PPC [M] 2023 - 02

Pharmacy Practices Committee

Minutes of the meeting held on Tuesday 18th April 2023 at 0900 hours in the Glynhill Hotel, 169 Paisley Road, Paisley, PA4 8XB

PRESENT:

Mr Charles Vincent	Deputy Chair
Mr Stewart Daniels	Lay Member
Mrs Beth Diamond	Lay Member
Mr John Woods	Lay Member
Mr Josh Miller	Non-Contractor Pharmacist Member
Mr Ewan Black	Contractor Pharmacist Member
Mr Colin Fergusson	Contractor Pharmacist Member

IN ATTENDANCE:

Mrs Trish Cawley	Contracts Co-ordinator, NHS GGC
Mrs Michelle Cooper	Contracts Supervisor, NHS GGC
Mrs Janine Glen	Contracts Manager, NHS GGC

OBSERVERS:

Michele Cramer	NHS Borders
Susan Ringwood	NHS Highland

1.	**MEETING CONVENED**
1.1	The Pharmacy Practices Committee (PPC) convened at 0915 hours.
1.2	The Chair asked the members present to confirm that they had no interest in any of the business to be conducted by the PPC. Each member confirmed individually there were no conflicts of interest.
2.	**ATTENDANCE OF OBSERVERS**
2.1	**The Chair formally convened the open session of the hearing and welcomed the Applicant and Interested Parties.**
2.2	The Chair intimated that Michele Cramer, NHS Borders and Susan Ringwood, NHS Highland, wished to observe the hearing for training purposes. The Chair stressed that both Michele and Susan would take no part in either the open hearing or the decision making process and asked for agreement to their observing the meeting. The Applicant and Interested

	Party made no objection to Michele or Susan's attendance and both were admitted to the hearing via Microsoft Teams.
3.	**DETERMINATION OF APPLICATION**
3.1	**APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST CASE No: PPC/INCL01/2023 – Sycamore Mill LLP, 500 Corselet Road, Old Darnley Mill, Darnley, Glasgow, G53 7RN**
3.2	Mr Raheel Bhatti, ("the Applicant"), was assisted by Mr Zain Younis.
3.3	The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend this hearing, were:
3.4	**- Mr Rodney Haugh representing Houlihan Pharmacy Ltd (assisted by Ms Louise Green).**
3.5	This constituted the "Interested Party".
3.6	The Applicant and Interested Party were advised that the meeting had convened at 0915 hours when all present were invited to state any interest in the application. No interests were declared.
3.7	The Chair advised all present that no group site visit had taken place. Instead members of the PPC had undertaken individual site visits to the proposed premises and surrounding area.
3.8	The Chair advised all present of the necessary housekeeping.
3.9	This oral hearing had been convened under Section 3, Paragraph 2 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended. The PPC was to consider the application submitted by Sycamore Mill LLP to provide general pharmaceutical services from premises situated at 500 Corselet Road, Old Darnley Mill, Darnley, Glasgow, G53 7RN ("the Proposed Premises").
3.10	The purpose of the meeting was for the PPC to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the Applicant's proposed premises was located.
3.11	Confirmation was sought by the Chair that the Applicant and Interested Party were not attending this hearing in the capacity of solicitor, counsel or paid advocate. All parties confirmed individually that this was the case.
3.12	The Chair advised all parties of the hearing procedure to be followed stating that only one person was allowed to speak on behalf of the Applicant and the Interested Party.
3.13	Confirmation was sought that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries

	about those procedures and were content to proceed. All parties individually confirmed agreement.
3.14	The Chair asked the Applicant and Interested Party if they consented to the meeting being recorded. The Applicant and Interested Party each individually gave their consent.
3.15	Finally, the Chair confirmed that the PPC had read all the papers submitted so invited Mr Bhatti to speak in support of the application.
3.16	**Before Mr Bhatti started his presentation he asked the Chair about the other Interested Party (Rightdose Pharmacy) who had made a written representation regarding the application, but who was not in attendance at the hearing. Mr Bhatti asked if the PPC would still take this representation into account or whether it would be discounted because the Interested Party hadn't turned up to the hearing.**
3.17	**The Chair confirmed that the PPC would still take into account the written representation submitted by Rightdose Pharmacy.**
4.	**<u>THE APPLICANT'S CASE – (below was reproduced from Mr Bhatti's pre-prepared statement)</u>**
4.1	Mr Bhatti thanked the PPC for providing him the opportunity to present his case, and advised he was here today to advocate for the inclusion of their proposed pharmacy within the pharmaceutical list. Mr Bhatti also thanked the PPC for taking the time to consider the application for premises which would be situated at 500 Corselet Road, Old Darnley Mill, Darnley, Glasgow, G53 7RN
4.2	Mr Bhatti advised he was accompanied by Zain Younis, the pharmacist partner who, as a resident of Darnley for 15 years and a community pharmacist for five years, possessed a deep understanding of the day-to-day operations of a community pharmacy, as well as its role within a larger multidisciplinary team.
4.3	Mr Bhatti's own background was in finance and healthcare, with experience in construction and business management. As a representative of the Sycamore Medical Centre LLP, he was committed to ensuring the success of the proposed pharmacy.
4.4	Mr Bhatti advised the local GP, who had been serving the community for the last 25 years from their proposed premises since November, was also a member of the LLP.
	<u>Neighbourhood</u>
4.5	Mr Bhatti explained he would provide the Committee with a brief overview of the area, the changes in demographics, the social deprivation index and how these impacted on the community.

4.6	Mr Bhatti advised Darnley was a well-defined suburban mixed-housing area, located in the southwest of Glasgow, bordered by the M77 and the railway line. Mr Bhatti advised if the Committee had already reviewed the mapping documentation, they would've seen how the proposed neighbourhood boundaries encompassed the following: • North: From the M77 at the junction with Kennishead Road, following the railway line until the bridge at Nitshill Road; • West: From Nitshill Road travelling south until it meets Leggatston Avenue; • South: Leggatston Avenue to the M77, encompassing Patterton Range Drive. • East: Following the M77 until it meets the junction with Kennishead Road.
4.7	The neighbourhood was a self-sufficient community, featuring various amenities including supermarkets, such as Sainsbury's a relocated GP surgery known as Sycamore Medial Practice, the forthcoming dental practice, fast food outlets, several churches, petrol stations, primary schools, a nursery, a community centre, parks, including Darnley Country Park and care homes. 92% of the respondents in the Consultation Analysis Report (CAR) agreed with the defined neighbourhood.
4.8	Additionally, Mr Bhatti advised that according to the National Appeal Decision (NAP) in January 2007 for an application made by Houlihan's Darnley, the neighbourhood was noted by the Panel as: *"Being bounded by the railway line to the north, the M77 embankment to the east, and open ground to the south and west".*
4.9	This definition covered the same boundaries Sycamore were proposing.
4.10	The only difference being that the residential limits in the south and west were extended to include the recent housing developments in Sycamore Park and Glenmill. Mr Bhatti advised this also aligned with the NAPs own view: *"The boundaries on the South and West were considered appropriate in that they represented the limits of residential development in the areas South and West of Nitshill Road and South of the railway line".*
	<u>Demographics</u>
4.11	Mr Bhatti advised, the population of Darnley had experienced significant growth over the last 12 years, increasing by almost 30% since 2011, when the population was 7,585. According to the most recent Small Area Population Estimate (SAPE), in 2021 that number increased to 9,168; however, that estimate did not include the additional residents from the recently completed and ongoing housing developments in Sycamore Park

	and Woodilee. Primarily due to dates of most recent estimation. These developments were expected to add at least an additional 650 residents, raising the current estimated population to just under 10,000.
4.12	The area also had a large transient working population, incorporating employees from the local supermarkets, retail park, and surrounding light industrial businesses. There had also been a significant demographic shift over last 12 years which had resulted in a significant increase in both the child and elderly populations. An analysis of the age demographics showed a 42% increase in the over 65's age group. With a 23% increase in the 11 and under age group when compared to 2011 figures.
4.13	The 2019 Pharmacy Workforce Report by Audit Scotland stated that the demand for pharmacy services was directly related to the size and age distribution of the local population. In other words, the larger the population, the higher the demand on services from vulnerable groups such as the young and elderly.
	<u>Scottish Index of Multiple Deprivation (SIMD)</u>
4.14	Mr Bhatti advised he would look at the Scottish Index of Multiple Deprivation (or SIMD). For the benefit of those who were not familiar with this measure, Mr Bhatti explained that SIMD was a relative measure of deprivation across 6,976 small areas (called data zones). If an area was identified as deprived, it could relate to people having lower incomes and could also mean fewer resources or opportunities. SIMD looked at the extent to which an area was deprived across seven domains – income, employment, education, health, access to services, crime and housing.
4.15	Mr Bhatti advised the SIMD ranked data zones from most deprived (ranked 1) to least deprived (ranked 6,976). People using SIMD often focused on the data zones below a certain rank, for example, 10% - 20% most deprived data zones in Scotland. Although Darnley was relatively affluent with an influx of families and couples in the new housing developments, there remained significant pockets of deprivation within the area. According to the latest Index of Social Deprivation in 2020, there was one data zone within the defined neighbourhood falling into the 2nd decile (i.e., within 20% of the most deprived areas in Scotland), and two data zones falling into the 3rd Decile, again within 30% of the most deprived areas in Scotland.
4.16	For health deprivation, this increased to two falling into the 20%, and another two into the 30% most deprived areas. Over 1/3 of the neighbourhood population, residekd in these deprived areas. Audit Scotland reported that the demand for pharmacy services was a function of the level of socioeconomic deprivation. They were able to show a positive relationship between the SIMD decile and the number of community pharmacies. There were more community pharmacies in decile 1, the most deprived decile, compared to decile 10, the least deprived decile. In other words, the greater

	the level of deprivation, the higher the demand for pharmacy services.
4.17	Having established the neighbourhood boundaries, looked at the population growth, varying demographics and associated levels of deprivation, Mr Bhatti wished to turn his attention to the existing community pharmacy services in the area.
	Existing Community Pharmacy Services
4.18	Mr Bhatti advised there were four pharmacies nearest his proposed site: 1. Rightdose Pharmacy,, Kennishead Road – around 1.1 to 1.3 miles from proposed location; 2. Houlihan's Arden, Kyleakin Road – around 1 mile away from the proposed location; 3. Well Pharmacy, Nitshill Road – 0.8 miles away from the proposed location; and 4. Houlihan's Darnley, Darnley Mains Road – 0.1miles from the proposed location
4.19	Mr Bhatti referred again to the NAP Decision in 2007. Rightdose, Houlihan's Arden and Well Pharmacies had been deemed to primarily serve separate neighbourhoods. Mr Bhatti advised that from the minutes of the NAP's decision, it was considered that the pharmacies located outwith the neighbourhood, namely, Arden, Thornliebank and Carnwardric, were a far distance from the neighbourhood and were not well connected in terms of either pedestrian or vehicular access given the presence of the M77 motorway. Mr Bhatti advised it was clear that the neighbourhood population did not access pharmaceutical services at the pharmacy at Arden or Nitshill. As an aside, Mr Bhatti advised it was interesting to note that despite objections being raised and how close the neighbouring pharmacies were, there was no representation today from either Rightdose or Well, who were the second closest pharmacy to the proposed site. Mr Bhatti advised that, based on these factors and the NAP decision, it could therefore be concluded that the Darnley neighbourhood was currently only served by a single community pharmacy, Houlihan in Darnley.
	Legal Test
4.20	Mr Bhatti explained that the Pharmacy First (PF) service, was introduced in 2020. Among the service's key objectives was the reduction of demand on primary healthcare providers, effectively providing patients with timely access to appropriate treatment, to help alleviate the workload burden on other primary care health service providers such as GPs and nurses. The legal framework governing the Pharmacy First service was set out in The Directions for NHS Pharmacy First Scotland along with the NHS Pharmaceutical Services Regulations 2013 and amended in 2018. These Regulations set out the specific requirements and conditions for the provision

	of the Pharmacy First service in Scotland, including procedures for patient referral. Under these Directions, when a pharmacist refers a patient to another healthcare provider, they were expected to provide appropriate documentation to support the referral, including relevant medical information and details of any prescribed medication.
4.21	Mr Bhatti advised, that documentation should be provided in a timely, clear and accurate manner, and in accordance with the relevant legal and ethical requirements for the provision of pharmaceutical services by using the recommended SBAR (situation, background, assessment and recommendation). The local GP (Sycamore Medical Practice) had intimated that they had barely received a written or verbal request for a referral, nor had they been made aware of the regulations regarding Pharmacy First referrals. In fact, the first the Practice was made aware of a PF referral was when the patient rang or attended the practice and advised they had been seen by the pharmacist who had said they should seek a further healthcare assessment from their GP. Mr Bhatti explained that patient expectations were raised, and, they assumed they would be seen as an emergency appointment, or given priority, as they had already been seen by another healthcare provider.
4.22	Mr Bhatti advised that considering Houlihan pharmacies in Arden and Darnley dispense over 83% of its prescriptions, it was likely that a considerable portion of patients who indicated they required a referral appointment after such a consultation, were being referred by these pharmacies. As a result of these undocumented referrals, the objective of reducing workload demands on GPs and nurses was not being met, and with patients resorting to seeking emergency care, the pressure and workload on practice staff was increasing rather than decreasing. Overall, it was important for pharmacists to provide appropriate documentation and communication when referring patients to other healthcare providers, in order to ensure patient safety and continuity of care, and to comply with the relevant legal and regulatory requirements for the provision of pharmaceutical services. It was clear that Darnley for this core service was failing to meet its statutory obligations.
	<u>Capacity</u>
4.23	Mr Bhatti advised that the PF service was designed to manage certain conditions and while a 24hr collection and delivery services or collection robots were useful, they could not replace the benefits of face-to-face consultations. According to national data for 2022, the average monthly number of PF consultations was 33. Excluding Houlihan's in Darnley, the monthly average consultations for pharmacies in the vicinity and the surrounding areas of the proposed location which included pharmacies in Thornliebank, Barrhead and Pollok was 48. By comparison, Houlihan's in Darnley had an average of 426 consultations per month. That equated to over 5,000 consultations conducted throughout the calendar year, which was

	almost two hours of face to face interaction per day. Mr Bhatti advised this must place a significant strain on staff resources.
4.24	Mr Bhatti further advised that over the past decade, there had been a substantial increase in the dispensing volume within the neighbourhood. In 2022, the average volume of dispensing prescriptions per pharmacy nationally was 82,000. In the Greater Glasgow & Clyde Health Board (GGC) region, that number increased to 85,000. Houlihan Pharmacy in Darnley recorded over 226,000 dispensing prescriptions, which was almost three times the GGC average.
4.25	When considering whether the neighbourhood population accessed pharmacy provisions in the surrounding areas, it was worth noting that pharmacies within a 10-minute drive of the neighbourhood (including Silverburn, Barrhead, Eastwood, Thornliebank, and Newton Mearns) had experienced an average growth in dispensing prescriptions of 9% compared to 2014. This compared with the GGC average growth in the same timeframe of 5%. Mr Bhatti advised that Houlihan in Darnley had experienced growth of over 105%. Mr Bhatti pointed out that the only area in the locale that had experienced substantial growth in new housing within this timeframe was Darnley.
4.26	Mr Bhatti advised that if the Public Health Scotland data was used, then an estimated population served by pharmacies within GGC averaged around 4,100 per pharmacy. However the pharmacy in Darnley, served an estimated population of 10,900. That aligned with the estimated neighbourhood population and underlined the neighbourhood population growth in the area.
4.27	Based on those numbers, the majority of the local population continued to access pharmacy services within walking distance of their homes, and supported the research laid out in the Pharmaceutical Care Services Plans – where physical accessibility was an important element of adequacy and desirability.
4.28	As referred to in various Assessment Plans, National research indicated that 44% of the population were within 10 minutes travelling time of their pharmacy and 86% of the population were within 20 minutes travelling time of their pharmacy. This data also showed that 47% of respondents travelled by car and 42% walked. Mr Bhatti explained this data was relevant as it was an important factor when considering whether there was enough capacity within the existing pharmacy provisions to meet local demand.
4.29	Having established that that the neighbourhood population was in the region of 10,000, that there was a significant element of deprivation in the area, that there was only one pharmacy within the neighbourhood, which was Houlihan's in Darnley and it was dispensing prescriptions almost three times the GGC average, Mr Bhatti advised the focus should now turn to whether

	the existing pharmacy provision in the neighbourhood was adequate.
4.30	Mr Bhatti referenced the Consultation Analysis Report (CAR) conducted as part of the public consultation process.
4.31	Only 54.9% of the responses agreed that existing pharmaceutical services were adequate. Response examples included: • *"Only one pharmacy nearby – Houlihan's Darnley and they were always busy";* • *"Although there was a pharmacy literally down the road, the waiting time for a prescription was ridiculous";* • *"Although they say they provide a service, it was very difficult to access Houlihan as they were always busy and not easy to get to";* • *"There was only one pharmacy in the neighbourhood which was not sufficient for the whole area"*
4.32	Mr Bhatti advised there were issues surrounding the Acute Medication Service (AMS) Core Service, specifically in relation to the electronic transmission of prescriptions. The nearest GP practice, Sycamore Medical Practice, had received (and continued to receive) numerous queries from patients about "missing" prescriptions. Those queries related to patients being referred back to the GP from their pharmacy to ask if their prescription had been issued or picked up as the pharmacy were unable to locate the patients' prescription.
4.33	Due to the volume of enquiries, and the associated strain on resources in investigating them, the practice started keeping records to identify where these issues were originating. Over a 9-month period from February to October 2022, a total of 483 enquiries were recorded, averaging at around 13 cases per week. It was determined that in every single case, the prescription had been issued on the day of GP consultation and subsequently collected either that day or the following morning. All enquiries related to either Houlihan's Darnley or Houlihan's Arden.
4.34	In each case, when the patient was advised that the prescription had been issued and collected, they returned to the pharmacy and their medication was subsequently provided. This problem was verbally communicated on a number of occasions by practice staff to both pharmacies but there had been no discernible improvement to date. If an extrapolation of the average number of queries experienced by the local GP practice was done, and apply it to the overall number of prescriptions processed in the Darnley pharmacy for example, there may be over 413 such incidences of missing prescriptions happening every week. Mr Bhatti advised it was important to acknowledge this was only an extrapolation based on the available data to hand. Further investigation may be necessary to understand the root cause of the issue. Nonetheless, the evidence presented, strongly suggested there may be a

	processing backlog in the local pharmacy which was causing delays in scanning prescriptions, leading to instances of missing prescriptions and subsequent patient irritation.
4.35	Mr Bhatti advised they had been made aware of three incidents recently occurred at the Pharmacy in Darnley which were of some concern. In the first case, a patient who had been prescribed medication for type-2 Diabetes was instead given a hormone for sleep problems instead. That error was only discovered by chance when the patient visited her GP on another unrelated matter.
4.36	In the second instance, a patient suffered a stroke because she was unable to obtain her regular medication for hypertension. Despite the patient's efforts to obtain her medication, the pharmacy referred her back to the GP Practice, claiming that they were still waiting for the prescription. However, it was later discovered that the Pharmacy had received the prescription on the day of the patient request. Mr Bhatti advised that even if the prescription could not be located, as this was a regularly prescribed medication, an emergency supply should had been provided as part of the Unscheduled Care Service; however this never happened.
4.37	Thirdly, the pharmacy continued to dispense the wrong dosage of diabetes medication than prescribed, even when repeatedly advised of the error by the patient.
4.38	Mr Bhatti advised that while it was true that mistakes could happen in any profession, it was deeply troubling when these mistakes had such potentially serious consequences. When these incidents were combined with the increased demand for medication in the area, it was clear that the current community provision was not sufficient to meet the needs of patients.
4.39	Mr Bhatti explained that it was important to emphasise that this was not a reflection on the professionalism or competence of the Pharmacy staff. They undoubtedly worked hard to provide the best possible care for their patients. However, the fact remained that the current service was struggling to keep up with the demand in the community, and was a problem that needed to be addressed.
4.40	In summary, based on the population size and demographics, the large number PF consultations and referrals, the GP data regarding missing prescriptions, and those recent incidents, it was evident that the existing community pharmacy provision in the neighbourhood was inadequate and falls short of meeting the community's needs.
	Desirability
4.41	Mr Bhatti advised, the proposed community pharmacy at the Old Darnley Mill was an ideal and desirable location for the community being served. The building was recently refurbished and provided dedicated consultation rooms for the pharmacist. Co-tenants of the medical centre included a GP practice

	and a dentist, with proposals for an optometrist, physiotherapy and other health-related services. Its location was at the intersection of Corselet Road and Nitshill Road and was easily accessible from both road and foot.
4.42	The pedestrian-friendly route from the Southpark, Glenmill, and Sycamore Park developments through Dams to Darnley Country Park was also a bonus. As noted earlier, national research had shown that 42% of the population walk to their local pharmacy. With 40 dedicated parking spaces, disabled parking, and full compliance with the Disability Discrimination Act (DDA), the site was fully accessible for everyone.
4.43	In contrast, Houlihan's Darnley pharmacy could be challenging to access, particularly for pedestrians. It was located within a busy retail park, which primarily catered to cars, and required crossing at least two busy roads to reach. Access issues were particularly acute during the morning and afternoon school runs when traffic queuing from McDonalds located in the retail park which prevented vehicular access to the retail park itself. Relevant comments from the CAR included: • *"Parking was limited and it could be difficult to get to as it's on a very busy route";* • *"Site across from Houlihan made it even more difficult to access parking";* • *"Although they say they provide a service, it's very difficult to access Houlihan as they were always busy and not easy to get to";* • *Yes, this would help as the pharmacy next to Sainsbury's was difficult to get to due to traffic bollards."*
4.44	Results from the CAR underlined support for the addition of a pharmacy within the medical centre. 78% of respondents supported the opening of a new pharmacy in the Old Darnley Mill, and 78% agreed that this was an appropriate location.
4.45	Sycamore Mill's aim was to provide a comprehensive range of national and local services, further enhancing the level of care offered to the community.
4.46	In addition to the core pharmacy services, the following services would be offered subject to approval by the Health Board: • National Services including Opiate Substitution Therapy, • Palliative Care, • Advice to Care Homes, • Stoma Service, • Unscheduled Care,

	• and Local Services including Multi-compartment Compliance Aids.
4.47	Despite initially considering the provision of needle exchange, it was decided against following negative feedback from the CAR.
4.48	The pharmacy would also offer the PF Plus service once all the pharmacists completed their prescribing course. This would allow the management and treatment of a wider range of conditions within the pharmacy and reducing the burden on GP services. In addition, the community pharmacy would have extended opening hours, from 8 am to 6 pm weekdays, 9 am to 1pm Saturdays and late opening until 7 pm two days a week, to accommodate working individuals. The pharmacy would not close for lunch, which was in line with the medical centre's opening hours and extended beyond the NHS core model hours. These measures aimed to further improve accessibility and provide convenient services for the local community.
4.49	It was the accepted view that 2,000-4,000 prescription items dispensed per month was sufficient to support the viability of a pharmacy in conjunction with other NHS Services, it was obvious that another pharmacy would not undermine the existing services. With two pharmacies dealing with high dispensing and high workload in the area, would surely serve Darnley better than one pharmacy running at capacity.
4.50	As the pharmacy becomes established and the core team and services were in place, the plan would be to expand services to include Blood Pressure Monitoring, Flu/Travel Clinic, Podiatry, and Weight Loss Services. Being part of the Multi Disciplinary Team on the same premises, with direct access to other healthcare providers, would help provide a comprehensive and integrated approach to healthcare and meet the needs of the community.
	Conclusion
4.51	In conclusion, the proposed community pharmacy at the Old Darnley Mill would meet the unmet need of core services by the existing community pharmacy provision and be a desirable addition to the community. Darnley had experienced considerable population growth in the last 12 years or so, resulting in increased local demand for pharmaceutical services. There was only one pharmacy in the locale and this was serving a population more than twice the average expected by a single pharmacy.
4.52	As evidenced by the PF referrals, the adverse CAR comments, the missing prescriptions data collated by the local GP, and the recent incidents affecting patient safety, it was clear that this demand was not being adequately met through existing pharmaceutical provisions. The proposed pharmacy would provide improved accessibility and convenient services for the local community, and would align with the Scottish Government's strategy for *"Achieving Excellence in Pharmaceutical Care,"* and meet the evolving needs of the community.

4.53	Given the reasons above, Mr Bhatti advised the new contract was necessary and desirable, and respectfully asked that it be granted.
4.54	Mr Bhatti thanked the PPC for listening and invited comments and questions.
4.55	*This concluded the Applicant's submission and the Chair invited the Interested Party to question the Applicant*
5.	**QUESTIONS FROM INTERESTED PARTY TO THE APPLICANT**
5.1	**Questions from Mr Rodney Haugh (Houlihan Pharmacy Ltd)**
5.2	Mr Haugh asked if the Applicant could clarify his population statistics as he had alluded that the population had increased by around 30% from 2011. Mr Bhatti advised that the population in 2011 was 7,585. The population in 2021 was 9,168 as stated by SAPE.
5.3	In response to Mr Haugh's suggestion that this did not constitute a 30% increase, Mr Bhatti clarified that the 30% increase included the 650 additional residents from the Sycamore Park and Woodilee developments which weren't included in the 2021 statistics.
5.4	**Mr Haugh stated that he was concerned about the prescriptions that were apparently going missing and explained that Houlihan Pharmacies had very thorough procedures in place. The Chair intervened as this was not a question to Mr Bhatti, The Chair explained that Mr Haugh would have a chance to talk to this during his presentation.**
5.5	Mr Haugh asked the Applicant if he had made contact with any other GP practices in the neighbourhood to find out if they had experienced similar issues to those Mr Bhatti had described about *"missing prescriptions"*. Mr Bhatti confirmed that he hadn't. Mr Haugh asked Mr Bhatti if he had spoken to any of the other GP practices within the area to find out if they were experiencing the same issues. Mr Bhatti responded that he only had data from the Sycamore Medical Practice audit, which was undertaken from February to October 2022. Mr Bhatti went on to say that he had anecdotal information that practice staff had discussed these issues with the Thornliebank practices during their cluster meetings who indicated that it was a common problem. Mr Bhatti reiterated that the information that he had presented related to the local practice and that the number supplied was only a small percentage of the cases that had been recorded.
5.6	Mr Haugh asked Mr Bhatti if he knew the name of the Houlihan Pharmacy representative that Sycamore Medical Practice had spoken with regarding these issues, since neither he nor Louise had any knowledge of them. In response, Mr Bhatti stated that he would suspect that whoever answered the phone or the pharmacist on duty would be responsible for the normal communication between the practice staff and any pharmacy when there were emergency care needs.

5.7	Mr Haugh asked Mr Bhatti if he had a plan for the proposed premises that could be shared. Mr Bhatti explained that there was a plan for the 1,000 to 1,500 square premises; however, it was his understanding that he wasn't permitted to present any additional paperwork at the meeting; therefore, he could not provide that information today.
5.8	Mr Haugh noted that Mr Bhatti had stated in his presentation that the number of people within the neighbourhood who were over 65, had increased from 2011 to 2020. Mr Haugh then asked Mr Bhatti if he knew the percentage of people who were over the age of 65, compared to the Scottish average. Mr Bhatti explained that he was unable to give this information as it was on his laptop.
5.9	**Mr Bhatti then asked the Chair if he was allowed to access his laptop.**
5.10	The Chair asked Mr Haugh if there was a follow up that he wanted an answer to. Mr Haugh responded that he just wanted to know if Mr Bhatti knew what the Scottish average was. Mr Bhatti stated that he did not know this information as his information related to the neighbourhood only.
5.11	Mr Haugh asked if this was the same for the percentage of under 12s. Mr Bhatti confirmed that it was.
5.12	In response to Mr Haugh's question as to what core services were not being provided in the neighbourhood, Mr Bhatti responded that he believed that the Pharmacy First core service was not being delivered adequately. He advised that in his opinion it wasn't just about the breadth of the service being provided but also the adequacy of the service, which was what the Applicant was challenging.
5.13	Mr Haugh enquired if Mr Younis had started his Independent Prescribing course. Mr Bhatti responded that Mr Younis had not started the course; however, Mr Younis had been allocated a placement. Mr Bhatti also added that he had another practitioner who was fully qualified and would be providing this service while Mr Younis completed the course.
5.14	Mr Haugh referred to Mr Bhatti's statement, in which Mr Bhatti specified that prescription figures for all local pharmacies had increased significantly between 2014 and 2021. Mr Haugh then stated that surgeries within the Pollock area contributed to 39% of Houlihan's prescription figures and that the prescription figures for Well pharmacy, Pollok were down and Boots pharmacy, Silverburn were down nearly 30% during that period. Mr Haugh asked Mr Bhatti if he agreed that a significant proportion of the growth that Houlihan pharmacy had experienced actually came from Boots and Well pharmacies and not from an increase in pharmaceutical requirements within the neighbourhood, which combined was almost 7,000 items per month. Mr Bhatti noted, this could also apply to pharmacies in Barrhead, where prescriptions had dropped 20%, and explained that there was an offset, which was that there had been significant influences from pharmacies nearby and it was just a matter of normal turnover. Mr Bhatti suggested that the

	most important thing to remember was that people prefer to go to their local pharmacy rather than travel to Silverburn, Barrhead, or Pollok.
5.15	*This concluded Mr Haugh's questions and the Chair invited the PPC to question the Applicant*
6.	**QUESTIONS FROM THE PPC TO THE APPLICANT**
6.1	The Chair asked the Applicant to clarify if he had said at the beginning that the local GP was a member of the LLP and would therefore be an owner of the pharmacy. Mr Bhatti clarified that the pharmacy would be owned by Sycamore Mill LLP, which was a partnership between the Pharmacist and Sycamore Medical Centre LLP. Mr Bhatti advised that he was a member of Sycamore Medical Centre LLP as was the GP, however the GP was a silent member. The GP would not have part ownership of the pharmacy but an interest. Mr Bhatti advised that ownership involved control and the GP would not have control, but effectively a small shareholding of the pharmacy.
6.2	**The Chair asked the Pharmacy Practices Committee (PPC) if they had any questions relating to this that they need clarification on.**
6.3	Mr Fergusson asked to follow up this information and sought confirmation from the Applicant that the pharmacy would be owned by a limited company. Mr Bhatti advised that the pharmacy would be owned by a corporate limited partnership. The GP was not on the pharmacy LLP but was on the Medical Centre LLP. These were two separate LLPs. There was a connection between the two.
6.4	**Mrs Glen explained to the Chair that a GP as a sole person would not be allowed to own a Community Pharmacy, within an LLP the GP was allowed as long as there was a pharmacist in control of the pharmaceutical list aspect of the business.**
6.5	**The Chair sought opinion from the members of the PPC as to whether they felt that Central Legal Office (CLO) opinion was needed to understand the technicalities of the LLP situation and whether it was appropriate for the GP to be involved. All members felt it would be helpful to seek CLO advice.**
6.6	**The Chair asked Mrs Glen if she was comfortable with this structure and that Central Legal Office (CLO) advisement was not required. Mrs Glen advised that the PPC were entitled to seek advice from CLO if they felt this would assist.**
6.7	**Mr Woods noted that there was a difference between having shares in an LLP and being a member, which obviously had a connection between the two, and felt that it would be useful to seek advice from the CLO.**

6.8	**Mrs Glen stated that she would contact CLO. Mrs Glen and Mrs Cooper left the room to contact a CLO representative and the PPC continued with their questioning pending CLO's response.**
6.9	Mr Black asked the Applicant about the audit the medical practice had undertaken which had involved Houlihan's Darley, whether a similar exercise had been undertaken for other community pharmacies in the area and if so whether their percentages were at odds with those of Houlihan's. Mr Bhatti advised that all the data he included in his presentation could be supported by genuine audits or information available from publicly available sources. They had undertaken similar exercises with other pharmacies and for example he had quoted that Houlihan's had experienced 105% growth. This information had been obtained from the contractor activity data provided and when compared with surrounding areas that showed growth.
6.10	In response to an invitation from Mr Black to focus on the audit around missing prescriptions and whether a similar exercise had been undertaken with other community pharmacies, Mr Bhatti confirmed that 82% of the prescriptions generated by the local GP practice were dispensed in either Houlihan's Darnley or Houlihan's Arden. Of the 483 enquiries recorded during the audit conducted between February and October 2022, 437 came from Houlihan's Darnley and 46 came from Houlihan's Arden. Mr Bhatti expanded that 20% of the prescriptions dispensed by Houlihan's Arden came from the local GP practice with 2.9% of Houlihan's Darnley coming from the same place. This was based on specific data points.
6.11	Mr Black specified that he was merely trying to ascertain if there was a problem with the practices procedures that was causing some of the issues or whether it was purely down to the pharmacy(s). The audit was conducted by Mr Bhatti using EMAS, the clinical software for generating prescriptions, followed by the prescription tracker. Both of these criteria were able to determine that none of the queries raised were the responsibility of the GP in every single case. The prescriptions had been picked up on the day of the consultation or the following morning, the gap arose when the patient returned to the GP and explained that they had been advised by the pharmacist that the prescription had not be issued.
6.12	In response to questioning from Mr Black about his comments at the beginning of his presentation suggesting that communication from the pharmacy to the GP practice around the Pharmacy First service was poor, Mr Bhatti advised that he could only put forward the information the GP had gathered which was that they had only received one verbal referral. The point was the legislation clearly showed the process to be followed and this wasn't being done. Mr Bhatti couldn't comment on whether this was a general problem or specific to any one pharmacy. There was a failure to follow due process and this was having a knock on effect on the GP service which was the opposite of the intended objective.
6.13	Mr Black asked if it was the Applicant's assertion that Houlihan's Darnley offered an inferior service to that provided by other community pharmacies.

	Mr Bhatti advised that given that 83% of the prescriptions generated by the local GP practice were managed by Houlihan's Darnley it was very strongly indicative that this was specific to Houlihan's. Mr Bhatti reiterated that of the 483 enquiries recorded during the audit, none had been from any other pharmacy.
6.14	**At this point Mrs Glen and Mrs Cooper re-joined the hearing and advised the CLO would join the hearing via a Teams link to hear the issue around ownership of the pharmacy and take the PPC's questions.**
6.15	**Mr Michael Stewart from CLO joined the hearing at this stage. The Chair undertook introductions.**
6.16	**The Chair summed up the question saying the Applicant had a two tier LLP structure where the upper level had an ownership from a GP. The PPC were looking to understand the structure and ensure that there was no impediment around a GP being involved in the structure. The Chair invited Mr Bhatti to provide explanation.**
6.17	**Mr Bhatti explained to CLO that the application was made on behalf of Sycamore Mill LLP, which was an LLP corporate partnership, and had Mr Zain Younis as the pharmacy partner and Sycamore Mill Medical Centre LLP as its corporate partner. Within Sycamore Mill LLP there were members of which the GP was one.**
6.18	**Mr Michael Stewart asked what the core part of the structure was. Mr Bhatti advised that the pharmacist was one partner in the LLP and was individually named. The other partner in the LLP was a corporate body, Sycamore Medical Centre LLP which was made up of individual bodies, of which he was one, as was the GP (amongst others).**
6.19	**Mr Stewart advised that this appeared to be a complicated situation and he would have to look into the issue further. This would take some time. In terms of practicalities there were two options for the PPC. One: there could be an adjournment to allow this to be done, or two: the PPC could continue with the hearing on the basis that there could perhaps be an adjournment in due course.**
6.20	**The Chair asked Mr Stewart if he had an indication of how long this investigation would take. Mr Stewart stated that it would take between half an hour and an hour to review the regulations, and that he was going to pass this onto one of his colleagues who was currently in the CLO office.**
6.21	**The Chair took the opinion of members of the PPC who all confirmed their agreement to continue with the hearing until CLO could return with complete advice.**
6.22	**At this point Mr Bhatti raised a point of order in that the ownership and structure of the proposed pharmacy had been discussed at length at**

	the Pre-Application stage of the process. The Health Board representatives had been satisfied that the declaration of interest was competent to process and had proceeded on this basis.
6.23	**Mrs Glen advised that while this was true, the PPC were entitled to seek their own legal advice.**
6.24	**The PPC's questioning of the Applicant resumed.**
6.25	In response to questioning from Mr Daniels, Mr Bhatti advised that he could not comment on the absence of complaints to the Health Board from patients in light of the issues Mr Bhatti had illustrated. Mr Bhatti suggested that most patients, once they had their prescription, were reluctant to find out what the complaints process was. They would be more likely to raise the issue directly with the pharmacy. He did know that they had made complaints to the GP but he couldn't comment on why there were no complaints. Mr Bhatti advised that the issue wasn't that the prescriptions weren't being processed, but rather that they weren't being processed in a timely manner. Therefore when a patient receives their medication a day or two late then they wouldn't necessarily raise a complaint.
6.26	Mr Daniels asked about new developments in the area and the fact that according to Glasgow City Council information, there were only 283 additional residences to be built in the short term and 71 to be built in the medium term. Mr Bhatti confirmed that his figures did not relate to the number of residences, but the number of people. Taking the average occupancy rate of 2.14 people and including developments that had already taken place came to 650. The Applicant had included existing developments constructed from 2021, but not included in the figures.
6.27	Mr Miller asked the Applicant what, in his opinion, *"a timely manner"* would be for the processing of a prescription. Mr Bhatti advised that it would depend on what the local service was. He was aware that some local pharmacies had increased their time due to the number of prescriptions to 72 hours. He would be more inclined to see 48 hours as reasonable.
6.28	In response to further questioning from Mr Miller, Mr Bhatti advised that they would had two pharmacists; one full time, one part time.
6.29	Mr Miller referenced the opening times that were in the CAR, and asked Mr Bhatti why when a majority of people had agreed with the opening hours in the CAR he would increase these hours by 40%, with the original proposed time being 40 hours per week and increasing to 64 hours per week in the application. Mr Bhatti explained that although there was a majority, the working population identified significant gaps that had to be taken into account.
6.30	In final questioning Mr Miller asked Mr Bhatti about his comments on the percentage of people who accessed community pharmacy services on foot. Mr Miller was keen to understand what percentage of the population within

	the Applicant's neighbourhood walked given that only four data zones were considered not to be relatively affluent. Mr Bhatti was aware that many of the young families in the data zones used pedestrian access, but he didn't had any firm figures for this.
6.31	Mrs Diamond asked Mr Bhatti if he could tell the PPC more about the bus services, especially in areas of deprivation as these people might not own their own vehicles. Mr Bhatti confirmed that there were a few bus services that run, No3, No57 & No10 buses; however, he had recently been advised that there were plans to cut back or reduce services which would have a potential impact on people who use public transportation.
6.32	In response to questioning from Mr Fergusson about the Pharmacy First Service, Mr Bhatti advised that there were two aspects to this issue. The first related to the number of Pharmacy First consultations undertaken. The average number, excluding Houlihan's Darnley was 48 consultations per month. Houlihan's Darnley provided on average 426 per month. This was indicative of the volume. The impact on the GP was down to the lack of documentation coming through for referrals.
6.33	Mr Fergusson stated that Mr Bhatti had mentioned that the pharmacy would not offer needle exchange services due to public pressure on the pharmacy application. Mr Fergusson asked if this would deter Mr Bhatti from offering the methadone service. Mr Bhatti explained that the comments relating to the needle exchange service were more around public safety and the potential for needles lying around, rather than the opiate substitution service that sees patient coming in and out and was managed.
6.34	Mr Fergusson asked Mr Bhatti about the patient that Mr Bhatti stated had not been given the medicines under Unscheduled Care and that this patient had had a stroke, Mr Fergusson noted that this was quite a statement to make, and he asked if the pharmacy had caused the stroke. Mr Bhatti stated that he was just giving the facts of what happened. As it was very recent, therefore the pharmacy may not be aware of the incident. The GP was aware of this incident when the hospital contacted them for further information, the GP then conducted an investigation to find out what had happened.
6.35	Mr Fergusson asked if the hospital had confirmed that this happened due to the patient not receiving a tablet. Mr Bhatti stated that this was due to a three-day delay (Mr Bhatti thinks) in getting medication to the patient when they were going back and forth looking for the prescription. While Mr Bhatti had no doubt that the patient should have perhaps been better placed to manage their own medication, he would have expected the pharmacy, having seen how upset the patient was with the situation, to prescribe an emergency prescription for the next few days. However, this didn't happen.
6.36	Mr Fergusson asked the Applicant how many prescriptions he had considered would be required to make a pharmacy viable. Mr Bhatti advised that between 2,000 and 4,000.

6.37	Mr Fergusson asked Mr Bhatti if he thought that the missing prescriptions could be going missing in transport, in one of the pharmacy vans driving around collecting and delivering patient medication. Mr Bhatti stated that his understanding was that there was a pharmacy tracker system which recorded where the prescription was during the journey. Mr Fergusson stated that this didn't apply to the prescription while in the van. Mr Bhatti confirmed no, not in the van. The GP barcode scanned it when it was picked up or been collected by the patient, depending on the situation, the prescription then went into the pharmacy route and this was where the issue was occurring, as it could take an average of 48 to 72 hours to be scanned. Mr Bhatti explained that patients were going into the pharmacy and being told by the pharmacy staff that they did not have the prescription, and the patient then comes back to the GP. Mr Bhatti stated that it wasn't that the patient was coming in the day of the consultation, and going straight to the pharmacy, there was a gap and that was where the patient irritation was coming from.
6.38	Mr Bhatti also stated that when the patient was advised by the GP that the prescription had been sent to the pharmacy and when that patient returned to the pharmacy, the prescription was there, every single time. This was indicative of a backlog.
6.39	Mr Woods asked Mr Bhatti if he had any authoritative document relating to the audit. Mr Bhatti confirmed that he could provide information from the audit; however, this data was done through the GP which wasn't covered within the consultation period, therefore he was unsure if he would be allowed to present this information.
6.40	Mr Bhatti confirmed that this was a specific audit provided and undertaken by the GPs staff over a period of time and that this audit could be provided if requested, Mr Bhatti stated that GDPR would be followed for any request.
6.41	Mr Woods spoke of the difficulty the PPC had as they were not supplied with any documentation to review and what Mr Bhatti had presented was hearsay, his description of it; but there was no actual evidence to substantiate this. Mr Bhatti again stated that he would be very happy to provide this information if it was allowed.
6.42	Mr Woods felt that this should had been part of Mr Bhatti's presentation. Mr Bhatti fully appreciated the comments and stated that perhaps it was his misunderstanding of what he was allowed to present and provide. Mr Bhatti also stated that he was given very clear instructions that it could only be a verbal presentation and that there should be no documentation provided at the hearing, which was why he did not bring the document, and reiterated that this could be provided if requested.
6.43	Mr Woods described that the population figure the Applicant appeared to be relying on was 9,200 in 2021 plus the developments that had been completed since 2021. Mr Woods was keen to understand which developments the Applicant had included in his figures. According to Glasgow City Council information there had been 71 completed in recent

	developments. These were in Carnwardric Road and Corselet Road. The Applicant advised that these developments were included in his figures. Mr Wood described short term developments in the form of Strathcarron Developments and Glenoaks Housing Association. The Applicant advised that the Glenoaks development was situated in Arden and wasn't included in his figures. The 25 houses in the Strathcarron developments wasn't part of the calculations, Medium term projects were Rosehill Housing in Overtoun Avenue and Kilmure Crescent. The Applicant advised that neither of these were included. Sycamore Park was included. This had started on site and was an on-going development.
6.44	**At this point, Mr Stephen Waclawski entered the lobby of Microsoft Teams. He was admitted to the hearing. He explained that his preliminary observation was that Regulation 5(1) of the current pharmacy regulations stated that *"the names of persons other than doctors or dentists who undertake to provide pharmaceutical services"* when it was talking about the Board preparing its list called the Pharmaceutical List. He would look into this in a bit more detail and would come back with more formal advice in due course.**
6.45	*This concluded the PPC's questioning of the Applicant.*
6.46	*The Chair suggested that the hearing adjourn for a 5 minute comfort break. The meeting adjourned at 11.15am*
6.47	*The hearing recommenced at 11.25am*
7.	**REPRESENTATIONS FROM INTERESTED PARTY**
7.1	**Mr Rodney Haugh (Houlihan Pharmacy Ltd) - below was reproduced from Mr Haugh's prepared statement**
7.2	Mr Haugh introduced himself as the Operations Manager for Houlihan Pharmacy, and advised that accompanying him today was his colleague Louise Green, the Pharmacist and Manager of the Darnley branch. Louise had worked extensively in Darnley which would be very helpful if required to respond to any questions raised by the Committee.
7.3	Mr Haugh advised he was here today to present the case relating to Houlihan's objection to the application from Sycamore Mill LLP to provide Pharmaceutical services at Corselet Road, Darnley.
7.4	The fundamental issue for the PPC to consider was whether the current provision of NHS Pharmaceutical services in the neighbourhood was adequate, and, if not, whether the proposed services were necessary or desirable to secure adequate service provision. Mr Haugh did not perceive any of these statutory tests to have been met, given the wealth of evidence to the contrary. He hoped to demonstrate this in his presentation.
7.5	Mr Haugh advised he would now present the relevant information relating to

	Houlihan's objection by breaking it down into various sections. Mr Haugh, firstly advised he would like to discuss the proposed neighbourhood.
	Proposed Neighbourhood
47.6	Mr Haugh advised that as explained by Mr Bhatti during his presentation, the neighbourhood was previously defined by the National Appeals Panel on 17th January 2007 regarding Houlihan's previous Pharmacy application. There had been little material change within the neighbourhood since that decision; therefore Houlihan agree with this definition that the neighbourhood was: North: by the railway line, running East through Nitshill Station and Priesthill and Darnley Stations from a point approximate to the intersection of Whiteriggs Road and Woodhead Road in South Nitshill to its intersection with the M77 East: by the embankment below the M77 South and West: by the areas of open ground adjacent to, and South and West of, the residential area of South Park Village and the residential areas South of Parkhouse Road.
7.7	Mr Haugh explained, the reasons for the NAP's decision on this neighbourhood were: 1. The boundary on the North was considered to be a natural boundary in the form of a railway line; 2. The boundary on the East was considered to be a natural boundary in the form of a high motorway embankment effectively separating the area of Darnley from the areas of Arden, Thornliebank and Carnwardric; 3. The boundaries on the South and West were considered appropriate in that they represented the limits of residential development in the areas South and West of Nitshill Road and South of the railway line; and 4. Additionally, although it was noted that there was currently a range of housing stock within the Darnley area, there was, a high level of terraced, semi-detached, and detached owner / occupied housing stock. Generally, it was considered that there was a marked difference in housing stock between that contained within the neighbourhood and that found in the areas of Nitshill, Arden, Thornliebank and Carnwardric.
	Sycamore Mill's proposed Neighbourhood
7.8	Mr Haugh advised there were a number of points he would like to raise with regards Sycamore Mill's neighbourhood: 1. Within this proposed neighbourhood there was already one pharmacy,

	Houlihan Pharmacy, Darnley Mains Road. This pharmacy provided a comprehensive range of Pharmaceutical Services to an excellent standard to the whole of the neighbourhood; 2. There were also at least six other pharmacies in close proximity to the neighbourhood which were also providing Pharmaceutical Services to the neighbourhood, Well Pharmacy, Nitshill Road; Houlihan Pharmacy, Kyleakin Road; Rightdose Pharmacy, Kennishead Avenue; Boots, Thornliebank, Well Pharmacy, Pollok Health Centre; and Boots, Silverburn; 3. This was a neighbourhood in the largest city in Scotland; it was not a rural location. It benefitted from a more than adequate public transport system and it was not unduly hilly. Indeed many of the residents of the Applicant's proposed neighbourhood lived nearer to existing Pharmacies, for example the residents of Woodneuk Road, Wiltonburn Place and Whitehaugh Road were all closer to the Well Pharmacy on Nitshill Road. Wiltonburn Place was 0.7 miles from the proposed new Pharmacy and only 0.3 miles from Well Pharmacy. Those living in Leggatston Drive, Trench Drive and Glenmill Avenue were all nearer our Pharmacy in Darnley than the Applicant's proposed site. Leggatston Drive was 0.5 miles from the proposed new Pharmacy and 0.3 miles from our Pharmacy in Darnley; and 4. Along Nitshill Road there were a total of nine Pelican Crossings, therefore it was effortless for people to move from north to south and vice versa across this road.
	<u>Health and demographics of the NAP defined Neighbourhood</u>
7.9	Mr Haugh explained that the health of the neighbourhood was very good and in line with Scottish averages according to the 2011 census. In fact, the percentage of people who had no long-term health conditions, and the percentage of people within the neighbourhood who described themselves as having very good health, were both better than the Scottish average.
7.10	The neighbourhood was one that had a much younger population than that of Scotland. The percentage of people within the neighbourhood who were under 16 years of age was 24%, the Scottish average was 17%. The percentage of people who were over 65 years of age was 9%, again compared with the Scottish average of 17%.
7.11	Analysis of the SIMD usually focused on the 10% most deprived data zones in Scotland, not 30% (which was quoted from Catherine Dickie, Office of the Chief Statistician and Performance). The most recent SIMD statistics from 2020 show that there were no data zones within the neighbourhood which were within the 10% most deprived in Scotland. This had improved substantially over the past few years. In 2016 there were three data zones within the 10% most deprived. The average deprivation rating for the

	neighbourhood had also improved substantially from 46% in 2016 to 49% in 2020.
7.12	Mr Haugh advised, all of these factors indicated that there would be a below average demand for Pharmaceutical Services in the neighbourhood.
	Existing Pharmacy Services
7.13	Mr Haugh advised, the core services were fully offered and delivered by all Pharmacies within the neighbourhood and surrounding areas. These included Pharmacy First, Medicines Care and Review, Smoking Cessation, Varenicline, Unscheduled Care, Emergency Hormonal Contraception, Gluten Free, Urinary Tract Infection, Impetigo, Skin Infection and Shingles PGDs.
7.14	There were a number of commissioned services such as Palliative Care, Substance Misuse, Healthy Start Vitamins, Hepatitis C treatment and Needle Exchange which were very well catered for from the existing Pharmacies to the neighbourhood.
7.15	Houlihan Pharmacy in Darnley were part of the Extended Palliative Care Network and would always go out of their way to help patients as much as possible. For example Houlihan had had issues with the courier delivery service at weekends, where a courier wasn't available for more than two hours. In these instances, Houlihan asked members of staff to deliver the medicines using a taxi at Houlihan's expense to ensure that the patient obtains the vital medicines as soon as possible.
7.16	The new Sycamore Mill application did not propose to add any extra services to what was already on offer from pharmacies within the neighbourhood. One service that Sycamore Mill had mentioned in their application was needle exchange which they had now removed from their proposal.
7.17	Mr Haugh advised, the services that were provided by the existing pharmacies were executed to a very high standard, exceeding the levels seen across Scotland which he would now prove. Mr Haugh further advised all of the figures quoted were monthly average figures per Pharmacy for 2022.
7.18	Mr Haugh wished to point out that a pharmacy does not increase their business significantly if they were providing a poor service to their existing patients.
	Prescription Volume
7.19	With regards prescription items for the existing pharmacies in 2022, Mr Haugh advised, these were higher than the Scottish average, 8,843 for the existing pharmacies versus 6,970 for Scotland.
7.20	Mr Haugh explained that having a larger prescription volume did not either correlate to an inadequacy in service or to a need for an additional pharmacy. With the correct management and structure, a business could

	have the capacity for an unlimited prescription volume, without this impacting negatively on service provision. In fact, Mr Haugh would argue that the organisation and procedures within Houlihan Pharmacies was such that their contribution to service provision was much higher than the vast majority of Pharmacies in Scotland.
7.21	Within Houlihan Pharmacy in Darnley, they had all the staff that were required to manage the workload. Houlihan had invested heavily in technology, for example a Synmed Robot Hub to assemble and check all dosette boxes, a 24-Hour Prescription Collection Point, scanning technology to reduce errors, and Electronic MARS. All of these, reduced the workload on the staff and improved efficiencies to allow the staff to focus on service provision. Houlihan were also currently investigating further technological advances to improve their efficiencies across all of their Pharmacies.
	Pharmacy First
7.22	Mr Haugh advised, the number of Pharmacy First items prescribed was, on average, 450 items per month in each of the existing pharmacies compared to a Scottish average of 175, more than 2.5 times the Scottish average. The payment for Pharmacy First was on average 92% higher than the Scottish average for 2022. The increased payment for Pharmacy First was, as a result of the existing pharmacies having more activity for Pharmacy First across items prescribed, consultations, referrals, Urinary Tract Infections, skin infection, shingles, and impetigo treatments.
	Pharmacy First Plus
7.23	Houlihan Pharmacy in Darnley had an Independent Prescriber who was able to offer the Pharmacy First Plus Service to patients. This model of healthcare had increased further, the quality and quantity of patient-centred interactions within the neighbourhood.
	Instalments
7.24	The number of instalments within this neighbourhood was on average 3,799 per month, 50% above the Scottish average of 2,541. This showed that the availability of instalments and MDS boxes within this neighbourhood was substantially higher than in the whole of Scotland.
	Smoking Cessation
7.25	With regards to Smoking Cessation, the existing pharmacies averaged 21 items per month in 2022, 91% above the Scottish average of just 11 items.
	Emergency Hormonal Contraception
7.26	Mr Haugh advised, figures for EHC also show that the average number of items prescribed by the existing pharmacies was 16 per month, almost three times the Scottish average of six.

7.27	Mr Haugh stressed that currently none of the Pharmacies within the neighbourhood or those in the surrounding areas were operating at full capacity, and all had the capability to adequately manage further growth, both with regards to prescriptions and service provision.
	Pharmacy Staffing
7.28	Within Houlihan Pharmacy, Darnley, Mr Haugh advised there was an excellent mix of highly trained staff. Houlihan Pharmacy had two separate dispensaries within the Pharmacy. One of the dispensaries was responsible for all walk in and surgery prescriptions, which Louise was the manager of. The other dispensary was responsible for the MDS patients and Care Homes that the pharmacy service.
7.29	Houlihan Pharmacy in Darnley always had a minimum of two, sometimes three Pharmacists on duty Monday to Friday. Mr Haugh explained that as discussed, this included an Independent Prescriber who was able to offer the Pharmacy First Plus Service to patients. Within this Pharmacy they also had an Accuracy Checking Technician, three Accuracy Checking Dispensers, Dispensary Assistants and Counter Assistants.
7.30	Houlihan business structure was such that they could always cope with the demands that may be asked of them. For example, during the height of Covid, they were able to deal with the extra workload when GP Practices and other Pharmacies could not cope. This was possible due to increasing the current staffing hours, recruiting new staff, moving staff from one branch to another and by the redistribution of senior management staff. Houlihan constantly review the needs of their business and would always invest in their premises and staffing if required.
	Extended Hours
7.31	Houlihan Pharmacy in Darnley were open extended hours, Monday to Friday 9.00am to 8.00pm, Saturday 9.00am to 7.00pm and Sunday 12 noon to 4.00pm. They were also open every day of the year.
	Suppliers and Stock Availability
7.32	Whilst some Pharmacies had struggled recently to obtain certain medicines, Houlihan don't experience the same issues to the same extent. The reasons that Houlihan believe they were better than most other Pharmacies in this area, was that they had a greater number of suppliers than most. Houlihan also had a dedicated member of staff at their Head Office team who was responsible for sourcing medicines that were difficult to obtain. During the Strep A outbreak before Christmas, Houlihan were able to pre-empt the supply issues and were one of the few Pharmacies in Glasgow that had good supplies of Phenoxymethylpenicillin, Amoxicillin etc. They had patients coming to their Pharmacies in Darnley and Arden from far and wide, as they had been to other Pharmacies who did not had stock of these antibiotics.

	Prescription Collection and Delivery Service
7.33	Mr Haugh advised, Houlihan offer a full delivery service in all of their Pharmacies. In Arden and Darnley they had three full time delivery drivers in addition to a part time driver who collects prescriptions from up to 50 local GP surgeries. Houlihan delivery to any patient who requests this service in the Arden and Darnley areas, they also deliver to areas out with the neighbourhood such as Pollok, Barrhead and Newton Mearns.
	24 Hour Prescription Collection Service
7.34	At Houlihan Pharmacy, Darnley they also had a 24 Hour Prescription Collection Point. Patients were able to collect their prescriptions 24 hours a day, 7 days a week. This ensures that patients who were working all day and could not collect their prescription could do so outside of our normal opening hours. Over the past year Houlihan had had almost 5,000 prescriptions collected after 6.00pm and before 8.00am when other Pharmacies were closed.
	Consultation Analysis Report
7.35	Mr Haugh advised, there were 184 responses to the CAR received. Of these responses, the majority of people (55%), believed that the existing Pharmaceutical Services provided to the neighbourhood were adequate. The responses included the following: • No gaps in service since Houlihan Pharmacy was already located in Darnley; • No gaps; • I haven't identified any gaps; • My Pharmacy offers all services listed above and more. They were a great Pharmacy, and I don't think there was any need for anything else in the area; • No issues with the Pharmacy services in the area; • All of the services provided were adequate for the needs of the Community; and • I think that my service was not at its fullest
7.36	The responses to that question also included references to waiting times. Waiting times were not indicative of an inadequacy of service. Mr Haugh advised he had already shown there were at least six Pharmacies providing Pharmaceutical Services to this neighbourhood. Patients had a multitude of choice as to their Pharmacy of preference within easy commutable distance. If patients were unhappy with the service they were receiving, they had lots of options to change their Pharmacy to another close by.

7.37	The waiting times in Houlihan Pharmacies in both Darnley and Arden were typically less than 10 minutes. Whilst they want to had the lowest waiting times possible, they would not compromise on patient safety. Houlihan had very stringent procedures in place within their Pharmacies which involves scanning each drug during the dispensing process to ensure that the correct drug was selected to minimise errors. Mr Haugh stressed he would always advise their Pharmacies that during busy periods they should take more care to eliminate any risk.
7.38	Mr Haugh advised there had also been no letters of support tabled for this application, something that he hadn't seen previously at any PPC Hearing.
	<u>Accessibility to Pharmaceutical Services</u>
7.39	Mr Haugh advised, the number of households within the neighbourhood who had one or more cars was 73%, compared to the Scottish average of 69%. Most people would use a car to access either their place of work or to avail of personal, household, or pharmaceutical services. Also, 16% of people within that neighbourhood use a bus to get to work or study on a daily basis, well above the Scottish average of 13%.
7.40	Parking in and around the existing pharmacies was better than in most towns across Scotland. Mr Haugh explained he had visited all of the pharmacies on two occasions over the past few weeks and had never had any issues parking close by any of the local pharmacies.
7.41	It was also important to note that there had been no formal complaints to the Health Board in the past year regarding the existing Pharmacies that were providing Pharmaceutical Services to the neighbourhood.
7.42	There had also been no complaints regarding the access to Pharmaceutical Care outwith the core hours that were offered by the Pharmacy contractors in the neighbourhood, either on weekdays or at the weekend.
7.43	Mr Haugh advised, the Applicant mentioned opening hours in his application. GGC operates a Model Hours Scheme. This means that Pharmacies shall be open Monday to Friday from 9.00 am to 5.30 pm. There was the allowance for one half day closures from 1.00 pm. An Applicant could promise to open as much beyond these Model Hours as they so wish, but they were under no obligation to fulfil their promise.
7.44	Where an NHS Board, in any particular area believed that opening hours were required in excess of those stated in the Model Hours Scheme, the correct process to remedy was to consult with the Area Pharmaceutical Community Pharmacy Subcommittee to introduce a Rota with the existing contractors. That would cover extended hours, Sundays, and Public Holidays.
7.45	Houlihan Pharmacy in Darnley were already open for longer hours than those proposed by Sycamore Mill.

7.46	Mr Haugh advised Houlihan were acutely aware of the need to constantly invest back into their business and premises. Houlihan were in the process of organising a refit to their Pharmacy in Arden, which they hoped to had completed within the next three months. This would improve the workflow within the Pharmacy whilst also improving the customer experience.
	Viability of a New Pharmacy
7.47	Mr Haugh believed that a new Pharmacy in that location was not viable.
7.48	The majority of the patients who had an interaction with their GP practice did not need to see their GP, they order a repeat prescription but do not have to go to the Health Centre to collect. The prescriptions were collected by the Pharmacy and made up in advance.
7.49	Sycamore Medical Practice recently relocated from Arden to Corselet Road. They had the 4th smallest practice list size in all of GGC and the vast majority of those patients lived in Arden.
7.50	Mr Haugh believed, patients of their Pharmacy in Arden, who were surgery collections, MCR or dosette patients, i.e. the vast majority of their patients, were not going to move Pharmacies, to have the inconvenience of going to Corselet Road to collect their prescription from their GP and to had it dispensed, a round trip of two miles.
7.51	Mr Haugh explained any new Pharmacy would lead to a dilution of the Global Sum. There were many Pharmacies at present that were close to the breadline. This had been shown at the start of the year when all Pharmacies in Scotland received a loan from the Scottish Government to assist with cash flow issues. Any dilution of the Global Sum may put at risk other Pharmacies right across Scotland.
7.52	Mr Haugh advised this concluded his arguments. He believed that he had demonstrated there was no evidence to suggest that there was any inadequacy in the current service provision within the neighbourhood. Indeed, he had proven that the service provision offered within the neighbourhood, far exceeded the levels seen across Scotland.
7.53	*This concluded Mr Haugh's submission and the Chair invited the Applicant to Question Mr Haugh*
8.	**QUESTIONS FROM THE APPLICANT TO MR HAUGH**
8.1	Mr Bhatti asked Mr Haugh if Houlihan, Darnley or Houlihan, Arden had dedicated parking spaces. Mr Haugh stated that the car park outside the front of the premises in Darnley was for customer use, and that there were other car parks which any customer of any business could use at any time.
8.2	Mr Bhatti asked Mr Haugh if he had actually visited the sites over the last few weeks and had he seen the sites during the school run time, in the morning or more preferably in the afternoon. Mr Haugh confirmed that he was in

	Darnley quite a lot. Mr Bhatti asked Mr Haugh if he was aware that the McDonalds drive through route cuts right across access to the retail park itself and on a significant number of occasions this had actually blocked access to the retail park, and did Mr Haugh accept this. Mr Haugh responded with a no and that the only time he had observed such a situation was during COVID when fast food outlets reopened and everyone wanted a McDonalds, it was queued out to Nitshill Road but stated that this would not happen on a normal day.
8.3	Mr Bhatti asked Mr Haugh about current staffing levels within the pharmacy, and if he could verify what kind of staff turnover takes place within the pharmacy. Is it high, medium or low? Mr Haugh felt it was a low turnover and went on to explain that the issue with a pharmacy that was open longer hours was getting people to work unsociable hours and that anyone who had left did so due to the 8:00pm closing time.
8.4	Mr Bhatti asked Mr Haugh if this included locum pharmacists. Mr Haugh stated that Houlihan's did not use locum pharmacists, apart from the pharmacists that covered Saturday and Sundays and who had been doing this for a couple of years.
8.5	Mr Bhatti asked Mr Haugh to clarify that he had employed pharmacists on site apart from the Saturday and Sunday locums mentioned. Mr Haugh confirmed that was correct. Mr Haugh explained that Louise worked three long days, Narinder, Manager of the MDS/ care home hub who worked four days per work and they had two relief managers who covered Thursday and Friday 9:00am to 8:00pm.
8.6	Mr Bhatti asked Mr Haugh if the Pharmacy First Plus service was currently operating at the moment and if Houlihan's had one independent practitioner or more offering the service. Mr Haugh stated yes, they provided this service and they had more than one independent prescriber.
8.7	Mr Bhatti asked about the hours that this service was offered. Mr Haugh stated that the policy sets out that the independent prescriber needs to work 25 hours.
8.8	Mr Bhatti asked Mr Haugh about the hub at Darnley and if this hub provided dispensing work for other pharmacy prescriptions. Mr Haugh stated that the hub only supplied dosette boxes for other pharmacies, which was a third of the main dispensary. Mr Haugh went on to explain that Houlihan, Darnley had the main dispensary that dealt with prescription dispensing and collection and patients walking into the pharmacy; the second dispensary dealt with the Darnley dosette patients and care homes and the third dispensary dealt with all other dosette boxes for the other Houlihan pharmacies.
8.9	Mr Bhatti asked Mr Haugh if the staff mentioned in his presentation, were these included in the process or were these staff completely separate. Mr Haugh confirmed that they were separate and that there was a full time

	checker within the dosette hub, this role was rotated with staff from other branches.
8.10	Mr Bhatti asked Mr Haugh if he could advise what the process was for identifying and managing errors or issues, for example the issues that were raised within Mr Bhatti's presentation. Mr Haugh stated that he was not aware of any of these issues, specifically the patient of Houlihan pharmacy that had taken a stroke because they could not get their medication, as he had only been made aware of this during this PPC hearing. Mr Haugh felt that it was unacceptable that this incident had not been reported to the pharmacy and highlighted that Houlihan pharmacy had very stringent procedure in places within the Houlihan pharmacies.
8.11	Mr Haugh explained that when he came into his current role, Mr Denis Houlihan explained that he was not interested in increasing the business, this role was about patient safety.
8.12	Mr Haugh further explained that any item dispensed was scanned into the computer system to verify that it was the correct product; however, there were certain things that don't scan such as the PI's and balances; however, Houlihan were currently testing solutions by adding an extra barcode on the dispensing labels.
8.13	Mr Bhatti asked Mr Haugh if he could tell the hearing how many dispensing incidents had been reported internally within the last 12 months. Mr Haugh stated that he did not had that information to hand; however, he felt it was very few. Mr Haugh specified that he had worked in similar roles with another chain of pharmacies who had a lot more dispensing errors than Houlihan and that in his opinion this was due to the stringent measures that were in place.
8.14	Mr Bhatti asked Mr Haugh, if he could explain the process that takes place within the pharmacy group for dispensing errors. Mr Haugh explained that every dispensing error was investigated to find out what the root cause was, and the necessary changes were made to the SOPs and procedures and that these changes were implemented across all seven pharmacies, so that any learnings could be shared with everyone. Mr Haugh highlighted that being busy was not a reason for making mistakes.
8.15	Mr Bhatti asked Mr Haugh if he was the Operation Manager for the group, and asked Mr Haugh how many reporting incidents had he received himself in the last 12 months. Mr Haugh stated that again he did not had these statistics to hand; however, he remembered one incident that related to a balance of medication and that Houlihan were in the middle of testing a new system to stop this happening.
8.16	Mr Bhatti stated that he found it interesting that if Houlihan's patient safety was the primary concern of any dispensing incidents, why the three incidents that took place locally had not been recorded anywhere and while Mr Bhatti appreciated that the patient only had the stroke a week ago, he would expect some sort of notification of the incident.

8.17	**The Chair intervened and stated that this was a statement and asked Mr Bhatti if he had a question for Mr Haugh.**
8.18	Mr Bhatti asked how comfortable Mr Haugh was at being able to keep a handle on all the various incidents and errors that take place. Mr Haugh stated that he was very comfortable and that all the staff had an open and honest and a non- judgmental approach to dealing with errors, and that it was about learning and putting measures in place to mitigate risk.
8.19	Mr Bhatti stated that Mr Haugh mentioned opening hours during his presentation and that what was presented could be changed. Mr Bhatti asked Mr Haugh if he could recall what the opening hours were for Houlihan, Darnley's application in 2007. Mr Haugh stated that he was not working with Houlihan at that time but he thinks the hours were 8:00am to 10:00pm; however, following a review after opening the pharmacy, it was decided that there was no requirement for these hours.
8.20	Mr Bhatti stated that the current hours did not reflect the hours applied for in the original application. Mr Haugh replied that this was the point and that Mr Bhatti could change his opening hours as well. Mr Haugh reiterated that the change applied as it was not needed.
8.21	Mr Bhatti noted that mention was made about the number of wholesale suppliers and asked Mr Haugh if he would be able to identify if there had been any major shortages for example insulin bins, as a stock item. Mr Haugh asked Mr Bhatti to clarify what an insulin bin was. Mr Bhatti confirmed this was in fact sharps bins. Mr Haugh stated that if there was a shortage on one site they would take stock from another pharmacy to ensure no one was left without.
8.22	Mr Bhatti asked Mr Haugh if there was a specific incident where it came about that a patient wasn't able to receive that equipment or medication, would Mr Haugh be made aware of that within his role or would it be recorded anywhere. Mr Haugh confirmed that this would be recorded and analysed. Mr Haugh stated that all pharmacies were contacted by the team within Head Office once a week to check if there were any items that were difficult to obtain, this was then sent out to all the pharmacies.
8.23	Mr Bhatti asked Mr Haugh what the normal process was regarding prescriptions, and did Mr Haugh know what the processing time was. Mr Haugh asked Mr Bhatti if this was at the point of receiving the prescriptions from the surgery. Mr Bhatti confirmed yes. Mr Haugh stated that the processing time would be within 24 hours.
8.24	Mr Bhatti asked Mr Haugh to confirm that he would expect 24 hours between the point of pick up and putting on the system. Mr Haugh explained that once the prescriptions were received at the pharmacy, they were split up by a member of staff who scans them onto the appropriate system within half an

	hour, and he expects the patient's prescription to be ready within 24 hours. Mr Bhatti asked Mr Haugh that given the process could he provide an explanation as to why there were a number of delayed prescriptions.
8.25	Mr Haugh advised that Houlihan, Darnley processed over 300 items per month from Sycamore Medical Practice, and Mr Bhatti had stated that an average of 13 prescriptions go missing every week, which was about 52 prescriptions and 100 items per month roughly. Mr Haugh asked Mr Bhatti if he was saying that roughly one-third of Sycamore Medical Practice items go missing, something he finds odd and would investigate.
8.26	Mr Bhatti asked Mr Haugh if Houlihan had similar issues with any other GP practices. Mr Haugh confirmed, No.
8.27	Mr Bhatti asked Mr Haugh how he would be advised if there was a problem if the prescription had been delayed. Mr Haugh stated that any problems would be relayed from the pharmacy staff, to Louise and in turn Louise would inform me. Mr Haugh reiterated that Louise was not aware of any such issues.
8.28	Mr Bhatti asked if he provided a detailed list of all individual items to Mr Haugh, would he be able to identify each and every one of them. Mr Haugh confirmed that he would be able to see exactly when it had been scanned onto the system.
8.29	Mr. Haugh explained that front desk staff could view prescriptions that had been scanned in but had not yet been completed on the PMR. Staff members could see that the item was waiting Mr Haugh concluded that Mr Bhatti's claim that all of these prescriptions had gone missing was even stranger given that all prescriptions were scanned when they were received from the GP practice.
8.30	Bhatti asked Mr Haugh how the prescriptions were scanned into the system, and were they scanned individually. Mr Haugh confirmed, yes.
8.31	Mr Bhatti asked Mr Haugh if they were getting 18,000 prescription per month / 226,000 per year. Mr Haugh intervened and stated that they did not had 18,000 prescriptions per month, this was items per month.
8.32	Mr Bhatti asked Mr Haugh if he had heard any cuts to the bus services. Mr Haugh confirmed, no he had heard no mention of any cuts.
8.33	Mr Bhatti asked Mr Haugh how many people came through the pharmacy by foot. Haugh said he didn't know how patients got to the pharmacy and did not ask them.
8.34	Mr Bhatti asked Mr Haugh if the majority of the pharmacy's patients came via car. Mr Haugh stated again that he did not know how patients got to the pharmacy.

8.35	Bhatti stated that Mr Haugh had indicated that there was significant capacity within the local area or nearby and Well and Boots had said that they were at capacity with dosette boxes. Would that affect your response? According to Mr Haugh, Well pharmacy would have objected to this application, but the paperwork had gone missing at their head office, but they told him that there had no issues with capacity.
8.36	**The Chair intervened and stated that he would not expect Mr Haugh to comment on behalf of another pharmacy and this would not be relevant.**
8.37	*This concluded the Applicant's questions and the Chair Invited the PPC to question Mr Haugh.*
9.	**<u>QUESTIONS FROM THE PPC TO MR HAUGH</u>**
9.1	The Chair asked Mr Haugh if he had seen this audit, if it had been provided to him. Mr Haugh stated that he was not aware of the audit and would question its findings due to the fact that Houlihan's only get about 300 prescriptions a month from his GP.
9.2	The Chair asked Mr Haugh if he could offer assurances that if the audit had been seen by someone within the organisation that Mr Haugh would had been aware of it. Mr Haugh confirmed, yes.
9.3	The Chair asked that in light of the other specific issues that had been raised today regarding patients who had had issues, was Mr Haugh aware of any cases? Mr Haugh confirmed that he was aware of one issue relating to the Metformin /Melatonin and that this related to a balance, which was why Houlihan's was investigating this further technology and adding the extra barcode onto the label, to stop this happening. Mr Haugh stated that he was not aware of the other issues.
9.4	The Chair asked Mr Haugh if Houlihan's ran a full complaint process/ documented within the organisation. Mr Haugh confirmed, yes.
9.5	The Chair asked Mr Haugh if figures were kept and what percentage actually achieved that number of 24 hours. Mr Haugh, stated no to the question, as prescriptions were not scanned once they were completed, some prescriptions would be scanned and checked by the pharmacist when they were ready to be put on the shelf. However, Houlihan would know when a text message was sent to that patient, when the prescription had been received, and the time would be displayed on the system, when the text message was sent, and when the prescription was ready to go on the shelf.
9.6	The Chair asked Mr Haugh if he would be able to state that this would be in the high 90s within that 24-hour period that he mentioned. Mr Haugh explained that a lot of prescriptions come back between 1:00pm and 2:00pm. This was the last time prescriptions arrive at the pharmacy on that day. By the time the next set of prescriptions arrives the following day, the pharmacy

	would be clear.
9.7	The Chair asked Mr Haugh if he was aware of any customers having to wait 48 hours or 72 hours to pick up their prescriptions. Mr Haugh confirmed, no.
9.8	Mr Black noted that Mr Haugh had stated that Houlihan, Darnley only does 300 items per month from this practice at Sycamore. Mr Black asked Mr Haugh if the branch at Arden would be doing more due to historical reasons. Mr Haugh confirmed, Sycamore Medical Practice only moved in November 2022, and the Pharmacy in Arden handled just over 11,000 items per month.
9.9	Mr Black noted that this was a very successful busy pharmacy and asked Mr Haugh where most of the prescriptions were coming from, were they coming from local housing or dropping in from Newton Mearns and Barrhead. Mr Haugh confirmed that a lot of people coming from outwith the area, and stated that as previously mentioned 39% of the business came from GP practices in Pollok, for example Dr Fergusson 14%, Dr Ghaus 11%, Peat Road 9% and Braidcraft 4%.
9.10	Mr Black asked if Mr Haugh could give him a percentage of patients were local to this neighbourhood, as opposed to the Greater Pollok area. Mr Haugh stated that Louise thinks it's about 90%.
9.11	Mr Black asked Mr Haugh if most of the local population were registered with doctors all over the south side for historical reasons. Mr Haugh confirmed that this was the case and that Houlihan, Darnley collect from over 50 different surgeries for people in Darnley.
9.12	Mr Black asked Mr Haugh if the dosette boxes that Houlihan, Darnley were doing were local to the area. Mr Haugh stated that they supply to the Darnley area, Pollok, Barrhead, and Newton Mearns.
9.13	Mr Fergusson stated that Mr Haugh had mentioned that the prescriptions were being picked up from GP surgeries, the patient doesn't see the GP, comes to the pharmacy, the prescription goes into the 24 hour pick up out of hours, the patient doesn't see the pharmacist and doesn't see the GP, who was looking this patient in the eye. Mr Fergusson asked Mr Haugh if there was a system or process within the pharmacy for patients who need to see someone or intervention. Mr Haugh stated that if the pharmacist felt that an intervention was needed, a text message would be sent to the patient Explaining that the medication could not be put into the 24 hour prescription system.
9,14	Mr Fergusson stated that this was good to hear.
9.15	Mr Woods asked Mr Haugh for some clarification relating to the 24 hour collection machine, does the patient need a text message and a pin. Mr Haugh stated that the patient signs up for this service, the patient's mobile number was put onto the system, when the prescription was checked by the pharmacist, the prescription gets labelled and scanned into the robot. A text

	message and a unique pin were sent to the patient, confirming that their prescription was available from the 24-hour collection point.
9.16	Mr Woods stated that Mr Haugh had confirmed that during week days there were two pharmacists on site. Mr Haugh stated that there were sometimes three pharmacists.
9.17	Mr Woods asked how this was split. Mr Haugh stated that one pharmacist works in the normal dispensary and one pharmacist in the MDS/ care home hub.
9.18	Mr Woods asked Mr Haugh about the discussions going back and forth about errors and problems, did Mr Haugh had a relationship with the local GP practice to find out if there were problems, or does Mr Haugh meet with the GP regularly. Mr Haugh stated that there was a good relationship, and Narinder who was the manager of the MDS / care home hub would tend to do those meetings but Mr Haugh could not confirm if Narinder had undertaken these recently; however, Mr Haugh would be addressing this.
9.19	*There were no questions to Mr Haugh from Mr Daniels, Mr Miller or Mrs Diamond.*
9.20	**At this point in the hearing Mr Stephen Waclawski from CLO joined via Microsoft Teams.**
9.21	**Mr Waclawski advised the PPC that the question at hand was bit tricky from a legal perspective and his advice was that if there were a question over whether or not the Applicant could be added to the Pharmaceutical List, then this was a question which would be for the Health Board to answer rather than the PPC. He didn't think the PPC could make a determination on whether or not the Applicant was able to be added to the Pharmaceutical List from a competence perspective, not whether the application was such that satisfied Regulation 5(10).**
9.22	**He advised that he was giving this advice on the basis that the question of whether or not that this Applicant could be added to the Pharmaceutical List was being called into question because Regulation 5 (1) stated that *"the Board shall prepare a List to be called the Pharmaceutical List of ……. The names of persons other than doctors and dentists who undertake to provide pharmaceutical services and of the addresses of the premises……"* The key part of the question that was being raised were the words *"other than doctors or dentists"* and what that meant in the context of the Pharmaceutical List.**
9.23	**In Mr Waclawski's opinion the reason the question was being raised was because there was a pharmacist named in the application but there was also an LLP called Sycamore Medical Centre involved in the corporate body making the application.**

	Mr Waclawski had checked the Companies House entry for the Sycamore Medical Centre LLP which showed that Dr Raheela Bhatti was a person who had significant control of the LLP.
9.24	**Mr Bhatti interjected and confirmed that a person of significant control was classified as being over 25% holding. Mr Bhatti advised that while Sycamore Medical Centre LLP might have a significant interest in the pharmacy, they would not have a significant control.**
9.25	**Mr Waclawski advised that the question then was whether the LLP could satisfy the requirement of Regulations 5 (1) *"except doctors….."* and his advice was that this was a question for the Health Board as opposed to being a question for the PPC to determine.**
9.26	**He was of the opinion that the PPC could not come to a final determination today without the Health Board having made the decision on whether or not this team of Applicants including the LLP such as it was could become part of the Pharmaceutical List.**
9.27	**The reason for this was because the decision of the PPC today would effectively place the LLP on the Pharmaceutical List if the decision was to grant the application. On that basis, his advice to the PPC was that a final decision couldn't be made today and his suggestion was that the best thing was to adjourn today's hearing and to ask the Health Board to come to a decision on whether this LLP could be part of the Pharmaceutical List and if so, if that were possible then the application could be sent back to the PPC to do its job in relation to Regulation 5(10) and assess the application on that basis.**
9.28	**The Chair while not wishing to pre-empt any decision the PPC might take, asked Mr Waclawski if it would be appropriate given the PPC had gone through the process, to make a decision and if this was a positive could it then be referred to the Health Board to make the decision as Mr Waclawski indicated. If it were to be a negative decision for reasons other than the question at hand, then there would be no point in having it referred to the Health Board for decision.**
9.29	**Mr Waclawski advised that it was helpful to look at the possible paths that could be taken by the PPC, however his question in relation to the PPC taking that kind of step was what would happen next e.g. if the PPC made a decision to reject the application if it was determined that the LLP was competent to be included in the Pharmaceutical List the difficulty would then be that it would still have to go back to the Health Board to decide as to whether or not the LLP could be included in the**

	Pharmaceutical List before that indication of the PPC that they would reject the application became a final decision and before then the Applicants had the ability to decide whether or not they wished to appeal the decision to the National Appeal Panel.
9.30	**This could create a very awkward situation as far as the statutory timescales were concerned in relation to the appeal and it might place the Applicants in more of an uncertain position if the PPC gave its view on everything but the question of the competence of the application. This was Mr Waclawski's view but he was conscious that if the PPC were minded to come to a view based on the evidence they had received today that would be up to the PPC but the view they gave couldn't ever be a final determination and ultimately once the application went through the process of the question of the competence of the LLP being added to the Pharmaceutical List, time would have passed and it was possible that that time might have changed some aspects of the evidence or circumstances in which case the PPC might be in the awkward position of having decided everything that it had at the time, but then have to take into account further information or changed circumstances before finalising its view.**
9.31	**It depended on how quickly the decision on competence happened. He didn't think it was an impossibility for the PPC to give its view after the proper consideration subject to that view being not a final determination but he thought this might be storing up difficulties and complexities in terms of procedure and in terms of the PPC finalising the decision in the future. His sense was that it might be best at this stage to say that the competence issue needed to be determined before a view could be taken on the subject matter of the application.**
9.32	**Mrs Glen asked in terms of Regulations 5 (1) would he not entertain the assertion that this was in relation to dispensing GP practices so the wording wasn't about the names of people who submitted an application. The Pharmaceutical List was a list of community pharmacies who provided pharmaceutical services and not GPs or dentists who provided such services. Mr Waclawski averred that the issue with the interpretation of the Pharmaceutical List and what it contained was that the wording specifically except *"doctors and dentists*".**
9.33	**Mr Waclawski considered that the question was whether the Regulations intended a separation between doctors and dentists and pharmacists in relation to the entry in the Pharmaceutical List and whether having this LLP as an Applicant in this particular application, if it were granted, would mean that this LLP would become part of the Pharmaceutical List in which case, was that LLP then doctors as defined in Regulation 5(1) and therefore the exception meant it shouldn't be there so it was**

	a very tricky point and one where it needed to be looked at in more detail just to be sure that there was no misstep in trying to place an LLP on the Pharmaceutical List almost by accident or by incidental processes just because of their inclusion in the application.
9.34	**The Chair sought confirmation from Mr Waclawski of his understanding of the advice provided. His understanding was that the PPC could finish with the summing up of the cases, but then the PPC would not go into *"closed session"* until such times as a response from the Health Board had been sought. Mr Waclawski advised that he didn't see any particular difficulty with this approach subject to the proviso that it depended if the matter was passed back to the Board to make a decision on whether this LLP could be part of the Applicant there might be time that passes where that decision was taken and depending on how much time passed there might be a change in circumstances so it would just depend. It might be possible that it could be swift and then everything could be taken up with the Applicant and Interested Parties being content that nothing had sufficiently changed to alter what they wanted to say, then the next hearing could be quite swift. However it may be when the next hearing happened it would have to be re-opened again.**
9.35	**The Chair asked if the PPC did have a closed session to discuss what they had heard today, just to firm their thoughts which might be useful considering that time might pass, could Mr Waclawski see any issues having that closed session to make firm in the PPC's minds things that they had heard today. Mr Waclawski advised that again it would come down to how much time passed and whether anything changed between now and when the PPC were asked to come back and consider the matter again. He advised that the purest way to deal with the discussions in this matter would be for the PPC not to go in to closed session and not to have that discussion until it was called back once the Health Board had provided a decision on the competence issue. This would allow the PPC to have all the information to hand when they make their final decision. This approach would protect the integrity of the decision.**
9.36	**The Chair thanked Mr Waclawski for his input who left the hearing at this point.**
9.37	**The PPC then discussed whether there would be an opportunity to have a decision taken by the Health Board on the issue of competence today. Mrs Glen explained the decision making process that had led to the application being processed as a competent application and suggested that she make contact with Alan Harrison, Lead Pharmacist, Community Care for his opinion and decision. The Board were satisfied that the Applicant was a**

	body corporate, who had a Superintendent Pharmacist, suitably registered with the GPhC who would be responsible for the pharmaceutical aspects of the business. The name which would be included in the Board's Pharmaceutical List (if the application were granted) wouldn't be that of the doctor, but Sycamore Mill LLP.
9.38	**The PPC agreed that if Mr Harrison confirmed the competence of the application, that the process could be completed today. The Chair proposed that the PPC continue with the Summing Up, then break for lunch in the hope that the Health Board could arrive at a decision regarding competence.**
9.39	*This concluded the submissions and questions and the Chair invited the parties to summarise their cases.*
10.	**SUMMING UP**
10.1	**Interested Party – Mr Rodney Haugh (Houlihan Pharmacy Ltd)**
10.2	Mr Haugh advised, the main issue for the PPC to consider was whether the current provision of NHS pharmaceutical services in the neighbourhood was adequate and, if not, whether the proposed services were necessary or desirable to secure adequate services.
10.3	The Applicant had been unable to prove that the service provision within the neighbourhood was inadequate. Indeed Houlihan had shown that the Pharmacy within the neighbourhood, along with the additional six pharmacies just outside the proposed neighbourhood, were providing a comprehensive list of core, commissioned and non-commissioned services to all residents within the neighbourhood.
10.4	Mr Haugh advised, service provision within the neighbourhood was well above the Scottish average in all areas. Pharmacy First items were 250% above the Scottish average, Pharmacy First payments were 92% above, the number of instalments was 50% above, Smoking Cessation was 91% above whilst EHC prescribing was almost three times the Scottish average. None of these services were at their saturation point and all pharmacies within the neighbourhood had the capacity to adequately manage further growth, both with regards to prescriptions and service provision if required.
10.5	Mr Haugh further advised, the neighbourhood was one of the most contentious topics in a PPC hearing. Only a compelling argument should lead to a change in the neighbourhood previously defined by the PPC in 2007 as: • North: by the railway line, running East through Nitshill Station and Priesthill and Darnley Station from a point approximate to the intersection of Whiteriggs Road and Woodhead Road in South Nitshill to its intersection with the M77

	• East: by the embankment below the M77 • South and West: by the areas of open ground adjacent to, and South and West of, the residential area of South Park Village and the residential areas South of Parkhouse Road and North of Corselet Road, and those North of Parkhouse Road and South of the railway line
10.6	Of the 184 responses to the CAR, the majority of people, 55%, believed that the existing Pharmaceutical Services provided to the neighbourhood was adequate.
10.7	Mr Haugh further advised, the health of the neighbourhood was generally very good and in line with Scottish averages. The percentage of people who had no long-term health conditions and the percentage of people within the neighbourhood who described themselves as having very good health were both better than the Scottish average. This indicated that there would be a below average demand for Pharmaceutical Services in the neighbourhood.
10.8	The most recent SIMD statistics showed that there were no data zones within the neighbourhood which were within the 10% most deprived in Scotland.
10.9	Given the information provided, Mr Haugh believed he had shown the lack of any evidence to support the existence of an inadequacy of services provision in the neighbourhood. Indeed he had proven that service provision across all pharmacies was well above the national average in all areas.
10.10	Furthermore, he had shown the proposed services were neither necessary, nor desirable to secure adequate provision. It was for these reasons that he respectfully argued that this application should not be granted.
10.11	**Applicant – Mr Raheel Bhatti**
10.12	Mr Bhatti advised he would keep his summing up brief as everyone would all be here doing this again. Mr Bhatti advised that unusually, all parties were in agreement regarding the boundaries of the neighbourhood since the NAP decision in 2007. It would be very unusual for those boundaries to be changed given all the information that was at hand.
10.13	Based on those boundaries, Mr Bhatti expected their population would be in the region of 10,000 and at least 34% of that population reside in 20-30% of the most deprived areas of Scotland. Although reference had been made to it being under the 10% ranking, there was still a gap there.
10.14	Mr Bhatti advised, all parties were in agreement that there was only one pharmacy located in the middle of the existing neighbourhood. That pharmacy was dispensing items almost three times the GGC average, and, was undertaking PF consultations thirty times the GGC average. It had experienced growth in its dispensing numbers of over 105% since 2014.

10.15	Mr Bhatti advised he had also presented evidence – that showed that the local population would generally use a pharmacy closer to their home. He then turned to the CAR and turning the comments and responses on their head, although 55% agreed it was adequate, 45% by inference had some dissatisfaction with the level of service in the community. Mr Bhatti suggested that was quite a significant proportion of dissatisfaction.
10.16	Mr Bhatti advised, there was mention in the presentation regarding a lack of support for the new pharmacy. Mr Bhatti advised he would counter that as they've had support from the CAR – 78% agreeing it would be preferred. Additional support was also provided from the local MP, MSP and Community Council.
10.17	At this point, the Chair interjected to advise Mr Bhatti that this was his summing up and he should not add in any new information at this point.
10.18	Mr Bhatti advised there was a factual dispute regarding the missing/delayed prescriptions. This was done by the GP practice staff and could be provided if required. It did highlight potential processing capacity issues within the pharmacy. This was disputed by Houlihan which Mr Bhatti advised was understandable; however it was a matter of fact. Mr Bhatti advised it begged the question of whether the Committee determined it to be an appropriate position or not.
10.19	On the desirability side of things, Mr Bhatti advised he had highlighted several key points in favour of his application. The new pharmacy would be located in the newly refurbished premises which would had pedestrian and vehicular access. It would form part of a dedicated healthcare hub to better serve the community to align with the Scottish Government Strategy for achieving excellence in Pharmaceutical Care.
10.20	Mr Bhatti also wished to confirm the addition of a new pharmacy would not affect the viability of the existing services within the neighbourhood or surrounding areas.
10.21	Mr Bhatti urged the Committee to consider those points and grant his application as he believed it to be both necessary and desirable for the local community.
10.22	**At the point Mrs Glen advised Mr Alan Harrison, Lead Pharmacist for Community Care was on speaker phone. The Chair asked Mr Harrison if he was happy with what Mrs Glen had explained to him and if so, to speak to the room.**
10.23	**Mr Harrison advised Mrs Glen had explained the situation at hand and that the Committee had sought CLO advice. Mr Harrison advised his opinion was, the Committee had a company applying for a new pharmacy contract. Mr Harrison explained there were contracts within GGC which were owned by non-pharmacists. Those non-pharmacist owned companies employed a Superintendent Pharmacist who would**

	be the legal entity under the General Pharmaceutical Health Council (GPhC) Regulations to look after the pharmaceutical aspects of that particular contract.
10.24	**Mr Harrison further advised, if there was an issue with any service or non-provision relating to a contract that was not owned by a pharmacist, it would be the Superintendent the Health Board would engage with regarding any issue, as would the GPhC.**
10.25	**Mr Harrison advised that in relation to what had been presented to the Committee, his opinion was, where he appreciated there was a GP somewhere within the ownership of the company who was applying to the PPC for a contract, there was a Superintendent who was a GPhC registered pharmacist, who would be the legal person the Health Board would deal with should any pharmaceutical issues arise. This would be done in conjunction with the GPhC**
10.26	**Mr Harrison explained that the GPhC was the regulator who would look to ensure there was a Superintendent Pharmacist in place. The GPhC would not look at who the actual owner of the company was. Mr Harrison therefore suggested the PPC could proceed with this application, as there was a Superintendent listed on that application, and that that Superintendent would be the person that would be dealt with, for any issues associated with the Health Board or the GPhC.**
10.27	**Mr Harrison advised he was not concerned that a GP was within a company who was within the company who had submitted a new pharmacy application. Mr Harrison would be more concerned with ensuring that a suitably registered pharmacist was in place.**
10.28	**The Chair thanked Mr Harrison and explained that CLO had asked the PPC to clarify whether or not the Health Board were willing for Sycamore Mill LLP to be put on the pharmaceutical list, due to the restrictions that a GP could not be put on that list. The Chair advised his question to Mr Harrison was, was he in a position to act on behalf of the Health Board to say that GGC were happy for sycamore Mill LLP to be put on the Pharmaceutical List?**
10.29	**Mr Harrison advised it would not be the GP that would be put on the list, it would be the company who were put on the list. So in answer to the Chair's question, Mr Harrison confirmed the entity the PPC would be putting on the list, if the application were granted, would be a company and not the GP.**
10.29	**The Chair asked Mr Harrison and asked once again for confirmation that he was in a position to make that decision on behalf of GGC. Mr Harrison advised he was in a position in his role to say he was comfortable with making this decision.**

10.30	**The Chair asked Mr Harrison to confirm his role within GGC for recording purposes. Mr Harrison advised his role was Lead Pharmacist for Community Care and his responsibilities within the Health Board were the engagement and management of the 288 community pharmacies within GGC to ensure they were carrying out and delivering both nationally and locally agreed services.**
10.31	**The Chair advised that, as a Board Member himself, he had been assured that the correct person was on the phone who was responsible for making that decision. The Chair asked other members of the PPC if they had any questions or a differing view from Mr Harrison. None of the members had any such questions.**
11.	**CONCLUSION OF ORAL HEARING**
11.1	The Chair then invited each of the parties present that had participated in the hearing to confirm individually that each had had a full and fair hearing via the Microsoft Teams platform. Each party so confirmed.
11.2	The Chair advised that the PPC 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 PPC's decision and the time limits involved.
11.3	The Chair advised the Applicant and Interested Party that they might wish to remain connected to the Teams hearing until the PPC had completed its private deliberations. This was in case the PPC required further factual or legal advice in which case, the open hearing would be reconvened and the PPC would be brought back from their closed session into the original Teams hearing to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.
11.4	**The Applicants, Interested Party, Observers and Board Officers left the meeting.**
12.	**PRELIMINARY CONSIDERATION**
12.1	In addition to the oral evidence presented, the PPC took account of the following:
12.2	i. That due to the restrictions in place to manage COVID-19, members of the PPC had conducted their own site visit noting the location of the proposed premises, the pharmacies, medical centres and the facilities and amenities within and surrounding the proposed neighbourhood; ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and the surrounding area;

	iii. Map showing the neighbourhood proposed by the Applicant; iv. A map showing the data zones of the area in question; v. Written representations received from the Interested parties during the Schedule 3 consultation; vi. Information from Glasgow City Council, Planning & Roads Services on planned road & housing developments in the local area; vii. Distances from proposed premises to local pharmacies and GP practices within a three mile radius; viii. Details of service provision and opening hours of existing pharmacy contracts in the area; ix. Details of General Medical Practices in the area including practice opening hours, number of partners and list sizes; x. Number of Prescription items dispensed during the past 12 months and information for the Pharmacy First Service; xi. Complaints received by the individual community pharmacies in the consultation zone regarding services; xii. Population Census Statistics from 2011; including the population profile for each of the selected data zones; xiii. Summary of applications previously considered by the PPC in this area; xiv. The Application provided by the Applicants; xv. Pharmaceutical Care Services Plan; xvi. Public Transport Information; and xvii. The Consultation Analysis Report.
13.	**DISCUSSION**
13.1	The PPC in considering the evidence detailed above submitted during the period of consultation, presented during the hearing and recalling observations from the individual site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.
13.2	The PPC considered the neighbourhood as defined by the Applicant (which had been agreed by Mr Haugh); examined the maps of the area and considered what they had seen on their site visits.
13.3	The PPC discussed that both the “Applicant” and the “Interested Party” in attendance agreed with the Neighbourhood and there were no written objections to the neighbourhood. They also noted that the Neighbourhood had also been agreed by a previous National Appeals Panel decision. They also noted that the boundaries were made by obvious large physical features and that none of the building had changed that since the National Appeals Panel decision. On the basis that either everyone agreed with, or did not

	object to the Neighbourhood or it had been ratified by the National Appeals Panel that the PPC determined that it should accept that proposed Neighbourhood without further discussion.
13.4	After considering all relevant factors and seeking to identify natural boundaries, the PPC agreed that the neighbourhood should be defined as:
13.5	• North: From the M77 at the junction with Kennishead Road, following the railway line until the bridge at Nitshill Road; • West: From Nitshill Road travelling south until it meets Leggatston Avenue; • South: Leggatston Avenue to the M77, encompassing Patterton Range Drive. • East: Following the M77 until it meets the junction with Kennishead Road.
13.6	Having reached a conclusion as to neighbourhood, the PPC was then required to consider the adequacy of pharmaceutical services within or to that neighbourhood and, if the PPC 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.
13.7	The PPC considered the CAR and noted that there were evident spikes in the consultation responses. The Applicant had explained that these were due to surveys being handed out, and canvassing of residents in the area. The Joint Consultation questionnaire had elicited a total of 184 responses during the period the Consultation was active.
13.8	The Committee noted that responses to Question 4 around adequacy of pharmaceutical services in the area, were relatively evenly matched with 54% indicating they believed services to be adequate and 45% considering services to be inadequate.
13.9	In terms of the follow up question asking for the public's consideration on whether there were any gaps in the service provision, the PPC considered that leaving aside comments which had their basis in *"convenience"* or general comments which didn't specify a view, ten responses indicated there were gaps and nine responses felt there were no gaps. Of the perceived gaps that were identified most related to minor injuries, flu vaccinations, diabetes, Pharmacy First Plus, Chiropody, Sexual and Reproductive health, Gluten Free Foods and Travel Clinic.
13.10	The PPC considered that in general terms the majority of respondents felt that current services were adequate, and what gaps had been identified related to services that were not provided as core pharmaceutical services,

	or were not provided as NHS services at all e.g. Travel Clinic and Chirpody.
13.11	In summary, the PPC considered that the CAR did not conclusively say that respondents supported the opening of a new pharmacy. The comments made were more related to issues of inconvenience rather than necessity for additional services. The PPC felt that the CAR was a reasonable reflection of the community's views.
13.12	The PPC then considered the audit mentioned in the Applicant's presentation which had allegedly highlighted failings in processes at Houlihan's Darnley. The PPC were mindful that in response Mr Haugh had explained that Houlihan's had in place robust process and business management which were heavily weighted to understand how errors occurred and also to ensure that lessons were learned so that errors could be minimised. The pharmacist members of the Committee agreed that in order to sustain such a high level of prescription volume through one community pharmacy, there would be a need for clear processes to manage medication incidents and errors. While it was true that the branch relied on a significant level of automation, this nevertheless did not detract from the need to ensure clear and appropriate error management processes.
13.13	The PPC considered the lack of evidence of complaints from patients which was evidenced in the statistics provided by the Health Board, as opposed to the three examples illustrated by the Applicant in his presentation. The PPC were mindful that in most instances where a patient experienced delay in receiving their prescription or who had been dispensed medication in error, the likelihood of them submitting a formal complaint was greatly reduced if they were able to reach a satisfactory conclusion directly with the community pharmacy. In addition, many patients weren't aware that they were able to refer complaints on to the Health Board.
13.14	The PPC were aware that the formal NHS Complaints procedure required any patient with a grievance to first raise that grievance with the healthcare professional concerned i.e. the community pharmacist. If no local resolution could be found then the normal escalation route was direct to the Scottish Public Services Ombudsman (SPSO) and not via the Health Board.
13.15	The PPC discussed the specific suggestion made by the Applicant that one patient had recently suffered a stroke and was hospitalised allegedly as a direct result of a community pharmacy's inaction. The PPC while sympathetic to the patient's condition nevertheless were mindful that they had been provided with an anecdotal account of the situation. The PPC were unable to determine to what extent there was any apparent shortcomings in the pharmaceutical care provided to that patient. The Interested Party had been unable to provide any rebuttal because this was the first time they had been made aware of the issue.
13.16	The PPC was unable to confirm the veracity of the statements made by the Applicant and as such did not feel that they would be able to take these

	statements into consideration when it came to the determination of adequacy. The pharmacist members of the PPC stated that while the illustrated events were regretful, such issues happened in every community pharmacy from time to time and was not evidence of inadequacy, but rather of inefficiency.
13.17	The Committee noted that within the defined neighbourhood there was currently one pharmacy. Houlihan Pharmacy, Darnley provided all core services, and a wide range of additional services.
13.18	The existing pharmacy operated extended opening hours during the week to 8.00pm and were open on Sundays. The existing pharmacy offered opening times of 69 hours while the Applicant's intended opening hours were less at 54.
13.19	The PPC considered that the proposed new pharmacy would not provide any additional services to that already provided by the current contractor in the neighbourhood, or the other contractors in the wider area.
13.20	The PPC could find no evidence to support the Applicant's assertion that there were long waiting times of up to 72 hours. There had been one or two comments within the CAR relating to patients having to wait in the pharmacy or to return to the pharmacy for medication, however no context had been provided and the PPC were aware that this situation could happen in any pharmacy. It was known that there were current pressures in obtaining some medications from wholesalers due to the processes in place for ordering and such returns perhaps could not be avoided. The CAR did not suggest that this was an inherent issue specifically with Houlihan Pharmacy nor that such situations were the norm.
13.21	The PPC considered the Applicant's assertion that the population in the area had increased to the point that an additional pharmacy was needed. The PPC looked at the statistics provided by the Applicant which showed the population of their defined neighbourhood as being in the region of 9,200 plus 650 residents who had been housed within residences built since 2021. The information provided by the Housing and Development departments of Glasgow City Council differed from this. The PPC did not consider this to be a significant enough increase that could not be absorbed by the existing contractors in the area. Most of the developments were owner occupied housing, which were known to be more mobile. The PPC were satisfied that there didn't appear to be a lack of scalability or necessary investment from Houlihan's to deal with this increase even if all the business went to this pharmacy. Houlihan's Darnley was known to already be providing service to a wider population than that directly surrounding the pharmacy. The PPC considered that they could, if necessary, reorganise their operations to absorb this increase.
13.22	***In accordance with the statutory procedure the Pharmacist Members of the PPC, Mr Ewan Black, Mr Colin Fergusson and Mr Josh Miller left***

	the hearing at this point.
14.	**DECISION**
14.1	In determining this application, the PPC was required to take into account all relevant factors concerning the definition of the neighbourhood served and the adequacy of existing pharmaceutical services in the neighbourhood in the context of Regulation 5(10).
14.2	The Applicant had in the PPC's opinion provided no evidence to show that existing services were inadequate. The resident population enjoyed easy access to services provided by the existing pharmacy and also the three pharmacies in the wider area, who provided services to the population. This provided the resident population with a level of choice. The Applicant had relied on the increase in population from the various developments and claimed that this had placed pressure on the existing pharmaceutical network to the extent that an additional pharmacy was needed. The Applicant also illustrated apparent inefficiencies in the services provided by Houlihan's Darnley in the form of instances where patients had come to harm and suggested that this demonstrated inadequacy. This was in the PPC's opinion an entirely theoretical argument of inadequacy and not based on any evidence around existing services.
14.3	Taking into account all of the information available, and for the reasons set out above, it was the view of the PPC that the provision of pharmaceutical services in or to the neighbourhood (as defined by it in Paragraphs 10- 10.19 above) and the level of service provided by the existing contractors in the neighbourhood, was currently adequate and it was neither necessary nor desirable to had an additional pharmacy.
14.4	It was the unanimous decision of the PPC that the application be refused.