

Minutes of the meeting of the NHS Forth Valley Pharmacy Practices Committee (PPC) held on Friday 17 June 2016 at 0930 hours in the Board Room, Carseview House, Castle Business Park, Stirling, FK9 4SW

Present:	James King (Chair)	Non-Executive Board Member NHS Forth Valley
	Keiron Paterson	Contractor Pharmacist Member
	Sheila McGhee	Lay Member
	Helen McGuire	Lay Member
	Fiona Stewart	Non-Contractor Pharmacist Member
Attendees:	Tom Arnott	Lloyds Pharmacy Ltd
	Richard Atalla (Applicant)	Pill Box Scotland Ltd
	Kenny French	Pill Box Scotland Ltd
	John Connolly	Deans Pharmacy/Deans Healthcare Ltd
	Michael Cohen	Meadowbank Health Centre Pharmacy Ltd
	Fiona McWhirter	Meadowbank Health Centre Pharmacy Ltd
	Kazim Gulmar	Apple Pharmacy Ltd
	Rosemary Taylor	Polmont Community Council
	Susan Murray	Senior Solicitor, NHS National Services Scotland, Central Legal Office
	Anne Ferguson	NHS National Services Scotland, Scottish Health Service Centre (SHSC)

1.0 APPLICATION BY PILL BOX SCOTLAND LTD

1.1.1 There was submitted an application and supporting documents from Pill Box Scotland Ltd received on 4 April 2016, for inclusion in the pharmaceutical list of a new pharmacy at Unit 4, Polmont Bank Shopping Centre, Greenpark Drive, Polmont, Falkirk, FK2 0PZ.

1.2 Submission of Interested Parties

1.2.1 The following documents were received:

- i. Email dated 19 April 2016 from John Connolly, Deans Pharmacy
- ii. Email dated 23 April 2016 from Kasim Gulzar, Apple Pharmacy
- iii. Letter dated 26 April 2016 from Michael Cohen, Meadowbank Health Centre Pharmacy Ltd
- iv. Letter dated 28 April 2016 from Rosemary Taylor, Polmont Community Council
- v. Email dated 2 May 2016 from Richard Grahame, Callendar Pharmacy
- vi. Email dated 4 May 2016 from Sanjay Majhu, Shieldhill Pharmacy

- vii. Letter dated 10 May 2016 from the Area Pharmaceutical Committee (APC)
- viii. Email dated 10 May 2016 from Matthew Cox, Lloyds Pharmacy
- ix. Email dated 11 May 2016 from Bryan McCarthy, Hallglenn Pharmacy

1.3 Correspondence from the wider consultation process undertaken jointly by NHS Forth Valley and Pill Box Scotland Ltd

- 1.3.1 i) Joint Consultation Analysis Report (CAR)

2.0 Procedure

- 2.1 At 0930 hours on Friday, 17 June 2016, the NHS Forth Valley Pharmacy Practices Committee (“the Committee”) convened to hear the application by Pill Box Scotland Ltd (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) (“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 Chairman welcomed all to the meeting and introductions were made. When asked by the Chairman, members confirmed that the hearing papers had been received and considered. When committee members were asked by the Chairman in turn to declare any interests in the application, none were declared.
- 2.3 It was noted that members of the committee had previously undertaken site visits to Polmont independently and as a group during various times of the day and week to gather a sense of the natural working patterns of residents and visitors to the various services and businesses. All confirmed that in doing so each had noted the location of the premises, existing pharmacies, general medical practices and other amenities in the area such as, but not limited to, banks, post office, supermarkets, churches, schools and sports facilities.
- 2.6 Having ascertained that that there were no conflicts of interest or questions from Committee Members the Chairman confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers. The Applicant, Interested Parties and CLO representative were invited to enter the hearing.

The open session convened at 0935 hours

3.0 Attendance of Parties

- 3.1 The Chairman welcomed all and introductions were made. The Chairman explained that Ms Murray, Senior Solicitor, CLO was in attendance to provide legal advice on the regulations and Ms Ferguson to provide Secretariat support. These attendees would not have any involvement in making a decision on the application.
- 3.2 The Applicant, Pill Box Scotland Ltd, was represented by Mr Richard Atalla and accompanied by Mr Kenny French. From the Interested Parties eligible to attend the hearing, the following accepted the invitation: Mr Michael Cohen accompanied by Ms Fiona McWhirter representing Meadowbank Health Centre Pharmacy, Mr John Connolly representing Deans Pharmacy, Mr Kasim Gulzar representing Apple Pharmacy, Mr Tom Arnott representing Lloyds Pharmacy and Ms Rosemary Taylor representing Polmont Community Council.
- 3.3 The Chairman advised all present that the meeting was convened to determine the application submitted by Pill Box Scotland Ltd in respect of a proposed new pharmacy at Unit 4, Polmont Bank Shopping Centre, Greenpark Drive, Polmont, FK2 0PZ. The Chairman confirmed to all parties present that the decision of the Committee would be based on the evidence submitted in writing as part of the application and consultation process, the site visit, 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 Chairman 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...”
- 3.5 The Chairman confirmed that all had received the hearing papers.
- 3.6 The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within 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 provision of pharmaceutical services. That approach was accepted by all present.
- 3.7 The Chairman explained to all parties the hearing procedure to be followed.
- 3.8 The Chairman confirmed that members of the Committee had independently

and as a group undertaken site visits in order to better understand this application. Assurance was given that no member of the Committee had any interest in the application.

3.9 The Chairman asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement.

4.0 The Applicant's Submission

4.1 The Chairman invited Mr Richard Atalla, to speak first in support of the application.

4.2 Mr Atalla began by introducing himself and Kenny French as representatives from Pill Box Scotland Ltd.

4.3 The Board were thanked for allowing Mr Atalla to present and for considering the application. It was also stated that Mr Atalla did not want to undermine the hard work and effort put into providing pharmaceutical services by the other pharmacies represented.

4.4 Mr Atalla had applied for a contract to be granted to allow Pill Box Scotland Ltd to provide NHS pharmaceutical services at Unit 4, Polmont Bank Shopping Centre and wanted to show that the granting of this application was both necessary and desirable to secure adequate provision of pharmaceutical services in the community of Polmont.

4.5 The presentation aimed to cover –

- The community of Polmont
- Current provision
- What the community thought
- Healthcare and Pharmacy of the future
- The proposed pharmacy in the community
- Conclusion

4.6 The Community of Polmont

- Polmont was a large village on the outskirts of Falkirk, covering an area of 201 acres and housing a population in excess of 5300 people
- It was a growing, thriving community that had its own identity
- The proposed pharmacy was located next to the majority of other services available to the community including
 - The new Aldi supermarket (one of the biggest in Scotland)
 - Churches
 - Nursery
 - Green Park Community Centre

- Post Office
 - Veterinary Practice
 - Dentist
 - Butchers
 - Hairdressers
 - Pubs
 - Fish & Chip Shop
- Polmont was an active community with many groups, clubs and exercise classes
 - This was why Mr Atalla believed the proposed location was in the heart of Polmont
 - This community was entirely self sufficient and residents should not have to leave to access adequate services
 - Polmont was a village located within an area of Falkirk known as the Braes
 - The Braes had a population in excess of 30,000 people with Polmont being the most populated village within the Braes
 - The majority of the Braes population were registered with a GP at Meadowbank Health Centre
 - Of the neighbouring villages the populations varied with Brightons being the second biggest at 4461 people, followed by Maddiston at 3099 people and Laurieston with 2633 people.
 - Each of these communities had its own identity, community council and local services for residents.
 - Polmont's main street was a busy road joining Brightons, Wallacestone, Rumford, Maddiston, Redding, Reddingmuirhead, West Quarter and Laurieston to both Falkirk and to the M9 and beyond.
 - The New Hansteen development in Polmont (a mixed use site of retail units, offices, car showroom and hotel), was being built in the Gilston Park area. This would add to the growth of Polmont and encourage more passing trade. Hansteen was said to be accessible to 80% of Scotland's population within an hours drive.
 - This new development was expected to boost the transient population of Polmont and further compound the pressure on existing services.
 - Housing in Polmont consisted of a mixture of both council and private houses, retirement homes and three nursing homes
 - Polmont had a defined boundary, separating it from neighbouring villages such as Brightons, Redding and West Quarter. There was clear signage on entry and exit.
 - Pill Box Scotland Ltd had gathered information about the Polmont community through Falkirk Council's Insight publication which

provided in depth information on local communities from the 2011 national census.

- From this information it was estimated the proposed pharmacy would be serving Polmont's population of over 5000 (5322) residents. Of which 27% (1450) were classed as elderly (over 60). A further 15% (770) were under 16.
- These figures did not include expectant mothers, the disabled or other vulnerable patient groups.
- Polmont had around 39% of its population living with a long term health condition.
- These statistics further emphasised that Polmont had a high number of patient groups with a greater need for NHS pharmaceutical service provision.
- Having described the community of Polmont, Mr Atalla highlighted the boundaries defined for this application
 - Polmont in its entirety
 - North boundary: where Smiddy Brae met A905
 - East boundary: where A803 met the Lathallan roundabout
 - South boundary: Polmont station (a natural southern boundary)
 - West boundary: where Salmon Inn road met the A803
- As a resident, Mr Atalla understood what Polmont village had to offer
- The applicant had spent his entire life in this area, attending a local primary school and then Braes high school.
- This was Mr Atalla's community and as a pharmacist and resident believed Polmont required better pharmaceutical provision
- It was also clear from the responses to the public consultation that the community shared this opinion.

4.7 Current Provision

- Polmont had only one health centre, "Meadowbank Health Centre" located 0.7 miles from the centre of Polmont. It catered to patients across the entire Braes area.
- Meadowbank Health Centre housed four independent GP practices (Whitelaw, Polmont Park, Braesview and Dr Stephen Brown)
- The Braes area as a whole had seen a massive rise in population growth and expansion which was expected to continue over the coming years.
- The 2011 census showed that both population and house building had increased dramatically across the entire Braes area. The population had grown by 7.3% (2133) and the number of houses built had increased by 8.3% (1065) from 2001.

- This trend was continuing. Population estimates for the 2014 ward had shown a further 4.1% growth (1239) which now made the entire Braes population in excess of 30,000.
- Falkirk Insight 2012 population projections showed that Falkirk as a whole expected higher than average growth over the next 20 years.
- Out of the four GP practices, Falkirk council had suggested that only one had the spare capacity to meet future growth in the Polmont area.
- The four GP practices had a combined practice population in excess of 28,000 patients and a combined prescription item total of more than 430,000 items annually. The rate of prescription item growth was relatively constant at 2%.
- Through Freedom of Information requests, Mr Atalla had discovered that in 2014 alone the Health Centre wrote out in excess of 431,000 prescription items.
- The combined number of prescriptions dispensed by pharmacies across the Braes in the same 12 month period was 380,000 items.
- This meant that over 51,000 items prescribed from Meadowbank were dispensed out with the local area
- Why? Why was that? Why did people feel the need to take prescriptions elsewhere. Mr Atalla questioned whether the current provision was adequate.
- Looking at the surrounding area there were four pharmacies, as mentioned in the application.
 - Meadowbank Pharmacy located in the health centre
 - Apple Pharmacy in Brightons
 - Deans Pharmacy in Maddiston
 - Lloyds Pharmacy in Laurieston
- Mr Atalla had analysed all four pharmacies through Freedom of Information requests to ISD
- Meadowbank Pharmacy was the only pharmacy located within Polmont at the health centre. However it was not considered by Mr Atalla to be central to the community.
- As had already been mentioned, the next nearest pharmacy was Apple Pharmacy located in Brightons. Brightons had a slightly smaller population than Polmont.
- Pill Box Scotland Ltd understood that the majority of Polmont's residents predominantly used either of these pharmacies.
- Both pharmacies offered core services and some extended services.
- Opening hours varied but there was no Saturday afternoon or late night provision. Unlike the hours proposed in the application by Pill Box Scotland Ltd.

- Meadowbank Pharmacy was extremely busy given its location in the health centre and dispensed in excess of 163,000 items in 2014.
- Given the location of Meadowbank Pharmacy it was assumed that it dispensed medication to almost anyone in the Braes area.
- The results of the public consultation exercise showed that both pharmacies were difficult to access because of car parking.
- Apple Pharmacy dispensed around 78,000 items in 2014.
- Further afield were Deans Pharmacy in Maddiston, Lloyds Pharmacy in Laurieston and Shieldhill Pharmacy in Shieldhill. All were a considerable distance from Polmont, offered all core and some additional services.
- Core service engagement was another factor considered by Pill Box Scotland Ltd which looked at the number of patients registered for the chronic medication service (CMS) and minor ailment service (eMAS). Whilst all existing pharmacies offered these services the level of engagement varied. Mr Atalla said levels were not all great.
- Pill Box Scotland Ltd envisaged being strongly engaged in core services such as CMS and eMAS, ensuring the community understood what these services were, and if eligible how to make proper use of these services.
- Mr Atalla had also looked at the last few years of dispensing figures and despite growth in the population and growth in the number of prescribed items from Meadowbank Health Centre, dispensing levels across the pharmacies mentioned appeared to have plateaued.
- As previously mentioned, there were three nursing homes in Polmont and a further three across the Braes area. All six of these homes were serviced by a contractor from central Falkirk.
- Mr Atalla suggested that this all highlighted that pharmacy provision was not currently adequate.
- Hallglen Pharmacy had been included as an interested party for the purposes of this application. Hallglen was not defined as being part of the Braes, and a very substantial distance from Polmont (5.8km). Mr Atalla did not believe that a service so far away from Polmont should have a bearing on the proposed premises and the community.

4.8 What the Community Thought

- The joint public consultation ran from the 8th October 2015 to 17th February 2016
- 223 responses were received, all of which were positive about the application
- This encouraging response confirmed what Mr Atalla already thought – that there was a need for a new pharmacy.

- The public consultation –
 - Identified that the public were dissatisfied with the existing services
 - Demonstrated that the public faced difficulty in accessing existing services
 - Highlighted the inadequacy faced by the public and health workers
 - Supported the application by showing it was both necessary and desirable to secure adequate provision to Polmont
 - Clearly showed that the community were excited about the prospect of a new pharmacy opening in the community
- Some quotes from the consultation were highlighted as follows –
 - *“Would like to see a community one with personable service – not a chain, a village feel”*
 - *“Reduce stress on existing pharmacies, reduce waiting lists for dosette boxes”*
 - *“Quicker and easier access to prescriptions, over the counter advice, weekend support which is desperately required”*
 - *“Services provided at present were not fulfilling everyone’s needs. An additional pharmacy should take issues mentioned on board to fulfil the gaps”*
 - *“Personally experienced a palliative care relative at home and I have had to travel some considerable distance (weekends in particular) to access drugs. I envisage opening hours and stock levels will allow both relatives and care providers to provide seamless care”*
- It was found from the consultation report that:
 - 98% of respondents agreed with the proposed neighbourhood
 - 80% believed a new pharmacy would be a benefit to the community
 - 79% agreed that there were gaps or deficiencies in the existing provision
 - Out of this 79%
 - 33% commented on limited/poor parking
 - 59% found other pharmacies too busy/long waiting times
 - The majority of people were currently accessing pharmaceutical services by car, however car parking seemed to be an issue at most pharmacies across the Braes. The proposed location offered the use of 120 spaces including disabled and parent and child spaces.
 - 63% of respondents would change the way pharmacy services were accessed if the proposed pharmacy was to open

- Looking further afield to the wider Braes area, it was noted that Maddiston Community Council had raised a couple of issues in relation to health care provision.
 - Firstly in 2014 concerns were raised over car parking at the pharmacy in Maddiston
 - Then in June 2015 concerns were raised about the provision of health care services given the extensive house building in the area
- Mr Atalla had been in contact with both Polmont Community Council (presentation on 23 November 2015) and with Councillor Nicol by email. Both gave full support for this application.
- The applicant, as part of the consultation exercise, had the opportunity to speak to some of the District Nurses including the team leader based at Meadowbank Health Centre.
 - The aim of the meeting was to understand the needs of the local community nurses and find out if those needs were being met from the current provision available.
 - It was noted that the District Nurses struggled with bulk orders which took a day or two to arrive and the existing pharmacies had limited storage space.
 - Additionally arranging dosette boxes for patients could be challenging as it involved phoning round pharmacies to find one with capacity. Mr Atalla said this was critical time wasted when the local community nursing staff could not rely on the services of the local pharmacies. It had been made clear to Mr Atalla that on regular occasions pharmacies were sought from central Falkirk to take on dosette patients.
 - Finally there were issues with the provision of palliative care drugs especially at the weekend. Out of the pharmacies located in the Braes only two were open on a Saturday afternoon. It was stressed that on many occasions nurses had to go to central Falkirk to get supplies of palliative care drugs. This could take over an hour of a District Nurse's time on a Saturday because there was no local supply. Mr Atalla found this extremely concerning being a resident of the local community.
- All these points highlighted how current provision was working to capacity. Mr Atalla was confident that Pill Box Scotland Ltd could meet the needs identified above.

4.9 Healthcare and Pharmacy for the Future

- In 'Prescription for Excellence' the changes in demographics

expected the elderly to grow by over 25% in the next ten years and almost 20% in the next 20 years.

- As stated in the Wilson and Barber report over 75's were the highest users of NHS services.
- The Scottish Government's 20:20 vision was for everyone to live longer, healthier lives at home, or in a homely setting and, where an integrated health and social care system focussed on prevention, anticipation and supported self-management.
- Forth Valley were already rolling out new initiatives to allow for better care in the community.
 - First initiative: Pharmacy First was a new initiative allowing patients with a number of conditions to come to the pharmacy and receive prescription only medicine after a consultation with the pharmacist and through a patient group directive. This service was for uncomplicated urinary tract infections, impetigo (bacterial skin condition) and patients with COPD (respiratory condition). This new service tackled three of the most common visits to GP surgeries, freeing up doctors' time but also making treatment much more accessible to the patient.
 - Second initiative: this was closer to home and utilised an enhanced multidisciplinary community team providing a seven day service and was available at the point of need. Staff involved included Advanced Nurse Prescribers, Staff Nurses, Physiotherapists and Occupational Therapists to name but a few.
 - Third initiative: ALFY – was a dedicated 24 hour/7 day a week phone in service operated by nurses who were there to listen, reassure and sign post patients. This service was aimed at the over 65s.
- Mr Atalla said there was more focus on care in the community which inevitably meant pharmacies would play an even greater role supporting this.
- Prescription for Excellence stated *“the pattern of disease will see a continuing shift towards long term conditions with growing numbers who will have multi-morbidities. In particular the combination of physical and mental health disorders can produce additional complex needs.”*
- Polmont had a higher proportion of elderly residents in proportion to the surrounding area, and to Scotland as a whole.
- The government forecast was that, in the coming years, people would live longer. Research showed that patient outcomes were better in a home environment. This put more emphasis on both care in the community and pharmaceutical service provision.

- The Wilson report and Prescription for Excellence described the vision for pharmacy in the future when it was envisaged that the pharmacy would be at the forefront of services and importantly offering more services than currently. A pharmacy would not just be about dispensing prescriptions.
- Wilson quoted that dispensing “*becomes a trigger point for the establishment of a more meaningful clinical encounter between patient and pharmacist. This brings the opportunity for greater patient involvement in their own care and improved understanding of what the medicines are intended to achieve.*”
- There were plans to further roll out and enhance the chronic medication service, which was a pharmacy only service.
- Pharmacists would play a greater roll in primary care and potentially patients would even have a named pharmacist.
- There was a shift towards serial prescribing and dispensing and more patient centred care from the pharmacy. This was to reduce the frequency that a patient should have to visit the surgery placing more emphasis on pharmacies.
- So with this in mind as well as the continued house building and land development right across the Braes area and the increase in population (not just from the over 60s) pharmaceutical provision needed to be right.
- If current provision was already at capacity Mr Atalla questioned how the demands of the future would be dealt with.

4.10 Our Proposed Pharmacy for the Community

- The proposed premises were approximately 880 square feet which allowed for a spacious modern pharmacy fit for the future.
- The shop would be refitted and fit for purpose within 12 weeks of the application being granted. The refit was to include the addition of a ramp for disabled access, a disabled friendly door, an induction loop and a disabled toilet.
- Polmont Bank Shopping Centre was home to Aldi, a butcher, a hair dresser, takeaway and the Claremont Inn. A café was soon to open.
- The location was right on the bus route and there were ramps down from the main road. The entire site was level making it easily accessible for wheelchairs and prams.
- As previously mentioned there was a shared car park with approximately 120 spaces including 8 disabled spaces and 10 parent and child spaces. This would make the proposed pharmacy the most easily accessible pharmacy within the local area.
- Additionally there was a designated traffic light operated crossing

point on the A803 that allowed the community to safely go between the vital services in the heart of the community.

- Pill Box Scotland Ltd had signed a long term lease on the premises to ensure continuity of this vital service and demonstrated its commitment to the community.
- The proposed pharmacy planned to have two consultation rooms, one with access to both the front shop and the dispensary area which would allow swift and discreet consultations between pharmacist and patient in private. The other was a standalone much bigger consultation room planned to be available for community health use e.g. to run a travel clinic, chiropody clinic or any other health related use of benefit to the community.
- Given the responses to the public consultation it was clear that the community supported the proposed location.
- Mr Atalla believed in supporting the community and fully advocated the 'shop local' initiative.
- Pill Box Scotland Ltd planned to employ the following members of staff from the local community – one full-time pharmacy assistant/HCA, two part time dispensers, a Saturday assistant and a part time delivery driver.
- Mr Atalla's approach to providing pharmacy services was to be serviced focussed rather than high volume dispensing.
- The public consultation responses helped Mr Atalla define the services to be offered i.e. all core NHS services including Acute Medication Service (AMS), Chronic Medication Service (CMS), Public Health Service (PHS) and Minor Ailment Service (eMAS) plus all additional services such as stoma service, gluten free service, opiate replacement therapy, unscheduled care, pharmacy first, alcohol screening, all local and national patient group directives (PGDs), advice to care homes, palliative care stockist and needle exchange if NHS Forth Valley deemed it necessary.
- Other services to be offered included free blood pressure monitoring, diabetes check, travel vaccines, malaria prophylaxis and travel advice, weight management as well as a collection and delivery service.
- Based on the Consultation Analysis Report and to meet the needs of the community, there were to be extended opening hours. Monday, Wednesday and Friday 0830-1800 hours, Tuesday and Thursday 0830-1830 hours and Saturday 0900-1700 hours.
- The proposed opening times were longer than any other pharmacy in the area. Mr Atalla felt this would create improved ease of access and coverage for the local GP surgeries.

- Mr Atalla did not expect the entire population of Polmont to use the proposed pharmacy. However even with 50% attendance, it was estimated that 40,000 prescription items per year would be achieved. This average was based on information received through Freedom of Information requests from Information Services Division (ISD). Although as previously mentioned, with Polmont's higher than average elderly population it was suspected this figure could be greater.
- Historically, dispensing fees and number of prescriptions were the main driving force. This was now not the case as dispensing fees were reducing and the focus was on service provision.
- Services like CMS, eMAS, pharmacy first and stop smoking were becoming the new driving forces in pharmacy. These were services which required proper use of a pharmacist's clinical skills and, when used effectively, provided quick and convenient access to healthcare services as well as freeing up valuable time for GPs and other healthcare professionals.
- Mr Atalla spoke in detail about the stop smoking service -
 - It was estimated that there were around 60,000 smokers living within the Forth Valley area and the health benefits of stopping smoking were well known. Mr Atalla believed that smoking cessation was a very personal service that when provided effectively had great patient outcomes and compliance.
 - Prescription for Excellence stated that "*outcomes of the smoking cessation component were better when patients saw the same member of pharmacy staff*". Mr Atalla believed this was a critical part of the service as it allowed the patient better monitoring and motivational support.
 - Or to put it simply, if the service offered was in the community in a place that was easy to get to and available at a time to suit the needs of the patient then the patient was more likely to stay engaged with the smoking cessation service and have a better outcome.
 - This service had recently been enhanced to allow the supply of the stop smoking drug known as Champix. Its use had better patient outcomes and was now easier to access as the patient did not need to see a GP.
 - Again this was an example of a service which placed more emphasis on the community pharmacy in an area where provision was already struggling to engage.
 - Research showed that the quit rate was 19% after the 12 week Nicotine Replacement Therapy period. Mr Atalla stated that none of the pharmacies represented at the hearing achieved

close to that success rate and questioned whether this showed proper engagement.

4.11 Summary

- As the population continued to grow and the demographics of the population changed, growing demands on existing services continued. As already mentioned some of the existing dispensing services appeared to have reached a plateau and also reflected the level of provision of other core services.
- As previously stated 51,000 items prescribed from Meadowbank Health Centre were being dispensed out with the local area
- Did this reflect upon the provision in the area that it was already working to capacity?
- Mr Atalla had described the community and the neighbourhood boundaries in which the proposed premises were located
- An overview was given of current provision and its inadequacies
- The view of the community was provided and its desire for a new pharmacy
- The government view of pharmacies in the future was described
- The services to be provided by the proposed pharmacy were explained
- Mr Atalla hoped to have not only spoken for himself but spoken on behalf of the community and conveyed that the granting of this contract to Pill Box Scotland Ltd was both necessary and desirable to secure adequate provision for the community.

4.12 The Grand Finale

- Overall, does the application meet the statutory test?
- Despite differences in opinion, the views of the community of Polmont cannot be ignored
- What was the neighbourhood? The applicant had clearly defined the neighbourhood, its boundaries and services offered which were determined from the findings of the public consultation.
- What existing services were in the neighbourhood and were they adequate? Mr Atalla had explained the current provision available to Polmont and its inadequacies were highlighted by the community. The Committee were reminded that 79% of people agreed that there were gaps or deficiencies in the existing provision.
- Would granting this application secure adequate provision? Mr Atalla believed that it would and the services that would be provided were clearly stated.
- Was the pharmacy likely to open within 6 months? Mr Atalla said that

it would and aimed to have a turnaround in just 12 weeks.

- Was it necessary or desirable to grant this application? Mr Atalla believed that it was given the continued growth in the population both now and in the future, the flat level dispensing at the existing pharmacies, not to mention the 51,000 items leaving the local area and taking into consideration the responses to the consultation. Mr Atalla believed it was not only desirable but necessary to grant this application to meet the needs of Polmont's community.
- For all of these reasons could the voices of this community be ignored.
- There was no doubt that there were gaps in provision.
- There was no doubt that the people of Polmont required another pharmacy to fulfil their needs.
- And if the Committee granted this application, there was no doubt that Pill Box Scotland Ltd could and would provide adequate provision of pharmaceutical services in Mr Atalla's community.

4.13 This concluded the presentation from Mr Atalla

5.0 The Chairman invited questions from the Interested Parties in turn to Mr Atalla.

5.1 Mr Cohen (Meadowbank Health Centre Pharmacy) Questions to Mr Atalla

5.1.1 Mr Cohen referred to the statement made by Mr Atalla that 51,000 items prescribed by Meadowbank Health Centre were dispensed out with the local area in 2014 and asked if Mr Atalla agreed that patients could choose which pharmacy to take their prescription. Mr Atalla agreed but suggested four pharmacies serving the neighbourhood was more than adequate choice. Mr Cohen continued by asking if Mr Atalla agreed that with car ownership at 90%, and 66% of households under the age of 65 years with no children that most of these people would work out with the area. Mr Atalla replied possibly but, when asked, conceded that it was reasonable for these people to access pharmaceutical services out with the neighbourhood.

5.1.2 Mr Atalla was then asked for evidence that the number of prescriptions dispensed from the pharmacies serving the neighbourhood had plateaued. Mr Atalla explained that this information had been obtained from a Freedom of Information request for dispensing figures over a number of years. Mr Cohen said that this was not the case for Meadowbank Health Centre Pharmacy. Mr Atalla could not comment on specific pharmacies as it was combined data that was obtained.

5.1.3 Mr Cohen asked whether Mr Atalla was aware of the Royal Pharmaceutical Society recommendations in relation to the use of multi compartment aids (MCA). Mr Atalla was not familiar with these guidelines. Mr Cohen read of

out the first two recommendations i.e.

“Health and Social Care professionals must collaborate to ensure that:

- 1. The use of original packs of medicines with appropriate support is the preferred option of supplying medicines to patients in the absence of a specific need requiring an MCA as an adherence intervention.*
- 2. In support of independence and re-ablement, patients who can safely self-administer their medicines should be encouraged to do so and where they are unable to do so, there must be appropriate training for carers so that they are able to administer medicines from original packaging.”*

5.1.4 Mr Cohen then wanted to know more details about the bulk order problem experienced by the District Nurse in question 4 of the CAR. Mr Atalla said that bulk orders needed to be made in advance and took a day or two to arrive. As there was no space to store the bulk order only half the order was obtained and when the nurse returned for the other half it was not available.

5.1.5 When asked about how many pharmacists were to be employed to cover the long opening hours, Mr Atalla said that there was only going to be one – himself. Mr Atalla planned to have every second Saturday off and rest breaks on the premises. Mr Cohen pursued for clarification as to whether Mr Atalla would be providing services during rest breaks. Mr Atalla said that if a patient called in for pharmaceutical services whilst on a break then the patient would be served.

5.2. **Mr Connolly (Deans Pharmacy) Questions to Mr Atalla**

5.2.1 Mr Connolly began by asking what services the proposed pharmacy would provide that were not already available either in or to the neighbourhood. Mr Atalla said the proposed pharmacy would be a palliative care stockist. Mr Connolly stated that Deans Pharmacy stocked the full list of palliative care medicines but was not a nominated Health Board palliative care network pharmacy. Mr Atalla responded to that by saying the District Nurse who commented on question 4 of the joint consultation exercise was unaware of that and had travelled to Falkirk. Mr Connolly asked if Mr Atalla would be surprised to learn that all requests for palliative care medicines in the area were notified to Mr Connolly and there had been no palliative care items out of stock in the last three years. Mr Atalla was surprised by that statement.

5.2.2 Mr Connolly returned to the original question and rephrased it by asking what NHS services the proposed pharmacy was going to provide that were not already available to the neighbourhood. Mr Atalla listed the following

- Blood Pressure monitoring - Mr Connolly said this was already available.
- Alcohol Screening – although not on the list of services provided by community pharmacies in the application area dated June 2016 Mr

Connolly advised that Deans Pharmacy provided that service

- Injection Provision – Mr Connolly said this had voluntarily offered to provide this Local Negotiated Service but the Health Board had advised there was currently not a need for the pharmacy to provide this service.
- Palliative Care – Mr Connolly said that this had already been discussed as above
- Pharmacy First – Mr Connolly advised that this was available in the area. It was being offered by some though not all pharmacies.

Although Mr Atalla stressed that the new pharmacy would provide any service the community needed, Mr Connolly concluded that the proposed pharmacy was not going to provide any additional NHS services that were not already available in/to the neighbourhood.

- 5.2.3 Mr Connolly then asked why a new pharmacy was needed when the vast majority of people in the neighbourhood lived closer to Meadowbank Pharmacy and Apple Pharmacy. Mr Atalla said the proposed location was central to the community. People were not visiting the surgery as often but still accessing other services in the neighbourhood e.g. Aldi. The new pharmacy would benefit the community with easier access to pharmacy services.
- 5.2.4 Mr Connolly continued by asking whether the proposed location was about convenience. Mr Atalla did not agree.
- 5.2.5 Mr Atalla was then asked whether it was unreasonable for people to travel 0.6 miles from the proposed site to Apple Pharmacy (10-12 minute walk). Mr Atalla responded that it depended upon the person making the journey and the pharmaceutical needs of that individual.
- 5.2.6 Mr Connolly pursued this line of questioning by asking why 85% of people in the neighbourhood would travel to the proposed pharmacy when they lived closer to Meadowbank and Apple Pharmacies. Mr Atalla reiterated that people would already be there to use other services such as Aldi and avoid multiple journeys.
- 5.2.7 Given the affluence of Polmont Mr Connolly wondered how many people would be using the discount supermarket Aldi. Mr Atalla stated that Aldi would not have opened a store in Polmont if there was not a need. Aldi expected 2000 customers every day.
- 5.2.8 When asked if it was unreasonable to take a three minute car journey to an existing pharmacy, Mr Atalla agreed that it was not unreasonable adding that it was not a substantial amount of time.
- 5.2.9 Mr Connolly then asked if Mr Atalla had read the Falkirk Census information which indicated that Polmont was at the lower end of need for pharmaceutical care. Mr Atalla had read this document but disagreed with

this statement because Polmont had a higher percentage of long term health conditions. Mr Connolly disputed this statement as page 2 of the Insight Profile 2011 Census showed that 71.4% of Polmont residents had no long term health conditions whereas Falkirk had 69.9%. Health status by age also showed that 85.5% of Polmont residents had good or very good health compared with 81.8% of Falkirk residents.

5.2.10 When asked if Polmont was more affluent than the Scottish average, Mr Atalla said that it was. Mr Atalla also agreed that employment was higher and unemployment lower. Mr Connolly said that all these factors meant that the need for pharmacy services in Polmont was lower. Although Mr Atalla agreed that Polmont was more affluent, the employment rate higher and unemployment lower, the applicant disagreed that there was less need for pharmacy services. Mr Atalla stated that more pharmacy services were needed by the elderly and young families in the proposed neighbourhood.

5.2.11 Mr Connolly asked whether people took their prescriptions to pharmacies near their places of work or to pharmacies whilst out shopping and whether this could account for the 51,000 items dispensed out with the local area. Mr Atalla acknowledged that people could choose where to have a prescription dispensed but 51,000 was a substantial number.

5.2.12 When asked by Mr Connolly, Mr Atalla said there had been no formal complaints made to the Health Board about inadequacy of the existing pharmacy provision.

5.2.13 Mr Connolly then asked Mr Atalla to state the average number of patients per pharmacy in Scotland. Mr Atalla was unable to comment so Mr Connolly said it was 4500. Given that, Mr Connolly asked how many pharmacies were needed to provide services to 5000 affluent people in good health. Mr Atalla understood the point Mr Connolly was trying to make but stated that Polmont still needed another pharmacy.

5.3 **Mr Gulzar (Apple Pharmacy) Questions to Mr Atalla**

5.3.1 Mr Gulzar referred to the 51,000 items dispensed out with Polmont and asked whether there were any other reasons that could account for it besides inadequacy. Mr Atalla said not so Mr Gulzar suggested that people may have moved away from Polmont but may still be registered with a GP in one of the Meadowbank Health Centre practices. Mr Atalla thought this explanation unlikely to account for such a large number of items.

5.3.2 Mr Gulzar enquired about how much money the applicant needed to open the proposed pharmacy. Following direction from Ms Murray the Chairman advised that this question was irrelevant and explained that questions about specific sums of money could not be asked. Mr Gulzar was trying to establish the viability of the business and agreed to rephrase this line of questioning.

5.3.3 Mr Gulzar asked why only part time delivery drivers were to be employed at

the proposed pharmacy. Mr Atalla replied that this was for financial reasons and the driver would work for 2 hours in the morning and 2 hours in the afternoon.

- 5.3.4 Mr Gulzar recapped the staffing levels at the proposed pharmacy i.e. a single pharmacist, two part-time dispensers and one full time assistant and asked whether this staffing level was viable from the outset. Mr Atalla said it was absolutely viable based on a dispensing figure of 4000 items per month.
- 5.3.5 Mr Gulzar stated that it cost a lot of money to hold stock and asked what sort of stock the new pharmacy would hold. Mr Atalla planned to obtain stock from both short and long term suppliers adding that stock levels had to be finely balanced.
- 5.3.6 Mr Gulzar went on to ask whether this meant that there would be shortfalls in patient prescriptions. Mr Atalla said this would not be the case as all items listed in the Forth Valley formulary would be held in the pharmacy.
- 5.3.7 Mr Atalla declined to comment when asked how many prescriptions needed to be dispensed to make a profit.
- 5.3.8 When asked how many customers the proposed pharmacy needed to serve to be viable, Mr Atalla said 2600 people.
- 5.3.9 Mr Gulzar then asked why residents would use the new pharmacy rather than one of the existing pharmacies. Mr Atalla thought residents would use the new pharmacy because of its extended opening hours, location at the heart of the Polmont community and the personal service offered.
- 5.3.10 Mr Gulzar asked whether Mr Atalla was aware of the following points in relation to Apple Pharmacy
- That there was plenty of space for MCAs.
 - Offered palliative care drugs to any district nurse and were stocked at the pharmacy's expense
 - Opening hours had been extended to 5pm on a Saturday
- Mr Atalla was not aware of any of these points.
- 5.3.11 Mr Atalla was also not aware of any residents in Polmont dissatisfied with the application. Although Mr Gulzar quoted one respondent from the joint consultation exercise was "*happy to use current pharmacy*".
- 5.3.12 Mr Gulzar finished by asking, as a Polmont resident which bank Mr Atalla used. Mr Atalla replied the Royal Bank of Scotland in Linlithgow.
- 5.4 **Mr Arnott (Lloyds Pharmacy) Questions to Mr Atalla**
- 5.4.1 Mr Arnott asked for clarification about the neighbourhood to which this application related - Polmont or the Braes. Mr Atalla said Polmont.

- 5.4.2 Mr Atalla agreed with Mr Arnott that this neighbourhood was not rural or deprived and had a very high percentage of car ownership. Mr Arnott explained that the Scottish Index of Multiple Deprivation (SIMD) had 6505 data zones. Mr Arnott was surprised to find out that Polmont was 5734th which made it within the top 10% of affluent areas in Scotland.
- 5.4.3 Mr Atalla was then asked to describe the general health of the population. It was described as good but as had already been pointed out by Mr Atalla there were a high number of people living with a long term health condition.
- 5.4.4 When asked if any complaints had been made to the Health Board about pharmacy provision in the area Mr Atalla said there had been none.
- 5.4.5 Mr Arnott referred to the 98 responses received from people living in Polmont during the consultation exercise. As there were 5200 Polmont residents Mr Atalla was asked if this was considered a good response. Mr Atalla said that it was still a good number to get back especially in proportion to the 600 paper copies that they (Pill Box Scotland Ltd) had handed out.
- 5.4.6 Mr Arnott then wanted to know where people obtained palliative care drugs on a Sunday. Mr Atalla said Falkirk.
- 5.4.7 Mr Arnott asked if the high percentage of older people could be attributed to the fact that there were three nursing homes in Polmont. Mr Atalla thought this was possible.
- 5.4.8 Mr Atalla was then asked how many parking spaces would be dedicated for pharmacy use in the car park to which the answer was none. However Mr Atalla pointed out that the 2000 customers expected by Aldi would be spread through the day so not equate to a full car park.
- 5.4.9 Mr Atalla declined to comment when asked how many people in Polmont smoked. Mr Arnott continued by asking whether a pharmacy technician would be employed in the new pharmacy. Mr Atalla said there would not so all Nicotine Replacement Therapy advice was to be provided solely by the applicant.
- 5.4.10 When asked what hours Mr Atalla would be working, the reply was a full week.
- 5.4.11 Mr Arnott then referred to the plateau in prescription figures obtained from the FOI request and enquired if Mr Atalla agreed that every Health Board in Scotland was trying to reduce drug costs. Whilst this was the case, Mr Atalla said that the number of prescriptions issued by the doctor's in Meadowbank Health Centre was increasing.
- 5.4.12 Mr Arnott concluded by asking which pharmacies had waiting lists for palliative care drugs. Mr Atalla said there were waiting lists locally though Mr Arnott pointed out that both Mr Connolly and Mr Gulzar had confirmed that there were no waiting lists.

5.5 Ms Rosemary Taylor (Polmont Community Council) Questions to Mr Atalla

5.5.1 Ms Taylor declined to ask any questions of Mr Atalla.

6.0 Having established that there were no further questions from the Interested Parties the Chairman invited questions from Committee members in turn.

6.1 Mr King (Chairman) Questions to Mr Atalla

6.1.1 The Chairman asked whether this was Mr Atalla's first pharmacy application to which the applicant responded affirmatively.

6.1.2 The Chairman then asked how many of the 51,000 prescriptions currently dispensed out with the local area Mr Atalla would like to bring into the proposed pharmacy. Mr Atalla would like to bring in the majority of this business.

6.1.3 When asked whether the applicant's business plan would finance a 40,000 business volume Mr Atalla hoped to achieve this volume going into year two of the business.

6.2 Mr Paterson (Contractor Pharmacist) Questions to Mr Atalla

6.2.1 Mr Paterson said that quite an issue had been made about the 51,000 items that were being dispensed out with the local area and suggested that a fair proportion of those may be from the three nursing homes in Polmont. When asked which pharmacy serviced the nursing homes Mr Atalla said Boots.

6.2.2 Mr Paterson referred to Mr Arnott's questioning about the responses received during the consultation exercise when Mr Atalla had disclosed that they (Pill Box Scotland Ltd) had handed out 600 copies of the questionnaire. Mr Paterson enquired to whom these questionnaires had been issued. Mr Atalla explained that these had been given out to people attending public involvement meetings as well as being left at the Health Centres.

6.2.3 When asked if a lease had been signed for unit 4 in Polmont Bank Shopping Centre, Mr Atalla confirmed that a long term lease had been signed which contained a break clause should this application not be approved.

6.3 Ms Helen McGuire (Lay Member) Questions to Mr Atalla

6.3.1 Ms McGuire asked how Mr Atalla would advise an elderly person with mobility problems travelling by car to access the pharmacy. Mr Atalla would advise such a person to park in the shared car park and cross the road where the pavement had been lowered. Ms McGuire stated that the lower pavement was the access to the car park which posed a hazard. There was no zebra crossing and elderly people with mobility problems were quite slow. Ms McGuire highlighted that the proposed pharmacy was around the other side of the building from Aldi's front door and people needed to know how it

could be accessed. The pavement round the side of the building to the pharmacy was narrow and if travelling by bus a disabled person would not be able to come down the steps. Mr Atalla explained that there was a ramp as well as steps. Ms McGuire was reassured that access from the bus stop was reasonable but remained concerned about access from the car park. Mr Atalla took this comment on board and noted that it had not previously been identified. Mr Atalla offered to speak to the landlords about creating a zebra crossing.

6.4 Ms Fiona Stewart (Non-contractor Pharmacist) Questions to Mr Atalla

6.4.1 Ms Stewart asked whether Mr Atalla was aware of the new Scottish Government clinical strategy on realistic prescribing. Mr Atalla had not read this document.

6.5 Ms Sheila McGhee (Lay Member) Questions to Mr Atalla

6.5.1 Ms McGhee questioned Mr Atalla as to how a physically disabled person or someone with a visual impairment would get into the shop once at the front door. Mr Atalla explained that a ramp was to be installed and that the doors would be wide enough for wheelchairs.

6.5.2 When asked, Mr Atalla confirmed that a wheelchair would be able to get into the consulting rooms.

6.5.3 Ms McGhee also wanted to know about the toilets at the back of the shop. Although Mr Atalla said these toilets were for staff, a disabled staff member in a wheelchair could get to the toilets from the front of the shop as the counter would lift up.

6.6 Having ascertained that there were no further questions for Mr Atalla there was a five minute adjournment and the hearing reconvened at 1050 hours.

6.7 At this point in the proceedings, the Chairman asked the applicant for a copy of the presentation made to assist the minute secretary. A copy was provided.

7.0 Of the interested parties present, Mr Cohen was invited by the Chairman to make representation on behalf of Meadowbank Health Centre Pharmacy first.

7.1 Mr Michael Cohen (Meadowbank Health Centre Pharmacy)

7.2 Mr Cohen thanked the Committee for an opportunity to present.

7.3 It was explained that this application to provide NHS pharmaceutical services could only be granted if the committee was satisfied that it was necessary or desirable in order to secure an adequate provision of NHS pharmaceutical services within the neighbourhood.

7.4 So if an adequate provision of NHS pharmaceutical services had already been secured the application must fail irrespective of whether it might be

desirable or not. Mr Cohen stated that this was an important point as there were not many circumstances where the addition of a new pharmacy would not be desirable. However the legal test had been designed to provide a rational distribution of pharmacies within the national funding levels.

- 7.5 Mr Cohen turned to the joint consultation analysis report and had meant to question the applicant about a deviation from the methodology agreed relating to the methods of public engagement. It had not been agreed that the applicant would distribute 600 copies of the questionnaire but had done so at public involvement meetings and by leaving copies in health centres.
- 7.6 Mr Cohen said that the neighbourhood proposed by the applicant was not unreasonable but believed it could be extended to the south where the B810 met the union canal. If this was the case then Apple Pharmacy would be included in the neighbourhood. To strengthen the case for this neighbourhood Mr Cohen explained that the Bank of Scotland directly across the road from Apple Pharmacy was named the Polmont branch. However if Apple Pharmacy was not included in the neighbourhood it was just on the southern boundary. In any case when deciding on adequacy, Mr Cohen stated that the Committee must take into account provision of NHS pharmaceutical services to the neighbourhood from pharmacies located out with the neighbourhood as well as those located within the neighbourhood.
- 7.7 Mr Cohen moved on to adequacy of provision of NHS pharmaceutical services. Meadowbank Pharmacy provided all the core NHS pharmaceutical services, and engaged with all new health board pharmacy initiatives. The services which were not provided were not called for. Meadowbank Pharmacy was open from 08:30 to 18:00 hours with no closure at lunchtime from Monday to Friday. These had been the opening hours since 2009. Meadowbank Pharmacy did open on a Saturday when the Health Centre was open but when GPs were no longer consulting on a Saturday the Health Board made the decision to close the building for security reasons. Mr Cohen explained that should this decision be reversed then Meadowbank Pharmacy would re-open on a Saturday. Mr Cohen also said that if NHS Forth Valley Estates Department were to grant the pharmacy more space within the Health Centre then it would be very welcome but it was realised this was not an easy request to satisfy. Mr Cohen reassured the Committee that the pharmacy premises and health centre were DDA compliant.
- 7.8 Mr Cohen listed all the services available at Meadowbank Pharmacy
- Chronic Medication Service – where pharmaceutical assessments were carried out including high risk medicines, new medicines and assessments under the gluten free food service
 - Acute Medication Service – including the stoma service, supply of Hepatitis C medication and had a patient on clozapine therapy in the past. For urgent supply, patients were assessed and treatment provided using PGD for unscheduled care.

- Disposal of unwanted medicines
- Public Health Services – such as assessment and supply of emergency hormonal contraception, smoking cessation products including varenicline. COPD service and the supply of paracetamol post vaccination under a PGD.
- Minor Ailment Service – all medicines on the NHS Forth Valley formulary stocked and only prescribe from this formulary to provide a cost effective service for the Health Board.
- Pharmacy First – involved in this initiative which could be considered an extension of the Minor Ailment Service. Over 50 patients have already been assessed and received treatment under this initiative which was not bad for a service just launched.
- NHS Forth Valley Medicines Reconciliation pilot project – Meadowbank Pharmacy was involved in this and developed systems to deal with the review of patient medication post discharge and patient interventions followed up where required.
- Private Consultation Room

In short Meadowbank Pharmacy was engaging in all NHS pharmaceutical services required by the Health Board.

- 7.9 Mr Cohen explained that Meadowbank Pharmacy had a good pharmacy team including two full time pharmacists, one of whom was an independent prescriber. Locums were employed from a small pool, and these along with the regular pharmacists had signed all the PGDs required to provide the extended services. Evidence from the Wilson and Barber review into Pharmaceutical Care in the community commented on the benefit of pharmacist continuity. Mr Cohen believed Meadowbank Pharmacy was able to provide better continuity with at least one full time pharmacist on duty when it was necessary to engage a locum.
- 7.10 Staff at Meadowbank Pharmacy were asked to complete a safety climate survey developed by the University of Strathclyde which was designed to measure opinions of the safety climate within the pharmacy. Output from this survey had led to quarterly staff meetings to discuss training, introduction of new services, review of near misses, review of service delivery and discussion about possible improvements that could be made.
- 7.11 Meadowbank Pharmacy had four networked computers to aid service delivery and recently added a second pharmacy fridge closer to the counter for separate storage of dispensed fridge lines. Two new part time assistants had also been engaged. Mr Cohen confirmed that the full range of palliative care medicines were stocked at Meadowbank Pharmacy's own expense as Meadowbank Pharmacy was not a nominated Health Board palliative care network pharmacy. There had been substantial investment in the business and this would continue.
- 7.12 A patient survey was conducted last year using the Forth Valley template.

Mr Cohen reported that patients were happy with the service but it was true that many were unaware of all the services available.

- 7.13 Meadowbank Pharmacy aimed to fulfil all prescriptions first time without balances. It was not in the pharmacy's interest to have balances as this led to duplicate dispensing. Meadowbank Pharmacy was an independent pharmacy and dealt with all the main wholesalers having 25 regular suppliers and a few others from time to time. This was probably more than most and continually reviewed. Some manufacturers set quotas or were out of stock but Meadowbank Pharmacy had a good network to overcome most stock problems. There were no balances in 98.9% of prescriptions dispensed and aimed to get as close as possible to 100%. Bulk items such as gluten free foods were ordered in advance and texted patients if possible when ready for collection to avoid storage problems.
- 7.14 All palliative care items were stocked including those for "Just in Cast" boxes so district nurses, as a general rule, should no longer find themselves in a position looking for palliative care medicines at the weekend.
- 7.15 Mr Cohen posed the question "Do patients have to wait for prescriptions?" Patients could return but almost all chose to wait. Staff were advised to give a waiting time of 10 minutes although many were dispensed sooner. To Mr Cohen this seemed a reasonable time to wait and avoided disappointment. It could be understood why there was the perception that waiting times might be longer but with two pharmacists on duty it would now be unusual if a patient had to wait longer. Sometimes prescriptions had to be queried with the prescriber and sometimes this happened without patients being aware. Being in the Health Centre, the pharmacists were in an ideal position to discuss prescriptions with the GPs and this happened on a daily basis.
- 7.16 Mr Cohen then addressed the issue of access to NHS pharmaceutical services on a Saturday and believed it was Saturday morning that was most important. Evidence from all recent successful pharmacy applications had shown there was little pharmacy business conducted on a Saturday afternoon. Few prescriptions were dispensed on a Saturday although access to provision of the Public Health Service, Minor Ailment Service and Unscheduled Care were all important during this time. Mr Cohen believed that other pharmacies located out with the neighbourhood provided an excellent service to the neighbourhood in this regard. Apple Pharmacy probably saw more activity from Polmont than the others and was closer to a large number of Polmont residents than the proposed new pharmacy.
- 7.17 The provision of NHS pharmaceutical services from out with the neighbourhood also included Deans Pharmacy in Maddiston, Lloyds in Laurieston, Ray Mackie in Slammanan, Shieldhill Pharmacy, Callendar Pharmacy, Boots and Tesco (all in Falkirk). Patients, of course, had choice and may access pharmaceutical services further afield.
- 7.18 Mr Cohen said that Polmont was an affluent area, most of the households had at least one car, with the majority of households consisting of adults

below the age of 65 with no children. This was not a deprived area with a high dependence on pharmaceutical services.

7.19 Mr Cohen finished by stating that there was adequate provision of pharmaceutical service to the neighbourhood and therefore the committee did not need to proceed further to the important question of securing provision of NHS pharmaceutical services.

7.20 This concluded the presentation from Mr Cohen.

8.0 Questions from Mr Atalla (the Applicant) to Mr Cohen

8.1 Mr Atalla asked whether dosette boxes were made up at Meadowbank Pharmacy. Mr Cohen confirmed that this was the case.

8.2 Mr Atalla said that the majority of carers required a full pack and asked why carers were not given a whole pack at Meadowbank Pharmacy. Mr Cohen explained that this was a Forth Valley requirement.

8.3 Mr Atalla continued by asking how well Meadowbank Pharmacy engaged with the Minor Ailment Service (eMAS). Mr Cohen said that targets were not set for eMAS. At Meadowbank Pharmacy people were not registered in advance of using this service. Registrations were only processed at the time the service was required by the patient. This explained why registration figures for eMAS at Meadowbank Pharmacy were low.

8.4 Turning to the smoking cessation service, Mr Atalla referred to the CAR respondent that tried to access the service three times but was asked each time to come back at a later date. Mr Cohen was asked why this was the case. The Chair interrupted because it was difficult to answer that question without knowing the full circumstances. However after receiving direction from Ms McWhirter, Mr Cohen said it may have been too late in the day.

8.5 Having established that Mr Atalla had no further questions, the other interested parties were given the opportunity to ask questions of Mr Cohen.

9.0 Other Interested Parties Questions to Mr Cohen

9.1 Mr Connolly (Deans Pharmacy) Questions to Mr Cohen

9.1.1 Mr Connolly stated that Mr Atalla had made reference to low eMAS registrations at Meadowbank Pharmacy which was explained by not speculatively registering people for this service in advance. Mr Cohen was asked whether another reason could be because this was an affluent area and people did not qualify for registration. Mr Cohen agreed this was a factor and also because the Pharmacy was located in a Health Centre. Meadowbank Pharmacy provided services to patients at the time of need. This was reflected in the new Forth Valley initiative Pharmacy First which was about patients having the choice to access services where it was most appropriate. eMAS registration numbers would be expected to be higher in

areas of high deprivation.

- 9.1.2 Mr Cohen was then asked whether Meadowbank Pharmacy always had two pharmacists employed five days per week. The answer to this was 'yes'.
- 9.1.3 Given this, Mr Connolly asked whether Meadowbank Pharmacy had any capacity issues in dealing with prescriptions. Mr Cohen said there were no issues with capacity and prescription numbers were increasing. There were times when more prescriptions were dispensed and this was down to patient choice.
- 9.1.4 Mr Cohen confirmed when asked that a private consultation room was available in Meadowbank Pharmacy for the supervised administration of medicines.
- 9.1.5 Mr Connolly enquired how many years Mr Cohen had been a pharmacist. Mr Cohen had registered as a pharmacist in 1979 and had worked in Polmont since 1984.
- 9.1.6 Mr Connolly sought Mr Cohen's opinion as to the safer option between dispensing medication from its original packaging or from dossette boxes. Mr Cohen said it was undoubtedly safer from the original packaging.

9.2 Mr Gulzar (Apple Pharmacy) Questions to Mr Cohen

- 9.2.1 Mr Gulzar asked whether Mr Cohen had received any complaints about the services provided at Meadowbank Pharmacy. Mr Cohen said that occasionally there were complaints about waiting times but that was two years ago. Since staff completed the Safety Climate Survey quarterly meetings had been held to identify issues for improvement which was a continuous process.
- 9.2.2 Mr Connolly had already pointed out that the neighbourhood was an affluent area which could account for fewer eMAS registrations. Mr Gulzar suggested another reason for this was because a high volume of prescriptions were dispensed out with the local area so pharmacy services were being accessed elsewhere. Mr Cohen agreed that this was possible. Mr Cohen was aware that there were many patients registered with Meadowbank Health Centre which used Apple Pharmacy. There were many reasons for low eMAS registrations. Mr Cohen suggested that with the high number of prescriptions dispensed for number registered, Meadowbank Pharmacy provided good value for the NHS.

9.3 Mr Arnott (Lloyds Pharmacy) Questions to Mr Cohen

- 9.3.1 Mr Arnott asked whether all contractors were currently offering all core pharmacy services to the neighbourhood. Mr Cohen said that they were.
- 9.3.2 Mr Cohen agreed when asked that residents in this neighbourhood were very affluent with high car ownership and in good health. Mr Cohen added that these residents were in better health than the Scottish average although

there were some ill people that required pharmacy services.

- 9.3.3 Mr Arnott asked if those that were ill were able to access the services required. Mr Cohen believed so and that provision was adequate.

9.4 Ms Taylor (Polmont Community Council) Questions to Mr Cohen

- 9.4.1 Ms Taylor asked whether the bus timetable had any impact on people's perception with regard to prescription waiting times especially if delayed in seeing a GP. Mr Cohen thought this was possible but stressed that it was impossible to provide an instantaneous service. Pharmacists had a duty of care to ensure patients received the correct pharmacy service so instantaneous service was not appropriate. However Mr Cohen acknowledged pharmacists may experience a back lash if people were short of time.

- 9.5 Having established that the other interested parties had no further questions for Mr Cohen, questions were invited from Committee members in turn.

10.0 Questions from the Committee to Mr Cohen

10.1 Mr King (Chairman) Questions to Mr Cohen

- 10.1.1 Mr King referred to the CAR which detailed a range of comments in relation to the pharmacy service provided by Meadowbank Pharmacy. Mr King asked how Mr Cohen knew improvements were being made, that the service was getting better and asked whether waiting times were monitored. Feedback from customers had been gathered. The outcome of this was not about waiting times but that customers were not aware of the services available.
- 10.1.2 The Chairman then asked when this feedback exercise was conducted. Mr Cohen said last year but it was planned it carry it out annually. Meadowbank Pharmacy also operated a suggestions box which could be accessed by customers at any time.
- 10.1.3 Mr King noted from the site visit that the area for patients waiting for prescriptions was quite small and therefore if it was busy there was a perception that waiting times were longer. Mr Cohen stressed that no one actually said that waiting time was excessive only that people were queuing. It was noted that there were 21 or 22 GPs working in the Health Centre. Assuming only half were seeing patients and a number of people were handing in prescriptions to Meadowbank Pharmacy at the same time there would be many people waiting. The waiting experience was also different from other pharmacies as people had no retail shelves to browse or leave to do some shopping.
- 10.1.4 Mr Cohen confirmed that waiting times were not monitored but separate systems were used for repeat medication and acute medication. One pharmacist worked solely on repeat and the other on acute prescriptions. If waiting times were increasing then the pharmacist working on repeat

prescriptions would assist in the dispensing of acute prescriptions. Mr Cohen was aware of pharmacists' responsibilities and did everything possible to make waiting times reasonable for patients.

10.2 Mr Paterson (Contractor Pharmacist) Questions to Mr Cohen

10.2.1 Mr Paterson asked Mr Cohen to quantify the number of people waiting more than 20 minutes in an average week. Mr Cohen said less than 1%.

10.3 Ms McGuire (Lay Member) Questions to Mr Cohen

10.3.1 Ms McGuire was concerned about the size of the patient waiting area so asked if Mr Cohen thought it was currently big enough and if patients waiting on prescriptions caused problems for Health Centre staff. Mr Cohen was not aware that it caused any problems for staff but agreed that it was not ideal and would be delighted if more space was available.

10.4 Ms Stewart (Contractor Pharmacist) Questions to Mr Cohen - none

10.5 Ms McGhee (Lay Member) Questions to Mr Cohen - none

10.6 The Chairman confirmed that there were no further questions for Mr Cohen and invited a submission from the second interested party, Mr Connolly.

11.0 Mr Connolly (Deans Pharmacy)

11.1 After introducing himself, Mr Connolly explained that Deans Pharmacy was located in Maddiston.

11.2 For clarity Mr Connolly reiterated the legal test described in Regulation 5(10) that had to be satisfied for an application to be granted and went on to describe the neighbourhood as Polmont in its entirety having the following boundaries:

North: M9 Motorway

South: Union Canal

East: Land behind Gilston Crescent

West: West side of Salmon Inn Road, south down behind Salmon Inn Park and School View

11.3 The neighbourhood had a population of approximately 5000 people.

11.4 As had already been discussed the residents of this neighbourhood were amongst the most affluent in Scotland. The Falkirk Insight Profile on Polmont showed the following -

- Home ownership was high
- The standard of housing was high
- Car ownership and multiple car ownership was high
- Unemployment was low

- As employment was high fewer people were in Polmont during the day using pharmacy services (and that was the reason for 51,000 items being dispensed elsewhere)
 - People's health was far better than the local and national average
 - Deprivation was low and
 - Educational attainment was high
- 11.5 Mr Connolly stated that taking all these factors into account to demonstrate a need for pharmaceutical services resulted in Polmont being at the lower end of the scale of need when it came to pharmaceutical services.
- 11.6 Mr Connolly referred to the letter submitted by Sanjay Majhu of Shieldhill Pharmacy and the dispensing figures provided by the Health Board which showed that Shieldhill Pharmacy was fighting for survival and had not yet made a profit since opening in 2013. Mr Connolly expressed concern that granting another pharmacy contract would lead to the closure of Shieldhill Pharmacy which was in an area far more deprived and in need of pharmaceutical services than Polmont.
- 11.7 Prescriptions for Nursing Home residents were already going out with the local area to Boots in Falkirk. Mr Connolly explained that this was because the majority of Nursing Homes were owned by large companies with national contracts in place. Mr Connolly had tried to engage with the nursing homes but were content with the service received from Boots. Deans Pharmacy was always available for acute situations and was happy to support its pharmacy colleagues in Boots.
- 11.8 Mr Connolly said the point had been laboured that all pharmacy services were already available in the area and no new services were being proposed by the applicant.
- 11.9 There were two excellent pharmacies in the neighbourhood described by Mr Connolly, providing a full range of pharmaceutical services and a further four excellent pharmacies located near that neighbourhood, all of which were providing services into the neighbourhood.
- 11.10 So there were six really good pharmacies providing services to a neighbourhood of 5000 people at the lowest end of the scale in terms of need for pharmaceutical services.
- 11.11 As the panel would have seen during site visits to Maddiston, there was plenty on street parking outside Deans Pharmacy. The kerbs had been dropped to allow cars to pull up right outside the door and aid access for wheelchair users and those with difficulty walking. The pharmacy also had automatic doors for easy access. There were five dedicated parking spaces to the rear of the shop and a further two spaces to the side. Deans Pharmacy premises were modern and fully compliant with the Equalities Act 2010. There were also several regular bus services that stopped right

outside the pharmacy.

- 11.12 Deans Pharmacy employed a highly trained team of staff which included an Accredited Checking Technician to enable the pharmacist to have more time to engage with patients delivering new services and better pharmaceutical care.
- 11.13 Deans Pharmacy collection and delivery service was free to all and in Mr Connolly's opinion far better than many. The service was provided by trained pharmacy staff who were able to communicate a high level of care to patients as well as identifying situations and patients that required the input of a pharmacist. Deans Pharmacy regularly had two pharmacists on duty. This allowed a pharmacist to make home visits to housebound or infirm patients.
- 11.14 Having looked at the applicant's premises, Mr Connolly thought access was worse than most in the area and acknowledged that Ms McGuire had touched on some of the issues. The car park entrance was extremely busy, so much so, that the entrance to Aldi was moved to the other side of the building. There was no zebra crossing, so access was probably much poorer than at the existing pharmacies. The busy roundabout on Polmont Main Street was extremely difficult to navigate and there were no pedestrian crossings. The ramp was not well maintained and very slippery as it was covered in leaves.
- 11.15 Mr Connolly suggested the proposed premises were located in the wrong part of the neighbourhood. 85% of the population lived closer to Meadowbank Health Centre Pharmacy or Apple Pharmacy. Conversely there was only 15% (around 800 people) who lived closer to the proposed premises than the existing pharmacies.
- 11.16 The applicant was here arguing for a pharmacy based on 800 people, a lot of these would be at work and the majority of which had more than one car. For the tiny minority that did not have a car, it was a half-mile walk taking 10-12 minutes to an existing pharmacy. Mr Connolly failed to see how anyone could deem that as inadequate.
- 11.17 The current level of provision in Polmont wasn't just adequate, there was an over provision – six pharmacies serving 5000 people demonstrated that. The applicant was trying to make arguments based on convenience but as there was no inadequacy this application failed the legal test.
- 11.18 This concluded the presentation from Mr Connolly.

12.0 Questions from Mr Atalla (the Applicant) to Mr Connolly

- 12.1 Mr Atalla referred to the statement made about the impact of opening the proposed pharmacy on Shieldhill Pharmacy and asked Mr Connolly how far it was from the proposed site to Shieldhill Pharmacy. Mr Connolly did not know so Mr Atalla stated 3 miles.

- 12.2 Mr Atalla continued by asking how the proposed pharmacy would have a bearing on Shieldhill Pharmacy when it was 3 miles away. Mr Connolly explained that any dilution of business would have a detrimental effect when it was currently not making a profit. Mr Connolly had no doubt that as a young pharmacist, Mr Atalla would be very aggressive in order to make his new business succeed to the detriment of Shieldhill Pharmacy and have an impact on the viability of all the others. The effect of losing business was likely to reduce investment in staff training and the pharmacy premises. Mr Connolly said it was a real worry for contractors. The granting of another contract risked destabilising pharmacy services in the area and ultimately causing inadequacy.
- 12.3 Mr Connolly was then asked whether the neighbourhood Deans Pharmacy served now differed from that defined in the application for Deans Pharmacy when submitted in 2009. Mr Connolly said that it did and would now not consider the railway line a boundary as it was fairly easy to cross at Polmont Station. Mr Connolly understood that Mr Atalla would like to exclude Apple Pharmacy to enhance the argument.
- 12.4 Mr Atalla continued by asking whether the neighbourhood for Deans Pharmacy would now include Stanburn and Avonbridge. Mr Connolly said that was irrelevant to the application being considered. Polmont wasn't part of the neighbourhood defined in 2009 but it did not mean that Deans Pharmacy was not providing services to Polmont. Mr Connolly added that there were four pharmacies providing good services to the neighbourhood as well as Boots in Falkirk.
- 12.5 Mr Atalla turned to parking and stated that Mr Connolly had mentioned people bumped up the kerb to park outside the shop. Mr Connolly corrected this perception by stressing that the kerb had been lowered for access. Mr Atalla asked if it was safe for people to park on the pavement. Mr Connolly confirmed that it was and this arrangement had been passed by Falkirk Council roads department. Mr Connolly stated that Maddiston Community Council had never raised parking issues with the pharmacy but was aware of issues further up the road with parking on both sides of the street. To Mr Connolly's knowledge, the Council had been petitioned on three occasions for a crossing. The council had carried out the necessary analysis of the traffic on this road and said there was no need for a crossing point as it was safe. There had been no parking issues in the seven years Mr Connolly had worked in Deans Pharmacy.
- 12.6 This concluded the questioning from the applicant to Mr Connolly so the Chairman invited questions from the interested parties.
- 13.0 Questions from the Other Interested Parties to Mr Connolly**
- 13.1 Mr Cohen (Meadowbank Pharmacy) Questions to Mr Connolly - none**
- 13.2 Mr Gulzar (Apple Pharmacy) Questions to Mr Connolly - none**

13.3 Mr Arnott (Lloyds Pharmacy) Questions to Mr Connolly

13.3.1 Mr Connolly agreed when asked by Mr Arnott that the proposed neighbourhood was affluent with high car ownership and residents in good health.

13.4 Ms Taylor (Polmont Community Council) to Mr Connolly - none

13.5 Having established there were no further questions from the other interested parties to Mr Connolly the Chairman invited questions from committee members in turn.

14.0 Questions from the Committee to Mr Connolly

14.1 Mr King (Chairman) Questions to Mr Connolly - none

14.2 Mr Paterson (Contractor Pharmacist) Questions to Mr Connolly – none

14.3 Ms McGuire (Lay Member) Questions to Mr Connolly

14.3.1 Ms McGuire asked for clarification as to why opening the proposed pharmacy was a threat to Shieldhill Pharmacy. Mr Connolly explained that Shieldhill was vulnerable because the business was not yet viable. If residents from Shieldhill were to go shopping in Polmont there was a risk that the proposed pharmacy might be used instead of Shieldhill Pharmacy which would lose business as a result. Pharmacy owners would also do everything possible to secure viability of their business which would include going far and wide to attract customers. A lot of play had been made about cassette boxes. As a group, pharmacists were trying to move patients away from cassette boxes by changing carer protocols for safer services. Patients using cassette boxes really needed a proper package of care but if a contractor was willing to provide patients with cassette boxes then that hard work would go to waste. Mr Connolly said that Mr Paterson as a contractor pharmacist would be able to provide the Panel with good independent advice on that point.

14.4 Ms Stewart (non Contractor Pharmacist) Questions to Mr Connolly – none

14.5 Ms McGhee (Lay Member) Questions to Mr Connolly - none

14.6 Having established that there were no further questions for Mr Connolly, the Chairman invited interested party Mr Gulzar to make a presentation to the committee.

15.0 Mr Gulzar (Apple Pharmacy)

15.1 The Committee was thanked for allowing Mr Gulzar to speak on behalf of Apple Pharmacy. Mr Gulzar believed this application was neither necessary nor desirable.

- 15.2 Mr Gulzar agreed with Mr Connolly that Apple Pharmacy could be included in the proposed neighbourhood. Polmont Station was used regularly and many Polmont residents accessed banking services at the Bank of Scotland near to Apple Pharmacy. There was not only high foot fall from Polmont and Brightons residents to the bank but also to access other amenities e.g. newsagent and beauty salon.
- 15.3 The population of the proposed neighbourhood had been estimated at 5000 whilst the population usually served by a pharmacy was 4000. Mr Gulzar therefore concluded that there was ample pharmacy provision in the neighbourhood given that Meadowbank and potentially Apple Pharmacies were located in the neighbourhood with Deans Pharmacy, Sheildhill Pharmacy, Hallglen Pharmacy and Lloyds Pharmacy also providing pharmacy services into the neighbourhood.
- 15.4 Datazone information showed that the highest population of any Polmont datazone was 835 people and that the proposed site was closer than the existing pharmacies for only 20% of the neighbourhood population. With high car ownership this cohort could access either Meadowbank or Apple Pharmacies by a 3 minute drive. Mr Gulzar having checked on Google stated that it took 4 minutes to drive from the proposed pharmacy to Apple Pharmacy which equated to a 10-15 minute walk. Buses were also available and although not most convenient ran regularly. Journey time by bus from the proposed location to Apple Pharmacy was estimated at 13 minutes.
- 15.5 Mr Gulzar had walked around Polmont the other day and noted that the shopping centre was quite run down and the shops next to the butcher were all up for rent. The following comments had been noted by Mr Gulzar when speaking to the local butcher –
- that business was slow
 - that people hardly went there
- 15.6 Mr Gulzar reportedly telephoned the estate agent managing the empty properties beside the proposed pharmacy and found out that all were still available for rent and there were no prospective plans for occupancy. Mr Gulzar said there used to be a dry cleaners, gift shop and betting shop which had all closed due to lack of custom. These retail units were not visible, accessed by crossing a busy road and down a difficult path. The only amenities there were on the main street – a convenience store and a few fast food outlets. Mr Gulzar and a disabled Apple Pharmacy staff member on crutches assessed disabled access to the premises. Disabled access was from the main road down a very steep ramp which was not attempted on crutches. Mr Gulzar had taken some photographs to illustrate this point but as these had not been circulated in advance were not allowed to be shown. Mr Gulzar therefore described the path as being very steep and covered in leaves. It didn't appear to be used much and in Mr Gulzar's opinion was not safe unless reconstructed.

- 15.7 It was reported that Mr Gulzar had talked to the residents in the immediate vicinity of the proposed pharmacy and were hesitant about a pharmacy being granted because of the potential for drug addiction patients to loiter round the pharmacy and walk past local houses.
- 15.8 Mr Gulzar recapped the best case scenario that this application was for the benefit of the 800 people that lived closer to the proposed site than existing pharmacies, 3% of which were income deprived so 97% were in employment with access to cars and potentially in better health. Affluent residents, in employment and in better health accessed pharmacy services considerably less. In short granting this application was of benefit for only 3% of the population.
- 15.9 Mr Gulzar pointed out that the car park had no dedicated spaces for pharmacy only use and no on street parking. If the car park that was shared with Aldi was full Mr Gulzar wondered where pharmacy customers were going to park. In reality Aldi business was slow and business was not going well in the surrounding shops. Mr Gulzar said that the proposed location was impossible to see as it was obscured by the restaurant in front of it.
- 15.10 It was noted that the application mentioned needle exchange although this was a locally negotiated contract and need for a pharmacy to be funded to provide this service had to be agreed with the Health Board. Mr Gulzar had established by phoning the Health Board earlier in the week that currently there was no local requirement for additional service providers.
- 15.11 With regard to the district nurse that experienced ordering issues at Meadowbank Health Centre Pharmacy, Mr Gulzar said that like Deans Pharmacy, Apple Pharmacy was never approached to assist despite good relations between these pharmacies.
- 15.12 Mr Gulzar then referred to the substance misuse needs assessment service proposed to be offered by the applicant and stated that the neighbourhood had probably less problem with alcohol and smoking than the rest of Scotland. Smoking was greater in deprived areas so two pharmacies were more than enough to cope with demand for smoking cessation services especially as both Meadowbank Pharmacy and Apple Pharmacy were within one mile of the proposed pharmacy location. Mr Gulzar suggested that it was not too much to ask residents to access such services by car Monday-Friday at either pharmacy or Apple Pharmacy on a Saturday.
- 15.13 Apple Pharmacy offered a full delivery service on request. It also planned to employ a checking technician to free up pharmacist time. For most people prescription waiting times were negligible as the majority were collected by the pharmacy from the health centre and ready for collection when the patient arrived. Other services offered by Apple Pharmacy included a travel clinic, blood pressure monitoring and diabetes service. It also offered multilingual pharmacy provision – Russian and Punjabi. Having a disabled member of staff had opened Mr Gulzar’s eyes about the difficulties disabled

people faced so strived to make the pharmacy easy to use e.g. placing a non-slip mat at the door. There was a designated disabled parking space outside the shop.

- 15.13 Mr Gulzar confirmed that Apple Pharmacy had not received any complaints and implemented a customer feedback service.
- 15.15 Apple Pharmacy had access to many pharmaceutical suppliers and shared stock with other pharmacies in the area when required. It had a good working relationship with Meadowbank and Deans Pharmacies. Apple Pharmacy could potentially open until 5pm on a Saturday. If the Health Board considered current opening hours inadequate it could ask Apple Pharmacy to extend its opening hours. However Saturday afternoons were extremely quiet so was currently not cost effective to do so.
- 15.16 Mr Gulzar had been proactive in trying to initiate local contracted services addiction/naloxone services, needle exchange services and palliative care services but currently Health Board had deemed there was currently no requirement for additional service providers in the area of his pharmacy.
- 15.17 The high proportion of hand written responses to the Consultation exercise was noted by Mr Gulzar who was curious about the responses that would have been obtained if Apple Pharmacy had asked people questions. Mr Gulzar obtained 180 signatures in one day against another pharmacy opening in Polmont. The Chairman pointed out that an audit of the consultation exercise gave it a clean bill of health.
- 15.18 Mr Gulzar ended by stating that ultimately there was no need for another pharmacy as the existing pharmacies provided great service and that the application was neither necessary nor desirable.
- 15.19 This concluded the presentation from Mr Gulzar so the Chairman invited questions from the applicant.

16.0 Questions from Mr Atalla (the Applicant) to Mr Gulzar

- 16.1 Mr Atalla referred to the consultation exercise conducted by Mr Gulzar. Given the time taken to complete the consultation questionnaire Mr Atalla asked whether more than 223 CAR respondents could have been expected had only a signature been required. Mr Gulzar agreed.
- 16.2 Mr Gulzar was then asked whether Brightons could be described as deprived. Mr Gulzar said it was more deprived than Polmont but had no information to support that statement.
- 16.3 In comparison to Meadowbank Pharmacy, the number of eMAS registrations at Apple Pharmacy was higher. Mr Atalla asked if deprivation was the reason for the higher number of registrations. Mr Gulzar replied that although Brightons was more deprived, many people from Polmont accessed services from Apple Pharmacy.

16.4 Mr Atalla asked how disabled people entered the shop when there was a step. Mr Gulzar said there was a button outside that people could press to alert staff that the ramp was required. The ramp was put in place manually.

16.5 When asked whether any patient surveys had been carried out, Mr Gulzar said face to face surveys had been carried out. Mr Gulzar only took over Apple Pharmacy in September 2015 and planned to conduct customer surveys annually.

16.6 Mr Atalla had no further questions for Mr Gulzar so the Chairman proceeded to invite questions from the other interested parties present.

17.0 Questions from Other Interested Parties to Mr Gulzar

17.1 Mr Cohen (Meadowbank Health Centre Pharmacy) Questions to Mr Gulzar

17.1.1 Mr Cohen enquired whether there were any patients that normally received prescription medication from Meadowbank Pharmacy which were registered with Apple Pharmacy for eMAS. Mr Gulzar confirmed that there were such patients.

17.1.2 Mr Gulzar was then asked whether any Apple Pharmacy employees lived in Polmont. Mr Gulzar confirmed that there were and that these employees walked to the pharmacy as it was easy to get there.

17.2 Mr Connolly (Deans Pharmacy) Questions to Mr Gulzar

17.2.1 Mr Connolly asked whether Apple Pharmacy had a disabled bay outside the shop. Mr Gulzar said that there was.

17.2.2 Mr Connolly then asked for confirmation that Apple Pharmacy employed a disabled member of staff and that the equality act for both patients and staff was applied within the pharmacy. Mr Gulzar confirmed this was the case.

17.2.3 When asked whether Apple Pharmacy could cope with more business, Mr Gulzar said that it had additional capacity for more business and plenty of space available.

17.2.4 Mr Connolly wanted to know if Mr Gulzar had ever heard that the District Nurses had stopped using Meadowbank Pharmacy. Mr Gulzar had not.

17.2.5 From conversations Mr Connolly had held with the District Nurses, was Mr Gulzar surprised to learn that the District Nurses did not use Apple Pharmacy because of satisfaction with Meadowbank Pharmacy. Mr Gulzar was not surprised as Meadowbank Pharmacy provided a good service.

17.3 Mr Arnott (Lloyds Pharmacy) Questions to Mr Gulzar - none

17.4 Ms Taylor (Polmont Community Council) Questions to Mr Gulzar

- 17.4.1 Ms Taylor referred to the statement made by Mr Gulzar that residents in the immediate vicinity of the proposed pharmacy were concerned about people accessing methadone there and asked whether Apple Pharmacy had a problem with drug users hanging about the shop. Apple Pharmacy kept the number of people taking methadone to a minimum and had strict rules to ensure these patients left the premises quickly to maintain harmony with local residents. As Apple Pharmacy was in an affluent area Mr Gulzar said there were not many people needing this service.
- 17.5 Having ascertained that the other interested parties had no further questions for Mr Gulzar, the Chairman invited questions from committee members.
- 18.0 Questions from the Committee to Mr Gulzar**
- 18.1 Mr King (Chairman) Questions to Mr Gulzar – none**
- 18.2 Mr Paterson (Contractor Pharmacist) Questions to Mr Gulzar - none**
- 18.3 Ms McGuire (Lay Member) Questions to Mr Gulzar – none**
- 18.4 Ms Stewart (Contractor Pharmacist) Questions to Mr Gulzar – none**
- 18.5 Ms McGhee (Lay Member) Questions to Mr Gulzar**
- 18.5.1 Ms McGhee asked for clarification on the number of pharmacists working in Apple Pharmacy. Mr Gulzar explained that there was one pharmacist employed full time and a trainee pharmacist working Monday, Wednesday and Friday. The trainee pharmacist was not really required and one would be sufficient.
- 18.6 Having established that there were no further questions from the Committee, the Chairman invited representation from the fourth interested party, Mr Arnott.
- 19.0 Mr Arnott (Lloyds Pharmacy)**
- 19.1 The Panel was thanked for allowing Mr Arnott to speak on behalf of Lloyds Pharmacy.
- 19.2 If the applicant's neighbourhood definition was accepted then there was already a pharmacy in the neighbourhood at Meadowbank Health Centre (0.6 miles from the proposed site), at Brightons (0.7 miles from the proposed site) and a further two pharmacies within 1.8 miles of the proposed site.
- 19.3 Mr Arnott stated that there were, as the Panel was aware, numerous examples from Pharmacy Practice Committee Hearings and National Appeal Panel Hearings where adequate pharmaceutical services were provided to a neighbourhood from pharmacies situated out with that neighbourhood and this was the case in Polmont.

- 19.4 Indeed the Advice and Guidance for those attending the Pharmacy Practices Committee documented that the Panel must consider the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood.
- 19.5 In this case there were two pharmacies within 0.7 miles of the applicant's proposed site, both of which offered all the Core Services and a further two pharmacies within 1.8 miles of the applicant's proposed site also offering all Core Services.
- 19.6 Mr Arnott noted that the applicant was offering needle exchange and questioned whether Mr Atalla was aware that not all pharmacies in Forth Valley offered the service as sites were determined by the Health Board. Similarly Palliative Care Pharmacies were also determined by the Health Board.
- 19.7 Mr Arnott highlighted that the Panel must take account of whether the granting of an application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned. Whilst unable to speak for other interested parties, Lloyds Pharmacy in Laurieston was not a heavy dispensing pharmacy and any loss of patients may well adversely affect its viability.
- 19.8 The applicant must also be aware that the Forth Valley Pharmaceutical Care Services plan made no mention of a need for a pharmacy in the neighbourhood proposed.
- 19.9 Mr Arnott said that Polmont, and was sure the Panel would agree, could hardly be described as a rural or a deprived neighbourhood. Indeed in the latest Multiple Deprivation Statistics Polmont was rated 5734 of 6505 in Scotland. One being the most deprived and 6505 being the least deprived. Mr Arnott concluded that Polmont could be described as being affluent.
- 19.10 The vast majority of residents had access to a car and this was confirmed in the Consultation Report as most of the residents that responded currently travelled by car to a pharmacy. Mr Arnott also surmised that the majority of Polmont's residents travelled out with Polmont on a regular basis to access places of work and other services. In Polmont 47.6% of households had one car and only 10.6% of residents did not have access to a car. In comparison the percentage of households with one car in Falkirk was 25.5%. Indeed 32.8% had access to two cars and 8.6% access to three cars in Polmont.
- 19.11 Mr Arnott turned to the CAR carried out in support of the application. From a population of 5300, the applicant had 223 responses (4% of residents). Of the 223 respondents only 98 (1.8%) lived in Polmont. Of those that commented on the location (53), 32 said it was ideal, excellent and convenient. Mr Arnott assumed that these respondents did not live in Taymount Road, Glamis Gardens or Erskine Hill as the proposed site was hardly central for them. Convenience was not a reason to grant a pharmacy contract and many of the residents in the applicant's proposed

- neighbourhood lived nearer existing pharmacies.
- 19.12 Of the 34 who commented on the question of “who do you think would use this service?”, again convenience was again the highest response.
- 19.13 To the question “What benefit do you think the community pharmacy would have in the neighbourhood of the proposed location?” 91 of 168 respondents said handy, central or convenient.
- 19.14 Mr Arnott stressed again that convenience was not a reason for granting a pharmacy contract and yet for many of the residents, existing contractors were closer.
- 19.15 Mr Arnott thought it interesting to note that for the question “What do you think about the location of the proposed Community pharmacy, 190 out of 122 respondents 85.6% stated convenience and central location.
- 19.16 Reference was made to the letter from Aldi in support of the application that Mr Atalla had submitted. This letter stated that a pharmacy would complement the other retail amenities and contribute to creation of a vibrant village centre. Mr Arnott stressed that this was not a reason for granting a pharmacy contract.
- 19.16 As part of the new regulations, the applicant “must establish the level of public support of the residents in the neighbourhood to which the application relates”. Mr Arnott stated that it could not be said that the applicant had not tried to gain public support but had failed miserably to gain the support of the residents simply because there was little public support for the application. Mr Arnott suggested that this was because the existing contractors already provided an adequate Pharmaceutical Care Service to the applicant’s proposed neighbourhood. Despite all of the applicant’s efforts only 98 responses from the residents of Polmont were received. This was one of the lowest responses Mr Arnott had ever seen and demonstrated little or no public support for this application because current services were adequate.
- 19.18 The applicant had shown no inadequacies in current pharmaceutical provision. There were already two pharmacies within 0.7 miles of the proposed location.
- 19.19 Mr Arnott recapped that there was little or no public support for this application. Polmont was an affluent area where the residents had no difficulty accessing pharmaceutical services. This application was all about convenience not adequacy or need.
- 19.20 Mr Arnott reminded the hearing -
- that the Panel must consider the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood as stated by the applicant.
 - there were two pharmacies within 0.7 miles of the proposed site and

a total of four pharmacies within 1.8 miles.

- that the Panel must take account of whether the granting of this application would adversely impact the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.

19.21 As had been previously indicated by Mr Arnott, any loss of patients would affect the viability of Lloyds Pharmacy at Mary Street in Laurieston.

19.22 Mr Arnott was unaware of any complaints to the Health Board concerning current service provision and having examined the Forth Valley Health Board Pharmaceutical Care Services Plan saw no reference to there being a need for a pharmacy in the applicant's proposed neighbourhood.

19.23 Mr Arnott asked the Panel to refuse this application as it was neither necessary nor desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood in which the premises were located.

19.24 This concluded the presentation from Mr Arnott.

20.0 Questions from Mr Atalla (the Applicant) to Mr Arnott

20.1 Mr Atalla asked about the opening hours of the Laurieston Pharmacy. Mr Arnott stated that the pharmacy was open 9am-5:30pm Monday, Tuesday, Thursday and Friday, 9am-1pm Wednesday and Saturday and closed on a Sunday.

20.2 When asked if there were ever any issues about closing early on a Wednesday, Mr Arnott replied that the pharmacy had never opened on a Wednesday afternoon and there was no call for it to do so. It was the lowest dispensing pharmacy in Forth Valley and would cost Lloyds money to open this pharmacy on a Wednesday afternoon.

20.3 Questioning turned to engagement in professional services. Mr Atalla asked whether in Mr Arnott's opinion, the Laurieston Pharmacy was actively engaged in eMAS. Mr Arnott said that Mr Atalla was fully aware Lloyds in Laurieston were actively engaged in eMAS. Lloyds had pushed registrations which automatically dropped off after 12 months and accounted for the reduction in registration numbers.

20.4 Mr Arnott was then asked if patient surveys had ever been carried out. Mr Arnott explained that Lloyds operated a mystery shopper programme and that branch was shown to be the most patient focussed scoring 100% nine visits in a row.

20.5 Mr Atalla asked whether the mystery shopper would assess the adequacy of the opening times or whether any action had been carried out that would assess whether the opening times were adequate for the community. Mr Arnott replied that the staff were very in touch with the local community and

opening times were adequate.

20.6 When asked if there was a prescription delivery service, Mr Arnott said that there was a restricted delivery service which included customers living in Polmont. Deliveries were made to those in need not for convenience.

20.7 Mr Atalla had no further questions for Mr Arnott so the Chairman invited questions from the other interested parties present.

21.0 Questions from the Other Interested Parties to Mr Arnott

21.1 Mr Cohen (Meadowbank Pharmacy) Questions to Mr Arnott – none

21.2 Mr Connolly (Deans Pharmacy) Questions to Mr Arnott

21.2.1 Mr Connolly asked whether the opening hours at Laurieston Pharmacy complied with NHS Forth Valley's model opening hours. Mr Arnott confirmed the opening hours were not in breach of NHS Forth Valley requirements.

21.2.2 Mr Connolly then wanted to know what percentage of business came from Polmont. Although this branch was the quietest Lloyds pharmacy, Mr Arnott estimated that it risked losing 20-25% patients if this application was granted.

21.2.3 It was noted that Mr Arnott had made some relevant points in relation to the CAR and was asked by Mr Connolly whether there was concern that the applicant had distributed 600 copies of the questionnaire. Mr Arnott was not very concerned about this.

21.2.4 Mr Connolly enquired what the results would have been had Deans Pharmacy or Lloyds Pharmacy issued 600 copies of the questionnaire. Mr Arnott said that if people were supportive of the application then the responses would have been exactly the same.

21.2.5 Mr Connolly then asked whether Mr Arnott thought people had been led to responding in support of the application. Mr Arnott thought there was potential for this to be the case. The Chairman stressed that there was a process set down for carrying out the joint consultation exercise and that had been followed. Mr Connolly remarked that the responses seemed very one sided and most were hand written. It was suggested that the Health Board should look to other Health Board areas to produce more auditable robust consultations.

21.3 Mr Gulzar (Apple Pharmacy) Questions for Mr Arnott - none

21.4 Ms Taylor (Polmont Community Council) Questions for Mr Arnott – none

21.5 As there were no further questions for Mr Arnott, the Chairman invited questions from the Committee.

- 22.0 Questions from the Committee to Mr Arnott**
- 22.1 Mr King (Chairman) Questions to Mr Arnott - none**
- 22.2 Mr Paterson (Contractor Pharmacist) Questions to Mr Arnott - none**
- 22.3 Ms McGuire (Lay Member) Questions to Mr Arnott – none**
- 22.4 Ms Stewart (Contractor Pharmacist) Questions to Mr Arnott – none**
- 22.5 Ms McGhee (Lay Member) Questions to Mr Arnott - none**
- 22.6 The Chairman was satisfied that the Committee had no questions for Mr Arnott so invited Ms Taylor to present.
- 23.0 Ms Taylor (Polmont Community Council)**
- 23.1 Ms Taylor thanked the Committee for allowing the Community Council to present.
- 23.2 Ms Taylor explained that the Co-op had closed more than two years ago but when open its front door faced the other shops. The community was trying to reinvigorate its village centre again and Mr Atalla had given the chance of that. Ms Taylor was therefore supporting Mr Atalla in opening a pharmacy and reinvigorating the village square. It was a fact that Aldi had located its door at the opposite side but Ms Taylor thought shoppers would get used to the fact that there were other shops there and put prescriptions in to the pharmacy before shopping in Aldi. Ms Taylor urged the Panel to grant this application and reinvigorate the village.
- 23.3 This concluded the presentation from Polmont Community Council.
- 24.0 Questions from Mr Atalla (the Applicant) to Ms Taylor - none**
- 24.1 As the applicant had no questions for Ms Taylor, the Chairman invited questions from the other interested parties.
- 25.0 Questions from the Other Interested Parties to Ms Taylor**
- 25.1 Mr Cohen (Meadowbank Pharmacy) Questions to Ms Taylor**
- 25.1.1 Mr Cohen asked whether Ms Taylor thought many people from Polmont used Apple Pharmacy. Ms Taylor thought many people used Apple Pharmacy as lots of people went from Polmont to use the bank.
- 25.1.2 Mr Cohen then asked whether Ms Taylor felt there was an inadequacy in pharmacy services. Ms Taylor did not know enough about it to say that but going on personal experience the proposed pharmacy would be an asset to the village.
- 25.1.3 When asked if it would be fair to say that the Community Council supported

this application because it would be an asset for the village. Ms Taylor agreed.

25.2 Mr Connolly (Deans Pharmacy) Questions to Ms Taylor - none

25.3 Mr Gulzar (Apple Pharmacy) Questions to Ms Taylor - none

25.4 Mr Arnott (Lloyds Pharmacy) Questions to Ms Taylor - none

25.5 Having established that the other interested parties had no further questions, the Chairman invited questions from the Committee to Ms Taylor.

26.0 Questions from the Committee to Ms Taylor

26.1 Mr King (Chairman) Questions to Mr Ms Taylor - none

26.2 Mr Paterson (Contractor Pharmacist) Questions to Ms Taylor - none

26.3 Ms McGuire (Lay Member) Questions to Ms Taylor

26.3.1 Ms Taylor was asked if the community council had taken any action to encourage the empty shops to be filled. Ms Taylor said it was not within the remit of the community council to go out and canvas retailers to fill the empty shops.

26.3.2 Ms McGuire then asked if there was currently any interest from other retailers in the empty space. Ms Taylor acknowledged that there was not.

26.4 Ms Stewart (Contractor Pharmacist) Questions to Ms Taylor – none

26.5 Ms McGhee (Lay Member) Questions to Ms Taylor

26.5.1 Ms McGhee asked whether the community council had raised any concerns about the steepness of the ramp for disabled access from the bus stop as it sounded as though it was not DDA compliant. As the council had passed the ramp, Ms Taylor assumed it would be within the gradient required to meet the regulations.

26.5.2 Ms McGhee pursued this line of questioning by asking whether the community council had any sway with the council to make it more amenable for use by disabled people. Ms McGhee was also concerned that the ramp was hidden and asked whether the council could be approached to clear the drains and have the leaves removed. Ms Taylor agreed to contact the councillor in this regard that afternoon.

26.6 The Chairman ascertained that there were no further questions from the Committee then explained that written submissions had been received from Hallglen and Shieldhill Pharmacies.

27.0 Written Submissions from Hallglen and Shieldhill Pharmacies

27.1 Copies of the written submissions from Hallglen and Shieldhill Pharmacies were circulated to all present for review. After time had been given for all parties to digest the information, the Chairman asked whether anyone wanted to raise any issues.

27.2 Mr Atalla (the Applicant) – declined to raise any issues

27.3 Mr Cohen (Meadowbank Health Centre Pharmacy)

27.3.1 Mr Cohen agreed that when starting up a pharmacy business, it would have to cast its net a bit wider irrespective of whether that was in keeping with the direction from the Health Board. If this application were granted then losing patients from Shieldhill Pharmacy would affect its viability. Mr Cohen stated that it could be argued that Shieldhill being a more deprived area was more in need of a pharmacy than Polmont.

27.4 Mr Connolly (Deans Pharmacy)

27.4.1 Mr Connolly agreed fully with the statement made by Mr Cohen in 27.3.1. above.

27.5 Mr Gulzar (Apple Pharmacy)

27.5.1 If this application was granted Mr Gulzar agreed that Shieldhill Pharmacy was very vulnerable to closure which would reduce service provision in that neighbourhood.

27.6 Mr Arnott (Lloyds Pharmacy)

27.6.1 Mr Arnott agreed with the other interested parties but was more concerned about the impact on Lloyds Pharmacy in Laurieston which, like Shieldhill, was also more deprived than Polmont.

27.7 Ms Taylor (Polmont Community Council) – declined to raise any issues.

27.8 Committee – no issues were raised by members.

27.9 At this point the Chairman asked the interested parties for copies of any submissions prepared in advance and read out during the hearing to assist the minute secretary. Mr Cohen and Mr Arnott provided hard copies. Mr Connolly emailed the document to Ms Droubay at the Health Board to pass onto Ms Ferguson.

28.0 Summing Up

28.1 After the Chairman 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.

28.2 Ms Taylor (Polmont Community Council)

28.2.1 Ms Taylor urged the committee to give Polmont another amenity close at hand and revitalise the village. Ms Taylor also said that Meadowbank Pharmacy did not sell beauty items.

28.3 Mr Arnott (Lloyds Pharmacy)

28.3.1 Mr Arnott had nothing further to add.

28.4 Mr Gulzar (Apple Pharmacy)

28.4.1 Mr Gulzar reiterated that the pharmaceutical services were already great in/to the neighbourhood, there was plenty of provision and no formal complaints had been received. Far from enhancing provision, the granting of this application may in fact be detrimental. A pharmacy may reinvigorate the area but it could just as well be reinvigorated by another business not necessarily a pharmacy. Mr Gulzar said that pharmacies were important and should only be granted where required and it was not required here as services were already great.

28.5 Mr Connolly (Deans Pharmacy)

28.5.1 Mr Connolly admired what the Community Council was trying to do but it did not have a bearing on the legal test. The neighbourhood of Polmont contained 5000 people. It was an affluent population that was highly mobile with very little requirement for pharmaceutical services. Access to the proposed site was not great and the existing pharmacies had complied with the equality act to provide easy access for the disabled. Mr Connolly was of the view that this application fell at the first hurdle as there was no inadequacy of pharmacy provision and asked the PPC to reject the application.

28.6 Mr Cohen (Meadowbank Health Centre Pharmacy)

28.6.1 As had already been highlighted by Mr Cohen, the methods of public engagement had been jointly agreed by the applicant and Health Board but had not been followed by Mr Atalla in distributing 600 questionnaires in Health Centres and at public involvement meetings. Mr Cohen questioned whether these meetings were to encourage support for the new pharmacy and therefore the responses received were not necessarily neutral. Mr Cohen reiterated the point that adequate provision for the neighbourhood had already been secured and so the application must fail. Adequate provision was available both within the neighbourhood and out with the neighbourhood.

28.7 Mr Atalla (the Applicant)

28.7.1 Despite differences in professional opinion expressed during this hearing, the support from the public for this application demonstrated by the CAR could not be ignored. Mr Atalla reminded the Committee that 79 respondents had said there were gaps in existing provision which would be

filled by granting this application. The new pharmacy was expected to be operational within 12 weeks. Given the expected continued growth to population both now and in the future and the fact that there was currently 51,000 items leaving the local area to be dispensed, Mr Atalla believed it was not only desirable but necessary to grant this application. Mr Atalla was in no doubt that there were gaps in the existing provision and Pill Box Scotland would be able to meet those needs.

29.0 Retiral of Parties

29.1 The Chairman then invited each of the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. Having been advised that all parties were satisfied, the Chairman advised that the Committee would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared and submitted to the Health Board within 10 working days. All parties would be notified of the decision within a further five working days. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.

29.2 The Chairman advised the Applicant and Interested Parties that it was in their interest to remain in the building until the Committee had completed its private deliberations. This was in case the open session was reconvened should the Committee require further factual or legal advice in which case, the hearing would be reconvened and the parties would be invited to come back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation. However only the applicant and representatives from Meadowbank Pharmacy agreed to remain in the building. The applicant, interested parties and Ms Murray left the hearing.

29.3 The hearing adjourned at 1250 hours for a short break before deliberations began.

29.4 The Committee reconvened at 1300 hours to deliberate on the written and verbal submissions.

30.0 Supplementary Information

30.1 Following consideration of the oral evidence, the Committee noted:

- 30.2
- i. That they had separately and independently undertaken site visits of Polmont and the surrounding area noting the location of the proposed premises, the pharmacies, general medical practices and the facilities and amenities within.
 - ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and GP surgeries within Polmont and the surrounding area.
 - iii. Community Council Map

- iv. 2011 Census Profile for Polmont
- v. Falkirk Council Ward Profile – Ward 8
- vi. Falkirk Local Development Plan
- vii. Bus timetable for service number 1 between Linlithgow/Maddiston and Hallglen.
- viii. PPC Information Paper including GP practice list sizes/prescribed items, dispensing statistics of the Community Pharmacies in the area and complaint information
- ix. Report on Pharmaceutical Services provided by existing pharmaceutical contractors to the neighbourhood
- x. Local GP Practices & Community Pharmacy Opening Times & Distances
- xi. Local GP Practices Information
- xii. Falkirk CHP Area Community Pharmacy List
- xiii. NHS Forth Valley Pharmaceutical Care Services Plan 2013
- xiv. The application and supporting documentation including the Consultation Analysis Report provided by the Applicant.

31.0 Summary of Consultation Analysis Report (CAR)

31.1 Introduction

31.2 NHS Forth Valley undertook a joint consultation exercise with Pill Box Scotland Ltd regarding the application for a new pharmacy in Unit 4, Polmontbank Shopping Centre, Greenpark Drive, Polmont, FK2 0PZ.

31.3 The purpose of the consultation was to help in the assessment of the adequacy of the current provision of pharmaceutical services within the neighbourhood of the proposed premises.

31.4 Method of Engagement to Undertake Consultation

31.5 The consultation was conducted by placing advertisements in the Falkirk Herald (8th October 2015 & 13th January 2016); displaying details of the potential application on the Forth Valley public website (www.nhsforthvalley.com/get-involved/public-consultations); making available the electronic questionnaire on the NHS Forth Valley public website and having paper copies available from the Health Board. It was agreed general written comments would also be accepted in response to the joint consultation.

31.6 The Consultation Period lasted for 90 working days and ran from 8 October 2015 until 16 February 2016.

31.7 Summary of Questions and Analysis of Responses

31.8 Questions covered: the neighbourhood; anticipated users of the service; benefits of the proposed community pharmacy; perceived gaps/deficiencies in existing services; issues/challenges accessing existing services; proposed location; current methods used to access pharmacy services; effect of

proposed pharmacy on accessing services.

- 31.9 In total 223 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.
- 31.10 From the responses 212 were identified as individual responses, three responded on behalf of a group/organisation and one from a local business. Seven respondents did not provide any indication.
- 31.11 All respondents supported the proposed application.
- 31.12 From the addresses and post codes provided, respondents were identified from the following areas:
- Polmont (98)
 - Redding (12)
 - Brightons (10)
 - Reddingmuirhead (4)
 - Avonbridge (4)
 - Wallacestone (4)
 - Maddiston (4)
 - Falkirk Area (4)
 - Standburn (2)
 - Grangemouth (2)
 - Rumford (2)
 - Westquarter (1)
 - Shieldhill (1)
 - Denny (1)

32.0 Discussion

- 32.1 The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.

32.2 Neighbourhood

- 32.3 The Committee noted the neighbourhood as defined by the Applicant and the view of Mr Gulzar that the railway line was easily crossed at Polmont Station so the southern boundary should be extended to the union canal. This would include Apple Pharmacy in the neighbourhood.
- 32.4 It was recognised that the neighbourhood should be a neighbourhood for all purposes. A number of factors were taken into account when defining the neighbourhood, including those resident in it, natural and physical boundaries, general amenities such as schools/shopping areas, the mixture

of public and private housing, the provision of parks and other recreational facilities, the distances residents had to travel to obtain pharmaceutical and other services and also the availability of public transport.

32.5 The Committee agreed with the Applicant that the neighbourhood should be defined by the following boundaries –

Northern boundary – Smiddy Brae until it met the A905

Eastern boundary – the A803 until the Lathallan roundabout

Southern boundary – the railway line passing through Polmont station

Western boundary – Salmon Inn Road until the A803

32.6 The Committee unanimously agreed that it was immaterial whether the neighbourhood definition proposed by Mr Gulzar or the Applicant was used because the legal test required the panel to consider pharmacy services provided in or to the neighbourhood. The services provided by Apple Pharmacy would therefore have to be taken into account in both neighbourhood definitions.

32.7 The definition of neighbourhood provided by the Applicant was favoured by the Committee. This definition had been reached because the railway line was, in the most part, a physical boundary.

32.8 Adequacy of existing provision of pharmaceutical services and necessity or desirability

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

32.10 The Committee noted that Meadowbank Pharmacy was in the neighbourhood and Apple Pharmacy just out with the boundary. The location of the four other existing pharmacies that provided pharmaceutical services to the neighbourhood were also noted namely Deans Pharmacy, Lloyds Pharmacy, Shieldhill Pharmacy and Hallglen Pharmacy. All of which were within 3.7 miles of the proposed pharmacy location.

32.11 This application was not supported by the Area Pharmaceutical Committee and there was no inadequacy of pharmacy services apparent in the Pharmaceutical Care Services Plan.

32.12 The non-contractor pharmacist clarified the position with regards to monitored dosage boxes (MDS boxes) by explaining that many factors including local Council policy was driving the use of these boxes. The Health Board was however working with the council and other stakeholders to consider alternative options to support people to manage their own medicines when dispensed in original containers. It was also noted that

supply of MDS boxes was not a core NHS service.

- 32.13 There had been no formal complaints made to the Health Board about pharmaceutical services in/to this neighbourhood so could not be used to demonstrate any inadequacy.
- 32.14 The Committee looked for evidence of inadequacy in the existing pharmacy provision from the joint Consultation Analysis Report. In particular from the comments received in response to question 4 about gaps and deficiencies in existing services. The Committee noted that all comments received for question 4 related to Meadowbank Pharmacy. Over 50 comments were received about Meadowbank Pharmacy being too busy and another 50 comments were made about long waiting times/queues at the same pharmacy. Concern was expressed by some Members of the Committee about the lack of waiting space in Meadowbank Pharmacy but acknowledged that patients could choose to go elsewhere. The prescription figures did not reflect any inadequacy at Meadowbank Pharmacy which dispensed 13000 items per month and had an increasing trend in dispensing pattern. Although just around the corner from Meadowbank Pharmacy, Apple Pharmacy only dispensed 6000 items per month. If the service provided by Meadowbank Pharmacy was in any way inadequate then it would have been expected that more prescriptions would have been dispensed from Apple Pharmacy when in fact the number of prescriptions dispensed from there had decreased. The Committee also concluded that given the 28000 combined list size of all four medical practices located in Meadowbank Health Centre the amount of negative feedback concerning this pharmacy in the CAR was very low. No gaps/deficiencies had been identified from the responses to question 4 for any of the other pharmacies serving the neighbourhood in the CAR.
- 32.15 The comments made by a District Nurse in response to question 4 were considered by the Committee. It was explained that just in case boxes were part of anticipatory care planning to cater for periods when pharmacies were closed. The non-contractor pharmacist explained the palliative care situation from a Health Board perspective in that it was a locally negotiated service not funded for every pharmacy. Pharmacies were chosen to provide the service based on geographical location in order to provide widespread access within Forth Valley. Despite this it was apparent from the oral presentations that several interested parties providing services to the neighbourhood did stock palliative care medicines at their own expense. This service was not really relevant when considering adequacy as a new pharmacy would not automatically be granted it and was out with the applicant's gift to give. Although Meadowbank Pharmacy was too limited in space to provide palliative care services the pharmacist could have asked another pharmacy to provide the service but it did not seem that anyone else had been asked. The PPC concluded that the District Nurse's comments did not really show an inadequacy of pharmaceutical provision as this service could be provided in another way.

- 32.16 The Committee then considered the responses for question 5 “Do you or your representatives experience any issues or challenges accessing NHS pharmaceutical services/or do you already have ease of access to NHS pharmaceutical services?” Seven respondents said there was no Minor Ailments Service (eMAS). Meadowbank Pharmacy dispensed 15 eMAS prescriptions per month. The Committee were of the opinion that this service was not really needed when the pharmacy was located in a health centre. Many eMAS prescriptions were provided on a Saturday when Meadowbank Health Centre and pharmacy was closed which could also be a factor for low eMAS prescriptions numbers. Additionally it was uncertain whether these respondents were eligible for eMAS registration in the first place. Two people were unhappy that there were no over the counter items (OTC) however if these were required then they could be accessed elsewhere in the neighbourhood.
- 32.17 It was clear from some of the comments recorded in the CAR for question 1, e.g. “ideal, central, excellent, convenient location”, that respondents did not understand the concept of neighbourhood. It was also the opinion of 18 respondents to question 4 that there was “not enough provision/no pharmacy provision in Polmont”. More thought needed to be given to the consultation questions in order to draw out information the PPC required. It was also noted that that the applicant (Pill Box Scotland Ltd) had given out 600 questionnaires at public involvement meetings that deviated from the methodology stated in the report. The Chairman agreed to raise these matters with NHS Forth Valley’s Primary Care Contracts Manager.
- 32.18 Deans, Apple and Lloyds pharmacies (as well as Shieldhill and Hallglen) had all confirmed available capacity in service provision to accommodate future population growth and ageing population trends.
- 32.19 There were no accessibility issues with any of the existing pharmacies. In fact Apple Pharmacy had disabled parking access right outside its door. Even although the landscape was hilly this was not a barrier to accessing services given the high levels of car ownership.
- 32.20 Whilst the contribution from the community council was appreciated the committee considered the argument to have been based on convenience rather than inadequacy.
- 32.21 The Committee also noted that many people never need to go near a GP to obtain a repeat prescription. In such cases the distance from the health centre to the pharmacy was irrelevant.
- 32.22 The opening of another pharmacy was not the only solution for increasing pharmacy provision as the number of pharmacists working in each existing pharmacy could potentially be increased if required.
- 32.24 The Committee concluded that there was no evidence provided to demonstrate any inadequacy of the existing pharmaceutical services to the defined neighbourhood. When asked by the Chairman confirmation was

received that the Lay Members were ready to vote.

32.25 Mr Paterson, Ms Stewart and Ms Ferguson then withdrew from the hearing 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 and the vote taken.

33.0 Decision

33.1 Mr Paterson, Ms Stewart and Ms Ferguson returned to the meeting and were advised of the decision of the Committee.

33.2 Accordingly, the decision of the Committee for the reasons set out above was that the provision of pharmaceutical services at the proposed premises 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 **not to grant** the application for a new pharmacy contract to Pill Box Scotland Ltd subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.

33.3 The meeting closed at 1400 hours