent with the information obtained from an ISD Freedom of Information request showing every figure increasing apart from one. Mr McDermott had also obtained the information from an ISD Freedom of Information request. The Chair intervened explaining that where figures were in dispute the Committee would return to the matter.
- 5.3.8** Mr Doherty referred to the figure for the increase in population of the area that was quoted by the Applicant adding that the figure for Newton Farm was grossly exaggerated. Mr McDermott responded that the figure was not exaggerated but accurate.
- 5.3.9** When asked about the increase in GP registrations, Mr McDermott explained that this related to the G72 postcode and the only housing development in that area was Newton Farm. Mr Doherty said he had patients registered with a G72 postcode from Blantyre which used the Leslie pharmacy. Mr McDermott stated that these patients were only bringing a prescription to the Leslie Pharmacy and were not registered with a GP surgery serving the Cambuslang area.
- 5.3.10.** Mr Doherty was interested to know in what way patient confidentiality was being breached. Mr McDermott explained that this resulted when patients were not taken into a consultation room to seek advice and illnesses were openly discussed in the front shop. There had been comments about this received in the CAR and therefore those patients obviously felt as though their confidentiality had been breached.
- 5.3.11.** Mr Doherty asked about Mr McDermott's plans for the Old Kirk. Mr McDermott had a close relationship with the owner. Plans had been drawn up for the pharmacy but a planning application would not be submitted until the outcome of this application was known. Mr McDermott had been advised that a planning application took 6-8 weeks to be passed. G&S Healthcare had first choice of the site and all services e.g. plumbing was in place. Mr McDermott guaranteed that the proposed pharmacy would be open within 6 months and confirmed that the site would only be developed if a pharmacy contract was granted. Retail units were not planned to be there until 2029 but G&S Healthcare were proactive and got in there first. The neighbourhood did not have many amenities so residents had to travel out with the area.

- 5.3.12.** Mr Doherty was interested to know whether Mr McDermott thought the retail units would be built regardless of the outcome of this application as the building had been for sale for years. Mr McDermott stated that the building had been used to store scaffolding but recently the owner had tended to use premises in Hamilton for this purpose. Mr McDermott believed there was a need for a pharmacy in the neighbourhood and was proactive in securing a facility. When Mr Doherty pointed out that the unit did not have retail planning permission, Mr McDermott said that could be resolved within 6 months but confirmed that the building in Lesmahagow did have a retail licence prior to the pharmacy opening.
- 5.3.13.** Mr Doherty wondered why the owner was waiting for G&S Healthcare to approach him before developing the site. Mr McDermott approached the owner and asked to use it but could not comment any further. Mr Doherty thought it unfeasible for the proposed pharmacy to open in 6 months.
- 5.3.14.** Mr McDermott was asked what core services the proposed pharmacy was going to provide that were not already available in the area. Mr McDermott replied that the core services on offer would be the same as those offered by the other contractors but provided to an adequate standard. Prescriptions would be dispensed accurately and in a timely manner. The CAR showed that 90% of respondents felt the proposed pharmacy needed to open for this to happen. Mr McDermott concluded that existing services were inadequate.
- 5.3.15.** Of the complaints made to NHS Lanarkshire, Mr Doherty asked how many were about eMAS. Mr Doherty said there had been no complaints about eMAS but one was received about out of date tablets. The Applicant acknowledged that there had been no complaints made to the health board about prescription waiting times, and whilst none had been made about stock issues patients had complained to contractors. Mr McDermott added that just because a complaint wasn't made to the Health Board didn't mean it wasn't a complaint.
- 5.3.16.** Having ascertained that Mr Doherty had no further questions, Mr Towill from Halfway Community Council was invited to question the Applicant.

5.4 Questions from Mr Towill (Halfway Community Council) to Mr McDermott

- 5.4.1.** Mr Towill invited Mr McDermott to describe how residents would benefit if the pharmacy contract was granted. Mr McDermott explained that residents would have accessible pharmaceutical services. Mr McDermott planned to be on the front line to build relationships. Patients would receive accurate prescription medication in a timely manner. Having passed the independent prescriber course, Mr McDermott would be able to prescribe medication available under this scheme to patients. The proposed pharmacy was to offer a delivery service. Mr McDermott was also able to assess patients for and provide

compliance packs.

- 5.4.2.** Mr Towill wondered whether compliance packs would be available from the first day the proposed pharmacy opened. Mr McDermott explained patients would be able to be assessed for compliance packs the first day of opening and would be arranged if needed. When Mr McDermott went through this process to open the new pharmacy in Lesmahagow, contractors all said there was availability to provide compliance packs but the reality was very different and there was still no compliance pack availability in Lesmahagow.
- 5.4.3.** Mr Towill asked if the new pharmacy would employ a delivery driver. Mr McDermott planned to use existing staff to deliver medication so that any queries from patients about the medication could be answered.
- 5.4.4.** So far discussion had mainly focussed on Newton Farm but Mr Towill wanted to know if the pharmacy contract was granted whether services would be available to residents from Halfway and the wider area. Mr McDermott confirmed that should the pharmacy open then it could be used by any patients that wanted to use it irrespective of where they lived.
- 5.4.5.** Mr Towill asked if the pharmacy would be able to help residents with health inequalities. Mr McDermott stated that addressing health inequalities was a key role for pharmacists. A comment in the CAR mentioned that a patient could not participate in smoking cessation because the pharmacy was not accessible. Mr McDermott planned to build relationships with patients and address health issues. There was also a situation highlighted in the CAR whereby a patient couldn't use their mobility scooter and so was paying for taxis to access pharmacy services.
- 5.4.6.** In terms of service, Mr Towill had noticed that Leslie Chemist's had gone above and beyond for patients and even opened on Christmas Day. Mr McDermott was asked if this was the level of service that would be provided at the proposed pharmacy. It was explained that Mr McDermott had applied to open and had worked on the Christmas and New Year public holidays when employed by Leslie Chemist. Mr McDermott intended to provide the best pharmacy service possible to patients.
- 5.4.7.** This concluded questioning of the Applicant by the other interested parties. Members of the Committee therefore were invited to question Mr McDermott in turn.

6. COMMITTEE QUESTIONS TO THE APPLICANT

6.1 Questions from Mr Sargent (Lay Member) to Mr McDermott

- 6.1.1** Mr Sargent enquired about the staffing arrangements at the proposed pharmacy. Mr McDermott planned to employ two full time technicians

and a healthcare assistant who would also help with deliveries. Mr McDermott was to be the pharmacist and Ms Duddy would work there if required.

- 6.1.2** Mr McDermott was asked to explain how a population of 5000 was derived for the proposed neighbourhood. Mr McDermott explained that this information was obtained from the statistics.gov website using 2018 data. The neighbourhood encompassed two data zones – S01012828 and S01012820. The populations of S01012828 and S01012820 were 942 and 2995 respectively. Since 2018 more houses had been completed in the Newton Farm Estate so another 1000 was added to the calculation.
- 6.1.3** Mr Sargent asked why the Applicant had not included Westburn in the proposed neighbourhood. Mr McDermott had given much consideration to inclusion of Westburn but there had been two separate applications involving Westburn previously and been refused. Nothing had changed in Westburn whereas Newton had changed dramatically and so it was decided to exclude Westburn from the neighbourhood.
- 6.1.4** Mr Sargent wanted to know whether planning permission had been granted for the empty area on the map depicting the master plan for Newton Farm. Mr McDermott confirmed that planning permission had been granted to take up to 2150 homes (zone 2H)
- 6.1.5** When asked, Mr McDermott confirmed that delivery services would be free of charge.
- 6.1.6** Mr Sargent referred to previous answers provided in relation to planning permission for the proposed premises and double checked that planning permission hadn't yet been obtained. Mr McDermott confirmed that was the case as the outcome of this hearing was awaited before the planning application was submitted. The proposed pharmacy premise was a modular unit so not much building work was required.

6.2. Questions from Mrs Prentice (Lay Member) to Mr McDermott

- 6.2.1.** Mrs Prentice referred to comments made in the CAR and other letters of support about the positive relationships between existing pharmacies with other healthcare professionals and the comment made by Mr McDermott that the best possible service was to be provided from the proposed pharmacy. Mrs Prentice asked how Mr McDermott envisaged this was to be achieved when it already existed. Mr McDermott recognised that Mr Doherty's pharmacy provided good service but Boots Halfway and Lloyds Drumsagard did not. Mr McDermott didn't think good service should be relied upon from one contractor especially when the population of Cambuslang was increasing.
- 6.2.2.** Given the second set of letters received from GP practices, Mr McDermott was asked whether the pharmacy service provided by Boots and Lloyds had not already improved. Mr McDermott thought the letters

were confusing and did not think Lloyds Drumsagard had spoken to the GP surgeries whilst dosette boxes were still unavailable to new patients at Boots Halfway.

- 6.2.3.** Mrs Prentice asked whether the opening hours at the proposed pharmacy were the same as currently available to patients at existing pharmacies. Mr McDermott stated that the proposed opening hours were slightly better than Boots Halfway and Lloyds Drumsagard as the pharmacy was to open at 8:45am. This was to enable parents to visit the pharmacy whilst out of the house during the Cambuslang East school run.
- 6.2.4.** Mrs Prentice referred to comments made during the presentation about parking difficulties at the existing pharmacies and remarks that the main street in Cambuslang was not a safe road. Mr McDermott was invited to elaborate. Mr McDermott acknowledged that patients were not completely reliant on parking in the main street to access existing pharmacies. There was a car park behind Subway but with the Council Offices close by it was difficult to find a space after 10am. When working at Leslie Chemist 222, Mr McDermott struggled to find a parking space after 8:30am. South Lanarkshire Council were also planning to introduce parking permits in the near future making the parking situation even worse.
- 6.2.5.** Mrs Prentice sought clarification on whether the 45-54 age group was the biggest group within the population of Newton Farm. Mr McDermott had said that children were biggest group. However in the future the age group currently 45-54 would become elderly.
- 6.2.6.** With retail units not being planned for Newton Farm until 2029, Mrs Prentice asked whether residents currently accessed pharmaceutical services whilst visiting other amenities out with the neighbourhood for food, entertainment and healthcare. Mr McDermott stated that the current role of the pharmacist was changing and now considered to be on the front line for healthcare provision. Travelling to a pharmacy should not be troublesome and there were numerous examples in the CAR of travel issues. Patients had a right to access services from the pharmacy. It was remarkable to have a neighbourhood of 8000 people without a pharmacy.
- 6.2.7.** Mrs Prentice's last question to the Applicant was about stock levels and how Mr McDermott was going to ensure that medication was available. As an independent pharmacy, Newton Pharmacy would not be limited by where it had to buy its medication and could use both main line and short line wholesalers. Ms Duddy worked in wholesaling for 30 years and has many contacts. There was also the option to bulk buy medication if pre-warned of imminent shortages.

6.3. Questions from Mrs Stitt (contractor pharmacist) to Mr McDermott

- 6.3.1.** Mrs Stitt sought clarification on the population quoted by the Applicant

for the proposed neighbourhood at 5000 and whether the populations of the two datazones were solely for Newton. Mr McDermott informed that the population of the smaller datazone S01012828 was solely for Newton whilst that for datazone S01012820 related to Cambuslang East which encapsulated Newton, Hallside and Drumsagard. However the map corresponding to datazone S01012820 showed the population estimate was solely for the Newton area. In 2018 that figure was 2995. Since 2018 a number of additional houses had been built and occupied within the proposed neighbourhood i.e. 650. The Applicant therefore estimated the population of the neighbourhood in 2019 at 5000. Phase 3 of the development involved the building of 900 homes within the next 10 years. This would add a further 2500-3000 people to the neighbourhood.

- 6.3.2.** Mrs Stitt wanted to know how many of the 900 homes were going ahead. Mr McDermott explained that planning permission had been granted.
- 6.3.3.** Mrs Stitt referred to the map of Newton Farm development and asked whether the white areas were part of the neighbourhood. Mr McDermott said that the white area to the west was Westburn so not part of the proposed neighbourhood but the area underneath 2A was Newton and was included. Of the coloured areas on the map, houses had been built and occupied in sections 2A, B, C, D, E and G. Building was starting now on section 2H. No building had commenced in section 2F.
- 6.3.4.** Mrs Stitt enquired whether the Applicant had a backup plan if the proposed pharmacy was not ready within the 6 month timeframe. Mr McDermott had spoken to the Council in this regard and was informed that although frowned upon, the Council had a 6-9 month timescale for premise development. Alternatively some of the land could be cleared and a fit for purpose portacabin installed from which the pharmacy could operate.
- 6.3.5.** Mrs Stitt asked whether any other facilities besides the retail units in 2029 were planned for the area. Mr McDermott said an extension was to be added to one of the schools and community activities were to be held in school premises out-with school hours.
- 6.3.6.** When asked about lunchtime opening, Mr McDermott confirmed that there would be no lunchtime closure of the pharmacy.
- 6.3.7.** Mrs Stitt was interested to know where Mr McDermott predicted prescription numbers to be one and two years after opening. Mr McDermott noted that viability was always a question when opening a new pharmacy. However Mr McDermott had no doubt the pharmacy would be viable given the huge amount of support received during the consultation exercise. With the future developments planned, Mr McDermott believed the pharmacy would grow and estimated prescription numbers to rise from 2000 per month within the first couple

of months to maybe 3000 after 6 months.

6.4 Questions from Mr Cassells (Non-Contractor Pharmacist) to Mr McDermott

6.4.1 Given that young affluent families mostly lived in Newton Farm, Mr Cassells wanted to know what demand Mr McDermott expected for dosette boxes and compliance aids. Mr McDermott didn't expect demand for dosette boxes and compliance aids from the neighbourhood itself but from residents in Cambuslang East. Especially as Cambuslang East only had two pharmacies and dosette boxes were no longer available from Boots Halfway. Newton Pharmacy would provide compliance aids to Cambuslang East patients assessed to have a need and was to offer a delivery service.

6.5. Questions from Miss Morris (Chair) to Mr McDermott

6.5.1. Miss Morris noted that there had only been a tiny number of complaints to NHS Lanarkshire about pharmacy services and asked whether this gave Mr McDermott confidence that most people were content with the existing service. Mr McDermott believed that most people complained in house first and that complaints that were resolved by the pharmacy would not be escalated to the Health Board. Health Board complaints were not a key indicator of patient satisfaction with the pharmacy service. Mr McDermott said that was the reason contractor complaint information was gathered by the Health Board on a quarterly basis.

6.5.2. Miss Morris was interested to know what role Mr McDermott wanted to play in the education of the public with regard to pharmacy services. Mr McDermott stated the importance of frontline promotion in this regard, identifying areas requiring education by speaking to surgery staff, patients and key members of the community. Leaflet drops were also useful. When the Lesmahagow pharmacy first opened all patients were provided with an NHS booklet on the Minor Ailment Service. Mr McDermott said that education was the key to bettering people's health. The role of the pharmacist was changing and becoming more clinical.

6.6. The committee had no further questions.

7. ADDITIONAL QUESTIONS TO APPLICANT

7.1 *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. As no further questions were forthcoming a short break took place at 2:30pm. The meeting resumed at 2:35pm.*

8. THE INTERESTED PARTIES' SUBMISSIONS

8.1. LESLIE DOHERTY LTD SUBMISSION

- 8.1.1. ***The Chair first invited Mr Doherty to make representation on behalf of Leslie Doherty Ltd.***
- 8.1.2. Mr Doherty read aloud the following statement:
- 8.1.3. "Thank you committee for hearing my presentation today. I think this is the sixth hearing I have had to attend and the most difficult. Stephen McDermott of G&S Healthcare and I have a long history together. He worked at Leslie Chemist as Saturday staff and progressed to managing the pharmacy at 222 Main Street. I had great respect for Stephen and he had my utmost trust. In 2017 the Applicant successfully gained a contract in Lesmahagow and left my employment. To say I was devastated when the full application to Newton Farm was submitted would be a huge understatement. The dynamics of our relationship had changed and I found out by how much over the next week.
- 8.1.4. Whilst manager at Leslie Chemist, Stephen had inherited my excellent relationship with the local doctors and surgeries, gained since 1997 by providing an outstanding service to the people of Cambuslang. A relationship I pride myself on achieving. I could not believe the letters of support for the proposed pharmacy. When reading the letters as they appear in the application, I could see that Dr McCann was having a "rant" (her own words not mine) about everything health related and not just giving a view on Newton Farm. Reading the other three letters I could see there was a pattern to each letter. I'm sure the committee will also have noticed this, as if there was almost a template to the letters. Meetings were arranged with all the practices, firstly Dr McCann. Her initial words to me were, " Stephen promised me this would not affect you Michael". I looked at her in disbelief. Of course it would affect me, I told her. Dr McCann then went on to tell me that she would never have scribed the letter if he had admitted this initially. Dr McCann then went on to discuss other statements the Applicant had told her. I addressed all the points one by one and I pointed out the facts regarding the pharmaceutical services to Newton Farm. I will extrapolate on what I said to all practices later in this presentation. She then informed me she had never been to Newton Farm and was not sure exactly where it was. I described the location, its proximity to the local pharmacies and I asked her how she came to the conclusions in her letter if she didn't know where Newton Farm was. How could Dr McCann produce this letter with no knowledge of Newton Farm. Dr McCann then described how the Applicant helped her with the letter of support. She could see I was shocked, and I made it clear this was totally unprofessional. Again Dr McCann insisted that she only wrote the letter because she was assured it would not affect Leslie Chemist. The Applicant even claimed that he had spoken to me about the proposed new pharmacy. I let her know I was not privy to any of this. The Applicant also claimed that if he did not get the contract in Newton Farm then there was a chance that Boots or

Lloyds would. I hope the committee agrees this sort of behaviour is unacceptable; calling into disrepute the credentials of another pharmacy. Dr McCann agreed that she would address what had happened with her previous letter of support. (See Dr McCann letter)

8.1.5. Next I met with Elspeth Miller, Practice Manager, Ardoch Medical Practice. "Stephen said this would not affect you Michael". Again, disbelief on my part. The Applicant portrayed the same situation in Newton Farm with regards to pharmaceutical services as he had to Dr McCann. He again said that he had discussed it with me and that I was aware of his application. I went through all the points in her letter providing evidence of the service situation to Newton Farm. I then made a statement that her letter, Craigallion Avenue and North Avenues letters were so similar that there seemed to be a template. Elspeth then admitted that the Applicant had helped her with the letter. She was disgusted that the Applicant had misled her about the contract not affecting Leslie Chemist and that he had ill informed her of the services to the area. She told me she would be writing a new letter and that she cannot believe she had "let her guard down". With reference to her new letter, Elspeth feels so strongly about the situation that she even states, "I was misled regarding the local situation with some of the comments from Stephen McDermott". She also addresses the very misleading statement in her original letter that her mother could not obtain a dosette box. Her mother lives in Hamilton and not in Cambuslang. She was not on a waiting list in Cambuslang. In fact when Elspeth phoned Leslie Chemist requesting a dosette box for her mother we instantly and gladly obliged.

8.1.6. I then met with Dr Donoghue and Claire McLean (Practice Manager) of North Avenue surgery. Again, the story of how this would not affect Leslie Chemist and how they would never have written the letter otherwise. I knew how this meeting would go forward. I again addressed all the points and showed them exactly what was happening in Newton Farm as it is to Cambuslang itself. Dr Donoghue asked many questions. After being misinformed by the Applicant she was not having it potentially done again. I again stated that all of the practices' letters looked them same. Dr Donoghue stated that the Applicant had come to them with a list of what he said was inadequate in Newton Farm, and that they followed it. She said she regretted not looking into the matter further before the practice produced the letter and not asking for my input. Stephen McDermott had completed his Independent Prescriber qualification within North Avenue Surgery. He had spent many hours there in addition to the excellent relationship built up over the years at Leslie Chemist. Claire McLean and Dr Donoghue had no reason not to trust what the Applicant was telling them. Dr Donoghue enquired how the existing pharmacies would cope with the proposed 5000 new houses that were to be built in Newton Farm. I told them they had their figures wrong and that there would

only be a maximum of 1500 homes of which around 900 were complete. They assured me that the Applicant had told them 5000 houses and that it was one of the reasons for them producing the letter. I asked them to Google Newton Farm for themselves after the meeting to see the truth. Dr Donoghue said she would discuss the new revelations with the surgery partners and would address the original letter of support. (See North Ave letter)

- 8.1.7. Craigallion Avenue Surgery is the furthest surgery in Cambuslang I service. The discussion with Marion Anderson (Practice Manager) was more formal and I addressed the points she had stated in her original letter. Going through them individually I assured her that her points were not true and presented the facts to her. Again, but not quite as blatant, her letter followed a pattern. She told me the Applicant had been to the surgery to discuss the matter. She mentioned that she did have some issues that she was going to discuss with the Boots manager that day, and that she should have looked at the matter more closely before producing the letter of support. She also mentioned about it supposedly not affecting Leslie Chemist and that again, without the application it was suggested there was a chance that a Boots or Lloyds pharmacy would apply for a contract there. Craigallion Avenue Surgery is the closest to the proposed site. In their letter they stated the increase in patient list size over the years. I questioned her about this and asked what proportion of patients were from Newton Farm. She was unsure of the answer but the increase was mostly due to people moving into the HalfWay/Cambuslang area and not as portrayed in the letter, a result of people moving to Newton Farm itself.

(See Craigallion Ave letter)

- 8.1.8. As stated, I noticed a template to the replies from the surgeries and what initially provoked this was the word saturated or saturation. A word you only see in pharmacy contract application. A word only used by pharmacists. A word that appears in all but one of the surgeries replies. Could be a strange coincidence but this word appears in G&S Healthcare's application in Lesmahagow no less than seven times. During my meetings with all the surgeries I let them know of my suspicions of a template partly because of this word and how it is a pharmacy phrase. They all agreed it was not a term that they would normally use.
- 8.1.9. Within this template there were the same 6 points in the letters the surgeries produced. One by one I discussed all the points made and why what they were told by the Applicant was in fact incorrect.

- 1 Saturation
- 2 Dosome Boxes
- 3 Minor Ailments
- 4 Pharmacy First
- 5 Deliveries

6 Stock Level

8.1.10. Saturation

8.1.11. The *buzz* word or as it happens, not. The Applicant had led the surgeries to believe that the five pharmacies were at bursting point, that patients' safety was at stake and errors were being made. This could not be further from the truth. I know my two contracts would welcome more prescriptions and looking at the figures of the other three pharmacies, so would they. As you can see from Graph - Items Jan 2014 to Mar 2019, from April 2014 to March 2019, we as a collective five pharmacies dispense 5398 less prescription items per month. Cambuslang has had an increase in population over the last twenty years but this is in no way a population that the existing pharmacies cannot handle. Personally, my contract at 3336 handled 20000+ items per month before and could do so again. Years ago I serviced nursing homes which, apart from one, I no longer do. My staff are well trained and are some of the best dispensing staff I have worked with. We have a very efficient system of working and do so safely and in a timely fashion. I, like my customers, know they do not wait long on "walk in" prescriptions and the repeat prescriptions are usually complete within a couple of hours of arriving at the pharmacy from the local surgeries. Capacity or SATURATION is certainly not an issue at Leslie Chemist and I would suggest, not at all in the area. As I will discuss in the Newton Farm section, in no way will Newton Farm generate 5398 items. It would be a terrible business model for anyone to predict so. Even if it did, Leslie Chemist itself could take care of the workload with one of my contracts. Between the five pharmacies this would certainly be of no significance. Saturation does not exist in Cambuslang! I relayed this to the doctors and practice managers with the figures to prove so.

8.1.12. Dosette Boxes

8.1.13. Dosettes have become such an integral part of pharmacy over the last ten years that I sometimes forget that it is NOT one of pharmacies core services. It is a service we provide to the vulnerable and those in need. There is no issue with dosette boxes in Cambuslang. There is no waiting list for dosette boxes at Leslie Chemist and as far as I am aware, there is no waiting list in Cambuslang or other pharmacies. My numbers have never been higher with dosettes. Contractor 3335 is now doing 152 trays and 3336 now dispensing 146 (For reference: compares to 122 and 84 respectively from two years ago). This is on top of an increasing demand for patients on original pack plus MAR chart dispensing. This system seems to be the route the local council are promoting and training their staff appropriately. We do not have a waiting list for dosette boxes and to suggest so is not true. I am aware that certainly Boots and maybe Lloyds have an in house assessment policy to see if the patient actually requires a dosette. I also ask questions but once it is established that the patient requires the

system then things move quickly. I informed all the doctors and practice managers of this and asked them to consult all staff in their surgeries about this fact. Dr McCann questioned me on this point. She claimed she had enquired about a troublesome patient a while back. The patient was getting his dressings from Leslie Chemist and the rest of his medication from Boots, Main Street Dr McCann wanted it all to be done in one pharmacy and she said she phoned the shop and spoke to Stephen but he refused to take on the patient and said that she must be mistaken because that does not happen and again she said Stephen had refused. I corrected her and said she must mean Jonathan (manager since Stephen left) and she said NO, it was definitely Stephen and he point blank refused. Strange that he is now informing the local surgeries that there is an issue with dosette box supply. Dr McCann found this quite ironic. I have no idea how the number of dosettes I supply compare to the average pharmacy in Scotland. What I do know is if someone is in need of the service, it is supplied just like the case of Elspeth Millers mother. There is NO dosette box issue.

8.1.14. Minor Ailments

8.1.15. Of all the schemes that have been introduced in the pharmacy since I qualified, this is undoubtedly the one I have enjoyed as a professional. To take the simple issues away from the GP surgeries and deal with them within community pharmacy is very rewarding. We were always asked for our opinion and sold the recommended counter products but this brings our knowledge and skills to a different level. Cambuslang, excluding Newton Farm, has a certain level of deprivation. Many times historically I would recommend a product to a customer only for them to tell me they could not afford it or ask if they can get the item on prescription. Thankfully that has changed. To be able to help those in need without worrying about the financial implications is very satisfying. If a patient presents at Leslie Chemist, requests help with a minor ailment and is eligible for the scheme then we are more than happy to oblige. Nobody is refused the service if the ailment is within our remit to treat. If we cannot help the patient with MAS, then and only then do we refer them to the GP or ask them if they wish to purchase the product. I made all the surgeries aware that this is the case. Sometimes a patient may take umbrage that the medication they require is only available from their doctor or that they are not eligible for MAS but this is not the fault of the pharmacy and those instances are very few. Most patients appreciate the scheme and are grateful for the pharmacies efforts. I have never had a patient presenting at Leslie Chemist who has been turned away from or refused MAS at another pharmacy. It simply does not happen. 3336 is fortunate that there are two pharmacists working there and MAS requests are seen almost instantly. Minor ailments service is not an issue in Cambuslang and is definitely not an issue in Newton Farm. I have taken count of MAS figures for 3335 and 3336 to all addresses at Newton Farm for May, June and July 2019. 3335 dispensed 0, 4 and 3

items and 3336 dispensed 1, 3 and 3 items. See Tables - Newton Farm MAS. I would suggest that the other three contracts have similar figures or slightly higher due to their proximity. There is not an issue with MAS in Newton Farm because there is not a high demand for MAS in Newton Farm. There is NO minor ailment issue.

8.1.16. PharmacyFirst

8.1.17. Another fantastic addition to community pharmacy. There is only one issue with the scheme - patients don't always come to the Pharmacy First! During my meetings with the GP's and practice managers we both agreed that Pharmacy First is not as well known to the general public as MAS. The usual course of events is the patient phoning the surgery who in turn refer the patient to pharmacy. That is slowly changing with time and re-education of patients. The surgeries get frustrated because patients are referring to them first and we get frustrated because the surgeries think pharmacies are referring them there first. Leslie Chemist went to the local surgeries when the scheme initially started to educate them on the exact criteria the patients have to meet before they were eligible for the scheme. We do still get surgeries referring patients who are not eligible, for example on 22.8.19 I was referred a female over 65 for UTI treatment. The patient finds it hard to understand why their GP has referred them to the pharmacy only for me to refer them back to the GP. It's not only the patients requiring education with the scheme.

8.1.18. Hopefully with the introduction in April next year of the new Pharmacy First scheme there will be greater advertising and promotion of what pharmacy can do. Thankfully the new Pharmacy First will be available to everyone regardless of exemptions. To help the matter locally, and because the promotional material was not easy to obtain, I commissioned large posters for both Leslie Chemists and also smaller posters for the local surgeries. We are getting there with Pharmacy First but like MAS, it takes time. I assured all surgeries during my meetings that every patient who is eligible IS treated at Leslie Chemist and as far as I was aware, treated at every pharmacy in the area. I have never heard of any patient being refused the service at other pharmacies. As for Newton Farm, both 3335 and 3336 during May, June and July 2019 dispensed zero prescriptions for Pharmacy First treatment. There is no Pharmacy First issue and there is no high demand for Pharmacy First in Newton Farm.

8.1.19. Delivery Service

8.1.20. I am sure the other contractors will inform you of their delivery service details. At Leslie Chemist I have a full time driver delivering for both pharmacies. He works Monday to Friday until 7pm and covers three hours on Saturday. When asked to do so, patients are placed on an automatic delivery service. If patients require a one off service then they are always accommodated. The local GPs know to

phone the pharmacy with emergencies and they are delivered within 30 minutes in most cases. In fact during the meeting with Dr Donoghue at North Avenue Surgery, she thanked me for the service we provided and said it was fantastic that during real emergencies they know they can phone Leslie Chemist right up until 6pm and still get medication to the patients (see later from practice). All surgeries were reminded of the delivery service on offer during my recent meetings. I have had my driver record how many deliveries he has made to Newton Farm over the past four weeks. TWO. Both delivered to Redlawood Road which is part of old Newton Village and not the new Newton Farm. I have serviced Newton Village for 22 years and deliver there fairly regularly. The people of Newton Village are a different demographic to that of Newton Farm and do make use of the delivery service. There is no high demand for deliveries to Newton Farm however when the service is required, it will be supplied. There are NO delivery issues to Newton Farm.

8.1.21. Stock Levels

8.1.22. I pride myself on the stock levels at Leslie Chemist. I do not like patients coming back for balances but inevitably it happens occasionally. If we notice a customer gets a certain amount of an item then we make sure that amount is stocked. There will always be the obscure items that you keep limited stock off but on the whole my stock levels are excellent. Contract 3336 is the busiest pharmacy in the area and I make sure it is the also the best stocked pharmacy. When I have to obtain items for patients it is done as quickly as possible and the patient told when to expect the item. I have accounts with all main line wholesalers and all short line wholesalers. The only scenario where Leslie Chemist cannot get medication is when there is a manufacturing problem with the item. The committee will be well aware of the increasing number of drugs that are an issue right now, and this is before Brexit. In my 25 years as a pharmacist I cannot remember a time when so many products had so many issues. The news is not always accepted well by some patients and this often relates back to GPs. They in turn phone the pharmacy but can be more understanding than patients when they hear the issues, for example HRT, Epipen, Diamorphine and Epilim presently. These are medications of the utmost importance and are causing particular problems. It is understandable that patients get frustrated with the situation however it is not the fault of pharmacy. During these circumstances there is an excellent network between the five pharmacies (and wider throughout CamGlen) to see if one of the contractors can help. The patient comes first before prescription numbers. I have no problem in referring a patient to Boots or Lloyds and the patients are always very thankful that you have gone to the trouble to do so. Again, during my meeting with the surgeries, I let them know there are no stock issues with Leslie Chemist or locally and that we talk to one another to revolve issues before the GP is involved.

8.1.23. The Application

8.1.24. I agree that the boundary proposed is that of Newton Farm and that it has incorporated the old village of Newton composed of Redlawood Road, Redlawood Place and the remainder of Newton Brae. Newton Village has been there a long time and I have been servicing it since 1997.

8.1.25. Newton Farm

8.1.26. I have watched Newton Farm grow since the first brick was laid. If it ever reaches capacity there is a master plan of 1500 homes for development. It has been a slow burner with only an average of 60 homes being completed and sold per annum, hence the reason why no builder has taken up the option on the remaining land and after consultation, are unlikely to do so for some time. At the moment there are 612 houses built and Taylor Wimpey have just started excavating Phase 2 I+J where a total of 287 houses are to be built, giving a grand total of 899 houses, way short of the 5000 portrayed to North Avenue Surgery by the Applicant. Figures of population are very difficult to obtain as the development is so new however, using the number of houses and multiplying by the Scottish average of 2.1 gives a total projected population of 1888 once all homes with planning consent are completed. Currently a population of around 1285 live in Newton Farm. A population that is very adequately serviced by the existing pharmacies in the area. Even with the additional 603 potential patients once completion of phase 2, this would put no strain whatsoever on the existing pharmaceutical services. Furthermore, the whole population of Newton Farm places no strain on pharmaceutical services as there is very limited prescription numbers from the development. Newton Farm is populated by young professional couples with an average of one child and two cars. I have a member of staff and a family member that stay in Newton Farm. Staff member's house consists of a dispenser, a pharmacist and one child with two cars. Family member's house consists of one taxi driver, one GP, twins and three cars. This is a common trait throughout Newton Farm.

8.1.27. The Applicant has produced the table, Scotland's Census 2011 of Output Area SO0130535. I have also downloaded the information for reference plus I have gathered more data on areas SO0130533/566/567 (See tables). Although the area was not fully populated at the time of the census, the percentages of the statistics looked at will be roughly the same. Due to the difficulty in obtaining correct figures, this will give a fairly accurate indication of the demographics of Newton Farm.

- 8.1.28. * Less than 4% 60 years old or over (National Average 15.5%)
* Less than 6% with long-term health problem or disability (National Average 19.6%).

MINUTE: PPC/2019/01

- * Less than 6% with no car or van ownership (National Average 30.5%).
- * Less than 11% economically inactive with no employment, of which an average of 4.7% retired of that 11% (National Average 31%).
- * 69.9% travel to work by car (National Average 62.4%).
- * 20.3% travel to work by train (National Average 3.7%).

8.1.29. Newton Farm is an affluent area compared to its neighbours of Westburn, Hallside, Halfway and even Drumsagard. There is no comparison with the demographics of these areas and Newton Farm. The population is young with an average of one child. They are mobile and healthy. There is 100% home ownership and no social housing. There is no deprivation in Newton Farm with well below average use of pharmaceutical services. There is high use of the excellent train service and it was probably a factor in a lot of people moving to Newton Farm with over 70 trains per day. Other links to Newton Farm are buses 364 and 64/164. The population of Newton Farm leave there to do everything unless they want a pint or a haircut (which you can do two days a week). There is nothing in Newton Farm other than residential housing. The committee will have witnessed this during their site visit. If you were there during rush hour you will have witnessed the mass exodus of Newton Farm to go to work by car or train. In order to do your day to day you must leave Newton Farm and this is the case for pharmaceutical services. There is no GP, dentist, post office, supermarket or place of worship to name but a few amenities. It is a very similar situation to the application at 130 Westburn Road, Cambuslang, G72 7SY that was rejected by the PPC 11.10.17 (Minute: PPC/2017/02). Within the decision (Point 13.1.3), "the committee also looked at the Newton/Newton Farm communities as they were on the cusp of the neighbourhood". This PPC decision backed up another rejection of application in Westburn, November 2008 at the same address. That proposed site was 0.6 miles from G&S Healthcare's application. The houses completed in Newton Farm now were either complete or under construction during the last Westburn Road application. The pharmaceutical services were considered to be adequate then and I can assure the committee that the services are more than adequate now. A contract granted to Newton Farm would only be one of convenience. Newton Farm is part of Cambuslang. It could be described as an estate within the medium sized town of Cambuslang. Newton Farm is part of the community we serve. Although it is a very low demand estate, all the pharmaceutical services are available to Newton Farm. It is more than adequately served by my two pharmacies and the nearer pharmacies of Boots and Lloyds. If I thought that Newton Farm required a pharmacy I would have lodged the application myself. My local knowledge would have dictated this. However, all services are supplied adequately and therefore Newton Farm does not require a pharmacy.

8.1.30. Leslie Chemists

8.1.31. I have owned the two pharmacies for 22 years now and previously lived here for three years. I know Cambuslang better than any other contractor. The pharmacies are well respected and provide an excellent service to the community. I am very proud of the quality of service that we offer. My staff and I go the proverbial extra mile. An effort that is appreciated by both the public and the local GP surgeries.

8.1.32. The Applicant is offering no additional services to that already on offer to Newton Farm. Even the opening hours are identical to that of Leslie Chemist 3336. Both shops offer all core services plus many others. Contractor 3336 is also the local palliative care pharmacy. We are trusted by the local District Nurses and GPs as we ensure we have the stock and will deliver the medication very promptly. The local District Nurses also have entrusted to 3336 the bulk, if not all of their dressings and appliance prescriptions, again because they know we will have or will obtain the stock and deliver it to the patients promptly. Karen McCann who heads the district nurse team has supplied a letter for the committee's attention (See Karen McCann letter). It gives me great satisfaction to know that Leslie Chemist is trusted by the local health professionals to fulfil the health requirements of the community as substantiated by Dr Keith McIntyre (see Dr McIntyre letter).

8.1.33. Halfway Community Council

8.1.34. The letter of support again follows a template now very familiar. For someone who volunteers their time for the community council, Mrs Hepworth has a surprising knowledge of the pharmaceutical services in Newton Farm, all be it an incorrect one. Stock issues, inadequate delivery service, lack of dosette boxes (with that magical figure of 12 months waiting list) and minor ailments. Mrs Hepworth states there will be a total of 2100 new homes in Newton Farm. A misinformed comment from someone who should know the facts better. A figure that is some way out and does not take into account the 612 house that have been completed for some time now. It is clear to me from the letter that Mrs Hepworth's discussing the councils whole area, not that of Newton Farm. She does not address the very opposing demographics of Newton Farm and the rest of Halfway, Hallside, Westburn and Drumsagard.

8.1.35. Auld Kirk, Newton Brae

8.1.36. My initial thought, as I'm sure was the committee's - a pharmacy there! I pass the building many times per week going to and from work. I suppose if you are desperate to get a contract and it is the only building free nearby, then you have no choice. It does not even have a Newton Farm address. The building is currently used by Procladd Ltd, a roofing solutions company. It has large shutter doors to the front receiving lorries to the unit. Looking into the premises

history (see downloads from SL Council) it has a Class 2, non retail building warrant A/02/CR/0024 (ref Ic/06/cr/0076). Before a pharmacy could open the warrant would need to change involving planning permission. Within the additional information on Auld Kirk building in the application, it states that the owner is planning to demolish the building and it will become a much improved modern modular unit. I have searched South Lanarkshire Planning and there is no planning either lodged or in process for this. Is it all off the building or part of the building that the pharmacy will occupy? To think that a pharmacy would be up and ready within six months is frankly ludicrous. The committee can judge if this would feasibly come within the opening of a new contracts time constraints. If the building were to be knocked down after the pharmacy had opened, where would the pharmacy go whilst the new units were being built? The Applicant has supplied distances to other pharmacies from the proposed site that are not quite accurate. Here I list only the five local pharmacies and their respective driving distance/time.

Boots Halfway- 1.3miles/4 mins.

Lloyds Drumsagard -1.4miles/3 mins.

Boots Cambuslang- 1.7 miles/5 mins.

Leslie Chemist 3335- 1.7 miles/5 mins.

Leslie Chemist 3336-1.9 miles/6 mins.

8.1.37. These are small driving times to a range of local pharmacies. As shown earlier, Newton Farm is a very mobile demographic. The pharmacies listed are beside the local GPs where the residents will be attending or collecting their prescriptions. This is also where their day-to-day activities will take place. The Auld Kirk building is a ridiculous proposed pharmacy site just like the one that was rejected by the committee in the applications to Westburn Road 2008 and 2017.

8.1.38. SIMD

8.1.39. Refer to map/data for area SO1012828. The Applicant has supplied SIMD figures however these figures are for Halfway, Hallside, Drumsagard, Westburn and Newton. Not those of Newton Farm alone. The figures for these areas have no correlation to those of Newton Farm. Indeed the residents of Newton Farm would be slightly perturbed to be included in the figures for the surrounding area. As stated previously, it is very difficult to obtain demographics for the population of Newton Farm. I have collected data for area SC1012828 and all deciles are on the least deprived end of the scale and show Newton Farm residents to be well paid, in full employment, healthy with high housing quality.

8.1.40. Consultation Analysis Report (CAR)

8.1.41. I'm sure every contractor opposing applications for new contracts would love to scrutinise the IP addresses of the replies to the CAR.

Even more so after what has been discussed previously. I was surprised to see the word "saturated" only mentioned twice in the survey. As for every reply that mentioned MAS as "Minor Ailment" I find amazing as not one of my customers manages to call it anything other than Minor Element.

- 8.1.42. I find the CAR a difficult task to read. Leading questions that on the whole are only going to get one type of answer. That people think opening a pharmacy would be convenient does not show an inadequacy of services in the estate. The advert for the report was in the Rutherglen Reformer which I would make an educated guess does not get read by many people from Newton Farm. The NHS page, twitter and Facebook links to the CAR directed many possible surveyors to the report. Halfway Community Council, with a much larger remit than just Newton Farm, were recommending people on Facebook and twitter to take part in the survey. I do wonder how many people actually from Newton Farm completed the survey. The amount of skipped questions makes me wonder if people were properly paying attention whilst completing the report. There are so many strange answers in the report I'm not really sure who completed the survey or where they live. It certainly indicated to me they are not from Newton Farm. For example Question 3. 125 replies thought that pharmaceutical services were inadequate for the nursing homes in the neighbourhood. There are NO nursing homes in Newton Farm. 142 replies thought that stoma services were inadequate. There must be a very high stoma patient count in Newton Farm even though I personally supply no stoma patients there. 171 patients thought the gluten free service was inadequate in Newton Farm. I might suggest to the portacabin convenience store next to the Newton Arms to start stocking gluten free products as it would do a roaring trade. An inadequate substance abuse service claimed by 148 replies and yet patients of this type would be very few, if any in the estate. Answers of this calibre continue throughout the survey.
- 8.1.43. Then there are answers that are simply untrue. Q3b, a reply states that they were refused a delivery from Leslie Chemist. This does not happen to any patient. I know this for a fact. Another reply states that "the nearest pharmacy is a bit of a drive and would act as a deterrent for people to access for example, smoking cessation products". If three minutes is a bit then it is a very small bit and I would suggest to that patient that wherever they are purchasing their cigarettes, there is probably a pharmacy very close offering an excellent NRT service.
- 8.1.44. A reply from a District Nurse (p20) stating that they have had some "real problems". For around two years now the district nurses HQ fax most, if not all prescriptions to Leslie Chemist 3336 or I collect them daily from the surgeries. I source the goods and deliver them to the patients. If there are issues I inform the team and they re-prescribe an alternative. This system is working excellently as stated in the letter from Karen McCann who is in charge of the team

in Cambuslang and Rutherglen. Karen was very surprised when I informed her of the reply in the CAR. She said there were no issues and she could not be happier with the service. From the reply it seems that the nurse involved has had a discussion with the Applicant as they state that "the pharmacy have said they will "offer a daily delivery service". I service the district nurses and part of the service is the delivery of all prescriptions. To date, I am unaware of any of the district nurses prescriptions being delivered to Newton Farm. The residents of the estate are extremely low users, if at all, of the district nurse service. I do wonder where this nurse is having the so called issues. It is not in Cambuslang or Rutherglen. I also wonder how she became ill informed of stock issues and delivery issues. Sounds a bit familiar to me.

- 8.1.45. Q4 (p27) a reply states that, "the pharmacist was too busy to speak to me and I end up having to make a doctor's appointment". It is completely unbelievable to me that this scenario even occurred. We are healthcare professionals and this simply would not happen. Again, who is filing these surveys? "No dosette boxes and lack of minor ailments", which is completely untrue. Dosettes are available and if treatable, MAS is freely accessible. "There is nowhere in a 4 mile radius", someone's sense of scale is completely out or they are not from Newton Farm and not aware of the five available pharmacies serving it.
- 8.1.46. Q5 (p34) "Hopefully they will be able to offer delivery service every day and dosette boxes for the elderly", a service that already occurs in the area and certainly by Leslie Chemists. Thankfully someone obviously from Newton Farm has replied, "Pharmacy is a few minutes away at the nearest shops". A welcome moment of wisdom amongst the replies.
- 8.1.47. I feel it is time that Consultation Analysis Reports had an overhaul. A leaflet drop in the proposed neighbourhood with a unique access code to the survey would stop much of this nonsense happening and also eliminate fake, false or ridiculous submissions.
- 8.1.48. **Summary**
- 8.1.49. Newton Farm is a beautiful estate within Cambuslang with no amenities. An average household in the estate comprises of a professional couple with one child and two cars. They are young, mobile, active, affluent and very healthy. They have little need for pharmaceutical services. They are extremely fortunate however as when they do require the service they have five pharmacies within minutes that supply all the core services and much more besides. My own two pharmacies provide an excellent service and when anyone requires it, the service comes to them. Ethics and professionalism are two main qualities in community pharmacy. The manner in which the Applicant has obtained letters of support must be of concern. The doctors and Practice Manager were very disappointed that the Applicant had left them in such a

compromising situation. Due to the relationship inherited and built up over many years at Leslie Chemist, they had no reason not to believe what the Applicant was informing them. No reason to believe that it would affect Leslie Chemist, his former workplace. No reason to disbelieve that Newton Farm had issues with Pharmacy First, Dosettes, MAS, Stock Issues, Deliveries and (not forgetting) Saturation. That is until I informed them to the contrary. These problems do not exist and with the inhabitants of the estate using very little pharmaceutical services, they certainly do not exist in Newton Farm.

- 8.1.50. There is no need for a pharmacy in Newton Farm and there is no inadequacy of pharmaceutical services in Newton Farm. For these reasons I ask the committee to reject the application.”

8.2. QUESTIONS FROM THE APPLICANT TO LESLIE DOHERTY LTD

8.2.1. Questions from Mr McDermott to Mr Doherty (Leslie Doherty Ltd)

- 8.2.2. Mr McDermott asked what population Mr Doherty had estimated for Newton to which Mr Doherty replied 1285.

- 8.2.3. Mr McDermott then asked if statistics.gov was a reliable source of information. Mr Doherty was not aware of this website. Mr McDermott noted that information from statistics.gov had indicated the population to be around 4000 and believed it to be accurate as it was a government website. Mr Doherty disagreed. At this point the Chair interjected and explained that the Committee needed to seek additional information to verify the population of the proposed neighbourhood. Mr Doherty explained that his calculation had taken the number of houses and multiplied it by the Scottish average household occupancy. Whilst that seemed logical to the Chair other sources of information were to be sought for verification purposes. Assurance was provided that the Committee would not make a decision based on inaccurate information.

- 8.2.4. Mr McDermott described a scenario of a mother with no car travelling by the 9:37 bus from Newton to access pharmaceutical services and asked if Mr Doherty agreed that the round trip would take the mother 1 hour 37 minutes. Mr Doherty said that given the statistics for Newton Farm that mother would be driving rather than taking the bus. In the event that the mother did catch the bus Mr Doherty thought she would be accessing other amenities during the same trip as visiting the pharmacy. However Mr Doherty stated in this highly unlikely scenario if the mother just needed to get medication then 1 hour 37 minutes was not unreasonable.

- 8.2.5. Mr McDermott sought confirmation that Leslie Chemist 108 Main Street, Cambuslang did not provide substance misuse services. Mr Doherty confirmed that was the case. The reason being that these services were provided by the Leslie Chemist nearby (200 metres) at 222 Main Street, Cambuslang where there was ample space for this service to be

provided.

- 8.2.6. Mr McDermott asked whether the Leslie Chemist at 108 Main Street (Leslie Chemist 108) had a separate space for patient consultations. Mr Doherty said it did not but there was an extendable screen behind which a conversation could be held in the quietest possible way. In the event of other patients being in the shop then the consultation would not occur until those patients had left. Mr Doherty provided reassurance that the utmost confidence was maintained.
- 8.2.7. Mr McDermott referred to a previous pharmacy application for Westburn in 2008 during which Mr Doherty had said that the people of Cambuslang were quick to voice concerns if there were deficiencies in pharmaceutical provision. Mr Doherty was asked whether such concerns had been reflected during the consultation exercise. Mr Doherty did not believe that people from Newton Farm had filled out the questionnaires as some of the answers were unbelievable and suggested that the questionnaires had been filled out by the greater expanse of people in the area. Mr Doherty said that the residents of Newton Farm had been targeted by a leaflet drop and asked why people who would not benefit from the proposed pharmacy would take time to fill out the questionnaire. Mr Doherty responded by questioning why anyone filled out a questionnaire.
- 8.2.8. Mr McDermott wanted to know why Mr Doherty had not mentioned the results of the CAR when meeting with the GPs. When Mr Doherty had approached the GPs, facts had been discussed such as eMAS numbers. Mr Doherty had learned during these meetings that the content of the original GP letters had been written as a favour to the Applicant. The CAR related to Newton Farm but as there were no pharmacy services located in this neighbourhood it was not discussed with the GPs. Mr Doherty added that there was very low demand for pharmacy services in Newton Farm and when required could be accessed easily from existing pharmacies.
- 8.2.9. Mr McDermott asked why Leslie Chemist 222 had seen the number of items dispensed via the Minor Ailment Service reduce by 10% in the last year. Mr Doherty had not experienced a decrease and referred to the graph included with the hearing documents which showed an upward trend in all but one pharmacy over the last year. The pharmacy which had experienced a decrease was not Leslie Chemist 222. Mr McDermott did not agree with the figures used in the graph produced by Mr Doherty. However both Mr McDermott and Mr Doherty had obtained information about MAS items from a Freedom of Information request to ISD.
- 8.2.10. When asked, Mr Doherty agreed that the biggest users of MAS were those under 16 years of age and the percentage of the Newton Farm population in this age group was between 20-23%. Mr McDermott stated that this was a big proportion of the population.

MINUTE: PPC/2019/01

- 8.2.11. Mr McDermott referred to Mr Doherty's submission which mentioned that 14 MAS items had been dispensed between both Leslie Chemist shops in three months (May-July 2019) and asked if Mr Doherty considered Cambuslang Main Street to be inaccessible. Mr Doherty explained the reason those figures had been produced was to demonstrate that there was no demand for the service. Mr McDermott thought the numbers were low because these pharmacies were inaccessible.
- 8.2.12. When asked by Mr McDermott, Mr Doherty was unable to explain why prescription numbers had halved whilst MAS items had doubled but presumed patients were fulfilling prescriptions at the closest pharmacy rather than travelling into Cambuslang. The number of items dispensed by Lloyds Drumsagard had always been high so Mr Doherty didn't attribute this to the expansion of Newton Farm.
- 8.2.13. Mr McDermott asked whether Mr Doherty thought residents of Newton Farm accessed pharmacy services from Boots Halfway and Lloyds Drumsagard rather than travelling into Cambuslang. Mr Doherty did not think this the case.
- 8.2.14. Mr McDermott referred to the fact that since the Newton Farm development had been built and occupied, prescription numbers at Boots Halfway had increased 10% but that for Cambuslang had not seen any increase. Mr Doherty said this was because there was not much in Cambuslang itself.
- 8.2.15. Mr McDermott noted that 739 new homes were planned for Cambuslang West and wondered whether the new residents would access pharmacy services from Cambuslang Main Street. Mr Doherty thought these people would use pharmacies in Rutherglen.
- 8.2.16. When asked, Mr Doherty confirmed that the information on number of items dispensed during March 2019 (approx 35,000 items) had been obtained from NHS Lanarkshire.
- 8.2.17. Mr Doherty was asked to explain why 76.1% of respondents to the consultation exercise considered the existing pharmaceutical services to be inadequate. Mr Doherty questioned whether the same respondents had considered the pharmaceutical services to the nursing home inadequate when there was no nursing home in the proposed neighbourhood.
- 8.2.18. Having ascertained that the Applicant had no further questions, the Chair invited questions from the other Interested Parties

8.3. QUESTIONS FROM THE OTHER INTERESTED PARTIES TO LESLIE DOHERTY LTD

8.3.1 Questions from Mr Nathwani (Lloyds Pharmacy Ltd) to Mr Doherty

(Leslie Doherty Ltd)

- 8.3.1.1 Mr Nathwani asked about Leslie Chemist's relationship with Boots and Lloyds. Mr Doherty had no qualms about phoning Boots or Lloyds to source medication. The pharmacies in the area had a good network going and spoke to each other when required.
- 8.3.1.2 Mr Nathwani wondered whether Leslie Chemist patients had complained about Lloyds or Boots pharmacies. The only minor issue Mr Doherty had heard was about the size of the Boots Halfway premise adding that Leslie Chemist had similar constraints.
- 8.3.1.3 Mention had been made of the fact that Leslie Chemist 108 had no consultation area. Mr Nathwani was interested to know whether any comments had been made about that during inspections. Mr Doherty confirmed that no such comments had been made.
- 8.3.1.4 Given that Mr Doherty had stated that the letters of support for this application from GPs had been influenced, Mr Nathwani wondered whether Mr Doherty believed the CAR had been influenced. Mr Doherty would have loved to scrutinise the IP addresses of respondents though that information was not available. Mr Doherty was not sure about his faith in the CAR.
- 8.3.1.5. Mr Doherty was asked to estimate how long it would take the Applicant to open a pharmacy on the proposed site. Mr Doherty's experience of renovating an old sandstone house had highlighted that it took much longer than expected and thought the proposed pharmacy would take at least a year to open.
- 8.3.2. ***Questions from Ms Cowle (Boots UK Ltd) to Mr Doherty (Leslie Doherty Ltd)***
- 8.3.2.1. Mrs Cowle asked whether Leslie Chemist had ever been approached by the Health Board to deliver any additional services not currently provided. Mr Doherty had not.
- 8.3.2.2. Mrs Cowle asked to be reminded about the proportion of people from Newton Farm that travelled to work by train. Mr Doherty said it was 20.3% and the national average was 3.7%.
- 8.3.2.3. Mrs Cowle asked if Mr Doherty would surmise that those from Newton Farm commuting by train and who had only one car would leave it in the station car park all day. Mr Doherty said the train station car park was used as a park and ride because of the quick link into Glasgow.
- 8.3.2.4. Finally Mrs Cowle asked whether the General Pharmaceutical Council inspections of Leslie Chemists had ever raised any issues that had not been addressed. Mr Doherty confirmed this was not the case.
- 8.3.3 ***Questions from Mr Towill (Halfway Community Council) to Mr Doherty (Leslie Doherty Ltd)***

8.3.3.1 Mr Doherty was asked to recommend where a patient driving from Newton to Cambuslang to access pharmacy services should park if none of the parking bays on the main street were available. Mr Doherty said round the corner from the pharmacy. Mr Towill found it very difficult to park in Cambuslang. Mr Doherty agreed that parking facilities could be better.

8.3.3.2 With the impending major road works scheduled for the Newton Farm area, Mr Towill wondered about the accessibility of pharmacy services during this time. Mr Towill suggested patients from Newton Farm should use the two pharmacies not in Cambuslang first.

8.3.3.3 Mr Towill referred to the letter received from the District Nurse in support of this application and asked whether this letter and the responses of the CAR in relation to Boots Halfway and Lloyds Drumsagard demonstrated inadequacy of pharmacy services provided at Boots and Lloyds. Mr Doherty had only been providing pharmacy services for District Nurse requests for two years so if the issues described in the District Nurse's letter happened before then, Mr Doherty couldn't comment. Mr Doherty was not aware of such issues and provided almost every one of the prescriptions requested by District Nurses.

8.3.3.4. Having ascertained that the other Interested Parties had no further questions, the Chair invited questions from the Committee Members to Mr Doherty (Leslie Doherty Ltd)

8.4. QUESTIONS FROM THE COMMITTEE TO LESLIE DOHERTY LTD

8.4.1. Questions from Mr Cassells (Non-Contractor Pharmacist) to Mr Doherty (Leslie Doherty Ltd)

8.4.1.1. Mr Cassells enquired whether Leslie Chemists planned to introduce delivery charges. Mr Doherty said this would never happen at Leslie Chemists.

8.4.1.2. Mr Cassells asked whether there were any criteria to restrict prescription deliveries to patients. Mr Doherty never questioned a patient and deliveries were provided to those who requested it.

8.4.1.3. Mr Cassells asked about the demand for the Minor Ailments Service in the proposed neighbourhood. Mr Doherty did not think Newton Farm was a high demand area and contained a very healthy population.

8.4.2. Questions from Mrs Stitt (Contractor Pharmacist) to Mr Doherty (Leslie Doherty Ltd)

8.4.2.1. Mrs Stitt referred to the MAS figures supplied to the Committee for May, June & July 2019 in both Leslie Chemists and wanted to know the source of that information. Mr Doherty had produced this information from pharmacy records. Mrs Stitt was surprised at the low number of

MAS items dispensed because in her experience, those living in better housing were better educated and more demanding. Mr Doherty reiterated that Newton Farm was a healthy area.

8.4.2.2. Mrs Stitt sought clarification of the bus timetable serving Newton Farm. Mr Doherty said there were two buses and left timetables for PPC reference. The train timetable was also provided.

8.4.2.3. When asked about lunchtime closure, Mr Doherty stated that neither Leslie Chemist closed for lunch.

8.4.3.4. Questions from Mrs Prentice (Lay Member) to Mr Doherty (Leslie Doherty Ltd)

8.4.3.1 Mrs Prentice had no questions.

8.4.4 Questions from Mr Sargent (Lay Member) to Mr Doherty (Leslie Doherty Ltd)

8.4.4.1. Mr Sargent enquired about the average wait for a prescription at Leslie Chemist. Mr Doherty replied that he did not like patients waiting longer than 5 minutes.

8.4.5. Questions from Miss Morris (Chair) to Mr Doherty (Leslie Doherty Ltd)

8.4.5.1. Questioning by Miss Morris explored the reasons for GP surgeries backtracking on the letters of support originally provided for this application. Mr Doherty explained that the initial letters were provided because Mr McDermott was well known and respected in the area. Mr Doherty said the surgeries had been misled by being told that this application would not affect Leslie Chemists. When Mr Doherty met with surgery staff and discussed the facts about Newton Farm the surgery staff admitted that the letters of support had been influenced by the Applicant. Mr Doherty was asked by the surgery staff what he would like them to do about this situation. Mr Doherty wanted no part in drafting the replies but asked surgeries to submit another letter based on the facts. Miss Morris as Chair, intended to instruct the Committee to be mindful of the personal issues and professional disagreements behind the GP letters. Miss Morris hoped the Applicant and interested parties would respect the PPC's ability to assess the broad issues involved.

8.5. Having heard the responses to the questions asked so far the Chair gave the Applicant and other Interested Parties an opportunity to ask further questions of Mr Doherty (Leslie Doherty Ltd).

8.5.1. There were no further questions for Mr Doherty.

8.6 *BOOTS UK LTD SUBMISSION*

8.6.1. *The Chair invited Mrs Cowle to make representation on behalf of Boots UK Ltd*

8.6.2. Mrs Cowle read the following from a pre-prepared statement making adjustments as necessary:

8.6.3. “Thank you for giving me the opportunity to speak today.

8.6.4. **Our case**

8.6.5. An application must only be granted only if it is necessary or desirable to secure the adequate provision of pharmaceutical services in the identified neighbourhood. Our position is that the existing pharmacy provision adequately meets the needs of the current local population and persons within the neighbourhood identified by the applicant with capacity for growth.

8.6.6. **Neighbourhood**

8.6.7. We do not take issue with the neighbourhood proposed by the applicant. It could be identified as a small neighbourhood within the area of Cambuslang.

8.6.8. **Previous application**

Members of the PPC may be aware of a previous application for Westburn Road, the neighbourhood adjacent to Newton Farm. This application was refused following a PPC meeting in October 2017.

8.6.9. We accept that each application must be considered on its merits, however there are points within the previous determination that I feel are relevant to the hearing today.

- It states within the PPC minute of the hearing that the Committee looked at the Newton/Newton Farm communities. Including their population needs.
- There was no pharmacy within the neighbourhood defined at the time.
- From the information provided, all pharmacies appeared to be coping with demands and had spare capacity.

8.6.10. We believe there have been no significant changes in the area since the previous decision. Certainly nothing that cannot be managed by the 'spare capacity' identified by the PPC at the time.

8.6.11. **Dispensing volume**

8.6.12. FOI data suggests the last year the total number of items dispensed by the five pharmacies in Cambuslang has decreased (decreased by 8781 from April'18 to Mar '19).

- 8.6.13.** The National Services Scotland Information Division report summary 23 July 2019 (appendices 15 & 16) stated that:
'There was little change in the total number of items reimbursed between 2017/18 and 2018/19.'
- 8.6.14.** Both our pharmacies dispense less than the national average of items per month.
82,390 items per contractor per annum - average 6866 items per month
- 981 - dispenses an average of 49,700
 - 5084 - dispenses an average of 75,590
- 8.6.15.** NB at the Lesmahagow hearing April 2017, Mr McDermott quoted the average number of items dispensed per annum per pharmacy as 81,499 items.
- 8.6.16. The proposed site**
- 8.6.17.** The committee will have noted that there is very little by way of other amenities in the immediate vicinity of the proposed site or in the development as a whole.
- 8.6.18.** There are no medical services at the site, nor any other significant retail activity that would give cause to a patient being in the immediate vicinity of the proposed site expecting to find pharmaceutical services located there.
- 8.6.19.** According to information provided by the Applicant the unit is not yet built and planning permission was not in place.
- 8.6.20.** A search of the South Lanarkshire Council Planning Applications shows that there have been no planning applications submitted for this site in the last 12 months (see appendix 11).
- 8.6.21.** The applicant has stated that they intend to commence the provision of services within six months, and that the owner plans to demolish the existing and replace with a modern modular unit.
- 8.6.22.** This suggests there is currently no suitable building for them to occupy, as far as we are aware has planning permission been applied for or granted.
- 8.6.23.** According to Scottish Government data, planning applications take on average 9 weeks to be determined.
- 8.6.24.** Having spoken to our Estates Manager our experience from application for planning to hand over of the unit would take 'realistically' 9 months and that is if no appeals are submitted against planning and there are no issues on site i.e. land contamination, asbestos found etc. or delays due to bad weather.

8.6.25. We would therefore suggest the Applicant's claim of being ready in 6 months is at best ambitious and at worst simply not true.

8.6.26. **Demographics**

8.6.27. We have looked at the latest data we have (2018) which shows that the statistical area that covers the neighbourhood and an area that crosses over into Halfway and Drumsagard has a population of 2825 people.

8.6.28. The population of the neighbourhood defined according to National Statistics data was 869 (2011 Census- Scotland's Census website).

8.6.29. Car ownership levels amongst households in the neighbourhood defined was very high at the time of the census with over 90% of household's having access to a private vehicle, and with over 40% of households having access to one or more vehicle (Scotland's Census website).

8.6.30. Households within the neighbourhood fall within the least deprived declines according to The Scottish Index of Multiple Deprivation.

8.6.31. Given the type of housing built in the new development, we believe car ownership levels and deprivation will not have decreased in the time since this data was produced. The new residents are young professionals, some with young children, pretty much all with cars and all expect to leave the neighbourhood to get about their everyday lives.

8.6.32. **Adequacy**

8.6.33. There currently is obviously no pharmacy in the neighbourhood defined by the Applicant. However it is not sufficient to presume that pharmaceutical services must therefore be inadequate.

8.6.34. There are 5 pharmacies within 1.2 and 1.9 miles of the proposed site

8.6.35. **Distance from proposed pharmacy in Newton to nearest pharmacies**

Pharmacy	Address	Postcode	Distance from Newton Brae
Boots	233 Hamilton Road, Halfway	G72 7PH	1.2 miles (24 min walk)
Lloyds Pharmacy Ltd	2a Hallside Court, Drumsagard	G72 7XR	1.3 miles (27 min walk)

MINUTE: PPC/2019/01

Boots	Unit 7, Cambuslang Gate	G72 7HB	1.8 miles (36 min walk)
Leslie Doherty Ltd	222 Main Street, Cambuslang	G72 7EN	1.9 miles (39 min walk)
Leslie Doherty Ltd	108 Main Street, Cambuslang	G72 7EJ	1.8 miles (36 min walk)

- 8.6.36.** As you would expect both our pharmacies deliver all the core services and all locally negotiated services available to them from Lanarkshire Health Board. Numbers of items dispensed in January per service have been shared by the Health Board. I'm happy to share that our most recent statement of June shows increases in MAS items for both premises, EHC provision and 10 new patients were initiated on the Smoking Cessation Service in that month alone across the two pharmacies.
- 8.6.37.** The information from the Board does not show Urgent Supply, Gluten free or Pharmacy First. Both premises completed between one and eight prescriptions a month for Pharmacy First with additional consultations not recorded. Urgent supply is offered to any patients that require it and the new regulations allow us to help more patients when they need it. Both teams take great pride in this.
- 8.6.38.** You can see from appendix 15 the spread of locations where our patients come from.
- 8.6.39.** We frequently meet with the Health Board to discuss opportunities to deliver any new services required. We give the Health Board lots of opportunities to give us feedback on the level of service we are providing. This has been only positive.
- 8.6.40.** Both pharmacies offer Compliance Aids to patients. We are however, mindful of the move of NHS Lanarkshire along with North and South Lanarkshire Health and Social Care Partnerships towards original pack dispensing along with MAR charts for suitable patients.
- 8.6.41.** Our pharmacies supply Medisure to patients after carrying out an assessment to ensure a daily dosage system is the most appropriate way of helping the patient with compliance. Neither pharmacy has a waiting list but neither pharmacy will say yes without an assessment.
- 8.6.42.** We would point out that at a recent surgery visit one of the practice managers shared that if a family member asks for a compliance aid they will arrange the prescription with no intervention. This is totally inappropriate and part of the reason we have so many patients being put on aids even though it may not be best for them. Best for the carer,

even a family member is not a reason to be started on a compliance aid. It is against Royal Pharmaceutical Society guidance and as mentioned a move away from Lanarkshire policy. The committee should also be aware that this has been recognised as a National Social Care issue and as such Community Pharmacy Scotland (the representative body of all Community Pharmacists) is supporting conversations with HSCP to move to a National MARR and original packs, a move which will be welcomed by all community pharmacist.

- 8.6.43.** Both pharmacy teams consider themselves to have a good working relationship with local GPs. Team members visit local surgeries daily and will speak to staff frequently either in person or by phone. Chris, here today has recently met with local practice staff and has arranged to go back at the end of the month to complete training on Pharmacy First and eMAS to reduce the number of inappropriate referrals from the surgeries that inevitably result in the patient being sent back to the GP. The surgery also commented on the fact that the situation with regards to national stock shortages appears to be improving.
- 8.6.44.** Both pharmacy teams provide good levels of customer service. It can be seen that the Cambuslang team have excellent customer care scores, with the Halfway team showing good results (see Appendix 6 pharmacy CSat report).
- 8.6.45.** In the last four quarters reported, there have only been four complaints in total across our two stores (see appendix 8 from Lavinia).
- 8.6.46.** The Applicant is not proposing to offer services that, if not already provided, could not be provided by one of the existing pharmacies.
- 8.6.47.** Volume of dispensing is in decline in the area, freeing capacity for growth and services.
- 8.6.48.** We would also highlight that there is no statement 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. (NB the PCSP is dated April 2011)
- 8.6.49. **General Pharmaceutical Council (GPhC)****
- 8.6.50.** In March 2019 our Cambuslang premises received a Satisfactory GPhC visit that was very complimentary of the team and had no actions. We were advised it would have been a 'Good' under the previous guidelines.
- 8.6.51.** Halfway hasn't been inspected since 2015. However at that time it was deemed to be satisfactory. There were no actions relating to levels of staff, standards or premises other than installing a sink into the consultation room.
- 8.6.52. **Stock supply****

- 8.6.53.** Stock supply shortages are a national, pharmacy wide issue that would not be resolved by approving this application.
- 8.6.54.** We have access to many wholesalers, our teams are supported by head office to procure stock freeing up valuable Pharmacist time and when all else fails we have a relationships with the colleagues round the table that ensures patients are given the stock, if it is not a recognised National Shortage.
- 8.6.55.** National stock shortages are due to a number of factors, such as manufacturer mergers, closure of manufacturing plants etc. Supply chain shortages are reported to Community Pharmacy Services and the Scottish Government. It is well recognised within the pharmacy community that supply has become challenging particularly in the last 12 months with Brexit, in whatever form, approaching. This situation does not change with the opening of a new pharmacy.
- 8.6.56. Access**
- 8.6.57.** Many of the existing pharmacies are located where patients go to visit their GP, access other key facilities such as banks or carry out their regular shop.
- 8.6.58.** All the surgeries in Cambuslang (and Blantyre) have a pharmacy within easy walking distance.
- 8.6.59.** Car ownership amongst households in Newton is high (approximately 90% of households have access to a vehicle). People who wish to visit the existing pharmacies by car will find parking immediately outside, or within easy walking distance of the existing pharmacies.

(it is a walk of a mile from the far north of Newton to the proposed site, so it may be that many that live in Newton would still use a car to access the proposed site)
- 8.6.60.** Both of our pharmacies have free car parking nearby as well as dedicated spaces for disabled badge holders. (Cambuslang Gate has parking behind store and on road opposite. Halfway has disabled spaces outside and on-road parking in the nearby side street).
- 8.6.61.** The area of Newton is served by public transport with the 64,164.364 services running between Newton and Cambuslang. Both our pharmacies have bus stops within a few metres of the front door and within easy walking distance. If access was judged on being able to walk to a pharmacy there would be one on every street corner.
- 8.6.62.** MyBus runs a wheelchair accessible bus service for those who may have difficulty using a standard service. (The Halfway community council letter does not mention bus services)
- 8.6.63.** Concessionary bus travel is available to those who are eligible

(generally the disabled and those over 60). National Entitlement Card holders can travel on all local bus and scheduled long distance coach services throughout Scotland for free at any time of day and for any number of journeys.

8.6.64. Delivery services are provided by a number of the existing pharmacies should patients have any difficulty visiting a pharmacy.

8.6.65. Viability

8.6.66. Should the application be granted we must consider both the viability of the proposed pharmacy and the effect on the existing pharmacies. We question the viability of a pharmacy at this site.

8.6.67. As stated previously, in the last year the total number of items dispensed by the five pharmacies in Cambuslang in general has declined. (Decreased by 8781 from April'18 to Mar '19).

8.6.68. Also, the population of Newton is not large and patients living in this area will be used to accessing the existing pharmacies.

8.6.69. A pharmacy opening at this site would therefore have a detrimental effect on the existing pharmacies (particularly if they target adjacent neighbourhoods also where there is existing provision). Dispensing data shows that the majority of the items dispensed by local pharmacies come from Cambuslang surgeries.

8.6.70. While this may not result in an immediate closure there may be implications for staff and employment security in existing pharmacies at a later date.

8.6.71. I now move to evidence presented by the Applicant

8.6.72. Having seen the letters originally produced by the GPs and their staff, I like Michael, was really upset for the teams and I was also confused as to where they were taking their information from.

8.6.73. The letters explain clearly why the doctors went on to change their mind. This points in part to the information they were given by the Applicant. If I'm honest I expected the hearing to be cancelled because of this and the implications of them being 'misled' but accept that it will be heard fairly and this will be included in the committee's deliberations.

8.6.74. I hope the committee now agree that overall the local GPs are happy with the current level of service, have no concerns for future population growth and have identified opportunities where they can work to better utilise the local pharmacies.

8.6.75. If we look then to the CAR report the response is indeed high and to the applicants favour. However I do now feel we have to consider what information was shared by the Applicant at all stages of public

engagement and I would ask that the committee do the same. If the applicant had delivered consultation information in the neighbourhood and spoke freely in the community we can only assume he used the same information he used with the GPs. This is reflected in the information provided by the District Nurse stating an 'independent' can get stock that another pharmacy cannot. It is clearly a flawed business plan of any pharmacy, multiple or otherwise that will not dispense prescriptions where stock is available.

8.6.76. In considering the CAR we do not know how many of the respondents live within the neighbourhood defined by the Applicant as the question 'do you live in the neighbourhood' was not included in the questionnaire. This makes it difficult to conclude where the participants are referring to.

8.6.77. Then, looking at question 3, do you think the current services are adequate, not everyone answered the question. Almost a quarter of the 386 that responded said that they thought services were adequate or did not know whether they were (72 replied that services were adequate and 20 said that they did not know - $92/386 = 24\%$).

8.6.78. Question 4. Do you think that the current provision has any gaps or deficiencies? Approximately a third (34%) of respondents to this question said 'No/Don't know'. Many of the comments relate to convenience looking to improve access to something in the area not necessarily a pharmacy.

8.6.79. Further comments relate to access to GPs, and relieving pressure at current surgeries. We do acknowledge that there is a lack of understanding and awareness of some of the services available from community pharmacy and have already put steps in place with the GPs to improve this.

8.6.80. I also echo the points made by Mr Doherty regarding stoma patients and care homes in the neighbourhood proposed by the Applicant."

8.6.8.1. This concluded Mrs Cowle's presentation.

8.7. QUESTIONS FROM THE APPLICANT TO BOOTS UK LTD

8.7.1. The Chair then invited questions from the Applicant to Mrs Cowle (Boots UK Ltd)

8.7.2. Mr McDermott asked what had made Mrs Cowle think he had personally carried out the leaflet drop. Mrs Cowle said that Mr McDermott had mentioned it. Mr McDermott explained that an independent distributor had been used.

8.7.3. Mr McDermott referred to comments received during the consultation exercise which described the current pharmacy service as appalling, terrible and slow and asked if Mrs Cowle thought this portrayed adequate provision. Mrs Cowle did not think these comments portrayed

a true reflection of the situation and could show the Applicant customer scores for Boots Halfway which contradicted this description.

- 8.7.4.** Mrs Cowle was asked to elaborate on the 12 complaints reported to the Health Board for Boots Halfway. Mrs Cowle questioned the period during which this figure related as there were only 4 complaints in the last year. Mr McDermott said 12 complaints had been received from 2015 to the date of the latest quarterly information. Mrs Cowle explained that some of these complaints would have related to inability to supply some medicines. There had been recent changes which enabled Boots to use any wholesaler and so this situation had improved.
- 8.7.5.** Mr McDermott referred to another comment in the CAR about numerous trips to collect prescription balances. Mrs Cowle acknowledged this comment but said it could not be attributed to Boots Halfway and may have resulted from the national shortage of items.
- 8.7.6.** Mr McDermott asked which wholesalers Boots could now access. Mrs Cowle mentioned Alliance, Alcura, Phoenix and AAH. Mr McDermott asked if these wholesalers were used to supply direct to pharmacy items only as it didn't appear to be happening in all Boots stores. Whilst the representatives from Boots were uncertain what was meant by direct to pharmacy items, Mrs Cowle explained that Boots always had access to AAH and could order any item from other wholesalers like Phoenix.
- 8.7.7.** Mr McDermott asked if Boots pharmacy closed 1-2pm as this was displayed on the door at Boots Halfway. Mrs Cowle explained that Mr Diamond had only recently started working in the Boots Halfway pharmacy and stayed on site during lunchtime so could respond in an emergency. The lunch break for the pharmacists in Boots Halfway and Boots Cambuslang was also staggered.
- 8.7.8.** Mr McDermott referred to the statement made by Mrs Cowle that Craigallian Avenue Medical Practice had mentioned that Boots pharmacies had poor stock levels. Mr McDermott found it strange for Mrs Cowle to come to that conclusion when it was North Avenue Surgery that mentioned it. Mrs Cowle reported that on receipt of the GP letters, Mr Diamond had conversations with the Craigallian practice. Boots had been exceptionally upset by the implications of the GP letters when there had never been any suggestion of any issues previously. This was when Mr Diamond took action as the pharmacy service provided to GP surgeries was important to Boots.
- 8.7.9.** When asked, Mrs Cowle confirmed that Boots Halfway had a security guard one day a week. The security guard was there mainly as a deterrent to prevent stock being taken and violent incidents/threats. The security guard had originally been employed more than one day per week but this had since been reduced. Mrs Cowle asked if Mr McDermott viewed the use of a security guard negatively. Mr

MINUTE: PPC/2019/01

McDermott was questioning the safety of the working environment for pharmacy staff. Mrs Cowle said the presence of a security guard made the environment safer.

- 8.7.10.** Mr McDermott asked whether Boots Halfway was fully DDA compliant. Mrs Cowle said that it was. Mr McDermott thought he had recollected a step up to the entrance of the Boots Halfway shop. Mrs Cowle said there was a ramp. Mr McDermott recalled a comment from the CAR about a double buggy not fitting inside the shop. Mrs Cowle said that if Mr McDermott had seen the size of the shop he would know space was restricted.
- 8.7.11.** Given the small size of Boots Halfway, Mr McDermott wanted to know how it would cope space wise with an increase in the population of Newton Farm. Mrs Cowle said space wasn't the only factor determining capacity. Boots had a texting service so patients were notified when the prescription was ready for collection so there was a quick turnaround of people in the shop.
- 8.7.12.** Mr McDermott asked Mrs Cowle to account for the 26.5% reduction in MAS items dispensed since 2016 (1204 to 885 items). Mrs Cowle clarified that 885 items related to 2018 and referred to more up to date information. The number of MAS items dispensed from Boots Halfway had increased by 30% from January 2019 to date (this equated to 90 items per month).
- 8.7.13.** Mr McDermott wondered whether the 30% increase could be attributed to people from Newton Farm accessing pharmacy services as the only change had been in its population. Mrs Cowle stated that Mr McDermott knew very well that there were other factors for example a change in the pharmacist or other pharmacy staff.
- 8.7.14.** Mr McDermott asked whether Boots was no longer providing dosette boxes or a delivery service. Mrs Cowle explained that Boots was currently charging for deliveries. The situation for each patient previously receiving a prescription delivery was being reviewed. The delivery service would continue where Boots deemed a patient truly vulnerable and had no other way of receiving medication. Compliance aids were still provided by Boots if it was determined right for the patient following an assessment. At no point had Boots said it was not offering these services. Equally there was not a blanket acceptance that these services would be provided by Boots.
- 8.7.15.** Having ascertained that the Applicant had no further questions, the Chair invited questions from the other Interested Parties

8.8 QUESTIONS FROM THE OTHER INTERESTED PARTIES TO BOOTS UK LTD

- 8.8.1. *Questions from Mr Towill (Halfway Community Council) to Mrs Cowle (Boots UK Ltd)***

8.8.1.1. Mr Towill referred to the case of the mother in the CAR report that had been asked to leave her twins outside the shop and asked Mrs Cowle if this was appropriate. Mrs Cowle did not think it appropriate. Although Mrs Cowle did not know the full details it didn't sound as though the situation had been managed particularly well. For instance the pharmacist could have gone outside to serve to the mother.

8.8.1.2. Mr Towill asked why Boots had not engaged with the Community Council. Mrs Cowle said this was a fair point but Boots sought customer feedback in the moment at its pharmacies.

8.8.2. ***Questions from Mr Doherty (Leslie Doherty Ltd) to Mrs Cowle (Boots UK Ltd)***

8.8.2.1. Mr Doherty had no questions.

8.8.3. ***Questions from Mr Nathwani (Lloyds Pharmacy Ltd) to Mrs Cowle (Boots UK Ltd)***

8.8.3.1. Mr Nathwani noted that there had been some comments about the size of the Boots Halfway premise and asked if expansion had been contemplated. Mrs Cowle explained that all Boots premises were reviewed annually and if viable would have been done by now.

8.8.3.2. Mr Nathwani was interested to know what Boots relationship was like with its competitors Lloyds and Leslie Chemists. Mrs Cowle said that this application had strengthened the relationship.

8.8.3.3. When asked how many of these hearings Mrs Cowle had attended, Mrs Cowle thought it was about 20 so far.

8.8.3.4. Mr Nathwani enquired whether in Mrs Cowle's opinion the Applicant had influenced the GP letters. Mrs Cowle stated that she had not said what she had said in the Boots submission lightly. She had been disappointed by it but hoped it didn't influence the GPs' opinion of pharmacists in the future.

8.8.3.5. Having ascertained that the other Interested Parties had no further questions, the Chair invited questions from the Committee Members

8.9. **QUESTIONS FROM THE COMMITTEE TO BOOTS UK LTD**

8.9.1. **Questions from Mr Cassells (Non-Contractor Pharmacist) to Mrs Cowle (Boots UK Ltd)**

8.9.1.1. With Newton Farm being a new development, Mr Cassells wanted to know whether Boots would still offer to deliver a prescription to a patient living there or have them assessed for a compliance aid. Mrs Cowle said that the situation was still in flux within Boots at the moment but would maintain these services for those who truly needed them.

8.9.2. Questions from Mrs Stitt (Contractor Pharmacist) to Mrs Cowle (Boots UK Ltd)

8.9.2.1. The paper copy of the Boots submission referred to appendices and Mrs Stitt wondered where these could be found. Mrs Cowle said that this information had been sent to the Health Board for inclusion in the PPC pack of documents.

8.9.2.2. Mrs Stitt also asked about lunchtime closure at Boots pharmacies. The pharmacists at Boots Halfway and Boots Cambuslang staggered their lunch breaks. Although Mr Diamond remained on the premises during his lunch break at Boots Halfway, the pharmacist in Cambuslang may leave the store. If on the premises during lunch each pharmacist would be available to handle any emergencies.

8.9.3. Questions from Mrs Prentice (Lay Member) to Mrs Cowle (Boots UK Ltd)

8.9.3.1. Mrs Cowle had mentioned working with South Lanarkshire Health & Social care partnership and Mrs Prentice asked what link Boots had there. Although in its infancy, the link was through George Lindsay.

8.9.4. Questions from Mr Sargent (Lay Member) to Mrs Cowle (Boots UK Ltd)

8.9.4.1. Mr Sargent was interested to know how much prescription medication Boots was stockpiling in preparation for Brexit. Mrs Cowle genuinely was unable to provide a number for that but there was an action plan in place for the worst case scenario. Boots also had the ability to change the prescription if required e.g. provide a tablet instead of a capsule. Weekly conference calls at senior management level were occurring for Brexit arrangements.

8.9.5. Questions from Miss Morris (Chair) to Mrs Cowle (Boots UK Ltd)

8.9.5.1. Miss Morris had no questions for Mrs Cowle.

8.9.6. The Committee had no further questions.

8.10. Having heard the responses to the questions asked so far, the Chair gave the Applicant and Interested Parties an opportunity to ask further questions of Mrs Cowle of Boots UK Ltd

8.10.1. The Applicant and Interested parties had no further questions.

8.11. LLOYDS PHARMACY LTD SUBMISSION

8.11.1. The Chair invited Mr Nathwani to make representation on behalf of Lloyds Pharmacy Ltd. Mr Nathwani read aloud the following statement:

8.11.2. "I would like to thank the Panel for allowing me to speak today.

- 8.11.3.** The Applicant's reason for making this application seems to be that the Pharmaceutical Services provided by current Contractors are inadequate only because there are no Pharmacy Premises in their definition of the neighbourhood.
- 8.11.4.** There are, as the Panel is aware, numerous examples from Pharmacy Practice Committee Hearings and numerous National Appeal Panel Hearings that adequate Pharmaceutical Services can be provided to a neighbourhood from Pharmacies situated out with that neighbourhood. This is the case in Newton.
- 8.11.5.** On September 5th 2017 an application for a Pharmacy in Westburn was refused as services were deemed adequate, and this included the residents of Newton. Since then nothing has changed.
- 8.11.6.** Indeed the Panel will see from The Advice and Guidance for those attending, THE PHARMACY PRACTICES COMMITTEE must consider WHAT ARE THE EXISTING PHARMACEUTICAL SERVICES IN THE NEIGHBOURHOOD OR IN ANY ADJOINING NEIGHBOURHOOD.
- 8.11.7.** Cambuslang has a population of 27,000 and is adequately serviced by the existing 5 Pharmacies, including the residents of the Applicants proposed neighbourhood.
- 8.11.8.** The Applicant may mention the number of residents per Pharmacy.
- 8.11.9.** There are many examples of Pharmacies serving populations well above the average of Cambuslang, indeed Dalgety Bay in Fife has a population of 10,030 and has one Pharmacy, Linlithgow in West Lothian has a population of 16,034 and has two Pharmacies.
- 8.11.10.** The residents of Newton are generally young, mobile, affluent and are vehicle owners, who on a regular basis travel out with their neighbourhood to access services such as GPs, Dentists, Supermarkets, and indeed Pharmaceutical Services. I would also point out that the use of a Pharmacy is not normally a daily or weekly occurrence.
- 8.11.11.** The Scottish Index of Multiple Deprivation shows that the residents of Newton have better access to services, including Pharmaceutical Services, than many parts of Scotland.
- 8.11.12.** The Panel will see from the evidence provided by Michael Doherty, of Leslie Pharmacy, that existing Contractors have no issues in meeting the pharmaceutical requirements of the residents of the Applicant's proposed neighbourhood. In fact, prescription numbers in the area have been in decline.
- 8.11.13.** I note one of the GPs comments that there were waiting lists for Dosette Boxes. I have checked with our Lloyds Pharmacy in Drumsagard, there is no Waiting List and although Dosette Boxes are not a Core Service there are no issues in supplying them. Lloyds in

MINUTE: PPC/2019/01

Drumsagard store currently provides CDS to 105 patients with plenty of room to grow if there is a need.

- 8.11.14.** However, given the demographics of Newton I would be surprised if there was any great demand for Dosette Boxes.
- 8.11.15.** The Panel are probably aware that Lanarkshire Health Board are trying to move away from Dosette Boxes and are actively working with the Social Care Partnership to introduce original pack dispensing along with MAR Charts, a service readily available in all Lloyds Pharmacies.
- 8.11.16.** The Panel must take account as to whether the granting of an Application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.
- 8.11.17.** The Panel will have noted that situated at the Applicants proposed site there is a UPVC Showroom, a Garage, a Car Wash and in the building, the Applicant proposes as his site, a business called Pro Clad. (I noticed that Pro Clad had a large shuttered door, I assume this will be used for the delivery of materials). I would question whether this could be a potential Health and Safety issue for anyone accessing a Pharmacy at this site. Nearby there is a Hairdresser that I understand only opens two days per week, a small cabin selling some grocery items (which in the words of one local is so expensive you are cheaper taking the car down to the Tesco) and a Pub.
- 8.11.18.** This is hardly the Hub of a Neighbourhood and demonstrates that the residents of the Applicant's proposed neighbourhood, on a regular basis, travel out with this neighbourhood to access services such as Supermarkets and GP Surgeries. Many travel out with the area to access their place of work and will also access services there. Indeed, at our Drumsagard Pharmacy there is a much used Tesco Express, a Dentist, a Chinese Takeaway and a Fish Restaurant (which I am told is excellent).
- 8.11.19.** I also noticed that to access the Applicants proposed Pharmacy by foot there are no footpaths from the houses in Newton other than the one directly outside the Applicant's proposed premises on Newton Brae which is poorly lit. I must admit I would not like to make that journey on a dark evening.
- 8.11.20.** I also note that the Applicant's proposed opening hours are no more than those already available with existing contractors.
- 8.11.21.** The Applicant has supplied letters of support from local GPs.
- 8.11.22.** Firstly I was surprised how similar the comments in these letters were.
- 8.11.23.** There are comments about Patients still attending GP Surgeries for treatment of UTis as the Panel is aware this falls under the Pharmacy

First Service and, therefore, the GPs should be directing their Patients to the Pharmacies. I know that in my own Surgery there are Posters advising Patients about the service. It is not the Pharmacies fault if Patients are unaware of this.

- 8.11.24.** There are numerous examples of inappropriate referrals that Nicola, the Pharmacy Manager who is with me today, can provide. Recently she has had a couple of patients referred for a UTI that had already had antibiotics within in the last month. Patients presenting with back pain and fever were also referred to the Pharmacy with UTIs, but as these patients are all excluded under the PGD, they needed to be referred back to the GP. This then leads to the patients getting annoyed through no fault of our own.
- 8.11.25.** There is obviously a lack of understanding of the service in the surgeries. It seems that not only patient education is needed but also some education for the surgery staff.
- 8.11.26.** With regards to the comments about the Minor Ailment Service, can I also point out that nationally 83% of all eMAS registrations are in DEPRIVED NEIGHBOURHOODS.
- 8.11.27.** NEWTON COULD NOT BE DESCRIBED AS BEING A DEPRIVED NEIGHBOURHOOD.
- 8.11.28.** I find the GPs comments regarding refusing eMAS very surprising. The only refusals by our Pharmacy would be where it was not appropriate or did not fall within the remit of eMAS.
- 8.11.29.** Nicola mentioned that recently a young child was referred from the GP surgery for minor ailments with a cut inside his nose. Upon consultation, Nicola had concluded that this wasn't a Minor Ailment that could be treated on the service so she called the practice to request an appointment for the child with the GP. The nurse prescriber then questioned why Nicola had refused to prescribe on the minor ailments scheme and when asked what they recommended the nurse said Bactroban, which is a prescription only item. There are other examples of similar inappropriate referrals that Nicola has come across. Again, education clearly needed for the surgery staff as well as the patients.
- 8.11.30.** As the panel I'm sure are aware, we are limited as to how we can advertise the Minor Ailments service. I'm not sure how the Applicant is going to increase awareness of the service with the restrictions on advertising currently in place.
- 8.11.31.** All existing Pharmacies offer all Core Services and the Lloyds Pharmacies are fully engaged with CMS, eMAS and AMS. Our Drumsagard Pharmacy currently has around 800 Patients registered for eMAS and CMS. They dispense an average of 250 eMAS items per month which is the highest in the area.

MINUTE: PPC/2019/01

- 8.11.32.** With regards to the comments about the delivery service I can assure the Panel that any URGENT requests such as requests for antibiotics are dealt with promptly, and if necessary a delivery will be made out with any normal delivery schedule.
- 8.11.33.** I note the letter from the Halfway Community Council also refers to the Delivery Service yet again I can assure the Panel that Lloyds offer a free delivery service and I cannot understand the comment regarding a limited delivery service.
- 8.11.34.** I can also assure the Panel that Nicola, our Pharmacist, has delivered medication to Patients on her way home.
- 8.11.35.** Delivery is not a core service; all Lloyds stores offer this service for anyone who is eligible AND THIS DELIVERY SERVICE IS FREE.
- 8.11.36.** There are comments about stock shortages and statements that Independent Pharmacy owners have better access to more Suppliers. Can I point out that Leslie Pharmacy is an Independent Pharmacy with two Pharmacies in Cambuslang.
- 8.11.37.** I can also assure the Panel that Leslies, Boots and Lloyds Pharmacies have an excellent relationship and work together to ensure there are no major supply issues by sharing stock if necessary, however, there will always be situations where manufacturers are Out Of Stock.
- 8.11.38.** Lloyds have recently allowed their stores to order from Alliance as a second supplier to combat these shortages. In fact, our store in Drumsagard has an average of 99% availability for their Top 150 dispensed items last week.
- 8.11.39.** The comments from Lisa Hepworth the secretary of the Halfway Community Council are very, very similar to those of the GPs. I would also question whether the walk from Halfway would be practical for the residents as there are few crossing points. And indeed many of the residents of Halfway live as near or nearer to the Boots Pharmacy at Hamilton Road or our Lloyds Pharmacy.
- 8.11.40.** Indeed the Community Council point out that there are already two Pharmacies in the Cambuslang East Ward, Boots at 233 Hamilton Road and Lloyds at Drumsagard.
- 8.11.41.** There was also a comment regarding staffing levels in the Drumsagard store. The branch currently has a full time pharmacist, a full time Trainee Technician (dispensary trained), a full time dispenser, a full time trainee dispenser, a part time (24hrs/wk) trainee Technician (dispensary trained), a part time (15hrs/wk) dispenser, two pharmacy students and another dispenser who all qualified and work on Saturdays. There are no staffing issues in the store.
- 8.11.42.** The Panel must consider WHAT THE EXISTING PHARMACEUTICAL

SERVICES ARE IN THE NEIGHBOURHOOD OR IN ANY ADJOINING NEIGHBOURHOOD. There are five Pharmacies who are all meeting the pharmaceutical needs of the residents of the Applicant's proposed neighbourhood and that of the residents of Cambuslang.

- 8.11.43.** The Applicant in support of his application has carried out a Consultation Exercise. From a population of approx. 4,000 the Applicant had 487 responses. This population is hard to determine as it could include the residents of Westburn, Halfway, Drumsagard and even Cambuslang.
- 8.11.44.** In response to question 4 "Do you think that the current provision of pharmaceutical services has any gaps or deficiencies?" Only 246 stated there were any gaps or deficiencies which are only 6.1% of residents, however, in Question 4b only 151 gave a reason they thought there were any gaps or deficiencies of Pharmaceutical Service, only 3.7%. This suggests to me that around 95 residents who had answered the previous question either didn't understand the question or maybe didn't live in the Newton area. There are other examples of this throughout the CAR.
- 8.11.45.** Question 5 asked the residents about the Applicant's proposed services. All the services listed are already provided by existing Contractors.
- 8.11.46.** 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 it cannot be said 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. This is because existing Contractors already provide an adequate Pharmaceutical Care Service to the Applicants proposed neighbourhood.
- 8.11.47.** Despite all the Applicant's efforts the Applicant has received only 487 responses from the residents of his proposed neighbourhood and not all of those supported the Application. Although many do mention convenience.
- 8.11.48.** The Applicant has PROVED no inadequacies in current pharmaceutical provision
- 8.11.49.** There is little Public support for this application, the residents have no difficulties in accessing pharmaceutical services, and indeed on a regular basis travel out with the neighbourhood to meet their daily needs. This Application is all about Convenience not Adequacy or need.
- 8.11.50.** CONVENIENCE IS NOT A REASON FOR GRANTING A PHARMACY CONTRACT.

8.11.51. Having examined the NHS Lanarkshire Pharmaceutical Care Services Plan. I can see no reference to there being a need for a pharmacy in the Applicants proposed neighbourhood and indeed there have been no complaints to the Health Board regarding existing service provision and accessibility.

8.11.52. 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.”

8.11.53. This concluded the submission from Lloyds Pharmacy so the Chair invited questions from the Applicant to Mr Nathwani

8.12. QUESTIONS FROM THE APPLICANT TO LLOYDS PHARMACY LTD

Questions from Mr McDermott to Mr Nathwani (Lloyds Pharmacy Ltd)

8.12.1. Mr McDermott was interested to know whether Lloyds had met staff from the GP surgeries. Mr Nathwani said that that Miss Cairns had met with surgery staff last summer and made regular contact by phone. Mr Nathwani stressed that the surgeries had never advised Lloyds that there were any issues or asked to meet Lloyds representatives.

8.12.2. Mr McDermott queried how the surgeries could make a comment about an improved stock arrangement when Lloyds had not spoken to them about it. Mr Nathwani stated that if he had a disagreement or problem then he would have made contact to discuss it. Lloyds would have attended meetings with the GP practices had this been requested. Mr Nathwani advised that Lloyds did not have stock shortages or issues with dosette boxes.

8.12.3. Mr McDermott referred to the statement made by Mr Nathwani that there was no need to educate GP practice staff but then went on to list examples of inappropriate MAS referrals. Mr Nathwani was asked whether Lloyds had engaged with the practices about MAS to which Mr Nathwani explained that Lloyds had tried but been told to mind their own business by practice staff. Lloyds Pharmacy staff went into the surgeries every morning to collect prescriptions.

8.12.4. At a previous PPC concerning an application for Westburn, the Lloyds representative had been asked about the button on the door of the Lloyds Drumsagard pharmacy that was 6 feet from the ground and how a wheelchair user could attract the attention of pharmacy staff. Mr Nathwani explained that the button discussed at the previous hearing was an alarm and a DDA compliant buzzer was installed on the door 4-6 weeks ago. Mr McDermott questioned the existence of this buzzer to which Mr Nathwani said there was definitely a buzzer there.

8.12.5. The Lloyds representative at the previous hearing had also anticipated

the pharmacy in Drumsagard had capacity to increase business by 50%. With a growth in the number of patient complaints reported about Lloyds Drumsagard, Mr McDermott noted that problems had arisen following an increase in business of 11.25% so asked how a 50% increase in capacity would be achieved. Mr Nathwani stated that the growth in complaints reflected the honesty of Lloyds Pharmacy Ltd. As these complaints had not been escalated to the Health Board, Mr Nathwani said action had been taken to address the issues. It was a good policy for Lloyds to be open about its complaints. Complaint information was submitted to the Health Board by Lloyds Head Office.

8.12.6. Mr McDermott referred to comments listed in the CAR about the existing pharmacy service such as terrible, stretched and appalling and asked whether this reflected inadequate provision. Rather than portraying an inadequate service Mr Nathwani said these comments related to a small number of people and did not give a true picture of the situation. Mr McDermott counteracted this suggestion by stating that the number of replies received during the consultation exercise was one of the largest ever received. Mr Nathwani pointed out that this hearing had already discussed the fact that people from the wider area had responded and comments did not just relate to those living in Newton Farm.

8.12.7. Mr McDermott stated that a total of 1500 new houses were planned for Cambuslang East some of which had already been built. Mr Nathwani was asked whether Lloyds would be able to cope with that to which the reply was absolutely adding that another pharmacist could always be brought in.

8.12.8. Having ascertained that the Applicant had no further questions, the Chair invited questions from the other Interested Parties.

8.13. QUESTIONS FROM THE OTHER INTERESTED PARTIES TO LLOYDS PHARMACY LTD

8.13.1. *Questions from Mr Towill (Halfway Community Council) to Mr Nathwani (Lloyds Pharmacy Ltd)*

8.13.1.1. Mr Towill referred to some of the letters included in the PPC pack which described personal experiences of the Lloyds Drumsagard Pharmacy including the following –

- David Towill (Mr Stephen Towill's brother) who claimed the two seats in the waiting area were always occupied, that the pharmacy was disorganised, understaffed and had experienced issues in the past.
- Janice Orr, Community Councillor who sent a critical response.

8.13.1.2. Mr Towill stated that Halfway Community Council welcomed any action to improve the existing service and invited Mr Nathwani to comment. Mr Nathwani said that these letters had been taken very seriously by Lloyds Pharmacy and had been investigated to see whether the issues

were addressed at the time. The last time Mr D Towill had visited the pharmacy was 4 May 2018 and had obviously not come back. Lloyds Drumsagard had experienced staffing problems in the past but there had been a complete overhaul since Miss Cairns arrived and the service had improved significantly since May 2018.

8.13.1.3. Mr Towill referred to the letter from the District Nurse which described poor stock availability at Lloyds Drumsagard and had resulted in a move to Leslie Doherty Ltd. Mr Nathwani explained that it had only been recently that Lloyds Pharmacy had been allowed to use Alliance as a second supplier to address that issue.

8.13.1.4. When asked about Lloyds Pharmacy attending a community council meeting, Mr Nathwani said that Lloyds would attend if invited and recognised that it should be more involved.

8.13.2. *Questions from Mr Doherty (Leslie Doherty Ltd) to Mr Nathwani (Lloyds Pharmacy Ltd)*

8.13.2.1. Mr Doherty had no questions for Mr Nathwani.

8.13.3. *Questions from Mrs Cowle (Boots UK Ltd) to Mr Nathwani (Lloyds Pharmacy Ltd)*

8.13.3.1. Mrs Cowle had no questions for Mr Nathwani.

8.14. **QUESTIONS FROM THE COMMITTEE TO LLOYDS PHARMACY LTD**

8.14.1. *Questions from Mr Cassells (Non-Contractor Pharmacist) to Mr Nathwani (Lloyds Pharmacy Ltd)*

8.14.1.1. Mr Cassells enquired about the average waiting time for a prescription. Mr Nathwani estimated 8-10 minutes.

8.14.1.2. Mr Cassells asked about the percentage of prescriptions with owings and if regular items were affected the reasons for it. Mr Nathwani said that the percentage of prescriptions requiring balances was currently 1.5% which included gluten free items. Mr Nathwani was unable to confirm whether the problems related to manufacturing or supply issues.

8.14.1.3. The turnaround time for a prescription arriving in the pharmacy was requested by Mr Cassells. Mr Nathwani reported that prescriptions arriving before 3pm were ready before 6pm.

18.14.2. *Questions from Mrs Stitt (Contractor Pharmacist) to Mr Nathwani (Lloyds Pharmacy Ltd)*

18.14.2.1. Mrs Stitt enquired about Lloyds delivery charges. Senior management had tried to introduce delivery charges but middle management did not think it a good idea. Unlike England, there was currently no delivery charge applied in Scotland by Lloyds Pharmacy.

18.14.2.1. When asked about lunchtime closures, Mr Nathwani confirmed that Lloyds Drumsagard did not close for lunch.

18.14.3. **Questions from Mrs Prentice (Lay Member) to Mr Nathwani (Lloyds Pharmacy Ltd)**

18.14.3.1. Mrs Prentice had no questions for Mr Nathwani.

18.14.4. **Questions from Mr Sargent (Lay Member) to Mr Nathwani (Lloyds Pharmacy Ltd)**

18.4.4.1. Mr Sargent had no questions for Mr Nathwani.

18.14.5. **Questions from Miss Morris (Chair) to Mr Nathwani (Lloyds Pharmacy Ltd)**

18.14.5.1 Miss Morris had no questions for Mr Nathwani.

8.15. Having heard the responses to the questions asked so far, the Chair gave the Applicant and Interested Parties an opportunity to ask further questions of Mr Nathwani of Lloyds Pharmacy Ltd. No further questions were asked so the Chair invited Mr Towill to make representation on behalf of the Halfway Community Council.

8.16. **HALFWAY COMMUNITY COUNCIL SUBMISSION**

8.16.1 Mr Towill read the following pre-prepared statement:

8.16.2. "Halfway Community Council, who represent the residents of South Lanarkshire Councils Ward 14 (Cambuslang East area) have taken the decision to support the application from G & S Healthcare Ltd, T/a Newton Pharmacy, for a Pharmacy in Cambuslang, to be sited in the Newton area.

8.16.3. Halfway Community Council would like to acknowledge the services (albeit, somewhat strained), that are currently being provided, by Boots and Lloyds Pharmacy within the Cambuslang east ward. The Halfway Community Council however decided to support the application, based on the available evidence and the experiences made known to the Community Council. The conclusion was that the current services are inadequate, with the decision being based on the following points.

- The expanding population within Ward 14 as a result of extensive residential development. Particularly in the Newton Farm area.
- Reported delays in receiving medicines.
- Reported lengthy waiting times to receive medication.
- Poor transport links from the Newton area to the current locations of the nearest pharmacies, leading to issues for the elderly, infirm and those without transport.

MINUTE: PPC/2019/01

- Local doctors being put under increasing pressure, including the effects of dealing with minor ailments and reporting the inadequacies of the current services.
- Elderly, disabled and vulnerable patients unable to obtain compliance packs, with reports in the CAR of waiting times of up to 12 months to obtain them. The Craigallian surgery also confirming Boots are currently unable to offer dosette boxes or deliveries.
- Both local pharmacies run by large companies, suffer from single supplier shortages. (Opposed to Independent pharmacies, having access to a wider range of suppliers).

8.16.4. The Community Council would like to also highlight the fact that based on 2018 statistics (latest available) Cambuslang as a whole, had a population of 30,904, of which the Cambuslang West Ward has 14,307 and Cambuslang east ward has 16,597.

8.16.5. The east ward has, and is currently experiencing high volumes of residential development, with even more development planned and proposed. Currently the Cambuslang west ward has 3 pharmacies in its area, with the Cambuslang east ward only having 2. With the fact that the east ward not only has a larger population than the west ward, but also a rapidly growing population, it is Halfway Community Councils view that even on just population alone, and the growth of its population, additional pharmaceutical services are required within the area, particularly where the proposed pharmacy would be situated.

8.16.6. Halfway Community Council looked at Newton farm in isolation, using the statistics.gov.scot figures for 2018. Data zone 7 in Halfway, Hallside and Drumsagard (covering the north side of Newton Farm area) reported a population of 2,995. Data zone 8 in Westburn and Newton capturing the south side of Newton Farm, reported a population of 942. In 2018 the total population of the Newton Farm area was 3,937.

8.16.7. There has been significant building in this area, mainly by Taylor Wimpey (building 2,100 new houses) with Miller Homes, Barrett and Bellway homes building the remainder. Assuming the 2018 figures include the majority of these new homes, it only leaves phase 2 and 3 of the Taylor Wimpey build to take into account.

8.16.8. Taylor Wimpey's Phase 2 of 600 houses is now reaching completion. Based on South Lanarkshire Council's estimate, that the average household contains 2.18 people, this would result in a further population increase of circa 1,308 heads, bringing the current total for the area up to 5,245 heads (2018 population of 3,937 + 1,308 from Taylor Wimpey's phase 2).

8.16.9. Including Taylor Wimpey's pending phase 3 of 900 houses, based on the 2.18 heads per household, this would result in another 1,962 heads to add to the current total of 5,245, bringing the Newton community up

to projected figures of circa 7,207 people.

- 8.16.10.** With other developments in the Cambuslang east ward currently underway, with circa 400+ houses at Gilbertfield, further proposals to expand Drumsagard and other developments around the Cambuslang area, the current strains and inefficiencies will only increase.
- 8.16.11.** Halfway Community Council considered the commuting services and availability. Measuring the distance between the most northerly point of Newton Farm (Clover Crescent) to the 2 local pharmacies, within the Cambuslang east ward, the distance is 2.3 miles to the Boots Pharmacy and 2.4 miles to the Lloyds pharmacy at Drumsagard (roughly a 40-45 minute walk for the average fit person).
- 8.16.12.** With poor road infrastructures around Newton and Westburn, road works out to late 2020 (causing disruptions), poor transport links, residents incurring costs for trains, taxi's and travel difficulties for elderly, infirm and young mothers without access to the family car, the need for a pharmacy is significant for the local community of Newton.
- 8.16.13.** Halfway Community Council feels that pharmaceutical services are a critical service to its ward and communities, and a critical service that should be available locally. Also a key and critical service that shouldn't be failing people, causing them to have to travel further afield to have pharmaceutical needs met.
- 8.16.14.** With the expanding size of Newton and the ever expanding Newton farm development, which will be continuing for several more years, this is a sizable community of people who are in dire need of services. Unfortunately there have been no considerations made for facilities, shops, amenities and infrastructure through the residential development process and the continued expansion of Newton. A chemist is one of these key services that provide an important service to any community.
- 8.16.15.** Looking at the (CAR) statistics in section B Q3, people were asked to give their opinion on current pharmaceutical services within the Newton area. From the results, there seems to be a significant element of people who maybe didn't have experience of some of the services, based on the number of 'don't know' responses. If you remove the 'don't knows' however and focus directly on the people who voted very clearly yes or no, for each service, the average census across all services is, that 79% of people felt that the services provided to this area were inadequate. This would support the experiences reported to the Community Council and would support Halfway Community Councils decision to support the application.
- 8.16.16.** From the (CAR), section B Q10, this shows an overwhelming 90% of people who took part in the survey (of which 99% were all individuals, recorded in Q11), support the proposal to open a new pharmacy, which would predominantly support the Newton area. Again from this overwhelming response, Halfway Community Council would support the

views of its residents and support the application for the pharmacy.”

8.16.17 This concluded the submission by Mr Towill. The Chair then invited questions from the Applicant to Mr Towill (Halfway Community Council)

8.17. QUESTIONS FORM THE APPLICANT TO HALFWAY COMMUNITY COUNCIL

8.17.1. Mr McDermott asked if any members of the Community Council were complaining about a lack of pharmaceutical services. Mr Towill confirmed that most complaints were about pharmacies in the East Ward. Janice Orr was a member of the Community Council whose issues had already been discussed. Although there were no formal complaints there were lots of moans about the service and comments that it was not like it used to be.

8.17.2. Mr McDermott asked if Mr Towill agreed that Main Street in Cambuslang was no longer the heart of the Cambuslang East community. As a Cambuslang East resident, Mr Towill agreed that Main Street was not the heart of the community. A survey completed in 2015 showed that residents were not happy with the services available in Cambuslang East, the road structure or parking provision. The shops were struggling and were working with the Community Council to improve the situation.

8.17.3. Mr McDermott queried whether Mr Towill was saying that he used Boots Halfway and Lloyds Drumsagard rather than pharmacies located in Cambuslang East. Mr Towill confirmed that this was the case.

8.17.4. Mr Towill was asked to describe the transport links available to people living in Newton. Mr Towill said there were a lot of cars, that bus transport was poor but a good train service. The walk from Newton to the Main Street in Cambuslang was not the best as the topography was hilly.

8.17.5. Mr McDermott asked whether residents within Cambuslang East were more disadvantaged than Cambuslang West when it came to pharmacies. Mr Towill agreed. Cambuslang East had only two pharmacies and both were very small. The Halfway Community Council supported this application because a bigger pharmacy was required.

8.17.6. Mr McDermott was interested to know whether any of the Interested Parties had contacted Halfway Community Council after this application had been submitted. Mr Towill said Mr Doherty had made contact with Lisa to advise that the Community Council had been misled. There had been no communication from Lloyds or Boots.

8.17.7. Mr McDermott asked whether Mr Towill thought that the Community Council had been misled. Given the results from the CAR, Mr Towill did not think the Community Council had been misled. Mr Towill added that people wouldn't have filled out the survey for the sake of it and thought

that only those affected would have taken the time.

8.17.8 Having ascertained that the Applicant had no further questions, the Chair invited questions from the other Interested Parties

8.18.1. **QUESTIONS FROM THE OTHER INTERESTED PARTIES TO HALFWAY COMMUNITY COUNCIL**

8.18.1.1. ***Questions from Mr Doherty (Leslie Doherty Ltd) to Mr Towill (Halfway Community Council)***

8.18.1.2. Mr Doherty asked Mr Towill to go over the population figures as he was uncertain how these had been derived. Mr Towill stated that two datazones related to Newton. S01012828 with a population of 942 and datazone S01012820 with a population of 2995. Although S01012820 related to Halfway, Hallside and Drumsagard the map showed that this datazone covered the whole of the north side of Newton Farm. The datazone information related to the population in 2018. A further 1000 had been added to take into account the new builds in the neighbourhood giving an approximate total of 5000.

8.18.1.3. Mr Doherty asked how many houses had been built and occupied in Newton Farm. Mr Towill did not have that information so Mr Doherty said 612. Even if the houses just starting to be built (899 homes) were added, Mr Doherty could not obtain a population of 5000 for the proposed neighbourhood and said the population figures just did not add up. Mr Towill stated that the statistics.gov website had indicated there were 2995 in north of Newton Farm unless the Scottish Government information was incorrect. Assurance was given by Miss Morris that no decision would be made by the PPC until the proposed neighbourhood population and number of houses had been established as it was clearly in dispute.

8.18.1.4. Mr Doherty asked where the authors of the three letters lived namely David Towill, Janice Orr and Shona Taylor. Mr Towill said his brother lived in Newton Farm, Janice Orr in Drumsagard Village and Shona Taylor in the Westburn area. Mr Doherty thought it would have been more appropriate to obtain such letters from residents of Newton Farm but Mr Towill did not know anyone else living there to ask.

8.18.2. ***Questions from Mrs Cowle (Boots UK Ltd) to Mr Towill (Halfway Community Council)***

8.18.2.1. Mrs Cowle had no questions for Mr Towill.

8.18.3. ***Questions from Mr Nathwani (Lloyds Pharmacy Ltd) to Mr Towill (Halfway Community Council)***

8.18.3.1. When Mr Towill had asked for letters of feedback about the pharmacy service, Mr Nathwani asked whether positive feedback had been requested. Mr Towill had just asked for feedback neither positive nor negative. Mr Towill had not heard of any good experiences about Boots

Halfway or Lloyds Drumsagard and the general opinion was that poor service was received. Mr Nathwani noted that when feedback was requested it was generally negative feedback that was provided.

- 8.18.3.2.** Mr Nathwani referred to Mr Towill's earlier comment that the Applicant had not misled the Community Council and asked for an explanation for the second batch of letters from the GP surgeries which stated that they had been misled by Mr McDermott. Mr Towill said that was their opinion.
- 8.18.3.3.** Mr Nathwani had never seen anyone walking in the neighbourhood unless to the train station and asked Mr Towill how often people walked from Newton Farm to a pharmacy. Mr Towill often saw people out walking with prams when travelling regularly to visit his brother although it was not possible to tell where they were going.
- 8.18.3.4.** Mr Nathwani asked where Mr Towill had obtained the information about the single supply system for multiples. Mr Towill said that information had been obtained from the Applicant. Mr McDermott had not mentioned that both Boots and Lloyds now had multiple supply agencies. Mr Towill had understood that supply of medication to Boots and Lloyds was restricted. Mr Nathwani hoped that it had been clarified during the hearing that this was not the case.
- 8.18.3.5.** When asked if Mr Towill agreed that Newton Farm was an affluent area with access to cars, Mr Towill agreed that it was affluent with 4 and 5 bedroom houses but also said that his brother only had one car. Perception was taken from peoples' own reality and not everyone in Newton Farm had two or more cars.
- 8.18.4.** Having ascertained that the other Interested Parties had no further questions, the Chair invited questions from the Committee Members.
- 8.19.1. **QUESTIONS FROM THE COMMITTEE TO HALFWAY COMMUNITY COUNCIL****
- 8.19.1.1. **Questions from Mr Cassells (Non-Contractor Pharmacist) to Mr Towill (Halfway Community Council)****
- 8.19.1.2.** Mr Cassells asked how Halfway Community Council had come to the decision to support this pharmacy application when none of the Interested Parties had been consulted. Mr Towill agreed that this was a fair point and explained that the Applicant had approached the Community Council months ago and had supported Mr McDermott because of residents' personal experiences with the existing pharmacies. The Community Council could have invited the interested parties to its meetings but equally they could have approached the Community Council and asked to attend. Mr Towill said that people had drawn their own conclusions about two small pharmacies serving a population of 16,000.
- 8.19.2. **Questions from Mrs Stitt (Contractor Pharmacist) to Mr Towill****

(Halfway Community Council)

- 8.19.2.1. Mrs Stitt made reference to the application for a pharmacy in Westburn two years ago and asked why the Community Council didn't appear to support that application. Mr Towill was unable to comment as he wasn't involved with the Community Council at that time.
- 8.19.2.2. Mrs Stitt asked whether there was a direct bus service from Newton Farm to Boots Halfway or Lloyds Drumsagard. Mr Towill wasn't sure as he never used public transport.
- 8.19.2.3. Information was requested by Mrs Stitt about the catchment areas of the two schools located in Newton Farm. Mr Towill explained that one of the schools was new whilst the other was a rebuild and thought Newton Farm was the catchment area but was uncertain. Miss Morris confirmed that school catchment areas were a matter of public record. The non-denominational primary was likely to have a more compact catchment area than the denominational primary. Traditionally in the west of Scotland, this would be the case.
- 8.19.3. **Questions from Mrs Prentice (Lay Member) to Mr Towill (Halfway Community Council)**
- 8.19.3.1. Miss Prentice had no questions for Mr Towill.
- 8.19.4. **Questions from Mr Sargent (Lay Member) to Mr Towill (Halfway Community Council)**
- 8.19.4.1. Mr Sargent had no questions for Mr Towill.
- 8.19.5. **Questions from Miss Morris (Chair) to Mr Towill (Halfway Community Council)**
- 8.19.5.1. Miss Morris had no questions for Mr Towill.
- 8.20. The Chair invited any further questions from those present and participating in the hearing. Mr McDermott began to explain the topics of discussion when he had met with representatives from the GP surgeries. Miss Morris stopped Mr McDermott providing any further explanation unless it could be presented as a question adding that there would be an opportunity later on to comment.

9. SUMMARIES

- 9.1. *After the Chair had confirmed that there were no further questions from those present and participating in the hearing, the various parties were asked in reverse order to sum up the arguments.*
- 9.2. **Mr Towill (Halfway Community Council)**
- 9.2.1 After hearing the information presented during the hearing, Mr Towill still felt that Cambuslang East and Newton Farm would benefit from another

chemist. The proposed pharmacy would make pharmaceutical services more accessible to residents and address the issues in that ward.

9.3. Mr Nathwani (Lloyds Pharmacy Ltd)

9.3.1 Mr Nathwani said that this application was about convenience. It had been demonstrated by the pharmaceutical Interested Parties that existing services were adequate and that the services offered by the proposed pharmacy were already available to the neighbourhood. Mr Nathwani called into question the professional ethics of the Applicant in the manner in which this application had been conducted and had not witnessed such tactics before. There were questions about the respondents to the consultation exercise in that they were not resident in the neighbourhood described by the Applicant. The evidence provided by the Applicant was at best unreliable. For all these reasons, Mr Nathwani asked the committee not to grant this application.

9.4. Mrs Cowle (Boots UK Ltd)

9.4.1. Mrs Cowle read aloud the following summary:

9.4.2. “There are a number of pharmacies that currently provide adequate services to the neighbourhood defined by the applicant.

9.4.3. These pharmacies, mostly in the surrounding neighbourhoods and are within reasonable travelling time and distance for people wishing to use them (NB High car ownership, bus services, community transport etc)

9.4.4. The existing pharmacies do have the capacity for all services including to take on patients requiring a compliance aid such as Medisure/dosette boxes should provision of a compliance aid such as this be in the best interest of the patient.

9.4.5. The applicant has failed to provide neither any substantiated evidence to suggest an inadequacy in the exiting pharmacy provision in the area nor any evidence that the existing pharmacies will be unable to meet any future increase in demand for such services. Evidence presented by the applicant has been shown to be unreliable.

9.4.6. The applicant has not identified a need for a particular service that cannot be met by the existing contractors. All contractors actively support the Health Board with new initiatives and would welcome further opportunities.

9.4.7. The proposed pharmacy has been shown to be neither necessary *nor* desirable to secure the provision of pharmaceutical services in the neighbourhood in question.

9.4.8. We respectfully ask that the members of the PPC refuse this

application”

9.5. Mr Doherty (Leslie Doherty Ltd)

9.5.1. In a previous application some 0.6 miles from the Auld Kirk building, the sitting committee of 2107 rejected inclusion to the pharmaceutical list. In that application the area of Newton and Newton Farm were considered. Fast forward two years and some inconsiderable change to the area.

9.5.2. The Applicant has tried to present a scenario of Newton Farm that simply does not exist. This professional, affluent, young, extremely mobile and very healthy community have no need for a pharmacy. Their existence outside of their own properties happens out with Newton Farm.

9.5.3. As described earlier, the circumstances in which the Applicant gained letters of support, is at best questionable. To portray that there are issues with saturation, deliveries, stock levels, dosette boxes, MAS and pharmacy first simply are unfounded. Newton Farm is a low demand area of pharmaceutical services; however it is extremely well serviced by five local pharmacies. There are no inadequacies of pharmaceutical services to Newton Farm and I request that the panel reject the application.

9.6. *The Applicant was invited to sum up*

9.6.1. FINAL SUMMARY

9.6.2. Mr McDermott read out the following summary:

9.6.3. “I believe that despite various protestations to the contrary by the interested parties here today, an INADEQUATE Pharmaceutical service has become the norm for residents in Newton for too many years.

9.6.4. The population has increased by 740%, yet Pharmaceutical services within the neighbourhood are non-existent. A further 900 houses will be constructed over the next 10 years. I don’t think an area which may be regarded by some of the interested parties here today as “affluent” should be denied a Pharmacy within their neighbourhood.

9.6.5. This burden is going to worsen with the construction of new housing. The projected population figures of 36,000 over 10 years will put enormous pressure on the existing 5 pharmacies. I don’t think an area which may be regarded as affluent should a Pharmacy in their neighbourhood. Look at Newton Mearns.

9.6.6. We have demonstrated that residents of Newton choose to access the Pharmacies in Cambuslang East and NOT Cambuslang West.

9.6.7. There is an obvious inadequacy of services as evidenced by the CAR. Accessibility is poor and inconsistent. Residents are travelling

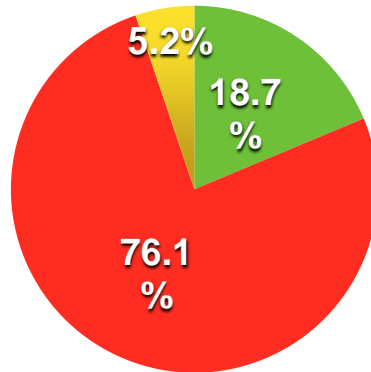
MINUTE: PPC/2019/01

substantial distances, out with their neighbourhood to obtain inadequate pharmaceutical services. This can be significantly challenging for those such as young mothers with pushchairs, the disabled and those without transport.

- 9.6.8. This inadequacy is not a blip but consistent across the many responses and will continue to worsen.
- 9.6.9. We have demonstrated that the granting of this contract is necessary for the following reasons:
- Residents are receiving inadequate provision of services in :
 - 'Dispensing of NHS Prescriptions' due to excessive waiting times and poor stock availability.
 - The inadequate and inaccessible 'Supply of Medicines under the Minor Ailment Service'.
 - The inadequate supply of dosette boxes.
 - Finally some contractors breach patient confidentiality, do not offer a comprehensive delivery service and are unable to dispense prescriptions in a timeous and accurate manner.
- 9.6.10. Issues we presented today, is direct evidence showing an inadequacy in pharmaceutical provision within Newton. Adequacy must not be considered wholly in relation to access.
- 9.6.11. The Scottish Government expect more from pharmacies than ever before. The lack of a current GP surgery within Newton should not be an indicator that a pharmacy is not required or viable. The opposite is true, it indicates inadequacy and highlights greater need for a pharmacy, especially with the current GP crisis.
- 9.6.12. At a recent application granted in Crossford, the PPC in their decision stated "it was agreed that as there was no GP surgery based in Crossford there was an even greater need for a Pharmacy". It is exactly the same situation here in Newton. Approval of this application will fill this gap in health provision.
- 9.6.13. I firmly believe the application being put forward is also desirable.

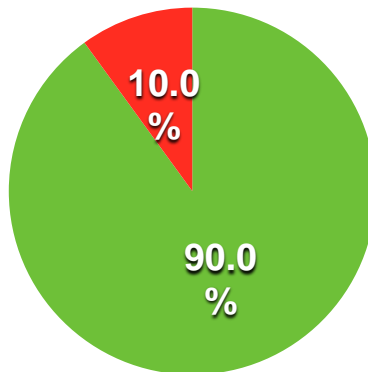
9.6.14. Do you think that 'the Dispensing of NHS prescriptions to the neighbourhood is adequate?

■ YES ■ NO ■ DON'T KNOW



9.6.15. Do you support the proposal to open a new pharmacy at Old Kirk, Newton Brae, G72 7UW?

■ YES ■ NO



9.6.16. Our CAR received the biggest response to date in NHSL. 76.1% of respondents believed the Dispensing of NHS Prescriptions was inadequate. Question 10 showed 90% of respondents were in support of the proposal.

9.6.17. The application has strong backing from key members of the neighbourhood. It received letters of support from MSP James Kelly, Cambuslang East Councillor's Alistair Fulton & Walter Brogan, the local Community Council and finally letters to support our application from four GP surgeries.

9.6.18. We have been proactive in searching for a suitable unit which will be custom built in accordance with the GPhC guidelines, fully DDA compliant and have 2 consultation rooms.

9.6.19. While many people may like to see a Pharmacy closer to home, we have provided the evidence that this contract is required as a matter of necessity and desirability, not convenience.

MINUTE: PPC/2019/01

- 9.6.20. The onus was on us, the Applicant, and today was our opportunity to provide evidence highlighting a deficient and inadequate service. We established and supplied the PPC with the necessary evidence, not from G&S Healthcare's point of view but from reliable sources. More importantly we have represented the residents of Newton in their responses to the CAR.
- 9.6.21. There is no evidence that the granting of a new contract would adversely affect neighbouring pharmacies.
- 9.6.22. Our application is in favour of the residents ACCESSING ADEQUATE Pharmaceutical services and the inclusion of G&S Healthcare will make this reality.
- 9.6.23. With the PPC being experts in this field, I have every confidence that this contract be granted as both necessary and desirable to secure adequate provision of pharmaceutical services to Newton.
- 9.6.24. At this point, as the Chair had given me the opportunity earlier in the hearing to reply to Mr Doherty's accusations during his presentation, I would like to add the following.
- 9.6.25. I met with the local GPs during the consultation period. During these meetings the surgeries spoke with me at extensive lengths about the issues they had been having with the Pharmacies local to Newton. These Pharmacies were Boots and Lloyds, who as demonstrated are in Cambuslang East. We did not discuss the services by Leslie Chemist as these Pharmacies were not accessible to Newton residents and as demonstrated in the hearing, not used by them.
- 9.6.26. The second set of letters submitted by the GPs was written after visits by Mr Doherty. These letters supported his services and not those of Boots and Lloyds.

9.2.27 Thank you for your patience and time."

10. RETIRAL OF PARTIES

- 10.1** The Chair then invited each of the parties present to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. The Applicant and each of the Interested Parties separately confirmed that they had had a fair hearing.
- 10.2.** Mr McDermott took this opportunity to explain that only the pharmacy services at Boots Halfway and Lloyds Drumsagard were discussed when he had met with GP surgery representatives. Assurance was given that the services provided by Leslie Chemists were not discussed. Mr McDermott urged the committee to carefully consider the proposed neighbourhood population discrepancies that had been raised before making its decision.
- 10.3.** 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 advice from the Applicant or Interested Parties, or legal advice from Central Legal Office, the open session would be reconvened so that all parties could hear the advice and have the opportunity to challenge or comment on that advice.

10.4. 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.

10.5. Having said all that and given that it was now out with office working hours, the Chair did not anticipate being able to confirm that evening the population of the proposed neighbourhood to enable a decision to be made. The Panel would therefore need to be reconvened at a later date.

10.6. The hearing adjourned at 1740 hours. The Applicant and the Interested Parties left the room and the Panel had a 15 minute break.

11. COMMITTEE DELIBERATIONS

11.1. Supplementary Information

The Committee noted the following:

- (i) The statutory test and the factors which the Pharmacy Practices Committee had to consider during its deliberations on the application and the submissions.
- (ii) That each member had independently undertaken a site visit to the Newton area noting the location of the proposed premises, the existing pharmacies serving the area, general medical practices hosted and the facilities and amenities within
- (iii) Report on Pharmaceutical Services available from the existing pharmacies to residents of the proposed neighbourhood
- (iv) Summary of Community Pharmacy Contractor Activity close to Newton
- (v) Scottish Index of Multiple Deprivation SIMD16 Indicators data relating to Datazones around the proposed pharmacy location.
- (vi) Demographic information on Cambuslang taken from the 2011 Census
- (vii) Public Transport Timetables for bus services 364 & 64/I64 and trains from Newton Station
- (viii) A photograph showing parking bays on Cambuslang Main Street
- (ix) Information extracted from pharmacy quarterly complaints returns to NHS Lanarkshire from April 2014- March 2019
- (x) Complaints received by NHS Lanarkshire about pharmacy services in South Lanarkshire in the last 5 years.
- (xi) A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and GP surgeries within Cambuslang, Newton and the surrounding area.
- (xii) A large scale map of Newton

12. SUMMARY OF CONSULTATION ANALYSIS REPORT (CAR)

12.1. Introduction

12.1.1. NHS Lanarkshire undertook a joint consultation exercise with Newton Pharmacy regarding the proposed application for a new pharmacy contract at Old Kirk, Newton Brae, Cambuslang, G72 7UW.

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

12.2. Method of Engagement to Undertake Consultation

12.2.1. The consultation was conducted via Survey Monkey to capture respondents' definitive responses and free text views for accurate reproduction graphically and textually without influence through interpretation by either NHS Lanarkshire (NHSL) or Newton Pharmacy. The consultation link was hosted on NHSL's public website www.nhslanarkshire.org.uk.

12.2.2. With regard to public notification it was agreed that the Rutherglen Reformer was the newspaper most likely to have the largest circulation in the neighbourhood to which the application related and fulfilled the criteria of the 2014 Regulations. Notification was also given to South Lanarkshire Council for dissemination to local groups and elected representatives and the relevant Public Partnership Forums. This was in keeping with the previous arrangements under the 2009 Regulations. The Community Council local to the proposed area (Halfway Community Council) was also advised of the consultation process and reasons for it.

12.2.3. An information webpage on the pharmacy application process was hosted on NHSL public website in an area co-located beside the consultation survey. This apprised respondents of the pharmacy application process, how to inform the decision making process, promote participation and make more informed responses.

12.2.4. The Consultation was hosted on the NHSL website and publicised via NHSL Facebook page and Twitter account. Facebook posts and Tweets directing people to the NHSL website and consultation survey occurred on 10 different dates between 23 January and 20 May 2019. The consultation was advertised on a rolling banner on the NHSL website homepage for the duration of the consultation as well as a static advert on the Get Involved page. A press release was issued by the NHSL Communications Department. Advertisements were placed in the Rutherglen Reformer on 16 January, 6 March and 17 April 2019. All these media gave details of how to access a paper copy of the

questionnaire for those with no computer facilities.

12.3. Summary of Questions and Analysis of Responses

12.3.1.

	Question	Yes	No	Don't Know	Replied	Skipped
Q1	Do you agree that the area within the purple border represents the neighbourhood that would be served by the proposed pharmacy?	370 89.6%	40 9.7%	3 0.7%	413	2
Q2	Would a pharmacy at this proposed location be accessible for patients in and around the neighbourhood?	387 93.2 %	19 4.6%	9 2.2%	415	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	72	294	20	386	
Q3b	Advice and medicines under the Minor Ailment Service	75	275	35	385	
Q3c	National Pharmaceutical Public Health Services including smoking cessation and supply of emergency hormonal contraception	54	217	113	384	
Q3d	Chronic Medication Service – for people with long term conditions	55	208	120	383	
Q3e	Substance Misuse services	50	148	185	383	
Q3f	Stoma Service – appliance supply for patients with a colostomy or urostomy	39	142	204	385	
Q3g	Gluten Free Foods	45	171	169	385	
Q3h	Unscheduled Care – urgent health matters/supply of emergency prescription medicines	51	246	88	385	
Q3i	Support to Care Homes	39	125	220	384	
Q4	Do you think that the current provision of pharmaceutical services has any gaps or deficiencies?	246 66.3 %	50 13.5%	75 20.2%	371	44
Q5	Newton Pharmacy 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?					

MINUTE: PPC/2019/01

Q5a	Dispensing of NHS Prescriptions	338	34	2	374	
Q5b	Advice & medicines under the Minor Ailment Service	334	33	5	372	
Q5c	National Pharmaceutical Public Health Services including smoking cessation and supply of emergency hormonal contraception	286	39	48	373	
Q5d	Chronic Medication Service – for people with long term conditions	307	30	37	374	
Q5e	Substance Misuse services	182	88	102	372	
Q5f	Stoma Service – appliance supply for patients with a colostomy or urostomy	248	27	99	374	
Q5g	Gluten Free Foods	242	39	91	372	
Q5h	Unscheduled Care – urgent health matters/supply of emergency prescription medicines	310	29	35	374	
Q5i	Support to Care Homes	205	40	128	373	
Q6	Do you think that the proposed opening hours are appropriate?	296 79.6 %	68 18.3%	8 2.1%	372	43
Q7	If this proposal is successful, do you think that there would still be any gaps or deficiencies in the pharmaceutical services provided?	39 10.5 %	236 63.6%	96 25.9%	371	44
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?	272 74.1 %	30 8.2%	65 17.7%	367	48
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?	165 44.8 %	118 32.1%	85 23.1%	368	47
Q10	Do you support the proposal to open a new pharmacy at Old Kirk, Newton Brae, Cambuslang, G72 7UW	330 89.7 %	38 10.3%	0 0%	368	47

Q11	Please indicate if you are responding as an	Individual = 365 Group/Organisation = 3	368	47
-----	---	--	-----	----

13. DISCUSSION

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

13.2. Neighbourhood

13.2.1. The Committee discussed the neighbourhood and noted:

- the Applicant’s definition
- no differing views were expressed by the Interested Parties
- the maps provided in the consultation document; the maps supplied with the papers; the maps provided on the day
- natural and physical boundaries such as roads, railways, water features and open land

13.2.2. Discussion focussed on the general amenities such as schools, shopping areas, the mixture of public and private housing; community and recreational facilities; the distances residents had to travel to obtain pharmaceutical and other services and also the availability of public transport and levels of car ownership, as well as the location of the GP surgeries, banks and churches.

13.2.3. The Committee noted that the definition of the neighbourhood was not contentious and agreed with that proposed by the Applicant. The Southern boundary proposed by the Applicant was defined by the railway line (a man-made barrier) whilst the Eastern, Northern and Western Boundaries were defined by natural water features namely the Rotten Calder, River Clyde and Light Burn/Newton Burn respectively.

13.2.4. The Committee agreed that the neighbourhood should be defined as:

South West Coast mainline train track

West Light Burn/Newton Burn

North The River Clyde

East The Rotten Calder

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

13.3.1. Having reached a conclusion as to the defined neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services to that neighbourhood and, if the Committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.

13.3.2. As outlined above the population of the proposed neighbourhood was disputed by the Applicant and Interested Parties. The Panel was therefore to be reconvened once definitive population data was obtained. The hearing was therefore adjourned at 1835 hours.

14 ***The Hearing was reconvened on Wednesday, 9 October 2019 at 1730 hours in the Conference Room at Kirklands, Bothwell.***

14.1 Present were: Chair: Miss Margaret Morris; Lay Members: Mrs Carole Prentice and Mr Charles Sargent; Contractor Pharmacist: Mrs Catherine Stitt; Non-Contractor Pharmacist: Mr Neil Cassells; Secretariat: Mrs Gillian Gordon, NSS.

15 **Adequacy of existing provision of pharmaceutical services and necessity or desirability.**

15.1 The Chair recapped the situation in that the PPC had been adjourned in order to gather definitive population information as the Applicant's and Interested Parties' figures were very far apart and had proven contentious on the day.

15.2 In the intervening period:

- Lavinia Langan had circulated information obtained from the statistics.gov.scot website and from the planning department at South Lanarkshire Council which had been distributed to the applicant, all interested parties and members of the Committee. The attachments contained population statistics and delineated maps showing the areas to which the figures pertained and current and future house building in the Newton neighbourhood.
- The Chair had sought legal advice regarding the standing of this information which concluded that the information from South Lanarkshire Council was not, in fact, new information but already in the public domain. This was also the judgement regarding the information from statistics.gov.scot. Indeed the Committee noted that various parties had referred to this information in their submissions during the hearing but that an element of confusion may have arisen at the original PPC due to the varied formats in which information had been collated/presented and/or the disputatious nature of the population 'debate' between the applicant and the interested parties.
- Information from the Planning Department at South Lanarkshire Council re future developments was also legally advised to be too far in the future to be considered relevant to the decision making process.

15.3 On examining and discussing the figures, the Committee agreed that the most accurate estimate of the population comprised:

- the first phase of 800 houses, the second phase of 550 houses and the 400 currently under construction making a total of 1750 houses;
- using the standard multiplier of 2.18 this gave a population of 3815;
- adding the original population of Newton of 500
- This gave a total population of 4315.

The Committee excluded the houses which had planning permission but where construction had not started as there was no guarantee that these would be built. Even so they were not due to be completed until 2028 which was too far in the future. This was also consistent with legal advice obtained by the Chair.

15.4 Having agreed the population figures to be used, the committee then moved on to discuss the adequacy of the existing pharmacy provision into the area.

15.5 They noted that the CAR had received a very large response with most in favour of the proposed pharmacy, which was usually the case with any CAR. On examining the comments, it was noted that the vast majority were about convenience rather than necessity or adequacy of the existing services. The PPC were aware of a large number of 'don't know' responses to some questions. There were also some aspects of the CAR responses which appeared 'odd', e.g. regarding provision to nursing homes, of which none existed.

15.6 The Committee noted that the application was also supported by all the elected representatives from the area. The two sets of letters from the GP Practices virtually cancelled each other out. The methods used in obtaining the two sets of letters from local GPs will no doubt remain a source of contention between the parties, but the PPC felt that this was not relevant to determining adequacy.

15.7 Looking at the existing pharmacies, there were five who provided services to Newton, including deliveries and dosette boxes in addition to all core services. They noted that Newton Farm was an estate with very few facilities and residents expected to go elsewhere for most goods and services. It was also a relatively affluent population with a large percentage of car ownership, although public transport was not very frequent, if someone was relying on this.

15.8 Cambuslang had grown substantially over the past few years and the number of pharmacies had not increased. However, looking at the dispensing figures, these had not increased and only two of the pharmacies were doing more than the average amount which suggested that many residents accessed pharmacy services out with Cambuslang.

16 **DECISION**

Mrs Stitt and Mr Cassells left the meeting room.

16.1 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)

MINUTE: PPC/2019/01

Regulations 2009, as amended, the Committee, for the reasons set out above, considered that the pharmaceutical service within or provided to the neighbourhood of Newton was adequate. The Committee concluded that there was no substantial evidence provided to demonstrate any current inadequacy of pharmaceutical services to the defined neighbourhood.

- 16.2 The five existing pharmaceutical contractors in Cambuslang currently provided adequate services into the neighbourhood.
- 16.3 Accordingly, the decision of the Committee, on the Chair's casting vote, was that the establishment of a new pharmacy at Old Kirk, Newton Brae, Newton, G72 7UW 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.
- 16.4 Mrs Stitt and Mr Cassells were requested to return to the meeting, and informed of the decision of the Committee.

The meeting closed at 1815 hours

17 RESPONSE TO NATIONAL APPEALS PANEL

- 17.1 The decision of the Committee was appealed and the decision of the Chair of the National Appeal Panel (NAP94(2019)) was that the appeal was not upheld.

Whilst the appeal was not upheld in Para 5.2 of the decision, the Chair instructed NHS Lanarkshire to review the minute of the hearing (PPC/2019/01) to provide further reasons addressing some issues raised by the Appellant in their Grounds of Appeal 5, 6 and 7, in particular to explain:

- 5.2.1 the basis on which it concluded that there had been no increase in dispensing in Cambuslang;
- 5.2.2 why it did not consider it relevant that dispensing by certain pharmacies had increased and that the reduction in dispensing by other pharmacies may have been attributable to the loss of nursing home contracts;
- 5.2.3 why it reached the conclusion based on the above issues that pharmaceutical services were being accessed outwith Cambuslang;
- 5.2.4 why the PPC did not consider that the reduction in utilisation of eMAS services was significant;

MINUTE: PPC/2019/01

- 5.2.5 why the PPC considered that the responses to the CAR were indicative of concerns with issues of convenience rather than adequacy; and
- 5.2.6 why the PPC considered the response to the CAR to be “odd” and what significance, if any, it drew from this

17.2 In accordance with the instruction the PPC reviewed minute PPC/2019/01 and provided additional narrative to each point raised as follows:

5.2.1 The committee gave due consideration to the dispensing figures. Given the varying levels of these it was felt that considering them “in the round” was useful, ie as an overall demand issue for services in the wider community, including Newton Farm. The committee noted information from NSS Information Division, provided via FOI which stated “little change in the total items reimbursed between 2017/18 and 2018/19” It became apparent despite the disputatious nature of the debate that interested parties around the table were in broad agreement with this conclusion.

5.2.2 The issue of a particular pharmacy having increased dispensing figures was discussed at length. The committee considered that it was inconclusive as to why this had occurred, in fact it could be for very positive reasons, eg customers being particularly happy with the service, staff, stock displays or ambience of the pharmacy.

The PPC also did debate the reduction in dispensing which could be attributable to loss of nursing home contracts and considered this to be one of a range of factors in the overall broadly unchanged levels of dispensing in the area (see NSS information previously quoted in 5.2.1 above).

Each of these matters was carefully considered and the PPC were comfortable that although the overall dispensing landscape had experienced some changes the number of scripts being dispensed across the area was a good indicator of overall capacity and adequacy. This was based on analysis of evidence and in light of comments made by area pharmacists.

5.2.3 During discussions it also became apparent that there has been a decline in the attractiveness of Cambuslang Main Street as a shopping destination. Parking challenges were also debated at length. This was acknowledged by the Community Council and it was felt that this was a contributing factor to shoppers going elsewhere to access services, including pharmaceutical services in more appealing areas. Given the increase in population growth in Cambuslang, any expected increase in dispensing had not followed on from this.

In addition to this, Cambuslang has a population of approximately 31,000 and five pharmacies. This equates to a ratio of 6,200 patients per pharmacy compared with the Scottish average of approximately 4,000 patients per pharmacy (55% more patients per pharmacy).

In terms of dispensing items that we know from figures supplied by NHS Lanarkshire, the five Cambuslang pharmacies dispensed an average of 7,361 items each (not deducting anything for nursing homes) over the period January – March 2019.

The average number of prescriptions per pharmacy in Scotland is 6,893. This means that Cambuslang pharmacies are dispensing an extra 6.8% more prescriptions than the average pharmacy, but with 55% more patients per pharmacy.

Thus, recalling the increase in patient list size of the GP practices due to new builds in Cambuslang, and the figures provided by Leslie Chemist showing very little in the way of eMAS activity from residents of Newton Farm, leads to the conclusion that patients are accessing pharmaceutical services elsewhere.

Combined with the decline of the main shopping street, this was felt to be indicative of “footfall” going elsewhere.

- 5.2.4 The eMAS situation was thoroughly debated by the PPC and cognisance was taken of some dispute between the parties regarding eMAS. Lloyds stated that its own data was not consistent with that suggested by the applicant. Boots indicated a slight increase in eMAS but the national trend was known to be slightly, but not significantly down.

There was no broad agreement between the applicant and the parties regarding eMAS which was variously thought to be either in low demand or due to inaccessibility of pharmacies.

Information from NSS also indicates that around 88% of eMAS registrations are from areas of deprivation. While Newton Farm is not in that category, a balanced discussion took place in terms of educating the public to access eMAS. On balance the PPC felt that the reduction in eMAS utilisation was worth noting but not of a sufficient weight to contribute to an assessment of inadequacy.

- 5.2.5 It was raised by one of the interested parties that 125 respondents and
5.2.6 to the CAR had thought services to nursing homes were inadequate despite there being no nursing homes in the area.

This party also commented on 142 respondents who felt that stoma services were inadequate yet his pharmacy does not supply any stoma patients in the area.

Other comments included 171 who felt the gluten free service was inadequate and 148 who felt the substance misuse service was

inadequate.

The interested parties in general felt that there would be very low demand from the population of Newton Farm for such services and the PPC took note of these comments.

The PPC took note of all of these alleged disparities and had some understanding of the interested parties' concerns about the level and nature of responses to the CAR in the aforementioned categories.

One of the parties also claimed serious inaccuracies in some of the responses. As an example one CAR respondent stated that they were refused a delivery form his pharmacy, which he was categorically sure had not happened. He was left doubting the veracity of responses.

The PPC were mindful of these concerns during their debate on issues of adequacy and convenience.

Other Supporting Comments

The PPC were uncomfortable in their assessment of the letters issued by GPs in support of the application and their subsequent retraction/amendment. The chair advised that these matters were clearly indicative of a particularly disputatious case, but that the PPC needed to keep a clear focus on the issues which were relevant to their deliberations and decision making. The chair appreciated that it could be difficult, especially for the lay members to set aside the personal acrimony apparent during the hearing. She reiterated her appreciation of the forbearance of the panel.

In regard to responses from the Community Council their representative agreed that none of the interested parties had been consulted before the council made its response in favour of the applicant. The PPC felt that this was unfortunate and lent some credence to the interested parties' concerns that the response was made having heard only "one side of the story"