

Pharmacy Practices Committee

Minutes of a Meeting held on Thursday, 26 September 2019 at 11:30 hours, in the Erskine Bridge Hotel, Riverfront, Erskine, PA8 6AN

PRESENT:

Mr Ross Finnie	Chair
Mrs Morag Mason	Lay Member
Mr Scott Bryson	Non-Contractor Pharmacist Member
Mr Stewart Daniels	Lay Member
Mrs Yvonne Williams	Contractor Pharmacist Member
Mr Colin Fergusson	Contractor Pharmacist Member
Mr John Woods	Lay Member

IN ATTENDANCE:

Mrs Janine Glen	Contracts Manager, NHS GG&C
Mrs Trish Cawley	Contracts Manager, NHS GG&C
Ms Susan Murray	Legal Advisor, Central Legal Office
Ms Gillian Gordon	Secretariat, NHS NSS, SHSC

1. THE MEETING

- 1.1 The Pharmacy Practices Committee (PPC) convened in private at 09:00 hours.
- 1.2 There were no apologies for absence and introductions were made.
- 1.3 The Chair called for declarations of interest. All present confirmed no interest in the application.
- 1.4 The Committee agreed the route of the site visit before departing on the bus tour. The route was as follows –
 - Across Erskine bridge and join A82 towards Clydebank;
 - Turn left onto A810 to Duntocher;
 - Stop at TLC Pharmacy;
 - Continuing along A810 turning left onto Cochno Road;
 - Drive up Cochno Rd until the end of the housing (Faifley on the right hand side);
 - Turn back down Cochno Road and bearing left at the junction (A810);
 - At Hardgate roundabout, turn left into Faifley Road;

- Turn left at Waulking Mill Road following road round on to Auchnacraig Road back to Faifley Road;
- Turn left and then sharp right into Watchmeal Crescent, Mealkirk Street and Ferclay Street to Faifley Road;
- Turn left and then sharp right into Craigpark Street to school car park – left into Swallow Road and Orbiston Place to Faifley Road;
- Turn left and stop at proposed premises;
- Travel along Faifley Road crossing onto Douglas Muir Road to end;
- At end of Douglas Muir Rd turn back onto Faifley Road and then travel length of Faifley Road towards Glasgow Road;
- Turn right travel along the length of Glasgow Road to Hardgate Cross;
- Stop at Clan Chemists;
- Cross over the Hardgate roundabout and onto Kilbowie Road;
- Cross over the next roundabout continuing on Kilbowie Road.
- Stop at Lloydspharmacy.

The chair reminded the PPC that the bus tour formed part of the hearing and accordingly there should be no discussion on the merits of the Application until the Applicant and Interested Parties had joined the meeting and, at any of the sops all questions and answer must be in the hearing of all present.

2. INTRODUCTION

2.1 The Applicant and Interested Parties were invited into the meeting.

3. APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST: Case No. PPC/INCL02/2019 258B Faifley Road, Glasgow, G81 4EH

3.1 Mr Ronald Badger (“the Applicant”) represented the Applicant, BGH Health Care Ltd. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend this Hearing, were **Mr Tom Arnott**, representing Lloyds Pharmacy **Mr Michael McLaren** representing Clan Chemists and **Mr James Semple** representing TLC Pharmacy Group, **Councillor Lawrence O’Neill**, accompanied by **Mrs Caroline McDonald**, representing Faifley Community Council (together the “Interested Parties”).

3.2 The Chair welcomed all to the meeting.

3.3 The Applicant and Interested Parties were advised that the meeting had been convened in private at 09:00 hours when all present were invited to

state any interest in the application. No interests were declared so the meeting was adjourned and a site visit carried out to familiarise the Committee with Faifley and the surrounding area.

- 3.4 Introductions were made.
- 3.5 The Chair advised all present of the necessary housekeeping and Health & Safety information.
- 3.6 This oral hearing had been convened under Section 3, Paragraph 2 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended. The Committee was to consider the application submitted by BGR Health Care Ltd to provide general pharmaceutical services from premises situated at 258B Faifley Road, Glasgow, G81 4EH (“the Proposed Premises”).
- 3.7 The purpose of the meeting was for the Committee 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 were located.
- 3.8 The Chair sought confirmation that the Applicant and Interested Parties were not attending this hearing in the capacity of solicitor, counsel or paid advocate. All parties confirmed individually that this was the case.
- 3.9 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 each Interested Party.
- 3.10 The Chair sought confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All individually confirmed agreement.
- 3.11 Finally, the Chair confirmed that the Committee had read all the papers submitted so invited Ron Badger to speak in support of the application.

4. **The Applicant’s Case**

The following is an abridged note taken from the Applicant’s presentation provided to the Secretariat at the hearing

- 4.1 The Applicant introduced himself and thanked the Committee for taking time to hear this application.
- 4.2 Mr Badger had been a community pharmacist for 14 years working for large companies as a pharmacist, in management roles and for the last 11 years running his own business, which was runner up in the Scottish Pharmacy of the Year last year.
- 4.3 Faifley was an area the Applicant knew extremely well. The family of Mr Badger’s wife lived there and he visited Faifley several times a week. He

had always been aware that the area was lacking and in need of an accessible pharmacy service. He had the experience and motivation to provide this service.

4.4 Faifley Neighbourhood Boundary

4.5 The Faifley estate was built in the 1950s before the current shops at Hardgate Cross and had been a separate neighbourhood since this time. According to West Dunbartonshire Council, its population was 5342. It had two primary schools and two nurseries used by over 700 children, churches, convenience stores, hairdressers, and Sky community centre. All you would expect in a local neighbourhood. The Community Council was extremely active. Faifley was and always had been a distinct community and a recognised neighbourhood. This view was strongly echoed by residents and local Councillors.

4.6 The boundaries were as stated in the application and so were not outlined again by Mr Badger.

4.7 These boundaries were used by the Scottish census, National Records for Scotland and stated by West Dunbartonshire Council as the southern boundary for the Faifley Community Council. There were no logical or legal reasons for amending these. They were long-standing official boundaries between Faifley and the Hardgate and Duntocher neighbourhood, which had all their own facilities. These were clearly two distinct communities

4.8 **Mr Badger asked why Faifley actually needed a pharmacy**

4.9 Deprivation was one of the most important factors to consider when determining the healthcare need of a population.

4.10 Most recent figures showed that West Dunbartonshire had had the biggest increase in deprivation. 40% of data zones were in the 20% most deprived in Scotland. Nationally only Glasgow City and Inverclyde had more deprived areas.

4.11 The entire population of Faifley contributed to these figures, being one of the most deprived areas in West Dunbartonshire according to the 2016 SIMD.

4.12 Over 1000 residents were in the bottom 10% for deprivation, 3200 in the bottom 15% and the rest in the bottom 20%.

4.13 27% of the population was income deprived.

4.14 33% of children were living in poverty amounting to almost 500 kids in the neighbourhood, the highest level in any area in West Dunbartonshire.

4.15 32% of residents lived with one or more long-term health condition.

4.16 9.4% of the working age population was long term sick.

- 4.17 Looking at Healthy Life Expectancy (HLE)
- for men in Faifley was 56 years which was 17 years less than the least deprived areas at 72.7 years;
 - for women the Healthy Life Expectancy was 58 years which was 15 years lower than the least deprived areas at 73.2 years;
 - There had been no significant change in this gap since 2009;
 - Life expectancy in Faifley was lower than the rest of West Dunbartonshire, Greater Glasgow and the Scottish Average.
- 4.18 By almost every measurable factor, which would increase a person's healthcare needs, decrease their quality of life and their life span, the average Faifley resident was disadvantaged when compared to national levels. Residents had increased healthcare needs, decreased life quality and life span. This was a neighbourhood that desperately needed investment in locally focused accessible healthcare to address these inequalities.
- 4.19 Currently there were no pharmaceutical or healthcare services of any description within Faifley. There were no GPs and no pharmacies.
- 4.20 The closest pharmacy was 1.1 miles away from his proposed neighbourhood at Hardgate Cross in the Hardgate and Duntocher neighbourhood.
- 4.21 Over half of residents had no car so were more likely to walk or rely on public transport to access pharmacy services.
- 4.22 Travelling by foot was not always an option for this population with 22% of residents limited a little or a lot by their medical condition. For many residents walking for 30 minutes to an hour was simply not possible.
- 4.23 From Langside Street, at the far side of Faifley residents could walk along Glasgow Road. This road was extremely busy, there was no pedestrian crossing and the footpath was too narrow for prams or mobility scooters.
- 4.24 In the other direction along Faifley Road towards Hardgate roundabout there was a steep hill to negotiate. This was a barrier to elderly residents, young families and those with mobility issues.
- 4.25 There was the same issue with the paths through the Knowes, which were dirt tracks. These were unsuitable for certain residents and walking through there was simply not manageable.
- 4.26 The most deprived area in Faifley was around Orbiston Place at the top end of the neighbourhood. From there it was a 60-minute round trip walking this did not factor in waiting time in the pharmacy.
- 4.27 The cost of bus travel would also be a barrier for some residents. 1500 people here were income deprived. 50% of households were single parents. A return bus fare cost £3.20. Residents were in the position

where they had to choose between daily essentials and paying for a trip to the pharmacy. They should not be put in this position.

- 4.28 For families with ill kids realistically they could be in a pharmacy once a week using the Minor Ailment Service. This bus fare is a clear barrier and a deterrent to accessing a pharmacy.
- 4.29 Some residents could drive but parking at Hardgate Cross was extremely chaotic due to the number of other shops and volume of people using these. There were only two marked disabled bays for the entire car park.
- 4.30 All of these issues were barriers to access. They are echoed by residents in the consultation survey and by the Community Council. 133 respondents currently experience issues and challenges accessing pharmacy services. There was a clear inadequacy in the provision of pharmacy services to residents.
- 4.31 To access any other pharmacy was a bus journey and in a community which, by its nature, needed a higher than average level of healthcare support we could not expect residents to get a bus every time they needed to access pharmacy services. No other community in the Clydebank area had to do this
- 4.32 Hardgate, Duntocher, Parkhall, Dalmuir and Drumry, all local neighbourhoods with similar populations, all had direct access to pharmaceutical services. Yet an area like Faifley with above average healthcare needs did not.
- 4.33 Closest pharmacy at Hardgate Cross
- 4.34 Mr Badger stated that this was one of the busiest pharmacies in Greater Glasgow and in Scotland. It was consistently in the top 10% nationally for dispensed items. This was an extremely high volume business dispensing more than double the amount of prescriptions compared to the average pharmacy.
- 4.35 The pharmacy dispensed prescriptions issued by over 50 different GP surgeries on a monthly basis. Given that there were only 18 GP practices in West Dunbartonshire this showed the large amount of transient customers who also used this pharmacy.
- 4.36 This was not a local pharmacy for the Faifley community. This pharmacy served more patients from their own neighbourhood of Hardgate and Duntocher and the rest of Clydebank. Only 40% of the prescriptions dispensed there were from residents in the Faifley area.
- 4.37 Nationally there had been a 16% increase in prescription items and a 65% increase in minor ailment items since 2011. With this business, there had been no increase in the level of monthly prescription items and only a 1% increase in minor ailment items in this same period.
- 4.38 This was one of the busiest pharmacies in Glasgow and it was working at

full capacity.

- 4.39 This was backed up by comments in the consultation report where patients experienced excessive waiting times of up to one hour, difficulty in parking and not space to take on weekly medication boxes.
- 4.40 A cornerstone of the pharmacy contract was the minor ailments service, which aimed to support direct care by pharmacists. Based on dispensing data the pharmacy at Hardgate had around 600 patient registrations from residents in Faifley, which was less than 12% of the population. In deprived areas with a greater need for pharmaceutical care, average registration was 26% of residents.
- 4.41 Mr Badger believed that currently the minor ailments service was not being delivered adequately to the residents of Faifley. With adequate delivery, 60% of people using minor ailments would avoid making an appointment with their doctor, removing pressure from GP services. This was not happening for the people in Faifley.
- 4.42 In April 2020, this service would become available to all Scottish GP patients. There would be a huge increase in demand for this service. All 5300 Faifley residents would be able to use it.
- 4.43 He questioned whether this pharmacy could adequately provide this service to another 4700 residents in the following year. This would be on top of patients in Hardgate, Duntocher and Clydebank. The figures showed that this high volume business was working at capacity and was too busy to provide this essential service adequately to Faifley residents now and even more so in the future.
- 4.44 Looking to the future, Mr Badger said that the role of the community pharmacy continued to expand:
- There were already additional pharmacy services such as antibiotics for UTIs and impetigo.
 - The CMS was re-launching as a medicine review service.
 - Pharmacies would become involved in administering flu vaccinations. There was a trial this year in Edinburgh where patients had the option of going to a pharmacy rather than the GP to have their flu jab on the NHS. This would increase the pressure on an already saturated pharmacy.
 - Pharmacy services, which were already non-existent in Faifley, would become even more difficult for residents to access.
- 4.45 On top of that, the local health centre was relocating much further from the neighbourhood, which would make locally accessible services and the need to visit your local pharmacy and pharmacist even more vital.
- 4.46 **His Application**
- 4.47 His proposed premises were much larger and more central than previous

applications.

4.48 It was located between two primary schools, beside the Co-op supermarket and closer to the deprived areas, which were at the top end of Faifley and on a flat road, which would improve access for at least 80% of the residents.

4.49 Looking at a four-week period in January, the supermarket served an average of 4750 customers a week. This shop was a central hub for many local people in their day-to-day routine. A pharmacy located there was well placed to serve the neighbourhood. It would give residents immediate access to pharmacy services.

4.50 Opening hours were proposed as follows –

8.30am to 6.00pm Monday and Friday

9.00am to 5.30pm on a Saturday

He would be happy to consider late night and Sunday opening if there was a demand and had discussed this with the Community Council and said that he would be happy to trial this.

4.51 He said that services provided would be:

- Minor Ailments which would be subject to change in the next year, increasing the number of patients eligible for the service
- Smoking Cessation
- Pharmacy First
- Alcohol interventions
- Chronic Medication Service
- Vaccination Services
- Harm reduction – supervised opiate/needle exchange
- Advice to care homes
- Stoma services
- Weight management
- Blood pressure testing
- Unscheduled care
- Any service currently being provided locally in West Dunbartonshire HSCP

4.52 He apologised to the Committee for the fact that they were unable to gain access to his premises that day which had been due to a misunderstanding about the keys.

4.53 The proposed pharmacy was 700 square feet in size and was to be refitted to current GPhC standards. It would also include two consultation

rooms. One for use by the pharmacist and one for other health care professionals to use free of charge. This gave the potential for onsite clinics led by GPs, nurses, or pharmacists.

- 4.54 Local schools had expressed an interest in pupil visits to the pharmacy. Mr Badger fully supported this. Focus on health education of children in young and early years was a recognised government policy that was effective in reducing health inequality. Pupils, from an early age, would be made aware of the services available from the local pharmacy and encouraged to make use of these services when older and make healthier choices.
- 4.55 All these services would be easily accessible to the majority of Faifley residents. He would advertise in a dedicated health promotion area in the pharmacy. Details would also be constantly running on a flat screen television in the waiting area and actively promoted with advertising. Mr Badger thought active promotion allowed engagement with many more patients and he would have time to do this. He said that in an area with traditionally low uptake of services this was exactly what was needed.
- 4.56 **How much of an impact did pharmacies have in the local community?**
- 4.57 Mr Badger said that locally there was some very compelling evidence:
- 4.58 Men in Hardgate and Duntocher would live for an additional 6 years compared to men in Faifley. Women in Hardgate and Duntocher were expected to live an additional 2 years.
- 4.59 Men and women in Hardgate and Duntocher had an additional 8 years of Healthy Life Expectancy compared to those in Faifley. Put simply that was an extra 8 years of expected ill health for Faifley residents compared to someone living less than a mile away.
- 4.60 The accessibility of an adequate pharmacy service was the only major difference in available healthcare between these two communities.
- 4.61 Hardgate and Duntocher residents scored a 30% better rating than people in Faifley for health where there were 60% of residents in the bottom 15% for health deprivation
- 4.62 This further defined these areas as two distinct separate communities with very different healthcare needs and priorities.
- 4.63 Scottish Government policy stated that 'reducing inequalities in health is critical to achieving the aim of making Scotland a better, healthier place for everyone'. It had a commitment to social justice and narrowing health inequalities.
- 4.64 Recognised policies, supported by the strongest evidence were -
- Improving accessibility of services, specifically the location and accessibility of primary health care. (Communities should all have a

local pharmacy).

- Reducing price barriers (such as bus fares).
- Prioritising and targeting high risk disadvantaged groups and communities that faced the most challenges.
- Focus on young children and early years.

4.65 The purpose of Greater Glasgow & Clyde Health Board was to deliver and he quoted:

“effective and high quality health services, to act to improve the health of the population and to do everything it could to address the wider social determinants of health which caused inequalities.”

4.66 The NHS Greater Glasgow & Clyde website stated, “those with the most need are least likely to take up services, especially preventative services. Specific targeting is required to reach those with an unmet need.”

4.67 The West Dunbartonshire Council Strategic Plan 2012-2017 stated, “plans should focus on those communities where deprivation is greatest”.

4.68 Mr Badger said that the application fitted in with both local and national policy and strategy.

4.69 Mr Badger advised that this application had significant community support with the unanimous backing of the Community Council, local Councillors, MSP, MP and 80% of survey respondents.

4.70 People there were disadvantaged on so many levels. They were less likely to engage, had lower motivation and confidence to access healthcare services. Adults had difficulty managing their own health and the health of their children. It was an ongoing cycle. Mr Badger stressed that this could not continue. Something had to change.

4.71 Community pharmacy should be the most accessible primary healthcare provider as it was about looking after the community as well as providing service. Currently there was no provision in this deprived, high need neighbourhood. The closest services nearby did not serve Faifley adequately and residents faced numerous barriers and challenges when trying to access these.

4.72 Mr Badger concluded by saying that a pharmacy in Faifley was both necessary and desirable to provide an adequate level of pharmaceutical service, remove current barriers to access and provide equitable healthcare to deprived high need population

4.73 He respectfully asked that the Panel do the right thing for the community and grant the application.

Before proceeding to questions the Chair invited Mr Badger to clarify what appeared to be a discrepancy between his boundaries narrated at Part 4(b)(iii) of the Application and the Map used in the CAR. Having looked at both documents, Mr Badger explained that whilst the Map showed Cochno

Road on the Western boundary it did not show it running North of the Northern boundary and running south on the Eastern boundary as referenced in the narrative of the neighbourhood.

5. **Questions from Mr Arnott (Lloyds) to the Applicant**

5.1 Mr Arnott asked what had changed since the last application in June 2017 and Mr Badger said there had been some new houses built just up from Hardgate Cross so there was a slight population increase.

5.2 Mr Arnott noted that Mr Badger had said that Clan Pharmacy was not in the proposed neighbourhood and asked what neighbourhood it was in. Mr Badger said it was in Hardgate and Duntocher and he did not know their exact boundaries but thought that the northern boundary would be Glasgow Road. The boundaries he had used for his neighbourhood were those used for the Community Council.

5.2 Mr Arnott said that there had been 2 PPCs and a NAP and each one had said that Clan formed part of the Faifley neighbourhood. Mr Badger reiterated that the boundaries he had chosen were those used by the Government, by the Scottish Census and the Community Council.

5.3 Mr Arnott asked if he was saying that because Clan was south of the Glasgow Road that it was not in Faifley. Mr Badger said that was the case but it would no doubt serve some of Faifley's residents.

5.4 Mr Arnott asked why the Consultation response was so low. Mr Badger said it was not low compared to the last application and had increased to 260.

5.5 Mr Arnott asked how many of the 260 had said that they had difficulty in accessing a pharmacy. Mr Badger said it was 143.

5.6 Mr Arnott then read out a list of similar and smaller sized areas and quoted their response figures. This included Monkton, Townhill, Pumpherston, Fenwick, Blackburn and Moffat. He asked what Mr Badger thought of his response rate compared to those. Mr Badger said any survey was only a snapshot and you could not compare one with another. It was a low response but it was recognised that those from deprived areas traditionally did not respond to surveys like this. In addition, there would be limited access to the internet.

5.7 Mr Arnott asked if the areas he had quoted could be described as deprived. Mr Badger said that he could not comment, as he did not know the area.

5.8 Noting that Mr Badger had previously described Clan as a prescription factory, Mr Arnott asked if he had been there recently and suggested that he visit as it was the best pharmacy he had seen in his life and had a robotic drug storage and retrieval system. Mr Badger confirmed that he had been there.

- 5.9 Mr Arnott asked if he thought that Clan had any capacity issues, Mr Badger replied that he had a robot himself and it would not necessarily increase capacity. Robots improved speed of dispensing and were safer. He noted that some businesses used them to decrease staff rather than to increase capacity. This pharmacy served a wider area and, from the date, 40% came from Faifley.
- 5.10 Mr Arnott asked if he still felt that Clan could have capacity issues and Mr Badger observed that there had been no increase in the amount they dispensed over the years.
- 5.11 When asked if he was aware that Clan had two pharmacists on all the time, Mr Badger replied that he was.
- 5.12 Mr Arnott asked if he thought that if they lost 40% of their business, Clan would continue to have 2 pharmacists. Mr Badger said that he imagined that they still would as they had a large workload and there would be an increase in MAS.
- 5.13 Mr Arnott asked how many pharmacists he intended to have. He replied that there would only be one but his business would be much smaller than Clan's would.
- 5.14 Mr Arnott ran through various locations in Faifley and asked whether they were closer to Clan or were easier to access. Mr Badger stressed that he had said in his presentation that 80% of Faifley would have better access. He had always accepted that residents in the south could still use Clan.
- 5.15 Mr Arnott asked if a high dispensing rate made a pharmacy inadequate. Mr Badger said that it did not if you had a robot but it meant that they might not have time to provide other services. He said that, even with two pharmacists, every item still needed to be checked. Mr Arnott observed that one could be checking and one could be consulting. Mr Badger said that it was impossible to split the work up in this way and you could not have one checking and consulting all the time. Mr Arnott said he was not suggesting this.
- 5.16 Mr Arnott asked if he intended to have late night or Sunday opening and was told that this was not the intention at present but that he had agreed with the Community Council that he would be happy to trial this if they felt there was a demand. Mr Arnott said the other side of the coin was that he could reduce his intended hours. Mr Badger acknowledged that this was the case.
- 5.17 Mr Arnott asked if he had a plan of the proposed pharmacy layout. Mr Badger said that he did not but that it was a rectangular unit and he had undertaken many refits. He said that it was 700ft² and about one fifth of this would be taken up by 2 consulting rooms. There would be a large dispensing area and a small retail area, as he wanted to focus on consulting.

5.18 Mr Arnott asked if anyone in Faifley had ever been refused a MAS request. Mr Badger said that he did not know.

6. **Questions from Mr Semple (TLC Pharmacy Group) to the Applicant**

6.1 Mr Semple referred to the neighbourhood and asked several times whether Mr Badger believed that the statutory zoning boundaries for Council wards etc was what was meant by a neighbourhood in terms of the Pharmacy Regulations. Mr Badger said that it was a long-standing boundary and appropriate.

6.2 Mr Semple pointed out that it was not based on previous experience with PPCs and it was interesting that Mr Badger's boundary took out the part where there was no pharmacy. He asked if Mr Badger did not think it logical that the boundary should be the Glasgow Road with the Hardgate shops included in Faifley. Mr Badger replied that it was not the statutory boundary.

6.3 Mr Semple asked if Mr Badger's statement about inadequacy would change if the Hardgate shops were in Faifley. Mr Badger replied that it would not.

6.4 Mr Semple asked if the dotted line on the map was relatively irrelevant as the geographical boundary was more relevant than the statutory boundary. Mr Badger replied that it was not as it was the boundary and he could see no good reason to change the statutory boundaries set down for Faifley.

6.5 Referring to the demographics, Mr Semple acknowledged that it was a deprived area but the Applicant had mentioned that life expectancy was higher in Hardgate and Duntocher and asked if everything was down to poverty and deprivation or the fact that the pharmacy was at the wrong end of the neighbourhood for some of Faifley. Mr Badger said that it was a combination of factors. Faifley was a high need area, the closest pharmacy was outside the neighbourhood, and it therefore needed a local focused community pharmacy. Hardgate and Duntocher were moderately well off but they also had pharmacies available.

6.6 Referring to the Applicant's figures showing the percentage of the population on MAS was relatively low, he suggested that this was because his pharmacy was being responsible as they were not allowed to advertise the service and patients had to ask for it. He asked if Mr Badger would agree that the pharmacies with low numbers on MAS were in fact the gold standard and not inadequate. Mr Badger said that he did not agree and that there were no registrations because people were not using the service, which would become national the following year.

6.7 Mr Semple again asked if Mr Badger thought that the pharmacy had lower averages because it was providing the service sensibly. Mr Badger said that it was because the residents of Faifley faced a distance barrier in accessing the service and were either not doing anything about their

healthcare or going straight to the GP.

- 6.8 Mr Semple asked if he was saying that because of the difficulty in getting to a pharmacy, patients were making a 3-mile journey to Clydebank to see a GP and Mr Badger said that this was the case.
- 6.9 The Applicant had referred to Clan being at capacity and Mr Semple asked what evidence there was for this. Mr Badger said that it was purely from the prescription data where there had been no increase in items dispensed since 2011.
- 6.10 Mr Semple asked if this could be because another pharmacy opened less than a mile away in 2017. Mr Badger said it was not as he had looked at data for 2018 and 2019.
- 6.11 Mr Semple asked if it could be that Clan's figures had not increased as they had lost business to Duntocher. Mr Badger said that he believed it was the patients voting with their feet because of the waiting times and were going elsewhere.
- 6.12 Turning to volume of dispensing, Mr Semple noted that the Applicant also had a robot in another of his pharmacies and asked if he was also a high volume dispenser. Mr Badger replied that it was above the national average but not as high as Clan was. The pharmacy in question was located next to a health centre so he would expect these figures to be high. He had one pharmacist and two checking technicians.
- 6.13 Mr Semple asked if he was at capacity there, Mr Badger said that he had capacity for expansion but that area was not deprived

7 Questions from Mr McLaren (Clan Chemists) to the Applicant

- 7.1 Mr McLaren noted that Mr Badger had said that Clan had no space for additional MDS preparation and asked if he had checked this. Mr Badger said that he had taken this from comments in the CAR and feedback from users. Mr McLaren suggested that this information was out of date, as it did not take into account recent expansions.
- 7.2 Mr McLaren referred to the CMS where the Applicant had suggested that Clan had low figures. He asked if this could be because of the way, CMS was implemented and that some doctors were reluctant to make use of it. Mr Badger said that he did not refer to CMS figures, only Minor Ailments.

8 Questions from Cllr O'Neill (Community Council) to the Applicant

- 8.1 Cllr O'Neill asked if Mr Badger was aware that the boundaries set by the Scottish Boundaries Commission were used in public planning and to target resources. Mr Badger said that he was and that was why he had used it.
- 8.2 Cllr O'Neill referred to response rates to public consultations and that the gold standard was 18% and that West Dunbartonshire Council had made

decisions on a consultation with a less than 2% response rate. Mr Badger said that his responses were comparable and believed that they gave a good snapshot.

8.3 Cllr O'Neill asked if the fact that the residents of Faifley were digitally excluded would affect the response and Mr Badger said that it would.

8.4 When asked if he was aware of some new housing scheduled to be built at Milldam and Abbey sites, Mr Badger said that he was.

9. **Questions from the Committee to Mr Badger (the Applicant)**

9.1 Mrs Yvonne Williams (Contractor Pharmacist)

9.1.1 Mrs Williams said that in terms of the overall catchment area, rather than neighbourhood, did the Applicant envisage his pharmacy serving Hardgate and Duntocher. Mr Badger replied that he did not as they had their own pharmacy but there was nothing to prevent them from using it. His pharmacy was for the local community in which he wanted to become involved.

9.1.2 Referring to parking at Clan Chemists, Mrs Williams asked, if it were as bad as the Applicant had suggested, people would rather use the new one. Mr Badger replied if they could not park, and feedback from users suggested it was difficult there, they would probably drive into Clydebank rather than head up towards Faifley.

9.1.3 Mrs Williams asked if he was aware of the national prescribing statistics from recent years. When he said he was not, Mrs Williams informed him that levels went up 0.5% last year, were flat for this year, and suggested that this might be the reason behind Clan's figures. Mr Badger said that he did not think so as Clan had a massive catchment area.

9.1.4 Mrs Williams asked where the remainder of residents in Faifley were getting their prescriptions if 40% were going to Clan and 5% to TLC. Mr Badger said he would imagine they were going to Lloyds or other pharmacies in Clydebank by bus or having medicines collected and delivered. He pointed out that delivery was not a pharmaceutical service but merely dropping off a package.

9.1.5 Mr Badger said he was not sure when Mrs Williams asked if they were accessing Clydebank when they were there doing other things.

9.1.6 Mrs Williams asked how he would address the concerns raised about substance misuse and the possibility of drug users being attracted to the area. Mr Badger said that he had over 100 such patients in his current pharmacy and he had a contract with each and built up their trust. They had to turn up at the agreed time or they were no longer a patient.

9.2. Mrs Morag Mason (Lay Member)

9.2.1 Mrs Mason asked how many Faifley residents held disabled badges and if

he had any knowledge of disabled spaces available. Mr Badger replied that he said 22% of the population had limited mobility but he did not know how many of them had access to a car.

9.2.2 Referring to the fact that 35% of the Faifley population were smokers, compared to the national average of 20-22% and asked how he proposed to encourage them to stop. Mr Badger said that he would ensure that it was an accessible service; there would be a window display and a screen in the waiting area and he would offer a drop in service. He said that he would promote this through fliers and prescription bags. These were all things that a smaller volume pharmacy would have time to do. The footfall around the proposed premises was 5000 a week so all would see the posters.

9.4 Mr Scott Bryson (Non-Contractor Pharmacist)

9.3.1 Mr Bryson asked the Applicant to summarise what had changed in the last two years and where the current inadequacies were. Mr Badger said the main thing was the low number registered for MAS. He thought that the reasons for not registering were; they would have to go by bus where the fares and poor service were a deterrent; the closest pharmacy was too busy; it was difficult to park. If he proactively promoted healthcare and did more, then this would help GPs and he knew that staff at his local GPs sent patients to his pharmacy. He pointed out that it was very much Government policy to have a community pharmacy as the first port of call for primary healthcare but the Community Council could say more about that.

9.3.2 Mr Bryson asked if the pharmaceutical services had changed since 2017. Mr Badger said that it could be that the fact that there were 260 responses rather than 80 last time showed that the residents were dissatisfied with the current service. He noted that every question showed more criticism and more barriers to access.

9.4 Mr John Woods (Lay Member)

9.4.1 Mr Woods asked if the Applicant was aware that the PPC had to consider services into the neighbourhood. Mr Badger said that he was but this was not the full range of services, as, apart from delivery, people had to travel to access these.

9.4.2 In reply to a question about the response to the CAR, Mr Badger said that this would have been affected by the lack of access to IT but there was also a paper version available.

9.4.3 Mr Woods referred to the new housing mentioned by the Community Council and asked what he knew about that. Mr Badger said that some had already been built, some were in progress and others had planning permission.

9.4.4 Mr Woods asked if the relocated health centre would still be on a bus route from Faifley. Mr Badger indicated that there was no direct service

proposed and the current bus went past the health centre. He noted that in Faifley 50.4% of residents did not have access to a car compared with the Scottish average of 34.5%.

9.4.5 Referring to ill health and life expectancy, Mr Woods asked how his health promotion activities would differ from other pharmacies. Mr Badger said that as Faifley was a deprived area, uptake on services was generally low they needed better services. Residents would be in the area and passing the premises and would see the promotions in the window. They would also be able to see the pharmacist working in the shop and could come in to chat about issues. Therefore, there would be no barriers to access, which was the present case as people could not just pop in and see the pharmacist. They were put off from doing this because they would have to make a specific trip with a small community pharmacy, they would be more likely to drop in if they saw the shop was not busy. He would also advertise and actively promote all the services offered.

9.5 Mr Stewart Daniels (Lay Member)

9.5.1 Mr Daniels asked how much the population would increase if all the new build happened. The Applicant did not know and Councillor O'Neill said that it would go up between 400 and 500.

9.5.2 Mr Daniels said that he understood there was a good bus service with buses every 6 to 10 minutes. Mr Badger replied that this looked good on paper but on speaking to users, they said that they could wait for up to 30 minutes and when the weather is bad, there is no access for buses.

9.5.3 Mr Badger confirmed that it was his intention to offer vaccinations.

9.5.4 Mr Daniels asked where the GP was and Mr Badger confirmed that all GPs were located in Clydebank Health Centre.

9.5.5 When asked where people did their weekly shop, Mr Badger said they could go to Asda in Clydebank or the local Co-op in Faifley or have it delivered via an on line shop. He acknowledged that the latter might not be common given the poor access to IT. However, they could go anywhere.

9.6 Mr Colin Fergusson (Contractor Pharmacist)

9.6.1 Mr Fergusson asked where residents went most days to conduct their day-to-day living. Mr Badger said they would go into Clydebank for banks and Post Offices but a lot remained in the neighbourhood and used the Co-op for day to day shopping.

9.6.2 Mr Fergusson asked if the proposed location addressed all the access issues raised by the Applicant. Mr Badger replied that it was flat and 80% of residents in the datazone were closer to his premises. Some people would continue to use their current pharmacy but he would address the barriers of being busy and long waiting times. It would be a brand new business, which would give its full attention to the neighbourhood.

9.6.3 When asked to expand on his evidence of inadequacy, Mr Badger said that it came down to the level of MAS registrations, which at 12% was well below the 26% Scottish average for a deprived area. Additionally in 2020, the service would become available to all patients of a Scottish GP. His pharmacy would be providing this service to a community that desperately needed it.

9.7 Ross Finnie (Chair)

9.7.1 The Chair noted that 133 respondents said they faced challenges accessing pharmaceutical services, the comments seemed to indicate that access, and cost was a problem. He asked the Applicant if he conceded that quite a number saw this as more of an inconvenience rather than an impediment. Mr Badger pointed out that those completing the survey were not aware of the legal tests and definitions. Government policy for deprived communities was to make services easier to access and something, which could be a minor inconvenience to him, was a massive challenge to someone there. There were 700 children in the area and many single parents, which meant they had to get the children on a bus to get to the nearest pharmacy. Therefore, a pharmacy in the local community would remove the barriers and make the service easier and better for them locally.

9.7.2 Mr Finnie asked Mr Badger to elaborate on the population distribution in the area indicating who would be nearer his pharmacy. He noted that Mr Badger recognised that he would not be the sole provider. Using the SIMD datazone map, Mr Badger said although it was hypothetical, said that S01013155 and S01013156 would be closer to his premises. As was S01013154 but residents here would be likely to walk along the Glasgow Road so could use Clan. S01013152 and S01013153 were physically closer to Hardgate, S01013157 was reasonably central, and people could access either. The Committee noted that the populations of each of these datazones were similar.

9.7.3 Mr Finnie noted that reference had been made to the fact that the new health centre in Clydebank would not have a direct bus service and asked if the Panel were to understand that the HSCP had not arranged for public transport. As Mr Badger did not know the detail, Cllr O'Neill from the Community Council answered that there was provision. It was hoped that bus companies would develop a new route, which would also cover a new care home, the council offices, college and leisure centre and the potential new houses nearby. They had put money aside to encourage this and the road infrastructure was in place to accommodate a service. However, as private entities, it was up the bus companies to propose a service.

9.7.4 This concluded the Committee questions to the Applicant.

10. **The Interested Parties' Cases**

10.0.1 Of the interested parties present, Mr Arnott was invited first to make representation on behalf of Lloyds Pharmacy

10.1 **Lloyds Pharmacy**

10.1.1 Mr Arnott opened by thanking the Panel for allowing him to speak and read from a prepared statement as follows

The following is an abridged note taken from Mr Arnott's presentation provided to the Secretariat at the hearing

10.1.2 He said that the Applicant's reason for making this application seemed to be that the Pharmaceutical Services provided by current Contractors was inadequate only because there were no Pharmacy Premises in his definition of the neighbourhood. The Applicant had created this neighbourhood to deliberately exclude the Clan Pharmacy.

10.1.3 There were, as the Panel was aware numerous examples from Pharmacy Practice Committee Hearings and numerous National Appeal Panel Hearings that adequate Pharmaceutical Services can be provided to a neighbourhood from Pharmacies situated out with that neighbourhood and this was the case in Faifley. However, there was already a Pharmacy within the correct definition of the neighbourhood.

10.1.4 Indeed the panel would see from the Advice and Guidance for Those Attending the Pharmacy Practices Committee they must consider what were the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood.

10.1.5 The Panel must take account whether the granting of an Application would adversely affect the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.

10.1.6 Regarding neighbourhood, at a previous hearing, the PPC stated that the neighbourhood was defined as:

North - Open Fields along the Northern Line of Housing;

East - Open Fields along the Eastern Line of Housing;

South - Glasgow Road, with the housing and shops on both sides including Fairways Drive, Colbreggan Gardens and Hardgate Cross;

West - Cochno Road from its junction with Dumbarton Road to its meeting with Cochno Burn and along Cochno Burn until it reaches the Northern Boundary at the open fields on the North side of Auchnacraig Road.

10.1.7 The National Appeals Panel agreed this neighbourhood in 2011 and he saw no reason to disagree.

10.1.8 At a further PPC in 2017, this same Applicant applied for a Contract at the same premises. This was refused as yet again the neighbourhood defined included the Clan Pharmacy.

- 10.1.9 At the same Hearing the Applicant said and he quoted, “Mr Badger was not for one minute questioning the quality of services or professionalism at Clan Chemist but stated it was simply a prescription factory which could be at capacity”.
- 10.1.10 Since the Hearing in 2017, probably not much has changed except that Clan Pharmacy has carried out a major refit, which included obtaining the premises next door. Clan Pharmacy had also installed a robot to aid the dispensing process, and he congratulated Clan Pharmacy, as this was the best Pharmacy Premises he had ever seen and he assumed the costs involved were significant. Anyone visiting this Pharmacy would see that it was totally focused on Healthcare and would allow Clan Pharmacy to meet any future needs of the residents of Faifley. He felt sorry for Mr McLaren that he was now, despite investing heavily in his premises, faced with another Contract Application. It must be very unsettling.
- 10.1.11 He was sure the Applicant would have visited the new Clan Pharmacy premises and must surely agree they allowed for any major changes in Pharmaceutical needs.
- 10.1.12 The Applicant’s neighbourhood is designed to deliberately exclude the Clan Pharmacy at 3 Rockbank Place.
- 10.1.13 The Panel would have noted that situated at the Applicant’s proposed site there is a Convenience Store, hardly the Hub of a neighbourhood and demonstrated that the residents of the Applicant’s proposed neighbourhood, on a regular basis, travel out with the neighbourhood to access services such as supermarkets, banks and GP surgeries.
- 10.1.14 He also pointed out that the Number 2 Bus Service was described to him as being excellent and he was told by some local residents it was every 5 minutes.
- 10.1.15 He pointed out that near the Clan Pharmacy there were numerous Retail Outlets that he was sure were being used by the residents of Faifley. Indeed, at the Lloyds Pharmacies in Kilbowie Rd there were 2 Convenience Stores, a Bookmaker, a Butcher, 2 Hairdressers, a Chip Shop and a Vape Shop.
- 10.1.16 Although Delivery was not a Core Service, all Contractors offered this service for anyone who is housebound. He said that 22% of Faifley residents were in this position but all current contractors offered a collection and delivery service.
- 10.1.17 All existing Pharmacies offered all Core Services and the Lloyds Pharmacies were fully engaged with CMS, MAS and AMS and the Panel would have noted that their Kilbowie Road Pharmacy currently opened until 8 pm Monday to Friday. The Applicant offered no more opening hours than current Contractors did.
- 10.1.18 Convenience was not a reason for granting a pharmacy contract.

Moreover, indeed, the Applicant had shown no inadequacies in current Service Provision.

- 10.1.19 The Applicant, in support of his application, had carried out a Consultation Exercise. From a Population of 5,348 the Applicant had had 260 responses - 4.8% of the residents. In addition, of those responses only 238 (4.4%) lived within the Applicant's proposed neighbourhood.
- 10.1.20 In response to Question 4 - Do you or your representatives experience issues or challenges accessing a Community Pharmacy or do you have ease of access to one? - Only 133 respondents said they had any difficulty accessing services only 2.5% of the residents of Faifley. He was sure the Panel would agree that such a low response indicated that current services were adequate.
- 10.1.21 If it was part of the new Regulations, that the Applicant "must establish the level of Public Support of the residents in the neighbourhood to which the application relates" then it could not be said the Applicant had not tried to gain Public Support. He had however failed to gain the support of the residents simply because there was little public support for the application. This despite placing adverts in the Clydebank Post; using the NHS Greater Glasgow and Clyde Social Media Programme; Stakeholders being consulted by the Health Board; a questionnaire appearing on the Health Board's Website and the use of Posters and Leaflets. Despite all this only 2.5% of residents said, they had any issues accessing Pharmaceutical Services. This was because existing Contractors already provided an adequate Pharmaceutical Care Service to the Applicant's proposed neighbourhood.
- 10.1.22 Despite all the Applicant's efforts, he had received only 260 responses from the residents of his proposed neighbourhood stating they had any issues accessing Pharmaceutical Services.
- 10.1.23 The Applicant had shown no inadequacies in current Pharmaceutical Provision. This Application was all about convenience not adequacy or need.
- 10.1.24 There was little or no public support for this application the residents had no difficulties in accessing Pharmaceutical Services, and indeed on a regular basis travelled out with the neighbourhood to meet their daily needs.
- 10.1.25 However having visited Faifley he was surprised to find that many of the residents actually lived nearer the existing Clan Pharmacy. For example, someone living in Milldam Road was only 0.2 miles from the Clan Pharmacy but 0.7 miles from the Applicant's proposed site, therefore for many of the residents of Faifley the proposed Pharmacy would be less convenient.
- 10.1.26 Having examined the Greater Glasgow and Clyde Pharmaceutical Care Services Plan, he could see no reference to there being a need for a Pharmacy in the Applicant's proposed neighbourhood and indeed, there

had been no complaints to the Health Board regarding existing service provision and accessibility.

10.1.27 He said that the Applicant concentrated on providing MAS and had quoted low uptake. It should be noted that these numbers had gone down everywhere and gave Dumfries and Galloway, Lothian and Tayside as examples.

10.1.28 He therefore asked the Panel to refuse this application, as it was neither necessary nor desirable in order to secure the adequate provision of Pharmaceutical Services in the neighbourhood in which the premises were located.

10.2 **Questions from Mr Badger (the Applicant) to Mr Arnott (Lloyds Pharmacy)**

10.2.1 Mr Badger asked if Mr Arnott would agree that the proposed pharmacy was more central to his proposed neighbourhood. Mr Arnott said that he did not agree and the proposed site was towards the eastern side.

10.2.2 With regard to a question about whether the investment made by Clan met the healthcare needs of the population. Mr Arnott said that he had no idea how much it had cost, but it would have been substantial, and no one was going to invest if they thought that someone else would take their business.

10.2.3 The Applicant asked if Mr Arnott agreed that the CAR was a snapshot of what the local population thought. Mr Arnott said he did. He went on to say that, it was introduced as a means of letting the local population have an input. Any CAR could only be judged from the responses received and this CAR had one of the lowest responses he had seen. He had no idea about comparable areas but the response was low. Mr Arnott noted that the Applicant had said that the lack of internet access was a factor but paper copies were available.

10.2.4 Mr Badger pointed out that deprived areas were always hard to reach and did not always make their voice heard. Mr Arnott stated that the Panel could only base their decision on the evidence before it and it was a low response and not all who responded lived in the neighbourhood. Half had said that they did not have any difficulty in accessing pharmacy services. Mr Badger said that this meant that 50% did have difficulty to which Mr Arnott replied that, taking out those who did not live in the area that amounted to 70 people.

10.2.5 When asked what he thought of the positive support from those who represented the community, Mr Arnott said that there were always letters of support from local councillors, MSPs and MPs as it was not in their interests to do otherwise.

10.3 **Questions from Mr Semple (Other Interested Party) to Mr Arnott - none**

10.4 **Questions from Mr McLaren (Other Interested Party) to Mr Arnott - none**

10.5 **Questions from Cllr O'Neill (Other Interested Party) to Mr Arnott**

10.5.1 Cllr O'Neill referred to a recent consultation on the budget for West Dunbartonshire where they had received a 1% response and has asked if Mr Arnott saw this as equally or less important than this consultation. Mr Arnott said he did not see them as being the same. If anyone were putting in a pharmacy application in a neighbourhood, he would have expected the Applicant and the Community Council, if they supported it, to be knocking on doors and taking every opportunity to encourage people to respond in support. Whereas, West Dunbartonshire had a much wider remit and could not be expected to do this for their consultations.

10.5.2 Cllr O'Neill referred to the statement about local elected members always supporting such applications in order to gain votes and asked if Mr Arnott was saying that an elected member's support was worthless because they always supported an application. Mr Arnott said that he had had situations where the local Community Council did not support applications but his main point had been that the response in Faifley was low. There was sufficient time for the Applicant and the Community Council to talk to people and offer them paper copies to encourage them to respond. He said that a low response was a low response.

10.5.3 Cllr O'Neill said that when putting out a rent consultation to the two local housing associations, there was no response from Faifley, and the other was less than 50. Therefore, this was a community that did not engage but there had been a 300% increase from the previous consultation. It appeared to him that Mr Arnott was dismissing the Applicant in favour of investment in another pharmacy.

The Chair reminded Councillor O'Neill that he should be asking questions and that Mr Arnott's view about the consultation was clear

10.6 **Questions from the Committee to Mr Arnott (Lloyds Pharmacy)**

10.6.1 Mrs Yvonne Williams (Contractor Pharmacist)

10.6.1.1 Mrs Williams asked how many pharmacies Lloyds had in the wider catchment area. Mr Arnott said there were two in Kilbowie Road, one which opened until 8pm.

10.6.1.2 Mrs Williams noted that the pharmacy at No.391 Kilbowie Road was closest to the health centre and asked if that would pick up most of the business from Faifley. Mr Arnott said that it had slightly more customers from Faifley than the other one.

10.6.1.3 Mrs Williams asked how much of the overall business of Lloyds came from Faifley. Mr Arnott said there was enough for them to be concerned enough to attend the hearing that day.

- 10.6.1.4 When asked about whether the main contact was through delivery, Mr Arnott said that they did have a delivery service but that many people walked in to use their services.
- 10.6.2 Mrs Morag Mason (Lay Member)
- 10.6.2.1 Mrs Mason asked how likely it would be for the residents of Faifley to use the new pharmacy if it was approved given that Lloyds, TLC and Clan were providing a service. Mr Arnott said that this was difficult to answer as it was down to patient choice. He noted that the pharmacist/patient relationship was stronger than a normal retail one so he would imagine that many would choose to stay with their current provider.
- 10.6.3 Mr Scott Bryson (Non-Contractor Pharmacist)
- 10.6.3.1 Mr Bryson said that he had visited Lloyds next to the health centre and asked if there had been any material changes there in the last 2 years. Mr Arnott said that he was not aware of any.
- 10.6.3.2 Mr Bryson asked if he knew what proportion of the patients attending that pharmacy were from Faifley. Mr Arnott said that he did not know but if any pharmacy had that level of prescriptions, they would need to look at running costs. If business was lost, it was likely that they would look to reduce hours rather than staff.
- 10.6.4 Mr John Woods (Lay Member)
- 10.6.4.1 Mr Woods noted that Lloyds had a significant prescription business in Faifley and asked how other pharmacy services were delivered and promoted into the neighbourhood. Mr Arnott replied that MAS was available in both, they worked with the GPs on CMS, both offered smoking cessation and all contract services were supported and available. He noted that MAS could not be advertised so the uptake would be low.
- 10.6.4.2 Mr Woods observed that these seemed to be reactive in that patients had to come in and ask for them. Mr Arnott said that the NHS made leaflets available, which were in the pharmacy, and there would be a menu of services available. They would also display public health posters. He pointed out that when smoking cessation was advertised on TV no mention was made of going to a pharmacy.
- 10.6.5 Mr Stewart Daniels (Lay Member) - None
- 10.6.6 Mr Colin Fergusson (Contractor Pharmacist) - None
- 10.6.7 Mr Ross Finnie (Chair) - None
- 10.7 **TLC Pharmacy Group Ltd**
- 10.7.1 Mr Semple thanked the Committee for an opportunity to present.
- 10.7.2 He said that his pharmacy in Duntocher was close to Faifley. They had

invested a lot of money recently to ensure capacity for their own neighbourhood and the wider catchment area. He pointed out that every pharmacy had a neighbourhood but all also had wider catchment areas.

- 10.7.3 TLC had no waiting lists for methadone or MDS. He stated that they did a considerable number of these when requested and most MDS patients had their medicines delivered because they were housebound. Therefore, a pharmacy at the foot of the street would make no difference to the level of service they received.
- 10.7.4 Mr Semple said that much had been said about the legal test and the neighbourhood boundaries and that the PPC would be aware that statutory drawn boundaries had zero relevance to pharmacy boundaries. He believed the neighbourhood was that which had been set out at the previous hearing, which included Clan Chemists.
- 10.7.5 In any event, he said that the exact boundary did not make a difference, as Clan were more than capable of providing a service to Faifley along with TLC and Lloyds. People used these pharmacies on a day to basis and would use them as they walked past. In short, they would do what suited them.
- 10.7.6 Mr Semple said that after looking at the neighbourhood, you then had to consider adequacy of the current services. He pointed that there was already a pharmacy in the neighbourhood or so close to it that it was as good as within Faifley and TLC which was only another 5 minutes away. He pointed out that Clan provided exceptional service and there was no evidence of complaints or excessive waiting times. He would also say that TLC was providing a good, if not excellent service into the neighbourhood from Duntocher.
- 10.7.7 Mr Semple then turned to accessibility of other pharmacies and stated that it did not matter if you had the best pharmacy in the world; if it could not be accessed then the service was inadequate. However, he pointed out that, from a look at the map, about half of the Faifley residents were as close to Clan as they were to the proposed new premises. This left the other half with a bit further to travel but there was a good bus service with buses every 5-10 minutes and some people had cars. Therefore, the services for the neighbourhood were adequate. He observed that if all pharmacies had to be within easy walking distance or the service was automatically inadequate, then the number of pharmacies in Scotland would have to more than double.
- 10.7.8 Mr Semple pointed out that as part of day-to-day living the residents of Faifley were travelling across the whole area and going into Clydebank and they could access pharmacies during these trips.
- 10.7.9 Mr Semple said that as far as deliveries were concerned, these were not about pharmaceutical services, rather just getting a prescription. All pharmacists delivered all over the area.

- 10.7.10 Mr Semple said that as far as the demographics were concerned, there was no dispute that Faifley was a deprived area, which suffered from higher than average poor health. The granting of another pharmacy contract would make no difference as the cause of deprivation was poverty and not inadequate pharmacy services
- 10.7.11 He said that the Applicant's concentration on the Minor Ailments Service was a complete red herring. MAS was a complicated system and had slightly failed in the way it was currently delivered with the ban on advertising leading to small numbers. In addition, when the service became available to all the funding would be different. He said that the averages were meaningless as some pharmacies did a lot and some very little. In any event, the service was not about registrations it was about interventions. He thought that the numbers served by Clan were probably about right.
- 10.7.12 Referring to the CAR, Mr Semple's personal feelings were that they were a waste of time but had to be done as part of the process. He acknowledged that it was important to find out peoples' opinions. However, the response rate depended on the Applicant knocking on doors and encouraging local councillors and shopkeepers to issue questionnaires.
- 10.7.13 To conclude, Mr Semple said that this application would not have been made but for the fact that a dotted line had been put on the map which excluded Clan Chemists from Faifley. The application clearly failed the legal test as there was already an adequate service provided to the neighbourhood, however it was defined.
- 10.7.14 For the avoidance of doubt, the Chair confirmed that the CAR remained a statutory requirement and the PPC were required to consider it.

10.8 **Questions from Mr Badger (the Applicant) to Mr Semple (TLC Pharmacy Group)**

- 10.8.1 Mr Badger asked how accessible the Duntocher pharmacy was from Faifley. Mr Semple replied that the big attraction was the car park next door so people knew they could park. Mr Semple also pointed out that Duntocher was one of the pharmacies to which hospitals referred patients who needed MDS.
- 10.8.2 Mr Badger asked if the only reason people went to Duntocher was that they could not park at Hardgate Cross. Mr Semple replied that he had no idea. Clan was always busy because Hardgate Cross was where everyone went to visit the shops. If someone only needed to use a pharmacy, they could choose between Clan and TLC.
- 10.8.3 Referring to the cost of public transport, Mr Badger asked if it was a barrier for someone on £59 benefit to pay £3.50 for a bus fare to access a pharmacy. Mr Semple said that he did not set benefit or bus fare levels but over-60s received free bus travel and if people could not walk, they

had to get the bus to Clydebank anyway.

10.8.4 Mr Badger asked what made TLC application for Duntocher different from his. Mr Semple said that if he had been on the PPC, he would not have granted the Duntocher application. He had seen the opportunity to present a need and it had been accepted by the PPC at the time. Given the short distance between Hardgate Cross and Duntocher, it was unusual that it had been granted but he was glad that it was. He said that the process had developed from the idea initially that all neighbourhoods should have a pharmacy, where the discussions about boundaries were important, to the argument that pharmaceutical services could be provided from out with a neighbourhood gained traction.

10.8.5 Referring to MAS, Mr Badger asked why this was considered a red herring. Mr Semple said that people were registered at the time they made the initial contact and asked for assistance. The pharmacist would consult with them and if they were not registered, would sign them up. They were then registered for a year unless they visited again within that year, whereupon they were registered for another year and so on. Pharmacies were not allowed to promote the service and there were huge variations in numbers registered, which made the averages meaningless. He believed that no conclusions could be drawn from the data as too many other factors were involved. In addition, numbers said nothing about the quality of service delivered.

10.8.6 The Applicant had no further questions.

10.9 **Questions from Mr Arnott (Other Interested Party) to Mr Semple - none**

10.9.1 Mr Arnott asked if TLC had recently had a refit and if so, how much it cost. Mr Semple confirmed that they had and it had been a considerable sum.

10.9.2 When asked if they offered smoking cessation services, Mr Semple confirmed that they did.

10.9.3 Mr Arnott asked if they had ever refused an MAS consultation or prescription. Mr Semple said they would not refuse an initial consultation but could refuse a prescription because these were not always necessary. Therefore, if a pharmacist were doing their job properly they would be refusing to give prescriptions.

10.9.4 Mr Arnott asked, in general, how often people used a pharmacy. Mr Semple said that the majority would visit either monthly or three monthly for their repeat prescriptions.

10.9.5 Mr Arnott asked if he had reduced his staffing after the refit. Mr Semple said that they had increased numbers as they now had space to do more MDS.

10.9.6 Mr Arnott said if he faced a loss of 40% of his business would this affect staffing. Mr Semple said that he was not in that position as this

application would have little impact on him. At the time of his last application, TLC had plans for the refit but had delayed starting until the National Appeals Panel process was complete.

10.10 **Questions from Mr McLaren (Interested Party) to Mr Semple - none**

10.11 **Questions from Cllr O'Neill (Interested Party) to Mr Semple**

10.11.1 Cllr O'Neill observed that there had been much talk about money and investment and he appreciated that this had been significant. He asked if the neighbourhoods for pharmacies had their boundaries redrawn to increase the area would that be the only way to get another pharmacy based on profit rather than service. Mr Semple replied that an increased neighbourhood size would have no effect. The only time that neighbourhood had meaning was in the PPC. What did have meaning was the catchment area and there would have to be large-scale new build housing to do this. Then if the service were beginning to struggle, there would be investment to serve the numbers. He said that the question for the PPC that day was whether the current service was adequate.

10.11.2 Cllr O'Neill asked how he would describe the current boundary and whom he represented. Mr Semple said that he was only there to represent Duntocher Pharmacy and give the Committee evidence to inform them that the service was adequate.

10.11.3 When asked how many people used Duntocher particularly from Faifley, Mr Semple said that he did not know the only registered service was MAS, which was a small but important service.

The Applicant said that there were less than 5% of Duntocher prescriptions for Faifley.

10.12 **Questions from the Committee to Mr Semple**

10.12.1 Mrs Yvonne Williams (Contractor Member)

10.12.1.2 Mrs Williams noted that it had been said that 50% of residents lived closer to Clan and so, with a population of just over 5000, 2500 would be closer to the new pharmacy. She asked what effect that would have on him if all of these people began to use the new one. Mr Semple said that the question was not about viability but rather did the residents have an inadequate pharmacy service and they emphatically did not.

10.12.2 Mrs Morag Mason (Lay Member) - none

10.12.3 Mr Scott Bryson (Non-Contractor Pharmacist)

10.12.3.1 Mr Bryson referred to the health statistics for the population and asked if these reflected an unmet need and provision of more NHS services could make an improvement. Mr Semple said that he genuinely did not think that the specific problems in Faifley had anything to do with existing pharmacy services, which, while important, were not a fast fix for problems of poverty, deprivation and poor health. Looking objectively, adding a

pharmacy would not be the first thing that he would do.

10.12.4 Mr John Woods (Lay Member)

10.12.4.1 Mr Woods asked if he was providing a reactive or proactive service. Mr Semple said that pharmacies were reactive in that most people only came in when they were ill. However once they were through the door, there was an opportunity to talk to them about possible interventions. One would be when they asked about minor ailments and the other when they brought in their prescription and asked for advice on the medication. He said that pharmacy was all about opportunistic interventions. The important thing was how one interacted with patients to have an effect of public health and not the location.

10.12.5 Mr Stewart Daniels (Lay Member)

10.12.5.1 Mr Daniels asked if TLC had capacity issues for prescriptions or MAS. Mr Semple confirmed that they could cope with double the prescriptions and there were no capacity issues with MAS. He said that with any pharmacy, the only limiting factor was the size of the premises. Duntocher had doubled in size so there was lots of space. After that, you could employ another dispenser or pharmacist.

10.12.6 Mr Colin Fergusson (Contractor Pharmacist) – none

10.12.7 Mr Ross Finnie (Chair) – none

10.13 **Clan Chemists**

10.13.1 Mr McLaren opened by thanking the Panel for allowing him to speak and read from a prepared statement as follows

The following is an abridged note taken from Mr McLaren's presentation provided to the Secretariat at the hearing

10.13.2 Firstly, he thanked the Committee for giving him the opportunity to present the views of Clan Chemists on this application.

10.13.3 Mr McLaren said that he considered that the granting of this application was not necessary or desirable to secure adequate pharmaceutical provision because the area concerned was already well served by the existing network and there was no evidence of inadequacy in current service levels. He understood that the Board had an obligation to ensure patients had reasonable access to services but, in this area, there was no problem to fix because patients already had that access.

10.13.4 In terms of the definition of the neighbourhood, he suggested that the shops and services that existed on either side of Glasgow Road could not be arbitrarily excluded, as they were easily accessible and used freely and on a daily basis by the residents of Faifley.

10.13.5 Mr McLaren defined the neighbourhood as:

North - Open ground running along the northern line of housing in Faifley;

East - Open ground running along the eastern line of housing in Faifley;

West - From the northern boundary following the general line of the Cochno Burn until it met with Cochno Road then to its junction with Glasgow Road and across Goldenhill Park to the western end of Stewart Drive and the down to Great Western Road;

South - Following Great Western Road to the roundabout and then along Braidfield Road and then across open ground to meet with the eastern boundary.

- 10.13.6 He said that this area could be described as Faifley and Hardgate. The population of the Hardgate part, being the housing accessed east and west of Kilbowie Road was too small to support its own pharmacy. It should be noted that significant parts of Hardgate exist to the west of Cochno Road in the neighbourhood agreed on a number of occasions to be within that of the Duntocher Pharmacy.
- 10.13.7 It should also be clear from a study of a map of the area that there is very little housing to the east and south east of their pharmacy, with most of this area taken up by a golf course and farmland, and so Clan relied heavily on Faifley for their business.
- 10.13.8 He understood that the issue of neighbourhood was important in defining need for services within an area. This would be important if they were dealing with a large area with a pharmacy at one end where it might be argued that the area closest to the pharmacy had an adequate service while the distant end did not. In such circumstances, an applicant might argue that there were two neighbourhoods. An Interested Party, however, might claim the area was one neighbourhood with the pharmacy providing adequate cover for the whole area.
- 10.13.9 In this instance, the settlements of Hardgate and Faifley were not like this because the pharmacy at Rockbank Place was bang in the centre of them so in terms of the legal test it made little difference if you described these areas as one neighbourhood or two.
- 10.13.10 If defined as a single neighbourhood then the question was did Clan Chemists provide an adequate service to the whole neighbourhood? – He contended that it did.
- 10.13.11 If the PPC decided that Faifley and Hardgate were distinct neighbourhoods then the question became whether Clan Chemists provided an adequate service to Faifley. In such circumstances, the pharmacy was right on the border in a readily accessible location and still well able to provide a more than adequate service.
- 10.13.12 Having said that, taking into account the presence of boundaries, normal patterns of movement and a neighbourhood for all purposes it was his opinion that Faifley and Hardgate should be considered together with the centre being the shops and services at Hardgate Cross.

- 10.13.13 Clan Chemists was the main provider of pharmaceutical services to the Faifley area. Some services were obtained from other pharmacies in Clydebank but the majority came from Clan.
- 10.13.14 With reference to the Board's most recent Pharmaceutical Care Services Plan, in conjunction with the Pharmaceutical List it could be seen that there should be no unmet need.
- 10.13.15 Clan provided all the core services; Acute Medication Service; Chronic Medication Service; Minor Ailment Scheme; Public Health Service and Pharmacy First Services. Their customers had access to emergency hormonal contraception; free condoms; the Gluten Free Food Service; they were a stoma service provider; provided opiate replacement therapy; monitored dosage systems (where there were 20 patients currently with the refit having delivered capacity for more); stop-smoking services, including varenicline prescribing; They were a palliative care network pharmacy on a 24 hour contact list and provided unscheduled care. Clan were currently involved in a pilot service for the direct pharmacy supply of oral nutritional supplements and were signed up for the upcoming Flu vaccine administration service.
- 10.13.16 The parade of shops on both sides of Glasgow Road had many amenities and had around twenty businesses alongside the pharmacy, which were used every day by residents of Faifley such as an optician, dentist, veterinary practice, supermarkets, bakers, newsagents, cafe and children's nursery. Faifley was also well served by public transport with two main bus routes running through the estate.
- 10.13.17 First Greater Glasgow service No.2 began its run from Faifley terminus heading through the estate then down into Clydebank and then into Glasgow Centre and vice versa. Glasgow Citybus service No. 17 ran through Faifley then into town via Bearsden and Maryhill and vice versa.
- 10.13.18 SPT also have a bookable MyBus service, which covered the area and could be booked to provide a door-to-door service for those who register.
- 10.13.19 In practice, this should mean that residents wait no more than a few minutes for a bus. Distances were not great and Hardgate was well within a reasonable walking distance for most residents.
- 10.13.20 One must also accept that not all shopping was undertaken at Hardgate and at some point, most residents would travel into Clydebank to access the larger supermarkets and the shopping centre. There were also no medical practices within Faifley so residents must travel to Clydebank to access GP consultations.
- 10.13.21 In the wider Clydebank area, there was a network of eight pharmacies that the public were free to use. Therefore, for example, residents might use the pharmacy in the shopping centre while doing their weekly shop and when exiting the health centre there were two pharmacies within just a very short walk. Several of these pharmacies, most in fact, offered delivery

services and delivered into the Faifley area. Even without public transport, the Duntocher pharmacy was just a 10-minute walk away.

- 10.13.22 Mr McLaren said Clan Chemists had no monopoly and have to work hard to retain our customers. To this end, we have invested and continue to invest significant sums in order to have premises of the highest standard.
- 10.13.23 The car park had dedicated disabled parking bays with dropped kerbs to enable access. The pharmacy had a ramped entrance with electric doors. The shop was open and spacious. They had access to two good quality consulting rooms with full disabled access and operated with two pharmacists which enabled the pharmacy business to function while consultations were in progress and even allowed the pharmacists to make domiciliary visits should that be required. For those who still found access challenging they offered a full-time collection and delivery service with a driver available six full days per week. The pharmacy was open well in excess of the model hours required by the Board. Clan were open six days and did not close for lunch or take half days. Of the seven other pharmacies in the wider area, only two were open longer hours than Clan was.
- 10.13.24 The Scottish Government's publication Achieving Excellence in Pharmaceutical Care provided a framework strategy for community pharmacies in Scotland. It advocated the use of digital technologies and developments of the workforce as means to ensure capability and to improve capacity in the network. Clan had recently doubled their dispensing area, increased their staff and introduced automation to their dispensing process.
- 10.13.25 There was, and would continue to be, an increase in pharmacy led services but Clan were using technology to improve safety and release capacity to address concerns of their impact. As an example of a pharmacy led service, their most recent report into their stop-smoking service showed that their clients had a 4-week quit rate of 70%, compared with a Board average of 35% and a 12-week quit rate of 46%, against a Board average of 19%, demonstrating their capability for providing quality services.
- 10.13.26 Mr McLaren acknowledged the comments made in the Consultation Analysis Report, which were representative of about 1 in 20 of the population. Nevertheless, the majority of comments expressed convenience as the main driver for change - convenience was not a reason to award a new contract, as there was no shortfall in provision of services required by the Board. Clearly, a pharmacy at the northeast corner of Faifley would be more convenient for those living in the northeast corner of Faifley; just as a pharmacy at the south-west corner was easier to access by those living in the south-west but for the average resident the location at Hardgate Cross was accessible with ease. Other comments noted were around busyness within the pharmacy but being busy did not demonstrate inadequacy, most pharmacies were busy; it was the steps taken to deal with the volume that mattered.

10.13.27 He also pointed out that the CAR was conducted from October 2018 to February 2019 and Clan's expansion was only completed in November 2018.

10.14 **Questions from Mr Badger (the Applicant) to Mr McLaren (Clan Chemists)**

10.14.1 When asked how many staff Clan had, Mr McLaren said there were 12 and he confirmed that there were no checking technicians at present.

10.14.2 Mr Badger asked about the number of items dispensed in a day and was told that this was about 600.

10.14.3 Mr Badger said that pharmacy was about opportunistic interventions and asked if there was time to do that. Mr McLaren replied that although it was a busy pharmacy, they could cope and there was evidence of an adequate service. He said that 40% came from Faifley and the other 60% from elsewhere. They had plenty of staff and were well able to deal with all requests.

10.14.4 Referring to the wider MAS service becoming national in 2020, Mr Badger asked if Clan would be able to cope with the increase in demand. Mr McLaren said that the premises were large enough and they could increase staff if required so this was not a problem. He noted that all pharmacies were going to have to cope with this and that was one of the reasons why they had invested in automation as they were looking to invest in the future.

10.14.5 Mr Badger asked if Mr McLaren thought it was better to have a busy pharmacy or one in the neighbourhood, which was quieter and could be more beneficial to health needs. Mr McLaren replied that he did not see any difference as long as the quality of service was there. Just because premises were closer did not necessarily mean that the service would be better. The question was whether the current service was adequate in the context of the PPC's remit.

10.14.6 When asked how he would describe the current boundary and whom he represented, Mr McLaren said that his only role was to represent Clan Chemists and to give the PPC information to inform them that the service was adequate.

10.14.7 Mr Badger asked how many people used Duntocher and Mr McLaren said this was difficult to estimate, as the only thing people had to register for was addiction services, which was an important but small service. Likewise, he did not have a figure for how many people from Faifley used his pharmacy. The Applicant noted that there were less than 5% of prescriptions from the residents of Faifley.

10.14.8 Mr Badger said that his robot had broken down and this caused problems, as there were only two engineers in Scotland and asked how Mr McLaren coped with his robot. Mr McLaren said that he had had it since October

2018 and had only ever had brief outages, which had not caused significant problems. He pointed out that it was the same with all technology NHS.NET could fail; there could be a power outage.

10.15 **Questions from Mr Arnott (Other Interested Party) to Mr McLaren -**

10.15.1 Mr Arnott congratulated Mr McLaren on the refit of his premises and assumed that there were substantial costs involved. Mr McLaren said that it had been a substantial investment and it was the fact that the previous application had been rejected that gave them the confidence to refit and invest in the robot.

10.15.2 Mr McLaren confirmed that he had never refused a MAS consultation.

10.15.3 When asked if he had 2 pharmacists on duty and had the ability to undertake domiciliary visits, Mr McLaren confirmed that there were 2 pharmacists there Monday to Friday that did all allow for home visits if required.

10.15.4 Mr Arnott said if he would still have 2 pharmacists if he lost 40% of his business. Mr McLaren said that he doubted that this could continue if this were the case.

10.15 **Questions from Mr Semple (Other Interested Party) to Mr McLaren**

10.15.1 Mr Semple asked how many MAS registrations he had and Mr McLaren said that there were about 1400. When asked if he was aware of the MAS bandings and that he was one of the highest, Mr McLaren said that he knew the bandings.

10.15.2 Mr Semple asked where the number of 600 patients from Faifley had been arrived at and if it had gone up recently. Mr McLaren replied that these were the Applicant's figures.

10.16 **Questions from Cllr O'Neill (Other Interested Party) to Mr McLaren**

10.16.1 Cllr O'Neill asked how many units Mr McLaren's family owned in the area. Mr McLaren said that two of his brothers had a unit each (an optician and a cafe) and he had two units for the pharmacy, one of which had been purchased for the refit. Therefore, that would make four.

10.16.2 Cllr O'Neill referred to accessibility and if he intended to resolve the situation with only two disabled parking spaces and two ramps. Mr McLaren replied that he hoped the number of spaces would increase but it needed agreement and contributions from all the shops before improvements could be made.

10.16.3 Cllr O'Neill asked how many people visited for methadone treatment on a daily basis. Mr McLaren said that they had 20 registered patients – some came daily, some weekly and some twice weekly. There were probably about ten a day.

10.16.4 Cllr O'Neill asked if there were any issues with dosette boxes. Mr McLaren said there had been issues in the past as they were running at capacity but there had been none since the refit. Currently they prepared about 80. He pointed out that each person had to be assessed to ensure that there was benefit and he would only take on patients who would benefit. He said that he had noticed another pharmacy sending out leaflets offering these to people on two or more medicines.

10.16.5 Cllr O'Neill asked if he was aware of any problems with public transport. Mr McLaren said that he was not. He had to go by the timetables, which stated they were every 10 minutes and the buses seemed to appear regularly. Cllr O'Neill referred to heavy snow and a mine collapse, which had caused services to stop. Mr McLaren indicated that these were unusual circumstances and not a regular issue. He recalled that they had received more calls to pick prescriptions up from the health centre and deliver.

10.17 **Questions from the Committee to Mr McLaren (Clan Chemists)**

10.17.1 Mrs Yvonne Williams (Contractor Pharmacist)

10.17.1.1 Mrs Williams asked if Clan had 40% of prescriptions for Faifley and 50% of its population was closer what the impact would be of losing that business. Mr McLaren said that it was difficult to say but he may have to reduce staff as current levels satisfied current demand.

10.17.2 Mrs Morag Mason (Lay Member)

10.17.2.1 Mrs Mason first congratulated him on his smoking cessation results.

10.17.2.2 She asked how the customers had reacted to the new look in the premises. Mr McLaren said that the only comments he had were positive in terms of the layout and space. He noted that many came in to watch the robot. He also said that mobility scooters could access the shop and move around within it.

10.17.2.3 Mrs Mason asked about privacy for consultations and was told that they had 2 rooms which made it easier as supervised methadone could be undertaken at the same time as a private consultation

10.17.3 Mr Scott Bryson (Non-Contractor Pharmacist)

10.17.3.1 Mr Bryson asked if the proposed new pharmacy would have, any impact on Clan Chemists given it was in the extreme north east of the neighbourhood. Mr McLaren said it was difficult to say, as he did not know what the Applicant's services and premises would be like. Many residents were still closer to Hardgate so many would stay but there would be some impact.

10.17.4 Mr John Woods (Lay Member)

- 10.17.4.1 Mr Woods noted that there were accusations of being a prescription factory, lack of access to dosette boxes and waiting times of an hour and asked for comment. Mr McLaren replied that he did not recognise waiting times of an hour, although any pharmacy could be busy at times; it was certainly not a routine occurrence with people in and out quickly. The robot meant that there was better stock control and quicker dispensing and gave capacity for dosette boxes.
- 10.17.4.2 Mr Woods asked if Clan was at capacity. Mr McLaren said that they had doubled the size of the shop so there was lots of space and the shop was staffed to deal with the capacity. He noted that the prescriptions had not increased greatly.
- 10.17.4.3 Mr Woods asked about the risk to the business if the robot broke down. Mr McLaren said that it was still possible to access the items in it and dispense by hand. This would be time consuming and would not be a situation, which he would want to last for a long time. However, in a year, they had never had to resort to this. He said that there was also stock on the shelves; the computer system would still function without the robot and engineers could dial in and fix things remotely.
- 10.17.4.4 Mr Woods asked how he managed 12 staff at a time. Mr McLaren said that they were not all in at the same time; some were part time and would be doing a small number of hours. Generally, there were 3 at the counter, 4 dispensers and 2 pharmacists available along with a full time delivery driver.
- 10.17.5 Mr Stewart Daniels (Lay Member)
- 10.17.5.1 Mr Daniels asked if there was still capacity for more MAS and Mr McLaren said that it was not a problem and all were served. This service did not form a huge part of the working day. There was also capacity for more prescriptions and the numbers were not going up much there.
- 10.17.6 Mr Colin Fergusson (Contractor Pharmacist) - None
- 10.17.7 Mr Ross Finnie (Chair) - None
- 10.18 **Faifley Community Council**
- 10.18.1 Cllr O'Neill thanked the Committee for allowing him to put his views and read from a pre-prepared statement

The following is an abridged note taken from Cllr O'Neill's presentation provided to the Secretariat at the hearing

- 10.18.2 He introduced himself as Councillor Lawrence O'Neill of West Dunbartonshire Council also an Elected Community Councillor of the Faifley Community Council by virtue of the Local Government (Scotland) Act 1973 and the Local Government etc (Scotland) Act 1994.

- 10.18.3 Along with 2 other Local Authority Councillors (Douglas McAllister and Jim Finn), he covered the Kilpatrick Ward (Ward 4) which had the three distinct areas of Faifley, Duntocher and Hardgate (a total of around 12,000 residents, of which almost half of were Faifley residents)
- 10.18.4 He said that the area now known as Faifley was acquired from the Diocese of Paisley when new build housing was very much needed and built in the post war years following the devastation of the Clydebank Blitz in March 1941.
- 10.18.5 Unlike other areas of West Dunbartonshire there were very few Council-controlled housing tenancies or Council tenants; most of the housing over the last 30 years had been led by the 2 local Housing Associations (Knowes HA and Faifley HA, both organisations attended or were represented at the monthly Community Council meetings) most of the residents of Faifley were within the socially rented sector.
- 10.18.6 Very much like other peripheral housing estates across the area and the country, the Faifley community had suffered from high unemployment due to the demise of the shipping industry, which the Clydebank area was founded upon and famous the world over, along with the Singer Sewing Machine Factory and others like Goodyear Tyres in Drumchapel.
- 10.18.7 Again, like other similar estates, levels of deprivation increased over the years due to the various social determinants of health and it was widely accepted that lack of opportunity leads to increased disadvantage and disproportionately affects those that are growing up faced by these challenges and the generational issues that have occurred. The Faifley community was one such area and figures highly on the most recent SIMD figures (which unfortunately was not a figure that was wanted or needed by the community).
- 10.18.8 However, unlike other peripheral housing estates, Faifley had again suffered due to a number of other factors; one of the main ones being the lack of investment in other infrastructure (outwith Housing) from both the Council and other public agencies.
- 10.18.9 Both local primary schools (Edinbarnet and St. Joseph's) were Rainbow bases and catered for special needs. They were well used and well liked. There was no secondary school in the area and free transport to them had been withdrawn. Both primaries were older than the Faifley Community Council and the legislation that created it and in huge need of investment
- 10.18.10 The local Community Centre (Skypoint) had been promised a full overhaul/rebuild some 2 years ago and no action taken by the Council since. The local library closed, and then reopened in a different location, which was inaccessible, and with the hours dramatically slashed over the last 7 years.
- 10.18.11 Despite West Dunbartonshire having some of the highest Broadband download speeds across the UK, there were many in Faifley who were digitally excluded due to the inability to afford or prioritise access to a PC,

which has been exacerbated by the reduced hours at the Faifley Library.

- 10.18.12 He knew through the Community Planning partnership that a large number of Faifley residents had serious health issues and were marginalized. This could only get worse as the residents lived longer and suffered this ill health for longer.
- 10.18.13 Although it could be described as a poor community (and the economic factor alone of 57% of the working population in Faifley earning less than £20,000 per annum before household costs pointed to that), it was not without aspiration. Why couldn't/shouldn't an area like Faifley have access to a Community Pharmacy on their doorstep? Why shouldn't their young and old alike have local access to primary health care and pharmacy service?
- 10.18.14 In determination of the previous application, much was made of the perceived easy access to public transport or safe walking routes. Faifley was built on a series of hills and was adversely affected by poor investment as previously stated. Every snowfall caused problems.
- 10.18.15 Their bus services are disrupted when the weather is inclement and the cost of travel is outwith the reach of many of the residents. When there was a recent mine collapse all services to Faifley were affected for months (including full withdrawal of the number 2 service for a long period). He could only hope that this was not repeated. The bus service also does not run to schedule and the Number 15 has been semi-removed.
- 10.18.16 The poorly maintained paths network across the Faifley area provide additional challenges to the Community notwithstanding the proximity of the pharmacies in Duntocher and Hardgate, this application, if successful, will redress this balance.
- 10.18.18 Elected Members across West Dunbartonshire supported this application and he hoped that the PPC saw the desire and necessity for it to be provided to give all of the residents the best chance of living a full and rewarding life in the best health possible.

10.19 **Questions from Mr Badger (the Applicant) to Cllr O'Neill (Faifley Community Council)**

- 10.19.1 Mr Badger asked what effect a pharmacy would have on the health of the community, given that it was an extremely deprived area. Cllr O'Neill said that it would be very positive. If people had access to local services, then they would start to use them and there would be a ripple effect. He said that Faifley was geographically excluded from services because of its location in West Dunbartonshire. The Health Board were building a new health centre 2.5 miles further from Faifley so a community pharmacy would assist as people would not have to travel to the GP for medical care.
- 10.19.2 Mr Badger asked if the Community Council considered the pharmacy at Hardgate to be a local community pharmacy and Cllr O'Neill said they did

not. The community may use it but it was not deemed to be in the Faifley neighbourhood.

10.20 **Questions from Mr Arnott (Lloyds Pharmacy) to Cllr O'Neill (Faifley Community Council)**

10.20.1 Mr Arnott asked if he lived in Faifley and which pharmacy he used. Cllr O'Neill said he did not live in Faifley but within the wider community. He said that he used to use the pharmacy at Duntocher but now got most of his prescription needs at Clan Chemist.

10.20.2 Mr Arnott asked if he had any difficulty getting there and Cllr O'Neill said that it would not be fair on Mr McLaren if he answered.

10.20.3 When asked if there would be more buses when the GP surgery relocated, Cllr O'Neill said he hoped so but the service was deregulated and it depended on whether the bus companies felt it would be a profitable service.

10.20.4 Mr Arnott referred to the mine collapse and asked how it had affected access to Clan Chemist. Cllr O'Neill said that the No. 2 could not get through so those closest to Clan would have to walk and he noted that Lennox Drive was not a safe walking environment.

10.21 **Questions from Mr Semple (TLC Pharmacy) to Cllr O'Neill (Faifley Community Council)**

10.21.1 Referring to the withdrawal of the free school bus service, Mr Semple asked if Cllr O'Neill felt it was more of a priority that £30-£50,000 of public money should go towards a second pharmacy so that residents could have one on their doorstep, together with a financial windfall to Mr Badger, rather than getting a free bus to take children to school. Cllr O'Neill replied that it was about access to primary healthcare. Everyone paid taxes to get services within their communities to ensure that they were not left behind. There was always a cost to delivering services. He had no other interest other than the interests the community that he served.

10.21.2 Mr Semple disagreed that it was about access to services as Cllr O'Neil had referred to a pharmacy on the doorstep. He asked, for the small proportion of Faifley who would have the pharmacy on the doorstep, if Cllr O'Neill were happy for high-level money to go on doorstep healthcare and not just access to primary healthcare. Cllr O'Neill replied that there were different funding models in place and the money for the NHS and Local Authorities did not always come out of the same pot. However, if it meant some people getting access to better health services then he did agree.

10.21.3 Mr Semple asked if Cllr O'Neill had considered visiting Hardgate in his capacity as a Councillor to see the facilities created. He said he had visited a few days previously but would have taken an official visit if that had been offered.

10.21.4 Mr Semple asked if Cllr O'Neill's position was that, the pharmacy at

Hardgate was providing an inadequate service. Cllr O'Neill said that he was representing the views of the local community as presented in the CAR, regardless of the number of responses. They had clearly indicated that they wished the Community Council to support the application and that was what he was doing.

10.22 **Questions from Mr McLaren (Clan Chemist) to Cllr O'Neill (Faifley Community Council) - none**

10.23 **Questions from the Committee to Cllr O'Neill (Faifley Community Council)**

10.23.1 Mrs Williams, Mrs Mason, Mr Bryson, Mr Daniels and Mr Fergusson had none.

10.23.2 Mr John Woods (Lay Member)

10.23.2.1 Mr Woods asked how the Community Council was formed. Cllr O'Neill explained that it was a body elected by the local community. West Dunbartonshire had provision for 12 local Community Councils.

10.23.2.2 Mr Woods asked how they gauged the views of the residents for the application. Cllr O'Neill said that he attended Community Council meetings; held regular surgeries and promoted the Consultation via social media, as he would do for anyone. He confirmed that the Community Council had not undertaken a separate poll of residents and relied on the Joint Consultation for feedback

10.24 Having established that the Committee had no further questions, the Chair invited the Interested Parties and Applicant to sum up in reverse order.

11. **Summing up**

11.1 **Interested Party – Lloyds Pharmacy**

11.1.1 Mr Arnott said that no one could deny that it was a deprived area but the neighbourhood did include a pharmacy; the response to the Consultation was low and roughly 50% said that they had difficulty in accessing pharmacy services. He admired the councillor's passion but the services to Faifley were adequate.

11.1.2 He therefore asked the Committee to refuse the application, as it was neither necessary nor desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood to which the application related.

11.2 **Interested Party – TLC**

11.2.1 Mr Semple said that it was a straightforward decision for the PPC and had nothing to do with the viability of the new or existing pharmacies. The application fell at the first hurdle, namely adequacy of existing services.

- 11.2.2 The major part of the Applicant's case was the Minor Ailments Service. The existing pharmacy at Hardgate appeared to be in the top 5% band for MAS registration and suggested that the people in the area used that pharmacy for this service.
- 11.2.3 He understood the Councillor's view that it would be nice to have easy access but the current services were adequate so the application should fail.

Interested Party – Clan Chemists

- 11.3.1 Mr McLaren said that the key part of the legal test was the question of adequacy of the pharmaceutical service within the neighbourhood in which the proposed premises were located. If the PPC considered the proposed premises to be in the same neighbourhood as Mr McLaren's pharmacy then he hoped the panel would accept that Clan Chemists provided an adequate service to Faifley and Hardgate.
- 11.3.2 If the PPC considered Faifley to be distinct from Hardgate, within the defined borders then it should make no difference. Clan Chemists was still easily accessible to all residents and still provided, what he considered, a more than adequate service. He added that given the normal patterns of travel and daily activity it was easier for most residents to access services at Hardgate than at the proposed location.
- 11.3.3 A very similar application to this one was examined by the Pharmacy Practices Committee as recently as 2017, which was rejected. Since then, the two pharmacies closest to the proposed location have both been modernised and expanded while there had been no increase in the population. There had been no other significant changes in the neighbourhood to warrant a different decision from last time.
- 11.3.4 Clan Chemists was a modern pro-active business that had demonstrated a commitment to high service levels capable of meeting the needs of the community whether they be elderly; disabled; housebound; drug mis-users; or young parents. They had no other pharmacies and consequently his attention was focused exclusively on providing a good service from the premises at Rockbank Place.

Interested Party - Faifley Community Council

- 11.4.1 Cllr O'Neill referred to the CAR and the discussions about its accuracy or otherwise on the adequacy of the services provided. He said that he was there to ensure that Faifley received a good pharmacy service. Faifley was very different from Duntocher and Hardgate in terms of its vulnerability, both geographically because of where it sat and because of the SIMD statistics. It was easy to say that people should get the bus but this was not so easy if you had limited access to funds particularly if you were trying to take children for treatment.
- 11.4.2 He was looking for a level playing field and said that Faifley had poor infrastructure in terms of path networks and public transport. All they

were asking for was to contribute of health improvement, which would lead to better life attainment. The people walked past this unit every day and would use and benefit from it.

11.5 **The Applicant – BGR Health Care Ltd**

11.5.1 Mr Badger said that the PPC had an extremely difficult job to make the decision based on the evidence presented, a brief visit to Faifley, and data on the area. The majority of people speaking at the hearing, including him had a vested interest either to open a new pharmacy or to protect an existing business.

11.5.2 He said that most weight should be given to the evidence from the population and from the people who worked with the community. The Faifley residents were the people who were facing these challenges and barriers today.

11.5.3 He stated that:

- Over 50% of consultation respondents (133) experienced issues and challenges accessing a pharmacy;
- 46% thought current services were inadequate;
- 74% agreed that the proposed services were needed in the neighbourhood;
- 75% stated the new pharmacy would change the way they accessed services;

11.5.4 The level of response to the survey had increased from 86 with the previous application to 260 this time. Comparing the two surveys, every question showed an increased need for pharmaceutical services. Current services were not only inadequate and inaccessible but were getting worse.

11.5.5 Local councillors, Lawrence O'Neill, Douglas McAlister, the MSP Gil Patterson and MP Martin Docherty-Hughes, all supported the fact that Faifley was a separate community. A local pharmacy was both necessary and desirable and would have an immediate positive impact on the health of residents. Faifley was a distinct separate community and currently there were no healthcare services within the neighbourhood.

11.5.6 He stated that community pharmacies needed to be in the community. This neighbourhood was a significant size; there was significant deprivation, which led to a high pharmaceutical service need. It was unacceptable to expect residents to use a bus to access these services, regardless of how good on paper the public transport was.

11.5.7 Current services from outwith the area were wholly inadequate. Patients were faced with both physical and financial barriers when trying to access these. There is evidence of inadequate provision of core services.

- 11.5.8 Mr Badger said that these barriers, alongside demand for services, were only going to increase in the near future with increased dispensing volumes, new pharmacy services and the relocation of the Clydebank Health Centre.
- 11.5.9 He acknowledged that a pharmacy in Faifley would take some customers from Clan Chemist but not to a level that would require it to close as only about 20-30% of their business would be affected.
- 11.5.10 He said that if the new contract were granted it would be a significant investment into the current and future health of 5300 deprived adults and children at zero cost to the NHS to establish.
- 11.5.11 He concluded by saying that the application was both necessary and desirable to enable residents to have adequate and equitable access to pharmaceutical services both now and in the future. It would reduce health inequalities associated with deprivation and empower residents to take ownership of their own well-being. The opportunity to change the lives of residents for the better was in the PPC's hands.
- 11.5.12 He thanked the Committee for listening to his case.

N.B – The Chair called an adjournment at three points during the oral presentations. Twice for comfort breaks and once to allow one of the Interested Parties to make a phone call. At each of these points discussion ceased until all parties returned to the hearing room and the Chair had sought agreement from all present that discussion could resume.

12. Conclusion of Oral Hearing

- 12.1 The Chair then invited each of the parties present that had participated in the hearing to confirm individually that each had had a fair hearing and that there was nothing further to be added.
- 12.2 Having been advised that each party was satisfied they had had a fair hearing, the Chair advised that the Committee would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared and submitted to the Health Board within 10 working days. All parties would be notified of the decision within a further five working days. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.
- 12.3 The Chair advised the Applicant and Interested Parties that it was in their interest to remain in the building until the Committee had completed its private deliberations. This was in case the Committee required further factual or legal advice in which case, the open hearing would be reconvened and the parties would be invited to return to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.

12.4 **The Applicant, Interested Parties, Legal Advisor and Contracts Managers left the meeting.**

13 **Supplementary Information**

13.1 In addition to the oral evidence presented, the PPC noted the following:

- i. That a joint site visit had been undertaken of Faifley and the surrounding area noting the location of the proposed premise, the pharmacies, medical centre and the facilities and amenities within.
- ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and the surrounding area. There were no medical services in the area covered by the consultation undertaken under Schedule 3.
- iii. Maps showing the neighbourhood proposed by the Applicant and the datazones covered.
- iv. Distance from proposed premises to local pharmacies within a mile radius.
- v. Details of service provision and opening hours of existing pharmacy contracts in the area.
- vi. Number of prescription items dispensed during the past 12 months and quarterly information for the Minor Ailments Service.
- vii. Complaints received by the Health Board regarding services in the area between June 2018 and June 2019.
- viii. Population Census Statistics extracted by Community Pharmacy Development Team.
- ix. Health & Wellbeing profile (intermediate Zone 06 – West Dunbartonshire).
- x. Information on the timing and frequency of local bus services.
- xi. Letter dated 12 July 2019 from Glasgow City Council Development & Regeneration Services confirming that there were no housing developments proposed within one mile of the proposed premises.
- xii. Summary of Applications previously considered by the PPC in this area.
- xiii. The Application and supporting documentation including letters of support from the Local Councillor, the MSP and MP.
- xiv. The Consultation Analysis Report agreed by NHS Greater Glasgow and Clyde and the Applicant.
- xv. Email dated 4 July 2019 from James Semple, Director of TLC Pharmacy Group
- xvi. Letter dated 16 July 2019 from Michael McLaren, Director of Clan Chemists Ltd
- xvii. Letter dated 4 July 2019 from M Cox, Contracts Manager, Lloyds

Pharmacy

- xviii. Letter dated 26 June 2019 from NHS GG&C Area Medical Committee GP Sub-Committee
- xix. Letter received on 25 July 2019 from Faifley Community Council
- xx. NHS Greater Glasgow and Clyde 2019/21 – Pharmaceutical Care Services Plan

14 **Discussion**

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

14.2 **Neighbourhood**

14.3 The Committee considered the neighbourhoods as defined by: the Applicant, two of the Interested Parties (Lloyds and Clan) and the previous PPC held on 30 June 2017.

14.4 All parties at the hearing and the PPC of 30 June 2017 agreed that the Northern Boundary should run along the northern line of housing backing onto the open fields, which formed a natural boundary. The Committee agreed with this definition.

14.5 Regarding the Eastern Boundary, as with the Northern Boundary, the Committee was in agreement with the boundary proposed by the Applicant, Interested Parties and PPC of 30 June 2017 namely the open fields along the eastern line of housing.

14.6 For the Southern Boundary the Applicant had started at Hardgate roundabout but then moved North of Glasgow Road adopting the Faifley Boundary before rejoining Glasgow Road omitted Hardgate from the neighbourhood by moving his boundary line north of Glasgow Road for a short distance; Mr McLaren for Clan Chemists proposed it should be extended as far south as the Great Western Road; Mr Arnott for Lloyds favoured Glasgow Road including the houses and shops on both sides, as had been adopted by the previous PPC. The view of the PPC was that whilst the Applicant's boundary faithfully followed the administrative and statutory boundary between Faifley and Hardgate, in the context of a neighbourhood for the purposes of an application to the pharmaceutical list, excluding a parade of shops on both sides of Glasgow Road that abutted the Applicant's boundary and included: a pharmacy; an optician; a dentist; a vet; a supermarket; a bakery; a newsagent; a café and a children's nursery and to which many residents of Faifley naturally resort appeared to be arbitrary. On the other hand, the PPC did not agree with Mr McLaren's proposal to extend the boundary further south to Great Western Road to create what Mr McLaren described as "Faifley and Hardgate" as no substantive argument was heard in support of this proposition. Accordingly, the PPC concluded that Glasgow Road should

be the southern boundary including the houses and shops on both sides as residents used this on a daily basis and was a logical neighbourhood boundary.

14.7 All parties used part of Cochno Road as the Western Boundary. The Committee agreed with the Applicant and previous PPC that the western boundary was defined as Cochno Road from its junction with Dumbarton Road until it met Cochno Burn; then followed the Burn north until it met the northern boundary at the open fields to the north side of Auchnacraig Road. The Committee decided to use Cochno Burn as formed a natural boundary.

14.8 Accordingly the Committee considered that the neighbourhood should be defined as follows:

To the North	The open fields along the northern line of the housing;
To the East	The open fields along the eastern line of the housing;
To the South	Glasgow Road, with the housing and shops on both sides including Fairways Drive, Colbreggan Gardens and Hardgate Cross;
To the West	Cochno Road from its junction with Dumbarton Road to its meeting with Cochno Burn and along Cochno Burn until the northern boundary at the open fields on the north side of Auchnacraig Road.

14.9 The Committee were content that this was a neighbourhood which contained all the amenities and services, save for a GP practice, which the residents needed to access on a daily basis to carry out their lives.

14.10 **Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability**

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

14.12 The Committee noted that there was one pharmacy within the boundaries of the neighbourhood as defined above (Clan Chemists) and one pharmacy within 1.1 mile of the proposed premises (TLC Pharmacy Group). Both these pharmacies provided all core services and a range of non-core services.

14.13 The Committee then considered the evidence provided in the Consultation Analysis Report (CAR).

14.14 They first looked at the joint consultation process and the methods used noted that it was advertised in the Clydebank Post, on NHS GG&C's social media and Website; NHS GG&C informed Local Councillors, the local MP, the local MSPs, Faifley Community Council, West Dunbartonshire HSCP Local Engagement Network and various local

voluntary organisations. In addition, the Applicant had set up a Facebook page; produced flyers and posters, which were distributed throughout the area and engaged with Faifley Community Council to assist in their distribution.

14.15 The Committee noted that completion of the electronic questionnaire was encouraged as the preferred method but paper copies were also made available on request. The public were also given the opportunity to make general comments via letter or email which could be included in the CAR. No comments were received in this manner.

14.16 They noted that during the consultation period, 260 electronic questionnaires were received from a population of 5,247 (5%) Of these responses:

- 94% agreed with the proposed neighbourhood;
- 92% lived within the proposed neighbourhood;
- 46% thought the current service was inadequate;
- 51% had experienced issues/challenges in accessing a community pharmacy;
- 75% said the location would change the way they accessed pharmaceutical services;
- 72% agreed the opening hours were right;
- 74% said the intended services were needed in the neighbourhood;
- 53% did not know of any other services that could be provided
- 79% agreed a new community pharmacy would have a positive impact
- 82% supported the opening of a pharmacy;

The Committee also considered the written responses within the CAR.

14.17 The Committee paid particular attention to two findings:

- (i) The summary finding that 56% of the 260 respondents thought the current services inadequate. Not dissimilar levels of dissatisfaction were expressed for each of the nine services listed. The absence of narrative responses to this question made it difficult to draw any firm conclusions and the Committee observed that no evidence of a systemic failure of delivery of pharmaceutical services had been put before the hearing.
- (ii) The Applicant had pointed out the summary finding that, as, 133 respondents had experienced issues/challenges in accessing pharmacy services. The responses indicated that some 30% experience distance/cost of travel and parking difficulties, some 9% cited specific complaints about current providers. Some 25% of the written responses cited issues of convenience. The

Committee considered the issues of distance and complaints separately as recorded in paragraphs 14.18 and 14.19 below.

- 14.18 The Committee noted the considerable efforts that had been made to gauge public opinion through the CAR. Whilst a response of 260 residents provided an indicative response, and as Cllr O'Neill observed was comparable to the level of response achieved by other Local Council surveys, it still represented just less than 5% of the population. The CAR had however proved useful in highlighting issues the Committee was able to pursue further during the hearing.
- 14.19 The Committee noted that various points had been made during the hearing and in the CAR about the inadequacy of the bus services through the neighbourhood, a factor that was exacerbated by the high numbers of elderly/disabled/had and small children. The Committee noted that some had no problems with access or indicated that a closer pharmacy would be a good thing. Problems with severe weather were raised but these instances were rare and concerns were raised over transport costs. However, the Committee had to rely on the published timetables for these services, which showed that there were regular services throughout the neighbourhood. Although the cost of fares was said to be high for some, this was not a matter for the PPC to judge and similarly severe weather would affect any service provision.
- 14.20 The Committee noted that there some specific complaints about client service in the CAR specifically relating to Clan Chemists about delays and lack of capacity. They noted that in his presentation Mr McLaren had admitted to some capacity issues but pointed out the CAR had been carried out before the expansion and modernisation of Clan's premises had been completed. Mr McLaren had pointed out that Clan had taken on more staff since their refurbishment and had indicated that they did not have a problem with providing dosette boxes. It was also apparent that he was assessing MAS clients and some could object to not being given a prescription. Also when referring to the recorded complaints there had only been 39 in a year covering 3 pharmacies, dispensing a huge amount of items.
- 14.21 Turning to the adequacy of existing services, it was up to the Applicant to demonstrate inadequacy of pharmaceutical provision for the neighbourhood. When asked for evidence of inadequacy, Mr Badger placed a heavy emphasis on the poor health of residents and the low numbers registered for the Minor Ailments Service. The health demographic of the neighbourhood and very high levels of deprivation were indisputable but The Committee did not agree with the Applicant that poor health was the result of inadequate pharmaceutical services, but rather was attributable to a range of factors including the high incidence of poverty. The Committee heard no evidence to support the view that increasing pharmacy services per se would resolve the residents' poor health issues.

- 14.22 On the question of the number of residents using MAS the Committee noted that Clan Chemists had 600 Faifley residents signed up for MAS which was a favourable number, given that the national figures showed MAS registrations to be down by 20% and that people had to specifically ask for it. This showed that there was a demand for the service and that it was being provided adequately in the neighbourhood
- 14.23 The letter from Glasgow City Council's planning department had not indicated any new house building in the area and whilst West Dunbartonshire Council had provided no information, Cllr O'Neill had said that there was some building currently but this would only increase the population by about 4-500, indicating there would be no material increase in the population of the neighbourhood
- 14.24 Any possible increase in demand for pharmaceutical services in the area had been explored with the Interested Parties including the possible increase in demand for MAS from April 2020 when the service would become available to all Scottish GP patients. Both Clan and TLC had invested heavily in their premises over the past few years, which had improved their current service and offered capacity to expand in the future. Lloyds in Clydebank also had large well-appointed premises and had dosette boxes made up off site. So none of the closest pharmacies appeared to have any issues with capacity either currently or in the future.
- 14.25 The Committee noted that the letters of support for the proposed pharmacy submitted by the elected representatives all referred to the high levels of deprivation being one possible reason for approving the Application but otherwise were couched in terms of convenience rather than need.
- 14.26 **In accordance with the statutory procedure the Pharmacist Members of the Committee namely Mr Bryson, Mr Fergusson and Mrs Williams left the room while the decision was made.**

15 **DECISION**

- 15.1 In considering this application, the Committee was required to take into account all relevant factors concerning the definition of the neighbourhood served and the adequacy of existing pharmaceutical services in the neighbourhood in the context of Regulation 5(10).
- 15.2 Taking into account all of the information available, and for reasons set out above, it was the view of the Committee that the provision of pharmaceutical services in the neighbourhood (as defined by it in Paragraph 12.8 above) and the level of service provided by those contractors to the neighbourhood, was currently adequate and it was neither necessary nor desirable to have an additional pharmacy.

It was the unanimous decision of the PPC that the application be refused.