

<b>Meeting:</b>	Board Meeting 25 April 2023
<b>Purpose of Paper:</b>	For Noting
<b>Classification:</b>	Board Official
<b>Name of Reporting Committee:</b>	Pharmacy Practice Committee
<b>Date of Reporting Committee:</b>	Wednesday 18 <sup>th</sup> January 2023
<b>Committee Chairperson:</b>	Mrs Margaret Kerr

**Paper Title:**

Application for Inclusion in the Board's Pharmaceutical List – CASE No: PPC/INCL04/2022  
 Mr Aidan Connolly – Gleneden Court, Kirkintilloch Road, Lenzie, Glasgow G66 4LQ

**Recommendation:**

That the board note the decision taken at the recent meeting of the Pharmacy Practice Committee as set out below.

**10. Deliberations**

- 10.1 The Committee in considering the evidence submitted during the period of consultation, presented during the oral 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.
- 10.2 **Neighbourhood**
- 10.3 The Committee noted that while the Applicant's proposed premises were firmly situated within NHS Greater Glasgow & Clyde, the neighbourhood as defined by the Applicant extended beyond the Board's boundary into NHS Lanarkshire. The Committee were satisfied that the process defined in Schedule 3 of the Regulations had been followed and that NHS Lanarkshire had been correctly notified of the application and were afforded adequate opportunity to comment on the Applicant's proposal by virtue of their boundary being within 2km of the proposed premises.
- 10.4 The PPC considered the neighbourhood as defined by the Applicant; examined the maps of the area provided in the PPC papers and considered what they had seen on their site visits.
- 10.5 The PPC noted that there had been a range of views put forward both before and during the oral hearing. Some suggested that the neighbourhood should be defined as wider than that of Lenzie and cited reasons to support this view. The Committee considered the full range of options in their deliberation and noted that most of the Interested Parties had been content to agree with the Applicant's definition, with the caveat that Kirkintilloch was easily and necessarily accessible for the residents of Lenzie.

- 10.6 The Committee comprehensively discussed the four boundaries defined by the Applicant. They agreed that there was a clear natural boundary of the tree line towards the north beyond Park Burn. Beyond this tree line lay green belt which was a complete topography to the land south of this line.
- 10.7 Similarly, the west boundary was characterised by a difference in topography caused by the natural boundary as it skirted Cardyke Plantation, playing fields and farmland. This separated it from the residential area to the east.
- 10.8 The Committee noted the M80 to the south of the area, however concluded that the Applicant's proposed boundary of the farmland just north of this, was a more natural boundary.
- 10.9 The proposed east boundary again represented a significant boundary, the relatively recent A806 Initiative Road was a major trunk road establishing a barrier between Lenzie, Auchinloch and the area to the east of this.
- 10.10 The Committee noted that continued development within the area known as Auchinloch which lay to the south of the Applicant's defined neighbourhood was now reducing the area of greenbelt between what had initially been two distinct areas. It was now increasingly difficult to see where the area of Auchinloch ended and the area of Lenzie began.
- 10.11 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.
- 10.12 The Committee agreed that the neighbourhood should be defined as follows,:
- North:** From Crosshill Road B819 where it meets the Park Burn, along Park Burn passing and incorporating all of High Gallowhill, continuing along Park Burn passing and including the Greens. Then cutting along the tree line, just north of Greens Avenue, passing The Loaning, going east across Civic Way, cutting east across the park area in front of the sports centre to meet Initiative Road, where it joins the east boundary.
- East:** From where the east boundary meets the north boundary on Initiative Road, going south along Initiative Road until it meets the A806 / B757 roundabout past the golf course, taking in the areas of Millersneuk, Claddens and the farmland between.
- South:** From the roundabout at A806 / B757 heading west along the farmland, past the golf course on the south, continuing west as far as the Cardyke Plantation.
- West:** From south of Langmuirhead Road heading north to cross Langmuirhead Road, passing the Cardyke Plantation, incorporating and passing Wester Auchinloch/Auchinloch along the farmland past Gadloch, to meet Crosshill Road. Following Crosshill Road until it meets Boghead Road. Then following Boghead Road north, passing Boghead playing fields, before forking left to follow the tree line of Boghead woods, until meeting Park Burn, where it joins the north boundary.
- 10.13 The Committee agreed that within this area there was a significant residential population. The area included multiple amenities of the nature that would be expected within a neighbourhood.
- The Committee did however recognise that a "neighbourhood for all purposes" as described within the initial guidance to the regulations, had changed over time, given the significant reduction of amenities such as banks and post offices in certain areas.

- 10.14 The Committee noted NHSGGC's PCSP had not identified any deficiencies in service in this area.
- 10.15 **Adequacy of existing provision of pharmaceutical services and necessity or desirability**
- 10.16 Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services to that neighbourhood and, if the Committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.
- 10.17 The PPC considered the CAR. They noted that there had been a good level of response and that many of the respondents had chosen to provide additional narrative as part of their submission. From these, the PPC considered that the responses were personalised and made independently given the range of opinions expressed and vocabulary used.
- 10.18 The Committee noted that the level of response was considerably higher than normal for this type of exercise. While the method had been called into question by some of the Interested Parties, it was clear that the Applicant had engaged with the community to encourage a high response.
- 10.19 73.2% of respondents considered that services in the neighbourhood were not adequate. The PPC discussed the potential reasoning behind this. They noted that the Joint Consultation had commenced in September 2021 just when restrictions imposed during lockdown were easing. The PPC had heard suggestions from the Interested Parties that the level of dissatisfaction shown in the Joint Consultation exercise could possibly have been a reflection of the constraints placed upon service provision during this time. A time when all healthcare providers were forced to explore alternative service models, which had necessarily extended time frames associated with treatment, issuing of prescriptions etc. The Interested Parties suggested that community pharmacy had, by and large, "borne the brunt" of patients' frustration, while the Applicant had asserted that other Joint Consultations had taken place during a similar timeframe which had not reflected the same level of dissatisfaction and that the comments made were reflective of the overall inadequate service provided by Boots and not against other contractors within the wider area. The PPC did not agree that the dissatisfaction expressed by the respondents could entirely be because of the pandemic. Community pharmacy had been quick to respond to the constraints and had worked with other healthcare providers to mitigate the effect, however the PPC concluded that patients could have experienced dissatisfaction with the service before the pandemic and that this had continued and was reflected in the Joint Consultation.
- 10.20 The Committee discussed comments made about the apparent queues outside the Boots branch and the non-availability of their Consultation Room due to it being used to house stock.  
The PPC were aware that the queue situation would certainly have been experienced by all community pharmacy contractors during a time when face to face contact was discouraged, and the number of people allowed in spaces was curtailed due to infection control considerations. This situation was restricted to community pharmacy and could not be considered evidence of inadequacy.

- 10.21 The Committee considered the Applicant's further assertion that the lack of and inconsistency of workforce within the Boots branch in Lenzie contributed to the provision of an inadequate service. The PPC were aware that community pharmacy like many other sectors was experiencing significant pressures in their workforce. This had started during the pandemic and continued to the present. They had heard from Mr Jamieson from Boots that the current pharmacist had been in post for some time, and had worked to develop worthwhile and useful relationships for the benefit of her patients. The PPC considered that workforce pressures would not be limited to community pharmacy and that those which had been experienced were now resolved.
- 10.22 The PPC considered the Applicant's assertion that the majority of prescriptions generated within the Lenzie area were currently dispensed outwith Lenzie and that this was, in his opinion, because of the inadequate service provided by Boots UK Ltd.'s branch in Lenzie. The PPC could find no evidence to support this assertion and considered that it failed to take into account patient choice, necessity to travel outwith the area for services, and for work. It did not necessarily follow that Lenzie residents were opting to have their prescriptions dispensed outwith Lenzie solely due to perceived inadequate service provided by Boots. Given the demographics of the Lenzie area showed a mixed population of elderly, and young children (sectors of the population who might have a higher than average need to access pharmaceutical services) this would be mitigated by the relevant affluence, mobility and health of the residents.
- 10.23 The PPC looked at the Applicant's assertions around delivery services, and that the level of delivery service into Lenzie by the existing contractors demonstrated inadequacy of service. The PPC were aware that there were ranges of reasons why a delivery service would be useful, but not relied upon to replace a face to face pharmaceutical service. The Committee averred that the existence of a delivery service into a neighbourhood could not be used as evidence of inadequacy.
- 10.24 The Committee noted that within the area they had defined there was one pharmacy, with a further 6 pharmacies situated outwith, but within a one mile radius of the Applicant's proposed premises.
- 10.25 The PPC noted that the Applicant appeared to rely on the argument that services within his defined neighbourhood were inadequate which took no cognisance of the services which were currently being provided by existing contractors into the area. Existing contractors provided all core services, along with a range of national and local additional services. All Interested Parties had confirmed that their pharmacy had capacity within its infrastructure to take on more services and patients. This was particularly relevant taking into consideration the relatively minor increase in population that might be expected from the few developments that were currently taking place in the area.
- 10.26 The current network of pharmacies provided a range of opening times, with the majority providing services in excess of the minimum required by the Health Board via their Model Hours of Service Scheme. There was also a demonstrated commitment to Pharmacy First Plus, with two of the current contractors already involved in the service.

- 10.27 In further consideration over the level of complaints around services, the PPC noted the number of complaints notified to the Health Board via the Patient Rights exercise which was undertaken quarterly and which reported complaints received by community pharmacies under specific categories. The PPC would have expected to see a higher level of complaints reported to reflect the apparent level of dissatisfaction with the existing service provision.
- 10.28 The PPC considered the Applicant's assertions around how he would staff his pharmacy. He had confidently asserted that he would provide two pharmacist cover and would rely on friends and others who were locums to cover holidays and sick leave. The PPC wondered how stable this arrangement could be given the current known workforce pressures.
- 10.29 In final deliberation, the PPC considered the Applicant's apparent reliance on focussing on the services provided specifically by Boots, while not taking into consideration the wider provision to the neighbourhood by nearby existing contractors. While the PPC recognised that there may have previously been some issue with the service provision in Boots for a host of reasons, they were satisfied that Boots had taken steps to resolve these issues and that any remaining dissatisfaction shown might well be residual feeling from an element of the population who supported the Applicant's case rather than from direct experience.
- 10.30 The Applicant had, in the PPCs opinion provided only anecdotal evidence to illustrate that existing services were inadequate. He had relied predominantly on the perceived substandard service provided by Boots, while not taking into consideration the other contractors in the current network. In addition, he had relied solely on the provision of services within the neighbourhood while disregarding the services providing by others into the neighbourhood.
- 10.31 Patients currently accessed pharmaceutical services from pharmacies that were situated within the neighbourhood and at the main shopping area that would be used by residents living in Lenzie. The PPC had gleaned from extensive questioning of the Applicant and Interested Parties that these pharmacies could be accessed by car and via public transport. The Applicant had, by his own admission commended the current network in Kirkintilloch in their standard of service. Services which were readily available to the residents of Lenzie. The Committee were clear in their assertion that patients had a good level of choice within reasonable distances from where they might live to access alternative pharmaceutical provision if they felt their current community pharmacy was underperforming. The PPC agreed that given the level of current provision in the wider area, services available to patients in the defined neighbourhood could not be considered inadequate. The notion of inadequacy was, in the PPC opinion theoretical and not based in evidence.
- 10.32 **In accordance with the statutory procedure Mr Alasdair Macintyre (Contractor Pharmacist Member) and Mr Josh Miller (Non-Contractor Pharmacist Member) left the hearing at this point.**
- 10.33 **The Committee concluded that there was no evidence provided to demonstrate any inadequacy of the existing pharmaceutical services to the defined neighbourhood.**

- 10.34 In accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, the Committee, for the reasons set out above, considered that the pharmaceutical service into the neighbourhood to be adequate.
- 10.35 Accordingly, the decision of the Committee was unanimous that the provision of pharmaceutical services at the 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 subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.