PPC/INCL01/2021

**Pharmacy Practices Committee**

**Minutes of the meeting held on Wednesday 21st July 2021 at 0900 hours via Microsoft Teams**

**PRESENT:**

Mrs Margaret Kerr Chair

Mrs Leonora Montgomery Lay Member

Mr Stewart Daniels Lay Member

Mr Gordon Dykes Non-Contractor Pharmacist Member

Mr Alasdair Macintyre Contractor Pharmacist Member

**IN ATTENDANCE:**

Mrs Michelle Cooper Contracts Supervisor, NHS GGC

Mrs Janine Glen Contracts Manager, NHS GGC

Mrs Trish Cawley Contracts Co-ordinator, NHS GGC

Mr Charles Vincent Deputy Chair

|  |  |
| --- | --- |
| **1.** | **MEETING CONVENED** |
| 1.1 | The Pharmacy Practices Committee (PPC) convened at 0900 hoursThe Chair asked the members present to confirm that they had no interest in any of the business to be conducted by the Committee. Each member confirmed there were no conflicts of interest.  |
| **2.** | **ORDINARY BUSINESS** |
| 2.1 | **Minor Relocation of Existing Services**The minor relocations noted below had been approved by the Chair and were endorsed: |
| **2.1.1** | **Case PPC/MRELOC01/2020 – Albert Cross Ltd, T/A Pollokshields Pharmacy, 275 Maxwell Road, Glasgow G41 1TE** |
| 2.1.2 | Albert Cross Ltd, T/A Pollokshields Pharmacy made an application to relocate their existing pharmacy from **298 Albert Drive** to the above address. |
| 2.1.3 | The Lead Pharmacist for Community Care and the NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee both recommended that the application **fulfilled** the criteria for minor relocation as defined within the current pharmacy regulations. |
| 2.1.4 | The Chair, taking into consideration these recommendations agreed that the criteria required by the Regulations were fulfilled and accordingly **approved** the application. |
| **2.1.5** | **Case PPC/MRELOC02/2020 – Bestway National Chemists Ltd, T/A Well Pharmacy, 1157-1159 Shettleston Road, Glasgow G32 7NB** |
| 2.1.6 | Bestway National Chemists Ltd, T/A Well Pharmacy made an application to relocate their existing pharmacy from **1158 Shettleston Road** to the above address. |
| 2.1.7 | The Lead Pharmacist for Community Care and the NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee both recommended that the application **fulfilled** the criteria for minor relocation as defined within the current pharmacy regulations. |
| 2.1.8 | The Chair, taking into consideration these recommendations agreed that the criteria required by the Regulations were fulfilled and accordingly **approved** the application. |
| **2.1.9** | **Case PPC/MRELOC03/2020 – Holmscroft HC Ltd, T/A Holmscroft HC Pharmacy, Greenock Health & Care Centre, Wellington Street, Greenock PA15 4NH** |
| 2.1.10 | Holmscroft HC Ltd, T/A Holmscroft HC Pharmacy made an application to relocate their existing pharmacy from **Holmscroft Health Centre, 20 Duncan Street, Greenock PA15 4LY** to the above address. |
| 2.1.11 | The Lead Pharmacist for Community Care and the NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee both recommended that the application **fulfilled** the criteria for minor relocation as defined within the current pharmacy regulations. |
| 2.1.12 | The Chair, taking into consideration these recommendations agreed that the criteria required by the Regulations were fulfilled and accordingly **approved** the application. |
| **2.1.13** | **Case PPC/MRELOC04/2020 – Invercoast Ltd, T/A Inverkip Pharmacy, 2A Kip Park, Inverkip PA16 0FZ** |
| 2.1.14 | Invercoast Ltd, T/A Inverkip Pharmacy made an application to relocate their existing pharmacy from **64 Main Street, Inverkip PA16 0AS** to the above address. |
| 2.1.15 | The Lead Pharmacist for Community Care and the NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee both recommended that the application **fulfilled** the criteria for minor relocation as defined within the current pharmacy regulations. |
| 2.1.16 | The Chair, taking into consideration these recommendations agreed that the criteria required by the Regulations were fulfilled and accordingly **approved** the application. |
|  | ***HOMOLOGATED*** |
| 2.2 | **Changes of Ownership**The Committee, having previously been circulated with the relevant paper, noted the contents which gave details of a Change of Ownership considered by the Chair since the date of the last meeting: |
| 2.2.1 | **Case PPC/C005/2020 – L Rowland & Co (Retail) Ltd T/A Rowlands Pharmacy, Springburn Health Centre, Glasgow G21 1TR** |
| 2.2.2 | The Board received an application from L Rowland & Co (Retail) **Ltd** for inclusion in the Board’s Pharmaceutical List at a pharmacy previously listed as Springburn HC Pharmacy Ltd, T/A Springburn Health Centre Pharmacy at the address given above, with effect from 1st October 2020. The trading name of pharmacy changed to Rowlands Pharmacy. |
| 2.2.3 | The Committee was advised that the level of service wasn’t reduced by the new contractor and that the new Contractor was suitably registered with the General Pharmaceutical Council. |
| 2.2.4 | Given the above, the Chair agreed that the requirements of the Regulations were fulfilled and accordingly granted the application. |
|  | ***HOMOLOGATED*** |
| 2.3 | **Minutes of Previous PPC Hearings**The Minutes of the undernoted PPCs were notified: |
| 2.3.1 | PPC(M)2020/02 held on Monday 2nd March 2020; andPPC(M)2020/03 held on Thursday 12th March 2020 |
| 2.4 | **Reappointment of PPC Members** |
| 2.4.1 | The Committee, having previously been circulated with the relevant paper, noted the contents which gave details of the reappointment arrangements for PPC members whose current term of office had expired over the last 12 months. |
|  | Name | Designation | Re-appointment Date | Duration of Appointment |
|  | Alan Fraser | Lay Member | April 2020 | 4 years |
|  | Maura Lynch | Lay Member | April 2020 | 4 years |
|  | Catherine Anderton | Lay Member | April 2020 | 4 years |
|  | Stewart Daniels | Lay Member | April 2020 | 4 years |
|  | Hakim Din | Lay Member | April 2020 | 4 years |
|  | ***HOMOLOGATED*** |
| 3. | **ATTENDANCE OF OBSERVERS**  |
| 3.1 | Prior to formally convening the open session, the Chair intimated that Mr Charles Vincent, a recently appointed Deputy Chair of NHS GGC Pharmacy Practices Committee (PPC) wished to attend for training purposes. The Chair stressed that Mr Vincent would take no part in the decision making process and asked for agreement to his attendance at the meeting. The Applicants and Interested Parties had no objection to Mr Vincent’s attendance. |
| 4. | **APPLICATION FOR INCLUSION IN THE BOARD’S PHARMACEUTICAL LIST CASE No: PPC/INCL01/2021 Mitchell & Pollock Ltd, 19 Brown Street, Mill of Haldane, Alexandria G83 8HJ** |
| 4.1 | *The Chair formally convened the open session of the hearing and welcomed the Applicants and Interested Parties.* |
| 4.2 | Mr Paul Pollock and Mr Douglas Mitchell**,** (“the Applicants”), were unaccompanied. It was confirmed that Mr Pollock would speak on behalf of the Applicants |
| 4.3 | The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend this Hearing, were:- Mrs Yvonne Williams representing Well Pharmacy;- Mr Stuart McBean representing Boots UK Ltd (assisted by Mrs Joanne Watson); and- Mr Nik Goburdhun representing Gordon’s Chemist.Together these constituted the “Interested Parties”. |
| 4.4 | The Applicants and Interested Parties were advised that the meeting had convened at 0900 hours when all present were invited to state any interest in the application. No interests were declared. |
| 4.5 | The Chair advised all present that due to the current COVID restrictions no Group site visit had taken place. Instead members of the PPC had undertaken individual site visits to the proposed premises and surrounding area. Mrs Montgomery hadn’t made a site visit as she was based in Aberdeen. |
| 4.6 | The Chair advised all present of the necessary housekeeping and Microsoft Teams functions. |
| 4.7 | This oral hearing had been convened under Section 3, Paragraph 2 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended. The PPC was to consider the Application submitted by Mitchell & Pollok Ltd to provide general pharmaceutical services from premises situated at 19 Brown Street, Mill of Haldane, Alexandria G83 8HJ (“the Proposed Premises”). |
| 4.8 | The purpose of the meeting was for the PPC 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 Applicants’ proposed premises were located. |
| 4.99 | Confirmation was sought by the Chair that the Applicants and Interested Parties were not attending this hearing in the capacity of solicitor, counsel or paid advocate. All parties confirmed individually that this was the case.  |
| 4.10 | 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 Applicants and each Interested Party.  |
| 4.11 | 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.  |
| 4.12 | Finally, the Chair confirmed that the Committee had read all the papers submitted so invited Mr Pollock to speak in support of the application, reminding him that the PPC was not in a position to consider any additional written evidence. |
| 5. | **THE APPLICANTS’ CASE – (below was reproduced from Mr Pollock’s pre-prepared statement)** |
| 5.1 | Mr Pollock greeted the Committee and thanked them for allowing him to present his case to the PPC today. |
| 5.2 | Mr Pollock advised and he had been a pharmacist for 20 years mainly in community pharmacy. He was also qualified as an Independent Prescriber (IP). Since he qualified as an IP 10 years ago, he had been keen to use this extra qualification and had worked in a variety of fields such as care homes, general practice and addiction services. Currently he worked four days per week as an IP in Glasgow Alcohol and Drug Recovery Services which includes the homeless addiction services. He spent one day per week in his pharmacy in Cambusbarron, Stirling. He had previously sat on the Area Pharmacy Committee in both Glasgow and Forth Valley.  |
| 5.3 | Douglas was his business partner and was also a pharmacist who had around 20 years experience, again, always having worked in community pharmacy. He spends 4-5 days per week in the Cambusbarron pharmacy as the main pharmacist. Douglas was also training to be an IP and due to qualify this year. He presently sits on the Area Pharmacy Committee in Forth Valley. Douglas was qualified to operate a travel clinic and sexual health screening clinic which was thriving up until the onset of Covid.  |
| 5.4 | Mr Pollock advised that he couldn’t really proceed today without acknowledging the full impact of Covid-19 over the last 18 months. Apart from the tragic loss of life, it had affected physical health, mental health, ways of working, education, social experiences, and the way we shop. In fact there was very little that we do now that had not in some way been touched by this virus. Sadly, he had read in the Lennox Herald earlier this month that the West Dunbartonshire death figures in 2020 were the second highest in Scotland, only surpassed by Glasgow **(Appendix A).** |
| 5.5 | He advised that pharmacy services in March 2020 were affected with record numbers of prescriptions being presented to pharmacies. Queues were commonplace at pharmacies, opening times were cut back, and there was no supervision of opiate replacement therapy at a large number of pharmacies. People opted for delivery of medication due to isolation which put a burden on this end of the business. Panic buying and shortages started to appear. He even recalled simple paracetamol was difficult to source at one stage |
| 5.6 | He sought the PPC’s understanding that he had to acknowledge the impact Covid had had on his application here today. Firstly, MS Teams was not ideal and everyone would agree that the hearing would be better undertaken face to face. Secondly the supporting documents and data for the application were based on late 2019 or early 2020 data. What he had provided was the information available to him at the time. His application had to be submitted in April 2020 so this was the information he had to go on. |
| 5.7 | There was very little that he could do about this and he pleaded with the PPC when they were making their decision today to take this into account.  |
| 5.8 | Thirdly, he had been paying rent on 19 Brown Street since the start of his application in April 2019, throughout all of Covid and would likely still have to pay until the outcome from the hearing today was completely resolved. He had now spent a substantial 5 figure sum on this.  |
| 5.9 | He simply asked everyone that the hearing be carried out with an understanding of the unusual situation. He would not want to be penalised over data which was dated 2019 rather than 2020 for example. |
| 5.10 | Neighbourhood/BoundariesMr Pollock advised that his neighbourhood could be described as the area locally known as ‘Haldane’. His first Appendix with the signs from the main road, describes naturally that this was a distinct area. **(Appendix 1).**  |
| 5.11 | If Cube Housing, Dunbritton Housing, The Scottish Executive, The lottery sponsored ‘New Opportunities fund’, The Co-op, The Cruden Group, West Dunbartonshire Council and a whole host of other organisations were willing to put their name on a number of boards recognising that Haldane was a community in its own right, then he could not see why any argument posed by the interested parties should change this |
| 5.12 | Haldane was an area set apart from that of Balloch and could be identified as:North West boundary: from the A811 trunk road at Haldane terrace continuing SW to the roundabout;West boundary: the A813 south until Levenbank Road;South boundary: Levenbank Road;East boundary: greenbelt. It starts at Arthurston Rd, moving through Carmona Drive and Dumbain Crescent andNorth East boundary: Dumbain Crescent becomes Dumbain Road and leads to Haldane Terrace which completes the neighbourhood. |
| 5.13 | As noted in the Consultation Analysis Report (CAR), 97% of the respondents concurred that this was a community which defines itself as being distinct from Balloch and the main body of Alexandria. |
| 5.14 | There were numerous outlets within Haldane which housed a bookmaker, several convenience stores, fast food outlets, a hairdresser and a barber. There were other services such as Women’s Aid, a library, childcare services and Jamestown Parish Church. During the day, he had noticed a bowling club, at least two full sized grass football pitches, basketball and tennis courts and an industrial area. There was an established and well-run Community Council. |
| 5.15 | In this very forum in 2016, there was a pharmacy application in Alexandria which concluded that the A811 was in fact a northerly boundary, being as it was the main busy trunk road to Stirling, and that the River Leven was a natural boundary **(Appendix 2)**. This meeting also recognised that ‘The Place of Bonhill’ was a southerly boundary and Mr Pollock said this because there were interested parties from Bonhill, Alexandria and further afield. Not one road in his Haldane neighbourhood was deemed to be in the areas discussed at that meeting. So, from the 2016 hearing two points could be made: |
| 5.16 | 1) As his Haldane neighbourhood had a completely separate and new catchment, this hearing today had to be considered as a completely new proposal. There could be no consideration that the 2016 PPC outcome had any bearing on that decision today; and2) What the PPC in 2016 did agree upon were the boundaries. The A811 and the River Leven were still there; Bonhill still resides far in the South and had not got any closer to Haldane since 2016. Mr Pollock guaranteed the PPC that the interested parties would have no information to dispute the boundaries set by the PPC in 2016 and these should remain.  |
| 5.17 | Haldane 30 years ago was a place where shops and flats were boarded up. **Appendix 3 and 4** gave a great account of how things became so bad in the area at a time and came to a climax with the death of a child in a fire at the home. Quite rightly, it became an area of concern as it was noted as being one of the most deprived and run down housing schemes in Scotland. People didn’t want to live there and were vacating the area. It became a ghost town with unsightly high rises which had little occupancy. Businesses were closing and moving to places with better footfall.  |
| 5.18 | Since that time housing regeneration in Haldane had been an ongoing theme. In fact, there had been such momentum with regeneration in the area that Haldane was recognised nationally when Cube Housing and Dunbritton Housing Association were joint runners-up in 2013 Excellence in Regeneration award. |
| 5.19 | From his Freedom of Information request **(Appendix 5)** you can see that there had been 366 houses built so far of which only 50 were for private ownership. **Appendix 6** shows a further proposal for housing development but Mr Pollock hadn’t heard any more on this though. **Appendix 7** tells us the information we need to know about the future – West Dunbartonshire Council stated that Haldane was deemed an area which was a ‘priority for regeneration work to be carried out in’. Mr Pollock had submitted a further appendix **(Appendix B)** which indicates post Covid-19 that West Dunbartonshire Council wishes to ‘progress at pace for the next 5 years’ when it comes to house building and again Haldane was on this target list. The choice wording that the Council chooses to use was important – ‘priority for regeneration’, ‘progress at pace’. In **Appendix 8**, he had marked where there were current house building projects (Haldane Primary, Dumbain Rd and Dumbain Rd/Carrochan Rd). This totals 132 further houses. Mr Pollock understood that most were two or three bedrooms. Inler Gate was now seeing its first residents welcomed to their new home. The PPC won’t see this street name on their map. Inler Gate used to be the old site of Haldane Primary School.  |
| 5.20 | RegenerationHaldane was an area where the physical layout and population had changed over a generation. In short, this was a new community. Mr Pollock stated that those of the PPC who took the time to visit Haldane, would have seen that this was a modern and ongoing regeneration project. |
| 5.21 | PopulationCalculating population was a difficult one where there was recent and ongoing house building, especially when the defined area of Haldane crosses a series of data zones. His estimated population was 3500.  |
| 5.22 | Even the most recent Scottish Index of Multiple Deprivation (SIMD) data (2020) relied on 2017 population data. It was known from **Appendix 8** there were at least another 3 sites with 132 houses to add to the figures on record. If we assume around 2.2 people per house, this meant around another 300 people living in the area. Also, with active and publicised refurbishment plans, West Dunbartonshire Council would be returning homes, previously deemed uninhabitable back on the market to use. When Mr Pollock checked up on 19 Brown Street a couple of weeks ago, there were two of the low-rise flats that were getting refurbishment work carried out on them. All this was before considering future developments in the future which the Council aimed to carry out. |
| 5.23 | Mr Pollock advised that he had been caught up in a discussion with Councillor Sally Page after the local community council meeting. She was very interested in the pharmacy application as it would now be the closest pharmacy for her council area of Gartocharn which had another 600 people in the area. This ended with Douglas going to a coffee morning a few weeks later to discuss the proposed pharmacy which was a huge success. |
| 5.24 | Scottish Indices of Multiple Deprivation (SIMD)In determining ‘necessity’ for a new community pharmacy, Mr Pollock advised that one must consider the factors within the community which it will serve. He likened Balloch and Haldane to Bearsden and Drumchapel in that they had an affluent and deprived community separated by only a street or two. They were however, two very different communities.  |
| 5.25 | Mr Pollock advised that he really liked **Appendices 9 and 10** because they provided so much information. When you look at the SIMD rank it tells you where the data zones are in relation to others in Scotland. There were just fewer than 7000 data zones in Scotland with 1 being most deprived and 6900 being the most affluent. The three data zones which hold the majority of the Haldane population, the zones that end 38, 39 and 40 on **Appendix 9**, all have a very poor outlook for crime, education, employment income and health. So bad in fact that these data zones are all ranked in the lowest 10% in Scotland. You could see out of 7000 they are 299, 434 and 603. When we go across the main trunk road to Balloch, the data zone S01013236 shows the difference in the two areas as it was favourably ranked 4507. As Mr Pollock mentioned earlier, Balloch and Haldane have the same demographic gap that Bearsden and Drumchapel do. Both are right next to each other, but the differences between the grade of housing, crime, education and the health and social standards in the communities are other ends of the spectrum. Typically, after he compiled all this information himself, West Dunbartonshire Council released their document in 2020 on the SIMD information **(Appendix C).** Quite simply on page 9 you could see that the three Haldane data zones Mr Pollock referred to – 38, 39, 40 are listed due to their low indicators. The fifth column along was health, and all three zones are in the bottom 10%. On page 10 the map highlights these areas also. |
| 5.26 | Mr Pollock pointed to the colour copies of **Appendix 11** because this shows the glaring and sustained deprivation of Haldane over the last 8 year. He had included the 2012, 2016 and 2020 data. The three main data zones for Haldane are all rated as being in the bottom 10% in Scotland. Mr Pollock advised that he shouldn’t need to tell anyone here that a deprived area will often see so much health problems, greater addiction issues, more coronary heart disease, poorer employment and education opportunities, Haldane was no different. On **Appendix 12**, if you live in Haldane you are more likely to have an emergency hospital admission than the national average. More alcohol related hospital stays, more multiple hospital visits for the 65+, more visits due to coronary heart disease. |
| 5.27 | IZ18 contains all of Haldane but also some of the surrounding roads **(Appendix 12)**. The intermediate zone data shows Haldane to be more income deprived, more employment deprived and live in a community that had more crime that the Scottish average.  |
| 5.28 | The startling fact was that this was in an area which had had a sustained period of deprivation for at least 8 years. Before this, Haldane was an area of concern with the Council after years of decline. So we are quickly recognising that Haldane had been a seriously deprived area for at least 25 years. |
| 5.29 | What was presented to the PPC was the information to conclude that Haldane had a greater need for health than most other parts of Scotland yet didn’t have a GP within easy access. It does not even have a pharmacy. This was one of the strongest arguments for a community pharmacy in the area. |
| 5.30 | Intended service provision Mr Pollock advised that he intended to provide all aspects of community pharmacy core services from the intended pharmacy.Core Services * Acute Medication Service
* Medicines Care Review (previously CMS)
* Pharmacy First (previously Minor Ailments Service)
* Quality Improvement
* Public Health Service (Sexual health provision, Smoking Cessation, Paracetamol for vaccination)

National Services * Stoma
* Gluten Free foods
* Unscheduled care

Local Services * Advice to Residential Homes (where there was demand)
* Support for people with substance misuse issues
	+ Supervision
	+ Disulfiram
	+ Naloxone provision
	+ DBST testing
* Compliance support solutions
* Disposal of Patients’ Unwanted Medicines
* Collection and delivery services (free)
 |
| 5.31 | Mr Pollock advised that he and his partner would also be available to provide Lateral Flow Kits to the public which was a very recent service launched by Community Pharmacy Scotland (CPS). Most community pharmacies will be offering this but let’s be honest, someone from Haldane was not going to go on a bus to Alexandria, Bonhill or Marchbanks to collect a Lateral Flow Test. |
| 5.32 | March 2020 saw the move away from Minor Ailment Services to Pharmacy First which now offered care to every person in Scotland. |
| 5.33 | In reference to this, CPS stated, ‘our focus was on increasing access to community pharmacy as the first port of call to manage self-limiting illnesses and supporting self-management of stable, long term conditions in and out of hours and to improve pharmaceutical care and contribute to the multidisciplinary team.’ CPS March 2020.  |
| 5.34 | Mr Pollock and his partner were trained and currently operating a vaccination/sexual health screening from their other pharmacy. This would be developed and offered within Haldane also. |
| 5.35 | Two years ago there was a shift in the Health Board, encouraging pharmacies to administer the seasonal flu vaccine for which they were remunerated. Last year supplies were hard to obtain due to Covid-19 and the huge increase in people accepting a vaccine. It would make sense that the Applicants’ extended hour’s pharmacy having both pharmacists trained to administer vaccinations would offer this going forward. Mr Pollock advised that in Forth Valley community pharmacies had been contacted to scope out their ability to offer Covid-19 top up vaccines. One can imagine that if Forth Valley were considering this, NHS GGC will also be. |
| 5.36 | Recently the Emergency Care Summary, once shielded from community pharmacy had been made available for appropriate community pharmacy interventions. This was a fantastic tool for community pharmacy and had really changed their way of practise, particularly as it can be so effective at a time where the GP was closed, such as Sundays or late evenings. |
| 5.37 | Unscheduled care had been heralded as a great success. This allows pharmacists to make supplies of prescription only medication without a prescription on a one off basis. Pharmacists could access the Emergency Care Summary for any patient in Scotland. Then they can check what medication the patient is on and if suitable, supply some of that medication should they have ran out or lost it. Being able to do this on a Sunday would be a huge coup for the area, freeing up the Out of Hours services from needless appointments or needless journeys into Glasgow or the nearest Sunday Pharmacy. |
| 5.38 | March 2020 also saw CPS announce that there would a new service for Independent Prescribing Pharmacists of which both Applicants would be. |
| 5.39 | ‘From April 2020, all community pharmacies with Independent Pharmacist Prescriber (IP) cover will be able to claim £2000 each month to support the provision of a common clinical conditions IP service from their community pharmacy premises.’ CPS March 2020 **(Appendix 14).** |
| 5.40 | What this was implying was that the prescribing pharmacists in community pharmacies will be in a position to offer patients an even greater level of care and support. One of the requirements of the service was to enrol or intend to enrol on the ‘common clinical conditions course. Therefore patients with more complex needs that would previously have been referred to a doctor will now be able to receive treatment from a pharmacy.  |
| 5.41 | This was a massive announcement and certainly one which the Applicants will be involved in. The fact that CPS announced this with such a generous remuneration was an indicator of where they want community pharmacy to be in the future. |
| 5.42 | In fact, Harry McQuillan CEO of Community Pharmacy Scotland was quoted saying that ‘*prescribing members of the pharmacy board had never been busier as independent prescribers. If every one of our community pharmacies had an independent prescriber, we wouldn’t need PGD’s, we could truly manage repeat prescriptions and prevent the recent chaos around repeat prescribing.*’  |
| 5.43 | In Forth Valley at the moment there were roughly about 10-12 PGDs in place. These allow pharmacists to prescribe medication that was ‘prescription only’. However, Pharmacy First Plus allowed pharmacists to prescribe any medication in their competence that they would feel benefits the patient. That was how much of a difference this makes. |
| 5.44 | Mr Pollock questioned whether any of the existing pharmacies locally will be in a position to provide this level of care. It was becoming clear that being an independent prescriber was the new standard for providing in full the pharmacy contract.  |
| 5.45 | Mr Pollock advised that he would let the PPC consider how this would benefit Haldane. |
| 5.46 | Pharmacy Opening times Monday - Friday 08.30 – 18.30Sat 09.00 – 17.00Sun 10.00 – 16.00 |
| 5.47 | Premises19 Brown Street, Haldane, Alexandria G83 8HJThe proposed premises were situated in a row of shops where all other shops in the street are occupied. The neighbouring shops are a Day-Today store, Lifestyle store and Quick Bite. Brown Street was in the centre of Haldane and the fact that two convenience stores are able to co-exist right next to each other tells you that they are both busy sites.Mr Pollock directed the PPC to **Appendix 15** which provided some of the street views of the shop.The unit was 658sq ft in size.A drawing of the shop layout was provided at **(Appendix 16).** It was a fantastic size and Mr Pollock was sure the PPC would agree would make an excellent pharmacy. |
| 5.48 | The unit had been rented since April 2019 and as stated, will remain under lease. The lease had been agreed for 5 years. A copy of the lease had been included as evidence of this agreement **(Appendix 17).** |
| 5.49 | The pharmacy will benefit from two consultation rooms to fully deliver the pharmacy contract both today and in the future. The Applicants have taken the experience of Covid 19 on board and originally planned to have two consultation rooms with a shutter between them. Even if they don’t use this option going forward, two consultation rooms would be a great opportunity to do multiple interventions such a vaccinations or Pharmacy First **(Appendix 18).** |
| 5.50 | As they did in Cambusbarron, the Applicants would have three full-line wholesalers available to order stock from. They also benefitted from having 8 generic companies to order from. In contrast, Boots pharmacies are restricted to one main supplier.  |
| 5.51 | It was no co-incidence therefore the Applicants currently supply stock orders to most of the local GP surgeries in Stirling and Cambusbarron and have increased their prescription numbers year on year. Two of the GP surgeries openly tell patients who phone about stock problems, to contact Cambusbarron Pharmacy first as they have better ordering options than the multiples. |
| 5.52 | Staff Mr Pollock explained that staff would be sourced locally to provide adequate cover. The number of staff would be dependent on script volume but would be constantly fluid. Due to the 7-day opening, Mr Pollock envisaged initially requiring up to around 8 members of staff to operate the pharmacy. Staff would be recruited locally. Training would be through the NPA (National Pharmaceutical Association) and they would encourage development of staff up to the level of an ACT (Accuracy Checking Technician) as they have previously found this model to be successful.  |
| 5.53 | The Applicants would also employ a delivery driver to support patients who are unable to attend the pharmacy. Remembering recent Covid 19 arrangements, large numbers of patients were opting to have medication delivered due to isolating. While in no way does a free prescription collection and delivery service act as an alternative to face to face contact, it still had a role in modern pharmacy provision, especially in a deprived area. |
| 5.54 | AccessIn the pre-consultation meeting ‘access’ was discussed in the wider context. Being accessible to all patients and their needs, being commutable/within the community, physically accessible and having facilities to park, providing services appropriately to that community and at suitable times. |
| 5.55 | The premises will have disabled access improvements to meet requirements of the Equality Act 2010. |
| 5.56 | The premises benefits from an extended car parking facility owing to a widened street which patients can drive into. There are no yellow lines. In fact when Mr Pollock was checking up on the property two weeks ago, building contractors for the house refurbishments discussed earlier were using the extended parking space to store some of their equipment. |
| 5.57 | Patients will benefit from a bus service which stops adjacent to the community pharmacy meaning that on a Sunday the pharmacy was only a bus journey away from the Out of Hours services.  |
| 5.58 | The premises have a locking shutter which will be secured overnight. |
| 5.59 | The pharmacy will be alarmed and will have camera surveillance for security. |
| 5.60 | Historic HaldaneIn the 1980’s there was evidence that there was indeed a community pharmacy within Brown Street. Evidence of which can be seen within **Appendix 15** where an old ‘Chemist’ sign can be made out on 17 Brown St. Many of the residents in the CAR spoke fondly of this but were appreciative that during the decline in the area, it closed. One of the elderly community council members recalls that the pharmacist moved away from Haldane and ‘set up’ a pharmacy elsewhere. This would therefore be before PPC and contract times, so before 1985. |
| 5.61 | Existing pharmacy services1. Well (4677) 11 Dalvait Road, Balloch - 1.3km by road.The Applicants found Well pharmacy difficult to park near with double yellow lines on both sides of the road. ‘Resident’s parking only’ signs nearby and located across the road from a pub. The following pharmacies, while out with the community at a road distance of 3km, are nonetheless considered as providing pharmaceutical services to the area of Haldane. 2. Boots (4674) 11-14 Mitchell Way, Alexandria3. Gordons (4763) 12-14 Mitchell Way, Alexandria 4. Boots (4514) 167-169 Main Street, AlexandriaAll four are out with the boundary of Haldane, a fact reinforced by the last pharmacy application in Alexandria in 2016.  |
| 5.62 | Mr Pollock drew the PPC’s attention to **Appendix 19** containing dispensing data from Well, Boots, Gordons, Boots as well as Bonhill. Bonhill Pharmacy was further away to the south still, and with having 3 pharmacies between Haldane and Bonhill, it was unlikely to have any significant impact either way.  |
| 5.63 | Mr Pollock focussed first on Well Pharmacy as they were the closest pharmacy to Haldane. |
| 5.64 | Mr Pollock commented that Well Pharmacy have been doing well in their dispensing, increasing 26% in the 4 years between 2015 and 2019. So they were getting more customers and you would think they would increase in every aspect of their business. However, they have actually processed less MAS prescriptions in 2019 than in 2015 despite the increase in customers. Are they just not promoting services because they are busy?  |
| 5.65 | So, Mr Pollock phoned them to see if they would offer other services. On 13/1/2020 **(Appendix 22)** Mr Pollock telephoned to see if they would have space for a patient on opiate replacement therapy (ORT). This was a common drug for opiate addiction. The normal etiquette was for the Addiction Team to call the pharmacy and ‘request a place’ before sending the patient along and this was something Mr Pollock would do as part of his day job as a prescriber for Addictions. The dispenser said that the regular pharmacist wasn’t in and they could not make the decision. They refused his request and asked for him to call back later on the Wednesday once the manager was back. |
| 5.66 | Mr Pollock returned to the pharmacy another time. He thought that if he bought some Nicorette gum, he may be asked if he wanted to acquire these under NHS smoking cessation services. He also went to the till and asked for ibuprofen and paracetamol liquid for his child. He thought that he may be asked further about this as both are available on Pharmacy First. No. He left the pharmacy simply having purchased all three with no consultation or enquiry.  |
| 5.67 | Mr Pollock advised that he was part of the Facebook ‘Scottish locum network’. On Sunday (11/7/21) he noticed that Well pharmacy was still looking for a locum for the Monday, the following day (12/7/21) **(Appendix D).** This comes off the back of recent newspaper articles which suggest a number of the multiple pharmacies are refusing to pay locums higher rates to cover shifts. The article states that multiples are choosing to close sites for the day instead. **(Appendix E).** |
| 5.68 | Mr Pollock added that it was not only Haldane which was potentially seeing massive growth in population. He noticed in the press that Flamingoland had put forward revised plans to build a large site in Balloch (**Appendix F).** He didn’t want to get into the political divisions it had caused, but if granted, this will draw large numbers to the area and see Well Pharmacy as the closest pharmacy become much busier off the back of tourism. Undoubtedly this would then put more strain on other pharmacy services. |
| 5.69 | The PPC would be able to see from the data on dispensed items in Alexandria 2015 -2019 that nearly half a million prescriptions annually have been dispensed between the four closest pharmacies. On average that was ten thousand items per month for each pharmacy. These pharmacies will not struggle with a pharmacy in Haldane opening.  |
| 5.70 | In fact they will probably be relieved of the respite. Mr Pollock had it on good authority that the Boots in Mitchell Way lost some good members of staff after 2015. The story Mr Pollock had heard was that the dispenser they lost was heavily involved in all the dosette boxes and instalment dispensing. The store then lost their pharmacist and required help. As a result they lost the majority of their instalment dispensing to the other pharmacies. When you look at the figures you can see that in 2015 they were dispensing 4000+ instalments per month. In one month in 2019 they only dispensed 330 instalment items, less than a tenth of what they were doing back in 2015. Something seriously went wrong with this branch. Furthermore, the only thing that would have done was put further pressure on the other pharmacies locally.  |
| 5.71 | Having led the way with offering free delivery of medication, Boots have now decided that they wish to charge people £5 for this. This caused a serious backlash but Boots have not retracted this. So, if you want your medication delivered you can do this for £5 or you can spend £55 for an annual subscription. The PPC could see the opinion on **Appendix 21** with the headline using the word “disgrace”. |
| 5.72 | The pharmacies in Alexandria fall victim to poor geography. What he meant by this was that there are three pharmacies within 20meters of each other. This was very much the old model of pharmacy where a couple of pharmacies were dotted around health centres in the town and no provision at all in the neighbourhoods. The new model of pharmacy aims to have pharmacies in the community being the first port of call. Three pharmacies beside each other and not in the communities effectively stop this from happening.  |
| 5.73 | Existing medical cover As of 1/1/2020 (ISD figures)Lennox practice - 4834 list sizeLoch Lomond surgery – 8020 list sizeDr McLachlan & Partners 3597 list sizeOak view medical practice 9260 list size(**Appendix 24**)By Mr Pollock’s calculation this equated roughly to 25,000 patients. If each patient received 20 prescriptions per year, this would tally with the 500,000 prescriptions dispensed between the current pharmacies. |
| 5.74 | Addiction servicesMr Pollock advised that he was delighted to be invited to a meeting with Dr Garthwaite at West Dunbartonshire ADRS **(Appendix 25).** Dr Garthwaite and lead nurse Jane Burrows supported the application for a community pharmacy in this area. Currently – 7 days dispensing was not available within the greater area of Alexandria, however with the backdrop of increasing drug related deaths, this would be relished as an excellent way of safeguarding the most chaotic in our community. Dr Garthwaite also suggested that there was a gang culture within Alexandria and Haldane which had been inflamed by patients migrating from one area to the other.  |
| 5.75 | The remuneration of substance misuse patients was that a fee was paid to the ‘one’ pharmacy each month who dispenses medication to the patient. If a patient were to use the Sunday Rota Pharmacy, assuming they could get there in the time it remains open, a second fee would be triggered to this new pharmacy. The following Sunday a third fee and so on. The Rota service had no features that make it suitable for patients with substance misuse needs. The Rota was out of touch with addiction needs. |
| 5.76 | Mr Pollock described an example of a current patient in his care that was not in a situation where he was able to take away his weekend doses on a Friday. That meant he required 7 day dispensing to maintain his dose over the weekend. Providing take home doses on a Friday could result in over dose. Such a situation could not be accommodated in West Dunbartonshire. |
| 5.77 | For his initial submission in April 2020, Mr Pollock used the most recent drug related death figures available to him which was the 2018 report **(Appendix 26)**. Mr Pollock stated that a record number of 1187 patients died in Scotland through substance misuse last year. The 20 deaths in West Dunbartonshire were the highest number in a decade. Unfortunately, his updated drug related death report (2019) **(Appendix G)** does not bring better news. The deaths in Scotland have how increased to 1264 and West Dunbartonshire sadly spiked to 32 deaths in that year, another record. Once again, the local number was higher than the Scottish average. The reality was that in this area of deprivation, substance misuse often thrives and from Dr Garthwaite’s knowledge of the area, Haldane appears to be conforming to that statistic. |
| 5.78 | Due to the work he had been doing for Glasgow Addiction Services for almost ten years, he felt that he would be in a suitable position to offer a higher level of care for this patient group than your average pharmacy. |
| 5.79 | Vale of Leven out of hours.The Vale of Leven Out of Hours service provides medical care to the wider area. |
| 5.80 | The Applicants went to hopefully speak to staff at the out of hours. It was quite clear when they went in that they would not get to speak to a GP since it was so busy. |
| 5.81 | They introduced themselves, and got chatting to a member of admin staff in the Vale on a Sunday in January 2020. She said a pharmacy in Haldane, open on a Sunday would be well received. The receptionist made the point that if a pharmacy was open for a number of hours, pharmacy first (eMAS), unscheduled care, Pharmacy First services (UTI) and the pharmacist being the first port of call rather than NHS24, would vastly reduce the number of referrals to their service. At the time of visiting the OOH services there were at least 20 people waiting with a single GP working and a sign saying there would be a substantial wait (2 hours). It was 3.00pm and the rota pharmacy would have been closed. The next pharmacy open was 14 miles away in Knightswood.  |
| 5.82 | This Sunday it was the turn of Mackie Pharmacy to operate under the Sunday Rota. A patient attending the out of hours centre would need to walk to Gilmour Street and take the 1A bus. If the patient’s appointment was 1.45 then they wouldn’t be able to reach the pharmacy in time to have any prescription dispensed. |
| 5.83 | If the same patient took the number 1 service from Brown Street to Lloydspharmacy at Alderman Road, they wouldn’t conclude their journey until around 5.50pm |
| 5.84 | An enclosed Freedom Of Information (FOI) request shows that weekends are when the greatest number of consultations occurs **(Appendix 27).** So it was strange that a pharmacy was only opened for a single hour during these busy times. West Dunbartonshire remains the only area in Greater Glasgow which provides a Sunday Rota service. This alone was a telling fact that all other parts of Glasgow have embraced a 7-day service. A copy of the West Dunbartonshire Pharmacy Rota to date was enclosed **(Appendix 28).** Mr Pollock discussed this with Janine Glen, Contracts Services Manager, who confirmed that this Rota had been in place for a significant period of time; perhaps back to 1980’s **(Appendix 29).**  |
| 5.85 | Mr Pollock decided to email Alan Harrison on the subject **(Appendix 30).** He was the Lead Pharmacist for Community Care. He replied stating that West Dunbartonshire was indeed the last area in Glasgow to have a Rota due to the lack of provision on a Sunday – every other part of GGC had a pharmacy open on a Sunday. He added that the Rota will continue in its current format and was reviewed both for the number of prescriptions and consultations. Mr Pollock’s interpretation of this was that the Rota can’t be removed at present as people continue leaving the out of hour’s hub with a prescription and try to catch the pharmacy before it closes. Hobson’s choice – take what was available or nothing at all. The paradox here was that to open the hour, a fee of over £100 was paid to the contractor, when clearly, that was not long enough. If this Rota had been going on since 1980’s as believed, then that was a huge sum of money being paid to the contractors over the years for what was now an outdated service. |
| 5.86 | Having read a number of PPC hearings, Mr Pollok was aware of The Model Hours and how, so long as these hours are covered then everything was okay. What Mr Pollock noticed was that rota hour on a Sunday is included as ‘Model Hours’ under the GGC Model hours of service document **(Appendix 31)**. The Health Board considers a Rota necessary for ‘securing adequate pharmaceutical service’. The Applicants would strongly argue that it was not adequate. The interpretation (7) describes how the Rota should be set for the purpose of ‘ensuring pharmaceutical service at all reasonable times’. What was a reasonable time? If an out of hours hub was local to you then surely a reasonable time should be greater than one hour. |
| 5.87 | However, what if the Model hours on a Sunday in West Dunbartonshire were to be found lacking? This would imply that there was a gap in the pharmaceutical service provision and a need must be met.  |
| 5.88 | On a similar vein, in ‘Achieving Excellence in Pharmaceutical Care’ **(Appendix 32 page 11)** our Chief Pharmaceutical Officer Rosemarie Parr’s first commitment in the document:*‘Increasing access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of stable long term conditions, in hours and out of hours.’ Rose Marie Parr.* |
| 5.89 | The pharmacist in the highest position in Scotland supporting out-of-hours care and in fact calls to the network to be the first port of call for patients out of hours. This was not happening in Haldane or anywhere in West Dunbartonshire under a rota service. Achieving excellence in pharmaceutical care was a Scottish Government strategy document and should be held in highest esteem. |
| 5.90 | To compound this, there had been difficulties sourcing medical cover and this had led to occasional closure of the service **(Appendix 33).** Therefore, we have had inadequate medical and pharmaceutical cover at the same time.  |
| 5.91 | Mr Pollock advised that the Applicants incredibly began thinking about a pharmacy in West Dunbartonshire away back in the early 2000’s when they both worked for Lloyds in Alderman Road, Knightswood. They would see large numbers of people presenting prescriptions on a Sunday with a G83 postcode. Just even on a practical level it seemed awful planning that there was no pharmacy open on a Sunday anywhere near a GP out of hours hub. |
| 5.92 | CAR response.The CAR gives a flavour of the feeling in the community however through the Applicants’ own local interactions, a large number of patients had not responded to the questionnaire and were unaware of it even with the amount of social media publication it had been given. Mr Pollock also added that despite the promotion of the Sunday Rota many patients were unaware of its existence. |
| 5.93 | With being such a deprived area, one must question how many residents respond to NHS GGC Twitter or read the Lennox Herald. The Applicants found a large uptake on their Facebook site which they had contributed to the CAR **(Appendix 34).**  |
| 5.94 | When the Applicants attended the Community Council meeting in Oct 2019 the feeling was that an application had taken place which they supported in Alexandria, however it was refused. The overwhelming view was that the Applicants had no chance of winning this application as they were going against big pharmaceutical companies such as Boots.  |
| 5.95 | Within the CAR, there were a number of considerations that this would become a ‘methadone factory’. Even these negative statements show acknowledgement by residents that there was an unmanaged local drug misuse problem within Haldane. A pharmacy within this area, opening 7 days per week would support their needs in a safe secure manner. |
| 5.96 | A number of elected officials have provided the Applicants with written/emailed support. This includes: Balloch and Haldane Community Council – Unanimous support Mrs Sally Page (Councillor Gartocharn) (Appendix 35) Mrs Jackie Baillie MSP Mr James Bollan Councillor |
| 5.97 | Mr Pollock had email correspondence with the Balloch and Haldane Community Council secretary who was off with illness over the last year. Unfortunately because of this, they had missed the requirements for making representation to come to the meeting today. However, they continue to offer me full support for the application. |
| 5.98 | With the support of the Community Council members, other elected officials, the CAR overwhelmingly in favour of the proposal and a built up following on social media the Applicants have a real drive to succeed in this application. When he opens the premises up to check on it, he is always asked what it was going to be. Without fail people say a pharmacy was a great idea….not because it was a great idea, but because it was needed and it’s wanted in the community. |
| 5.99 | Mr Pollock advised that he remembered when he sat on the PPC subcommittee in Glasgow and the times considering pharmacy applications. There was obviously the discussion about the necessity and desirability as per the legal test. However, beyond that members were told to look for reasons in the locality why this pharmacy should be granted. A change in the community such as a massive housing development or other change to the community. Is the area proposed a distinct area which does not have a pharmacy? Is there was evidence to suggest one would benefit in the area? Are neighbouring pharmacies offering all parts of the contract? Can people physically or financially attend other pharmacy services out with the community without problem? Mr Pollock left these considerations with the PPC. |
| 5.100 | Mr Pollock was confident that he had supplied a complete submission detailing in every way why this deprived community should benefit from a community pharmacy and he urged the PPC to come to the conclusions he had.  |
| 5.101 | In conclusion he shared with the PPC the words of Dr Mike Ryan from the World Health Organization. The comparison with what we are discussing today was quite startling.He says - “This was what’s killing people, not just the virus. It’s under privilege and lack of access. It’s years and years of living with health conditions that haven’t been properly managed. This was still a deeply unfair and inequitable world in which access to the basic human right of health was something that was given by privilege and how much money you have. Behind and underneath this pandemic, Covid-19 had caused devastation but it had equally uncovered, ripped away the bandages from the really old wound, and that was our failure to deliver equitable healthcare. We leave people in difficult health circumstances, sometimes decades in the forgotten communities in which they live in. |
| 5.102 | *The Chair invited the Interested Parties to question the Applicant* |
| 6. | **QUESTIONS FROM INTERESTED PARTIES TO THE APPLICANT** |
| 6.1 | **Questions from Mrs Yvonne Williams (Well Pharmacy)**  |
| 6.1.1 | Mrs Williams questioned the Applicant around the Board’s Model Hours and asked if he was aware that this allowed for four full day and two half days during the week and that Sunday opening was not included in the Model Hours. Mrs Williams was keen to know what would stop the Applicant from reducing hours when opened (if the Applicant was successful). The Applicant answered that there was nothing to prevent him from doing this, but would put this back to Mrs Williams in that he had provided a commitment to provide seven day opening and this was what they would do. They were already providing this level of service from their pharmacy in Stirling and they would continue to do this from any new pharmacy. |
| 6.1.2 | Mrs Williams referred the Applicant to the Sunday Rota and asked if he wouldn’t agree that if NHS GGC had evidence of the Rota being inadequate they had an obligation to do something about it. Mr Pollock advised that the Board couldn’t compel any contractor to provide services on a Sunday as a matter of course. As such as no contractor had opted to provide Sunday opening, the Health Board had no other option but to arrange opening via a Rota service. |
|  6.1.3 | Mrs Williams asked a follow up question around Model Hours and advised the Applicant that NHS Forth Valley had recently amended their Model Hours, did the Applicant not think that if there appeared to be an issue, NHS GGC would have an obligation to do the same. The Applicant advised that NHS Forth Valley had retained the number of hours a community pharmacy was required to open. The change related to any new pharmacy included in the Board’s Pharmaceutical List who would be required to open all day on a Saturday. There was still no requirement for Sunday opening. |
| 6.1.4 | *This concluded Mrs William’s questions and Mr Goburdhun was invited to question the Applicant.* |
| 6.2 | **Questions from Mr Nikhil Goburdhun (Gordon’s Chemist)**  |
| 6.2.1 | Mr Goburdhun asked the Applicant what parts of the pharmacy contract did he feel weren’t being provided by existing network. The Applicant responded that even via his short study, he had found reduced numbers of Pharmacy First provision. He had not seen pharmacies taking addiction patients on and the existing pharmacies were not offering 7 day care in the pharmacy as requested by Rose Marie Parr. |
| 6.2.2 | Mr Goburdhun asked the Applicant about Sunday opening and who would be the pharmacist every Sunday should the application be successful. The Applicant confirmed that both he and Douglas Mitchell would cover Sundays in the pharmacy except at times of holiday or sickness. |
| 6.2.3 | Mr Goburdhun was keen to explore how the Applicant would respond to the current locum shortage if he experienced difficulties in covering their Sunday shifts. The Applicant was confident that through his extensive contact network developed over many years he would be able to source cover for any Sunday that he required to. |
| 6.2.4 | Mr Goburdhun advised that during his presentation, the Applicant had averred that a resident of Mill of Haldane was unlikely to go out with the neighbourhood to obtain a Lateral Flow Test, and was keen to know why the Applicant felt this when residents of the area routinely left the neighbourhood for other things. The Applicant responded that residents of the area would be less likely to go on a bus to obtain a test. They might pick one up if they happened to be in the pharmacy, but he didn’t think they would travel to a pharmacy out with the neighbourhood to do this as a one off. |
| 6.2.5 | *This concluded Mr Goburdhun questions and Mr McBean was invited to question the Applicant.* |
| 6.3 | **Questions from Mr Stuart McBean (Boots UK Ltd)**  |
| 6.3.1 | Mr McBean advised that the Applicant had suggested on numerous occasions that the existing network was not providing large parts of the pharmacy contract and that he had proved this on numerous accounts. Mr McBean was keen for the Applicant to provide more specific details on this assertion. The Applicant advised that he had already provided a response to this question to Mr Goburdhun. Specifically there were a reducing number of patients accessing Pharmacy First. They were not seeing extended pharmacy contract offered. Patients were being refused for Espranor. This was not an isolated incident. In addition, patients were choosing to go to Marchbanks and the Applicant felt that this was because the closer pharmacies were not providing the expected services in the immediate locality. |
| 6.3.2 | Mr McBean asked the Applicant about the resourcing of the pharmacy. He pointed to the Applicants’ comments around Well Pharmacy advertising for a locum for the following day and asked how the Applicants would guarantee that they wouldn’t be in that position. The Applicant advised that without knowing circumstances he would normally book any locum months in advance. He advised that between him and Douglas they had 40 years of experience. They had an extensive network they could draw on. In addition, they were part of Edinpharm which gave them access to a contact network which provided help. He couldn’t promise that they would never have to close but he recognised that restrictions were starting to reduce. In 10 years in Cambusbarron there had never been a day that they’ve had to close. Mr Pollock said that he would use this situation as a benchmark. |
| 6.3.3 | *This concluded Mr McBean’s questions and the Chair invited the Committee to question the Applicant.* |
| 7. | **QUESTIONS FROM THE COMMITTEE TO THE APPLICANT** |
| 7.1 | Mrs Montgomery asked the Applicant if he was confident that he could sustain covering the Sunday openings of the pharmacy.  |
| 7.2 | The Applicant advised that he had no concerns on sustainability of the Sunday opening. He didn’t see a problem with him and Douglas personally doing them. He advised that he could only relate to the fact that they were in Cambusbarron opening more than Model Hours. They would maintain that and fulfil the commitment made today. |
| 7.3 | Mr Macintyre asked the Applicant if when he had contacted Well he had advised the pharmacy that the patient needed to be transferred quickly. Mr Pollock provided reassurance that he had made this clear at the time of the conversation. He couldn’t recall the exact words used, but he had made it clear that the patient was fleeing violence from their original area. Mr Pollock advised that he had tried to display that Haldane was its own community and that there was a greater than average need for such services in that community. He completed his response by saying that Bonhill and Marchbanks in creating their notice of interest were delivering in to that neighbourhood. |
| 7.4 | Mr Macintyre asked if the Applicant had followed up the next day to see if there were any spaces. Mr Pollock confirmed that he didn’t.  |
| 7.5 | Mr Macintyre asked the Applicant if there were any other points the PPC should take into account in terms of adequacy. Mr Pollock advised that all current pharmacies were out with the area of Haldane, which had a greater health need than most of Scotland. Mr Macintyre asked if the Applicants were relying on the fact that the current network of pharmacies was some distance away from their defined neighbourhood rather than the adequacy of the actual services provided. The Applicant advised that it was a combination of things including the level of deprivation, the reducing level of care, the population of Haldane was increasing and there was a greater need going forward with Flamingoland opening and this would particularly be over weekends when the trade would be substantial. |
| 7.6 | Mr Macintyre asked if the Applicant was basing his assertions around the current Sunday Rota on statistics of dispensing figures or consultations or was it based solely on number of patients seen at OOH. The Applicant advised that his assertions were based on information contained in **Appendix 30**. The Applicant advised that during his discussion with Alan Harrison, Mr Harrison had confirmed that the Sunday Rota was consistently under Review. The Applicant asserted that as long as prescription numbers remained at least consistent, the Rota would remain. |
| 7.7 | Mr Macintyre asked the Applicant why he thought the Board reviewed the Rota so often. The Applicant averred that it might be due to natural changes in practice. Foot flow in the area might differ; pharmacies might open on a Sunday. Mr Macintyre asked if the Applicant accepted that if there was a demand for Sunday services in the area, one of the current pharmacies would already have offered to provide the service. The Applicant advised that he had tried to show that there was demand for services. His experience in a Lloydspharmacy showed that if a pharmacy was open on a Sunday, it created its own demand with people travelling to the pharmacy, and services not restricted to the local population. |
| 7.8 | Mr Macintyre asked why if the Applicant kept mentioning his current pharmacy in Cambusbarron, this pharmacy didn’t open on a Sunday. The Applicant advised that his pharmacy in Cambusbarron was open more than the Model Hours. It wasn’t open on a Sunday as there were two in-store pharmacies nearby and there had never been any requirement for the Cambusbarron pharmacy to provide Sunday services. |
| 7.9 | Mr Dykes advised Mr Pollock that he had a screen shot from Well Pharmacy advertising for locum cover at short notice and asked if Mr Pollock would be willing to pay as high as £40 p/h for a locum. In response, Mr Pollock advised he had paid more than his normal rate alongside travel costs in emergent situations. |
| 7.10 | Mr Dykes referred to the test purchase Mr Pollock made and to the items bought. Mr Dykes referred to Mr Pollock as a fairly prosperous looking gentleman and asked if maybe this had influenced the staff’s decision not to offer the products under Pharmacy First? Mr Pollock advised it shouldn’t matter how he was presenting and that it was his interpretation that every patient in Scotland was entitled to this service free of charge. |
| 7.11 | Mr Dykes asked that given the NHS had limited resources, should community pharmacy try and force Pharmacy First onto people who can afford to pay for it? Mr Pollock advised Pharmacy First shouldn’t need to be forced but the service was there and patients should be told about it. Mr Pollock referred back to the MAS service years ago when many people never knew it existed.  |
| 7.12 | Mr Dykes asked about the delivery charge from Boots that Mr Pollock commented on and asked why would someone be happy to pay for a pizza to be delivered but not their medication? Mr Pollock advised if he ordered a pizza, he would be given a time for delivery which would be within the hour. Boots on the other hand would not deliver within the hour and would probably be the next day.  |
| 7.13 | Mr Dykes asked if the Applicant had looked into the waiting times for other pharmacies and did he think these times were appropriate? Mr Pollock advised he tried to stay away from the community pharmacies as he might be recognised. He didn’t have any evidence of long waiting times; however the Consultation Analysis Report (CAR), gave lots of examples of times where people were being asked to go back to Well Pharmacy due to stock issues. Mr Pollock advised the stock issues happen less often in Independent pharmacies due to better relationships with companies.  |
| 7.14 | In response to questioning from Mr Daniels around where people in Haldane go for their food shop, Mr Pollock advised he was unsure where locals go for their food shop as it’s not a question he had asked. He advised there are two local stores on Main Street that are well used and would imagine people use them both.  |
| 7.15 | Mr Daniels asked if the Applicants would offer a needle exchange service. Mr Pollock advised it was his belief that needle exchange was offered demographically and geographically throughout NHS GGC based on need. Mr Pollock advised they have not said they would offer it but would look at the need for it in the future. Mr Pollock further advised they would be looking to build a pharmacy the community was looking for.  |
| 7.16 | Mr Daniels asked if they would offer a methadone programme. Mr Pollock advised they would offer services where they had been highlighted as the nearest pharmacy in the area.  |
| 7.17 | Mr Daniels asked how many pharmacists they intended to employ? Mr Pollock advised most pharmacies only have one pharmacist however as they were planning to open seven days, they would look for a second or even third pharmacist who was maybe changing their job role – who may be able to do three days in the pharmacy and two days in the local GP practice. They would like to incorporate another pharmacist into the pharmacy so it wouldn’t be him or Douglas necessarily doing seven days.  |
| 7.18 | Mrs Kerr asked Mr Pollock to explain his reasoning and logic for boundaries set for the application and to explain the areas out with his boundary which encompassed the local school and supermarket? Mr Pollock advised that with his evidence, the Committee could see the type of housing both in and out of neighbourhood. Balloch was quite an affluent area and in **Appendix 1**, Mr Pollock explained the amount of signs on the main roads that you are entering a specific area which was distinct from Balloch. Haldane was known as its own entity and 97% of residents believe Haldane was its own area. The local school had been regenerated into local campus – on outskirts of Haldane so availability to cross road via the lollipop lady to get into school. Mr Pollock contested that the majority of the residents of the area did their main shopping at the Co-op as there were two busy local shops in the parade of shops in Haldane. Mr Pollock suggested that if there was no requirement for this provision that one of the shops would have closed by now. |
| 7.19 | Mrs Kerr asked about the small area between the Mr Pollock’s boundary and the river Leven? Mr Pollock advised when they made the application, they considered the small area but decided it was better to have a distinct area. Mr Pollock felt that including this area would not be seen as a true neighbourhood.  |
| 7.20 | *This concluded the PPC’s questioning of the Applicant.* |
| 7.21 | *The meeting was adjourned at 11.10am for a comfort break.**The meeting reconvened at 11.25am**Mr Pollock advised the Chair that due to a prior engagement, Mr Mitchell would need to leave the meeting in the next 30mins. The Chair asked Mr Pollock to raise his hand when Mr Mitchell was leaving in order that it could be seen on camera.* |
| 7.22 | *The Chair invited the Interested Parties to put their cases in turn.* |
| 8. | **REPRESENTATIONS FROM INTERESTED PARTIES** |
| 8.1 | **Mrs Yvonne Williams (Well Pharmacy) - below was reproduced from Mrs Williams’ prepared statement**  |
| 8.1.1 | Mrs Williams thanked the committee for the opportunity to make representations on behalf of Well Pharmacy in respect of the Mitchell & Pollock application for inclusion in the Pharmaceutical List from premises at 19 Brown Street, Alexandria. |
| 8.1.2 | Mrs Williams advised Well Pharmacy objected to the application on the grounds that the application was neither necessary nor desirable to secure adequate provision of pharmaceutical services to the neighbourhood. |
| 8.1.3 | Mrs Williams explained Well Pharmacy has no issues with the neighbourhood as the Applicants had defined it. This boundary was based on physical and geographical boundaries. Whilst there were no pharmacies directly located within this neighbourhood, Well Pharmacy was less than a mile away, a further three located within two miles and an additional two within three miles. |
| 8.1.4 | According to mapping exercise and the 2011 Census the population of the neighbourhood as Well define it was approximately 2700-3000. Mrs Williams acknowledged there had been additional housing built since the application was received; however felt there was no evidence of the population of 3,500 defined by the Applicants. The existing pharmacies were long established. The census data and SIMD data shows that whilst there was some deprivation within the area, this had lessened over the years with regeneration. The neighbourhood was relatively mobile and car ownership was high.  |
| 8.1.5 | Mrs Williams turned her attention to consideration of the adequacy of the existing services provided **to** the neighbourhood. As per the legal test this consideration takes into account services provided by pharmacies located **in** the neighbourhood itself and services provided by other pharmacies located **out with** the neighbourhood. |
| 8.1.6 | The location of existing pharmacies was ideally suited to meet the needs of the local population. Pharmacies are located in relative proximity to the GP surgeries and to shops where there was ample parking and other local amenities. Residents of the neighbourhood generally have to leave to carry out their daily business, e.g., work, banking, shopping at local Aldi or Co-op, social activities and as such will access pharmacies located near their work or other destinations.  |
| 8.1.7 | Mrs Williams explained each of the pharmacies in the area offer a delivery service which patients can avail of in the event they are unable to collect their prescriptions in person. Well operates a text message notification system whereby patients receive a text when their prescription was ready for collection. This helps minimise unnecessary trips or unnecessary phone calls to the pharmacy. Mrs Williams further explained in COVID times, everyone was trying to reduce the number of trips they made and reducing footfall into the community pharmacy when not needed. |
| 8.1.8 | The relatively high levels of car ownership meant access to surrounding neighbourhoods was easier. The pharmaceutical needs of every neighbourhood vary and relying on averages does not paint a full picture of the needs of the neighbourhood and its adequacy of pharmaceutical services.  |
| 8.1.9 | One indicator of deprivation that was often cited and one Mr Pollock cited was the level of what used to be eMAS, now Pharmacy First, usage within a neighbourhood. Balloch was lower than average for social deprivation and this was very much reflected in the use of this service with Well Pharmacy, a lower than national average of prescriptions when the service closed in 2020, and previously registrations. National eMAS registration figures dropped substantially by around 20% from August 2016 when the Scottish Government detailed guidance was brought in making it harder for pharmacies to register patients. With numbers having previously been higher there was no reason to believe that there was no capacity within any pharmacy locally to provide this service to those who may need it. Mr Pollock mentioned he made a visit to Well Pharmacy. This was at the height of the pandemic. It will take some time for the network to embrace the service. Pharmacy First was launched July 2020 at a time when it was needed most by patients, but with this had come the challenge of it being fully embraced in the middle of a global pandemic and associated high workloads. There was recognition that everyone had the capacity to do more. |
| 8.1.10 | **Adequacy of Services**Mrs Williams explained that having examined the NHS Local Pharmaceutical Care Services Plan, Well see no reference being made to a need for a Pharmacy in the Applicants’ proposed neighbourhood and indeed they have not been made aware of any complaints to the Health Board regarding existing service provision.  |
| 8.1.11 | Well pharmacy in Balloch offers pharmaceutical services to patients resident in the Applicants’ neighbourhood and beyond, including the transient population. The existing contractors, including Well have consultation rooms, offer a full range of contractual services and non-contractual services such as a delivery service and are DDA compliant. Mr Pollock was not looking to provide any services which are not already locally available. Well pharmacy in Balloch had no capacity issues and following its refit since the removal of the post office, had room for growth now and in the future. Mr Pollock mentioned the alleged incident of Well refusing to take on a patient. That incident happened 18 months ago and unfortunately Well is unable to go back and determine what happened and what was going on in the pharmacy at the time. |
| 8.1.12 | The Applicant had failed to provide any evidence of inadequacy of pharmaceutical service provision in the neighbourhood. In terms of the CAR, just over 3% of the local population replied to the consultation, meaning 97% either thought provision was adequate or did not feel strongly enough to reply to the consultation. Mrs Williams didn’t see how 3% of a population constituted mass dissatisfaction with existing services?  |
| 8.1.13 | In its GPhC inspection in January 2019 Well Pharmacy was rated as Satisfactory for premises standards. |
| 8.1.14 | Mrs Williams argued that whilst all of us would strive to improve the service we deliver to our patients that does not necessarily indicate an inadequacy of service and would further argue that none had been demonstrated here and we must be mindful that the legal test requires the panel merely to consider ‘adequacy’. |
| 8.1.15 | A case can always be made for ‘desirability’; however, it should not be confused with ‘convenience’ and Mrs Williams believed this was something that the Applicant had done. This was further reinforced by the comments received during the public consultation as detailed in the CAR. |
| 8.1.16 | Mrs Williams would therefore urge the PPC to reject this application. |
|  | *This concluded Mrs William’s submission and the Chair invited questions from the Applicants.* |
| 8.2 | **Questions from the Applicant to Mrs Williams (Well Pharmacy)** |
| 8.2.1 | Mr Pollock asked Mrs Williams what evidence she had that the deprivation was lessening? Mr Pollock would argue that was increasing according to data he has provided in one of his appendices. Mrs Williams responded that Mr Pollock had spoken about the amount of regeneration that has happened within Haldane, the additional house building that has taken place.  |
| 8.2.2 | Mr Pollock asked if Mill of Haldane was in the lowest 10% in the country what the likelihood of high car ownership is. Mrs Williams responded that car ownership was similar to the ownership of items such as smart phones; people had priorities around these things. Cars were prioritised to allow residents to be mobile as they had to travel out with the area of Mill of Haldane for things like banking/shopping. Car ownership was just one of these things that happen in society today. The area showed relatively high car ownership. |
| 8.2.3 | Mr Pollock asked about the number of MAS registrations reducing. Mrs Williams responded that in actual fact registrations hadn’t reduced in real terms. In August 2016 the Scottish Government had issued guidance around registrations and in particular lapsed patients. The Guidance made it clear that the only way a patient could be registered having lapsed was if they pro-actively accessed the service. Where previously re-registration could be done merely by a community pharmacy informing the patient that their registration had lapsed and asking if there was anything the pharmacist could do for the patient, the Guidance meant that re-registration could only take place if the patient actively accessed the service. This led to lapsed patients falling off the system, and subsequently of patients forgetting about the service because they weren’t actively engaging. Prescription numbers automatically fell, however this was across the entire CP network where people were reluctant in some areas to have conversations with patients. To manage this required Well to change their ways of working. Well as a company had invested in substantial training and were now delivering Pharmacy First in a way to provide additional care to patients. |
| 8.2.4 | Mrs Williams responded to a question from the Applicant around the provision of the Pharmacy First Plus service by advising that Pharmacy First Plus was not a core element of the contract. Community Pharmacies could opt-in to the service. Currently Well Pharmacy weren’t providing this service, although they were looking at this by reviewing which of their pharmacists were suitable. Mrs Williams and the Applicant then started to debate an issue around funding for Pharmacist Prescribers, before agreeing to move on. |
| 8.2.5 | The Applicant asked Mrs Williams how she would respond to the fact that five of the current pharmacies were saying his proposal would take away from their business. This must mean that these pharmacies were providing services to the residents of Mill of Haldane. Mrs Williams responded that access to pharmaceutical services was done by patient choice. People used community pharmacies for different reasons; perhaps because they had a relationship with a particular community pharmacy, it was near where they worked or where they visited family and friends. There was a host of reasons why a patient would chose a particular pharmacy. |
| 8.2.6 | In response to a question from the Applicant around the difficulty in parking close to the Well Pharmacy on Dalvait Road, Mrs Williams advised that she didn’t know why patients might park on the double yellow lines outside the pharmacy. There was an accessible parking area adjacent to the park on the other side of the road from the pharmacy. This was accessible via a pedestrian crossing. In her opinion there was ample parking. |
| 8.2.7 | Mr Pollock asked Mrs Williams about the effect that the opening of Flamingoland would have on the level of tourists to the area. He suggested that anyone needing access to pharmacy services on a Sunday would need to go all the way to Knightswood and asked Mrs Williams if she considered this a good level of service. Mrs Williams responded that the PPC need to consider what the known future developments are. As Flamingoland was a very tentative development and was experiencing massive local objection, she did not believe this development to be relevant at this stage. |
| 8.2.8 | The Applicant advised Mrs Williams that the pharmacies in Bearsden and Drumchapel hold a similar demographic and asked why it would be acceptable for there to be pharmacies in both areas, but not both in Haldane and Balloch. Mrs Williams responded that this was not a question for her, but more for NHS GGC. She advised that if there were to be applications elsewhere, the PPC as an expert panel would consider. She did not know why the situation in Bearsden/Drumchapel had come about but suggested that many of the existing pharmacies had been there since before the introduction of the Control of Entry arrangements, and therefore the situation had been historic rather than by design.  |
| 8.2.9 | *This concluded the Applicants’ questions. The other Interested Parties were invited to put any questions. Neither Mr Goburdhun nor Mr McBean had any questions for Mrs Williams. The Chair then invited the Committee to question Mrs Williams.* |
| 8.3 | **Questions from the Committee to Mrs Williams (Well Pharmacy)** |
| 8.3.1 | Mr Macintyre questioned that Mrs Williams had been happy to accept the neighbourhood defined by the Applicant, despite having considered crossing the A811 or the River Leven. Mr Macintyre invited Mrs Williams to explain a bit more about why she had ruled out these two areas as being in the neighbourhood. Mrs Williams advised that when you considered the A811, the Co-op store sat at the roundabout. She felt this would be focus point rather than just the two convenience stores in Haldane. Mrs Williams felt the A811 to be a bit of a natural boundary although she accepted that there was one pedestrian crossing which was relatively straight forward. She had discounted the A813 to a certain extent for the same reason in that it was a relatively main road. The River Leven was a natural boundary. |
| 8.3.2 | Referring to the Applicants’ assertion that he had been refused a prescription for an ORT patient, Mr Dykes asked if under normal circumstances a dispensary technician (for example) would have authorisation to accept new prescriptions. Mrs Williams responded that this would fall to pharmacist on duty at the time. Acceptance would depend on who was in that day. If it was a relief manager or locum? Mrs Williams advises that if it was a locum, the staff might be less likely to refer this on, than if it was a relief manager. Without knowing the specific circumstances she couldn’t fully comment. It was her assertion, however that in a known emergency, the pharmacy would always try and accommodate. |
| 8.3.3 | In response to further questioning from Mr Dykes around the time taken to dispense prescriptions, Mrs Williams advised that if the Well branch in Balloch received a bundle of scripts in the morning it would depend on the nature of the prescription whether they would get through them in the evening. If there were acute requests for antibiotics for example, the Team would make sure these were focussed on. Mrs Williams advised that Well operate a managed repeat service which allows patients to advise prescription requests in advance. This gave the pharmacist additional time. Routine prescriptions were sent to Well’s hub dispensary in Stoke and returned the following day for collection. Should the patient turn up in the meantime, the team can dispense locally. Well operated a text messaging service to notify patient when their prescription was ready. 66% of patients signed up for this service. |
| 8.3.4 | Mr Dykes asked if Mrs Williams was aware of what % of Well’s prescriptions come from the neighbourhood in which the proposed premises were situated. Mrs Williams responded that she had struggled come up with an exact figure, but would estimate this to be around 10-15%. |
| 8.3.5 | In response to final questioning from Mr Dykes, Mrs Williams confirmed that Well Pharmacy might not necessarily need to reduce service provision if this application were granted, because they were contracted to provide the services required by NHS GGC, but footfall would be reduced and this would affect their ability to provide services as volume would automatically reduce. |
| 8.3.6 | In response to questioning from Mr Daniels, Mrs Williams confirmed that she considered 50% car ownership to be high. |
| 8.3.7 | Mr Daniels asked Mrs Williams about comments made in the CAR around people saying they had problems getting prescriptions dispensed. Mrs Williams advised that there had been huge issues over last 12 months with drug availability. Some of the issues had been around concern related to Brexit. There had been lots of issues getting hold of drugs. In addition a couple of generic companies had lost licenses and so across the marketplace there had been huge drug shortages. Pharmacists were spending lots of time trying to source and this issue was being felt across the network. Well used all three mainline wholesalers and had a wholesale arm of their own business. Mrs Williams felt they perhaps haven’t suffered as much as some.  |
| 8.3.8 | In response to a question from the Chair, Mrs Williams confirmed that Well Pharmacy had capacity to take on new patients at Dalvait Road. They were able to take on additional substance misuse patients, along with prescription business as well. Well Pharmacy used a business model which looks at all services and prescriptions and makes sure staffing levels in pharmacies were appropriate. This was refreshed every month, so the company was able to make agile decisions and modify staff levels, if required. The company had increased the size of pharmacy capacity which in turn had led to an increase in staffing and ability to handle additional workload. |
| 8.3.9 | *Mr Mitchell left the hearing at this point.* |
| 8.3.10 | *Mrs Montgomery had no questions. This concluded the questions for Mrs Williams. Mr Goburdhun was invited to make his submission.* |
| 8.4 | **Mr Nikhil Goburdhun (Gordon’s Chemist) - below was reproduced from Mr Goburdhun pre-prepared statement** |
| 8.4.1 | Mr Goburdhun thanked the Committee for the opportunity to present today.  |
| 8.4.2 | Mr Goburdhun advised that Gordons Chemist concurred with all the pertinent points raised by Well Pharmacy and believed the existing pharmacy network in the area currently meets the needs of the local population and the residents of Mill of Haldane. Gordons Chemist does not believe there was an inadequacy in pharmaceutical services.  |
| 8.4.3 | Mr Goburdhun advised he had no issues with the neighbourhood proposed by the applicant. The neighbourhood had good transport links and a regular bus service to the rest of Balloch, Alexandria and further afield.  |
| 8.4.4 | Services within the proposed neighbourhood are limited. The residents will be well accustomed to travelling outside of the neighbourhood for work, banking, shopping, GP and all other health care needs, including pharmaceutical services.  |
| 8.4.5 | Mr Goburdhun further advised, the proposed neighbourhood may not have a pharmacy within its boundary, although there are enough pharmacies in the surrounding area which provide pharmaceutical services to the residents of Mill of Haldane. This had to be acknowledged when considering if there was an inadequacy in pharmaceutical services in the neighbourhood.  |
| 8.4.6 | The vast majority of residents of the Mill of Haldane would have little difficulty reaching one of the existing pharmacies in the surrounding area. And for those that might have difficulty Gordons provide a free prescription collection and delivery service.  |
| 8.4.7 | Mr Goburdhun explained their well-established pharmacy in Alexandria recently moved to state of the art premises providing a large, bright and modern space which can safely accommodate up to eight patients in the pharmacy at one time when social distancing measures in place. The pharmacy also had a large consultation room and a private supervision booth.  |
| 8.4.8 | The existing pharmacies, including Gordons, already provide all of the core and national services pertaining to the pharmaceutical contract. |
| 8.4.9 | Whilst the pandemic had undoubtedly added pressure to the operation of most pharmacies, Gordons have been able to fulfil all of their contractual obligations with little impact to the service provided to patients and customers. Indeed their recent move had enhanced the service we provide to the local and surrounding community.  |
| 8.4.10 | The existing pharmacies currently open for Rota on a Sunday between 1.30pm to 2.30pm. Gordons believe this meets the pharmaceutical needs of the proposed neighbourhood and surrounding area. They weren’t aware of any concerns raised that this service was inadequate, so did not believe the Applicants’ proposed opening over 6 hours on a Sunday will offer much additional benefit. |
| 8.4.11 | Mr Goburdhun advised Gordons have a very knowledgeable team who pride themselves on patient focused care. Four days each week, there are two pharmacists present which allows the pharmacists the necessary time to deliver services effectively and to spend the appropriate amount of time counselling patients.  |
| 8.4.12 | Mr Goburdhun summed up by advising he appreciates it may be convenient for the residents of Mill of Haldane to have a pharmacy within the proposed neighbourhood – however he strongly believed the pharmaceutical services provided by Gordons Chemist and the other pharmacies in the area, are easily accessible and are more than adequate. We therefore feel this application should be refused. |
| 8.4.13 | *This concluded Mr Goburdhun submission and the Applicant was invited to question Mr Goburdhun.* |
| 8.5 | **Questions from the Applicant to Mr Goburdhun (Gordon’s Chemist)** |
| 8.5.1 | The Applicant asked Mr Goburdhun to give his assessment on whether it was appropriate for someone on Employment Support Allowance (ESA) to pay £27.00 for a taxi to take them one way to the nearest pharmacy opening on a Sunday. The Applicant reminded Mr Goburdhun that 50% of the population wouldn’t have a car. Mr Goburdhun responded that he thought that would be difficult for patients in that position to afford such a journey regularly. |
| 8.5.2 | In response to the Applicants’ question around the current Sunday Rota and whether this was appropriate, Mr Goburdhun responded that it was his assertion that if the Health Board wanted to address any issues with the Sunday Rota they would ask the current participants to increase their commitment rather than seeking the approval of a new contract. |
| 8.5.3 | The Applicant asked Mr Goburdhun if Gordon’s Chemist had considered opening on a Sunday. Mr Goburdhun responded that this had never been required in the area. |
| 8.5.4 | In response to a short series of questions from the Applicant around deliveries, Mr Goburdhun confirmed that Gordon’s Chemist provided a delivery service free of charge, that this delivery service was available to the residents of Mill of Haldane, that he would deliver methadone in certain circumstances, but not if the prescription required supervision. Mr Goburdhun advised that he would not normally deliver Smoking Cessation medication as this normally required the patient to come into the pharmacy. He also confirmed that in terms of Pharmacy First, he would use his discretion on how this consultation would be handled, and he confirmed that his drivers weren’t trained to offer pharmaceutical counselling.  |
| 8.5.5 | *This concluded the Applicants’ questions and the Interested Parties were invited to question the Mr Goburdhun.* |
| 8.6 | **Questions from the Interested Parties** |
| 8.6.1 | *Neither Mrs Williams nor Mr McBean had any questions for Mr Goburdhun. The Chair invited the PPC to question Mr Goburdhun.* |
| 8.7 | **Questions from the Committee to Mr Goburdhun (Gordon’s Chemist)** |
| 8.7.1 | In response to a question from Mrs Montgomery, Mr Goburdhun advised that he didn’t have any information on what % of prescriptions dispensed at Gordon’s Chemist came from the Mill of Haldane area. |
| 8.7.2 | Mr Macintyre invited Mr Goburdhun to expand on his definition of neighbourhood and in particular whether he had considered extending over A811 or A813 and if he had, why did he chose not to. Mr Goburdhun confirmed that he didn’t consider extending. |
| 8.7.3 | In response to a question from Mr Dykes around Gordon’s participation in Sunday Rota, Mr Goburdhun advised that activity could vary from Sunday to Sunday. It was his assertion that the Rota was its adequately supported at the moment and covered demands for patients on a Sunday. He accepted that patients accessing OOH late on a Sunday would not be able to access a local pharmacy, however he was unaware of patients being dissatisfied and not getting what they needed. |
| 8.7.4 | In response to final questioning from Mr Dykes, Mr Goburdhun confirmed that the Gordon’s Chemist in Alexandria had double pharmacist cover four days in the week and that the regular pharmacy manager wasn’t an Independent Prescriber as yet. The second pharmacist tended to be a locum who might be an IP. Mr Goburdhun advised that many companies were looking to increase the number of Independent Prescribers in their businesses. |
| 8.7.5 | *Mr Daniels and the Chair had no questions. This concluded the questions for Mr Goburdhun. Mr McBean was invited to make his submission.* |
| 8.8 | **Mr Stuart McBean (Boots UK Ltd) – below was reproduced from Mr McBean’s pre-prepared statement** |
| 8.8.1 | Mr McBean thanked the Committee for the opportunity to present today. He introduced himself to the Committee and explained he was the Area Manager for the area being discussed today. He had been a community pharmacist for over 25 years, and his interest in the discussion today was the two existing pharmacies Boots have within Alexandria.  |
| 8.8.2 | Mr McBean advised the Chair he would try not to cover points that had already been raised by his colleagues from Well Pharmacy and Gordons Chemist, they have both covered a lot of the points he intended to raise today. |
| 8.8.3 | Mr McBean advised he did not want to labour the point about neighbourhood as it had been discussed quite widely this morning already. Boots did take the view that the neighbourhood should be regarded a little bit wider than Haldane itself and advised a point for noting was that the Community Council was called a Balloch and Haldane and isn't just purely Haldane by itself.  |
| 8.8.4 | Mr McBean advised all parties present today have spent some time around the area. It was definitely his view that the population of Haldane will access other facilities out with Haldane, and did not want to not to reiterate the point about shopping within Co-op and Aldi which had already been talked about. Mr McBean advised the primary school sits outside the identified neighbourhood, as well as a library. The view Boots have taken in their representation was It should be regarded as wider or just purely Haldane.  |
| 8.8.5 | Mr McBean advised if the Committee decided to go with the Applicants’ view, he would concur with everyone’s point around population size. The Applicants’ neighbourhood was essentially covered by data zones S0103238 also 239240.  From that information, Boots found there to be a population of around 2276 and advised if some of the wider data zones were included, he would concur with Mrs Williams’ view that the population would be around 2700 as a kind of upper limit, but certainly less than the 3500 the Applicant had identified.  |
| 8.8.6 | The other point Mr McBean wanted to raise about population would be within the three main data zones. The percentage of the population that was over 65 was fairly low, so it's only 1513 and 15% respectively from the of main data zones and in Mr McBean’s view that’s a fairly low number of the population compared to the other data zones presented.  |
| 8.8.7 | Next point Mr McBean wanted to raise was around **Appendix 5** provided by the Applicant. It advises since 2000, 316 new houses have been built. The point Mr McBean wanted to raise was those new houses doesn't necessarily mean there’s new residents to the area. It was his understanding that the regeneration included some of the population moving out, whilst, new houses were built and then moving back into the area. Mr McBean advised this doesn't necessarily equate that because there was a new housing, there was definitely an increase in population.  |
| 8.8.8 | A further point raised by Mr McBean would be around access to existing pharmacies. Boots have taken the view that there are six pharmacies in the wider Alexandria area and they're all within reasonable travelling distance for people who wish to use them. If the Committee look at **Appendix 1** of one of the NHS Greater Glasgow and Clyde Pharmaceutical Care Services plan, which was dated 2018. All the residential areas within the wider Alexandria area are within 5 minutes drive time of the pharmacy.  |
| 8.8.9 | Mr McBean advised his point around parking had already been covered.  |
| 8.8.10 | To build on the point around patients who are accessing through public transport, there was definitely frequent public transport from the Haldane area into both Balloch and Alexandria. So top line there would be there's two routes, route one and Route 206. And both of which run four times per hour Monday to Friday.  |
| 8.8.11 | *The Chair interrupted Mr McBean at this point as he had started to break up. The Applicant also raised his hand to alert the Chair that he could not hear Mr McBean.* |
| 8.8.12 | *The Chair asked Mr McBean if he could restart again from his comments around public transport.* |
| 8.8.13 | Mr McBean advised it was Boots’ view that the Haldane area was well served by public transport.  There are two main bus routes, route one and Route 206, both of which run four times per hour Monday to Friday, three times per hour on a Saturday and twice per hour on a Sunday. There are concessionary bus passes available for anyone who would qualify and the Applicant did state that patients will benefit from a bus service which stops opposite or adjacent to the proposed pharmacy, thereby recognising that some patients will use public transport to access pharmacy.  |
| 8.8.14 | Mr McBean further advised, for any patient who was unable to access the pharmacy by their private vehicle or public transport; free delivery service was available from the existing pharmacies. Mr McBean wanted to address a point made a few times during the hearing that Boots charge for delivery. Mr McBean stressed that Boots’ delivery service was free to patients, there was no charge and to the best of his knowledge, there's no intention to change that. Mr McBean felt it was important that the committee were aware of that point.  |
| 8.8.15 | A point raised by Mr Pollock in his opening statement that Boots pharmacies have one supplier. Boots have one main supplier but the pharmacies do have access to additional suppliers if required in order to get stock for patients.  |
| 8.8.16 | Mr McBean did not want to go through all Pharmaceutical services as both the Applicant and his colleagues from the other pharmacies have covered them. He did however want to reiterate that both Boots pharmacies offer the full list of pharmacy services, which includes Pharmacy First and Needle Exchange which was provided by the pharmacy in Mitchell Way. Boots also offer Dosette system dispensing or Compliance Solution as it was mentioned earlier and reiterated Boots do offer free delivery. Boots also do flu vaccination service.  |
| 8.8.17 | To the point that was raised about Lateral Flow Tests, this was a recent addition to pharmacies and Boots also offer this service. With regards Independent Prescribing (IPs), Boots don't currently have any IPs within their pharmacies; however it was certainly something they are looking to have and are in the process of training their pharmacists. One of the pharmacists within the two pharmacies and in Alexandria was currently looking to complete the training and that was something that Boots are supportive of.  |
| 8.8.18 | There’s been a lot of discussion around the Sunday Rota service. To Mr McBean’s knowledge, there had never been any complaints from patients around the service that was currently being offered. Boots have not at any stage been asked by the Health Board to extend trade or refused.  |
| 8.8.19 | The earlier discussion around the closest pharmacy to Alexandria was in Alderman Road; Mr McBean advised there were actually two pharmacies closer than that. One of them was in Helensburgh which was open 11:00 AM to 4:00 PM on a Sunday. And one in Clydebank which was open 11:30 AM to 4:30 PM, both of which are Boots.   |
| 8.8.20 | Mr Pollok mentioned earlier in his submission that he had a discussion with Alan Harrison from Greater Glasgow and Clyde. Mr McBean stressed his view that given the frequency of discussion between the Health Board and Community Pharmacy, It would be his belief that if the Board felt in necessary to extend the opening hours on a Sunday, that would have already been raised.  |
| 8.8.21 | Mr McBean’s final point would be against the effect on existing pharmacies. He advised this point was touched upon earlier around pharmacy resource. Wider resource within Community pharmacy was definitely a challenge at the moment, and it was his view it could be further exacerbated by opening an additional contract.  |
| 8.8.22 | Before he concluded there was one other point Mr McBean wanted to raise that had been mentioned earlier about changing business in the pharmacy in Mitchell Way between 2015 and 2019. Mr McBean advised this was not due to any operational issues within the pharmacy and was based on a decision to consolidate one type of dispensing between the two pharmacies that are within Alexandria. Mr McBean reiterated none of that was based on anything to do with the operational running of that pharmacy. |
| 8.8.23 | In conclusion, Mr McBean advised the existing pharmacy provision was adequate, and the proposed pharmacy was neither necessary nor desirable in order to securely adequate provision or pharmaceutical services in the neighbourhood.  |
| 8.8.24 | *This concluded Mr McBean’s submission and the Chair invited the Applicants to question Mr McBean.* |
| 8.9 | **Questions from the Applicant to Mr McBean (Boots UK Ltd)** |
| 8.9.1 | Mr Pollock asked around the business decision Boots took to consolidate and reduce the items they have now and asked Mr McBean to explain a bit further? Mr McBean clarified by saying he said didn’t say the made a decision to reduce the items, he said they made a decision to consolidate into one unit which Boots felt was to benefit the patients |
| 8.9.2 | Mr Pollock asked Mr McBean to comment on the Health Board being unable to tell a contractor to open on a Sunday as it’s out with the Model Hours. Mr McBean advised in his experience of sitting on Community Pharmacy Highland, if the Health Board had any concerns, it would raise it with the Committee. Mr McBean advised he can’t make judgement on what the Health Board or Alan would do but was merely sharing his experience.  |
| 8.9.3 | Mr Pollock asked why a delivery charge was introduced in Stirling and not Alexandria. Mr McBean advised he could not speak to individual pharmacies, all he could advise was Boots do not charge patients for delivery. And as Mr McBean advised earlier, to the best of his knowledge there was no intention to reintroduce charge.  |
| 8.9.4 | Mr Pollock understood that the Boots in Port Street Stirling was closed last year and moved all the trade into the Thistles Shopping Centre. He further understood that a back door of some description was refitted which allowed all the substance misuse patients to access the store without directly walking through the shopping centre. Thus people that were barred from the shopping centre were not directly affected since they weren’t entering the main centre. This was a cost based decision and not patient centred it seemed. Were there any plans afoot for something similar to happen in Alexandria given there was already precedent? Mr McBean advised firstly, he was not here today to discuss a pharmacy in Stirling and secondly, no to something similar for Alexandria. |
| 8.9.5 | Mr Pollock advised his understanding of the patients receiving supervised methadone in Mitchell Way was that it’s nothing more than a screen and asked if he was collecting medication with his child, was it true they could see someone supervising methadone? Mr McBean advised it was down to discretion of responsible pharmacist. From wider experience on how teams look after patients it would be done in as discreet an area as possible. Mr McBean advised he didn’t say the consultation rooms were not being used, he said there would be less use of them. Mr McBean advised going back a year when we were in the middle of the pandemic, most pharmacists would have looked at other ways of looking after the patients without necessarily having to go into a consultation room.  |
| 8.9.6 | Mr Pollock referred to his role within North East Addictions Team and explained he had been asked to switch patients to other pharmacies due to the likes of drug selling cultures outside pharmacies. Mr Pollock asked how this can be done in Alexandria with 3 pharmacies within 20-30 metres of each other. Mr McBean advised he would challenge and say there are six pharmacies available in the wider Alexandria area that would be able to provide this service.  |
| 8.9.7 | Mr Pollock asked if Mr McBean would acknowledge there was housing to the South in the area he had defined as Haldane. Mr McBean confirmed he would. |
| 8.9.8 | *This concluded the Applicants’ questions and the Interested Parties were invited to question Mr McBean.* |
| 8.10 | **Questions from the Interested Parties** |
| 8.10.1 | *Neither Mrs Williams nor Mr Goburdhun had any questions for Mr McBean.* |
| 8.10.2 | *The Chair invited the PPC to put their questions to Mr McBean.* |
| 8.11 | **Questions from the Committee to Mr McBean (Boots UK Ltd)** |
| 8.11.1 | Mrs Montgomery asked if Mr McBean could tell her the percentage of prescriptions dispensed by the Boots pharmacies in Alexandria which came from the Haldane area. Mr McBean advised he did not have that number. |
| 8.11.2 |  Mr Macintyre referred to Mr McBean’s earlier presentation where he spoke about the neighbourhood and felt it was a wider area. Mr Macintyre asked if he had given thought to what that neighbourhood would be. Mr McBean advised he would have probably gone with the wider Balloch and Haldane Community council area which he appreciated was wider than discussed this morning. |
| 8.11.3 | Mr Macintyre asked if Mr McBean had a note of that area. Mr McBean advised the neighbourhood was as follows – to the South, open land below Auchicarroch Road across to the river, to the West, the river, to the North, the west bank of the loch and to East was open land to the East of Balloch and Haldane and to the East of Mollinbowie Road, Dumbain Road and Dumbain crescent. |
| 8.11.4 | Mr Dykes advised he had never worked for Well or Gordons as locum but worked for Boots. Mr Dykes asked if there was a demand for longer opening in these areas and if so would Boots open? Mr McBean advised he came to area 3 weeks before COVID so his knowledge was based on COVID. If it was felt that there was a business opportunity to open, Boots would have. In Mr McBean’s view, the current arrangements are sufficient. |
| 8.11.5 | Mr Dykes referred to the consolidation of instalment dispensing to one store which Mr McBean referred to earlier. Mr Dykes advised both stores had a crash in number of MAS items dispensed and asked if there was a reason for the numbers going down so dramatically? Mr McBean advised he would need to look at up to date information on Pharmacy First but would definitely concur with Mrs William’s point made earlier on the change in MAS.  |
| 8.11.6 | Mr Dykes asked what the waiting times are like in the stores. Mr McBean advised for both pharmacies he had no concerns on waiting times.  |
| 8.11.7 | *Mr Daniels and the Chair had no questions. This concluded the questions for Mr McBean.* |
| 8.11.8 | *This concluded the submissions and questions and the Chair invited the parties to summarise their cases.* |
| 9. | **SUMMING UP** |
| 9.1 | **Interested Party – Mrs Yvonne Williams (Well Pharmacy)** |
| 9.1.1 | Mrs Williams advised that as mentioned in previous presentation, it was her opinion the Applicant failed to provide substantial evidence of any inadequacy of pharmaceutical service provision to the neighbourhood as he had defined it. He had provided anecdotal one off evidence but she didn’t believe this demonstrated any inadequacy across the pharmacies which are in the wider area. She believed the service provided to patients who live in the Applicants’ neighbourhood was adequately provided by the existing community pharmacy network. |
| 9.1.2 | *Chair asked Mrs Williams to pause as Lay Member Mrs Montgomery’s connection had dropped. The delay lasted a few seconds and Mrs Williams was asked to repeat the few words that had been missed.* |
| 9.1.3 | Mrs Williams advised that the PPC have to look at adequacy. The Committee needs to consider adequacy as part of the legal test, and she would argue that we would all strive to improve the services that we deliver. And clearly there are opportunities for us all to do that, both in terms of the pharmacy first service which was recently introduced and also in the pharmacy first plus service, which requires independent prescribers.  |
| 9.1.4 | Mrs Williams thought there were opportunities for pharmacies to grow at the same time as the contract grows, but in terms of the contract as it stands just now, the pharmacies are providing an adequate service to this neighbourhood, so she again stressed that a case can always be made for desirability, and it should not be confused with convenience, and as such she would urge the PPC to reject this application.  |
| 9.2 | **Interested Party – Mr Goburdhun (Gordon’s Chemist)** |
| 9.2.1 | Mr Goburdhun stated that Gordon’s Chemist strongly believe that the pharmaceutical services provided by their pharmacy and the other pharmacies in the area are easily accessible and are more than adequate. Therefore, Gordon’s Chemist eel this application should be refused.  |
| 9.3 | **Interested Party – Mr McBean (Boots UK Ltd)** |
| 9.3.1 | Mr McBean advised that to clarify, Boots UK Ltd felt that the access to pharmaceutical services was adequately provided by the four contractors represented today and the six in the wider Alexandria area. Boots therefore believe there's no evidence that the existing pharmacies are not providing a large part of the pharmaceutical contract as the Applicant suggests, and therefore again we reject this application.  |
| 9.4 | **The Applicant** |
| 9.4.1 | Mr Pollock stated that he had been asked to provide a distinct neighbourhood which the PPC had previously agreed upon. Road signs, even the community council accept that Balloch and Haldane are different entities. |
| 9.4.2 | In considering necessity, he stated that there was NO healthcare in his neighbourhood. His neighbourhood was growing, with further expansion plans and we are in the middle of regeneration in the area. |
| 9.4.3 | Mr Pollock advised that his area remains deprived. He had gone on at length about the deprivation and had provided a massive amount of information to show to the PPC that this truly was an area needing help.  |
| 9.4.4 | He had supplied the PPC with information from the local drug recovery service. In the NE of the city we can offer 7 day dispensing. This can’t be offered here and officials wondered why patients are overdosing. |
| 9.4.5 | Mr Pollock reminded the PPC that local drug deaths in West Dunbartonshire are the highest ever. These are people’s sons and daughters. |
| 9.4.6 | He had shown that other pharmacies are not meeting the needs of the population. A delivery service was not pharmaceutical care. |
| 9.4.7 | He advised that the Sunday Rota service was archaic and out of step with modern pharmacy. If you have a car you can access the rota pharmacy. He asked whether this was acceptable. Not all elements of pharmaceutical care can be offered through the Rota and therefore there was an unmet need. Mr Pollock reminded the PPC that the Rota was there to provide adequate pharmaceutical care when pharmacies are close. This isn’t happening. |
| 9.4.8 | Mr Pollock had the unanimous backing of the Community Council of Balloch and Haldane. Elected officials including an MP, two councillors and a vast spread of the public supported his application. Local businesses and nearly all members of the public believe this pharmacy would be a fantastic and essential addition to the community of Haldane. |
| 9.4.9 | Mr Pollock completed his summing up by saying he trusted the PPC would give his application due consideration and thanked them for their time. |
| 10. | **CONCLUSION OF ORAL HEARING** |
| 10.1 | The Chair then invited each of the parties present that had participated in the hearing to confirm individually that each had had a full and fair hearing via the Microsoft Teams platform. Each party so confirmed. |
| 10.2 | 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. |
| 10.3 | The Chair advised the Applicants and Interested Parties that they might wish to remain connected to the Teams hearing 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 PPC would be brought back from their closed session into the original Teams hearing to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.  |
| 10.4 | **The PPC were transferred into a separate virtual meeting room. The Applicant, Interested Parties, Observer and Board officers remained in the original virtual hearing room.** |
| 11. | **PRELIMINARY CONSIDERATION** |
| 11.1 | In addition to the oral evidence presented, the PPC took account of the following: |
| 11.2 | 1. That due to the restrictions in place to manage COVID-19, members of the PPC had conducted their own site visit (not Mrs Montgomery) noting the location of the proposed premises, the pharmacies, medical centres and the facilities and amenities within and surrounding the proposed neighbourhood;
2. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and the surrounding area;
3. Map showing the neighbourhood proposed by the Applicants;
4. A map showing the data zones of the area in question;
5. A table giving the population profile for each of the selected data zones;
6. Distances from proposed premises to local pharmacies and GP practices within a one to two mile radius;
7. Details of service provision and opening hours of existing pharmacy contracts in the area;
8. Details of General Medical Practices in the area including practice opening hours, number of partners and list sizes;
9. Number of Prescription items dispensed during the past 11 months and information for the Pharmacy First Service;
10. Complaints received by the individual community pharmacies in the consultation zone regarding services;
11. Population Census Statistics from 2011;
12. Letter from GP Sub-Committee dated 26 May 2020;
13. Letter from Area Pharmaceutical Committee dated 11 June 2020;
14. Information from West Dunbartonshire Council, Roads Network; on planned road developments in the local area;
15. Summary of applications previously considered by the PPC in this area;
16. The Application and supporting documentation provided by the Applicants;
17. Pharmaceutical Care Services Plan;
18. Public Transport Information; and
19. The Consultation Analysis Report.
 |
| 12 | **DISCUSSION** |
| 12.1 | The Committee in considering the evidence detailed above submitted during the period of consultation, presented during the hearing and recalling observations from the individual site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located. |
| 12.2 | The Committee considered the neighbourhoods as defined by the Applicants, by each of the Interested Parties and the Area Pharmaceutical CP Sub-Committee; examined the maps of the area and considered what they had seen on their site visits. |
| 12.3 | The Committee noted that the Applicant had described their neighbourhood as being demarcated by obvious signs describing entry into the specific area of Mill of Haldane. The Applicant had used this as evidence that the area was a separate entity and listed the companies/organisations that shared this view. |
| 12.4 | They noted that only one of the Interested Parties had offered a wider area, while the other two seemed content to accept the Applicants’ definition. |
| 12.5 | The Committee considered the larger neighbourhood described by the Area Pharmaceutical Committee (APC), and after deliberation discounted this. The APC had drawn their boundary to the River Leven. The PPC considered this area to be too large. They did not consider that a resident in Main Street would consider themselves to be a neighbour of someone living in Mill of Haldane.  |
| 12.6 | The Committee considered that the Applicant’s defined neighbourhood had very clear boundaries, both physical in terms of the A811 and A813 which were busy trunk roads, and psychological in terms of the types of housing and topography. |
| 12.7 | The Committee were comfortable agreeing with the Applicants’ definition on the South, East and North boundaries. They agreed that the open land to the East of the Applicants’ defined neighbourhood separated the areas further afield. They similarly agreed with the Applicants’ North boundary. They deliberated over the West boundary and questioned whether a resident of Balloch would associate themselves with a resident from the area described as Mill of Haldane. The PPC averred that it would be highly unlikely that a resident of Balloch would travel to the area of Mill of Haldane to access the small parade of shops. All main amenities for the area of Balloch lay outside the Mill of Haldane area and as such there was little to draw a resident of Balloch into Mill of Haldane. The PPC agreed that the communities across the A811 and A813 were different in terms of character and housing stock from Mill of Haldane. |
| 12.8 | The Committee agreed that the entrances to the area known as Mill of Haldane were set back from the main roads, and gave a psychological feeling of entering a separate neighbourhood. |
| 12.9 | After considering all relevant factors and seeking to identify natural boundaries, the Committee agreed that the neighbourhood should be that as defined by the Applicants: |
| 12.10 | West  | A813 travelling south to Levenbank Road; |
| 12.11 | North | A811 trunk road at Haldane Terrace continuing South-West to the roundabout; |
| 12.12 | East | Greenbelt starting at Arthurston Road, moving through Carmona Drive and Dumbain Crescent; |
| 12.13 | South | Levenbank Road. |
| 12.14 | The PPC was satisfied that the area described by the Applicants could be described as a neighbourhood. It was bounded by areas of greenbelt and main trunk roads. While the area described as Jamestown could be described as similar in nature in terms of housing stock, the PPC felt that this area was more associated with Balloch. Individual knowledge of the area described that the area of Mill of Haldane had been developed in the 1950s, with the area of Jamestown coming sometime after in the 1970s. The area known as Jamestown had previously contained textile factories.  |
| 12.15 | The defined area contained many of the amenities associated with a neighbourhood which the Applicants had described in their presentation and included services that would normally be found in a neighbourhood i.e. a library, a church, different housing, and shops. |
| 12.16 | 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.

|  |
| --- |
| Turning first to the CAR, it was noted:* The response rate was relatively low at 94;
* Many of the comments received related to convenience rather than need;
* There were no strong views displayed either in support or in objection to the Applicants’ proposal;
* The majority of the responders were in favour of the Applicants’ proposal, but did not say the current services were inadequate.

In summary, the Committee did not think the CAR had demonstrated inadequacy of pharmaceutical services within the Applicants’ neighbourhood. While the CAR showed public support for the proposed new pharmacy, it was not clear whether this was purely from a convenience viewpoint i.e. it would be “nice” to have somewhere local, or because the services offered by the current network were inadequate. |

 |
| 12.17 | The Committee discussed the evidence offered by the Applicants, during the hearing, on the need for a pharmacy in the neighbourhood. At times the Applicant had relied heavily on the perceived reduction in activity surrounding the Minor Ailment Service (MAS) in 2019/2020. The Applicant had attributed this reduction to the current pharmacies disengaging from the service. The PPC had heard from Mrs Williams that this had been as a result of Guidance issued by the Scottish Government on how the service should be run rather than a conscious disengagement by the existing contractors. The PPC were also mindful that a drop in numbers of patients registered for the service did not necessarily show inadequacy of the provision of pharmaceutical services as a whole. |
| 12.18 | The Committee discussed the Applicants’ assertions around the harm reduction patient that he had tried to place with Well Pharmacy. While at first glance this might be interpreted as a lack of service, the Applicant hadn’t followed up with Well Pharmacy later in the week when the regular pharmacist was on duty to ascertain whether the patient could be taken on. The PPC also considered the Applicants’ assertion that the local Alcohol and Drugs Recovery Service (ADRS) were keen to have a seven day dispensing and supervision service for harm reduction patients in the area, and considered this to be necessary for only a very small minority of patients, and that this route of travel actually flew in the face of the direction of travel for NHS GGC Addiction services, who were keen to move towards fewer supervisions and more take away doses for these patients. This was not to detract from a service required by the very few chaotic patients for whom 7 day supervision was necessary. The PPC considered that such a situation would not be resolved by the addition of an additional pharmacy. |
| 12.19 | The PPC noted that the Applicants had described the current pharmaceutical network as “underperforming” and not providing “large parts” of the pharmacy contract and that this had been proved on numerous accounts. The PPC did not agree this to be the case. The PPC did not consider that the Applicant had provided any evidence to substantiate these assertions. The Applicants had provided no evidence of patterns of underperformance. All examples provided related to isolated and one-off incidents with little context. |
| 12.20 | All interested parties who attended offered a full range of services from their pharmacies, both core and non-core and had indicated that they were far from being at capacity. Other pharmacies in the area all offered a range of services.  |
| 12.21 | Looking at the complaints information from all pharmacies within a 1 mile radius of the Applicants’ proposed location in relation to dispensing data, the Committee noted that given the number of items dispensed in the pharmacies in the area, these were not significant. There had only been one complaint received within 12 months regarding supply issues and four relating to customer service issues. When set against a backdrop of over 500,000 prescriptions dispensed, the PPC felt this to be insignificant given the number of patient interactions.  |
| 12.22 | The PPC considered the Applicants’ assertions that tourist trade and by extension the demand for pharmaceutical services would increase with the completion of the Flamingoland development. They were aware that the proposed development had been fraught with difficulties and there was no certainty that the development would even go ahead. The PPC were mindful that their consideration of developments should be restricted to those that were known and firm, and concluded that the Flamingoland issue should not be taken into account when making their final deliberations. In terms of housing developments already reported, the Committee concluded that new housing did not necessarily mean an increase to the population. Old housing stock taken out of commission was replaced with new development, which in many instances would be occupied with existing residents within the neighbourhood. The PPC did not feel that any increase in population would be significant enough to affect the current pharmacy network’s ability to provide adequate services to the neighbourhood. |
| 12.23 | The PPC considered the Applicants’ assertions that within their neighbourhood there was no healthcare provision at all. While this was the case, the PPC were mindful that there were six community pharmacies within a relatively short distance from the Mill of Haldane area, three of which sat in the main shopping area of Alexandria. These pharmacies provided pharmacy services to residents in Mill of Haldane. The GP services were concentrated at the relatively new Lomond Health and Care Centre. The PPC did not consider that the residents experienced a lack of service. The existing pharmacy services were easily accessible via a number of means including on foot, public transport, and by car (relatively high at 50% car ownership). All of the current pharmacy network provided a collection and delivery service, which, while not the same as face to face contact with a pharmacist, nevertheless provided access to service for those that could not travel. |
| 12.24 | The PPC were mindful that the Health Board were not able to require a community pharmacy to provide services on a Sunday as part of their contracted hours. The Health Board could however require a contractor to take part in any rota arrangement established where it was considered necessary to provide access to services at times out with normal opening hours. |
| 12.25 | The PPC considered the Applicants’ comments around the current Sunday Rota and the perception that this was archaic and did not meet the demand for services in the area on a Sunday. The PPC were mindful that the Rota Service was reviewed by the Health Board regularly and as such would expect the Board to make further provision if the current provision was deemed inadequate in any way. The PPC discussed that the Health Board’s regular review of the current service was not, as suggested by the Applicant, to increase the provision of Sunday services, but rather to consider if the services could be reduced due to service demand levels. The PPC understands that the local HSCP has requested that, despite low usage, the rota service should be retained in the short term. |
| 12.26 | Finally, the PPC considered the Applicants’ comments around the current pharmacies’ not providing the extended Pharmacy First Plus service. The PPC heard that this was a relatively new service, which was not a core service. The numbers of pharmacies taking part was very small, and there was no expectation on the part of the Health Board that this service be provided by all community pharmacies. Students entering the undergraduate pharmacy programme from 2022 would graduate with an Independent Prescriber qualification at the end of their course, which would help to achieve the Scottish Government’s commitment to increase the level of Pharmacist Independent Prescribers but at this point there was no resource to train all pharmacists in community pharmacy who did not yet have the qualification. The ambition for every pharmacist to be an Independent Prescriber would take around 5 to 10 years to achieve and it would be unreasonable to base the granting of an additional contract solely on this issue. |
| 12.27 | ***In accordance with the statutory procedure the Pharmacist Members of the Committee, Mr Alasdair Macintyre and Mr Gordon Dykes left the virtual room while the decision was made.*** |
| 13. | DECISION |
| 13.1 | In determining 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).  |
| 13.2 | 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 or to the neighbourhood (as defined by it in Paragraphs 12.1 – 12.10 above) and the level of service provided by the existing 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. |