

Pharmacy Practices Committee

Minutes of the meeting held on Monday, 19 March 2018 at 11:30 hours, in Seminar Room 1, Abercorn Conferencing Centre, West College, Paisley Campus, Renfrew Road, Paisley, PA3 4DR

PRESENT:

Mr Ross Finnie	Chair
Mrs Catherine Anderton	Lay Member
Mr Kenneth Irvine	Contractor Pharmacist Member
Mr Alasdair MacIntyre	Contractor Pharmacist Member
Mrs Morag Mason	Lay Member
Mr James Wallace	Non-Contractor Pharmacist Member
Mr John Woods	Lay Member

IN ATTENDANCE:

Mrs Beth Diamond	Lay Member (Observer)
Mrs Janine Glen	Contracts Manager, NHS GG&C
Ms Alison Sargent	Solicitor, Central Legal Office (Observer)
Ms Tracey Turnbull	Senior Solicitor, Central Legal Office
Ms Anne Ferguson	Secretariat, NHS NSS, SHSC

1. MEETING CONVENED

- 1.1 The Pharmacy Practices Committee (PPC) convened at 9am.
- 1.2 There were no apologies for absence and the Chair called for declarations of interest. All present confirmed no interest in the application to be heard at the meeting.
- 1.3 The Committee agreed the route of the site visit before departing on the bus tour.

2. MEETING RECONVENED

- 2.1 The Applicant and Interested Parties were invited into the meeting and introductions were made.

3. APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST Case No: PPC/INCL01/2018 Brogan Healthcare Ltd, 4 Blackford Road, Paisley, PA2 7EN

- 3.1 The Applicant, Brogan Healthcare Ltd, was represented by **Mrs Jacqueline Bradley** (“the Applicant”) accompanied by Ms Lorna McAndie. The Interested Parties who had submitted written representations during

the consultation period and who had chosen to attend this Hearing, were:

Mr Tom Arnott accompanied by Ms Natalie Millar representing Lloyds Pharmacy

Mrs Kathleen Cowle representing Boots UK Ltd

Mrs Yvonne Williams representing Well Pharmacy

Mr Brian Devanney representing Barshaw Pharmacy

Mr Asgher Mohammed accompanied by Mr Sirij Mohammed representing Abbey Chemist Ltd

Together these constituted the “Interested Parties”.

- 3.2 The Chair welcomed all to the meeting.
- 3.3 The Applicant and Interested Parties were advised that the meeting had convened at 9am when all present were invited to state any interest in the application. No interests were declared so the meeting was adjourned and a site visit carried out to familiarise the Committee with the location of the proposed pharmacy and the surrounding area.
- 3.4 The Chair explained that Mrs Beth Diamond (Lay Member) and Ms Alison Sargent (Solicitor, CLO) were keen to observe the hearing but required permission. Neither the Applicant nor any of the Interested Parties objected to Mrs Diamond or Ms Sargent observing the proceedings. It was noted that neither would observe the deliberations of the Committee. Mrs Diamond and Ms Sargent were invited to join the meeting.
- 3.5 The Chair advised all present of the necessary housekeeping and Health & Safety information.
- 3.6 This oral hearing had been convened under Section 3, Paragraph 2 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended. The Committee was to consider the application submitted by Brogan Healthcare Ltd to provide general pharmaceutical services from premises situated at 4 Blackford Road, Paisley, PA2 7EN (“the Proposed Premises”).
- 3.7 The purpose of the meeting was for the Committee to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the Applicant’s proposed premises were located.
- 3.8 Confirmation was sought by the Chair that the Applicant and Interested Parties were not attending this hearing in the capacity of solicitor, counsel or paid advocate. All parties confirmed that this was the case.
- 3.9 The Chair advised all parties of the hearing procedure to be followed stating that only one person was allowed to speak on behalf of the Applicant and each Interested Party.
- 3.10 The Chair explained that the Applicant had raised a concern about the

employment status of Mr Tom Arnott representing Lloyds Pharmacy. The Chair had sought legal advice from Ms Turnbull. He had received written confirmation from Lloyds Pharmacy that Mr Arnott was an employee and asked Mr Arnott to confirm his employment status. Mr Arnott explained that, after retiring on 31 October 2017 as an Area Manager, he was asked by Lloyds Pharmacy to provide assistance when required as they had cut back on their managers. Mr Arnott had a Lloyds Pharmacy payroll number. Having consulted the Regulations, Ms Turnbull was content that this satisfied the Applicant's legitimate concern and the Hearing could proceed. The Applicant indicated she understood that only full-time employees could represent an Interested Party. The Applicant understood that Mr Arnott was employed by Lloyds under a zero-hours contract and as such was technically a paid advocate. Ms Turnbull checked the Regulations and said there was no reference to a requirement for an Interested Party representative to be a full-time employee. Although Mr Arnott was employed on a zero hours contract he had other roles to fulfil as well as representing Lloyds at PPC hearings so the Regulations were still satisfied.

3.11 Confirmation was sought that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement.

3.12 Finally, the Chair confirmed that the Committee had read all the papers submitted so invited Mrs Jacqueline Bradley to speak in support of the application.

4. **The Applicant's Case**

4.1 **Premises and Neighbourhood**

4.2 The proposed premises at 4 Blackford Road, PA2 7EN were directly adjacent to the local convenience store serving the local community and opposite the community centre. A children's playground was located just to the right of the shop and Hunterhill Care Home was approximately 100 yards further down.

4.3 In its current state the shop had disabled access. When fully refitted, the 74 square metre space would accommodate two consultation rooms enabling the business to concentrate effectively on pharmaceutical services in a confidential and professional setting. A third private area would allow the discreet provision of substance misuse services.

4.4 The shop benefitted from on street parking with a designated disabled parking bay directly outside the premises.

4.5 Mrs Bradley hoped the panel during the site visit today appreciated the size and the accessibility of the premises.

4.6 The proposed neighbourhood contained several schools: St Andrew's Academy, Kersland School, Todholm Primary and Todholm Nursery, a

further two convenience shops, two hairdressers/beauty therapist, a carpet shop, dog groomers, a deli, a hospital, Accord Hospice, the Abbey Inn (a hotel/bar/restaurant), Dykebar Hospital (the main in-patient facility for mental health treatment in Renfrewshire) and more recently Jenny's Well (a 54-bed residential care home for the visually impaired older person) and the Hawkhead Centre (that provided activities and support to Scottish war blinded servicemen and women.)

4.7 Thus, the area contained many characteristics expected from a neighbourhood and 72% of respondents in the consultation said that the proposed pharmacy would have a positive impact in the neighbourhood. However if convenient the residents would of course travel out-with the area for daily activities.

4.8 The neighbourhood proposed by Mrs Bradley could be broken down into three localities, namely Hunterhill, Dykebar and Hawkhead. This wasn't an easy area to define and a mixture of natural, social and geographical boundaries were used. The boundaries were defined as

4.9 North: from Cathcart Terrace following the natural boundary of the White Cart River to Ben Lawers Drive

4.10 East: from Ben Lawers Drive crossing over the A726 Hurler Road around Dykebar to Huntley Terrace

4.11 South: from Huntley Terrace following up to Saucelhill Park at Ardgowan Avenue

4.12 West: from Ardgowan Avenue to Hunterhill Avenue to Hunterhill Road back onto Barrhead Road to Cathcart Terrace

4.13 Mrs Bradley acknowledged that the Area Pharmaceutical Committee disagreed with the boundaries proposed in the application, but in fact the initial boundaries discussed with the Health Board were not too dissimilar .

4.14 83.6% polled in the Consultation Analysis Report (CAR) agreed with the neighbourhood.

4.15 **Proposed Services and Opening Hours**

4.16 Mrs Bradley planned to deliver all core services and the following additional services:

- Palliative Care
- Multi-compartment aids
- Prescription Collection and delivery service
- Locally enhanced services
- Pharmacy First

4.17 Once the proposed pharmacy's core team and core services had been established it was also hoped to provide blood pressure monitoring, podiatry and weight loss services to enhance the core services over the

next one to two years.

4.18 The opening hours of the proposed pharmacy were to be 8:30-6:00 Monday to Friday and Saturday 9:00-2:00. Consideration was also to be given to opening late one or two days per week to mirror the late opening of the local surgeries.

4.19 These opening hours were more than the Health Board's model hours and more than all the pharmacies on Neilston Road and Lloyds on Causeyside Street. It was also longer than the week day opening of Barshaw Pharmacy as well as Boots in the Paisley Centre and in the Piazza.

4.20 **Inadequacy of Current Provision**

4.21 There was currently no existing pharmacy within the neighbourhood, and so pharmaceutical services must be accessed out-with the neighbourhood. Mrs Bradley said this was not congruent with the vision of the Scottish Government as detailed in several publications since 2013 and most recently in Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland (2017). This publication demonstrated the Scottish Government's commitment to increasing access to pharmacies. It wanted more people to use the community pharmacy as a "first port of call" and utilise the clinical capacity of pharmacists.

4.22 Granting a pharmacy in this area was necessary to overcome this complete absence and meet this Government commitment.

4.23 Mrs Bradley stated that the Panel would have noted that there were also no General Practitioners within the neighbourhood boundaries. Mrs Bradley believed this did not reduce the requirement for pharmaceutical services and healthcare advice given the plethora of stand-alone pharmacy services now available. It was also acknowledged that in making its decision, the PPC was required by the Regulations to take account of the locations of the nearest pharmacies.

4.24 Pharmacy First was a new service which commenced in Glasgow in December 2017. This service allowed certain patient groups to access treatments for urinary tract infections and impetigo directly from the pharmacy and reduce the need to access GP services. This new service could not be delegated and must be delivered by a pharmacist.

4.25 There were plans in the pipeline under Pharmacy First to deliver an extended Minor Ailment Service (MAS) which extended eligibility and expanded the range of conditions that could be treated as well as a new enhanced Chronic Medication Service. These were being trialled as part of the Inverclyde New Ways of Working Programme which also included Patient Group Directions (PGDs) for shingles, bridging contraception and exacerbations of COPD. Mrs Bradley noted that pharmacists were now seen as an independent source of health advice not just sign-posters.

4.26 All of the above were visionary concepts. However, the greater the number of services delegated to pharmacists the greater the pressure, so

another area of the health service could be in crisis.

- 4.27 Mrs Bradley posed a number of questions about: how long pharmacies could sustain being “accessible” if inundated? Could adequate pharmaceutical care be consistently delivered? Were pharmacists meeting the commitment in the new publication, providing for future generations and were the services good enough?
- 4.28 The nearest pharmacy from the proposed premises was Abbey Chemist located 0.6 miles away and the nearest surgeries were Abbey Medical Centre and Anchor Mill Medical Practice. This was a brisk 15-20-minute walk from Blackford Road for the physically fit individual and longer for an elderly, immobile person or someone with children. This distance was three times longer if walking from the edge of the Applicant’s eastern boundary.
- 4.29 The other nearest pharmacies were Well in Neilston Road (0.9 miles), Boots in Neilston Road (1.3 miles), Lloyds in Neilston Road (1.2 miles), Barshaw Pharmacy (1.6 miles), Lloyds in Causeyside Street (1.1 miles), Boots Paisley High Street (1.2 miles) and Boots Central Avenue (1.2 miles).
- 4.30 Walking times ranged from 15-30 minutes but it would take considerably longer for patients with limited fitness or mobility. These walking distances were not comfortable for many elderly people making these pharmacies inaccessible to this population. The distances were a barrier to access so the existing pharmaceutical service could be deemed inadequate especially in an acute or emergency situation Mrs Bradley stated that another contractor could potentially be a life saviour.,
- 4.31 It was highlighted from the CAR that many residents did not feel the existing pharmacies were in the same locality. Some of the comments received were:
- 4.32 “The nearest to where I am in Dykebar is 40 minutes walk, which as a person with chronic health condition is very difficult”
- 4.33 “too far away and have to wait about 30 mins for a prescription”
- 4.34 “long waits and turned down for services as pharmacies are too busy”
- 4.35 “nearest pharmacy is a 20-minute walk away”
- 4.36 “have to travel into town centre to have access”
- 4.37 “have to travel out of the neighbourhood”
- 4.38 “Hunterhill have a number of residents who are not well off and not able to afford the cost of transportation to access other pharmacies. Hence this proposed pharmaceutical service will be of enormous benefit to them.”
- 4.39 Whilst canvassing for the proposed pharmacy Mrs Bradley met a couple from Hunterhill both registered blind. This disability prevented access to

Abbey Chemist Lonend because the entrance was effectively in a car park which the guide dog deemed unsafe. As a result this couple was forced to travel further to collect prescriptions. This was an inadequate situation and it was therefore necessary and more desirable for these residents to safely access pharmacy services more locally.

- 4.40 Mrs Bradley reported that according to small area population figures in 2016 the population in the proposed boundary was 6,163. This was an increase of 6.55% from 2011 census figures. Based on a similar percentage increase the projected population in 2021 was 6,532.
- 4.41 This neighbourhood population could be roughly divided into nine data zones. This was a large area and a large population for a pharmacy not to be located. Mrs Bradley said the Committee would know from previous applications that a population of around 4,500 was required for a pharmacy to be viable (this was exceeded in the Applicant's area). Despite this a recent application had been granted in NHS Ayrshire & Arran with a neighbourhood population of around 1,500. Mrs Bradley noted that Pharmacy Practice Committee thought this volume of population would sustain a new pharmacy.
- 4.42 Overall population size was naturally increasing in the area; However, it was important to note both the ongoing and proposed residential developments which were to increase the population in the next 1-2 years by approximately 2,000-2,500.
- 4.43 Hawkhead village: a development of 334 properties by Keir homes. This development had increased the population of the data zone by 50% and house building was still in progress. An overall increase in population of 600-1,200 was possible once the estate was fully completed.
- 4.44 Miller homes had been granted planning permission for 486 homes in the former pigment site at Hawkhead Road. Construction was expected to start in 2018/19. This could see the population grow by 1,500-2,000 which was a significant increase. Although this location sat just outside the Applicant's proposed boundary, the increase in population was expected to impact on the current network of pharmacies increasing workload pressures and potentially affecting patient care to a dangerous level.
- 4.45 These projected increases in population in the neighbourhood and surrounding area would put pressure on existing services particularly the pharmacy in Barshaw Road and have a knock-on effect on other pharmacies. This would increase the already significant percentage of the population with poor access to a community pharmacy. As a result the service would soon be classed as inadequate.
- 4.46 To align with NHS Scotland's vision, the proposed new pharmacy contract was necessary and desirable to meet these demands.
- 4.47 Current Regulations allowed for proposed developments to be considered so. Mrs Bradley therefore asked that weight be given to these significant

increases in projected population

- 4.48 As stated in A National Clinical Strategy for Scotland and Prescription for Excellence (2013) there was a prediction that the number of seventy-five year olds (the greatest users of NHS services due to multi-morbidities), was set to rise by 25% in the next 10 years and by 60% in the next twenty years.
- 4.49 According to statistics obtained from Renfrewshire Council the number of households in Renfrewshire with a person aged 75 and over was set to increase by 78% between the years 2012 and 2037.
- 4.50 This ageing population was reflected in increasing prescription figures obtained from Information Services Division (ISD)
- 4.51 Looking at the elderly in terms of usage, currently 36% of those aged 75 years took four or more medicines and these were the biggest users of healthcare services. Overall 14% of the population in the proposed neighbourhood were aged 75 and over.
- 4.52 The drive to keep care in the community together with a drive to reduce the length of hospital stays would increase the burden on primary care. Mrs Bradley said it could be argued that it was both necessary and desirable that the pharmacy network grew to accommodate these changing demographics and the resultant increased workload.
- 4.53 So, the question was: could the existing pharmacies cope with an ageing population?
- 4.54 Mrs Bradley already viewed this provision as inadequate. At the very least, it would clearly become so in the very near future.
- 4.55 Looking at the national statistics for health and deprivation, the data zone of the area directly surrounding the proposed premise (S01012121) was ranked 1100 in the Scottish Index of Multiple Deprivation (SIMD) [the official tool for identifying areas of deprivation in Scotland].
- 4.56 Mrs Bradley explained that a rank of 1100 equated to quintile 1 and provided evidence that it was in the 20% most deprived areas in Scotland. Mrs Bradley was sure that the Panel would agree that deprivation was equated with poor health outcomes.
- 4.57 20% of this population was also income deprived (adults with or without children on income support, job seekers allowance, disability tax credit below a low-income threshold) and classed in health domain 2.
- 4.58 The comparative illness factor for this data zone, was 175 (where 100 was the benchmark). Mrs Bradley explained that this meant the population of data zone S01012121 suffered more ill health relative to the mean and highlighted a need for intervention and preventative healthcare. It was not only desirable but necessary.

- 4.59 In the immediate data zone, the Standardised Mortality Rate was 153, meaning 50% more cases of death than the norm. New figures released in November last year showed Glasgow had the highest mortality rate in the UK. Recorded deaths in Glasgow were 1,389 deaths per 100,000, against an average of 982. .
- 4.60 This level of deprivation required a plethora of health interventions to improve health parameters. Mrs Bradley said that to address this an accessible pharmacy was both necessary and desirable.
- 4.61 Premature deaths due to heart disease and/or heart failure, alcohol and drugs were more common in deprived areas. Cancer related premature deaths also correlated with deprivation factors.
- 4.62 Mrs Bradley explained that the Pharmaceutical Needs Weighting Payment acknowledged the additional pharmaceutical needs arising from deprivation and age. It highlighted that both deprivation and an ageing population were the most important factors when determining the healthcare needs of a population.
- 4.63 Greater weighting was now given to dispensing prescriptions to patients aged 60 and over or with post codes in the bottom two SIMD quintiles.
- 4.64 So, in effect, pharmacies dispensing prescriptions in the most deprived areas received greater remuneration because the poorer the area, the greater the need for local interventions to improve health outcomes due to more co-morbidities.
- 4.65 Three out of the nine data zones in the neighbourhood proposed by Mrs Bradley were in quintiles 1 and 2.
- 4.66 This proposed neighbourhood was part of the larger Renfrewshire Council Ward 5: Paisley East and Central. The total population of this ward was estimated at 11,800. 2,300 of these were aged 60 and over and made up 20% of the population.
- 4.67 Unfortunately, the onset of multi-morbidity occurred around 10-15 years earlier in people living in the most deprived areas compared with those living in the most affluent. And so, the number of deprived patients and older people resident within the area meant that pharmacy provision was already inadequate or was anticipated to become so in the very near future.
- 4.681 This demonstrated a necessity and desirability for a new pharmacy contract in this area to help with the higher level of intervention required. Mrs Bradley urged the panel to consider this carefully because healthy thriving people were more likely to complete an education and gain employment. Health enabled people to live a life to the full and contribute to society.

Barriers to Accessing Existing Services

4.69

- 4.70 There were logistical barriers to accessing existing services by bus. Within the area bus services were limited and many operated an hourly service. Without a car, access to a pharmacy was difficult and reflected in some of the CAR comments. A round trip took at least an hour based on an average 15-minute wait in the pharmacy. If the item was not in stock then the patient would have to repeat that journey the same or following day. All in all, this was an arduous journey especially for the elderly, those with mobility issues, were unwell or with small children. Not to mention the financial burden for those not exempt from charges as a return trip cost approximately £3.
- 4.71 Some examples of the comments from the CAR were as follows:
- 4.72 “the availability of a local pharmacy would enhance the lives of residents many of whom are elderly and have to travel to get their medicines. Most of the existing services are on Neilston Rd or Glasgow Rd which are not local to this area”
- 4.73 “but it takes 30-35 minutes to get to and doesn’t always have your medication in stock”
- 4.74 “can’t always get a bus”
- 4.75 “I don’t drive and with having high BP and 3 children the nearest pharmacy is 10-15 mins walk away”
- 4.76 “This area has a large elderly population who have to rely on an intermittent bus service to allow them access to services such as that proposed”
- 4.771 These quotes were taken directly from the CAR. For these people existing pharmacy services were inadequate. It did not meet the needs of this population given the level of ill health and low levels of car ownership.
- 4.78 Recently Mrs Bradley had been unwell. Luckily, there was the option of six pharmacies within a ten-minute walk. These pharmacies were all viable and that’s with a population of approximately 7,000. If Mrs Bradley had to wait for a bus scheduled once an hour, then repeat that journey to get home. Mrs Bradley said this really brought home the importance of accessibility for the sick and elderly.
- 4.79 The recent bad weather highlighted the fragility of the existing pharmacy network in the proposed neighbourhood and the importance of accessibility.
- 4.80 51.9% polled during the consultation used a car to access pharmaceutical services. As car parking in and around the other pharmacies proved difficult for patients this represented a barrier to access/inadequacy.
- 4.81 In Q4 of the CAR regarding ease of access 40.3% experienced challenges or issues. This was a significant figure and would only increase with increases in the population.

- 4.82 “car parking can be a challenge as not many spaces at my current pharmacy in Paisley as there are 2 pharmacies in the same place”
- 4.83 “the nearest pharmacy is a car ride away and it is very difficult parking near it”
- 4.84 “lack of parking at my current pharmacy”
- 4.85 “parking problem at Abbey Pharmacy”
- 4.86 “parking is a big issue as I often have to use a car to collect prescriptions”
- 4.87 “Full car parks”
- 4.88 “Abbey Pharmacy Lonend often queued out the door. Often have issues finding my px when I collect. Overall, I feel too busy and inefficient as a result. Parking could be better”
- 4.89 “Long queues in other local pharmacies in the area. Would welcome a new pharmacy such as this one that has good road access and parking”
- 4.90 Mrs Bradley commented that the car park at Abbey Chemist was almost always full and although there was an overflow car park (£1) behind the premises the pavement was on a steep incline, which was even more challenging in bad weather, and so a patient with mobility issues could struggle.
- 4.91 Car parking in the town centre was within paid car parks. Effectively a tax on people obtaining healthcare. The Paisley Centre charged £1.50 for 2 hours. There were some free car parks, but these filled up quickly and a walk was still required to reach the pharmacies.
- 4.92 Mrs Bradley concluded that for car owners the current network in terms of accessibility was inadequate. The proposed premise had good accessibility with plenty of on street parking and was necessary and desirable to address this inadequacy.
- 4.93 It should also be noted that in the event of this application being granted, 64.4% of respondents said it would change the way in which pharmacy services were accessed. Mrs Bradley assumed this meant that the proposed pharmacy would be accessed on foot which would provide numerous health benefits. It may also mean that residents currently relying on a delivery service would be able to physically access services in store
- 4.94 **Increasing Number of Pharmacy Led Services**
- 4.95 When Mrs Bradley qualified, nicotine replacement was not available via NHS prescription but now pharmacists were leading the smoking cessation programme. This was fantastic news for community pharmacies as it showcasing the skills of pharmacist’s contribution to preventative health. However, it was important to align with the vision of the Healthcare

Quality Strategy for Scotland which was “to ensure every patient receives the best care and treatment, every time”.

4.96 It was evident from the CAR comments that this vision was still to be attained.

4.97 “difficulty to get getting pharmacy to provide dosette box”

4.98 “long waits and turned down for services as pharmacies are too busy”

4.99 “would help take the backlog off others using pharmacies that are not near them”

4.100 “Abbey Medical centre is often queued out with long, more than 20 mins, waiting times”

4.103 “I think it will impact in a positive way. Every pharmacy in Paisley either has a waiting list for CDS trays or they are saying they are full. This new pharmacy will give patients more access to services required”

4.104 In Q3 of the CAR 66% of people felt that services were currently inadequate with regards to dispensing of prescriptions and 55% thought the provision of the MAS inadequate. As a health professional Mrs Bradley was saddened by these figures.

4.105 **Increasing Prescription Numbers**

4.106 The nearest surgeries were Abbey Medical Centre and Anchor Mill Medical Practice with patient list sizes of 10,000 and 8,000 respectively. This significant number of patients put considerable demand on the nearest pharmacies. Information obtained by Information Services Division (ISD) for the year 2005 showed that these surgeries collectively issued 192,803 prescriptions. Ten years later in 2015 that number had increased to 272,965. This increase in prescription number was 85,162 or 44%.

4.107 In the other local GP practices namely, The Barony, Greenlaw, Consulting Rooms, Northcroft, Mirin Practice and Charleston Surgery 559,426 prescriptions were issued collectively in 2005. Ten years later that figure had jumped to 729,047 (a 30% increase). Yet in this period the number of pharmacies serving the population remained constant.

4.108 Abbey Chemist in Lonend experienced an increase of 28% in prescription items dispensed from 2010-2015. Collectively the six nearest pharmacies saw a 16% increase in 5 years.

4.109 Mrs Bradley stated that if similar increases in prescription volumes occurred in the next ten years, and there was increased demand from residents in new housing stock and an ageing population, then the pharmacy network could crack under the pressure making it highly unlikely that services would be adequate.

4.110 **Poor Delivery of Core Services**

- 4.111 Half of the residents polled thought that dispensing of NHS prescriptions was poor, with 41% unhappy with the supply of medicines via the minor ailment scheme. 30% believed the public health services of smoking cessation and emergency hormonal contraception was not adequate and 27% of people felt that palliative care was inadequate.
- 4.112 One such comment which highlighted this was:
- 4.113 “In 2014 my mother was receiving care in RAH but chose to die at home. At that very stressful time it was an added frustration to not have any pharmacies nearby to access advice/service”
- 4.114 Another dissatisfied customer wrote:
- 4.115 “Every time I go to the local pharmacy for myself or my children or my mum the prescription is NEVER ready, it’s a case of they can’t find it. They are disorganized or I have been asked are you sure you put it in as if you are daft”
- 4.116 Overall 77% of those polled supported the opening of a new pharmacy. It was clearly desired.
- 4.117 **Conclusion**
- 4.118 In conclusion, Mrs Bradley said that much had been done to promote pharmacists as the first port of call for healthcare needs to relieve the burden further up the ladder. Mrs Bradley thought the profession had met the challenge. However these challenges would continue and, it was imperative that an anticipatory approach was adopted.
- 4.119 The population was ageing nationwide. Locally within Paisley there would be an expansion in population when the residential developments were complete. The current bus network was inadequate because services were limited and parking in and around the local pharmacies was challenging.
- 4.120 The 2013 publication Achieving Excellence in Pharmaceutical Care expressed a wish for people to utilise the community pharmacist more and “play to the strengths of the pharmacy team”. Pharmacists needed to “respond and adapt to the needs and pressures facing our modern health and social care team”. Adding to the pharmacy network in Paisley was a way of adapting to these ongoing pressures.
- 4.121 With the advancement of technology GP app-based appointments were available in some areas of the country. In such situations the distance to the pharmacy was more important than the distance to the GP practice.
- 4.122 Mrs Bradley questioned whether the vision of the Healthcare Quality Strategy for Scotland, ensuring every patient received the best care and treatment every time was being met. With a static number of pharmacies in Paisley over the last decade yet increasing numbers of prescriptions, expanding pharmacy led services, increasing complex illnesses, an

ageing demographic, an increase in the overall population and changing priorities of primary care Mrs Bradley asked if pharmacy services were adequate. Some residents polled during the consultation did not deem it adequate.

4.123 Mrs Bradley believed that granting this contract mirrored the vision of the Scottish Government; improving access in this highly populated and somewhat deprived neighbourhood. It was therefore both necessary and desirable for the reasons explained. Mrs Bradley concluded by asking the Panel to grant this much needed contract because there was a need to adapt and improve safely in the face of expansive change.

5. **Questions from Mr Arnott (Lloyds Pharmacy Ltd) to the Applicant**

5.1 Mrs Bradley was asked to confirm the population of the proposed neighbourhood and said it was just over 6000. This had been determined using population figures for the relevant datazones released in 2016.

5.2 Mr Arnott asked Mrs Bradley to talk through the neighbourhood boundaries. These were detailed as follows:

North: from Cathcart Terrace following the natural boundary of the White Cart River to Ben Lawers Drive

East: from Ben Lawers Drive crossing over the A726 Hurler Road around Dykebar to Huntley Terrace

South: from Huntley Terrace following up to Saucelhill Park at Ardgowan Avenue

West: from Ardgowan Avenue to Hunterhill Avenue to Hunterhill Road back onto Barrhead Road to Cathcart Terrace

Mrs Bradley explained that the neighbourhood proposed encompassed the areas of Hunterhill, Dykebar and Hawkhead.

5.3 Mr Arnott queried the absence of Blackhall in the Applicant's explanation. Mrs Bradley explained that by talking to residents it had been established that the term Blackhall was not used. Those living in Blackhall considered themselves in Hunterhill. Mr Arnott stated that these residents may say they were from Hunterhill but people then asked what side of the road they were from?

5.4 Mr Arnott questioned the use of Huntly Terrace and St Ninian's Road as a boundary. Mrs Bradley explained this had been used because locally this defined Lochfield from Hunterhill.

5.5 Mr Arnott was suspicious of this boundary as it conveniently excluded three pharmacies. Mrs Bradley said that initially the proposed neighbourhood encompassed those pharmacies but had been rejected by the Health Board as being too large at the pre-application stage.

5.6 Mr Arnott asked what percentage of the population in the Applicant's proposed neighbourhood was aged 65 years or over. As Mrs Bradley did

not have that information available Mr Arnott said it was 18%.

5.7 Mrs Bradley was then asked how many more people would be aged 65 years or over in the same neighbourhood in ten years time. Mrs Bradley had focussed attention on those aged 60 and over so did not know. Mr Arnott said there would only be another 600.

5.8 Mr Arnott asked if Mrs Bradley knew where Blackhall rated in terms of its access to services. Mrs Bradley didn't know so was asked if surprised to know it was 4204th. As Mrs Bradley did not know what that meant Mr Arnott said it was in the top third.

5.9 Mr Arnott then asked where Hawkhead rated on the same index. Again Mrs Bradley did not know so Mr Arnott said it was 3024th.

5.10 When asked how many responses there had been to the CAR Mrs Bradley stated 135. Mr Arnott noted that this was out of a population of 6000.

5.11 Mr Arnott referred to Question 7 of the CAR concerning opening hours and noted that there had been quite a few negative comments about being closed on a Saturday afternoon. Mrs Bradley was therefore asked why some residents within the proposed neighbourhood had responded that the pharmacy needed to open on a Saturday afternoon when this was not required by the Health Board in its model opening hours. Mrs Bradley replied that such an exercise was never going to receive entirely positive comments and added that someone had wanted 24 hour opening. Mrs Bradley was also of the opinion that it was easier to extend opening hours later on if the service was required rather than starting off opening on a Saturday afternoon then closing at 1pm. Mr Arnott made the point that pharmaceutical services were already available on a Saturday afternoon from existing contractors in the area e.g. Abbey Chemist (Lonend), Abbey Chemist (27 Gauze Street), Boots (High Street), Boots (28 Central Way), Lloyds Pharmacy (10 High Street) Barshaw Pharmacy (75 Glasgow Road), Well Pharmacy (61 Neilston Road).

5.12 Finally Mr Arnott asked what core pharmaceutical services were not available from existing contractors. Mrs Bradley said that all core services were available.

6. **Questions from Mrs Cowle (Boots UK Ltd) to the Applicant**

6.1 Mrs Cowle noted that Mrs Bradley had talked about difficulties customers had experienced in obtaining dosette boxes and asked whether provision of dosette boxes was part of the core contract. Mrs Bradley acknowledged that it wasn't but stated that there was no other strategy currently available for patients unable to self medicate. Mrs Bradley also highlighted that the argument for the proposed pharmacy had not been based on dosette boxes.

6.2 When asked if aware that NHS Greater Glasgow and Clyde were moving away from use of dosette boxes, Mrs Bradley was not aware that this had

been implemented.

- 6.3 Mrs Cowle referred to Mrs Bradley's statement about social outcomes being improved if the proposed pharmacy opened and asked how this would be achieved. Mrs Bradley referred to evidence from the CAR; 64.4% responded that the method by which pharmacy services were accessed would change if this application was granted. Residents currently in receipt of prescription deliveries may chose to walk to the proposed pharmacy and benefit from social interaction with pharmacy staff and others along the way. However the Applicant acknowledged that if people needed a delivery service because of a physical impairment then that was a different matter and those residents would continue to require deliveries even if the new pharmacy opened.
- 6.4 Given the comments made about palliative care in the Applicant's presentation, Mrs Cowle was interested to know whether Mrs Bradley was aware of any current gaps in that service. The palliative care service was close to Mrs Bradley's heart and had been shown to be important to people in the consultation exercise. Mrs Bradley was not aware of any gaps but was concerned about the comments received during the CAR.
- 6.5 Mrs Cowle noted the statements made during the presentation about the lack of availability of some medicines and asked if this could have been a result of the national shortages across the network in the last 6 months. Mrs Bradley clarified that the statements made were comments obtained from the CAR and so were patients' words. Mrs Bradley was well aware of the national shortages. This may be the reason for medicines not being available but suggested it may be because pharmacies were using a limited number of wholesalers. Mrs Bradley added that even in the event of national shortages patients should not be without a medicine as alternatives were available.

7. **Questions from Mrs Williams (Well Pharmacy) to the Applicant**

- 7.1 Mrs Williams referred to the developments proposed in Hawkhead Village which were to result in a 50% increase in the datazone population and asked whether Mrs Bradley envisaged these houses being occupied by new people moving into the area or relocating from elsewhere in the neighbourhood. Mrs Bradley was unable to comment.
- 7.2 Mrs Williams continued that it had been inferred that this population would put increasing pressure on existing pharmacies but if those houses were occupied by people relocating then those people were already served by the existing pharmacies. Mrs Bradley did not see the significance of this argument and pointed out that if people relocated then others would occupy the home that had been vacated. Mrs Williams stated that this would not occur if those new build homes were occupied by adults that had previously lived with parents.
- 7.3 The Applicant had spoken about the significant rise in prescription numbers between 2005 and 2015. As Mrs Bradley was unaware of the national increase in prescription numbers, Mrs Williams stated that

Community Pharmacy Scotland was currently quoting an annual rise of 0.1%. Mrs Bradley said this figure was for Scotland as a whole whereas the figures provided in the presentation were specifically for this neighbourhood.

7.4 Mrs Williams asked whether Mrs Bradley was aware that the Scottish Government was trying to improve prescribing in general and that there were concerns about the viability of existing pharmacies from polypharmacy reviews which would potentially impact on prescription numbers. Mrs Bradley was not aware of that so was unable to comment.

7.5 When asked about work done at Durham University which had found that those in the most deprived areas already had most access to pharmaceutical care, Mrs Bradley was not convinced that could be applied to every situation.

8 **Questions from Mr Devanney (Barshaw Pharmacy) to the Applicant**

8.1 Mr Devanney asked for clarification about what made the existing pharmaceutical service inadequate. Mrs Bradley said the absence of a pharmacy in the neighbourhood, an ageing population, physical and logistical barriers to accessing the service, increasing prescription numbers, Pharmacy First and comments about the delivery of core services highlighted in the CAR.

8.2. Mr Devanney referred to the proposed neighbourhood and asked how people from Hunterhill would access the pharmacy. Mrs Bradley said Hunterhill residents would either walk or drive as there was ample parking. Mr Devanney did not think walking was an easy option given that the route involved several sets of steps (27 from Blackford Road to Barrhead Road, another 16 to get from Barrhead Road to Barscube Terrace and another 30-40 steps to get to the Chapelhill area). The route on foot also involved crossing a roundabout as well as the A726 which was a very busy road. Mrs Bradley said there was a handrail to assist people going up the steps, the road and roundabout would also potentially be frequently crossed for other activities e.g. meeting friends, shopping. Mr Devanney was of the opinion that the location of the proposed premises had a major physical access problem especially for people walking with young children or pushing prams.

8.3 Mrs Bradley was asked about an inaccurate remark made that there was a waiting list to obtain MDS trays as all pharmacies were full. Mrs Bradley said this was a direct quote from a patient obtained during the consultation. Mr Devanney categorically stated that this was not the case and showed that not all comments in the CAR were accurate. Mrs Bradley had no reason to doubt that this was that person's experience.

8.4 Mr Devanney accused the Applicant of selectively choosing comments from the CAR that reflected an inadequacy of the existing pharmaceutical service and asked about the comment made about the fragility of the pharmacy network during the recent bad weather. Mrs Bradley explained that this had been a general comment about keeping pharmacies

accessible. Mr Devaney stated that there was no problem with access to pharmaceutical care during this time and that all deliveries from Bradshaw Chemist had been made to the neighbourhood proposed by the Applicant.

8.5 In terms of accessibility, Mr Devaney questioned why some people wanting to walk to the proposed pharmacy currently needed a delivery service. Mrs Bradley recognised that there would always be those housebound in need of a delivery service and did not propose to take that business away. Those patients who already received a satisfactory delivery service were not necessarily going to use the new pharmacy. However if patients were able to walk to the proposed pharmacy then it was always better for patients to access services in store as staff were able to interpret changes in patient characteristics to determine ill health.

9. **Questions from Mr Mohammed (Abbey Chemist) to the Applicant**

9.1 Mr Mohammed noted the neighbourhood proposed by the Applicant. However Mr Mohammed said it could be argued that Barrhead Road was the southern boundary. Mrs Bradley was invited to comment on this suggestion and responded that the Council did not define Hunterhill and Blackhall as separate areas. People crossed Barrhead Road frequently to carry out day to day activities e.g. to access the nearest shops.

9.2 Mr Mohammed referred to the comment that the existing pharmacies could soon be described as inadequate and asked whether that meant these pharmacies were currently adequate. Mrs Bradley explained that if deemed adequate now then the existing pharmacies would be considered inadequate in the immediate future but believed the current pharmaceutical service currently inadequate. This line of questioning was pursued by Mr Mohammed by asking whether some of the existing pharmacies currently coped. Mrs Bradley said this was not backed up by comments in the CAR which stated it was inadequate. Mr Mohammed pointed out that there were also comments received from patients happy with the current service.

9.3 The charge to use the Council overflow car park had been quoted in the Applicant's presentation as £1 when in fact the cost was 50p for 2 hours. Mrs Bradley apologised for this error. As this over flow car park was never full and the cost inexpensive, Mrs Bradley was asked to comment whether that made Abbey Chemist accessible. Mrs Bradley said it did not as there was a steep incline between this car park and Abbey Chemist. In the 30 years Mr Mohammed had a pharmacy in that location people generally managed the incline very well.

9.4 The comment made by the Applicant that the "pharmacy network could crack under the pressure" was taken personally by Mr Mohammed. Mr Mohammed did not expect to crack under pressure. Mrs Bradley explained that this was not meant to be a personal comment. As a locum working in many locations, Mrs Bradley had experienced many challenging situations of late. There was often not enough staff and staff morale was low. Mr Mohammed disagreed as Abbey Chemist had 17

staff. Mrs Bradley stood by this comment as there had been situations where patient care had been compromised. This was reflected in comments from the CAR.

9.5 When asked if aware that Abbey Chemist was open throughout the red warning during the recent severe weather, Mrs Bradley had not been aware of this. Mr Mohammed added that during this time the business absorbed the cost of any £100 parking fines incurred by its staff.

9.6 A final comment was made by Mr Mohammed in relation to the pharmaceutical services provided by Abbey Chemist which provided a full range of services including palliative care.

10 **Questions from the Committee to the Applicant**

10.1 **Mrs Anderton (Lay Member)**

10.1.1 Mrs Anderton questioned accessibility of the proposed premises and asked how someone living near the southern boundary of the neighbourhood as defined by the Applicant would travel to the proposed premises. Mrs Bradley said these people may walk or travel by car. There were buses but these were infrequent. Although uncertain of the distance involved, Mrs Bradley thought it would take 10-15 minutes to walk.

10.2 **Mr Woods (Lay Member)**

10.2.1 Mr Woods asked if accessibility translated into convenience. To Mrs Bradley accessibility translated into desirability. It had been argued during the presentation that it was desirable to have a new contract, convenience had never been mentioned.

10.2.2 When asked, Mrs Bradley accepted that there could be an adequate pharmaceutical service in a neighbourhood without a pharmacy being located in it but that was not the case in this situation.

10.2.3 Mr Woods enquired whether Hawkhead was part of the neighbourhood proposed by the Applicant. Mrs Bradley said it was out-with the proposed neighbourhood but impacted on services.

10.2.4 The situation with regards to the new Miller homes was explored by Mr Woods. Mrs Bradley explained that planning permission for 486 new homes had been granted with building due to start this month.

10.2.5 Finally Mr Woods asked what made suppliers to the proposed pharmacy different from other existing pharmacies in the area. Mrs Bradley explained that as an independent pharmacy many more wholesalers could be used and anticipated use of six or seven wholesalers.

10.3 **Mr Wallace (Non-Contractor Pharmacist) - none**

10.4 **Mr MacIntyre (Contractor Pharmacist)**

- 10.4.1 Mr MacIntyre wanted to know about the bus services serving the neighbourhood. Mrs Bradley said the number 3 was an hourly service to the town centre with a bus stop outside the proposed premises. There was another bus service that went along Barrhead Road which was every 20 minutes.
- 10.4.2 Mr MacIntyre was slightly confused whether the Applicant considered existing services to be inadequate as the services had been described as adequate but it had also been said that it was highly unlikely services would remain adequate. Clarification was requested. Mrs Bradley said arguments had been made based on CAR comments. The service could be considered inadequate even if people had difficulty only some of the time. Mr MacIntyre noted that medicine shortages may result in the service being deemed by patients as inadequate when out with the control of the pharmacy.
- 10.4.3 The Applicant was asked for solid facts to demonstrate the inadequacy of the current pharmaceutical service e.g. the number of complaints. Mrs Bradley said people were unlikely to complain unless the situation was really bad, if unhappy people were more likely to shop elsewhere. Although the Applicant had focussed attention on the negative comments, Mr MacIntyre said that Mrs Bradley had to accept that positive comments had also been received.
- 10.5 **Mr Irvine (Contractor Pharmacist)**
- 10.5.1 Mrs Bradley was asked to explain why Ardgowan Avenue had been used as the western boundary. This had been chosen as Saucelhill Park was a geographical barrier.
- 10.5.2 Mr Irvine explained that the Committee had census information from 2011 which stated that 95% of residents in the neighbourhood proposed by the Applicant were in fair, good or very good health. Mrs Bradley was invited to comment on that information and responded that good health was subjective and not reflected in prescription numbers.
- 10.5.3 It was noted that great emphasis had been placed on the CAR report from 135 responses. Mr Irvine wondered if that report reflected the neighbourhood population. Mrs Bradley had hoped for a better response but said it wasn't a bad response rate overall (2%) especially when some responses were on behalf of families. An application was granted by another PPC Hearing involving a 5% response rate. Mrs Bradley said CAR response rates were generally of that order.
- 10.5.4 When asked if aware of any complaints received by the Health Board in relation to services, Mrs Bradley was aware that some complaints had been received but was not aware of the nature of those complaints. Mrs Bradley added that the CAR comments could be deemed as complaints.
- 10.6 **Mrs Mason (Lay Member)**

- 10.6.1 As figures for use of the Minor Ailment Service in the area were low, Mrs Mason asked how the Applicant would improve use of that service in the proposed pharmacy. Mrs Bradley said by advertising and speaking to patients. A leaflet could be added to every prescription bag.
- 10.6.2 Mrs Mason was interested to know who would carry out the delivery service from the proposed pharmacy. Initially Mrs Bradley anticipated using a member of the pharmacy team so that advice could be provided by a qualified member of staff on the doorstep.
- 10.6.3 Mrs Mason noted that many people did not like to speak to the pharmacist by phone. When asked whether Mrs Bradley had ever found this to be the case, Mrs Bradley had not been aware of that but said it supported the argument for increasing accessibility by granting this application.
- 10.6.4 Reference was made to the steepness of the steps from Barrhead Road to the proposed premises. The Applicant was asked to comment. Mrs Bradley explained that there was an alternative route by walking round the road but somewhat increased the distance. Currently a resident of Blackford Road needed to go up the steps to walk to the nearest pharmacy, Abbey Chemist (Lonend).

10.7 **Mr Finnie (Chair)**

- 10.7.1 Mr Finnie was interested to hear the Applicant's view of the neighbourhood proposed by the Area Pharmaceutical Committee (APC). Mrs Bradley explained that the neighbourhood boundary was initially not too dissimilar to that defined by the APC but had been readjusted a couple of times when rejected by the Health Board at pre-application meetings. Originally Hawkhead and Dykebar were not included in the neighbourhood but as residents had to drive through the Applicant's neighbourhood to access pharmacy services were eventually included. Mrs Bradley said that Neilston Road had not been used as a boundary as that had also been rejected by the Health Board.

Mrs Glen (Contracts Manager NHS GG&C) explained that Health Board Officials could only offer advice and were in no position to determine the neighbourhood. Mrs Bradley did not think "rejected" had been used incorrectly. Feedback had been received by Mrs Bradley from the Health Board that the area was too large and to go back and rethink the neighbourhood. The Chair expressed concern about the use of the phrase "rejected by the Health Board" which allowed an inference to be drawn that the Health Board had in some way taken a position on this Application. Mrs Glen's recollection was that any discussions between Health Board officials and Mrs Bradley at the pre-application stage in relation to the neighbourhood were because the suggested boundaries did not meet up. Mrs Glen reiterated that officials could not have a view as to whether the neighbourhood was appropriate and could only provide guidance. Mrs Bradley conceded that the wrong choice of word may have been used. Mr Finnie stressed that the only body able to give a determination on this application including in particular the definition of

Neighbourhood was the PPC.

10.7.2 This concluded the questioning of the Applicant.

11 **Representations from Interested Parties**

11.1 **Mr Arnott (Lloyds Pharmacy Ltd)**

11.1.2 The Applicant's reason for making this application seemed to be that the Pharmaceutical Services provided by current contractors were inadequate only because there were no pharmacy premises in the neighbourhood as defined by the Applicant.

11.1.3 There were, as the Panel was aware, numerous examples from Pharmacy Practice Committee Hearings and numerous National Appeal Panel Hearings where adequate pharmaceutical services could be provided to a neighbourhood from pharmacies situated out with that neighbourhood and this was the case in Hunterhill (or was it Blackhall).

11.1.4 Indeed the Panel would see from the document entitled "Advice and Guidance for those Attending the PPC" that it must consider the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood.

11.1.5 There were 10 existing pharmacies within one mile of the Applicant's proposed site, some of which had longer opening hours than those proposed by the Applicant.

11.1.6 The Panel must take account as to whether the granting of an application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.

11.1.7 Paisley with a population of 76,220 had 18 pharmacies. East Kilbride with a similar population (74,500) had 13 pharmacies. It could not be said that there were not sufficient pharmacies providing pharmaceutical services to the residents of Paisley.

11.1.8 Mr Arnott disputed the Applicant's neighbourhood which had been enlarged deliberately to increase the population figures. Mr Arnott found it strange that this application was for Hunterhill (Datazone S01012113) population 741, when in fact the proposed pharmacy was situated within Blackhall (Datazone S01012121) population 1057. This was further confused by road signs on the A726 which clearly stated that Hunterhill was on the opposite side of Barrhead Road (A726) from the Applicant's proposed site.

11.1.9 If the Panel agreed with the Area Pharmaceutical Committee, there were four pharmacies within the neighbourhood.

11.1.10 The Panel should note that the Applicant's definition of the Western Boundary had no logic whatsoever other than to exclude most of the

existing pharmacies.

- 11.1.11 Mr Arnott said the Panel would have noted that situated at the Applicant's proposed site was a convenience store, nothing else. It was hardly the hub of a neighbourhood and demonstrated that the residents of the Applicant's proposed neighbourhood travelled on a regular basis out with the neighbourhood to access services such as supermarkets, banks and GP surgeries. Indeed the owner of the convenience store when talking to Mr Arnott mentioned that many of this shop's customers had voiced concerns about a pharmacy going into the empty unit so near to the children's play area.
- 11.1.12 Although delivery was not a core service, all contractors offered this service to the housebound. Mr Arnott could not see how someone housebound and requiring a delivery would be helped by the granting of this contract. For a resident of Ardgowan Avenue, a pharmacy in Blackford Road was no more accessible than the existing pharmacies. Indeed someone living in Ardgowan Terrace was probably nearer to Abbey Pharmacy in Lonend.
- 11.1.13 Mr Arnott had noted that many of the access points from Barrhead Road to the Applicant's proposed site were by way of steep steps.
- 11.1.14 All existing pharmacies offered core services and Lloyds Pharmacies were fully engaged with CMS, eMAS and AMS.
- 11.1.15 Convenience was not a reason for granting a pharmacy contract. The Applicant had shown no inadequacies in current service provision and indeed Mr Arnott questioned whether a pharmacy at Blackford Road was more easily accessible and convenient for many of the 6061 residents the Applicant stated on the application.
- 11.1.16 In support of this application, the Applicant carried out a consultation exercise. From a population of 6061 the Applicant had 135 responses. This was only 2.3% of residents. Of these respondents 115 (1.9%) lived within the Applicant's proposed neighbourhood.
- 11.1.17 In Question 3 which asked whether the list of services provided by existing pharmacies were adequate, on average only 33% of respondents thought existing services were inadequate (41 residents).
- 11.1.18 In Question 4 which asked whether there were any issues or challenges accessing a community pharmacy, only 54% had issues/challenges.
- 11.1.19 If it was 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 related" then it could not be said that the Applicant had not tried to gain public support but had failed miserably to gain the support of the residents simply because there was little public support for the application.

- 11.1.21 Mr Arnott said this was because existing contractors already provided an adequate Pharmaceutical Care Service to the Applicant's proposed neighbourhood.
- 11.1.22 Despite all of the Applicant's efforts only 115 responses were received from residents of the proposed neighbourhood and not all of those supported the application although many mentioned convenience.
- 11.1.23 The Applicant had shown no inadequacies in the current pharmaceutical service provision. The nearest pharmacy was within 0.6 miles of the proposed site with other pharmacies within one mile of the proposed location.
- 11.1.24 The Area Pharmaceutical Committee did not support the application as it deemed the current service adequate.
- 11.1.26 The Panel must consider the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood. There were ten pharmacies within one mile of the proposed site.
- 11.1.27 Having examined the NHS Greater Glasgow & Clyde Pharmaceutical Care Services Plan, Mr Arnott saw no reference to a need for a pharmacy in the Applicant's proposed neighbourhood and indeed there had been no complaints to the Health Board regarding the existing service provision.
- 11.1.28 Mr Arnott therefore asked the Panel to refuse this application as it was neither necessary nor desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood in which the premises were located.
- 11.2 **Questions from the Applicant to Mr Arnott (Lloyds Pharmacy Ltd)**
- 11.2.1 It had already been mentioned that individual CAR responses could have been submitted on behalf of families. Mrs Bradley asked if Mr Arnott accepted that such responses took into account the views of 3-4 people. As the average household contained 2.7 people, Mr Arnott did not accept the Applicants view but could accept a response rate of 4%.
- 11.2.2 Mrs Bradley noted that the recent application granted in Lesmahagow had a response rate of 5%. In this case the views of the CAR were used to deem the existing service inadequate. Mrs Bradley believed the opinion of local residents in relation to the existing pharmacy service had been established as a similar response rate to the Lesmahagow application was achieved. Mr Arnott asked if the Applicant's question was should this application be granted with a 4% response rate when Lesmahagow was granted with a 5% response rate. Mrs Bradley clarified by asking whether Mr Arnott accepted that a fairly good response to the consultation had been obtained. Mr Arnott did not think the response rate mattered. Lesmahagow may have been granted but there were many other instances of similar response rates which had not.

- 11.2.3 Mrs Bradley stated that in 2007, Lloyds Pharmacy had applied for a contract in a premise adjacent to Abbey Pharmacy. Given that Lloyds Pharmacy had considered another pharmacy necessary in the area in 2007, Mrs Bradley asked why Mr Arnott was arguing the opposite today. Mr Arnott was not aware of the 2007 application and so could not comment.
- 11.2.4 Mr Arnott was then asked how many wholesalers Lloyds Pharmacy used. The response was that Lloyds normally used AAH.
- 11.2.5 Mrs Bradley wanted to know whether Lloyds Pharmacy was unable to obtain medicines that other pharmacies were able to obtain. Mr Arnott asked for a specific example. Mrs Bradley explained that whilst working in a Lloyds Pharmacy one day Voltarol Gel was unavailable when it was available the next day in another pharmacy. Mr Arnott had no idea why this should be the case because if a medicine could not be provided by the manufacturer then it could not be supplied. Mrs Bradley suggested it was because AAH had restricted its deliveries to Lloyds Pharmacies to once per day instead of twice per day. As a Locum Pharmacist, Mrs Bradley had experienced issues from the reduction in number of deliveries to Lloyds Pharmacies and added that it was a shame for patients to experience.
- 11.2.6 Mr Arnott was asked to comment on the reduction in staffing levels at Lloyds Pharmacies. Mr Arnott declined to comment on such a business sensitive issue but said that staffing levels were continuously reviewed in its branches.
- 11.2.7 Mr Arnott was asked to explain a bit more about concerns raised by the newsagent next door to the proposed pharmacy opening in Blackford Road. These concerns had related to methadone users frequenting the pharmacy which was next to a children's play area. Mrs Bradley was not proposing to bring addicts into the area – these people were there already. Potentially a service was to be provided for these patients at the pharmacy.
- 11.2.8 Mrs Bradley referred to the statement made that the proposed pharmacy was no more accessible to residents of Ardgowan Avenue than the existing pharmacies and invited comment from Mr Arnott. Mr Arnott said this was always the case for people on the periphery adding that what was difficult for one person was convenient for another. Mrs Bradley noted that the location of the proposed pharmacy was more accessible for those who would no longer have to negotiate the 27 steps onto Barrhead Road.
- 11.3 **Questions from Interested Parties to Mr Arnott (Lloyds Pharmacy Ltd)**
- 11.3.1 **Mrs Cowle (Boots UK Ltd) - none**
- 11.3.2 **Mrs Williams (Well Pharmacy)**

- 11.3.2.1 Mrs Williams wanted to know what capacity Lloyds Pharmacy had in its Paisley branches to meet any increase in demand for its contractual services. Mr Arnott said its Paisley branches had plenty of spare capacity.
- 11.3.3 **Mr Devanney (Barshaw Pharmacy) - none**
- 11.3.4 **Mr Mohammed (Abbey Chemist) - none**
- 11.4 **Questions from the Committee to Mr Arnott (Lloyds Pharmacy)**
- 11.4.1 **Mrs Anderton (Lay Member) - none**
- 11.4.2 **Mr Woods (Lay Member)**
- 11.4.2.1 Mr Woods wanted to know how a patient in a wheelchair accessed Lloyds Pharmacy on Neilston Road. Mr Arnott explained that there was a button outside the pharmacy that when pressed rang in the dispensary to alert staff that the ramp was required to facilitate wheelchair access. As Mr Woods had not seen this button that morning during the site visit, Mr Arnott agreed to investigate.
- 11.4.3 **Mr Wallace (Non-Contractor Pharmacist)**
- 11.4.3.1 Mr Wallace enquired about the percentage footfall from the proposed neighbourhood. Mr Arnott confirmed that significant business was obtained from this area.
- 11.4.4 **Mr MacIntyre (Contractor Pharmacist)**
- 11.4.4.1 Mr Arnott was asked to define the neighbourhood. In the main, Mr Arnott agreed with that defined by the APC but queried use of Lochhead Road. Instead Mr Arnott proposed to take the boundary down to Shaw Woods, along Ben Nevis Road, across Dykebar Hospital and up Neilston Road to the White Cart River.
- 11.4.5 **Mr Irvine (Contractor Pharmacist)**
- 11.4.5.1 Mr Irvine asked whether Lloyds Pharmacy, being a UK wide company, had a safety net in place to cope with increased demand from an ageing population over the next 20 years. Mr Arnott said that there was - every Lloyds Pharmacy was to have a consultation room and staff numbers could be adjusted so there were sufficient trained personnel.
- 11.4.6 **Mrs Mason (Lay Member) - none**
- 11.4.7 **Mr Finnie (Chair) - none**
- 11.5 **Representation from Mrs Cowle (Boots UK Ltd)**
- 11.5.3 Whilst neighbourhoods in such areas could be difficult to define, Mrs Cowle believed the definition that best described the Applicant's neighbourhood was that defined by the APC.

- 11.5.4 The APC neighbourhood predominantly used clear geographical features to define the boundaries. This neighbourhood also encompassed all the area known as Hunterhill which sat predominantly to the South of the A726, the area of Blackhall sited to the North of the A726 as well as Charleton and Lochfield to the South. Boots did not agree with the Applicant's South/South Westerly boundary. It was believed that residents living on either side of St Ninian's Road, Rowan Street and Glenarklet Drive were not considered neighbours of one another.
- 11.5.5 Although the identified neighbourhood had limited amenities the residents did not consider themselves to be living in isolation from existing services – there were good links – footpaths, roads and public transport were used daily by many. Most residents likely left for work, education or to access the wider range of facilities throughout Paisley including supermarkets and other medical services.
- 11.5.6 Should the Panel adopt the neighbourhood defined by the Applicant which did not have a pharmacy located within it, the Panel knew that the Regulations required consideration of pharmaceutical services provided to the neighbourhood from pharmacies located out with the identified neighbourhood. In this case there were many to choose from, including Boots on Neilston Road and a further two Boots stores in the town centre.
- 11.5.8 The existing pharmacies in the APC neighbourhood and the wider area provided access to an extensive and full range of pharmaceutical services as well as access to services in the evening and seven days a week.
- 11.5.9 Boots Neilston Road, was located a short distance from the Charleston Surgery and served many patients from the proposed neighbourhood.
- 11.5.10 Between the three Boots pharmacies, opening hours were typically six days a week from 8:30am to 6pm. However pharmacies such as the Asda Pharmacy on Linwood Road were open seven days a week until 9pm on weekdays and Saturdays.
- 11.5.11 All Boots Pharmacies offered all core services and an extensive range of additional services including: eMAS, CMS, public services EHC, NRT, Gluten Free, AMS, services to those with drug dependencies including supply and supervision of methadone and suboxone, needle exchange. Boots also provided Health Start vitamins, other locally negotiated services and had access to a long list of private services including Flu vaccinations, Men B vaccinations and a Travel Clinic.
- 11.5.12 Boots offered a free delivery service and delivered to the neighbourhood in question.
- 11.5.13 Mrs Cowle was not aware of any complaints made to the Health Board regarding the provision of services from the existing pharmacies. In fact the Neilston Road store regularly received compliments in store regarding the personal service it provided.

- 11.5.14 The Applicant was not proposing to open for hours in excess of those already provided.
- 11.5.15 As the Applicant did not propose to open on a Saturday afternoon and Sunday, Mrs Cowle assumed that the Applicant found existing services to be adequate during these crucial out of hours times. It was further assumed that the Applicant felt the existing services met the ambitions of the strategy already mentioned, Achieving Excellence in Pharmaceutical Care. Mrs Cowle highlighted that within the strategy document referred to by the Applicant it at no point mentioned the need for more pharmacies to deliver more services merely that access to services was important.
- 11.5.16 The Applicant was not proposing to offer any new services. There had been no need identified throughout the process and no evidence that the existing service provision was in any way inadequate. Mrs Cowle said that the existing pharmacies provided a more than adequate level and range of pharmaceutical services to residents of the neighbourhood.
- 11.5.17 There was a choice of accessible pharmacies in the neighbourhood and Paisley as a whole. Pharmacies were located where many patients went to visit the GP, access other key facilities such as banks or carry out regular shopping.
- 11.5.18 Ward figures provided figures for car ownership in the Paisley wards. This information showed that 62% of households had access to at least one vehicle in the Paisley East and Ralston ward and 63% in Paisley South. Mrs Cowle recognised that many people were without a car during the day and highlighted again the existing pharmacies that provided services before and after work. Many other pharmacies were within walking distance of the proposed site.
- 11.5.19 Bus services ran through Hunterhill and Blackhall to Paisley town centre. Of particular note was the number 3 service which ran hourly from the town centre and for which there were bus stops on Marnock Terrace, a few metres from the proposed site, and Cartha Crescent. The number 6 and 70 services ran half an hour apart from one another.
- 11.5.20 Community transport was also available.
- 11.5.21 There would, of course, be a small number of residents housebound or with mobility problems. These patients were currently benefiting from a delivery service from existing pharmacies and as already mentioned, Boots provided a delivery service to many in the area. A new pharmacy would have no impact on current service provision for these patients.
- 11.5.22 Boots observations on the findings of the CAR were that:
- 11.5.23 a) The population of the neighbourhood area identified by the Applicant was given as 6061 persons. As already mentioned, only 135 questionnaires were received in response to the consultation. The consultation exercise included newspaper adverts, online

publication of the questionnaire, promotion through social media and canvassing activity (a leaflet drop and local canvassing as described on pages 26 & 27)

- 11.5.24 b) A significant proportion of all respondents felt that the current provision was adequate for the services listed, for example dispensing of NHS prescriptions. 50% had ease of access to a community pharmacy (10 percentage points more than those that had experienced issues).
- 11.5.25 c) Concerns were voiced by several respondents throughout the report about dispensing to methadone patients from the proposed site including proximity to schools and play areas.
- 11.5.26 d) The key message from those in support of the new pharmacy was that it was “handy”. To quote just a few “very handy for us”, “saves the hassle”, “handier for a lot of people”, “closer to peoples homes”, “more local”, “walking distance”.
- 11.5.27 e) When respondents talked about any difficulty it was always a difficulty other people had. There were no examples of how that person had any difficulty in accessing a pharmacy currently.
- 11.5.28 f) While it was totally understandable that the people questioned saw convenience as an important reason to open a pharmacy, the Committee would recognise that this support was meaningless in the context of the Legal Test. The CAR showed absolutely no evidence of an inadequacy in the current provision.
- 11.5.29 Mrs Cowle noted with the greatest respect that MSPs always supported pharmacy applications in the constituency. It made absolutely no sense not to but Mr Adam referred to no specific unmet need.
- 11.5.30 The GP Sub Committee, well placed to highlight specific unmet needs, merely concluded it had “no exceptions to the proposal”.
- 11.5.31 The APC, which represented the unbiased needs of the community, found the area to be “well served in terms of pharmaceutical provision” and therefore did not support the approval of this application.
- 11.5.32 Boots agreed with the APC neighbourhood.
- 11.5.33 There were a number of pharmacies that provided adequate services to the neighbourhood that were reasonably accessible from the proposed site.
- 11.5.24 Only a small number of residents from the Applicant’s neighbourhood responded to the consultation. A proportion of these felt that the current provision was adequate for the services listed.
- 11.5.25 The Applicant had not identified a need for a particular service that could not be met by existing contractors. All core services were provided.

- 11.5.26 In terms of Lesmahagow, one application had no bearing on another.
- 11.5.27 Boots submitted that the existing pharmaceutical provision was adequate and there were no complaints to contradict that statement. The proposed pharmacy was neither necessary nor desirable to secure the provision of pharmaceutical services in the neighbourhood in question.
- 11.6 **Questions from the Applicant to Mrs Cowle (Boots UK Ltd)**
- 11.6.1 Mrs Bradley enquired where the customers of the Boots Pharmacy in Neilston Road resided. Mrs Cowle said the vast majority of those accessing needle exchange and addiction services resided in the Applicant's proposed neighbourhood.
- 11.6.2 Mrs Cowle was then asked how a resident of Hunterhill travelled to the Boots Pharmacy in Neilston Road. Mrs Cowle said those residents had other pharmacies to choose from as the location of Boots in Neilston Road was not accessible enough. There were always going to be people in the extremes. The Boots team went the extra mile to ensure people had access to services and it did have a delivery service.
- 11.6.3 When asked whether Boots in Neilston Road offered the only needle exchange in the area, Mrs Cowle was not aware that this was the case.
- 11.6.4 Mrs Bradley was interested to know why the Boots store in Neilston Road closed at 5:30pm on weekdays. Mrs Cowle explained that opening hours were flexible and reviewed every year. GPs were consulted and if there were gaps could be adjusted. Mrs Bradley highlighted that apart from a Saturday, the proposed pharmacy would open longer than any other in the locality. Even if the GP surgery was closed that did not mean there was no need for the pharmacy to be open as it provided many stand alone services. The Applicant had originally used 5:30pm as the closing time on weekdays but had extended this to 6pm so it was easier to access and there was no barrier. Mrs Cowle said that there were other Boots stores in Paisley that opened beyond 5:30pm. Boots was always looking for new opportunities and if the CAR had identified a gap then Boots would have responded.
- 11.6.5 Mrs Bradley questioned how Boots would cope with increased demand from a rise in population and increase in the elderly population and whether Boots had a plan in place to deal with this issue. Mrs Cowle provided assurance that Boots did have a plan in place to manage increasing demand which was based on patient safety. . As Boots had a network of stores business could be moved to support other pharmacies, it had a robot dispensing unit in Preston that could make up prescriptions for smaller stores and free up pharmacists to tailor work in store to the needs of the patient. There was also the option to bring in another pharmacist.
- 11.6.6 Finally Mrs Cowle was asked how emergency deliveries were dealt with by Boots. Mrs Cowle explained that Boots used the network of PDC drivers but if that was not possible TNT would be used for a same day

delivery. Mrs Bradley had never seen any TNT drivers at Boots but was aware that if the morning cut off was missed for delivery by PDC drivers then the prescription would be delivered the next day. Mrs Cowle was very surprised that a pharmacist accepted that if a patient was going to be without medication and would not expect a locum to accept that. Mrs Bradley highlighted that the proposed pharmacy was not going to employ a delivery driver but instead deliveries were to be made by a staff member when the pharmacist was signed on.

11.7 Questions from Other Interested Parties to Mrs Cowle (Boots UK Ltd)

11.7.1 Mr Arnott (Lloyds Pharmacy Ltd)

11.7.1.1 When asked by Mr Arnott, Mrs Cowle was aware that the Lloyds Pharmacy on Neilston Road opened until 6pm.

11.7.2 Mrs Williams (Well Pharmacy) - none

11.7.3 Mr Devanney (Barrhead Pharmacy)

11.7.3.1 Mr Devanney noted the close pharmacy network within Paisley and asked if Mrs Cowle was aware that if Boots were unable to deliver there were many other pharmacies able to deliver out with normal pharmacy opening hours. Mrs Cowle was also aware of this.

11.7.4 Mr Mohammed (Abbey Chemist) - none

11.8 Questions from the Committee to Mrs Cowle (Boots UK Ltd) - none

11.9 Representation by Mrs Williams (Well Pharmacy)

11.9.1 Well Pharmacy objected to this application on the grounds that it was neither necessary nor desirable to secure adequate provision of pharmaceutical services to the neighbourhood.

11.9.2 Mrs Williams disagreed with the proposed neighbourhood as it appeared manufactured to contain as large a resident population as possible and included a number of other distinct neighbourhoods including Blackhall, Charleston and Hawkhead.

11.9.3 The neighbourhood proposed by Mrs Williams was much smaller bounded on three sides by Barrhead Road, Hawkhead Road up to White Cart Water and the railway line. This neighbourhood was based on geographical, physical and social boundaries – Barrhead Road was a busy main road and there were significant housing changes in Hawkhead and Blackhall from the Hunterhill area. The neighbourhood was not one for all purposes – all services and amenities necessary in the course of normal living were located outside the neighbourhood. The population of this neighbourhood was estimated at 1100.

11.9.4 Mrs Williams had considered the adequacy of existing services provided to the neighbourhood. As per the Legal Test, this consideration took into

account services by pharmacies located in the neighbourhood itself (of which there were none by Mrs Williams' definition) and services located out with the neighbourhood (of which there were ten located within one mile).

- 11.9.5 Given the proximity of the proposed pharmacy to Abbey Chemist in Lonend (0.5 miles) and the fact that there were another nine pharmacies within a mile that provided services to the neighbourhood, Mrs Williams contended that this was more than adequate. These pharmacies were accessible to patients from the Applicant's neighbourhood by car or one of the three buses running every hour.
- 11.9.6 Each of these pharmacies and the three Well stores located in Paisley provided a comprehensive variety of services and opening hours. These services were provided both to the residents of the neighbourhood as defined by Mrs Bradley and to the wider Paisley area.
- 11.9.7 The Applicant had not demonstrated that the proposed pharmacy was to deliver any services not currently available to residents of Hunterhill from other pharmacies in the immediate area or that there was a current inadequacy in services and as such the question of necessity/desirability ended there.
- 11.9.8 As far as Well Pharmacy was concerned, although its stores were located outside of the neighbourhood as defined by Mrs Williams, it provided more than adequate pharmaceutical services to this neighbourhood day in and day out. Well Pharmacy offered daily prescription collection services from all surgeries in Paisley to each Well Pharmacy store including the two closest to the proposed premises.
- 11.9.9 Well Pharmacy also provided a free, on demand, delivery service to patients in the defined neighbourhood and beyond. This service had been in operation for many years and Well Pharmacy's employed drivers were familiar faces around the area. In addition, Well Pharmacy had developed strong links with the surgeries over the many years that the Pharmacies had been offering pharmaceutical services to the wider neighbourhood.
- 11.9.10 Mrs Williams argued that whilst all pharmacies strived to improve the service delivered to patients that did not necessarily indicate an inadequacy of service and none had been shown here. Well Pharmacy met regularly with NHS Greater Glasgow & Clyde to discuss services and at no point had any inadequacy been highlighted. A case could always be made for "desirability"; however, it should not be confused with "convenience". Mrs Williams believed this was what the Applicant had done and further reinforced by the comments received during the public consultation.
- 11.9.11 Mrs Williams concluded by urging the Panel to reject this application.
- 11.10 **Questions from the Applicant to Mrs Williams (Well Pharmacy)**

- 11.10.1 Mrs Bradley enquired how Well Pharmacy dealt with emergency deliveries. Mrs Williams explained that Well Pharmacy employed its own drivers for a variety of hours across each day. There were two delivery drivers employed to make deliveries from the three stores in Paisley. Pharmacists may also make emergency deliveries when travelling home.
- 11.10.2 The neighbourhood boundary had been difficult to define. Given that Mrs Williams had suggested Hawkhead should be excluded from the neighbourhood, Mrs Bradley asked to which pharmacy Hawkhead belonged. The reply was that it was not for Mrs Williams to define the neighbourhood for the proposed premises.
- 11.10.3 Mrs Bradley asked if Mrs Williams accepted that residents of Hawkhead needed to travel further to access pharmacy services than the distance to the proposed pharmacy. Mrs Williams agreed as these residents would currently be accessing services from one of the existing pharmacies.
- 11.10.4 Mrs Bradley said it had now been mentioned by two different Interested Parties that the proposed pharmacy was not providing any services in addition to those already available in the area. Given that the proposed pharmacy intended to have two consultation rooms and offer podiatry and weight loss plans which were not currently available, Mrs Bradley invited Mrs Williams to comment. Mrs Williams stated these services were not core services and as such could be withdrawn at any time. All existing pharmacies offered a range of additional services e.g. blood pressure monitoring and diabetes monitoring but only the core services mattered.
- 11.10.5 The variety of opening hours had already been demonstrated. Mrs Williams was asked to comment on the weekday opening hours of the proposed pharmacy which were longer than any other pharmacy in Neilston Road. Mrs Williams stated that there were several other pharmacies in the area covering these hours so there was a more than adequate range. Mrs Bradley queried the relevance of Glenburn Pharmacy at Skye Crescent and some of the other 18 pharmacies in Paisley.
- 11.10.6 Mrs Bradley enquired whether the Well Pharmacy stores had any plans for expansion. Mrs Williams explained that all three stores had spare capacity at present to increase the provision of core services as well as additional services.

11.11 **Questions from Interested Parties to Mrs Williams (Well Pharmacy)**

11.11.1 **Mr Arnott (Lloyds Pharmacy Ltd)**

11.11.1.1 Mr Arnott asked whether podiatry and weight loss were core services. Mrs Williams confirmed that these were not core services.

11.11.2 **Mrs Cowle (Boots UK Ltd) - none**

11.11.3 **Mr Devanney (Barshaw Pharmacy) - none**

- 11.11.4 **Mr Mohammed (Abbey Chemist) - none**
- 11.12 **Questions from the Committee to Mrs Williams (Well Pharmacy)**
- 11.12.1 **Mrs Anderton (Lay Member) - none**
- 11.12.2 **Mr Woods (Lay Member)**
- 11.12.2.1 Mr Woods asked how a member of the public would know what core services were available at Well Pharmacy. Mrs Williams said the majority of Well Pharmacies had information about core services displayed in the window unless space was not available. Some of the core services e.g. the Minor Ailments Service were not allowed to be advertised. However there was a practice leaflet detailing the services available or patients could ask a member of staff. It was noted that the Well Pharmacy in Glasgow Road did not have window signage about the services available.
- 11.12.2.2 Mr Woods then asked how a wheelchair user accessed Well Pharmacy in Glasgow Road. Mrs Williams stated that all Well Pharmacies without permanent disabled access should have a bell so a portable ramp could be put in place. Mr Woods highlighted that as with Lloyds Pharmacy in Neilston Road, no bell was visible at Well Pharmacy in Glasgow Road. Mrs Williams agreed to discuss this with the facilities team.
- 11.12.3 **Mr Wallace (Non-Contractor Pharmacist)**
- 11.12.3.1 Barrhead Road had been mentioned by Mrs Williams as a neighbourhood boundary. Mr Wallace asked if people from Hunterhill South crossed Barrhead Road to access the convenience store in Blackford Road. Mrs Williams thought there was another convenience store at the parade of shops at Rowan Street which these residents would use instead.
- 11.12.4 **Mr MacIntyre (Contractor Pharmacist) – none**
- 11.12.5 **Mr Irvine (Contractor Pharmacist) – none**
- 11.12.6 **Mrs Mason (Lay Member)**
- 11.12.6.1 Mrs Mason was interested to know why all pharmacies did not have permanent disabled access. Mrs Williams said that in some instances it was difficult to get the necessary permission from the Council because of adjustments to the pavement required. Other premises did not have the necessary length available to achieve the required gradient for wheelchair access.
- 11.12.7 **Mr Finnie (Chair) - none**
- 11.13 **Representation from Mr Devanney (Barshaw Pharmacy)**
- 11.13.1 Mr Devanney thanked the Committee for the opportunity to represent Barshaw Pharmacy.

- 11.13.2 Mr Devanney began by stating that a new pharmacy contract was neither necessary nor desirable to secure adequate pharmaceutical services in the proposed area.
- 11.13.3 The area of the proposed pharmacy was not a large distinct area lacking in pharmaceutical services. Paisley as a whole had 17 pharmacies with possibly at least ten of these within about one mile of the proposed location.
- 11.13.4 All these existing pharmacies provided a full pharmaceutical service – the services proposed within the application.
- 11.13.5 There was no dramatic change in population in the area and no change in GP surgeries.
- 11.13.6 The number of pharmacies in Paisley allowed for excellent access from all surgeries to pharmacy services and a full pharmaceutical service was obtained by all in the area and Paisley as a whole.
- 11.13.7 A very efficient collection and delivery service was offered by the existing pharmacies in Paisley to all who required it no matter the weather or time. Mr Devanney did not understand why the Applicant was offering a delivery service when the application was all about the lack of provision and access to pharmaceutical services in the area. Why did the Applicant wish to offer this service if it was believed that a pharmacy in this location allowed ease of patient access.
- 11.13.8 The Applicant's proposed opening hours were no more than those already available to patients at present.
- 11.13.9 The Applicant had stated issues with access to existing pharmaceutical services.
- 11.13.10 Steps, busy roads and roundabouts did not allow easy access to the proposed pharmacy from areas out with the immediate area. Access from the area across the Barrhead Road was not easy by foot – there were 27 steps from the proposed location, a busy road had to be crossed with no zebra or pelican crossing at that point – only an island in the middle of the road. On the other side of Barrhead Road there were 16 more steps up to Barscube Terrace then more steps up towards the main area of housing at Chapelhill Road. This did not lead to easy access especially for families with young children/prams, disabled and the elderly. The elderly were stated by the Applicant as a main reason for the new contract.
- 11.13.11 Road access was also not great as entry from the East along Todholm Terrace was basically single file due to the parked cars outside the houses. Mr Devanney said this would lead to traffic issues within the small area.
- 11.13.12 There was also public transport that allowed access to existing pharmaceutical services. A bus stop every 0.1 mile along the Barrhead Road and within the immediate area of the proposed pharmacy there were

six bus stops around the 0.7 mile distance around Cathcart and Cartha Crescent.

11.13.13 Car parking had also been mentioned by the Applicant as an issue. At Abbey Chemist there was parking at Abbey Medical Centre, Anchor Mill Medical Centre and Saucel Terrace car park. Other pharmacies had on street parking – some with disabled bays.

11.13.14 Mr Devanney concluded that current pharmaceutical services provided to the area were not inadequate and urged the Committee to reject this application.

13.14 **Questions from the Applicant to Mr Devanney (Barshaw Pharmacy)**

13.14.1 Mrs Bradley noted that there were 18 pharmacies in Paisley and that the Health Board only had to notify those within a one mile radius of the proposed premises. Mr Devanney was asked what the distance was from the proposed premise to Barshaw Pharmacy. Mr Devanney said 1.6 miles by road.

13.14.2 Mrs Bradley asked if Barshaw Pharmacy was in the neighbourhood proposed by Mr Devanney. Mr Devanney had not said that it was but it was providing pharmaceutical services to that neighbourhood very efficiently.

13.14.3 Mrs Bradley noted that travel to Barshaw Pharmacy by bus was possible using the number 6 bus which stopped in Cathcart Crescent. As this was an hourly bus service Mrs Bradley asked if this was reasonable in this day and age. Mr Devanney suggested residents wanting to travel to Barshaw Pharmacy by bus would catch a bus on Barrhead Road where the service was more frequent but added that getting to Barshaw Pharmacy was not important as these residents were more likely to use Abbey Chemist at Lonend.

13.14.4 Mrs Bradley enquired whether Barshaw Pharmacy had plans in place to cope with an increase in demand for pharmaceutical services. Mr Devanney had coped with the volume increase in prescription numbers over the last 20 years and would continue to cope with any increased demand for prescriptions or services.

13.14.5 Mrs Bradley referred to the statement made that Todholm Terrace was inaccessible and asked Mr Devanney to comment. Mr Devanney said the road was effectively a single lane in Todholm Terrace so the proposed pharmacy was not very accessible.

13.15 **Questions from the Committee to Mr Devanney (Barshaw Pharmacy)**

13.15.1 **Mrs Anderton (Lay Member) – none**

13.15.2 **Mr Woods (Lay Member)**

13.15.2.1 Mr Woods asked how a member of the public knew what contracted

services were provided at Barshaw Pharmacy. At this moment in time there was no advertising about the services available but Mr Devanney thought most people realised the services offered in a pharmacy.

13.15.2.2 Mr Woods then asked how a wheelchair user accessed Barshaw Pharmacy. Wheelchair users had to knock on the pharmacy door so that assistance could be provided to enter the pharmacy or be served outside. Mr Devanney agreed that this was not a very dignified process for wheelchair users.

13.15.3 **Mr Wallace (Non-Contractor Pharmacist) - none**

13.15.4 **Mr MacIntyre (Contractor Pharmacist)**

13.15.4.1 Mr Devanney was invited to define the neighbourhood for the proposed pharmacy and the following suggested:

North – the White Cart River until Hawkhead Road

East – Hawkhead Road down to the A726 Barrhead Road

South – Barrhead Road and along the A726 as far as Cathcart Crescent

West – Cathcart Crescent until the point it curved East, then continuing north across the open fields to the White Cart River

13.15.5 **Mr Irvine (Contractor Pharmacist) - none**

13.15.6 **Mrs Mason (Lay Member) – none**

13.15.7 **Mr Finnie (Chair) - none**

13.16 **Representation from Mr Mohammed (Abbey Chemist)**

13.16.1 Mr Mohammed had provided a range of pharmaceutical services to this neighbourhood for over 30 years.

13.16.2 Abbey Chemist had introduced Pharmacy First and responded to the needs of the local population by providing a range of additional services such as Oral Nutrition, Addiction Services, Anti-virals and Cancer Drugs. Podiatry had been provided in the past but did not do well so was withdrawn. Assistance to lose weight was currently signposted in the pharmacy.

13.16.3 Palliative Care and Needle Exchange services were provided by Abbey Chemist in Gauze Street by negotiation with the Health Board.

13.16.4 In terms of access, Mr Mohammed said that the closest pharmacy to that proposed, Abbey Chemist in Lonend, was open 8:30-6pm Monday to Friday and all day on a Saturday. A pharmacy service was provided on Christmas Day in 2017 and throughout the recent period of severe weather.

13.16.5 Mr Mohammed acknowledged the difficulty in defining the neighbourhood but agreed with all those provided by Mr Devanney, Mrs Williams and the

APC.

13.16.6 Overall, Mr Mohammed said that existing pharmaceutical services provided were good and changed with the changing needs of the population.

13.17 Questions from the Applicant to Mr Mohammed (Abbey Chemist)

13.17.1 Abbey Chemist was attached to Abbey Medical Centre. Mrs Bradley had experienced difficulty parking at Abbey Chemist Lonend so asked about parking availability for customers. Mr Mohammed said there were 22 parking spaces for pharmacy customers - 20 general spaces and 2 designated for disabled customers.

13.17.2 Mr Mohammed did not agree with Mrs Bradley's suggestion that pharmacy staff used these spaces as there was a staff car park at the front of the building. There were 12-14 spaces in the staff car park. Although seven GPs worked in the Medical Centre, not all worked at the same time and not all Medical Centre staff travelled by car. Mrs Bradley continued this line of questioning by suggesting that Abbey Chemist could be deemed inaccessible at times because of parking difficulties. Mr Mohammed said that even if the pharmacy car park was full, there was a council car park close by which Mr Mohammed had never seen full in the last 30 years costing 50p for two hours parking. When visiting Abbey Chemist, Mrs Bradley said the Council car park had been very close to being full. The steep incline also meant elderly patients would probably not manage that. Mr Mohammed pointed out that many of its customers had already visited the Medical Practice. If patients could not manage to visit the practice then GPs made home visits. If necessary the GP was able to call the pharmacy and arrange for medication to be delivered. Mr Mohammed had never experienced any difficulty in people accessing pharmacy services from Abbey Chemist Lonend. Mrs Bradley stated that some of the CAR comments received had mentioned difficulties.

13.17.3 Mrs Bradley asked if Mr Mohammed agreed that Abbey Chemist was a victim of its own success and that it was maybe not coping during certain periods. Mr Mohammed disagreed.

13.17.4 When asked about figures for Pharmacy First, Mr Mohammed said ten patients had used this service in December 2017 and nine patients in January 2018.

13.17.5 Mr Mohammed was asked if there was any strain on the pharmacy service provided by Abbey Chemist. Mr Mohammed said there was not.

13.17.6 Mrs Bradley asked about waiting times for prescriptions at Abbey Chemist. Mr Mohammed said the average waiting time was 10-15 minutes and that waiting times were monitored by audits. However Mr Mohammed also accepted that waiting times could be longer than 15 minutes. Most people appreciated that it took longer to provide an accurate quality service during periods of high demand. Abbey Chemist continually looked to new ways of working to improve efficiency and cope with peaks in demand.

However Mr Mohammed said that the peaks only happened now and again.

13.17.7 Mrs Bradley picked up on the blind couple mentioned earlier unable to access Abbey Chemist and so had to travel further for pharmacy services. Mr Mohammed was more than happy to work round that situation and asked for contact information to address the issue. To this day no-one had ever said to Mr Mohammed that access to Abbey Pharmacy Lonend was not possible.

13.18 **Questions from Interested Parties to Mr Mohammed (Abbey Chemist) - none**

13.19 **Questions from the Committee to Mr Mohammed (Abbey Chemist) - none**

13.20 Having established that the Committee had no further questions, the Chair invited the Interested Parties and Applicant to sum up.

14 **Summing up**

14.1 **Interested Party – Mr Arnott (Lloyds Pharmacy Ltd)**

14.1.1 Mr Arnott stated that convenience was not a reason to grant a pharmacy contract. The Applicant had not been able to demonstrate any inadequacy in the existing pharmaceutical provision. The APC did not support this application and there had been little public support. The Panel in reaching its decision must take into account the pharmaceutical services from the other 10 pharmacies within one mile of the proposed pharmacy and the fact there had been no complaints made about that service to the Health Board. For these reasons Mr Arnott asked the Panel to refuse this application.

14.2 **Interested Party – Ms Cowle (Boots UK Ltd)**

14.2.1 Mrs Cowle explained that the Applicant had not identified any gaps in the existing provision of pharmaceutical services. The Consultation exercise had invited the opinion of over 6000 people but only 135 responded. Mrs Cowle also pointed out that the hearing which granted a new pharmacy contract in Lesmahagow had no bearing on this application. The Applicant had referred to the Achieving Excellence document. Mrs Cowle reminded the Panel that this strategy did not state the need for new contracts to be granted but to improve the existing provision. As there was no inadequacy in the existing pharmaceutical provision Mrs Cowle asked the PPC not to grant this application which was neither necessary nor desirable.

14.3 **Interested Party – Mrs Williams (Well Pharmacy)**

14.3.1 With ten existing pharmacies within a one mile radius of the proposed pharmacy offering a variety of opening hours Mrs Williams said there was no inadequacy in the existing provision. Although a case could always be

made for desirability, Mrs Williams urged the Panel to reject this application as it was not necessary to secure adequate pharmaceutical services.

14.4 **Interested Party – Mr Devanney (Barshaw Pharmacy)**

14.4.1 Mr Devanney highlighted that there was no inadequacy in the existing pharmaceutical services provided and convenience was not a prerequisite for a pharmacy contract to be granted. Access to the proposed pharmacy was also not easy. Mr Devanney urged the Panel to reject this application.

14.5 **Interested Party – Mr Mohammed (Abbey Chemist)**

14.5.1 The philosophy of Abbey Chemist was to respond to the changing needs of patients and as such its opening hours were longer than those proposed by the Applicant. Mr Mohammed stated that Abbey Pharmacy was open on Christmas Day 2017 and during the recent period of severe weather. Additional services such as palliative care were provided by Abbey Chemist and it had been demonstrated that the existing pharmacies provided an adequate service to the area. Mr Mohammed asked the PPC to refuse this application.

14.6 **The Applicant**

14.6.1 Mrs Bradley said this was an excellent opportunity to deliver the aims of NHS Scotland in an inadequately served area. Residents of this Health Board area had challenging health issues and Paisley contributed to these challenges.

14.6.2 The proposed pharmacy had accessible car parking and good road access. It met an unmet need in the neighbourhood and planned to take into account the needs of new entrants to the area. Mrs Bradley offered flexibility to meet these new needs and new people e.g. opening hours. It was necessary and desirable and yes it was convenient but that was not the argument for this application to be granted.

14.6.3 It was clearly demonstrated from the comments received during the consultation that there was dissatisfaction from residents in relation to core services and people were being turned down for other services.

14.6.4 Mrs Bradley said the future must be approached with better vision and sometimes this took a leap of faith. It was hoped the Pharmacy Practice Committee had faith in Mrs Bradley's ability to deliver high quality patient-centred care so that it could be brought up to an adequate level.

14.6.5 Mrs Bradley hoped the PPC also saw that this population was somewhat isolated from the town centre pharmacies and that, with varying levels of deprivation and health need, it was both necessary and desirable for this community to have easy access to a local pharmacy which Mrs Bradley would be proud to provide.

15 **Conclusion of Oral Hearing**

15.1 The Chair then invited each of the parties present that had participated in the hearing to confirm individually that that each had had a full and fair hearing. Each party so confirmed..

15.2 The Chair advised that the Committee would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared and submitted to the Health Board within 10 working days. All parties would be notified of the decision within a further five working days. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.

15.3 The Chair advised the Applicant and Interested Parties that they might wish to remain in the building until the Committee had completed its private deliberations. This was in case the Committee required further factual or legal advice in which case, the open hearing would be reconvened and the parties would be invited to come back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.

15.4 **The Applicant, Interested Parties, Legal Advisor, Contracts Manager and Observers left the meeting.**

16 **Preliminary Consideration**

16.1 In addition to the oral evidence presented, the PPC took account of the following:

- 16.2 i. That a joint site visit had been undertaken of Paisley noting the location of the proposed premises, the pharmacies, medical centres and the facilities and amenities within.
- ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and the surrounding area.
- iii. Maps showing the neighbourhoods proposed by the Applicant and the Area Pharmaceutical Committee
- iv. A map showing the datazones of the area in question
- v. Distance from proposed premises to local pharmacies and GP practices within a mile radius.
- vi. Details of service provision and opening hours of existing pharmacy contracts in the area.
- vii. Details of General Medical Practices in the area including practice opening hours, number of partners and list sizes
- viii. Number of Prescription items dispensed during the past 12 months and information for the Minor Ailments Service.
- ix. Complaints received by the Health Board regarding services in the area.
- x. Population Census Statistics from 2011
- xi. Health & Wellbeing profiles for Paisley Central, Paisley Dykebar and Paisley East

- xii. Renfrewshire Council Housing Land Audit dated 31 March 2016
- xiii. Summary of applications previously considered by the PPC in this area.
- xiv. The Application and supporting documentation provided by the Applicant
- xv. A letter of support from Hawkhead & Lochfield Community Council dated 19 September 2017
- xvi. A letter of support from Mr George Adam MSP for Paisley
- xvii. A letter from the Area Pharmaceutical Committee
- xviii. Pharmaceutical Care Services Plan
- xix. Public Transport Information
- xx. The Consultation Analysis Report.

Discussion

- 17.1 The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from the site visit, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.
- 17.2 The Committee considered the neighbourhoods as defined by: the Applicant, the Interested Parties and the Area Pharmaceutical Committee (the APC).
- 17.3 The Committee agreed with the APC that the neighbourhood should be defined as follows:
- 17.4 To the North White Cart River until it met Hawkhead Road
- 17.5 To the East Hawkhead Road down the A726 Barrhead Road to Lochfield Road
- 17.6 To the South Lochfield Road – Neilston Road
- 17.7 To the West Neilston Road along Causeyside Street, Gordon Street, Mill Street to the White Cart River
- 17.8 Whilst agreeing with the Applicant that the White Cart River was an obvious natural boundary to the north of the neighbourhood the PPC believed the Applicant's other boundaries to be somewhat contrived. The PPC noted that the Applicant had used Saucelhill Park as a natural boundary. However the Committee did not consider this to be a natural neighbourhood boundary as a deviation from a major road i.e. the A726 at Ardgowan Street would need to be made for the park to be located. The PPC believed the use of Hawkhead Road on to Lochfield Road then on to Neilston Road and then north to Causeyside to the White Cart River via Mill Street provided a much more natural boundary for the Neighbourhood.
- 17.9 The neighbourhood proposed by the PPC embraced the traditional communities of Blackhall, Hunterhill, Charleston and Lochfield. These areas all had similar housing stock. Hawkhead and Dykebar were discreet areas of distinctly different housing type and so excluded from the

neighbourhood proposed by the PPC.

- 17.10 The Committee was satisfied that the neighbourhood proposed contained amenities frequently used by residents that contributed to the fabric of the community and included schools, churches, community centres, shops, parks, a medical centre, dentists and four pharmacies.
- 17.11 Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services within or 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.
- 17.12 Firstly the Committee considered whether the CAR provided any evidence of inadequacy within the current pharmaceutical provision. Only 135 responses were received. As the number of responses received was disappointingly small, the Committee was unable to draw any firm conclusions from the CAR as a whole particularly with regard to the adequacy of current pharmacy services. Having looked at the comments in more detail it was noted that the number of negative comments, referred to by the Applicant in her submissions, were broadly balanced by those which were more positive (e.g. question 4). It was also noted that a substantial number of comments about the positive impact of the proposed pharmacy (question 10) were about convenience rather than inadequacy of current service provision.
- 17.13 Information concerning the number and nature of complaints about pharmaceutical services received by the Health Board were reviewed by the Committee. It was concluded that these had no material bearing on the adequacy of the current service provided.
- 17.14 The impact of an increase in demand for pharmaceutical services in the proposed neighbourhood was considered. Demographic data from the datazones that corresponded to the Applicant's neighbourhood was examined to determine the impact of an ageing population on pharmaceutical services. In 2011 the percentage of the population aged 65 and over was 16.72% and for those aged 75 and over was only 6.74%. Evidence had been heard from Mr Arnott that there was currently 18% of the Applicant's neighbourhood population aged 65 and over and that in 10 years time this age range was expected to increase by only 600 people.
- 17.15 The Applicant had reported that Miller Homes had now started the construction of 486 new homes at Hawkhead Road. The Committee was reassured by evidence heard from all Interested Parties that there was spare capacity in the network to cope with increased demand from both the new housing development and an ageing population.
- The Applicant had cited precedents of PPCs from other Boards granting Applications where there had been much lower levels of population. The PPC was clear that each PPC had to define Neighbourhood taking account of a number of factors including population based on the facts in

each case and the PPC was satisfied it had taken proper account of the current and prospective population within its defined Neighbourhood.

- 17.16 The proposition that there would be ever increasing prescription volumes was not sustained by the evidence provided given the Scottish Government initiatives to improve practitioner prescribing in general e.g. polypharmacy reviews.
- 17.17 It was noted that the Applicant had referred to the Scottish Government publication *Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland (2017)*. Professional advice was provided by the Pharmaceutical Members of the Committee and corroborated by information provided by Mrs Cowle during the hearing that this strategy did not suggest that the number of pharmacies should be increased. Instead it was about use of digital technologies and development of the existing workforce to ensure capability and improve capacity for a sustainable pharmacy service. Evidence had been heard that Boots were already using centralised robot dispensing to free up pharmacists time to interact with and provide services to patients. The use of such technologies would help to address concerns about the impact of an ever increasing number of pharmacy led services.
- 17.18 The Committee agreed that there was no existing pharmacy located in the neighbourhood as defined by the Applicant. However that did not mean that existing pharmaceutical services were inadequate as these could be obtained out with the neighbourhood.
- 17.19 In fact the neighbourhood defined by the PPC contained four pharmacies – Abbey Chemist (Lonend), Well Pharmacy (61 Neilston Road), Your Local Boots (6 Neilston Road) and Lloyds Pharmacy (19 Neilston Road). These pharmacies provided all core services and a wide range of non-core services. The Committee was also aware that residents had access to many more pharmacies out with the neighbourhood in Paisley town centre.
- 17.20 Next the committee considered the physical and logistical barriers to accessing existing services.
- 17.21 The demographic data showed that 71% of the Applicant's neighbourhood population was economically active and that car/van ownership was 72%. A significant proportion of residents were able to access existing pharmaceutical services by car.
- 17.22 The PPC had heard that bus services from the Applicant's neighbourhood were limited with many operating an hourly service Monday to Saturday .e.g. McGill's No 6 Service. However it was also noted that a more frequent service operated from Barrhead Road (A726) and that hourly services were staggered. The Committee concluded that there was an adequate bus service for residents to access existing pharmacy services.
- 17.23 For those residents unable to travel to one of the existing pharmacies then

the PPC noted that all contractors provided a delivery service.

- 17.24 The opening hours offered by the Applicant were acknowledged by the Committee i.e. 8:30-6:00 Monday to Friday and Saturday 9:00-2:00 with consideration being given to opening late one or two days per week to mirror the late opening of local GP surgeries. The closest existing pharmacy to the proposed pharmacy premise at 4 Blackford Road was Abbey Chemist, Lonend. This chemist was currently open from 8:30-18:00 (Mon-Fri) and 9:00-17:00 (Sat). These opening hours were in excess of the Health Board's model opening hours. The Committee was satisfied with the range of opening hours offered by the existing pharmacies.
- 17.25 The letters of support for the proposed pharmacy submitted from Hawkhead & Lochfield Community Council and George Adam MSP contained statements based more on convenience than need.
- 17.26 In accordance with the statutory procedure the Pharmacist Members of the Committee namely Mr Irvine, Mr MacIntyre and Mr Wallace left the room while the decision was made.

18 **DECISION**

- 18.1 In considering this application, the Committee was required to take into account all relevant factors concerning the definition of the neighbourhood served and the adequacy of existing pharmaceutical services in the neighbourhood in the context of Regulation 5(10).
- 18.2 Taking into account all of the information available, and for the reasons set out above, it was the view of the Committee that the provision of pharmaceutical services in the neighbourhood (as defined by it in Paragraphs 17.4-17.8 above) and the level of service provided by the contractors in the neighbourhood, was currently adequate and it was neither necessary nor desirable to have an additional pharmacy.
- It was the unanimous decision of the PPC that the application be refused.