

Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Monday 10 January 2022 at 09:45 via Microsoft Teams

The composition of the PPC at this hearing was:

Chair: Ms Lesley Thomson

Present: Lay Members Appointed by NHS Lanarkshire Board

Mr Michael Fuller

Mr John Woods

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

Mr Kenneth Mackenzie

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

Mr Arif Hanif

Secretariat: Mrs Janine Glen, Contracts Manager, NHS Greater Glasgow & Clyde
Mrs Michelle Paterson, Personal Secretary, NHS Lanarkshire – in attendance to provide meeting housekeeping support

Observer: Ms Lesley McDonald, NHS Lanarkshire. In attendance at the open hearing only for training purposes with consent of all parties.

Central Legal Office Not in attendance but available via telephone if required

1. APPLICATION BY ASIRAH AKHTAR

1.1. There was submitted an application (dated 07 October 2020 received on 09 October 2020) together with supporting documents from Asirah Akhtar to have their name included in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at 1 Trongate, Stonehouse ML9 3LH.

1.2. Submission of Interested Parties

The following documents were received:

- i) Letter dated 22 October 2020 from Emma Griffiths-Mbarek on behalf of
- ii) Well Pharmacy.

- iii) Letter dated 30 October 2020 from Jo Watson on behalf of Boots UK Ltd.
- iv) Letter dated 10 November 2020 from Robert Freel, Secretary, Stonehouse Community Council.
- v) Letter dated 16 November 2020 from Matthew Cox on behalf of Lloyds Pharmacy Ltd.
- vi) E-mail received on 18 November 2020 from Alasdair Macintyre on behalf of the Area Pharmaceutical Committee – NHS Lanarkshire.

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

- Kirkmuirhill Pharmacy Ltd.
- Area Medical Committee – NHS Lanarkshire

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

- i) Consultation Analysis Report (CAR)

2. PROCEDURE

2.1. At 0900 hours on Monday 10 January 2022 the Pharmacy Practices Committee (“the Committee”) convened via Microsoft Teams to hear the application by Asirah Akhtar (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (SSI 2009 No 183, SSI 2011 No 32 and SSI 2014 No 118) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List”.

2.2. The Chair welcomed all to the meeting and introductions were made. When asked by the Chair, all Committee Members confirmed that the hearing papers had been received and considered and that none had any personal interest in the application. The Chair informed members that Ms Asirah Akhtar would make representations as the Applicant. There would also be representations from the following interested parties:

- (i) Mr Balvinder Sagoo on behalf of Boots UK Ltd accompanied by Ms Lorraine Martin.
- (ii) Mr George Smith on behalf of Stonehouse Community Council accompanied by Mr Robert Craig.

The Chair also confirmed that the following parties were included in the consultation but did not respond:

- Kirkmuirhill Pharmacy Ltd.

- Area Medical Committee – NHS Lanarkshire

- 2.3.** It was noted that Members of the Committee had previously undertaken site visits to Stonehouse independently during various times of the day and week to gather a sense of the natural working patterns of residents and visitors to the various premises. All confirmed that in doing so each had noted the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to, banks, post office, supermarkets, libraries, churches, schools and sports facilities.
- 2.4.** The Chair advised that Mrs Glen was independent from NHS Lanarkshire and was solely responsible for taking the minute of the meeting. Ms Michelle Paterson would provide additional admin support and would manage the recording of the proceedings for the purposes of producing a record of the hearing.
- 2.5.** The Chair advised that Ms Lesley McDonald would be in attendance at the open session of the hearing as an observer. Ms McDonald had recently been appointed to the Pharmacy Practice Committee and would attend for training purposes.
- 2.6.** The Chair confirmed that the services of Central Legal Office had been retained and legal advice would be available via Microsoft Teams if required.
- 2.7.** There was a brief discussion on the application and the Chair invited Members to confirm an understanding of these procedures. Having ascertained that all Members understood the procedures the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Chair then invited the Applicant and Interested Parties to enter the hearing.

The Open session convened at 0945 hours

3. ATTENDANCE OF PARTIES

- 3.1.** The Chair welcomed all and introductions were made. For the Applicant, Ms Asirah Akhtar would present. From the Interested Parties eligible to attend the hearing, the following accepted the invitation: (i) Mr Balvinder Sagoo representing Boots UK Ltd accompanied by Ms Lorraine Martin (ii) Mr George Smith representing Stonehouse Community Council accompanied by Mr Robert Craig. The Chair stated that only one person would be permitted to speak on behalf of each party.
- 3.2.** The Chair advised of the parties consulted but who failed to respond and therefore were ineligible to attend or make representation to the PPC:
- Kirkmuirhill Pharmacy Ltd.
 - Area Medical Committee – NHS Lanarkshire
- 3.3.** The Chair advised all present that the meeting was convened to determine the application submitted by Asirah Akhtar in respect of premises located at 1 Trongate, Stonehouse ML9 3LH. The Chair confirmed to all parties present that

the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 Regulations, as amended which the Chair read out in part:

- 3.4.** “5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List.”
- 3.5.** The Chair emphasised the three components of the statutory test and confirmed that the Committee, in making its decision, would consider these in reverse order in that they would determine the neighbourhood first and then decide if the existing pharmaceutical services in and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the Applicant were necessary or desirable in order to secure adequate services? That approach was accepted by all present.
- 3.6.** The Chair confirmed that a statutory Joint Consultation had been undertaken to assess the current provision of pharmaceutical services in or to the neighbourhood and whether it was adequate and to establish the level of support of residents in the neighbourhood. The Consultation complied with the requirements of Regulation 5A(3)(b) which sets out the range of issues to be consulted upon. The Consultation Analysis Report (CAR) is presented as factual and has been provided to the Committee, the Applicant and all parties consulted. The Committee is required to include a summary of the CAR in its published determination and to illustrate how it was taken into account in its determination of the statutory test.
- 3.7.** The Chair confirmed that the Committee would also have regard to the Report on Pharmaceutical Services that had been circulated to all attending as part of the papers. That report showed services currently provided in and to the neighbourhood and was a bespoke update to that outlined in NHS Lanarkshire’s Pharmaceutical Care Services Plan.
- 3.8.** The Chair advised that Mrs Janine Glen, Contracts Manager, NHS GGC, would be present throughout the duration of the hearing for the purposes of providing secretariat support to the Committee. The Chair confirmed that Mrs Glen was independent of Lanarkshire NHS Board and would play no part in either the public or private sessions of the Committee.
- 3.9.** The Chair advised that Ms Lesley McDonald would be in attendance at the open hearing. Ms McDonald had recently been appointed to serve on the Pharmacy Practices Committee and would attend for training purposes. The Chair confirmed that Ms McDonald would take no part in the hearing, and sought the agreement of all parties to Ms McDonald’s presence.
- 3.10.** All parties Individually indicated their agreement.

- 3.11. The Chair confirmed that Central Legal Office was available via Microsoft Teams in the event any legal advice was required so that all parties could hear the legal advice and be given the opportunity to ask questions. The parties had been notified in advance and had expressed no objections.
- 3.12. The Chair confirmed that all members of the Committee had conducted site visits to the premises concerned on different days and at different times in order to understand better the issues arising out of this application. No member of the Committee had any interest in the application.
- 3.13. The Chair stressed that, regardless of any references to any previous applications in written or verbal evidence, the current application would be considered solely on its merits based on the written and verbal evidence presented at the hearing that day. No previous decisions of the Pharmacy Practices Committee would have any bearing on the Committee's decision.
- 3.14. The Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. She asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, and whether they had any questions or queries about those procedures and whether they were content to proceed. All confirmed agreement on all these points. The Chair concluded the procedural part of the hearing by reminding each party that there could only be one spokesperson for each party.

4. **APPLICANT'S SUBMISSION**

The Chair invited Ms Asirah Akhtar ("The Applicant") to speak in support of the application.

- 4.1. Ms Akhtar provided the Committee with some background to her experience. She advised that following her pre-registration year she was determined to develop her clinical skills and so opted to explore hospital pharmacy where she successfully practised as a clinical pharmacist in many specialities including paediatrics, psychiatry and oncology. She wanted to take these skills and practice them in primary care so that patients could benefit from secondary care skills.
- 4.2. She thereafter began to work in GP practices and it was while working in this environment that she began to recognise the disparity in community pharmacy services within specific neighbourhoods. It appeared to her that some residents felt they couldn't access certain services which led to increased workload for GP practices. This was the case for Stonehouse.
- 4.3. Stonehouse was, in Ms Akhtar's opinion, a village where the existing community pharmacy services were inadequate. Ms Akhtar advised that she had visited Stonehouse on a number of occasions and found its sole GP surgery, the Community Council and existing businesses all welcomed the idea of a new community pharmacy which they felt was not only desirable, but a necessity for the village.

- 4.4. Ms Akhtar advised that the population in Stonehouse had been growing significantly and it had become clear especially during lockdown that the existing pharmacy was unable to serve the community adequately. She advised that since the previous application a number of years ago, there had been many house developments within the area. For example there had been 160 Barrett Homes built, Persimmon Homes had built at the old Stonehouse Hospital site, and most recently Miller Homes had applied to build an additional 53 homes in the village. Stonehouse was a village that would continue to grow for the next decade or so.
- 4.5. Ms Akhtar advised that it would not be her intention to take business away from the existing community pharmacy network. She would introduce an independent pharmaceutical provision of NHS core and local services. She advised the Committee that community pharmacy was moving away more from the supply function towards one of service provision and health improvement. She reminded the Committee that community pharmacy was the first port of call for any health concern in all communities and she believed that an additional pharmacy working alongside GPs and social care would help address health inequalities in Stonehouse.
- 4.6. She advised that the Achieving Excellence In Pharmaceutical Care strategy made a commitment to give a more formalised role to community pharmacy through the Medicines: Care & Review service (formally Chronic Medication Service). This would aid community pharmacies help those with long term conditions. As an Independent Prescriber, Ms Akhtar believed she would be able to embed this service in Stonehouse working with the GPs and providing services to eligible patients which would reduce the workload for GPs in the area.
- 4.7. Ms Akhtar drew the Committee's attention to the support provided by Dr Rebecca Howie, a GP in the sole medical practice within the village. Dr Howie had highlighted a number of reasons why a second pharmacy was needed. She highlighted that the current pharmacy provision "*was not enough*" for the current population, notwithstanding the expanded population. She also touched upon recent problems experienced with the Boots pharmacy in Stonehouse. Issues relating to procurement left patients not getting the medication they needed which in turn caused additional work for the GP practice as they needed to refine the pharmaceutical care plans for the patients. Dr Howie was also keen to see more provision of the Minor Ailment Service.
- 4.8. Ms Akhtar envisioned the new pharmacy as being a safe place for residents. A place that would focus on sign posting, raising awareness of mental health services and making them more accessible. Endorsing Sick Day Rules cards and other pharmaceutical interventions and initiatives would promote a better health culture. She believed that in Stonehouse, there was a failure of the Quality Improvement Service within the Boots pharmacy. There was no engagement with NSAID interventions on supply either by prescription or Over the Counter sales. The absence of this Quality Improvement Service clearly showed an inadequacy of the current provision.

- 4.9. Ms Akhtar pointed out that all community pharmacies were required to provide core services to ensure that all communities had equity of access to care via the NHS network. Ms Akhtar averred that it could be due to workload that a single pharmacy would be unable to meet demand for core services, making the argument for an additional pharmacy irrefutable.
- 4.10. Ms Akhtar advised that within the Consultation Analysis Report (CAR) 28% of the respondents felt that the current pharmaceutical services being provided in or into the neighbourhood were inadequate. Having an additional pharmacy would provide another outlet where residents could access pharmacy only medicines under the revised Minor Ailments scheme (now Pharmacy First) without having to make a GP appointment. This would help keep the community healthy without burdening NHS primary and secondary services.
- 4.11. She further advised that around 53% of respondents responded “*Don’t Know*” to Question 3 which spoke about current services in the neighbourhood. Over 50% of the respondents didn’t know about the Pharmacy First service. In addition 15% of the respondents responded “*Don’t Know*” to the Minor Ailment Service. This made Ms Akhtar wonder why these residents weren’t aware of such services which could be so beneficial to all residents regardless of age. She was particularly concerned over the lack of knowledge over the Minor Ailments and Pharmacy First services which was a service that would directly lead to a reduction in GP workload.
- 4.12. Ms Akhtar questioned whether the existing pharmacies weren’t making patients aware of these service so as not to overburden their own workforce and it might be that, specifically in the case of the multiple chains, that they don’t promote the services in fear of losing Over the Counter sales. Ms Akhtar advised that an additional pharmacy would fulfil the first commitment of the Scottish Government’s 2017 Pharmaceutical Strategy Plan which pledged to increase 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 and out of hours.
- 4.13. Ms Akhtar explained that many residents had experienced upset at the current pharmacy’s regular failure to dispense all medication due to issues with procurement. This was certainly the case in Boots because their main provider was Alliance Healthcare. One of the major benefits of an independent pharmacy was its ability to access multiple suppliers and therefore they would be able to fill prescriptions in full in a timelier manner. This would reduce the number of requests made to GPs to switch to alternative medicines as having widespread access to suppliers would make sure patients could benefit from their intended treatment plan without interruption or change. This direct effect on patient’s treatment had been raised by the local GP and further details could be found in her letter of support. Ms Akhtar further advised that the CAR also contained statements from respondents around procurement issues with Boots pharmacy. One of the respondents stated “*we have never taken a prescription and had it fulfilled there and then. It’s always “come back tomorrow” and in some cases it takes three or more visits to obtain everything in full. We now take our business elsewhere*”. Another person said “*The service is of poor quality and Boots never have stock of medications. The staff are very rude and there’s always a different*

pharmacist working every day.” Ms Akhtar averred that this highlighted the community’s need for continuity of care. It seemed to her because of the change in staff that services weren’t being provided to a good standard and patients were suffering. Another person had written “Prescriptions take forever to make up and sometimes they don’t even have the medication there and you have to wait a couple of days to get it and the queue is always long.”

- 4.14.** Ms Akhtar advised that she had word of mouth experience from friends and family who were pharmacists that Boots had recently installed a new Patient Management System (PMR) – Compass and the process of ordering had been modified to ensure better stock levels. The aim of the new system was that stock be kept at a minimum. Stock control was dependent on surgery prescriptions dispensed in-house only. There is also off-site dispensing which results in delays causing patients to take their prescriptions elsewhere. Ms Akhtar was proposing an in-house dispensing service in the new pharmacy with access to all suppliers and medication would most definitely be provided in a timely manner. Access to suppliers was limitless which had proved vital since Brexit which had resulted in problems around procurement so access to all suppliers was essential for pharmacies to maintain good relations with patients.
- 4.15.** The Scottish Government statistics claimed that the population in Stonehouse was 5,711 in 2020. The neighbouring town of Strathaven had a population of 7,472 in 2020. Strathaven was therefore only 24% more populated in comparison to Stonehouse. Yet there were two pharmacies in Strathaven. There was a Boots Pharmacy in Common Green and it dispensed approximately 11,005 prescriptions in March 2021. The Boots Pharmacy in Green Street dispensed approximately 8,419 in the same month. Both businesses appeared to be profiting while sharing the same ML postcode. Ms Akhtar suggested that this was a good example where two pharmacies co-existed within close proximity, serving the same community and were thriving individual businesses. Ms Akhtar felt that sharing a post-code with the current Boots pharmacy wouldn’t be taking away any services from Boots. A further pharmacy would enhance service provision and wouldn’t affect the viability of the existing Boots in Stonehouse.
- 4.16.** Ms Akhtar suggested that the on-going COVID pandemic had taught us that it was essential to provide accessible healthcare to communities. In her opinion, having an additional pharmacy would not only act as another outlet for patients to access core NHS services but would also allow the community to benefit from free prescription deliveries. This was a service she intended to offer. She was aware that some patients had been charged for deliveries during these financially testing times throughout the pandemic and this had further disadvantaged residents in Stonehouse. This had been a significant issue which had been discussed within the CAR. Ms Akhtar felt that the provision of a free delivery service was essential especially as prescriptions were free and applying a charge would create a barrier for patients who would most benefit.
- 4.17.** Ms Akhtar concluded that in her opinion, it was both necessary and desirable to provide a second pharmacy in Stonehouse to enable the adequate provision of pharmaceutical services. The Community Council, the MP (Dr Lisa Cameron), the MSP (Christina McKelvie), Local Councillor (Graeme Campbell) and Dr

Rebecca Howie had all echoed one another in their letters of support. They all stressed the urgency of a second pharmacy for Stonehouse and they believed that it was a necessity for the village.

4.18. Ms Akhtar was certain that there was considerable evidence from the CAR and letters of support appreciating this application. She thanked the Committee for their attention and trusted that after an in-depth reflection the Application would be approved and granted to serve a community in much need.

4.19. This concluded the Applicant's presentation.

5. INTERESTED PARTIES' QUESTIONS TO APPLICANT

5.1. *Mr Sagoo of Boots UK Ltd was invited to question the Applicant.*

5.1.1. Mr Sagoo asked what evidence the Applicant had to support her assertion that there was a growing population in Strathaven, how much it grown and over what period.

5.1.2. The Applicant advised that she hadn't said there was a growing population in Strathaven but that the number she had obtained from the Government statistics showed that the population in Strathaven was 7,472 in 2020 which happened to be only 24% higher than the population in Stonehouse within the same year.

5.1.3. Once the Applicant had confirmed that the two towns she was comparing populations with were Stonehouse and Strathaven, Mr Sagoo asked what evidence there was to support the assertion that there was a growing population in Stonehouse.

5.1.4. The Applicant advised that with the housing developments people were buying these homes and it followed that the population was growing.

5.1.5. Mr Sagoo asked if it was solely the Applicant's opinion that the population was growing.

5.1.6. The Applicant advised that there was evidence to support this, however she didn't have it noted, but could provide this at a later point.

5.1.7. Mr Sagoo asked what evidence the Applicant had to support her assertion that Boots were not providing the Quality Improvement Service, and in particular NSAIDs intervention.

5.1.8. The Applicant replied that she had spoken to residents in Stonehouse who had informed her of this first hand. These residents had told her they were on certain medications which happened to be NSAIDs and they were not aware of such tools to help with their management of the medication they were on.

5.1.9. Mr Sagoo asked the Applicant to confirm that this question hadn't been asked in the Joint Consultation. The Applicant advised that the Joint Consultation did include a question about the Quality Improvement Service but the tools weren't specifically mentioned.

- 5.1.10. Mr Sagoo asked the Applicant to confirm that when she asserted that Boots provided an off-site dispensing service that she was talking about Boots as a whole and not specifically the Boots pharmacy in Stonehouse.
- 5.1.11. The Applicant so confirmed.
- 5.1.12. Mr Sagoo asked the Applicant if there were any core NHS services not currently provided by the Boots pharmacy in Stonehouse.
- 5.1.13. The Applicant advised, that she had evidence that the pharmacy didn't provide the Quality Improvement Service, but that she hadn't brought this evidence to the hearing.
- 5.1.14. Mr Sagoo asked the Applicant if she was aware of the role of the Area Pharmaceutical Committee in Lanarkshire.
- 5.1.15. The Applicant questioned the relevance of the question to her Application.
- 5.1.16. Mr Sagoo explained that the Area Pharmaceutical Committee were one of the parties who had been asked to provide some feedback on her application. The Committee were a source of professional advice to NHS Lanarkshire on all matters relating to pharmaceutical services and would give proactive advice on all contract applications. In their letter they felt the neighbourhood was currently adequately served by the existing pharmacy located within its boundaries. The Committee also noted the mixed results of the CAR and noted the majority of the respondents expressing an opinion felt the existing pharmaceutical service was adequate. Mr Sagoo asked the Applicant if she agreed that the Area Pharmaceutical Committee was representative of all pharmacy professionals providing a service in NHS Lanarkshire.
- 5.1.17. The Applicant advised that they could be but there had been a number of letters of support for the community. The Area Pharmaceutical Committee were only one body who held this opinion, but there had been a lot more representatives who were in favour of and fully supported the new Application.
- 5.1.18. Mr Sagoo asked the Applicant is she knew how many respondents to the Joint Consultation lived in the proposed neighbourhood.
- 5.1.19. The Applicant advised that she wasn't sure.
- 5.1.20. Mr Sagoo asked the Applicant if she felt this question should have been asked in the Joint Consultation.
- 5.1.21. The Applicant replied the Joint Consultation could be completed anonymously and that respondents didn't need to provide their address so there was no way of the Applicant knowing. The Applicant believed that the questionnaire would only be completed by people who would be directly affected by the application. She would therefore assume, but couldn't confirm that all respondents would live within the boundaries.

- 5.1.22. Mr Sagoo asked the Applicant why she hadn't presented a summary of a Yes/No/Don't Know % answer to the element of Question 3 which asked "*Are the current pharmaceutical services adequate*".
- 5.1.23. The Applicant replied that she had touched on the "*Don't Know*" responses as she felt the number was alarming and pointed out two services she felt were crucial in community pharmacy nowadays.
- 5.1.24. Mr Sagoo asked the Applicant if she would agree that the majority of the respondents to the Joint Consultation responded "Yes" to the question "*Is the dispensing of prescriptions adequate?*"
- 5.1.25. The Applicant said that she couldn't agree with that as the question had been split into separate sections relating to different services. She would therefore have to say *No*.
- 5.1.26. Mr Sagoo pointed out that under Question 3, while being broken down into individual services, the first element of the question related to the dispensing of prescriptions. 142 of the 260 respondents answered "Yes" that there was adequate access to the dispensing of prescriptions which meant that 54.6% agreed that there was adequate service of dispensing prescriptions. Mr Sagoo asked the Applicant if she agreed that the majority of the respondents agreed that there was adequate service for the advice and medicines under the Minor Ailment Service.
- 5.1.27. The Applicant replied that she would like to point out that further down Question 3, 119 respondents said "*Don't Know*" to the Quality Improvement Service and 140 also responded "*Don't Know*" to Pharmacy First. 159 responded "*Don't Know*" to support for Care Homes. The Applicant believed that the current pharmacies weren't advertising the core services.
- 5.1.28. Mr Sagoo explained that this wasn't the question he asked. He repeated his question. The Applicant advised that in terms of the Minor Ailment Service specifically, she couldn't deny the figures from the CAR.
- 5.1.29. Mr Sagoo asked if the Applicant could confirm what % of respondents she had stated responded "*Don't Know*" to the element of Q3 relating to the Minor Ailment Service.
- 5.1.30. The Applicant advised that she had referred to 53%. This was in relation to the Pharmacy First Service which encompassed the Minor Ailment Service.
- 5.1.31. Mr Sagoo asked the Applicant why she would ask the residents about both the Pharmacy First Service and the Minor Ailment Service when she had basically said they were the same thing.
- 5.1.32. The Applicant advised that she hadn't designed the questionnaire. She felt the basis of the separation was that people were still using the terminology of the Minor Ailment Service.

- 5.1.33. Mr Sagoo asked the Applicant if she had secured the premises at 1 Trongate and if so, had she submitted evidence of this to the Committee.
- 5.1.34. The Applicant confirmed that she had secured the premises, and was certain that she had provided such evidence to the Committee.
- 5.1.35. Mr Sagoo asked the Applicant if she had secured planning permission to amend access at the proposed premises given the difficulties that were apparent for wheelchair users.
- 5.1.36. The Applicant advised that there would definitely be access for wheelchair users. Her architect would arrange this.
- 5.1.37. In final questioning, Mr Sagoo asked the Applicant if she had a proposed layout of the pharmacy.
- 5.1.38. The Applicant advised that no final layout had been agreed.
- 5.2. *Having ascertained that Mr Sagoo had no further questions, the Chair invited questions from Mr Smith to the Applicant.***
- 5.2.1. Mr Smith asked the Applicant who designed the Questionnaire that was used in the Joint Consultation exercise.
- 5.2.2. The Applicant advised that NHS Lanarkshire had designed the Questionnaire and this was one which was used in all pharmacy applications.
- 5.2.3. Mr Smith asked the Applicant to explain what set her apart from Boots as an independent pharmacy.
- 5.2.4. The Applicant advised that the main thing that set her apart was her access to multiple suppliers. In addition, she was an Independent Prescriber. She had quite a lot of experience in several specialities. She believed she could bring this to the community who would benefit from the clinical reviews that she intended to deliver. There would be a delivery service that Boots currently didn't provide to everyone. Procurement wouldn't be problem for an independent pharmacy. There was many different suppliers that medication could be procured from nowadays and many more that had come to market. An independent pharmacy wasn't target driven therefore everyone would be treated personally and each individual would have their own personal pharmaceutical care plan and would have access to all information relating to services provided.
- 5.2.5. Mr Smith advised that the Applicant conducted the Joint Consultation exercise during lockdown and that in normal circumstances she would have attended the Community Council meeting. He asked how, in the absence of this, the Applicant had made herself known to people in the village.
- 5.2.6. The Applicant responded that she had contacted the Community Council who posted on their Facebook Page. She used virtual platforms to advertise the Consultation exercise. Towards the end of the lockdown she managed to visit the village for one day and left some questionnaires within the local Co-op, petrol

station and some other places to raise awareness. She was prevented from presenting the Application publicly in a gathering due to the restrictions of the pandemic.

- 5.2.7. Mr Smith asked the Applicant if she would deliver prescriptions in the village free of charge.
- 5.2.8. The Applicant confirmed that she would provide deliveries to residents in and around the village.
- 5.2.9. Mr Smith asked the Applicant to describe how an independent pharmacy would operate in a village the size of Stonehouse.
- 5.2.10. The Applicant believed that an independent pharmacy was essential because of the size of Stonehouse. The current pharmacy was unable to provide services adequately. There had been complaints around queuing in the current pharmacy and the new pharmacy would provide another outlet for patients to use and reap the benefits of the core and additional services. An independent pharmacy would fulfil their prescriptions fully, independent prescribing clinics which would include the Medicines: Care and Review, Unscheduled Care, the Pharmacy First Service and Public Health Service which included Smoking Cessation and Emergency Hormonal Contraceptive. As well as the dispensing of NHS and private prescriptions.
- 5.2.11. Mr Smith asked if the Applicant knew what the makeup of the Area Pharmaceutical Committee was.
- 5.2.12. The Applicant advised that she understood that existing pharmacy contractors were involved in the Area Pharmaceutical Committee. She wasn't aware in detail if there were any non-pharmacists involved in the Committee.

6. COMMITTEE QUESTIONS TO APPLICANT

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

6.1. Questions from Mr Hanif to the Applicant.

- 6.1.1. Mr Hanif asked the Applicant whether it was her intention to provide substance misuse services if her Application were granted, and if so, which ones.
- 6.1.2. The Applicant advised that she did intend to provide these services.
- 6.1.3. Mr Hanif asked the Applicant if she was confident that she would have all the necessary planning permission in place and work completed to open within six months if the Application were granted.
- 6.1.4. The Applicant was confident that she was working towards that deadline and it was feasible. She knew there was considerable work required for the premises and she had discussed with NHS Lanarkshire if she wasn't able to complete within six months, there was room for the timescale to be extended.

- 6.1.5. Mr Hanif asked the Applicant to confirm that as of today's hearing did she think she could open the pharmacy within six months.
- 6.1.6. The Applicant confirmed that she did.
- 6.1.7. Mr Hanif asked if the Applicant knew what size the unit was.
- 6.1.8. The Applicant advised that she had plans for the unit, but didn't have these with her. She couldn't confirm the square footage of the premises.
- 6.1.9. Mr Hanif asked if the Applicant intended to put in one or more consultation rooms within the pharmacy.
- 6.1.10. The Applicant confirmed that she was planning to have one consultation room.
- 6.1.11. Mr Hanif asked the Applicant to describe what staffing she would have within the pharmacy.
- 6.1.12. The Applicant advised that she would be the responsible pharmacist. She would have two employees. A qualified dispensing assistant along with a counter assistant. She would perhaps have an additional dispensing assistant.
- 6.1.13. Mr Hanif asked who would be providing the delivery service.
- 6.1.14. The Applicant advised that she would undertake the delivery service, with support from her staff initially. She would work towards employing a delivery driver depending on the uptake of the service, but to start with she would undertake the deliveries herself.
- 6.1.15. Mr Hanif asked the Applicant if she had any experience in community pharmacy.
- 6.1.16. The Applicant confirmed that she had experience. She currently worked as a locum in community pharmacy and had always worked in community in between jobs.
- 6.1.17. Mr Hanif asked the Applicant where she found her population statistics for Stonehouse.
- 6.1.18. She advised the statistics came from the Scottish Government statistics website.
- 6.1.19. In final questioning, Mr Hanif asked if the Applicant had any figures on the new homes that were built in regards to population.
- 6.1.20. The Applicant advised that the Persimmon Homes had the capacity of 161 homes.
- 6.1.21. Mr Hanif had no further questions.

6.2. Questions from Mr Mackenzie to the Applicant

- 6.2.1. Mr Mackenzie asked the Applicant if she knew the number of items dispensed by the current pharmacy in Stonehouse. As clarification he explained that this was an important figure given the Applicant's assertion that two pharmacies could co-exist in an area like Stonehouse, citing Strathaven as an example.
- 6.2.2. The Applicant replied that she wished to make it clear that she didn't intend to take business away from Boots.
- 6.2.3. Mr Mackenzie asked the Applicant to confirm that the business she hoped to pick up were those items that weren't currently dispensed in Stonehouse.
- 6.2.4. The Applicant believed that patients would come from all areas within the boundary.
- 6.2.5. Mr Mackenzie asked the Applicant for an indication on how many items she would require to make the new pharmacy viable.
- 6.2.6. The Applicant replied she wasn't sure.
- 6.2.7. Mr Mackenzie asked if the Applicant was aware of any future housing developments that would increase the population further.
- 6.2.8. The Applicant confirmed that Miller Homes had definite plans to build an additional 53 homes which would contribute to an increase in population.
- 6.2.9. Mr Mackenzie had no further questions.

6.3. Questions from Mr Woods to the Applicant

- 6.3.1. Mr Woods asked the Applicant what stage the Miller Homes development was at.
- 6.3.2. The Applicant replied that the houses weren't being built yet. She was certain that they weren't on site yet.
- 6.3.3. Mr Woods asked the Applicant if she was aware that the Persimmon development would not reach completion until 2028.
- 6.3.4. The Applicant replied that she wasn't aware of the 2028 date. She knew that building did take time.
- 6.3.5. Mr Woods asked if the Applicant accepted that those respondents who answered "*Don't Know*" to elements of Question 3 might have done so because they didn't have experience of the service. As an example he pointed to the Gluten Free Foods – if a respondent didn't use this service, they wouldn't necessarily know if the current provision was adequate. Another example was Support to Care Homes.
- 6.3.6. The Applicant replied that she could only accept that position for services like Support to Care Homes. She believed the Minor Ailment Service should be

known as this was open to all. This was the reason why she highlighted this particular service.

- 6.3.7. Mr Woods asked if the Applicant had agreed to the questions for the Joint Consultation Questionnaire.
- 6.3.8. The Applicant said that when she had had a discussion with NHS Lanarkshire they had explained that they used a standard questionnaire for all pharmacy applications. She had been invited to look over the questionnaire and had made some amendments, but the Board hadn't been open to changing questions in full. She had tried to add questions but these were rejected by the Board at the time. She had added a question about the Quality Improvement Service. Her other additions hadn't been welcomed.
- 6.3.9. Mr Woods asked the Applicant to provide some comment on the parking facilities at the proposed premises.
- 6.3.10. The Applicant confirmed that there was ample parking across from the current pharmacy. There was also street parking on Trongate. She believed that parking was adequate.
- 6.3.11. Mr Woods asked the Applicant if she agreed that most pharmacies would at some point, experience difficulties in stock supplies.
- 6.3.12. The Applicant agreed that with Brexit there had been more difficulties, but she was confident that an independent pharmacy would eliminate the likelihood that patients would be without their medication for any length of time.
- 6.3.13. Mr Woods had no further questions.

6.4. Questions from Mr Fuller to the Applicant

- 6.4.1. Mr Fuller asked the Applicant if she had made an assessment as to whether two pharmacies would be viable serving a village like Stonehouse.
- 6.4.2. The Applicant advised that she had made comparisons with other similar villages where two pharmacies co-existed. It was definitely an option to have two business within this neighbourhood.
- 6.4.3. Mr Fuller asked the Applicant if she agreed that the 24% difference in population between Stonehouse and Strathaven may account for the ability of both pharmacies in Strathaven to maintain viability. He asked if the Applicant had a figure in mind as to the minimum number in population that would be needed to make her new pharmacy viable.
- 6.4.4. The Applicant replied that she wouldn't want to say. She didn't feel that responding to this question would benefit. The question was whether existing services were adequate. The potential viability of her pharmacy, shouldn't, in her opinion, be in question. She believed the current services were inadequate and the letters of support from different representatives in the community showed it to be necessity.

- 6.4.5. Mr Fuller reminded the Applicant that in applying the legal test, if the PPC considered that the current service was not adequate, it would then be required to consider whether the services offered by the new pharmacy would bring services up to the level of adequacy. Part of this consideration would be around whether having two pharmacies close to each other would allow both pharmacies to be sustained on a long term basis on a relatively small population.
- 6.4.6. The Applicant did not agree that Stonehouse was a relatively small population. There were previous applications in other Health Boards and in Lanarkshire e.g. Lesmahagow which saw an additional pharmacy granted across the road from an existing pharmacy. This situation was, in the Applicant's opinion, similar to Stonehouse and so this had happened before and there hadn't been an issue with viability.
- 6.4.7. Mr Fuller asked if the Applicant could assure the PPC if the decision were to be made in her favour, that her business could be sustained in the long term.
- 6.4.8. The Applicant advised that she would work diligently to ensure this.
- 6.4.9. Mr Fuller asked why the Applicant had chosen premises only 150 metres from the existing pharmacy given the area covered by her defined neighbourhood.
- 6.4.10. The Applicant believed that the local amenities were in this area and it was important for pharmacy services to be situated alongside the GP practice so that patients could get their prescription dispensed after seeing their GP. She believed it was the perfect place for an additional pharmacy.
- 6.4.11. Mr Fuller asked the Applicant if she intended to provide anything substantially different to the hours provided by and services already provided by Boots.
- 6.4.12. The Applicant advised that her offering would be different. She believed the current services weren't being provided by Boots and as such her offering would appear different because of that. Being an independent pharmacy there would be no procurement issues. She would provide the Medicines: Care and Review service. This was a service not currently provided by Boots.
- 6.4.13. Mr Fuller asked the Applicant over what area she intended to provide her delivery service and whether the guarantee was indefinite.
- 6.4.14. The Applicant confirmed that the guarantee was indefinite and that the delivery service would be provided to Stonehouse and surrounding areas.
- 6.4.15. Mr Fuller asked the Applicant to explain how having access to multiple suppliers worked in practice. Would she be able to absolutely guarantee that she wouldn't have stock shortages?
- 6.4.16. The Applicant confirmed that she couldn't provide this guarantee but she believed that if she came across a prescription she didn't have stock for she would be able to acquire that medicine in a shorter period of time in comparison

to not being able to get it at all. This was important to people in need of certain medications.

- 6.4.17. Mr Fuller asked if the Applicant wouldn't mainly use one supplier as opposed to using a range of suppliers.
- 6.4.18. The Applicant advised that she would use multiple suppliers.
- 6.4.19. On final questioning, Mr Fuller advised that the PPC were still faced with a situation where the majority of respondents to the Joint Consultation questionnaire had indicated that on the dispensing of prescriptions and the provision of the Minor Ailment Service they considered the current level of service to be adequate. He asked how the Applicant would respond to this.
- 6.4.20. The Applicant advised that she was concerned that not a lot of people had been aware of the Joint Consultation exercise. She believed that those who were aware would already have been getting their prescriptions. She didn't feel that people fully understood the purpose of the CAR. She would have liked to have the opportunity to speak to the community.
- 6.4.21. Mr Fuller asked the Applicant that if he had suggested that the response for the support for a new pharmacy was based on convenience rather than inadequacy what her reply would be.
- 6.4.22. The Applicant replied that there she felt there were many comments made which proved inadequacy so she would reject that statement. She felt there were definitely a number of free text replies that showed it wasn't about convenience. It was most definitely about the inadequacy of the current services. While convenience would be a part of it, it was not the complete justification.
- 6.4.23. Mr Fuller had no further questions.

6.5. Questions from the Chair to the Applicant

- 6.5.1. The Chair sought clarification from the Applicant around the number of items that Boots in Stonehouse dispensed.
- 6.5.2. The Applicant confirmed that in March 2021 9,336 items were dispensed from this pharmacy.
- 6.5.3. The Chair suggested that the Applicant's view that the current services provided by Boots in Stonehouse were inadequate did not tie in with her assertion that she did not intend to take business away from Boots. The Chair asked the Applicant for her response to this suggestion.
- 6.5.4. The Applicant advised that she didn't necessarily agree with the Chair's suggestion. She clarified that if services were inadequate, then patients weren't accessing the services if they weren't available. Those patients who would normally want to use Boots couldn't do so at present as the services they were looking to access weren't available from the pharmacy. As such a new pharmacy would necessarily be taking business away from Boots.

- 6.5.5. The Chair asked how the free delivery service would work. If this was to be provided by the Applicant herself, would the deliveries be undertaken outwith normal working hours.
- 6.5.6. The Applicant confirmed that the deliveries would be undertaken after the pharmacy closed.
- 6.5.7. The Chair had no further questions.

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

7. ADDITIONAL QUESTIONS TO APPLICANT

- 7.1. Mr Sagoo asked the Applicant about her response to a question posited by Mr Fuller in which she had responded that she would provide the Medicines: Care & Review Service because “Boots don’t do it”. Mr Sagoo asked the Applicant to make comment on this.
- 7.2. The Applicant advised that she was referring to the services provided by an Independent Prescriber in providing specialist clinics. She agreed that any pharmacist could provide the Medicines: Care & Review Service but asserted that only an Independent Prescriber could provide a clinic whereby they could make amendments to a patient’s care plan independently.

Having ascertained that there were no further questions for the Applicant, the Chair paused the hearing to allow all present to have a comfort break. She asked that everyone remain connected to the Teams call and re-convene in ten minutes.

The hearing restarted at 11.30am once the Applicant, Interested Parties and the PPC had re-joined the Microsoft Teams session. The Chair invited Mr Sagoo to speak on behalf of his submission on behalf of Boots UK Ltd.

8. THE INTERESTED PARTIES’ SUBMISSIONS

- 8.1. **Mr Sagoo on behalf of Boots UK Ltd – Mr Sagoo read from a prepared statement (transposed below).**
- 8.1.1.
- The applicant has defined the neighbourhood of the application as the village of Stonehouse in its entirety.
 - We do not take issue with this definition.
 - There are some facilities within the village however, many residents will look to the larger centres of Larkhall and Strathaven for a wider range of amenities such as supermarkets, secondary education.
 - Pharmacy services are already provided within the neighbourhood by our pharmacy in King Street.

It is a local community pharmacy. Many of our staff live in the village, have worked in the store for many years and know their patients well.

- Services are also provided to the neighbourhood from pharmacies out with by the pharmacies in Strathaven and Larkhall.
- The practice area for the Avon Medical Centre covers Stonehouse and Larkhall and the surrounding areas. The Stonehouse surgery is a satellite branch of the main surgery in Larkhall.
- Stonehouse has good transport links to Strathaven, Larkhall and beyond

8.1.2.

- At the time of the 2011 census the population of the neighbourhood was 5506.

The 2020 mid-year estimate gave a population of 5,500 (National Records Scotland)

- This would suggest the population has remained fairly static over the past 10 years.

- This is further evidenced by the population estimates provided by the Board in the bundle of papers. 5711
- If you add net increase of 36 people between 2010 and 2020
- The age profile of the neighbourhood is approximately in line with national averages, particularly for the older age groups
- The percentage of houses that are owner occupied is higher than the national average, as is the number rented from the council.
- Levels of car ownership in the neighbourhood are higher than the national average

8.1.3.

The Scottish Index of Multiple Deprivation data for 2020 shows a variation in the neighbourhood ranging from the most deprived to the least deprived deciles.

8.1.4.

The proposed site is no more accessible to the areas that are more deprived than the existing pharmacy.

8.1.5.

Details provided by NHS Lanarkshire indicated that the only housing development currently taking place is the one on the area of the former Stonehouse Hospital (Persimmon development).

8.1.6.

Only 12 houses had been completed on this development at the time this information was provided, with a further 30 projected to be built in 21/22.

8.1.7.

The remainder are projected to be built at a rate of 25 houses per year up to 2027.

8.1.8.

Even if the houses are delivered at the projected rate, the development will not be complete for a further five years, possibly longer.

8.1.9.

The proposed site is given in the application as 1 Trongate, Stonehouse.

- 8.1.10.** In the past, Trongate was the location of several businesses – bank, Post Office etc.
- 8.1.11.** However, these have all since closed/relocated which could suggest Trongate is no longer as well used for commercial purposes. Post office has moved next to Boots.
- 8.1.12.** The pavement in front of the premises is narrow, which could cause issues for those with mobility scooters and prams and may restrict the adjustments the applicant can make to the front of the premises (access ramp etc.).
- 8.1.13.** Parking can also be an issue, with cars double parked and some motorists choosing to park half on the pavement, again potentially causing issues for pedestrians.
- 8.1.14.** The proposed pharmacy is approximately 150 metres away from the existing Boots Pharmacy in Stonehouse. There are no significant roads to cross between the two sites nor any barriers to access between the two.
- 8.1.15.** The majority of the neighbourhood live within a mile of the existing pharmacy. Many people will find the distance from their home to the existing pharmacy a reasonable journey to make on foot.
- 8.1.16.** The responses in the CAR suggest that the location of the proposed pharmacy would be accessible for patients in and around the neighbourhood. It must then follow that the Boots pharmacy is equally if not more accessible, as the Boots Pharmacy has designated parking directly outside whereas the proposed site currently does not. There are also dedicated disabled car parking spaces in the car park opposite the Boots pharmacy.
- 8.1.17.** Car ownership amongst Stonehouse households is higher than the national average, with 79% of all households have access to at least one vehicle (v 69.5% nationally). 37% of households have access to two or more vehicles (v 27% nationally).
- 8.1.18.** Parking restrictions are in place along Trongate. The requirement for an appropriate level of car parking for the residential development was one of the factors for refusing the recent planning application.
- 8.1.19.** Patients who have access to a vehicle may also choose to visit the pharmacies in Strathaven (7 minute drive) or Larkhall (8 minute drive) perhaps when visiting the Larkhall surgeries or stores.
- 8.1.20.** Car parking is available in the centre of Strathaven directly outside both Boots pharmacies and to the rear of the Boots pharmacy on Common Green (free for 3 hours and has dedicated disabled spaces).
- 8.1.21.** Car parking is also available in Larkhall near to the existing pharmacies, with on road parking on the high street and disabled spaces directly outside the Boots Pharmacy.

- 8.1.22. There is also a car park to the rear of the Well Pharmacy and at the north end of the High Street (off Wellgate Street). To the south is the Park and Ride facility.
- 8.1.23. Stonehouse is also served by public transport. The 254 service runs every half an hour from Strathaven, on to Stonehouse, then Larkhall, Hamilton and East Kilbride (and the same in reverse).
- 8.1.24. Bus stops are located along King Street. A covered bus stop is located at the main stop on King Street at The Cross. The journey from Stonehouse to Larkhall takes approximately 13 minutes.
- 8.1.25. There is also a MyBus service provides a door-to-door, wheelchair-accessible bus service to residents of South Lanarkshire. The service can be booked in advance by phone.
- 8.1.26. The Larkhall and District Volunteer Group that mainly covers the Larkhall and Stonehouse, Netherburn and Ashgill area, also provide community transport services. It states on their website that:
- 'Our volunteers help provide Community Transport, either driving or assisting passengers in one of our four minibuses, assisting the elderly, people with additional support needs, children attending after-school clubs, local groups etc.'*
- 8.1.27. Going on to delivery services. Free delivery services are available from existing pharmacies. Our pharmacy in Stonehouse provides a free delivery service to anyone in Stonehouse to anyone that needs it.
- 8.1.28. Therefore, for any patients that cannot walk, or choose not to walk to the existing pharmacy in Stonehouse, car parking is available outside and in close proximity to the Stonehouse pharmacy. Car ownership in Stonehouse is above the national average. Furthermore, bus services run throughout Stonehouse (running from the traffic islands and either end of the village, stopping in several locations including King Street and The Cross.
- 8.1.29. For the people who choose to access services elsewhere for whatever reason, free car parking is available near to existing pharmacies and a regular bus service runs from the village to neighbouring towns.
- 8.1.30. For anyone that has mobility issues, or cannot use public transport, community transport, taxis and delivery services are available from the pharmacy.
- 8.1.31. Boots in Stonehouse has a wide, power assisted door - the entrance into the pharmacy is level and without steps.
- 8.1.32. The pharmacy is accessible for wheelchair users with good space inside the store.
- 8.1.33. The Boots premises has a sales area of approximately 60 sqm, and a spacious consultation room with a sink.
- 8.1.34. The pharmacy also has a hearing loop installed,

- 8.1.35. **Opening hours are** 8.30am until 6pm Monday to Friday and from 9am until 5pm on Saturday.
- 8.1.36. The applicant is not proposing to open for hours longer than those already available.
- 8.1.37. The Boots pharmacy provides all core, national and locally negotiated services.
- 8.1.38. The applicant has not identified an unmet need for a service that is not currently offered by the existing pharmacies.
- 8.1.39. Nor is there anything within the current Pharmaceutical Care Service Plan that suggests existing needs for services are not being met.
- 8.1.40. Should additional services be identified, then any need could be met through the existing pharmacy network.
- 8.1.41. The number of items dispensed by the Boots pharmacy has remained relatively constant at around 9725 items a month. If anything, item numbers have decreased slightly, but that may be the effect of the pandemic.
- 8.1.42. **With regards to Pharmacy First** Data shows that our Stonehouse pharmacy have consistently participated in and have provided the pharmacy first service.
- 8.1.43. Every single month for the past year, the pharmacy has qualified for an activity payment (therefore above minimum base payment of less than 100 activities a month).
- 8.1.44. Similarly, data shows that the pharmacy have consistently provided **EHC and Smoking Cessation** services.
- 8.1.45. **Medicines Care and Review**
We actively participate in this service.
- 8.1.46. The pharmacy provides medicines in blister packs for patients where it is needed and appropriate (after assessment) and there is no waiting list or any restrictions at present.
- 8.1.47. **Substance Use Support Services** We offer this service and have capacity for growth.
- 8.1.48. Our pharmacy is staffed with pharmacists and support staff, many who live in the village.
- 8.1.49. We have a consistent full- time pharmacist in place with regular day off cover for them.
- 8.1.50. We have an established team and base pharmacist in the pharmacy.
- 8.1.51. **Stock**
Are an issue for all pharmacies

- 8.1.52.** The Scottish Government Health and Social Care Directorates produces a list of notices of medicine shortages on their website (a medical supply alert notice issued/subject to a serious shortage protocol - 180 notices have been issued since September 2019).
- 8.1.53.** Stock shortages are an issue for all pharmacies. However, the existing pharmacies in Stonehouse and Larkhall work well together to ensure patient needs are met.
- 8.1.54.** If our Stonehouse Boots pharmacy does not have an item in stock, we can:
1. Order it in (same day/next day if in stock – depending on time ordered)
 2. Obtain from another pharmacy
 3. Order from another wholesaler by ask the specialist team in Nottingham to source the item wherever possible
- 8.1.55.** If an item is on the list of national shortages, then the pharmacy would follow the protocol to obtain suitable alternative treatment for the patient (involving the GP surgery where appropriate).
- 8.1.56.** Example from 'Feel good moments'
'There was an item missing from my prescription. Laura offered to phone around local pharmacies for the item as I had none left. She had no luck whilst I was in the store and said she would call me if she could find a store with stock. She called and said she had managed to get some from Hamilton and picked them up for me and brought back to Stonehouse. When I went to collect the script the staff told me that there was one chemist that she could not contact. AFTER her shift she went to that particular store to ask if they had any which they did. She collected a supply and took it back to Stonehouse for me. Above and beyond without a doubt and so very appreciated.'
- 8.1.57.** We do take customer feedback from our patients. Our overall feedback from our patients on their pharmacy experience, scores 75% which means that 75% of respondents rate their experience of the pharmacy as 'extremely satisfied'.
- 8.1.58.** In their letter dated 10th November the Community Council state that 79.46% of questionnaires returned agreed there was a requirement for additional pharmaceutical services.
- 8.1.59.** We believe this is incorrect
- 8.1.60.** The figure 79.46% refers to Question 1 and the percentage of respondents who 'agree that the area within the border represents the neighbourhood that would be served by the proposed pharmacy'
- 8.1.61.** The number of those that support the proposal is less than this.
- 8.1.62.** The Community Council refer to there being queues during the Covid pandemic. The Community Council may not have been aware that we were obliged to follow guidance and legislation from the Scottish Government at this time and that numbers within the premises had to be controlled for patient and staff safety – referred to as social distancing.

- 8.1.63. The Community Council also refer to supply issues and the 'to and fro' due to stock issues, an independent pharmacy being able to source stock from many other sources.
- 8.1.64. We have explained the issue The issues regarding stock shortages, any contractor will experience the same shortages.
- 8.1.65. As we explained, we have access to a number of wholesalers and a special department who will do whatever they can to source an item.
- 8.1.66. Furthermore, we have a network of stores locally who can arrange to have stock transferred if required.
- 8.1.67. We do not believe an independent pharmacy will be able to source stock from many other sources different to those that are currently available to the existing contractors.
- 8.1.68. The Survey Monkey questionnaire was accessed 485 times but only 283 partially or full completed responses. 72 people ticked that they did not wish to participate. 15 people returned paper questionnaires.
- 8.1.69. Of a population of 5500 people, approximately 5% of people responded in full or part to the consultation. We do not know how many respondents live within the neighbourhood.
- 8.1.70. Not all respondents supported the application. Only 221 answered the question and of that 143 were in support of the application (65%).
- 8.1.71. Question one – Neighbourhood - 79% of the respondents agreed that area defined represents the neighbourhood that would be served by the proposed pharmacy.
- 8.1.72. This is the neighbourhood currently served by our pharmacy.
- 8.1.73. Question two – Would a pharmacy at this location be accessible for patients in and around the neighbourhood? - 86% of respondents answered yes which would suggest our pharmacy located so close to the proposed site is also accessible – possibly more as we have parking directly outside and a car park over the road.
- 8.1.74. The issue with parking at the proposed site has been highlighted in comments in the CAR'
- 8.1.75. *Comments:*
'The available parking here is very limited' – page 15
'Parking could be an issue' – page 16
- 8.1.76. Question 3 - Do you think the current pharmaceutical services being provided are adequate? - More respondents answered yes than no for all services. A large number responded, 'don't know' and 38 skipped the question.

- 8.1.77. This again would suggest that a good percentage of respondents believe the existing services are adequate.
- 8.1.78. (For example; 147 patients said that the minor ailments service was adequate – 73 said no and 39 said ‘don’t know’ – 57% believe the service is adequate)
- 8.1.79. Many supportive comments - see example on page 19 – current provision more than adequate. Staff are excellent and I wouldn’t wish to see them go out of business
- 8.1.80. Question 4 – Do you think the current provision has gaps or deficiencies? - 60% said no/don’t know. 68 respondents skipped the question.
- 8.1.81. Question 5 – Do you think the proposed pharmacy needs to open in order for people to have adequate access to these services? - Lots of positive comments in this section about the existing pharmacy.
- 8.1.82. ‘The current chemist has all these services, the staff are very friendly and helpful. They go above and beyond for the people of our village’, - top of page 31
- 8.1.83. ‘We already have a pharmacy that works for the community’ – page 30
- 8.1.84. ‘Boots service the community very well’ - page 30
- 8.1.85. ‘...the current pharmacy already provides more than enough service to the community’ – page 30
- 8.1.86. ‘The village is in need of many things however another pharmacy is not one of these’
- 8.1.87. Question 6 – Do you think the proposed hours are appropriate? - 72% said yes. The hours are not that different from the Boots Pharmacy.
- 8.1.88. Question 9 – Do you believe this proposal would have any impact on other NHS services? - 54% said yes – but it doesn’t say in the question whether the effect would be positive or negative.
- 8.1.89. Respondents mention an adverse effect on Boots and the potential effect on jobs, and the potential for further confusion with the surgery and scripts with having two pharmacies so close together.
- 8.1.90. **In summary not all CAR respondents support the application and there is a good proportion of positive comments towards Boots:**
- 8.1.91. Page 10 –
‘There is no need for a pharmacy. The one we have is fantastic’

‘Don’t think we need another pharmacy when we already get an excellent service from the one we have’

‘No need for another pharmacy in the community. The current pharmacy is exceptional and the village needs a lot of new things but a pharmacy is not one of them.’

‘I always get my medication after ordering it at the surgery within 48 hours. Great service’

8.1.92. Page 21

‘The team that work in the pharmacy are fantastic, they go above and beyond to ensure all people who use it receive their medication at the correct time and even go out of their way to have it dropped off to people who can’t physically collect it.

8.1.93. The Regulations require the decision taker to have regard to the security of the adequate provision of pharmaceutical services.

8.1.94. This could be the viability of the new pharmacy should the application be granted, or the continued viability of the other pharmacies which could affect the long-term security of pharmaceutical provision.

8.1.95. In summary:

The PPC is required to consider if **there is evidence of an inadequacy not whether there is evidence of adequacy.**

Pharmaceutical services are provided to the neighbourhood from contractors both within the neighbourhood and out with, adjacent to the neighbourhood.

The existing pharmacy in the neighbourhood is open six days a week from 8.30am – 6pm weekdays and 9am – 5pm Saturday. Other pharmacies in the adjacent areas are also open six days a week, many for similar hours to those available in Stonehouse.

The applicant is not proposing to open for hours outside those already available.

The panel should also consider the provision of NHS services and whether there is any inadequacy in NHS services. The existing pharmacy provides all core, national and locally negotiated services.

The proposed premises are only a short distance from the existing pharmacy. The existing pharmacy is accessible on foot, by car and by public transport. Other pharmacies in the adjacent neighbourhoods are accessible by car and by public transport.

The proposed premises do not offer significantly improved access by way of location, by way of improved parking, or access to public transport.

The neighbourhood in general benefits from high level of car ownership, home ownership and good levels of general health.

We accept that housing developments have taken place that may have increased the neighbourhood population slightly, but these are sited within one of the least deprived areas both in Stonehouse and nationally and this population are likely to be homeowners, with access to private vehicles.

We acknowledge there could be a potential increase in population from housing developments, estimated at around 500 people over the next five years, however we have capacity for growth within our existing pharmacy to meet the needs of the population growth.

Only 143 people out of the whole population responded to the CAR in support of the application. Responses also included positive comments in relation to the existing pharmacy provision.

In conclusion, the applicant has not provided evidence an inadequacy in the existing services in the neighbourhood.

8.1.96. Therefore, we would kindly request that the application is refused.

8.2. The Chair invited questions from the Applicant to Mr Sagoo

8.2.1. The Applicant asked Mr Sagoo to clarify how Boots determined which patients would be eligible for the free delivery service.

8.2.2. Mr Sagoo advised that a lot of patients travelled to the Boots pharmacy by foot, which was brilliant because it allowed the pharmacist to counsel them and give them advice on their adherence to the medication. However some people didn't have the mobility to allow them to do this. Eligibility was taken on a patient by patient basis and those who required the need for a delivery for health reasons would be able to receive this. During the pandemic there was a list of patients who received delivery services as they were clinically vulnerable.

8.2.3. As a follow up question, The Applicant asked Mr Sagoo to confirm that only patients with mobility or health issues would be eligible to access the free delivery service.

8.2.4. Mr Sagoo clarified that Boots would provide free delivery wherever requested.

8.2.5. The Applicant enquired that if she was local to the area, and asked for a delivery, Boots would accommodate this.

8.2.6. Mr Sagoo responded that she would.

8.2.7. The Applicant asked Mr Sagoo to confirm that his position was that anyone could access the free delivery service.

- 8.2.8. Mr Sagoo advised that the delivery service was available to anyone who requested this.
- 8.2.9. The Applicant asked Mr Sagoo if it was not the case that Boots made a charge for delivery.
- 8.2.10. Mr Sagoo clarified that a fee had been introduced for a short period of time, but this had been withdrawn and there was now no fee.
- 8.2.11. The Applicant asked Mr Sagoo to clarify how long there had been a regular pharmacist in the Stonehouse branch.
- 8.2.12. Mr Sagoo advised that Gemma, the pharmacist had been in the Stonehouse branch for five years. In addition, Stephanie covered Gemma's day off and was in the pharmacy one extra day per week to allow continuity of care for the patients.
- 8.2.13. The Applicant asked Mr Sagoo if the pharmacist had had any extended periods of absence since the Joint Consultation took place.
- 8.2.14. Once the Applicant clarified their definition of "*extended period*", Mr Sagoo confirmed that the regular pharmacist had taken a period of maternity leave. He further confirmed that Gemma had been furloughed as per Government guidelines during the pandemic, however Stephanie had remained the regular pharmacist throughout this period.
- 8.2.15. The Application asked how many support staff there was in the Stonehouse branch.
- 8.2.16. Mr Sagoo explained that there were two Pharmacy Advisors (both with 26 years service), one Accredited Checking Pharmacy Technician (33 years service) and two other team members (3 and 4 years service respectively). In total, five team members almost with 100 years service. In addition there were two pharmacists, Gemma and Stephanie.
- 8.2.17. The Applicant asked how many members of staff were in the pharmacy Monday-Friday.
- 8.2.18. Mr Sagoo responded that the majority of the staff mentioned would be in during the week, with one or two having a day off to cover the Saturday business. He considered there would be five or six members of staff in the pharmacy on most days. There would be two pharmacists on one day of the week, and one pharmacist the other days.
- 8.2.19. The Applicant asked Mr Sagoo if he could confirm whether the Boots pharmacy in Stonehouse had obtained orders from Aver Pharmaceuticals.
- 8.2.20. Mr Sagoo was not aware if the pharmacy had obtained supplies from this one wholesaler in particular. He did confirm that the branch had received orders from Alliance Healthcare, Phoenix, AAH and if they required a medication they would

contact the pharmacy supply desk in Nottingham who could access stock for the branch.

- 8.2.21.** The Applicant asked Mr Sagoo if he was aware if the Stonehouse branch had ordered from Eclipse.
- 8.2.22.** Mr Sagoo advised that Boots would not order direct from Eclipse, but when the Columbus system would potentially order stock in from other wholesalers and when not available the pharmacy would contact Nottingham to order it.
- 8.2.23.** The Applicant advised that she wanted to confirm whether the pharmacy in Stonehouse was able to order from Eclipse and Aver.
- 8.2.24.** Mr Sagoo advised that if Boots didn't have a contract with these companies, with their relationship with Lloyds Pharmacy and Well Pharmacy they could borrow stock from these fellow pharmacies.
- 8.2.25.** The Applicant asked whether the Stonehouse branch could order from Ethigen.
- 8.2.26.** Mr Sagoo advised that he didn't have this information to hand.
- 8.2.27.** The Applicant asked Mr Sagoo that with regards to customer feedback, if Boots had had any complaints since March 2020 when the Joint Consultation had taken place that he could share.
- 8.2.28.** Mr Sagoo confirmed that the papers provided by NHS Lanarkshire contained information on complaints received and he didn't think there had been any since March 2020. He reiterated that Boots managed their complaints promptly.
- 8.2.29.** The Applicant asked Mr Sagoo to confirm that Boots hadn't had any complaints in their Stonehouse branch since March 2020.
- 8.2.30.** Mr Sagoo advised that there could have been a couple relating to delivery charges.
- 8.2.31.** The Applicant asked Mr Sagoo if he could explain why a customer would be charged for delivery when he had confirmed that there was a free delivery service.
- 8.2.32.** Mr Sagoo believed that this had been an error made by one of the team members, which had been addressed once recognised. He further confirmed that this situation had happened with two patients.
- 8.2.33.** The Applicant asked Mr Sagoo if the only complaints received, had related to delivery charges.
- 8.2.34.** Mr Sagoo confirmed that this was the case, as far as he was aware.
- 8.2.35.** The Applicant had no further questions.

8.3. Questions from Mr Smith to Mr Sagoo

8.3.1. Mr Smith suggested that the Community Council had raised the issue of the delivery charges with Boots as they had been made aware that the charge being applied was £5.00 per item and asked Mr Sagoo if he could confirm how long the delivery charge had been in place for.

8.3.2. Mr Sagoo confirmed that only two official complaints had been made to the pharmacy.

Mr Sagoo's connection dropped at this point and when restored, the Chair asked Mr Smith to repeat his question and Mr Sagoo his response.

8.3.3. Mr Smith repeated that he had asked when Boots had removed the delivery charge. The Community Council had learned that the delivery charge was £5.00 per item, and so had raised this issue with the Area Manager.

8.3.4. Mr Sagoo clarified that the delivery charge was never £5.00 per item. The charge was £5.00 per delivery. He accepted that if more than one delivery was made to a patient in the one day this would attract a fee of £5.00 for each delivery, but questioned whether such an event had ever taken place. He confirmed that the delivery charge had been lifted across Scotland just before the pandemic.

8.3.5. Mr Smith advised that the pharmacy in Stonehouse didn't operate for one hour during the day while the pharmacist was on lunch, and asked Mr Sagoo what would happen in the event of an emergency.

8.3.6. Mr Sagoo advised that by law every person who works in the UK was entitled to a lunch break. The pharmacist was on the premises most of the time so if they were required in an emergency they were available.

8.3.7. Mr Smith advised that the Stonehouse pharmacy had not displayed any information relating to emergency drugs for cancer and palliative care, and which pharmacies were open, until the Community Council requested this. He asked Mr Sagoo why this was the case.

8.3.8. Mr Sagoo advised that the papers provided by NHS Lanarkshire showed the two pharmacies in the area who provided this service.

8.3.9. Mr Smith advised that this information was only advertised within the Stonehouse pharmacy after the Community Council raised the issue.

8.3.10. Mr Sagoo responded that the pharmacy had a good relationship with the surgery who would speak to the pharmacy about any patient who might require palliative care or if patient's presented with a prescription, the pharmacy would support them by directing them to the pharmacies who provided this service.

8.3.11. Mr Smith asked Mr Sagoo when he was last in the Stonehouse pharmacy.

- 8.3.12.** Mr Sagoo confirmed he was last in the pharmacy at some point between Christmas and New Year.
- 8.3.13.** Mr Smith advised that he had been in the pharmacy last week and had noticed that there was no complaints procedure on the pharmacy noticeboard. He asked Mr Sagoo why this would be the case.
- 8.3.14.** Mr Sagoo confirmed that the complaints procedure was documented in the pharmacy practice leaflet and on the dispensing bags.
- 8.3.15.** Mr Smith asked if Mr Sagoo was aware that Stonehouse Community Council had met several times with the Boots Area Manager to deal with complaints.
- 8.3.16.** Mr Sagoo confirmed that he aware that Gemma had attended Community Council meetings and worked with the Community Council to resolve issues for the patients. Mr Sagoo thought it was brilliant that this collaborative partnership existed in the community.
- 8.3.17.** Mr Smith suggested that this had only happened after the Community Council's meetings with the Area Manager to raise complaints and asked if Mr Sagoo was aware of the complaints raised with the Area Manager.
- 8.3.18.** Mr Sagoo advised that when he said there had been no complaints, he was talking about complaints coming through to the Boots support office, or directed to the Health Board.
- 8.3.19.** Mr Smith asked Mr Sagoo if he was aware of the Facebook page, Sunny Stonehouse.
- 8.3.20.** Mr Sagoo advised that he had been made aware of the page.
- 8.3.21.** Mr Smith asked if Mr Sagoo was aware of the complaints raised on the page around the services provided from the Boots branch in Stonehouse.
- 8.3.22.** Mr Sagoo advised that he hadn't been on the page but was aware that the pharmacists in the Stonehouse branch were and was certain that in knowing their community well, they would work to resolve any issues raised on the page.
- 8.3.23.** Mr Smith advised that he had learned from an article that Boots were up for sale, and that indications were that 200 Boots branches would be sold. He asked Mr Sagoo if he could guarantee that the Stonehouse branch wouldn't be one of these branches.
- 8.3.24.** Mr Sagoo advised that he wasn't aware of the article mentioned by Mr Smith. He advised that the Stonehouse branch wasn't going to close as far as he was aware.
- 8.3.25.** Mr Smith had no further questions.

The Chair invited questions from the Committee Members to Mr Sagoo

8.4. Questions from Mr Hanif to Mr Sagoo

- 8.4.1. Mr Hanif asked if there were any core services which the Boots pharmacy in Stonehouse didn't provide.
- 8.4.2. Mr Sagoo responded no.
- 8.4.3. Mr Hanif asked if Boots intended to have an Independent Prescriber in place, or whether either of the two pharmacists in Stonehouse would undertake the IP course or desire to become an IP in the future.
- 8.4.4. Mr Sagoo confirmed that Gemma, one of the current pharmacists in Stonehouse intended to pursue this qualification. Gemma was looking for a Designated Medical Prescriber and as soon as she had secured this she would make application to the course.
- 8.4.5. Mr Hanif asked if the timescale was known for this.
- 8.4.6. Mr Sagoo advised that this might happen with a year.
- 8.4.7. Mr Hanif asked how many consultation rooms there were in the Stonehouse branch and whether they were fully utilised.
- 8.4.8. Mr Sagoo confirmed that there was one consultation room and that it was fully in use.
- 8.4.9. Mr Hanif asked Mr Sagoo to confirm a statement in his presentation that there were no current waiting lists for services in the Stonehouse branch.
- 8.4.10. Mr Sagoo confirmed that there were currently 14 substance misuse patients receiving services and the pharmacy had capacity to increase this number. There were six patients currently accessing Smoking Cessation services. This number could go up and down and the pharmacy had capacity in this area.
- 8.4.11. Mr Hanif asked if the pharmacy in Stonehouse provided services to patients in Strathaven or vice versa.
- 8.4.12. Mr Sagoo advised that more predominantly the Boots pharmacies in Larkhall and Strathaven might provide into Stonehouse. This was mainly for patients who received blister packs. He also mentioned that many of the residents in Stonehouse would travel outwith the village to the pharmacy in Larkhall, potentially when they're visiting the GP surgery or other amenities.
- 8.4.13. Mr Hanif repeated the concerns raised by the Community Council around services in Stonehouse and asked Mr Sagoo what impact he felt COVID had had on the service and did he feel that this had been resolved.
- 8.4.14. Mr Sagoo advised that as the community pharmacy learned more about the virus they adapted and became more agile e.g. at the beginning there was only two

people allowed in the pharmacy at one time due to the two metre distancing requirement and as time progressed this had increased.

8.4.15. Mr Hanif asked what impact a second pharmacy would have on the viability of the current pharmacy and would this have an impact on staffing.

8.4.16. Mr Sagoo advised that from previous experience, in his opinion, it would half the number of items dispensed overnight. This would cause questions for the viability of both pharmacies. Staffing would need to be reviewed.

8.4.17. Mr Hanif had no further questions.

8.5. Questions from Mr Mackenzie to Mr Sagoo

8.5.1. Mr Mackenzie looked to continue exploring the theme of viability and was looking to understand what percentage of loss Boots could take to maintain the current staffing and level of service.

8.5.2. Mr Sagoo responded that this would be difficult. A number of elements would need to be taken into consideration. He was confident that a 50% loss of items wouldn't mean a 50% loss in staffing, but it would require a significant change to the workforce in the pharmacy which would then cause concerns for the level of service to the village.

8.5.3. Mr Mackenzie asked Mr Sagoo what effect would be felt by patients in terms of wait times, if the Stonehouse branch had to rely on the pharmacy support desk having to source a medication.

8.5.4. Mr Sagoo confirmed that each case would be taken on an individual basis, and if there was a situation where obtaining a medication from the pharmacy support desk would cause a lag for a patient and if the medication was vital, Boots would try and source the medication from a neighbouring pharmacy.

8.5.5. Mr Mackenzie had no further questions.

8.6. Questions from Mr Woods to Mr Sagoo

8.6.1. Mr Woods asked Mr Sagoo if he was happy with the response to Question 4 in the CAR which seemed to suggest that only 50% of respondents felt the current services were adequate.

8.6.2. Mr Sagoo suggested that for those who had responded that they felt there gaps in service it would need to be understood what services they were referring to. He would be keen to hear what services the respondents were referring to and then he would be able to support them with an answer.

8.6.3. Mr Woods clarified that the services where only 50% of respondents felt were adequate were the dispensing of prescriptions and the minor ailment service and asked Mr Sagoo if there had been any response.

- 8.6.4.** Mr Sagoo advised that Boots always strived to provide the best service for their patients and so continuously looked at how they could communicate more with the patients of Stonehouse in relation to the availability of the Pharmacy First Service and it was growing as the pharmacy had more and more conversations with patients. They also work with the local GP practice to see how they can support the surgery in perhaps having patients come to the pharmacy first for example for UTIs so that the pharmacist can prescribe antibiotics to the patients, and then refer those who need special treatment to the practice. Boots had taken this on board and continually looked to see how they could improve their service.
- 8.6.5.** Mr Woods asked Mr Sagoo if he could expand on what Boots did to improve their service during the above consideration.
- 8.6.6.** Mr Sagoo clarified that Mr Woods meant in terms of response to the CAR and advised that the two pharmacists in Stonehouse had a close relationship with the practice support pharmacist who worked in the GP surgery in Larkhall. They discuss patient needs and changes to medication as well as required. Mr Sagoo said regardless of the outcome of the CAR Boots would always to build relationships with other healthcare providers in the community as well and maintain a good relationship with the GP.
- 8.6.7.** Mr Woods sought to explore the relationship between the GP practice and the Boots branch in Stonehouse. Mr Woods asked Mr Sagoo if he was aware of the e-mail submitted by Dr Rebecca Howie and asked for Mr Sagoo's thoughts on this.
- 8.6.8.** Mr Sagoo advised that he had been somewhat surprised by the letter in terms of her comments around stock shortages. It was Mr Sagoo's contention that there were always national shortages which would cause every pharmacy to experience problems in acquiring stock, so not knowing the specific details of the issues experienced by the GP surgery it was hard for him to respond. However Mr Sagoo confirmed that the pharmacy had a good relationship with the surgery and if there was a national shortage where a manufacturer couldn't supply, the pharmacy would ask the GP to change the patient's medication and he believed that this might have been the case on speaking to the local team in Stonehouse.
- 8.6.9.** Mr Woods asked Mr Sagoo to respond to other points raised by Dr Howie where she stated that the branch didn't have the space/time or regular pharmacists in place to provide a minor ailment service or pharmacist consultations.
- 8.6.10.** Mr Sagoo again expressed surprise at Dr Howie's statements as this wasn't his or the Stonehouse team's experience at all. He suggested that sometimes having a satellite practice was tricky because the GP might not always be available. The pharmacists in Stonehouse had a really good relationship with the Practice Manager so the pharmacy could undertake community pharmacy urgent supply and make sure the patient received their medication.
- 8.6.11.** Mr Woods asked Mr Sagoo how then he would respond to Dr Howie's e-mail.

- 8.6.12.** Mr Sagoo advised that the surgery had had some changeover in reception staff, so the pharmacy worked with them in terms of helping them understand how the pharmacy worked. In response to the specific e-mail, the pharmacy didn't do anything different because they were aware of today's hearing and they didn't want to make any changes.
- 8.6.13.** Mr Woods asked Mr Sagoo if it was the case that there had been no attempt to discuss the e-mail with Dr Howie.
- 8.6.14.** Mr Sagoo suggested that over and above the e-mail, the two pharmacists had day to day discussions with the surgery staff about resolving issues for the patients. He felt that one of the pharmacists may have discussed the e-mail with the Practice Manager as opposed to Dr Howie.
- 8.6.15.** In final questioning Mr Woods asked Mr Sagoo what capacity the branch in Stonehouse had to develop pharmaceutical services.
- 8.6.16.** Mr Sagoo advised that the pharmacy had more than enough capacity to deal with extra patients. In terms of physicality, the pharmacy had more than enough space. Although they were nowhere near the situation yet, if the numbers of patients increased significantly the layout of the pharmacy could be changed.
- 8.6.17. Mr Woods had no further questions**
- 8.7. Questions from Mr Fuller to Mr Sagoo**
- 8.7.1.** Mr Fuller asked Mr Sagoo to clarify statements made in his statement around capacity and asked him to explain his statement that *"there was capacity for growth in the existing pharmacy"*.
- 8.7.2.** Mr Sagoo stated that he meant that the existing pharmacy could dispense more items than the pharmacy already did.
- 8.7.3.** Mr Fuller asked if this included a requirement of additional space or was this possible within the existing pharmacy.
- 8.7.4.** Mr Sagoo advised that it could be done in the existing pharmacy.
- 8.7.5.** Mr Fuller asked how this could be measured e.g. in terms of population growth or demand for prescriptions.
- 8.7.6.** Mr Sagoo confirmed both. Mr Sagoo pointed to the housing developments over a number of years, and the number of residents this could bring into the neighbourhood. He was aware that some of the additional residents would utilise other pharmacies in the area. Boots UK used set models looking at space in relation to the number of items dispensed and how much space was needed to dispense this safely and efficiently.
- 8.7.7.** Mr Fuller said that Mr Sagoo had given a reassurance that the Boots pharmacy would remain in Stonehouse and asked if Boots intended to look for other premises

- 8.7.8. Mr Sagoo said No.
- 8.7.9. Mr Fuller said that as a lay person there seemed to be a logic in saying that if a pharmacy had access to a list of suppliers as opposed to being dependent on one or two, the possibility of covering any deficiency in stocks would be much greater. Mr Fuller asked Mr Sagoo to explain how Boots managed this when they seemed to be so dependent on one or two suppliers.
- 8.7.10. Mr Sagoo advised that Boots didn't have significant issue where they couldn't obtain stock for patients. There were very patients Boots turned away a prescription for. Boots filled nearly every prescription in its entirety so they managed to get the stock from suppliers to fulfil the patient's needs.
- 8.7.11. Mr Fuller asked if the prescriptions could be entirely fulfilled on the same day or was Mr Sagoo including instances where stock may have to be ordered and patients would come back later.
- 8.7.12. Mr Sagoo advised that within any pharmacy the issue was always about when deliveries come from the wholesalers. If the request came in in enough time in the morning then the order could be ordered in for the same day, but if not, it would be following day on most occasions, and if the patient needed it for the same day, the pharmacy would do everything they could to get it on the day. Boots had one or two suppliers that they could obtain medication from.
- 8.7.13. Mr Fuller averred that Dr Howie's e-mail was quite unusual but she had specifically stated that *"we regularly have problems with Boots in Stonehouse"*. Mr Fuller was keen to understand if Mr Sagoo was aware of the issues described by Dr Howie or whether this had come as a surprise.
- 8.7.14. Mr Sagoo confirmed that the comments had come as a bit of a surprise. He reiterated that the pharmacy had a good relationship with the surgery. The surgery was a satellite surgery so he questioned whether the GP was there all the time. This could be an issue. The constant dialogue between the pharmacists and the Practice Manager was important as well to ensure continuity of service.
- 8.7.15. Mr Fuller asked if Dr Howie was the resident GP at the satellite surgery.
- 8.7.16. Mr Sagoo said he understood this to be the case, but other GPs visited the surgery also.
- 8.7.17. Mr Fuller pointed to Question 4 in the CAR which talked about gaps and deficiencies and stated that 40% of respondents said there were gaps and deficiencies in Stonehouse. This was quite a high percentage and Mr Fuller was keen to know this concerned Mr Sagoo.
- 8.7.18. Mr Sagoo advised that he felt he had already answered this. He felt that this response would be of concern but would have liked to have a bit more detail on this question in terms of, if there had been a survey done, what the respondents

were referring to and could patients be helped to understand services better. He wondered if perhaps the responses were historical.

8.7.19. In final questioning, Mr Fuller asked Mr Sagoo if he accepted that the majority of respondents to the Consultation Questionnaire would in likelihood be residents who used the pharmacy in Stonehouse.

8.7.20. Mr Sagoo confirmed he accepted this.

8.7.21. Mr Fuller had no further questions

8.8. Questions from the Chair to Mr Sagoo

8.8.1. The Chair sought to pursue the issue of stock shortages. She asked Mr Sagoo if, in light of national stock shortages, this would cause a GP not to prescribe the particular drug and would look for alternative.

8.8.2. Mr Sagoo advised that this could potentially be the case. There would be some pharmacies who would have significant stock of the drug and might be able to service those prescriptions before this stock run out. It would depend on how much stock a pharmacy kept. This had to be managed as medication could go out of date. If it came to a point where a particular pharmacy had run out of stock, the pharmacy might go to the GP and ask for an alternative to be prescribed. A lot of the time there are multiple alternatives available.

8.8.3. The Chair explained that she was looking for reassurance that she could put the issue of serious stock shortages to one side as GPs would know about those and wouldn't necessarily be something they would be complaining about.

8.8.4. Mr Sagoo stated that community pharmacists were the experts in acquiring medication and so would have a duty almost to let GP practices know which ones the pharmacy is short of and Gemma did this with the surgery in Stonehouse.

8.8.5. The Chair asked Mr Sagoo to consider the comments made in Dr Howie's e-mail that there were regular problems not being able to access certain medications due to issues with Boots suppliers. The Chair asked if Mr Sagoo accepted these assertions.

8.8.6. Mr Sagoo advised that he didn't accept this. He didn't understand where the statement came from.

8.8.7. The Chair asked Mr Sagoo to confirm and to complete the circle that he had described in his statement what actions Boots took when an item wasn't available.

8.8.8. Mr Sagoo so confirmed.

8.8.9. The Chair had no further questions.

8.9. All parties were invited to ask additional questions to Mr Sagoo

Questions from the Applicant to Mr Sagoo

- 8.9.1.** The Applicant asked if Mr Sagoo was aware that there was a dedicated team within Primary Care which involved primary care pharmacists that work with closely with GPs and advise them on prescribing and that this was separate from community pharmacy.
- 8.9.2.** Mr Sagoo confirmed that he was aware of this function and advised that the two pharmacists in Stonehouse worked closely with the practice support pharmacist attached to the GP practice's main surgery.
- 8.9.3.** The Applicant asked Mr Sagoo if he knew that the role of the primary care pharmacist was to let GPs or other prescribers within their practice know about shortages.
- 8.9.4.** Mr Sagoo confirmed that he was aware.
- 8.9.5.** The Applicant asked Mr Sagoo if he accepted that there were a number of respondents to the Joint Consultation questionnaire who described their difficulty in acquiring medication from Boots and especially acquiring their medications in full.
- 8.9.6.** Mr Sagoo advised that in reading the CAR, he felt there were responses both talking about not being able to get medication but also commending the pharmacy on the service provided by always completing the prescription in full or ordering it. He considered the response would depend on what medication had been ordered by the patient at the particular time.
- 8.9.7.** The Applicant asked Mr Sagoo if he would consider a pharmacy dispensing 4,862 items per month viable.
- 8.9.8.** Mr Sagoo considered that it would depend on the pharmacy's starting position. If a pharmacy was starting from a position of dispensing 9,700 per month and then this reduced to 4,862 then this wouldn't be viable in its current capacity if it was staffed for the higher number. If you were starting a pharmacy then you would staff the pharmacy accordingly to be able to dispense this number. Mr Sagoo felt the question to be theoretical.
- 8.9.9.** The Applicant asked whether Mr Sagoo thought it unreasonable for a pharmacy to go from a position of dispensing 9,700 items per month to 4,862.
- 8.9.10.** Mr Sagoo confirmed that he thought such a reduction would be very likely especially if a pharmacy opened in the vicinity that the Applicant was proposing and that this could happen within one month. He had seen this happen.
- 8.9.11.** The Applicant asked Mr Sagoo if it was solely items dispensed per month which determined viability.

- 8.9.12. Mr Sagoo advised that staffing costs would need to be looked at also.
- 8.9.13. The Applicant asked if Mr Sagoo agreed that additional services could increase profit with pharmacy businesses.
- 8.9.14. Mr Sagoo confirmed that you would need to look at what services these were and how much extra revenue would present itself. A lot of these services were about capacity. You would also need to look at other costs e.g. rent and rates, cost of drugs.
- 8.9.15. The Applicant asked if Mr Sagoo agreed that there were other means, and that it wasn't just prescription items alone that reflected the viability of a pharmacy.
- 8.9.16. Mr Sagoo said that the majority of the revenue came from prescription items and other services added to this. However you would take this into consideration coupled with staffing costs, rent and rates and costs of drugs.

Having ascertained that there were no additional questions to Mr Sagoo, the Chair invited Mr Smith to make his representation.

Mr Smith advised that he would need to leave the hearing at 1.00pm as he had received an urgent request from his employers to join an important meeting

The Chair advised Mr Smith that if he needed to leave the meeting that Mr Craig could carry on for the remainder of the meeting. Mrs Glen confirmed that in terms of the Regulations, so long as only person was speaking on behalf of the Community Council, there would be no detriment to any other party and the requirements of the Regulations would be fulfilled. Mrs Glen suggested that the agreement of all parties be sought if Mr Craig required to take over and that this was recorded in the report of the hearing.

9. Mr Smith's representation on behalf of Stonehouse Community Council

- 9.1. Mr Smith advised that he had lived in Stonehouse for his entire life and so he was familiar with all the services. He had served on the Community Council for 40 years and as such he was fairly well versed in terms of the village.
- 9.1.1. He found it interesting that there was a vested interest of a cartel consisting of Boots and Lloyds who were looking to protect their profits which, in Mr Smith's opinion, they put above the needs of the village. He asked where the competition was which allowed this to happen.
- 9.1.2. Mr Smith advised that Scotland's NHS may never return to pre Covid levels of care. This was a statement made by Dr Andrew Buist, Chair BMA, SGPC. Dr Buist said that it could take many years to recover and that hospitals couldn't cope. He spoke about primary care services, and the need for more pharmacists and other professionals that the new NHS contract sets out. This was contained in the Daily Mail in December 2021.

- 9.1.3.** Mr Smith stated that 89% of pharmacists in the country were at high risk of burnout and the Health Secretary was under pressure to tackle the crisis. This was a headline from the Sunday Express on 28th November 2021.
- 9.1.4.** Claire Morrison, Scotland's Director of the Royal Pharmaceutical Society revealed the shocking findings in the organisational workforce survey. 68% of pharmacists said their work was negatively impacting on their mental health, while 57% reported that they were unable to take any breaks during the working day. It wasn't just a wellbeing issue, it was a patient safety issue. She said there was a simple shortage of pharmacists and pharmacy technicians in community pharmacy and in general practices. The survey showed that 32% of pharmacists were currently considering leaving the profession. It wasn't just a focus on the hospital side, but in the primary care setting and social care.
- 9.1.5.** Mr Smith suggested that all of the above evidence over the past few weeks made him consider that the Area Pharmaceutical Committee needed to read up on the current issues instead of just coming out with statements that the current provision for our village was adequate to the increasing level of new housing.
- 9.1.6.** Since the last housing survey was completed in 2011, Stonehouse as a village had grown more than 20% in population. In the past 10 years, Barrett Homes had produced 150 houses, Persimmon Homes were on site to produce 160 houses and it was the Community Council's understanding, on speaking to the Planning Department that the build would be complete by 2025. Miller Homes were about to produce 53 houses. This process would start at the end of 2022/beginning of 2023. There would be a further 27 houses built in Sidehead Road and individual private plots for around 50 houses. There were current discussions going on with developers for social housing at Loch Park. An average occupancy of 2.5 would mean 1,100 additional people had joined the village
- 9.1.7.** Mr Smith advised that the previous application that was considered a number of years ago, was a closed decision in terms of the Community Council who were not involved. The Community Council met with NHS Lanarkshire after the decision to understand the process. This time the Community Council were involved and were present to represent the views of the village.
- 9.1.8.** Mr Smith advised that the Joint Consultation exercise had been curtailed because NHS Lanarkshire refused to halt the exercise at the start of the pandemic. In normal circumstances, the Applicant would have been invited to an open meeting of the Community Council to outline her proposals and take questions and this had been planned for the March 2020 meeting but the Community Council had been prohibited from holding the meeting due to the lockdown restrictions and since then no public meetings had been held.
- 9.1.9.** Mr Smith advised that the application had strong support from the GP practice. The Community Council held regular Zoom meetings with the GP practice and in fact had last met with them just before Christmas. The Community Council had met with Dr Howie and the Practice Manager.

- 9.1.10.** There were 2/3 GPs per day in the Stonehouse practice with 2/3 Practice Nurses available daily. Although the surgery was a satellite site to the Avon Medical Practice in Larkhall, the Stonehouse surgery was regularly fully staffed.
- 9.1.11.** Mr Smith advised that at that meeting, Dr Howie repeated the concerns she had raised in her e-mail. The MP for the constituency, Dr Lisa Cameron, echoed the GP views. She herself was a clinician and she regularly sees what goes in the village. The MSP, Christina McKelvie also supported the application as does the local councillor.
- 9.1.12.** The Community Council had already provided a written response to the application. The current provision was described as “adequate” and adequate is described as “satisfactory or acceptable in quality or quantity” according to the dictionary. The Community Council are looking for the village to be served better than adequate and asked the PPC to seriously consider the application for the village.

This concluded the presentation by Mr Smith.

The Chair invited Questions from the Applicant to Mr Smith

The Applicant had no questions for Mr Smith

The Chair invited questions from Mr Sagoo to Mr Smith

9.2. Questions from Mr Sagoo to Mr Smith

- 9.2.1.** Mr Sagoo asked Mr Smith how many people currently lived in Stonehouse.
- 9.2.2.** Mr Smith advised that the last figure he had was 5,700.
- 9.2.3.** Mr Sagoo asked if it was Mr Smith’s understanding that for the population to remain relatively static, that people would have had to leave the village as well as come into the village.
- 9.2.4.** Mr Smith advised that he found it difficult to understand where the 1,100 people had gone as there had been no houses demolished in the village and there were no houses shuttered or boarded up in the village.
- 9.2.5.** Mr Sagoo asked Mr Smith to expand on the statement made in the Community Council’s letter of 6th October 2021 that the pharmacy didn’t have a regular pharmacist.
- 9.2.6.** Mr Smith advised that there had been a time when the Stonehouse branch had been used as a locum placement. This had been the case until the current regular pharmacist had come along. He accepted that there had been a regular pharmacist in the branch for the last five years.
- 9.2.7.** Mr Sagoo asked Mr Smith to comment on the similarities between the letter the Community Council had submitted and that of Dr Howie. He described some of

the similarities and asked Mr Smith if the Community Council's submission had been a joint effort with Dr Howie.

- 9.2.8.** Mr Smith responded absolutely not. The Community Council had obtained information from two people who operated independent pharmacies in another village and the points raised in the Community Council letter had come from those discussions.
- 9.2.9.** Mr Sagoo asked if Mr Smith could explain why the Community Council couldn't hold public meetings any more.
- 9.2.10.** Mr Smith advised that the Community Council usually met in South Lanarkshire Council's premises, however these closed during the COVID restrictions and remained closed for the best part of the pandemic. When the Community Council enquired about restarting the meetings they were told the Council couldn't guarantee proper social distancing, and as there could potentially be a number of people in attendance at the meeting and a significant amount of these were elderly, the Community Council did not think it appropriate to expose these people to having a public meeting.
- 9.2.11.** In final questioning, Mr Sagoo directed Mr Smith back to the letter submitted by the Community Council and asked him if he could understand why the Boots branch initially restricted access to the pharmacy to two patients which resulted in a queue outside the pharmacy.
- 9.2.12.** Mr Smith advised that he understood this, and was conscious that the pharmacy had increased their capacity to four patients at a time. He had no issues with this.
- 9.2.13.** Mr Sagoo had no further questions.

The Chair invited questions from the Committee Members to Mr Smith

9.3. Mr Hanif had no questions.

9.4. Mr Mackenzie had no questions.

9.5. Mr Woods Questions to Mr Smith

- 9.5.1.** Mr Woods asked Mr Smith if he was surprised that from 2010 to 2020, according to the Datazone statistics provided by NHS Lanarkshire, the population of Stonehouse had increased by 36.
- 9.5.2.** Mr Smith advised that he was surprised by this.
- 9.5.3.** Mr Woods asked how the Community Council was constituted, how many members were on the Council.
- 9.5.4.** Mr Smith explained that the Community Council was constituted by Local and National Government regulations. The members were elected and stood for re-

election every four years. Stonehouse Community Council consisted of eight members.

9.5.5. Mr Woods queried who elected the members.

9.5.6. Mr Smith advised that the people of Stonehouse village elected members to the Community Council.

9.5.7. In final questioning, Mr Woods asked how the Community Council determined the views of the community.

9.5.8. Mr Smith advised that the Community Council held regular monthly meetings which were open. There was a set Agenda, but people were allowed to raise their own issues.

9.5.9. Mr Woods asked how the individual would indicate that they wished to have access, and how they had bypassed signposting the services provided.

9.5.10. Mr Woods had no further questions.

9.6. Mr Fuller Questions to Mr Smith

9.6.1. Mr Fuller asked Mr Smith what type of issues the Community Council had raised with Boots, and what sort of response Boots had provided.

9.6.2. Mr Smith advised that the Community Council raised any issue that was brought to them at an open Community Council meeting. People would come along and complain about availability of prescription drugs, that prescriptions were not fulfilled completely and patients had to come back for the remainder of their medication. The main issue related to the lack of information and knowledge available in the Boots branch about the Palliative Care Service. The Community Council had raised this issue with the Area Manager and as a result information about the service was put on the noticeboard.

9.6.3. Mr Fuller asked Mr Smith if it would be correct to say that the issues raised were more to do with the adequacy of the service rather than the convenience for the people who use the service.

9.6.4. Mr Smith replied in the affirmative.

9.6.5. Mr Fuller had no further questions.

9.7. The Chair Questions to Mr Smith.

9.7.1. The Chair was satisfied that she had gleaned the detail of the issues raised with Boots, but was keen to understand what time period this discussion had taken place between the Community Council and Boots.

9.7.2. Mr Smith confirmed that over the last five years, the Community Council had raised a number of issues. Sometimes these were raised via the Facebook page, and sometimes they were raised via the Sunny Stonehouse Facebook page.

The Community Council met regularly with the GP Practice and the Lanarkshire HSCP to try and inform the village of issues going on.

The Interested Parties, the Applicant and the Committee had no further questions to ask Mr Smith.

Mr Smith left the hearing at this point. The Chair asked each party individually if they had any issue with Mr Craig assuming the representation of the Community Council in Mr Smith's absence. All confirmed individually that they were content.

The hearing was suspended for a thirty minute break. All parties turned off their microphones and cameras, but remained connected to the Microsoft Teams session.

The hearing reconvened at 1.35pm after the Chair had confirmed that all parties had returned.

10. SUMMARIES

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

10.1. Mr Craig on behalf of Stonehouse Community Council was invited to sum up.

10.1.1. Mr Craig advised that he only wanted to make a couple of points. The Community Council had no vested interest in the application. He said that the Community Council would not have supported the application unless it was convinced that there was public support for the application and that it would benefit the village.

10.1.2. He advised that there had been a lot of debate about the CAR and the survey and what could be taken out of these but in his opinion, weighting must be given to Dr Howie's support for the application. There had been some talk about the surgery being a satellite as though it was some far flung outpost. This was not the case. The two surgeries, the Larkhall surgery and the surgery in Stonehouse were staffed by the same people. There were 3-4 GPs in the practice. Dr Howie's comments should be looked at with this background. In Mr Craig's opinion, Dr Howie would not have provided her support, which she reiterated just before Christmas at a meeting with the Community Council, unless she genuinely felt that her comments accurately reflected the situation. Mr Craig suggested the PPC should give a great deal of weight to Dr Howie's views because her view reflected not only Dr Howie's individual view, but the view of the practice as a whole.

This concluded the summary by Mr Craig

10.2. Mr Sagoo on behalf of Boots UK Ltd was invited to sum up

- 10.2.1. Mr Sagoo advised that in his view, the Applicant had failed to show the current pharmaceutical service provision was inadequate.
- 10.2.2. The Boots branch secured stock to fulfil every prescription for their patients other than those where there was a national shortage and then the pharmacy would work with the prescriber on the best way forward for those patients.
- 10.2.3. Mr Sagoo felt that it had been shown during the hearing that the Boots branch had worked closely with the Community Council and had resolved all issues that the Community Council had identified.
- 10.2.4. Mr Sagoo had genuine concerns around the Applicant's ability to open a pharmacy within the legislated six month period as there was no definitive confirmation of the premises being secured, planning permission granted, or a layout of the pharmacy provided.
- 10.2.5. He asked the PPC to note the letters supplied by Well Pharmacy and Lloydspharmacy which indicate that the current pharmaceutical service is adequate. The letter provided by the APC saying the current service was adequate and the pharmacy has capacity to continue to provide adequate pharmaceutical service to the increasing population due to housing developments.
- 10.2.6. The CAR findings also showed that the majority of respondents found the current pharmaceutical service is adequate.
- 10.2.7. In conclusion, Mr Sagoo averred that the Applicant had not provided evidence of an inadequacy of existing services in the neighbourhood and therefore Boots UK Ltd requested that the application was refused.

This concluded the summary by Mr Sagoo

10.3. The Applicant was invited to sum up

- 10.3.1. The Applicant stated that she wanted to emphasise that the letters of support sent in by the MSP, MP, Community Council, local Councillor and Dr Howie all echoed their belief that an additional pharmacy was a necessity for the village. It wasn't just desirable.
- 10.3.2. It was clear that the Avon Medical Centre didn't have a good relationship with the Boots in Stonehouse and they had compromised their working relationship. It had been confirmed that Boots, in light of Dr Howie's letter hadn't tried to make any changes or even explore the potential for change.
- 10.3.3. The Applicant said that collaborative working in healthcare was key. It supported seamless care transition between sectors and she believed that an additional pharmacy would be able to fulfil the role of a collaborative working partner with the GP surgery and many others in the surrounding areas.
- 10.3.4. The Applicant advised that it had also been clarified that there are currently no Independent Prescribers working in Stonehouse and it was also now known that

the current pharmacist was struggling to acquire a DMP and as such training couldn't begin until this was found. A timescale couldn't be put on when this would happen and so there could be a situation where Stonehouse might never have an Independent Prescriber at Boots.

- 10.3.5. The Applicant believed that as an Independent Prescriber she could offer a lot of benefits to the community especially during the pandemic when GPs were unable to see every patient face to face. GPs were now referring patients to community pharmacies so that the pharmacist could make an assessment. She would provide a holistic approach to care and with her previous experience in hospital and primary care, she believed that a lot of patients in Stonehouse would benefit from the services that would be provided from an independent pharmacy.
- 10.3.6. The Applicant pledged that as well as seeing patients, she could offer free blood pressure checks. She could also provide flu jabs and travel clinics.
- 10.3.7. She advised that stock issues were undeniable. Boots had had this problem for some time and this had not been resolved. There were several comments in the CAR that highlighted this issue. The Applicant advised that it wasn't just Boots who had this issue. Other multiple chains experienced the same.
- 10.3.8. She advised that one of the benefits of having an independent pharmacy was that they could use multiple suppliers and could procure medication in a much timelier manner than other pharmacies.
- 10.3.9. As a final point, the Applicant highlighted the results in the CAR which showed that 40% of respondents agreed that there were gaps and deficiencies in the current provision. This was irrefutable. She considered that if 40% held this opinion, the situation would need to be addressed urgently.
- 10.3.10. In conclusion, the Applicant believed that an additional pharmacy, being an independent pharmacy was not just necessary but was something that needed to be addressed for the community. It was highly desirable and the current provisions were inadequate as proven by the CAR and letters of support. She urged the PPC to consider her application and hoped to see it come to an approval.

This concluded the summary by the Applicant

11. **RETIRAL OF PARTIES**

- 11.1. The Chair then invited each of the parties present to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. The Applicant and each of the Interested Parties, separately confirmed that they had had a fair hearing and that they had nothing further to add. The Chair advised that the Committee would consider the application and representations in detail and in private prior to making a determination.
- 11.2. The Chair reminded the Applicant and Interested Parties that it was in their interest to remain available until the Committee had completed its private deliberations. If the Committee required further factual or legal advice, the open

session would be reconvened so that all parties could hear the advice and have the opportunity to challenge or comment on that advice. They would be notified when the Committee's deliberations were completed.

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

11.4. ***The hearing adjourned at 1540 hours and the Applicant and the Interested Parties, along with their companions left the Microsoft Teams session.***

12. COMMITTEE DELIBERATIONS

12.1. Supplementary Information

The Committee noted and took into account the following information:

- (i) That each member had independently undertaken a site visit of Stonehouse and the surrounding areas, noting the location of the proposed premises, the pharmacies, general medical practices hosted and the facilities and amenities within the neighbourhood.
- (ii) Maps showing the location of the proposed Pharmacy in relation to existing Pharmacies and GP surgeries within Stonehouse and the surrounding areas of Strathaven, Larkhall and Kirkmuirhill/Blackwood.
- (iii) Community Pharmacy Activity relevant to the application from March 2021 to June 2021.
- (iv) Datazones 2020 for Stonehouse and the surrounding areas
- (v) Scottish Index of Multiple Deprivation (SIMD) indicators 2020 for Stonehouse and the surrounding areas.
- (vi) Report on the range of Pharmaceutical Services provided by existing pharmaceutical contractors within Stonehouse and the surrounding areas. This report provides an update to the list of services provided within this area as contained within Pharmaceutical Care Services Plan
- (vii) Extract of statistics from the 2011 Scotland Census relating to health, household tenure, car or van availability, economic activity, population, age and structure, households with dependent children, dependent, lone parents with dependent children, limiting long-term health, occupation groups and travel to work.
- (viii) Population statistics for Stonehouse and the Surrounding Areas from 2001-2020.
- (ix) Detailed Information extracted from pharmacy quarterly complaints returns to NHS Lanarkshire from Quarter 2 2014/15 to Quarter 2 2021/22.
- (x) Emails of Support for the Application from Dr Rebecca Howie, received 02 July 2020 and Christina McKelvie MSP, received 03 July 2020.
- (xi) Letter of support received 06 July 2020 via email from D Lisa Cameron MP
- (xii) Letter of support dated 08 July 2020 from Cllr Graeme Campbell

- (xiii) Housing in Stonehouse report from South Lanarkshire Council Planning Department
- (xiv) The application and supporting documentation including the Consultation Analysis Report provided by the Applicant dated 16th September 2019.

13. SUMMARY OF CONSULTATION ANALYSIS REPORT (CAR)

13.1. Introduction.

13.1.1. NHS Lanarkshire undertook a joint consultation exercise with Ms Asirah Akhtar regarding their proposed application for a new pharmacy contract at 1 Trongate, Stonehouse ML9 3LH (all as referred to on page 1 of the CAR)

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

13.2. Method of Engagement to Undertake Consultation

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

13.2.2. The Consultation was publicised via

- NHSL press release on 05 March 2020
- Newspaper advertisements in the Hamilton Advertiser on 05 March 2020, 26 April 2020 and 04 June 2020
- NHSL Facebook page and Twitter account direction towards NHSL website and consultation survey
- Rolling banner on the NHSL website homepage and as static on the Get Involved page.
- South Lanarkshire Council was also notified for dissemination to local groups and elected representatives and the relevant Public Partnership Forums.
- The Community Council local to the proposed area (Stonehouse Community Council) was also advised of the consultation process being undertaken and the reasons for it.
- The newspaper advert also advised that paper copies of the consultation questionnaire could be provided to members of the public with no access to the internet to submit their views. A copy of the questionnaire in different format or language could be made available if requested.

13.3. Summary of Questions and Analysis of Responses

13.3.1.

	Question	Yes	No	Don't know	Replied	Skipped
Q1	Do you agree that the area within the red border represents the neighbourhood that would be served by the proposed pharmacy	236	47	14	297	1
Q2	Would a pharmacy at this proposed location be accessible for patients in and around the neighbourhood?	253	29	12	294	4
Q3	With regard to the neighbourhood, as defined in Section A, do you think that the current pharmaceutical services being provided in and to the neighbourhood are adequate?					
Q3a	Dispensing of NHS Prescriptions	142	99	19	260	38
Q3b	Advice and medicines under the Minor Ailment Service	147	73	39	259	39
Q3c	National Pharmaceutical Public Health Services including smoking cessation and supply of emergency hormonal contraception	111	49	100	260	38
Q3d	Medicines Care & Review – for people with long term conditions	91	71	98	260	38
Q3e	Substance Misuse services	87	35	137	259	39
Q3f	Stoma Service – appliance supply for patients with a colostomy or urostomy	62	32	165	259	39
Q3g	Gluten Free Foods	79	49	131	259	39
Q3h	Unscheduled Care – urgent health matters/ supply of	105	76	78	259	39

	emergency prescription medicines					
Q3i	Support to Care Homes	69	31	159	259	39
Q3j	NHS Pharmacy First	85	34	140	259	39
Q3k	Quality Improvement	96	41	119	256	42
Q4	Do you think that the current provision of pharmaceutical services has any gaps or deficiencies?	92	81	57	230	68
Q5	Asirah Akhtar is proposing to provide the services listed below. Do you think the proposed pharmacy needs to open in order for people in the neighbourhood to have adequate access to these services?					
Q5a	Dispensing of NHS Prescriptions	136	86	9	231	67
Q5b	Advice and medicines under the Minor Ailment Service	132	80	19	231	67
Q5c	National Pharmaceutical Public Health Services including smoking cessation and supply of emergency hormonal contraception	113	70	48	231	67
Q5d	Medicines Care & Review – for people with long term conditions	122	66	42	230	68
Q5e	Substance Misuse Services	88	65	78	231	67
Q5f	Stoma Service – appliance supply for patients with a colostomy or urostomy	92	55	83	230	68
Q5g	Gluten Free Foods	104	66	61	231	67
Q5h	Unscheduled Care – urgent health matters/ supply of emergency	127	68	36	231	67

	prescription medicines					
Q5i	Support to Care Homes	105	58	68	231	67
Q5j	NHS Pharmacy First	103	61	66	230	68
Q5k	Quality Improvement	111	66	53	230	68
Q6	Do you think that the proposed hours are appropriate?	162	50	14	226	72
Q7	If this proposal is successful, do you think that there would still be any gaps or deficiencies in the pharmaceutical services provided?	19	129	79	227	71
Q8	In your opinion, would the proposed application help other healthcare providers to work more closely together – e.g. GPs, community nursing, other pharmacies, dentists, optometrists and social services?	118	61	43	222	76
Q9	Do you believe this proposal would have any impact on other NHS services, e.g. GPs, community nursing, other pharmacies, dentists, optometrists and social services?	119	54	48	221	77
Q10	Do you support the proposal to open a new pharmacy at 1 Trongate, Stonehouse ML9 3LH	143	71	7	221	77

Q11	Please select your age below	<18	18-24	25-34	35-44	45-54	55-64	65-74	>75	Prefer not to say	Total
		1	9	41	46	43	41	34	5	1	110
Q12	I am responding as	Individual = 219 Group/Organisation = 3						222	76		

14. DISCUSSION

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

14.2. Neighbourhood

- 14.2.1.** The Committee discussed the neighbourhood and noted:
- the Applicant's definition outlined which Mr Sagoo had agreed with.
 - the maps provided in the consultation document; the maps supplied with the papers;
 - natural and physical boundaries such as roads, waterways and open land
- 14.2.2.** The Committee then discussed and noted the number and type of general amenities such as schools, shopping areas, the mixture of public and private housing; community and recreational facilities; the distances residents had to travel to obtain pharmaceutical and other services.
- 14.2.3.** The Committee recognised that during the hearing mention had been made of existing pharmacies in the neighbouring towns of Strathaven and the main GP practice in Larkhall. The Committee did not feel however that either of these two areas had any relationship to Stonehouse in terms of geography or defining characteristics.
- 14.2.4.** After consideration, the Committee agreed that the neighbourhood defined by the Applicant in her Form A1 was logical for the purpose of considering the application. This being:

Starting at the roundabout at the junction of A71 and Lockhart Street:

East: from the roundabout across rough ground to Candermill Road.

South: from Candermill Road between housing and Cander Water/Watstone Burn, crossing Watstone Road, Spital Road and Sidehead Road to meet Udston Mill Road.

West: from Udston Mill Road across fields to meet A71 at Sandford Road

North: across fields between Manse Road and the Avon Water, crossing Millheugh Road to meet A71 at the roundabout;

14.2.5. The neighbourhood proposed by the Committee contained amenities expected within a neighbourhood including a primary school, leisure facilities, shops, a petrol station, places of worship, a supermarket, a GP practice, residential areas and places to eat. The Committee noted that there had been agreement within the hearing regarding definition of neighbourhood. The neighbourhood comprised the area generally known as the village of Stonehouse and this had been accepted by Boots UK Ltd and the Community Council.

14.2.6. The Committee noted that 15% (47) of respondents to the Joint Consultation questionnaire did not agree that the neighbourhood defined by the Applicant represented the area that would be served by the proposed pharmacy. Comments had been made within the CAR that there was housing outwith the Applicant's defined neighbourhood which could be classed as "Stonehouse" as they would use the amenities within the village. The Committee recognised that residents in these new houses would use the amenities of Stonehouse, but were however satisfied that the neighbourhood as defined and which was accepted by the majority, was an accurate reflection of the area of Stonehouse.

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

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

14.4. Existing Pharmaceutical Services

14.4.1. The Committee acknowledged that there was currently one pharmaceutical provider (Boots UK Ltd) within the defined neighbourhood which was 32/34 King Street, Stonehouse.

14.4.2. In addition, there were also two pharmacies in Larkhall: Well Pharmacy, 102 Union Street and Lloydspharmacy, 78 Union Street, and a further two pharmacies in the neighbouring town of Strathaven: Your Local Boots Pharmacy, 13 Green Street, and Your Local Boots Pharmacy 25 Common Green.

14.4.3. Each pharmacy provided core pharmaceutical services, along with a range of additional services.

14.4.4. The Committee considered the comments made by the Applicant and the Community Council around the perceived increase in population within Stonehouse caused by the new residential developments. Population statistics available to the Committee, however, showed that in fact the population had remained stable for at least the last ten years.

- 14.4.5.** The remaining planned developments were relatively minor at a rate of approximately 25 houses per year until 2025. The Committee considered that the Applicant had provided no firm evidence to show that the current pharmaceutical network would not be able to adapt to cope with any additional population that might happen in the future.
- 14.4.6.** The Committee discussed the Applicant's assertion that the Boots pharmacy in Stonehouse did not provide the Quality Improvement Service. The Committee were aware that this related to a commitment given by the Scottish Government for Quality Improvement to be a key focus of the community pharmacy contract. In 2018/2019, participation in the NSAID Intervention was one of the quality improvement activities undertaken by community pharmacies. This activity was carried into 2019/2020. The focus of the activity was on communication as a pharmacy team, and not as a patient facing service like other additional pharmaceutical services.
- 14.4.7.** The Committee considered the Applicant's claim that Boots regularly experienced difficulties in securing stock to allow them to fulfil every prescription fully at the initial presentation. The Applicant had further stated that this was due to Boots' reliance on one single supplier.
- 14.4.8.** The Committee were aware that national shortages occurred from time to time and that these affected every pharmacy's ability to secure some medications. The Committee were further aware that in some instances GP practices continued to prescribe items which were subject to shortage, despite intervention from the Primary Care prescribing support function. In such instances this could result in a delay for patients.
- 14.4.9.** The Committee were also aware that supply issues were prevalent in these uncertain times, not only in pharmacy, but in many other areas. The Applicant had suggested that her access to multiple suppliers would alleviate supply issues for patients, however given the current climate and the increase in national shortages, the Committee did not agree that this would be a definite result.
- 14.4.10.** The Committee were satisfied that Boots as a company had processes in place which would allow the pharmacy in Stonehouse to access multiple suppliers. They accepted that for a multiple the size of Boots, the response time might be slightly longer than for an independent pharmacy. However, accessing a medication via the Supply desk would only be done if Boots couldn't access the medication from other Boots branches, or neighbouring pharmacies.
- 14.4.11.** The Committee considered the letter of support provided by Dr Howie which contained assertions against the Boots branch in Stonehouse. The Committee felt however that while the letter contained issues, it provided little further detail as to the exact nature of the issues. For example, the letter advised that the GPs would like to see more provision of the Minor Ailment Service. The letter did not provide any detail around the level of activity undertaken by Boots in this area, only that the GP practice were looking for more of it.
- 14.4.12.** The Committee considered that Dr Howie's letter raised issues of concern to a community pharmacy. However the Committee were mindful that the Pharmacy

Manager at Boots in Stonehouse was in regular discussion with the Practice Manager around any issues raised by the GP practice and that by and large these were resolved as they were raised. The Committee did not consider that the issues raised in the letter provided evidence that the current overall pharmaceutical services provided by Boots were inadequate.

14.4.13. The Committee considered the other letters of support submitted by various parties, and determined that they had raised similar issues to Dr Howie's all of which had been addressed by Mr Sagoo in his presentation and responses to questioning from the Applicant, Community Council and the Committee. In specifically considering the information presented by the Community Council (including the letter of 10 Nov 2020) there was evidence that many of the issues raised were historic and had been resolved in collaboration with the Boots Pharmacy manager. The Committee did not consider that the issues raised provided evidence of an inadequacy of service overall.

14.4.14. The Applicant had in the PPC's opinion provided no evidence to show that existing services were inadequate. The resident population enjoyed easy access to services provided by the existing pharmacy and also the four pharmacies in the neighbouring areas of Larkhall and Strathaven. This provided the resident population of Stonehouse with a level of choice. The Applicant had relied on the increase in population from the new residential developments and claimed that the existing pharmacy was unable to cope and had not adapted their service offering to meet the challenges of the increased population. This was in the PPC's opinion an entirely theoretical argument of inadequacy and not based on any evidence around existing services.

14.5. Consultation Analysis Report

14.5.1. The Committee then went on to consider some of the issues raised in the Consultation Analysis Report (CAR).

14.5.2. The Committee noted that there were 298 responses to the Consultation.

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

The Committee noted 142 of 260 respondents who answered this question considered that current services were adequate. This level of response was specifically around the element of the question relating to the dispensing of NHS prescriptions (54.6%).

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

The Committee noted that 40% of the 230 people who responded to this question stated that there were currently gaps and/or deficiencies (92).

- 14.5.2.3.** Q5. *“Asirah Akhtar is proposing to provide the services listed below. Do you think the proposed pharmacy needs to open in order for people in the neighbourhood to have adequate access to these services?”*

The Committee noted that 136 of the 231 who answered this question considered that a new pharmacy was needed for people to have adequate access to the dispensing of NHS prescriptions (58.8%).

- 14.5.2.4.** Q10. *“Do you support the proposal to open a new pharmacy at 1 Trongate, Stonehouse ML9 3LH”*

The Committee noted that slightly less than half of respondents were in favour of the proposal to open an additional pharmacy (47.3% 141/298) 24% were not (71/298). The Committee expressed some concern that 77 of the respondents had not answered this question and “skipped” past what was, in the Committee’s opinion an important consideration.

- 14.5.2.5.** Q11. It was noted that all but three responses were from individuals

- 14.5.2.6.** The Committee noted that there was a contradictory element to the CAR, given that the percentages of respondents who considered current services adequate and those who perceived there to be gaps and deficiencies in the service were broadly similar.

- 14.5.2.7.** The Report showed isolated instances where patients had experienced a service being provided inadequately, however there were also a significant amount of respondents who commended the existing pharmacy, and recognised the efforts expended by the pharmacists and other staff in obtaining medication and providing services.

- 14.5.2.8.** In the Committee’s opinion the views of the respondents were relatively mixed, but on balance a slight majority of respondents considered the existing provision to be adequate.

- 14.5.2.9.** **DECISION**

Mr Hanif and Mr Mackenzie disconnected from the Teams session.

- 14.5.2.10.** Following the withdrawal of the pharmacist members in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, the Committee, for the reasons set out above, considered that the pharmaceutical service within or provided to the neighbourhood of Stonehouse was adequate.

- 14.5.2.11.** The Committee had heard a considerable amount of anecdotal evidence on the perceived issues relating to the current pharmacy in Stonehouse. The Committee noted from presentations and questions made during the open part of the hearing, that the majority of the issues were historical and had been predominantly resolved in collaboration between the Pharmacy and the Practice Manager or the Community Council. The Committee concluded that there was

no evidence provided to demonstrate any current inadequacy of pharmaceutical services in and to the defined neighbourhood.

The Committee took account of all relevant factors concerning neighbourhood and adequacy of existing pharmaceutical services in the neighbourhood in which the premises were located in terms of Regulation 5(10). The committee also took account of all information available to it and concluded that the provision of pharmaceutical services in the neighbourhood was adequate.

Accordingly, the decision of the Committee was unanimous that the establishment of a new pharmacy at 1 Trongate, Stonehouse ML9 3LH was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was rejected. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.

The meeting closed at 15:30 hours