

**Minutes of the meeting of the Pharmacy Practice Committee (PPC) held on
Wednesday, 18 January 2023 at 09:00 in the New Victoria Hospital, Grange Rd,
Glasgow G42 9LF - Room ADM 2.16B**

The composition of the PPC at this hearing was:

Chair: Mrs Margaret Kerr

Present: Lay Members Appointed by NHS Greater Glasgow & Clyde
Mrs Catherine Anderton
Mr Stewart Daniels

Pharmacist Nominated by the Area Pharmaceutical Professional Committee
(included in Pharmaceutical List)
Mr Alasdair Macintyre

Pharmacist Nominated by Area Pharmaceutical Professional Committee (not
included in any Pharmaceutical List)
Mr Josh Miller

Secretariat: Mrs Tracy Bone, Committee Secretary, NHS National Services Scotland
Mrs Trish Cawley, Contracts Co-ordinator, NHS Greater Glasgow & Clyde
Mrs Janine Glen, Contracts Manager, NHS Greater Glasgow & Clyde

1. APPLICATION BY MR AIDAN CONNOLLY

1.1 There was an application and supporting documents from the Applicant, Mr Aidan Connolly received on 19 April 2022, for inclusion in the pharmaceutical list of a new pharmacy at Gleneden Court, Kirkintilloch Road, Lenzie, Glasgow G66 4LQ.

1.2 Submission of Interested Parties (IPs)

1.3 The following documents were received:

- i. Letter dated 24/05/2022 from Dr John Ip of the GP Subcommittee of Greater Glasgow & Clyde Health Board's Area Medical Committee (AMC)
- ii. Email dated 27/05/2022 from Campbell Thomson of M&D Green Group
- iii. Email dated 06/06/2022 from Craig Murdoch of H&K Willis Ltd t/a Willis Pharmacy
- iv. Letter dated 06/06/2022 from Fraser Frame of Wm Morrison Supermarkets PLC
- v. Letter dated 09/06/2022 from Mark Feeney of A G Bannerman Ltd
- vi. Letter dated 09/06/2022 from Shaun Marnell of Marnell Pharmacy Ltd
- vii. Letter dated 10/06/2022 from Joanne Watson of Boots UK Ltd
- viii. Letter dated 14/06/2022 from Matthew Cox of Lloyds Pharmacy Ltd
- ix. Email dated 14/06/2022 from Naveed Ahmad of Pulse Pharmacy Ltd
- x. Email dated 16/06/2022 from Lenzie Community Council
- xi. Email dated 19/06/2022 from Harminder Shergill of Torrance Pharmacy

1.4 Correspondence from the wider consultation process undertaken

Consultation Analysis Report (CAR)

2 Procedure

- 2.1 At 0930 hours on 18 January 2023, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Mr Aidan Connolly (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List”.
- 2.2 The Chair, Mrs Margaret Kerr welcomed all to the meeting and introductions were made. When asked by the Chair, members confirmed that the hearing papers had been received and considered. When committee members were asked by the Chair in turn to declare any interest in the application, none were declared.
- 2.3 Members of the Committee had undertaken site visits to Gleneden Court, Kirkintilloch Road, Lenzie, Glasgow G66 4LQ and the surrounding area. During which, the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to schools, sports facilities, community centres, supermarkets, post office, banks and churches had been noted.
- 2.4 The Chair advised that Tracy Bone was independent from the Health Board and was solely responsible for taking the minute of the meeting.
- 2.5 The Chair outlined the procedure for the hearing. All Members confirmed an understanding of these procedures.
- 2.6 Having ascertained that all Members understood the procedures, that there were no conflicts of interest or questions from Committee Members the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Applicant and IPs were invited to enter the hearing.

The open session convened at 0940 hrs

3. Attendance of Parties

- 3.1 The Chair welcomed all and introductions were made. The Applicant, Aidan Connolly represented by Mr Aidan Connolly accompanied by Mr Rahul Randev. From the IPs eligible to attend the hearing, the following accepted the invitation:

- Scott Jamieson (accompanied by Jennifer Sutherland) representing Boots Pharmacy;
- Shaun Marnell representing Townhead Pharmacy;
- Mark Feeney representing Bannermans Pharmacy;
- Chris Gilroy representing LCC;
- Martin Green (accompanied by Campbell Thomson) representing M&D Green Pharmacy; and
- Tom Arnott representing Lloyds Pharmacy

3.2 The Chair advised all present that the meeting was convened to determine the application submitted by Aidan Connolly in respect of a proposed new pharmacy at Gleneden Court, Kirkintilloch Road, Lenzie, Glasgow G66 4LQ. The Chair confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended.

3.3 The Chair asked all parties for confirmation that these procedures had been understood. Having ascertained that all parties understood the procedures the Chair confirmed that the Oral Hearing would be conducted in accordance with the Procedure at Hearings document contained within the papers circulated.

3.4 The Chair confirmed that members of the Committee had conducted site visits in order to understand better the issues arising from this application. Assurance was given that no member of the Committee had any interest in the application.

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

4. Submissions

4.1 The Chair invited Mr Aidan Connolly, to speak first in support of the application.

4.2 Mr Connolly read aloud the following pre-prepared statement making alterations as necessary:

4.3 Before I begin, I would like to say thank you to the panel, I really appreciate the opportunity to present our case today for Lenzie Pharmacy.

4.4 My name is Aidan and I have been a community pharmacist for over 15 years. I am genuinely passionate about community pharmacy and always pride myself on my holistic approach to patient care. I am very research driven and firmly believe in educating myself continuously to best assist the people I help. I believe that patients always come first and no matter what, their needs should be put before anything else. I am accompanied today by Mr Rahul Randev who is the Landlord of the premises.

- 4.5 I plan to give a short introduction before discussing the boundaries of the proposed neighbourhood.
- 4.6 Let's go back to the year 1865 for a moment.
- 4.7 Back then, the everyday lives of ordinary people living in Britain were unrecognisable when compared to today. Transport – horse drawn. Sewage systems – non-existent. Diseases - rife and fatal. Life expectancy - 40.
- 4.8 So why have I mentioned this?
- 4.9 Well it was in this exact year that the post office shop buildings were erected in Lenzie and shortly after this, the first chemist J.W.Pettigrew opened here. The town of Lenzie was very much in its infancy and had a population estimated to be no more than 200 people (records indicate it only became increasingly populous after 1874). Nowadays the population is nearer 11,000 which is a 5000% increase.
- 4.10 So much has changed since 1865. But do you know what hasn't changed?
- 4.11 The retail unit that Boots occupy in the old Post office buildings is the same unit that Mr Pettigrew did, in 1865, 158 years ago.
- 4.12 And... this Boots Pharmacy is the only pharmacy the residents of Lenzie have within the neighbourhood, the same number of pharmacies as 158 years ago.
- 4.13 In the years that Boots have owned this pharmacy, there has been no relocation, no unit expansion and no accommodation of the huge shift in population and demand for pharmaceutical services.
- 4.14 How can pharmaceutical services provision be adequate in this neighbourhood when the population has grown so massively but the premises haven't changed accordingly, to accommodate this?
- 4.15 In 2011, when Mr Ferguson applied for a new contract pharmacy in Lenzie, he highlighted the small size of the Boots unit and the lack of parking as profound inadequacies, yet nothing has changed in 12 years. In the time the RBS unit has been empty the Landlord has had it listed as being for lease for a number of years with no note of interested from Boots, despite previously noted inadequacies, which would have resolved both. Yet Boots did not relocate here. In more recent years, the large corner unit attached to Boots became vacant, yet Boots did not relocate here.
- 4.16 Boots have not invested in this community and as a result, the pharmacy is incommensurate and entirely unable to meet the growing needs of the neighbourhood.
- 4.17 Now let's for a second juxtapose this against some other proprietors in the room today and how they invest in their pharmacies and communities.
- 4.18 M&D Green, represented today, are one of the best and most respected independent operators in Scotland. They consistently invest in their premises and communities. The company has a long standing and historic track record of relocating and refurbishing their pharmacies to meet growing demands of neighbourhoods.

From the large number of relocations in recent years completed by the company, a relevant example would be the relocation of an M&D Green branch in Bishopbriggs. Quoting directly from the news section of the M&D Green website:

- 4.19 *“We have now relocated into a larger unit in the same row of shops so that we can expand the range of services that we offer our local community. Our new larger shop has been fitted out with a large consultation room, a large dispensary and an expanded range of healthcare. We also have an automated prescription collection service installed on the exterior of the unit. This allows you to collect your prescription 24/7, 365 days a year once you register for the service.”*
- 4.20 In relocating, the company provides larger units that are more equipped to deal with the modern pharmacy contract. Prescription numbers increase significantly following these relocations, which clearly highlights that premises can be a limiting factor and barrier to pharmacies in their ability to provide adequate pharmaceutical services to neighbourhoods.
- 4.21 I am also aware that Mr Marnell, the proprietor of Townhead Pharmacy has invested in recent times to refurbish his pharmacy and install a collection point. As has Mr Feeney of Bannermans.
- 4.22 And all of this is fantastic....for the residents of the different communities these pharmacies serve...not for the residents of Lenzie. Surely they deserve the same level of commitment and investment? These aforementioned pharmacies are outwith the proposed neighbourhood. For example; Bannermans Pharmacy is 2.7 miles away, the closest M&D Green branches being Stepps and Muirhead which are both 3 miles away, M&D Green Bishopbriggs some 4.4 miles away.
- 4.23 I would ask the committee members today, if you were the proprietor of Boots in Lenzie, would you not have expanded or relocated by now to meet the needs of the residents? Boots are entirely restricted in their ability to serve the community.
- 4.24 Boots in Lenzie is inadequate in a number of areas, which I intend to evidence today, not just unit size and parking.
- 4.25 Areas of inadequacy include:
- Lack of accessibility
 - Lack of privacy
 - Speed of service
 - Stock availability
 - Pharmacy First provision
 - Provision for the elderly population
 - Delivery of AMS
 - Delivery of MCR
 - Delivery of PHS

- 4.26 As I will evidence today, 70% of the residents of Lenzie are being forced to access pharmacy services elsewhere or have medicines delivered from a pharmacy outwith the neighbourhood, because the only pharmacy in their neighbourhood of Lenzie, is so inadequate.
- 4.27 And that's not right. These people shouldn't have to do that. They should be able to access pharmacy services within their neighbourhood, just the same way that the people of Kirkintilloch can access pharmacy services within their neighbourhood. As can the people of Stepps, the people of Muirhead, the people of Bishopbriggs and the people of Torrance.
- 4.28 If your elderly gran lived in Lenzie, would you be happy that she would have to get a bus to another town to collect her medication or have a consultation? If your children or grandchildren were unwell with Strep A and you needed antibiotics urgently, would you want to have to take unwell children on a bus with a pram to go to another town?
- 4.29 In the extensive CAR report, produced in conjunction with NHS GGC, following the Joint consultation, the comments clearly convey that the residents of Lenzie cannot adequately access the four core pharmacy services in their own neighbourhood. The residents of the neighbourhood engaged with this application in unprecedented numbers, with the highest level of public consultation questionnaires submitted in the Boards history, because they feel so strongly about these inadequacies.
- 4.30 That is fundamentally why I am here today.
- 4.31 Simply put, the residents of Lenzie suffer stark healthcare inequalities because the current pharmaceutical provision in the neighbourhood is entirely inadequate.
- 4.32 As per the legal test, it is my intention today to outline all the reasons that prove that a new pharmacy in Lenzie at Gleneden Court, is necessary?
- 4.33 *'shall be granted by the board only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the pharmaceutical list.'*
- 4.34 **NEIGHBOURHOOD**
- 4.35 North: From Crosshill Road B819 where it meets the park burn, along park burn passing and incorporating all of High Gallowhill, continuing along park burn passing and including the Greens. Then cutting along the tree line, just north of Greens Avenue, passing The Loaning, going east across Civic Way, cutting east across the park area in front of the sports centre to meet Initiative Road, where it joins the east boundary.
- 4.36 East: From where the east boundary meets the north boundary on Initiative Road, going south along Initiative Road until it meets the A806/B757 roundabout past the golf course, taking in the areas of Millersneuk, Claddens and the farmland between.

4.37 South: From the roundabout at A806 / B757 heading west along the farmland, past the golf course on the south, continuing west as far as the Cardyke Plantation.

4.38 West: From south of Langmuirhead Road heading north to cross Langmuirhead Road, passing the Cardyke Plantation, incorporating and passing Wester Auchinloch, along the farmland past Gadloch to meet Crosshill Road. Following Crosshill Road until it meets Boghead Road, then following Boghead Road north, passing Boghead playing fields, before forking left to follow the tree line of Boghead woods, until meeting Park Burn, where it joins the north boundary.

4.39 So why did I pick these boundaries and the defined neighbourhood? Well, at the start of the process, I liaised very closely with LCC (LCC). I was given access to the LCC defined map and boundaries of Lenzie, which have been in place for a number of years.

The Chair allowed Mr Connolly to illustrate his neighbourhood by referring to a map he had brought for this purpose. The IPs had already received a map of Mr Connolly's neighbourhood as part of his initial application.

4.40 I based my proposed neighbourhood on this LCC boundary map, because it is the well-established town of Lenzie. As such, as shown on the map, LCC define Lenzie in a very similar manner that I have. They include all of the Boghead woods area, high Gallowhill. As all residents in this area 100% identify as being from Lenzie. They also include the housing behind the sports centre, Parkview area in their boundaries.

4.41 They also consider a large section of the most northern point of the neighbourhood, (the pink estate) as Lenzie. They actually cut across this area halfway in to this estate to form their north boundary. I was initially going to mirror this exactly. However, after much deliberation, I decided to include the other small section of this estate north of LCC boundary line. It didn't feel right for me to cut my North boundary half way across this housing estate and cut these residents out of the equation. It seemed a more natural boundary for me to take the boundary slightly north to the tree line.

4.42 I am acutely aware it may be argued today that this estate in the top section of my map (the left side highlighted pink area) is Kirkintilloch and not Lenzie.

4.43 However, I believe this is not the case for a number of reasons:

- It is data zone: S01008119 which on Scottish Index of Multiple Deprivation (SIMD) Scotland, defines as Lenzie North;
- LCC's boundary includes over half of this area, which has been in place historically;
- Holy Family Nursery and Primary school which sits in this section (Boghead Road) is a Lenzie school / nursery which a large number of children from Lenzie attend (including my own). The address of this school is Boghead Road, Lenzie, G66 4AT. Large numbers of Residents from this estate send their children here along with the other Lenzie residents. The nursery can only be accessed by entering this estate, by all parents; and
- Residents of this whole area need to come up to Gallowhill Road to leave this estate and drive or access transport, which takes them into 'undisputed' Lenzie.

There are no shops in this area and residents often access the convenience stores on Gallowhill Road, both Lenzie, or the row of shops on Moss Road, again Lenzie. Simply put, you cannot leave this estate by car without driving up to Gallowhill Road, which takes you undisputedly into Lenzie. Public transport is also accessed from Gallowhill Road. Once on Gallowhill Road, it is equidistant for residents to access services in existing pharmacies on Kirkintilloch main street and to access our proposed site.

4.44 I am aware in 2011 the PPC panel defined the neighbourhood using Boghead Road / Gallowhill Road as the North boundary. However, and I mean this with the highest possible level of respect, I have to disagree with the assertion made that the houses in Boghead area that sit North of Gallowhill Road (Green) are Kirkintilloch, not Lenzie. Every resident in these estates strongly identifies as being from Lenzie and would ferociously contest being called residents of Kirkintilloch. This area is without any doubt, Lenzie.

4.45 2011

North: Boghead / Gallowhill Road, crossing Kirkintilloch Road and continuing along open land at Sports Centre to meet Kirkintilloch Link Road;

East: Kirkintilloch Link Road, following the road south to its meeting with Burnbrae Road;

South: Burnbrae Road following west on to Stepps Road, crossing Stepps Road to include Gadloch View and Gadloch Avenue. Moving north across Lenzie Golf Course continuing west along Crosshill Road from junction with Victoria Road; and

West: Crosshill Road to its meeting with Boghead Road.

4.46 In the Committee's opinion Boghead / Gallowhill Road marked the delineation between Lenzie and Kirkintilloch. Residents beyond this would not consider themselves resident of Lenzie. The Kirkintilloch Link Road was a major new boundary running the length of the neighbourhood. The South boundary took into consideration local opinion and desirability of residents to be associated with Lenzie. Crosshill Road marked the delineation between open ground and farmland.

4.47 In 2011 when the last hearing was held for Lenzie, the population was accepted to be at least 10,000, including by Mr Tait of Boots. There has been numerous developments since then. However, to give the PPC the full available information, I have included population statistics for my proposed neighbourhood in sections as follows to give complete transparency:

- Total Green Residential Properties - 3466 / Population: 8090 (Green);
- Total Pink boundary Properties – 591 / Population: 1269 (Pink);
- Total Blue Residential Properties – 258 / Population: 555 (Blue);
- Total Auchinloch Properties – 390 / Population: 880 (Brown); and
- Total proposed neighbourhood population: 10,794 residents

4.48 I have included Auchinloch because:

1. Many residents on the boundary of Lenzie and Auchinloch identify as being from Lenzie, not Auchinloch e.g.: Gadloch estate;
2. The previous PPC panel included over half of Auchinloch in 2011;
3. Residents of Auchinloch access Lenzie for their local amenities and services - they are much closer than Kirkintilloch. Also access for commuting via the train;
4. There is a good quality footpath from Auchinloch to Lenzie; and
5. Auchinloch Community Council agree with this and support this application.

- 4.49 *“Auchinloch community councillors are supportive, as were our residents when polled online. The current service is unable to cope with the demand, so this would be welcomed. The new provision would be within walking distance to our residents and provide for those both in and out of work.” Margaret Greer, Chair, Auchinloch Community Council.*
- 4.50 The addition of Auchinloch was not done to ‘boost’ our population numbers as may be implied by the IPs. Simply put, our ‘defined neighbourhood’ is Lenzie plus Auchinloch (However will refer to throughout now as Lenzie for quickness).
- 4.51 This is corroborated by the fact that 90.4% of the 971 CAR respondents (878 people) agree that it is an accurate representation of the neighbourhood.
- 4.52 Our proposed neighbourhood does not include Woodilee Village, an area to the East of Lenzie that contains 900 houses and a population of an estimated 2,100 residents. The LCC map currently also does not include Woodilee but LCC are actively lobbying with East Dunbartonshire Council (EDC) to have Woodilee included in the boundaries.
- 4.53 A number of the comments indicated strongly that Woodilee is a part of Lenzie and as such the residents there felt it should have been included in this defined neighbourhood.
- 4.54 *“As a local resident I believe that the immediate neighbourhood to the application should also include Woodilee, which has no pharmacy provision whatsoever and is considered by many to be part of Lenzie.”*
- 4.55 *“Does not include Woodilee, children from this estate go to Lenzie Meadow & Millersneuk Primary but are not covered on map”*
- 4.56 *“Should also include the Woodilee area. I live in Woodilee and currently use the existing Boots pharmacy in Lenzie. If this new application were successful, I would use the new pharmacy.”*
- 4.57 A large proportion of the residents of Woodilee Village actually identify as being from Lenzie. It is the view of LCC that it will be incorporated into Lenzie’s boundaries in the near future and they have submitted this proposal to EDC recently for review.
- 4.58 However, I wanted to be as fair as possible with my neighbourhood, so I stand by the decision not to, as at the minute it is not officially Lenzie.
- 4.59 As evidenced by the CAR, clearly no significant number of responses were received by Woodilee residents as 88% of responses lived in the neighbourhood, which excluded Woodilee, so the statistics of responses were not skewed in any way.
- 4.60 I wish to provide a brief history of Lenzie: research conducted by ‘Strathkelvin district libraries & museum publications.’
- 4.61 I just wanted to read you a handful of extracts from this reference book to illustrate a few points.

- 4.62 *“The original idea of creating a commuter village in the locality now known as Lenzie, belongs to our friend Alexander M’Grigor. On 14th August 1841, six months before the Edinburgh and Glasgow railway opened to traffic, his law firm placed an advertisement in the Glasgow press”:*
- “To be Feued: part of the lands of garngaber ...The lands are delightfully situated and when the railway is in operation, will be reached in about one quarter of an hour from George Square.”*
- 4.63 In the year 1841, the station, in the same location as it is today opened with the name ‘Campsie Junction.’
- 4.64 Building in Lenzie subsequently commenced in 1848 and the village was actually named after the station “Campsie Junction.” The village started to develop during the 1850’s and 60’s. With the post office buildings being completed in 1865.
- 4.65 However, as residents started to inhabit the village, they decided that this was a poor name for a village and also a poor name for a station
- 4.66 It was at this point that residents started to actively seek out a sense of community for their neighbourhood and lobbied for the inclusion of amenities such as Lenzie community hall 1868, Post office buildings 1860’s for amenities, the supply of running water in 1870, Lenzie academy in 1870, and three churches built a year apart: 1873-74-75. *“It was during this period that local residents started to manifest a degree of community consciousness.”* It was very clear at this point, as evidenced by comments in the archives that residents here saw themselves as separate to Kirkintilloch, they had their own identity even back then. It was at this point, in 1871 that the village was named Lenzie. It is not a new town or new entity, it is not a part of Kirkintilloch. It is its own defined neighbourhood, since 1871.
- 4.67 So why is this history important?
- 4.68 The original term of ‘*commuter village*’ was from 1841 when it was used for that purpose. It is no longer a commuter town today; so the interested party’s letter saying it is predominantly a ‘*commuter town*’ used for transport is antiquated and inaccurate.
- 4.69 It is also important because as far back as 1871, residents identified as being from Lenzie, had a sense of community for Lenzie and did not identify as being from the neighbouring village of Kirkintilloch.
- 4.70 Going back to modern times: Lenzie is a strong and distinct neighbourhood and community. They hold several events throughout the year as a community such as the Lenzie Gala day, Lenzie Christmas lights switch on, and, the Lenzie Fireworks display. They have their own community council and train station.
- 4.71 For the purposes of the regulations: Lenzie can be considered a neighbourhood for all purposes: there are schools/nurseries, places of worship, supermarkets, takeaways, restaurants, a post office, hairdressers, a dental practice, opticians, a library, a petrol station and a garage, among other amenities.

- 4.72 Residents do not need to leave this neighbourhood to access other services on a daily basis and with the change since 2020 in GP Practice operations, residents do not attend local GP practices to collect prescriptions, and this collection is done by nominated pharmacies, from where patients collect prescriptions directly. This will not be changing and has become standard practice. Appointments with the local GP practices are now often telephone or video calls, many not being face to face, with many acute prescriptions also often then being sent to nominated pharmacies.
- 4.73 I also disagree with the ‘shopping’ argument as a large number of the IPs here today have pharmacies in neighbourhoods with significantly less amenities than Lenzie and a large number of them do not have large supermarkets in their neighbourhoods.
- 4.74 It used to be considered adequate that a patients’ pharmacy was right next to their GP surgery. Hence the cluster of pharmacies seen in Kirkintilloch. This is no longer the case since the vast majority of prescriptions in this country are repeat prescriptions, where people no longer needed to visit their GP surgery to obtain them.
- 4.75 Now, I am fully aware of the multiple regulation changes since 2006, however, I still believe it is entirely relevant that this point above was highlighted as far back as 2006 when Mr Ahmad applied for a new pharmacy contract on Newdyke Road, Kirkintilloch which was granted and is now known as Pulse Pharmacy. Quoting from the minutes archive
- 4.76 *“The Committee noted that the current pharmaceutical network within the area commonly known as Kirkintilloch was concentrated around the town centre. The sole pharmacy outwith this area was situated on the west boundary of the neighbourhood as defined by the Committee, on Merkland Road.*
- The Committee, after comprehensive discussion agreed that the concentration of pharmacies around the GP surgeries in the town centre resulted in other areas of Kirkintilloch being devoid of services where they might be needed. The Committee considered that one such area could be the neighbourhood as defined. This was, in the Committee’s opinion, a discreet population who at present had to travel to access adequate pharmaceutical services.”*
- 4.77 It was deemed unacceptable that residents had to ‘travel to access adequate pharmaceutical services’ in 2006, why is it acceptable that residents of Lenzie now in 2023, have no option other than to travel outwith their neighbourhood, because the only pharmacy in the neighbourhood of Lenzie, Boots Pharmacy, is inadequate?
- 4.78 Pulse Pharmacy was granted in 2006 despite Merkland Pharmacy already in situ and objections from a number of the same existing contractors, four here today from the area.
- 4.79 It is my contention that the same argument still applies today, it relates directly to our proposed neighbourhood and although Lenzie is not Kirkintilloch, it is an adjoining neighbourhood that is “devoid of services where they might be needed” Where residents have to “travel to access adequate pharmaceutical services.” This is further pressured by the amount of houses that have been developed since 2006, increasing the population (which I will cover shortly).

- 4.80 In actuality, in 2006 when this was granted, Pulse Pharmacy was only 0.7 miles from the pharmacy in Merkland and 0.6 miles to Kirkintilloch main street where the other pharmacies are located. This is significantly closer to the other pharmacies than our proposed site is, with the closest to our site being 1.2 miles away- double the distance of 0.6 miles in 2006, yet it was deemed necessary.
- 4.81 I fully understand and accept that as part of the process, the PPC will consider pharmacies outside the neighbourhood in line with the guidance: *'What pharmaceutical services are currently provided in & to that neighbourhood by existing community pharmacies?'* As a result, I think it is very important to not only consider the pharmaceutical services available in Kirkintilloch as part of this adjoining neighbourhood analysis, but to also consider the sheer scale of housebuilding in terms of homes completed, homes under development and homes planned; in both the adjoining neighbourhoods of Kirkintilloch and Lenzie.
- 4.82 Since the last pharmacy was added to this network, there has been a monumental amount of housebuilding in Kirkintilloch and Lenzie, increasing the population of both substantially.
- 4.83 Source: EDC Proposed Local Development Plan
- 4.84 Completed:
- Woodilee Estate: 900 Houses: est 2100 residents;
 - Claddens South: Lenzie: 74 houses: est 170 residents;
 - Cyprian Drive Estate: Lenzie: 79 houses: est 182 residents;
 - Lenzie Primary School: Lenzie: 20 homes: est 50 residents;
 - Tom Johnston Estate: Border of Lenzie/Kirkintilloch: 87 houses: est 200 residents (East Dun Council)
 - Kilsyth Road (Borders above site TJE): 23 homes: est 55 residents;
 - Braes O Yetts Estate: Kirkintilloch: 122 houses: est 280 residents; and
 - Auchinloch: Langmuirhead Rd: 56 houses: est 130 residents.
- Total completed: 3167 residents added to the local population already
- 4.85 Under Development
- Broomhill Hospital site: Kirkintilloch: 163 houses: est 380 residents;
 - Glasgow Road (Adamslie Park): Phase one complete: Kirkintilloch: 58 homes: est 140 residents;
 - High Street/Mitchell Hire: Kirkintilloch: 73 Homes: est 170 residents (Nearly complete); and
 - Lairdsland School Site: Kirkintilloch: 38 homes: est 90 residents.
- Total Under development: will add 780 Residents to the local population
- 4.86 Planned
- Fauldhead Kirkintilloch: 256 homes: est 590 residents (CALA Homes) (Planning Permission Granted: April 2022);
 - Campsie View School: Lenzie: 28 homes: est 70 residents;

- Merkland School: Kirkintilloch: 40: est 90 residents; and
- Cleddens playing fields: Kirkintilloch: 97 homes: est 230 residents

Planned over the next 1-2 years: 980 residents

- 4.87 Since last application: approx. 3800 residents added to population.
- 4.88 Within 1-2 years from now, this total will be: 4927 residents added to Lenzie and the 'Adjoining neighbourhood' of Kirkintilloch in total.
- 4.89 No new pharmacy has been added to support this growth.
- 4.90 I am sure that the IPs will argue today they are not at capacity and can take on more patients for services. However, a number of the Kirkintilloch Pharmacies and those outwith the neighbourhood have seen monumental increases in average items.
- 4.91 I also disagree that the network of pharmacies in Kirkintilloch is coping with this demand, as is evidenced by the presence of other IPs here today, who represent pharmacies from over 3 miles away, even 4.5 miles away. These pharmacies are already having to deliver prescriptions in significant volumes into our proposed neighbourhood and the adjoining neighbourhood of Kirkintilloch to support the infrastructure in this area.
- 4.92 Residents from Lenzie, are also having to travel significant distances to access adequate pharmaceutical services e.g. as far as Stepps, Muirhead and Bishopbriggs.
- 4.93 This is all reflected in the growth in the RX numbers in the proposed neighbourhood, the adjoining neighbourhood of Kirkintilloch and other pharmacies further afield.
- 4.94 I did an analysis of every comment in the CAR report to see which pharmacies residents are stating they use and then analysed their dispensing figures for said pharmacies using the average items line in June 2019 vs average item line in June 2022.
- 4.95 Independent Pharmacies:
- | | |
|---------------------|---------|
| Bannermans | +45.2% |
| Townhead | +11.6% |
| Pulse | +12.47% |
| MD Green (Stepps) | +32.8% |
| MD Green (Muirhead) | +12.7% |
| MS Green (Forbes) | +38.5% |
| Torrance | +46.4% |
| Milton of Campsie | +15.5% |
| Farren (Kilsyth) | +8.25% |

- 4.96 Multiple Pharmacy Providers:
- | | |
|----------------------|--------|
| Boots Lenzie | 0 |
| Boots Kirkintilloch | -12.9% |
| Lloyds Kirkintilloch | -31.4% |
| Well Kirkintilloch | -13.1% |
- 4.97 This clearly shows that pharmacies in this neighbourhood and surrounding areas will remain entirely viable if our application is approved because:
- 4.98
- The multiples are still operating viably in Kirkintilloch despite up to 31.4% loss of business to independents;
 - The independents were still viable in 2019 when they dispensed significantly less monthly average items all round – growth ranging from 8.25% to 45.2%;
 - We believe that of this total of 115,915 items being dispensed, if we dispensed even 3.5%, it would result in 4057 items per month, making us entirely viable and not impacting anyone else to a level of impacting viability as 3.5% is significantly less than any of the figure of growth above and the multiple have already survived a 12.9-31.4% decrease.
- 4.99 The shift in RX dispensing to independents in the area also highlights the inadequacy in service provision from the multiples on Kirkintilloch main street, they are the only branches in the whole collection of neighbourhoods who have actively lost prescriptions.
- 4.100 Residents in Kirkintilloch clearly feel the multiples are inadequate in their provision, and these residents of Kirkintilloch luckily have the choice to access other services locally, at other pharmacies in their neighbourhood. However, the residents of Lenzie face stark healthcare inadequacy. They do not have the ability to change to another locally accessible pharmacy in Lenzie. That is why numbers are static in Boots, Lenzie. People have no ability to go elsewhere. It also shows the ceiling has been reached at 5,331 prescriptions.
- 4.101 The overall increase in prescription numbers in the area is 10,455 in average items per calendar month (pcm), – this is a monumental increase compared to national averages for Scotland which show that prescription numbers have actually fallen since 2019
- 4.102 Patient list sizes at the GP surgeries in the adjoining neighbourhood of Kirkintilloch have seen significant increases in patient registrations, as have the surgeries in the outlying areas represented by other IPs today, where residents may access GP services.
- 4.103 Now, specifically for our proposed neighbourhood taking the 10,794 population and using the widely accepted national average per person of 19 items per year per person in Scotland, this equates to a minimum of 17,090 items per month being generated for the population of this neighbourhood of Lenzie alone.

- 4.104 Boots in Lenzie is dispensing on average less than 5500 items pcm. This means that an absolute minimum of 11,590 prescription items are being dispensed elsewhere for the residents of Lenzie.
- 4.105 I can explain this. The pharmaceutical services provided by Boots in Lenzie are inadequate and at capacity. As a result, many residents of Lenzie MUST access services outside of the neighbourhood. They have no alternative in the neighbourhood. As a result, a number of the contractors here today benefit from this status quo. The more inadequate Boots in Lenzie are, the more people leave the area of Lenzie and access services elsewhere, or sign up to a delivery service from elsewhere, benefitting these contractors commercially.
- 4.106 A number of contractors here today have stated in their written representations rather aggressively that they deliver prescriptions in high volumes daily to the neighbourhood of 'Lenzie.' I ask the panel today: how is this NOT evidence of inadequacy of pharmaceutical service provision in the Neighbourhood of Lenzie?
- 4.107 Boots are the only contractor in the neighbourhood but are only able to provide services to 30% of the population, while the other 70% is being delivered or accessed elsewhere. I understand the need to consider adjoining neighbourhood provision into an area, but this ratio is not adequate, and residents of Lenzie are suffering stark healthcare inequalities as a result.
- 4.108 By granting our application, we will rectify this situation. We aim to offer accessible first-rate pharmaceutical services to the proposed neighbourhood, resolving the inadequacy of service provision and allowing those who have had no choice other than to leave the neighbourhood the opportunity to access adequate services, within their own neighbourhood.
- 4.109 **Demographics of Neighbourhood**
- 4.110 **SIMD Data**
- 4.111 Quotes from Elderly framework east dun
- 4.112 *"At an aggregated level, analysis of SIMD data for East Dunbartonshire masks the complexity of disadvantage in some communities, and reinforces the stereotype that the area is characterised by affluence and high levels of socio-economic attainment."*
- 4.113 *"East Dunbartonshire is more affluent than the whole of Scotland with 54.4% living in the least deprived quintile and only 3.7% living in the most deprived quintile. In addition, only 9.3% of the population is income deprived compared to 17.1% of the population in Scotland. Furthermore, only 4.7% of the population in East Dunbartonshire is employment deprived, which is lower than the national figure of 7.6% of the Scottish population".*
- 4.114 That is for East Dunbartonshire as a whole entity.... not just for our proposed neighbourhood. Yet other areas in East Dunbartonshire have significantly more pharmaceutical provision e.g., Bearsden which has four pharmacies.

- 4.115 However, I am not for one minute going to suggest that deprivation does not increase the need for a pharmacy in a neighbourhood, nor the amount of items per person required. I am also not going to contest the fact that our proposed neighbourhood of Lenzie is very affluent.
- 4.116 What I do strongly contest though, is that deprivation is the only contributing factor in the determination of the pharmaceutical needs of a neighbourhood. I believe a number of other factors increase the need for an adequate community pharmacy in the immediate neighbourhood.
- 4.117 I also aim to prove that affluence does not preclude the need for a pharmacy in a neighbourhood. People living in affluent areas still have significant and pronounced healthcare needs.
- 4.118 Lenzie, an affluent area, is made up of 11 Data points. I wish talk you through some pertinent statistics, all gathered from The Scottish Index of Multiple Deprivation 2020.
- 4.119 I am aware that a number of the IPs today are experienced professionals at this, who will no doubt name streets near the Kirkintilloch, then challenge me on this on a number of levels, stating other pharmacies are closer etc. However, I do not wish to do so, as this is not about individual streets, it is about the neighbourhood as a whole and entire entity. It is about the inadequacy of existing service provision suffered by the residents of the entire neighbourhood.
- 4.120 I am also certain the IPs will sample data points and show how affluent the area is - let me just remove the need for them to do so right now. I am not disputing the affluence. I am disputing that affluence precludes the need for adequate pharmaceutical care.
- 4.121 I am not going to select only the data zones nearest our proposed site, or furthest away from existing pharmacies to try and benefit or strengthen my case, using a more deprived area of the neighbourhood to skew things in my favour. I intend to use a data point from each part of Lenzie, N/S/E/W to give an accurate and fair representation of the entire proposed neighbourhood.
- 4.122 Taking the SIMD data for data zone ending 119: This area comes under '*Lenzie North*' on SIMD. It is the most deprived area of Lenzie, which directly borders Kirkintilloch.
- 4.123 Statistics taken from SIMD in this data zone: and please note for Standardised ratios: A value of 100 is the Scotland average for a population with the same age and sex profile.
- CIF: 125 (Comparative Illness factor);
 - DRUG: 128 (Hospital stays related to drug misuse) 28%;
 - DEPRESS: 21% (Proportion of population being prescribed drugs for anxiety, depression or psychosis); and
 - EMERG: 122 (Emergency stays in hospital) 20%.

- 4.124 Moving further south into Lenzie, passing Gallowhill Road, takes you to data zone S01008120 – more affluent. It is the data zone that borders the aforementioned S01008119:
- DRUG: 145 (Hospital stays related to drug misuse) 45%;
 - SMR: 102, 2%;
 - DEPRESS: 19% (Proportion of population being prescribed drugs for anxiety, depression or psychosis) 17.2% Scottish Average; and
 - EMERG: 102.
- 4.125 Despite the affluence here in this neighbourhood, SIMD clearly shows that:
- The number of hospital stays relating to drug misuse are 45% higher than Average;
 - The standardised mortality ratio is 2% higher than Average;
 - The proportion of population being prescribed drugs for anxiety, depression or psychosis is 19%. The Scottish average is 17.2%; and
 - Emergency hospital admissions are 2% higher than Average.
- 4.126 Next, sampling the data for data zone S01008116, a data zone to the West side of Lenzie near the 'Boghead Woods' side, where residents also very clearly identify themselves as Lenzie residents:
- DRUG: 136 (Hospital stays related to drug misuse) – The number of drug misuse hospital stats are 36% higher than Average; and
 - DEPRESS: 19% (Proportion of population being prescribed drugs for anxiety, depression or psychosis) 17.2% Scottish Average.
- 4.127 Next, we move to data zone S01008124 in Lenzie South, a data zone in the top tier of affluent data zones in the entire area:
- ALCOHOL: 123 (Hospital stays related to alcohol misuse). The number of hospital stays related to alcohol misuse are 23% higher than Average; and
 - EMERG: 95% (Emergency Stays in Hospital). Now this is below the Scottish average of 100. However this Scottish average statistic is generated by incorporating every area in Scotland including the most deprived areas in the entire country, yet this data zone in Lenzie, one of the most affluent areas parts of Scotland scores 95, exceptionally close to the Scottish average.
- 4.128 So why do these above facts matter?
- 4.129 **Extracted from NHS PCSP Lothian**
- 4.130 *“Mental illness is one of the major health challenges in Scotland. It is estimated more than 1 in 3 people are affected by a mental health problems each year. The most common mental illnesses are depression and anxiety. Mental illness is often linked with other long-term conditions and alcohol and substance misuse. As understanding grows and stigma of mental illness reduces the number of people treated for mental illness issues will rise. The aging population has led to an increase in the number of people living with dementia. More people are treated at home shifting care into the community. Community pharmacy contributes to patient centred care for those prescribed medicines for mental illness.”*

- 4.131 Remaining on the topic of affluence and associated health outcomes, I want to offer a case study of an area in Glasgow synonymous with affluence.
- 4.132 Newton Mearns has a population of 28,000 people. Using SIMD data, analysis of the average for all of the data zones in Newton Mearns, compared to the average of our proposed neighbourhood in Lenzie Zones is as follows (and I have even removed the deprived Data Zone at the north boundary of Lenzie for an exceptionally fair comparison- so this is purely the '*affluent area of Lenzie*' compared to affluent Newton Mearns):
- 4.133 Lenzie has higher average SIMD results for the following indicators of health than Newton Mearns:
- Comparative illness factor;
 - Emergency Stays in Hospital: standardised ratio;
 - Proportion of population being prescribed drugs for anxiety, depression or psychosis;
 - Hospital stays related to alcohol misuse: standardised ratio; and
 - Hospital stays related to drug misuse: standardised ratio.
- 4.134 I would suggest that a contributing factor to Lenzie having worse levels of health is the lack of adequate pharmaceutical provision, and, Newton Mearns with a population of 28,000 is provided adequate pharmaceutical care by 5 pharmacies. Residents in Newton Mearns have ease of access of face-to-face services: adequate provision of the 4 core services: AMS / MCR / Pharmacy First and PHS, which residents of our proposed neighbourhood have inadequate access to. Think about how many times Pharmacy First has helped an elderly resident and either referred them at the right time to the right person, or treated them effectively, which not only reduces pressure on GPs but also reduces emergency hospital admissions.
- 4.135 In Newton Mearns, the population to pharmacy ratio, equates to one pharmacy per every 5,600 people. Despite being affluent this area supports this need. The population of Lenzie is 10,794. Granting our application would result in approximately 5,500 people per pharmacy in Lenzie. Which is in the same region of numbers as this comparatively similar area of Newton Mearns and is monumentally better than the existing figures one small Boots pharmacy per 10,794 minimum population.
- 4.136 As stated: Newton Mearns has 5 pharmacies: Population of 28,000: even in an exceptionally affluent area there is still fundamental need for a pharmacy, and none of them are quiet – the prescription numbers are all high, in this affluent area.
1. Boots the Avenue – 8,223;
 2. Superdrug Mearns Cross – 5,704;
 3. Mearns Healthcare Mearns Rd – 5,990;
 4. Donald R Fraser Mearns Road – 7,066; and
 5. Rowlands Newton Mearns – 7,245
- 28 k population
5,600 patients per pharmacy

4.137 **ADEQUACY OF EXISTING SERVICES**

4.138 For this section, I wish to take into consideration, as per PPC parameters, pharmaceutical services provided in the neighbourhood and to the neighbourhood.

4.139 Before I do though, both of my parents were English teachers before they retired, and I feel that as a wee ode to them, I should start this section with the definition of 'adequate.'

4.140 Adequate is defined in the dictionary as *"Satisfactory or acceptable in quality or quantity" or "sufficient for a particular need."*

4.141 The service provision from the only pharmacy in the proposed neighbourhood, meets none of these definitions.

4.142 Boots in Lenzie categorically and fundamentally fails to provide adequate provision of the four core pharmacy services due a number of long-standing failures, as evidenced undeniably and inextricably in the CAR report.

4.143 As a result of this level of inadequacy, residents are forced to leave their neighbourhood and have their prescriptions dispensed elsewhere. This is evidenced by 167 individual comments in the CAR report, which specifically state these residents have no option other than to access services elsewhere.

4.144 **Examples of comments from the CAR:**

4.145 *"The service at the existing Boots pharmacy is extremely poor with long waiting times, frequent errors or prescriptions not having been picked up. It is so poor that even though I am within walking distance of that pharmacy, I usually have to drive to an alternative pharmacy. I have MS so being able to access a pharmacy frequently and easily is so important to me."*

4.146 *"Had many problems with Boots Pharmacy over the years with trying to get prescriptions and things being missing, have had to go into Kirkintilloch instead."*

4.147 *"Boots is the only pharmacy in Lenzie and they are terrible. So have had to change to pharmacy in Kirkintilloch, the next town."*

4.148 Why should residents of Lenzie need to travel to adjoining towns to access adequate pharmaceutical services?

4.149 Delivery services offered by other pharmacies from outside of the neighbourhood cannot be seen as a suitable alternative to local face to face services. Scottish pharmacy is changing, it is no longer just about prescriptions, it is switching to a much more service driven model.

4.150 A delivery service is also not a core NHS service, it is not NHS funded and could be withdrawn by any contractor at any time. Yet it is the primary service being offered into the community from elsewhere.

- 4.151 In the CAR, 706 people (73.2%) of residents, stated that the current service provision to the neighbourhood is not adequate. Furthermore, 745 residents (77.7%) of residents who responded stated clearly that if this pharmacy opened, it would change the way they currently access pharmaceutical services. Residents clearly think that travelling to access the pharmaceutical services from other surrounding areas, or getting a delivery, is also inadequate as evidenced by the stated intention to change pharmacy if our application is successful.
- 4.152 The only pharmacy in the neighbourhood, Boots in Lenzie, is inadequate in the following areas.
- 4.153 **1. Small Premises, Lack of accessibility and Privacy**
- 4.154 Available space, access and privacy play a vital role in adequately delivering the modern pharmacy contract and meeting changing needs of a community.
- 4.155 Boots Pharmacy has a very restricted amount of space available, meaning that, according to the residents, privacy is impossible. Staff and pharmacists frequently hold confidential conversations on the shop floor, which are routinely overheard by others. Residents also highlight that the consultation room is never offered and often cluttered with stock or collections.
- 4.156 Quoting from the GPHC document: *'In Practice: Guidance on Confidentiality'*
- 4.157 *"Maintaining confidentiality is a vital part of the relationship between a pharmacy professional and the person seeking care. People may be reluctant to ask for care if they believe their information may not be kept confidential."*
- 4.158 There is a sign outside the door that says, *"For Disabled access, press here."* The individual then has to press a button and wait. The staff in the pharmacy then carry a ramp through the shop, to the front door, place the ramp and hold the door open for the individual.
- 4.159 How can Pharmacy First be discussed without privacy? What about PHS - a teenage girl presenting for EHC? What about discussing someone's medication? All core services.
- 4.160 This lack of space, accessibility and privacy is evidenced by a multitude of comments in the CAR report. Examples include:
- 4.161 *"I was made to speak to a pharmacist about my private health issue in front of multiple customers because it was busy, and they didn't want to speak to me in the consultation room."*
- 4.162 *"They do not have or use a private area for discussions- talking about my medication in front of other customers!"*
- 4.163 *"Small Boots pharmacy is overwhelmed. There is no privacy when speaking to staff."*
- 4.164 *"Premises very small. Not able to ensure patient confidentiality."*

4.165 **2. Slow Service**

4.166 It is imperative to provide adequate speed of service to meet the needs of any community.

4.167 Boots in Lenzie do not operate with adequate speed. People have to face long waiting times for: repeat prescriptions to be dispensed and checked, acute prescriptions to be filled, collections from surgeries, stock to be available and access to the pharmacist.

4.168 Examples from the CAR to support this include:

4.169 *“Queues are long, prescriptions are never ready on time or take ages to be made up whilst you wait.”*

4.170 *“Boots pharmacy provided a poor service, slow and unorganised.”*

4.171 *“Tiny Boots. Always queues. Slow, slow, slow.”*

4.172 **3. Stock availability – Medicines**

4.173 Available medicines play a vital role in the provision of an adequate pharmacy service for AMS, MCR, Pharmacy First and PHS. I am aware that there have been challenges with stock availability for some medicines over the past year or two. However, in my own practice, I have always bent over backwards to ensure that every single supplier and source is checked for an item and if an item is out of stock, we would always phone the GP to arrange an alternative or use Unscheduled Care so that patients would never go without. I know this is the same core values that a number of the independent contractors here hold today. Always go the extra mile for the patients, maintain stock and provide alternative solutions if unavailable. Strep A is a very relevant and current example of this.

4.174 Boots may also struggle greatly to obtain items that may be out of stock as they are mainly restricted to their parent wholesaler.

4.175 Examples from the CAR which highlight this:

4.176 *“I needed medication prescribed by my doctor when my baby was 2 days old. I had to wait 4 days and this impacted my ability to breastfeed my baby. This shouldn’t happen.”*

4.177 *“The local Boots NEVER has my prescription items in stock despite my prescription being required monthly”*

4.178 *“The current boots pharmacy is not fit for purpose. It is too small, and they do not stock half the medicines and often get things wrong.”*

4.179 *“Local pharmacy too busy. Always problems with getting medicines.”*

4.180 **4. Pharmacy First (Referred to in CAR by the residents as Minor Ailments)**

- 4.181 A hugely important service in any community is Pharmacy First. This service can only be accessed face to face and relieves pressure from GP surgeries. It can also prevent emergency admissions to hospital.
- 4.182 In an NHS Lothian document entitled ‘*Provision of NHS Lothian Community Pharmacy Services*’ it can be quoted that:
- 4.183 *“A recent evaluation undertaken jointly by the Universities of Strathclyde and Robert Gordon’s reported that 87% of those surveyed rated their satisfaction as 10/10, and, their consultation experiences were consistently rated as ‘Excellent’ when using the CARE criteria. This report also shows that this service is an efficient use of NHS resources as 60% of users said they would have gone to their GP if the MAS service were unavailable to them.”*
- 4.184 Residents do not feel comfortable accessing this service in Boots due to lack of privacy and inability of Boots Lenzie, to provide this service adequately. This is in stark contrast to contractors outwith the area who are providing colossal amounts of Pharmacy First consultations, benefitting hugely the residents of their respective neighbourhoods, but not the residents of Lenzie.
- 4.185 Other contractors delivering into the area does not allow this service to be delivered or resolve this inadequacy.
- 4.186 This is again evidenced by the CAR:
- 4.187 *“I certainly would not go to the existing pharmacy in Lenzie to discuss a minor ailment. The shop is so tiny, there is no privacy, and the small consultation room is more often than not stacked high with online boots orders for collection by customers. Not to mention the wait you would most likely encounter to be seen”.*
- 4.188 *“I would be more likely to use this pharmacy for minor ailments and not contact my GP if I knew I was going to be seen in a quicker manner than boots.”*
- 4.189 *“Due to the limitations of the existing pharmacy, I would never attend there for minor ailment type issues so it would be useful to have an alternative service.”*
- 4.190 The volume of Pharmacy First being utilised in other neighbouring areas further shows the inequality and inadequacy faced by all residents of Lenzie.
- 4.191 Bannermans pharmacy – Kirkintilloch, an excellent operator, provides a monumental volume of Pharmacy First. June figure from Pharmdata:
- 4.192 983 items dispensed in June
- 4.193 This shows how many face to face interactions occur in this pharmacy, a pharmacy in a parade of shops very similar to the shops available in Lenzie. There were 23 dispensing days in June, so this equates to a minimum of 43 face to face Pharmacy First consultations per day, all resulting in medications provided, not even including consultation only or referrals.

- 4.194 This is of huge benefit to these people in Kirkintilloch, in the defined neighbourhood of Kirkintilloch, not residents of Lenzie. It is too far for residents to access, 2.7 miles away (45 minute walk). These residents need that level of Pharmacy First Service provision here in this neighbourhood, without the need to travel outwith.
- 4.195 Now compare that to Boots Lenzie activity for Pharmacy First for June:
- 4.196 200 items dispensed
- 4.197 Again with 23 dispensing days in June, this equates to 6 consultations per day for Pharmacy First.
- 4.198 This is not because there is no demand for the service in Lenzie, there fundamentally is. There are high volumes of elderly and families with young children, two categories who Scotland wide fundamentally utilise the Pharmacy First Service, reducing pressure on GP practices. It is simply because the Boots branch is unable to provide this service to an adequate level, their services are entirely saturated.
- 4.199 This inadequacy is Not due to COVID
- 4.200 On the 9 January 2023, The First Minister made a speech: Pressures facing the NHS.
- 4.201 *"I also want to acknowledge, because I think it is important that we do so, the NHS was under pressure before COVID struck us.*
Changing demographics and ever-increasing expectations of what healthcare advances can deliver – which of course in themselves are positive developments – were posing challenges for the NHS and necessitating reforms to care pathways."
- 4.202 I strongly believe that the Boots representative and other IPs will try to indicate that COVID is entirely responsible for the volume of condemning comments in the CAR report highlighting this level of inadequacy. However, I disagree with this. Firstly, our consultation ran from September 2021-January 2022. COVID emerged in March 2020, so our consultation commenced a year and a half after COVID emerged. By this point, pharmacies in Scotland had adapted to the situation, including the busy pharmacy I worked in at the time. At no point did our services drop or our provision waiver, we adapted to the situation, as did every individual provider.
- 4.203 Boots in Lenzie also became no busier in terms of prescriptions during this entire period.
- 4.204 Furthermore, other joint consultations ran with Intended Applicants and NHS GGC during periods closer to COVID, yet they did not receive the level of response or comment that this consultation did. Residents of Lenzie feel so strongly about it and found their voice to make their opinions clearly heard.
- 4.205 Comments from the CAR to corroborate this is a long-term inadequacy:
- 4.206 *"Boots in Lenzie have dramatically went downhill, this is not due to COVID as it was terrible before COVID existed. Poor service and staff not trained enough. Crazy wait times and issues after issues"*.

- 4.207 *“Had many problems with Boots Pharmacy over the years with trying to get prescriptions and things being missing, have had to go into Kirkintilloch instead”.*
- 4.208 *“My experience at boots in Lenzie over the last couple of years means I now use a pharmacy in Kirkintilloch”.*
- 4.209 I am aware that Boots may state that they have put a number of solutions in place since the Joint Consultation to resolve the issues highlighted. However, I have spoken to local residents recently, and this is not the case. The issues have been there for a number of years and remain today.
- 4.210 It is also about barriers to healthcare, whether physical or perceived. Boots may claim today that they have resolved a number of the issues raised, removing the physical barrier, but the perceived barrier to healthcare still remains – for example: the residents of this neighbourhood now fundamentally believe that there is no regular pharmacist, there is no adequate stock, pharmacy first cannot be conducted because of lack of privacy, that there is no accessible consultation room - these perceived barriers will take a long time to lift. As a result, there will be a continued inadequacy of provision to the neighbourhood.
- 4.211 Elderly Population
- 4.212 List of male deaths East Dun – note that cancers, if grouped, are leading cause of male death.
- 4.213 Examples of comments from the CAR, relating to the provision for the elderly by Boots, which I believe are very relevant at this point:
- 4.214 *“Really hope this pharmacy opens. I’m a dentist in the XXXX dental practice and I always feel terrible if I know I’m giving older/infirm patients a prescription as I know they will have to wait a long time in Boots”.*
- 4.215 *“East Dunbartonshire has one of the highest ageing populations in Scotland therefore better facilities are needed”.*
- 4.216 *“I feel sorry for the ageing population of Lenzie who cannot easily utilise another pharmacy”.*
- 4.217 Now quoting from ‘A Framework for Improving the Health, Wellbeing & Care of Older People in East Dunbartonshire: 2013-2023’
- 4.218 *“Recent forecasts suggest that people are living longer and those over the age of sixty-five will account for over a third of the population by 2031, with the greatest growth in the number of people aged over seventy-five. Coupled with a growing ageing ethnic community, this is the greatest ageing population in Scotland. In addition, there are marked variances in deprivation and health outcomes and an 11.6 year’s difference in life expectancy within the locality.*

This demographic profile will require us to engage in a dialogue on how resources are deployed to maximise their impact and ensure they are more equitably distributed, against predicted population growth and potential demand for service provision. Partners need to work together to address these inequalities and target services and support where the greatest need is.”

4.219 This is entirely relevant to our proposed neighbourhood:

4.220 So why does all of this matter?

4.221 Well, the Scottish government conducted a consultation, which they published in October 2022 entitled: *“Health and Social Care Strategy for older people & consultation analysis”*

4.222 Now quoting directly from this Scottish Government Paper:

4.223 *“Currently in Scotland people aged over 70 years live with an average of three chronic health conditions [2][3]. People aged 65 years and over account for 70% of emergency admissions to hospitals. Over time, older people are taking a greater number of medications, attending more healthcare appointments, and being admitted to hospital more often and despite all this, are experiencing poorer health and more delays in discharge than younger people.*

Scotland must adapt to our increasingly older population and ensure that older people are afforded the opportunity to age well and be resilient. We need to address inequalities in this age group and support those most in need, no matter where they live.”

4.224 And from Prescription for Excellence:

4.225 *“Medication is by far the most common form of healthcare intervention. Four out of five people aged over 75 years take a prescription medicine and 36 per cent are taking four or more. However, it is suggested that up to 50 per cent of drugs are not taken as prescribed, many drugs in common use can cause problems and that adverse reactions to medicines are implicated in 5 - 17 per cent of hospital admissions.*

There is a clear and steady increase in the number of people admitted to hospital with drug adverse effects. This situation can be accentuated by altered pharmacodynamics and pharmacokinetics associated with either ageing or illness.”

4.226 The elderly population clearly require a larger number of prescription items and pharmaceutical care. The elderly residents of Kirkintilloch are serviced by six pharmacies, scattered throughout the locale of Kirkintilloch allowing elderly to access face to face services, yet Lenzie, which, due to its affluence, arguably have a higher life expectancy, have one pharmacy which has significant barriers to access. Walking to another town is not a possibility for these elderly residents, simply due to the distance.

- 4.227 All of this is further evidenced and supported by the consultation element of this. In this consultation paper, The Scottish Government engaged with a wide range of older people from a range of organisations and groups that support them, as well as individuals through a questionnaire which ran from September-November 2021.
- 4.228 I just want to highlight a handful of examples of extracts of Questions to evidence my previous statements:
- 4.229 *“Question: Thinking about your physical health, what kind of advice and support would you need to help you make decisions about your health, care and treatment?
Social isolation and loneliness was a factor in older people's health and well-being. Ensuring that older people can access services and resources was an important aspect of this. Also ensuring services were not scattered, making it easier for older people to access services.
From our engagement events it was clear that the majority of older people would contact their GP surgery for advice and support if they experienced a new health problem – with many stating that their GP would be their first port of call.
Other sources of information, advice and support older people accessed prior to visiting their GP included NHS Inform, local pharmacies, and searching the internet.”*
- 4.230 Now from this, I would like to comment that:
- Services should not be scattered.
 - The importance of pharmacies is clearly highlighted.
- 4.231 *“Question: What would make it easier for you to know who to contact when in need of advice, support or assistance for a health issue?
Most individual respondents said that information was key, whether that be on what was available locally, to who best to contact in which situation (minor ailments). One stop shops were mentioned, where people could call, or visit to get all the information they need on health services, with signposting to other services available.
Organisations also had similar views on information, which was produced locally, and the promotion of the use of pharmacists.”*
- 4.232 *‘One stop shop.’ This is what an adequate community pharmacy is, a one stop shop for treatment, consultation and referral where appropriate to assist with these people’s health issues. Organisations reinforced this.*
- 4.233 Boots, Lenzie is not only inaccessible for the elderly residents themselves, but also for the organisations who care for them. Other areas have this one stop shop for consultations, information and advice in the form of adequate community pharmacies - why shouldn’t the residents here in this neighbourhood? Kirkintilloch also has this.
- 4.234 *“Question: Tell us about your experience of any health care appointments you have had in the last 2 years:
From the engagement events we held, many older people told us of their frustration of not being able to get a consultation with their GP or having long waiting times to see one. Many GP's surgeries required a telephone call first thing in the morning with long waiting times for calls to be answered.*

There were also cases where GPs were still not offering face to face appointments, with telephone consultations the only option.”

- 4.235 *“Question: Is there anything else you would like to add?
Organisations commented on the role of pharmacies: the most accessible healthcare professional who will come in to contact with carers, pharmacists and pharmacy teams are ideally placed to highlight sources of support for a person and their families. They can also appropriately refer to other sources of health and social care support that are open to their patients.”*
- 4.236 Questions 32 and 41 have the same pertinent message. Due to the increasing pressures on GPs and practice staff, it is becoming increasingly difficult for residents of any community to access GP services and appointments, not just the elderly.
- 4.237 As evidenced previously, 60% of users would have accessed the GP if it weren't for Pharmacy First services available in community pharmacy. Imagine how much GP time, resources and money can be saved with an adequate pharmacy here and how much patient care and access could be improved. Inappropriate attendances at A&E could be reduced, calls to NHS 24 reduced, OOH services utilisation reduced.
- 4.238 Look at the current pressures on the NHS in Scotland and the UK as a whole.
- 4.239 Pressures facing the NHS: First Minister's speech - 9 January 2023
- 4.240 *“In short, to reduce the pressure in hospitals and the knock-on impacts at the front door, we need to do more to, firstly, avoid unnecessary attendances at hospital and, second, to speed up the discharge of patients from hospital.”*
- 4.241 Pharmacy can help reduce these pressures.
- 4.242 Now on a more localised level, more specifically East Dunbartonshire. Analysing the:
- 4.243 *‘Framework for the Elderly of East Dunbartonshire’*: by EDC
- 4.244 *‘Our older people are an asset, not a burden’*
- 4.245 *“Scottish Government policy imperatives are set within the context of continual improvement of health and social care services available for older people that delivers care closer to home, with a personalised approach and helps people maintain their independence. A predicted 50% increase in the local population aged 75 yrs plus, a 103% increase in 85 yrs plus group, an increased number of ‘older’ carers, alongside a difficult economic climate, particularly in the public sector, all of which means DOING MORE WITH LESS AND DOING THINGS DIFFERENTLY.”*
- 4.246 *“Though many older people lead happy, well-balanced and independent lives the transition into later life can be affected by many different variables, including physical and mental health, societal attitudes, geographical location, access to support and services and responsibility for the care of others.”*

- 4.247 *“Everyone benefits from healthy living, (not smoking, eating healthily, not drinking too much and being physically active) but older people benefit even more than others. The maintenance of physical activity in later life is central to improving physical health. Regular exercise has beneficial effects on general health, mobility and independence, and is associated with a reduced risk of depression and related benefits for mental wellbeing, such as reduced anxiety and enhanced mood and self-esteem. Physical health and mental health, in turn, also have an impact on older people’s economic circumstances and on their ability to participate in society”*
- 4.248 *“It is essential that older people like everyone else have opportunities to be physically active and choose a healthy diet to stay healthier for longer.*
Smoking is the single largest preventable cause of cancer. There are benefits to stopping smoking even in later life. By stopping smoking, people can avoid smoking-related disease and live longer. For example, over a period of time, an ex-smoker’s risk of suffering from heart disease can fall to the level of someone who has never smoked.
Immunisation against influenza and pneumococcal infection is of great benefit to the individual and the population. These evidence-based preventative steps also reduce the burden on overstretched health and social care services by reducing the number of people who develop disease and subsequently need to access services.”
- 4.249 Elderly populations. Residents walking. Access to services. Smoking Cessation. Alcohol advice. Health Promotion. Exercise. Vaccinations.
- 4.250 All of the above can be provided by granting our application and allowing provision from an adequate pharmacy in this neighbourhood.
- 4.251 ISD Scotland: NHS Scotland: Medicines used in Mental Health: Published October 2019
- 4.252 Drugs for Dementia
- 4.253 *“The total amount of prescription medicines dispensed, measured as Defined Daily Doses (DDD), for dementia increased by 4%, from 8.7 million in 2017/18 to 9 million in 2018/19. This had been increasing steadily over the past nine years and has risen by 80% overall since 2009/10.*
- 4.254 *“In 2018/19, 63% of patients who were dispensed dementia drugs were female while 37% were male. The age group with the greatest proportion of patients to receive a drug for dementia was 90+ years, with 87 patients per 1,000 population in 2018/19.”*
- 4.255 And we have shown a huge increase in 90 years, plus, as mentioned earlier over 75% in Lenzie by 2028.
- 4.256 Scottish Index of Multiple Deprivation (SIMD) for 2018/19. For drugs for dementia there is not such a clear gradient with deprivation. As dementia is more likely to present in older age groups, the impact of lower life expectancy associated with more deprived SIMD group is likely to affect the amount of drugs for dementia received-residents in more affluent areas, have higher levels of life expectancy hence higher levels of dementia.

4.257 A large number of residents with dementia are also prescribed medications for depression, anxiolytics and potentially drugs for psychosis, which, I believe contributes to the stats highlighted earlier in the presentation during SIMD data analysis of data zones. That there is higher numbers of 'Depress' in Lenzie than National averages. It is a complex needs neighbourhood with a need for adequate pharmaceutical provision.

4.258 **TRANSPORT IN NEIGHBOURHOOD**

4.259 East Dunbartonshire Local Transport Strategy 2020-2025

4.260 Bus usage

4.261 I do not contest this fact that there is an X87 bus on the main road every 20 minutes.

4.262 But why should these residents have to travel outwith their neighbourhood to access adequate pharmaceutical care? Additionally:

- East Dunbartonshire Local Transport Strategy 2020-2025: Pre-Pandemic: 64% of adults in East Dunbartonshire never use the local bus services. Post Pandemic 75%: So how can a bus be the answer? (Scottish average of 57% never use the bus).

4.263 This is further evidenced by the even more up to date (post pandemic) document produced by EDC entitled:

4.264 East Dunbartonshire Travel Survey 2021: Published 12/12/21 (EDC)

4.265 From this survey:

"In East Dunbartonshire as a whole, Car was the most commonly used mode of transport by respondents with 60% of respondents overall stating that this is their main mode of transport. Only 25% overall stated that bus or coach was their main mode of transport."

4.266 So the 64% of people who never use the bus has now increased to 75% of the population saying they do not use buses!

4.267 **Car Usage**

4.268 The residents of Lenzie have a high level of car ownership. I do not dispute this.

4.269 However, it is in fact not just Lenzie that has a high level of car ownership, East Dunbartonshire as a whole does (as evidenced by East Dunbartonshire Local Transport Strategy 2020-2025).

4.270 So why is it only applicable to the residents of Lenzie? Why are they the only people who have to drive distances to access adequate pharmaceutical care? Because they are affluent? Bearsden, ED, is also equally affluent yet residents have access to four local pharmacies, despite residents also having the same level of car ownership as Lenzie?

- 4.271 In Scotland, the government and councils are trying to reduce car usage significantly. They are strongly advocating the sustainable and healthy options of walking and cycling to access local services. Residents cannot do this to access Boots as it is inadequate in its service provision and they cannot walk to the pharmacies in the surrounding areas as they are simply too far.
- 4.272 For example: from the proposed unit, which is in the middle of the proposed neighbourhood, even the closest pharmacies in Kirkintilloch main street are an hour round trip to walk such as Boots and Lloyds, it is a 90 minute round trip walking to Bannermans and one hour 14 minutes round trip walking to Pulse. Walking to the other areas is just impossible e.g.: walking to Steps: one hour 48 minute round trip, Muirhead, one hour 56 minute round trip and nearly three hour walking round trip to Bishopbriggs or Torrance.
- 4.273 East Dunbartonshire Local Transport Strategy 2020-2025 highlights that the level of road traffic is increasing:
- 4.274 581 million vehicle kilometres were travelled on East Dunbartonshire roads in 2017 – the highest ever level.
- 4.274 Scottish Transport Statistics (2018)
- 4.276 A shift to sustainable transport can have direct health benefits for those travelling but also a wider benefit for general public health.
- 4.277 *“Travelling sustainably, leads to a more active lifestyle - through walking or cycling. Research from Sustrans shows this lifestyle can have physical health benefits, including a reduced risk of heart disease, cardiovascular disease, cancer and type 2 diabetes. An active lifestyle has also been proven to have mental health benefits by helping to reduce stress and anxiety and increasing self- esteem. In addition, improved air quality generated by this shift can have health benefits, especially for younger people, older people and those with long-term health conditions.”*
- 4.278 By granting this application, you are directly helping these residents with their health and allowing them the opportunity to walk to a local service, benefitting their mental and physical health and to improve air quality - a key factor in lung disease.
- 4.279 Currently, 37% of Scotland’s greenhouse gas emissions are accounted for by cars. A shift to sustainable transport modes can therefore reduce these emissions and also help Scotland achieve its national goals on Climate Change, including a target to achieve net-zero emissions by 2045
- 4.280 A more active nation can also have benefits for the NHS with the cost of inactivity estimated to cost NHS Scotland £94 million each year (Sustrans, 2018).
- 4.281 The World Health Organization published ‘*More Active People for a Healthier World*’, the new Global Action Plan on Physical Activity 2018-2030 in June 2018, to guide and support countries scale up policy actions to promote physical activity.

- 4.282 Scotland is one of the forerunner countries to respond to this challenge by setting out its own plans to address these objectives.
- 4.283 Its response is highlighted in the Scottish Government paper:
- 4.284 Let's get Scotland Walking: The National Walking Strategy: Action Plan 2016-2026 (Revised 2019)
- 4.285 *"Being physically active is one of the very best things we can do for our physical and mental health. It helps to prevent heart disease, strokes, diabetes, and a number of cancers; it plays an important part in helping us maintain a healthy weight; and reduces the risk of developing depression."*
- 4.286 At the time, Joe Fitzpatrick MSP: Minister for Public Health, Sport and Wellbeing
- 4.287 *"We know that there are significant health and economic gains from getting inactive people to become active, and the easiest way for individuals to achieve this is by increasing walking.*
There are many benefits from getting Scotland walking, including: more people will use active travel more often and will walk more for pleasure and for recreation; children will have safer routes to school and local facilities; older people will feel more connected with their communities; employers will have a healthier and more productive workforce; Scotland will reduce its use of carbon; and local economies will benefit from increased footfall."
- 4.288 Transport Scotland published a paper in January 2022 which looked at Transport in Scotland entitled:
- 4.289 *'Reducing car use for a healthier, fairer and greener Scotland A route map to achieve a 20 per cent reduction in car kilometres by 2030.'*
- 4.290 Scottish Government's Climate Change Plan update in 2020 included a world-leading commitment to reduce car kilometres by 20% by 2030. By rethinking how we use our cars and reducing the number of daily journeys we take, we can help make Scotland a healthier, fairer, greener place to live and significantly contribute towards Scotland reaching net zero.
- 4.291 Not only will reducing car use by 20% have a significant impact on emission reduction, a society less reliant on cars will contribute to improved public health, through increasing opportunities for active travel. As well as, helping to improve air quality and safety.
- 4.292 **Car Parking**
- 4.293 There is currently no car park available in Lenzie for patrons of Boots. The train station car park is consistently full. This increases the likelihood of residents having to leave Lenzie to access pharmacy services elsewhere.
- 4.294 Parking is also very limited in Kirkintilloch town centre. Small car parking areas make it challenging to access services there. As a result, a number of people currently park on pavements or double park, which is not suitable, safe or sustainable.

- 4.295 The main street of Kirkintilloch has been pedestrianised over recent years making parking even more challenging. Trying to access any of the pharmacies in this Cowgate region is increasingly difficult. Residents have to park some distance and walk to the pharmacies on the main parade. Other parking option is the library car park, at the opposite end of the main street, which charges for parking.
- 4.296 **ACHIEVING EXCELLENCE IN PHARMACEUTICAL CARE**
- 4.297 Now quoting from: Achieving Excellence in Pharmaceutical Care which I believe ties this all in.
- 4.298 Rose Marie Parr, Chief Pharmaceutical Officer
'It is my ambition to place people at the centre of what we propose and build a collaborative partnership when taking forward the vision of Achieving Excellence in the delivery of NHS pharmaceutical care, both at an individual level and in the communities we serve.'
- 4.299 I would state that in our proposed neighbourhood, residents are not '*Achieving excellence in the delivery of NHS pharmaceutical care,*' they are not even achieving adequacy in terms of pharmaceutical provision.
- 4.300 This strategy paper from the Scottish Government outlines that we should be increasing access to community pharmacy as a first port of call for managing self-limiting illnesses and supporting self-management of stable long-term conditions. So, this clearly demonstrates that community pharmacy must be accessible and local. In Lenzie, the current provision is neither. Boots in Lenzie is not accessible and the others out with the community are not local.
- 4.301 Patients need access to Pharmacy First and other services where face-to-face consultations are necessary. How can this be done when so much of the community is being held up by '*delivery*' services into the area. We have also seen how little Pharmacy First Boots are providing, and the barriers to access for it there.
- 4.302 The Wilson and Barber Review highlighted that patients would generally welcome greater continuity around the pharmacist providing their pharmaceutical care. In addition, evaluation of the smoking cessation component of the community pharmacy Public Health Service found that outcomes were often better for patients when they regularly saw the same member of pharmacy staff. As highlighted in the CAR report, residents of this neighbourhood very rarely see the same pharmacist and the pharmacist appears to be inaccessible in Boots.
- 4.303 Smoking cessation in Boots Lenzie is also minimal. How do patients having services delivered access PHS and Pharmacy First?
- 4.304 Non-adherence (where medications are not taken as prescribed) has been estimated to be responsible for 48% of asthma deaths, an 80% increased risk of death in diabetes and a 3.8 fold increased risk of death following a heart attack. How does a pharmacy with no private waiting area and an inadequate sized unit, privately discuss confidential issues with patients such as non-adherence to medication?

The consultation room is often not available or offered. How do pharmacies outside the community that rely so heavily on a delivery service to provide medication to residents discuss issues such as this? Over the phone? With 10,794 residents phoning a single phone line?

- 4.305 A recent study for the General Medical Council (GMC) suggests that around one in eight patients have prescribing or monitoring errors, involving around one in 20 of all prescription items. As is common with errors, the vast majority had no effect, or only a mild or moderate, effect. However, one in 550 items was associated with a serious error. Some factors that increased the probability of an error were the patient's age (<15, >64) and the number of items prescribed. This is particularly relevant to our proposed neighbourhood, where the population is ageing rapidly, as shown throughout. With this shift to a much older population, it is essential that they receive the correct medicines. However, in Boots in Lenzie, errors are frequently made.
- 4.306 These services are an important part of the pharmacist's contribution in shifting the balance of care by: improving access for the public as they do not need an appointment to see their pharmacist for a consultation, decreasing unnecessary workload on the GP therefore freeing up their time to see patients with more serious complaints, improving health outcomes and minimising adverse events from medicines; reducing health inequalities, and, making better use of the workforce by more fully utilising the skills of pharmacists. All of this is relevant to the need for an adequate pharmacy in our proposed neighbourhood.
- 4.307 As per the parameters of the legal test: granting of this application is both necessary and desirable to secure adequate pharmaceutical provision in this neighbourhood.
- 4.308 **VIABILITY**
- 4.309 We have no concerns over viability of our proposed pharmacy, of the Boots in Lenzie or the contractors out with the area. If we were to retain in the neighbourhood, 3,000 prescription items from the minimum total of 11,590 prescription items leaving Lenzie, there will be 8,500 items being dispensed between Lenzie Pharmacy and Boots pharmacy Lenzie. This is more than enough to support two pharmacies, allowing for two four-five thousand item pharmacies. This will relieve the pressure on Boots in Lenzie and allow them to improve their service considerably, allowing significantly more residents in the area to access adequate pharmacy services. Having two pharmacies in the neighbourhood is a positive factor for all of the residents in the area and I believe synergistic.
- 4.310 There is also a number of contractors here today who have pharmacies in this level of close proximity to their branches.
- 4.311 Blackburn Pharmacy was granted in 2019 in NHS Lothian and opened in February 2020. This new contract pharmacy which was granted is in the unit directly across from the existing Boots in the shopping centre. People of the town had similar issues with the existing Boots to that experienced by residents of our proposed neighbourhood. Some used it as there was no alternative and others accessed services elsewhere.

- 4.312 When Blackburn Pharmacy opened, the same arguments were placed that it would make the existing Boots inviable. However, three years later, it fundamentally has not.
- 4.313 The two pharmacies have complemented each other. Boots was dispensing 8,500 items before Blackburn opened, and now has reduced by 35% to an average of 5,500-6,000 items. This has relieved the pressure on Boots and the opening of a second pharmacy has resolved the inadequacy in the area. This Boots is still entirely viable and now operates more effectively. Blackburn Pharmacy now dispenses an average of 10,000 items. Yet no pharmacies in the surrounding areas have become inviable. No pharmacies have shut down. No pharmacy in any area has had to cut staff.
- 4.314 Let's remember that this is about the residents of Lenzie, and the inadequacy they face.
- 4.315 Even if Boots in Lenzie lost some prescriptions and dropped by the same 35% as Blackburn, they would still be dispensing approximately 3,500-3,750 items. This is an entirely viable pharmacy and would also relieve the pressure on them significantly, allowing them to improve their services. This level may be more conducive to the branch size and capability. There are a multitude of Boots pharmacies in central Glasgow operating successfully at this level. Examples include:
- Victoria Road: 3,750;
 - Paisley Road West: 3,680; and
 - Penilee Road: 3,721
- 4.316 Even in the unlikely scenario that Boots Lenzie lost 50% of their prescriptions, which is unlikely, there are a multitude of Boots pharmacies in Scotland operating at 2-3k items:
- Dumbarton Road: 2,845;
 - Westmuir Street: 2,583; and
 - Great Western Road: 3,001
- 4.317 Quoting From Blackburn PPC: NHS Lothian
32. The Applicant pointed out that if the Boots pharmacy were to dispense half their current items, it would secure an adequate provision of service for the residents, relieve the pressure on the existing Boots store, allowing them to improve their service which would benefit the residents.
- 4.318 Boots didn't lose half, they lost 35%, despite the service offering from Blackburn Pharmacy being outstanding. It had the intended impact of securing adequate pharmaceutical service provision, relieved the pressure on Boots, and improved their services.
- 4.319 This example isn't unique - the same outcomes occurred in Lesmahagow, when a new contract was granted there in 2017 directly beside a Boots store which was also providing inadequate provision to the neighbourhood. Both now complement each other. Both remain viable. No staff cuts, no one out of work

4.320 **CAR REPORT**

- 4.321 Generally, the responders believed that the proposed NHS services were needed within the neighbourhood.
- 4.322 Both parties noted agreeing to this report, that responses appeared to be personalised, and, made independently given the range of opinions expressed and vocabulary used.
- 4.323 This application is both necessary and desirable and the CAR report further proves this:
- By the colossal number of responses and monumental level of residents stating current pharmaceutical service provision is inadequate; and
 - By the number of extensive comments made by the residents on the questionnaire, it must have taken them some time, which shows how strongly they feel about this inadequacy -
 - o This relates to the Boots pharmacy, the only pharmacy in the neighbourhood which the residents of Lenzie have provided a plethora of specific comments to highlight the level of inadequacy;
 - o The criticism also relates to the services delivered into the neighbourhood as people feel there are gaps as evidenced, and cemented by the fact that 77.7% of people would use our proposed new pharmacy if it was fortunate enough to be granted; and
 - o If the delivery services into the area or people travelling to more distant pharmacies resolved this inadequacy, residents would remain with them, even if we opened. However, they have clearly stated they would not.
- 4.324 I wish to note a few points from specific questions:
- 4.325 A large number of the residents took time to provide extensive answers to back up their response.
- 4.326 Question 3 Do you believe existing pharmaceutical services provided in/to the neighbourhood are adequate?
964 responses – of that 706 say No, 536 of them supporting comments showing this.
- 4.327 258: Yes (26.8%): Yet only 40 (15.5%) supporting comments to back up response.
- 4.328 Again, this shows how strongly the residents of the area feel about this proposed new pharmacy.
- 4.329 Question 7: Asks whether it will impact (either negatively or positively) other NHS funded services in the area:

- I completely understand it is required for the purposes of the PPC and the regulations. However, because it is a double negative, it unfortunately confused residents as suggested by the comments, e.g.: people could tick that it would impact services resulting in a 'Yes' response count, but this could be for positive or negative reasons which cannot be indicated by ticking the box;
- The only way to get an understanding is to study all of the comments;
- When doing this, residents generally believe it will benefit other services; and
- Some also believe that it may impact Boots, but the common theme is that they believe that this is a good thing as it will relieve pressure

4.330 Examples:

- *"This can take some of the workload from existing pharmacy giving users a more caring service. Producing a better service overall in the area."*;
- *"Existing Boots facilities are overstretched. The new facilities will reduce the turnover at the existing but should result in better service- at both!"*;
- *"In terms of the local Boots, can only be healthy competition but at the same time could alleviate some of the strain they are currently facing – Kirkintilloch has at least 4/5 pharmacies – 3 within a very short distance and it seems to work there.";* and
- *"It would obviously impact Boots pharmacy but as I said before it is inadequate for the area."*

4.331 Question 8: asks the residents if this would change how they access pharmacy services.

4.332 This question is by far the most relevant platform of all to determine whether this application is born out of convenience as implied by the IPs. If residents simply wanted it to be convenient, they would say it in the written responses here to explain why they would switch pharmacy.

4.333 However, of the 745 residents who responded yes, there were 567 supporting comments and only 36 of these contained the word '*convenience*' or a variation of the word. That is 6.4% and definitive proof that this application is not born out of convenience.

4.334 In fact, analysis of the entire CAR report highlights that only 69 comments in total out of thousands of comments mention a variation of the word '*convenient*.'

4.335 **SOCIAL MEDIA & MARKETING STRATEGY**

4.336 From the Regulations: Section 5(A)3(c)

'The joint consultation must be undertaken in such a way as to reach, as far as possible, the majority of residents in the neighbourhood to which the application relates, including publication on social media used by the Board and advertisement of the joint consultation.'

- 4.337 I wish to highlight what it involved to give the PPC an understanding of how we conducted our campaign. I also feel it is important to cover it, as a number of the IPs have mentioned it in their written representations. I wish to alleviate some of their 'concerns' raised.
- 4.338 We created a Lenzie Pharmacy Facebook Page and website. These platforms contained details of our 'Proposal' that we had in place with NHS GGC to open a new community pharmacy in Lenzie. Both Platforms highlighted positive aspects of what we wished to bring to the community as well as highlighting our proposed services.
- 4.339 At no point did we mention Boots by name, nor any other contractor. At no point did we say anything negative about any contractor, or any service currently provided. All of the posts and website information are still available and can be presented at any time, should it be required by the PPC at any point. They were all very positive.
- 4.340 Both online platforms contained numerous links to the NHS GGC Joint Consultation Questionnaire. We created posts throughout the Joint Consultation on Facebook.
- 4.341 We did not force people to support us. Our posts also said:
'Please remember if you wish to have your say on this proposal, the only official way to do so is to fill in the NHS Questionnaire.' (Followed by link).
- 4.342 This allowed people ease of access to complete the questionnaire and express their views, whether negative or positive views they held.
- 4.343 Social media is a very vocal mode of marketing. People engage very highly with it and they make their opinions known. This is why I was surprised to hear that one of the IPs had heard it *'annoyed some residents locally.'* I contest this. On social media, if someone has something to say, they say it, hence the expression *'keyboard warriors.'*
- 4.344 Our marketing also involved leaflets, posters and other materials all with the QR code on them to access the NHS questionnaire.
- 4.345 The primary purpose of our social media and marketing campaign was to increase awareness of what we wished to bring with our proposal, and secondly, and of equal importance, to highlight and improve ease of access to the NHS Joint Consultation Questionnaire.
- 4.346 All responses were received from resident's own devices, I did not speak to people in the street and ask them to fill it in there and then on a device.
- 4.347 All we effectively did was significantly improve ease of access to the public consultation information and questionnaire. In consultations in the past, residents had to type in the very long site address of the questionnaire site. We removed that need entirely, removing the barrier.
- 4.348 I have screenshots here from Facebook (Meta) Business suite for Lenzie pharmacy account.

4.349 I am happy to explain them if the PPC wish me to do so to highlight the level of engagement we received (from one post engagement)

The Chair declined Mr Connolly's offer.

4.350 **WHAT WE WILL BRING TO THE NEIGHBOURHOOD**

4.351 If we are successful in this hearing and our new contract application is granted:

- Lenzie Pharmacy will be open well within 6 months;
- We will produce a modern, refitted pharmacy, specifically designed inside to meet the needs of the proposed neighbourhood, ensuring adequate space and provision for all demographics;
- All services will be easily and fully accessible to everyone in the neighbourhood;
- The proposed unit has over 1200 sq. feet of space;
- Full Disabled access and electric door mechanism. Fully DDA Compliant;
- Two large consultation rooms to allow privacy and consultations;
- Two counters (queues) (Coltness) to serve residents and effectively allow us to double capacity;
- 19 car parking spaces for pharmacy use only, controlled by smart barrier system;
- Full provision of the core services (AMS; MCR; Pharmacy First; PHS); and
- Provision of additional (Local Services) -
 - o Multi-compartment Compliance aids;
 - o Advice and Supply to Local Nursing and Care Homes;
 - o NHS Vaccination service;
 - o Blood Pressure Monitoring;
 - o Free prescription collection and delivery service;
 - o Methadone Supervision, Buprenorphine supervision (including Buvidal); and
 - o Instalment dispensing.

4.352 We would provide the following services if required to do so by NHS GGC:

- Palliative Care specialist drugs;
- Injecting Equipment Provision; and
- Travel Health Service

4.353 I also intend to register for the September intake for IP course, and would endeavour to complete this ASAP allowing full provision of Pharmacy First Plus.

4.354 We intend to install a medication collection point allowing 24/7 access, as has been successful in Kirkintilloch pharmacies for the residents of Kirkintilloch.

4.355 We will bring the same ethos, drive and passion that I have today. We will always bend over backwards to provide residents with the absolute highest level of pharmaceutical care, and, always do anything and everything we can to help each and every person we see.

4.356 I wish to finish by reiterating that I fundamentally believe, as do the residents of Lenzie, that a new pharmacy in Lenzie is both necessary and desirable. I implore the members of the Committee today, to note that you can really make a difference to the lives of these residents of Lenzie. By granting this contract you can remove barriers, directly improve health access, improve health outcomes, reduce profound inadequacies and in turn reduce pressure on NHS services. The residents of Lenzie have suffered from this inadequacy for long enough, they need your help.

4.357 Thank you so much for your time. This is not just me but the people of Lenzie.

4.358 This concluded the presentation from Mr Aidan Connolly

4.359 The Chair called a comfort break at 1107 hrs for 10 minutes. The session returned at 1117 hrs.

5. The Chair invited questions from the IPs in turn to the Applicant

5.1 Mr Scott Jamieson (Boots Pharmacy) Questions to the Applicant

5.2 Mr Jamieson queries where Mr Connolly obtained his population figure of 10,794. Mr Connolly responded to state that it was the total from the Ordinance Survey Company from 2011 Census, and then collaborated by East Dunbartonshire.

5.3 Mr Jamieson then queries what the 8,090 figure was noted as being. Mr Connolly responded stating that 8,090 does not include the numbers of the new housing developments.

5.4 Mr Jamieson queries back to Mr Connolly's briefing statement regarding Boots' lack of investment in premises and then went on to confirm that in 2007, a substantial dispensary redevelopment was undertaken and then again 14 months ago, with internal layout changes to benefit patient access. Mr Connolly responded by querying whether the Boots premises was large enough as he didn't feel from the comments in the CAR that the changes made any difference by way of access from the public's perception.

5.5 Mr Jamieson queried as to what Mr Connolly noted the 70% of residents being from outwith Lenzie. Mr Connolly noted he made the figure out to be 17,090.

5.6 Mr Jamieson then queried as to whether this could be patient choice. Mr Connolly responded that it was not about convenience, as it states in the CAR that access was not possible at Boots by 167 due to inadequacy and not via choice.

5.7 Mr Jamieson noted the Applicant's statement on prescription volume, and asked whether he was aware on the impact that COVID had on High Street locations (i.e., Kirkintilloch)? Mr Connolly responded to say that it had not been an issue

5.8 Mr Jamieson noted that over 100 patients a week made use of the Pharmacy First service in October alone, and queried if Mr Connolly was aware of this. Mr Connolly responded that the dispensing figures, noted from July, as still being very low and queried how many referrals and items dispensed had Boots in Lenzie provided.

The Chair reminded all present that questions needed to be clear and that they should refrain from entering into debate.

- 5.9 Mr Jamieson referred to the Applicant's note on "one stop shop" services, and asked whether Mr Connolly has access to healthcare information from Boots in Lenzie? Mr Connolly confirmed that this data was in the public domain, but that he personally could not get access to Boots in Lenzie's direct data.
- 5.10 Mr Jamieson queried the Applicant on what services Boots provide in support of the elderly of Lenzie. Mr Connolly noted that from the CAR, it was obvious that the elderly population was not aware of these services.
- 5.11 Mr Jamieson queried with the Applicant as to whether he was aware that there are two car parking spaces in front of Boots Lenzie, as well as a Short Stay Parking facility? Mr Connolly noted that these were always full, and that the two spaces in front of Boots Lenzie, is not enough to support that population as stated in the CAR.
- 5.12 Mr Jamieson highlighted to the Committee that Boots Lenzie does offer a Smoking Cessation Service. Mr Connolly noted to the Committee that this was not enough to cover the requirement in the population.
- 5.13 Mr Jamieson asked the Applicant whether he was aware that Boots had closed locations. Mr Connolly noted that he was not aware and had no information regarding this.
- 5.14 Mr Jamieson queried as to whether the Applicant currently owns any pharmacies due to comments received in the CAR's question 9, (page 132 of CAR). Mr Connolly confirmed that he did not own a pharmacy.
- 5.15 Mr Jamieson queried as to whether a new pharmacy, if granted, could be established within 6 months? Mr Connolly confirmed that it was possible, as the landlord here today assisting the Applicant, has his own contractors on hand.
- 5.16 Mr Jamieson noted the mention of Supermarkets, and queries as to where these are? Mr Connolly noted that he covered this in this presentation.
- 5.17 Mr Jamieson queries as to whether the Board was aware of social media and website video posted, as they seemed to be no longer accessible on the platforms. Mr Connolly confirmed that all social media was cleared and agreed by the Board and were all still "live".
- 5.18 Mr Jamieson read the following comment in the CAR as part of Question 9 responses: *"Property developer heavily promoting construction of new commercial development – a development that is not needed as Lenzie has currently got empty shop units. This submission appears to be as much a commercial property development as a Health Care initiative."* And then *"The Intended Applicant has been using aggressive marketing in the Lenzie area, trying to get people to go online and support his application – this was what made me aware that there was an NHSGGC consultation in which I could express my concerns and opposition to his proposal"*.
- Mr Connolly responded to confirm that, part of the regulation is to reach as many people as possible, so disagreed with these comments.

- 5.19 Mr Jamieson noted in the Application form that there was no plan to close at lunchtime and asked the Applicant how he envisaged this being possible. Mr Connolly advised that as being independent pharmacists / providers, there was no need to close the doors between 1 and 2 pm (lunchtime).
- 5.20 Mr Jamieson queries how Mr Connolly could stop a locum from having a break. Mr Connolly noted that he, and trusted colleagues, would be in place to cover any and all breaks.
- 5.21 Mr Jamieson had no further questions for the Applicant
- 5.22 Mr Shaun Marnell (Townhead Pharmacy) Questions to the Applicant**
- 5.23 Mr Marnell noted from a Freedom of Information (FOI) request that the current pharmacies in the main shopping area average 13,500 (12%), and queried whether his growth was less than Pulse or Bannerman Pharmacies? Mr Connolly queried why he thought that was a given that Townhead Pharmacy is the busiest in the area.
- 5.24 Mr Marnell queried what the Business Model was going to be for the Applicant? Mr Connolly responded to state the Lenzie Pharmacy would be himself, with Mr Randev who is landlord as an investor.
- 5.25 Mr Marnell referenced the Applicants marketing materials wishing to highlight it stating Lenzie Pharmacy would be a *“family business”*, and asked Mr Connolly how this was? Mr Connolly responded that it is family owned, but it’s the Applicants family, and his business, given he would be there all the time and covering the area. Mr Connolly then went on to note that Mr Randev was effectively financing the project.
- 5.26 Mr Marnell noted that it would be a Limited company owning the proposed premises and queried to the Applicant what security was in place to ensure this? Mr Connolly confirmed that a legally binding agreement was already in place between himself and the premises landlord.
- 5.27 Mr Marnell referenced that from the Application form that the Pharmacy would be open Monday – Friday 0900 – 1800 hrs and 0900-1700 hrs on a Saturday. He then went on to query who would be in the Pharmacy during these times? Mr Connolly stated it would be mainly himself and a number of staff as well as locum registered friends offering support and assistance.
- 5.28 Mr Marnell noted the Applicant’s intention to register as an Independent Prescriber (PIP) and the time required for this training being at least 90 hours. How did the Applicant envisage being able to do this as well as being in the Pharmacy six days? Mr Connolly responded by saying that he is a seriously driven individual, and has been working six days per week for the last five years, and therefore fitting in the training would not be an issue.
- 5.29 Mr Marnell asked the Applicant what other staff and support he would have in his pharmacy. Mr Connolly noted there would be Counter Staff as well as himself and a Dispenser.

- 5.30 Mr Marnell noted the Applicant's plan to provide delivery services and enquired as to where he would find staffing for this? Mr Connolly confirmed that this would be local employment in the area.
- 5.31 Mr Marnell noted that the Applicant planned to work six days but queried holiday cover? Mr Connolly responded by stating, as a new business, if the application was to be a success, then this would be the sole focus for a period of time.
- 5.32 Mr Marnell noted that at Townhead Pharmacy they do not close, and queried as to whether the Applicant thought that this was due to them having two pharmacists? Mr Connolly confirmed that during any breaks, he would remain on the premises to enable access of contact, and sit in the area to continue to check waiting prescriptions, and pass these out. He noted he has done this for a number of years and would continue to do so.
- 5.33 Mr Marnell enquired as to what services would be offered which are not currently covered by existing providers? Mr Connolly responded that it was more about good access to services and how they are delivered. He then went on to note that he felt that they are not being offered adequately for the people of Lenzie at this time.
- 5.34 Mr Marnell asked whether Pharmacy First would be offered. Mr Connolly confirmed that yes it would be offered at the earliest convenience.
- 5.35 Mr Marnell noted Facebook adverts by the Applicant, and queried where the nearest supermarkets are? Mr Connolly responded that people of Lenzie use them and they are very busy which is highlighted by a £1 million investment in a new supermarket. Mr Connolly then went on to note that he and his family live in Lenzie and use the Supermarket frequently, but felt that people do not link visits to the Pharmacy with their supermarket shopping.
- 5.36 Mr Marnell noted that the CAR was conducted at an extreme time of trading difficulties due to the Pandemic, and asked whether these difficulties had improved? Mr Connolly responded to say that yes it was but also that there has been improvement, but it would be a more noted increase of services in the community for patients.
- 5.37 Mr Marnell asked the Applicant if he had any proof that Boots in Lenzie were not meeting the requirements following the CAR. Mr Connolly stated that Boots had appeared to amend their policies and procedures; however, public perception along with anecdotal evidence from the Community Council seems to suggest that little has changed.
- 5.38 Mr Marnell asked the Applicant what the distance was between Bannerman and M&D Green pharmacies and the point furthest north in the Applicant's defined neighbourhood. Mr Connolly responded that the proposed premises was located in the middle of his neighbourhood and, so was not more than 0.8 miles away from any point in the neighbourhood
- 5.39 Mr Marnell noted that the Applicant mentioned walking long distances for Pharmacy to Townhead. Mr Connolly confirmed as per his map and presentation, M&D Greens are closer to the proposed premises.

- 5.40 Mr Marnell had no further questions for the Applicant.
- 5.41 **Mr Mark Feeney (Bannerman's Pharmacy) Questions to the Applicant**
- 5.42 Mr Feeney asked the Applicant if he lived in Lenzie and used facilities in Kirkintilloch. Mr Connolly responded that he did not really use facilities in Kirkintilloch except for last week, for his children to access the library.
- 5.43 Mr Feeney noted that almost all residents in Lenzie would be registered with a GP in Kirkintilloch. Mr Connolly confirmed that he would agree with that statement.
- 5.44 Mr Feeney noted from the letter of representation submitted by Pulse Pharmacy, that they provide extensive daily deliveries to and for the people of Lenzie, which has also been highlighted in the CAR. Mr Connolly responded to say that this situation served to illustrate his point. The high level of deliveries into Lenzie by surrounding contractors showed in his opinion that the services provided by Boots were inadequate.
- 5.45 Mr Feeney asked for clarification of the Applicant's assertion that delivery services were a sign of inadequacies? Mr Connolly confirmed that he did believe this, and did not want to exclude anyone by saying that he would not offer a delivery service, if the people needed it.
- 5.46 Mr Feeney asked as to whether any face-to-face marketing was done to highlight the application other than the social media noted in the CAR? Mr Connolly confirmed, as detailed in the CAR, a large number of face-to-face contact was undertaken, including walking the streets, handing out leaflets and visiting businesses to ask to leave leaflets with them for the public to access.
- 5.47 Mr Feeney asked whether the Applicant felt it was appropriate to canvas people. Mr Connolly noted that no direct canvassing was undertaken for the application.
- 5.48 Mr Feeney had no further questions for the Applicant.
- 5.49 **Mr Gilroy (Lenzie Community Council) was invited to question the Applicant – this was declined.**
- 5.50 **Mr Green (M&D Green Pharmacy) was invited to question the Applicant**
- 5.51 Mr Green asked the Applicant if it was his assertion that the existence of deliveries into the Lenzie area, by existing contractors was proof of inadequacy. Mr Connolly noted that a number of comments in the CAR referenced deliveries into Lenzie from Stepps, (around 27 comments) and that this could be seen to show inadequacy of service.
- 5.52 Mr Green asked the Applicant if he remembered that the Scottish Government (SG) had asked pharmacy contractors, to undertake a medicines delivery service between January 2021 and April 2021, to support SG's response to winter pressures, and the Strategic Framework during the COVID 19 outbreak. Mr Connolly responded that this had been a time restricted service, which was no longer in place.

The continued level of delivery services supported the fact that 75% of the respondents to the CAR felt forced to leave their neighbourhood to access pharmacy services, and this had been shown in 2006 by the PPC to be an inadequate service which had led to the granting of an application and the opening of Pulse Pharmacy.

- 5.53 Mr Green noted the Applicant's reference to financial viability of his proposed pharmacy. The Applicant had asserted that the services currently provided by Boots "*are not great*", but that the Applicant suggested that, if his application were granted, that he would gain less than 50% of the prescriptions currently dispensed by Boots. Mr Green was keen to learn why, if the services provided by Boots were so bad, that Mr Connolly would expect to take less than 50% of Boots business. Mr Connolly responded that the existence of an additional pharmacy would have the effect of reducing the pressure on the current Boots premises and patients would have a choice where to access service. It was therefore likely that some patients would continue to use Boots as their standards were allowed to improve. Mr Green then asked how close the proposed premises are to the existing provider. Mr Connolly noted they were very close, perhaps around a couple of hundred yards.
- 5.54 Mr Green noted that the Applicant and business partner would have made a significant investment in the proposed pharmacy, and asked what volume of prescriptions would be needed, to allow the venture to "*break even*", recognising the fact that while service delivery was becoming an increasingly significant element of a pharmacy business, prescription load continued to be a driving factor. Mr Connolly responded that he would be happy with 4,000 prescriptions per month
- 5.55 Mr Green, then enquired as to where this would leave Boots Lenzie? Mr Connolly responded to say that if his application was granted, he would expect a significant proportion of the Lenzie prescriptions to come back into the neighbourhood. Even if Boots did not only benefited by a small proportion, they would continue to be viable. Mr Connolly was aware that Boots had other viable pharmacies which dispensed a similar level of prescriptions.
- 5.56 Mr Green asked the Applicant whether he thought that Boots pharmacy in Lenzie would close. Mr Connolly noted other areas as per his presentation, have shown that no other providers have closed.
- 5.57 Mr Green referenced in the Applicant's presentation that Lenzie is an affluent population, and vehicle ownership being high, and bus and train services being good. Would the Applicant agree that the ability for the population of Lenzie to move around is good? Mr Connolly referenced back to his presentation that car ownership is the same as all of East Dunbartonshire, parking is the current barrier with 75% stating they never use the bus. The train station has a transient population in East Dunbartonshire, and would be passing the proposed pharmacy. The Applicant does not dispute the population of Lenzie resident move around.
- 5.58 Mr Green referenced from the Applicant's presentation the assertions about GPs not seeing patients, and the majority of prescriptions being repeat prescriptions, that weren't required to be picked up physically by patients. Mr Green asked if the Applicant was aware that the SG was now asking GPs to return to face to face consultation.

Mr Connolly responded that he was not aware of this, but questioned how many patients a GP could see in a day, and how many of these would result in an acute prescription. It remained the fact that, the majority of prescriptions were repeat in nature, and so directed to the community pharmacy nominated by the individual patient.

5.59 Mr Green enquired whether repeat prescriptions are dealt with differently since the Pandemic. Mr Connolly responded that in the past, perhaps collection from GP surgery, and now this is less due to Pharmacy being able to collect.

5.60 Mr Green had no further questions for the Applicant.

5.61 **Mr Arnott (Lloyds Pharmacy) was invited to question the Applicant**

5.62 Mr Arnott asked for clarification that if Boots in Lenzie dispense 5,500 items and the Applicant needed to dispense 4,000 to break even (regardless of prescription in Lenzie), did the Applicant think Boots in Lenzie can survive on 1,500 items per month? Mr Connolly confirmed that he did not think that Boots could survive on 1,500 items. He then went on to say that the CAR noted 77% of patients would bring their business back to the neighbourhood which would also add to Boots in Lenzie's service numbers.

5.63 Mr Arnott noted that of the 5,500 items for Boots in Lenzie, if the Applicant wants 4,000 to be viable, where were the other services going now? The Chair noted due to unclear nature of Mr Arnott's point and summarised as: Where are the 4,000 prescriptions coming from? The Applicant confirmed that he would not be looking for the 4,000 just from Boots in Lenzie but from those going out with the area.

5.64 Mr Arnott noted the population in Lenzie as per SIMD for 8,363 and asked the Applicant if he agreed. Mr Connolly noted the population of the neighbourhood as defined in his presentation from May 2011 Census is 10,000.

5.65 Mr Arnott queried whether Applicant saw collection point as a core Service. Mr Connolly responded no he did not.

5.66 Mr Arnott noted that using the Data zones provided by the Applicant this showed a total of 16,900 people were included – including the residents of Stepps. This would equate to only 5% response rate to the Joint Consultation. Mr Connolly noted that this was the highest response for the Board history to date.

5.67 Mr Arnott enquires what the demographics of Blackburn were. Mr Connolly responded to say exactly the same due to location and not the other factors.

5.68 Mr Arnott enquired as to what is wrong with the consultation room at Boots in Lenzie. Mr Connolly responded by saying it is full of stock as referenced by a number of people via the CAR as well as personal visits.

5.69 Mr Arnott enquired what the Applicant felt was a slow service. Mr Connolly responded that service should be right away, at least within 5-10 minutes and prescription provided swiftly. Not taking days more like minutes only.

- 5.70 Mr Arnott noted that the status of slow service was merely the opinion of the people in the CAR. Mr Connolly confirmed that he agreed with these assertions and suggested that this was one of the reasons why the people had moved to other providers for service.
- 5.71 Mr Arnott referenced the National shortage of drugs. Mr Connolly noted as per his presentation that, yes there is a National shortage of some products, but it is about how these are handled.
- 5.72 Mr Arnott highlighted that eMAS – precursor to Pharmacy First – 80% of which were from the lower demographics. Mr Connolly noted that Pharmacy First is not just related to demographics.
- 5.73 Mr Arnott enquired how many over 90's would there be according to the 2020 Scottish Deprivation Index in Lenzie? Mr Connolly noted that he did not have these figures to hand but 75.6% would be over 65 years of age.
- 5.74 Mr Arnott wished to note that from the people / residents in the North of the neighbourhood that they would agree they are closer to Townhead than the proposed premises. Mr Connolly noted that the Green estate is the only area which is closer to Townhead. Mr Connolly was unable to provide Mr Arnott specific street names off the top of his head.
- 5.75 Mr Arnott enquired as to how often a normal person visits a pharmacy. Mr Connolly responded to say that he was unable to comment as it would be due to individual needs.
- 5.76 Mr Arnott noted that the Applicant mentioned Over the Counter (OTC) for Boots in Glasgow. Mr Connolly responded to say that Paisley Road West is the largest of the examples he gave but was referencing pharmacy and not OTC.
- 5.77 Mr Arnott asked the Applicant if he knew what was going to be in Mr Arnott's presentation. Mr Connolly clarified that he suspected what would be included in the IPs presentations, he did not have advance sight of these.
- 5.78 Mr Arnott asked the Applicant if he had been handing out questionnaires. Mr Connolly confirmed that he did not as the CAR process was all online.
- 5.79 Mr Arnott asked the Applicant whether he stood outside the Church with a Banner. Mr Connolly confirmed he hadn't, and advised there is a banner outside the proposed premises which is near the Church.
- 5.80 **There were no further questions from Mr Arnott the Chair invited questions from the PPC members.**
- 5.81 **Mr Macintyre (Contractor Pharmacist Member) was invited to question the Applicant**

- 5.82 Mr Macintyre referenced COVID as being a factor for negative comments in the CAR, and asked the Applicant if perhaps some responses were influenced with having just gone through 18 months of COVID, and related restrictions? Mr Connolly noted that some other Consultations closer to COVID had never gotten near the level of responses received in this CAR.
- 5.83 Mr Macintyre asked whether there was evidence of more queues outside Boots in Lenzie. Mr Connolly confirmed that he had no further evidence but has had people commenting directly to him that there was no change in the situation.
- 5.84 Mr Macintyre asked whether the Applicant felt that people's perceptions may have been influenced by the pandemic. Mr Connolly responded to say that there will be more viruses and highlighted that it is not anything to change overnight but more pronounced in Lenzie with the current provider.
- 5.85 **Mr Macintyre had no further questions for the Applicant**
- 5.86 **Mr Daniels (Lay Member) was invited to question the Applicant**
- 5.87 Mr Daniels asked where the Applicant perceived the people from Lenzie go to for the weekly shopping. Mr Connolly advised he believed most people, along with himself would use the Co-Op in Lenzie but if it was for a larger shopping requirement then perhaps the Asda at Robroyston.
- 5.88 Mr Daniels commented that if the Applicant was painting a dire picture of the status of Boots in Lenzie, why are there not more complaints. Mr Connolly advised that there are no complaints procedures on the walls of the premises and therefore clients do not know where to go or where to complain to. Mr Connolly further advised it was not to the Health Board but directly to Boots.
- 5.89 **Mr Daniels had no further questions for the Applicant**
- 5.90 **Mr Miller (Non-Contractor Pharmacist Member) was invited to question the Applicant**
- 5.91 Mr Miller asked the Applicant if he agreed that low prescription numbers does not mean inadequate service. The Applicant confirmed that yes, low numbers do not necessarily mean inadequate service but people complaining that a service or service provider was not performing appropriately does constitute that services are inadequate. Boots had said they weren't at capacity however his figures showed that their prescriptions levels had reduced when others had increased significantly.
- 5.92 Mr Miller asked the Applicant to note which services are offered on Pharmacy First for the understanding of Lay Members. Mr Connolly noted that Pharmacy First was non-prescription items (i.e. general sales) for use with sore throats, fever and speaking to a pharmacist for advice.
- 5.93 Mr Miller asked that as Lenzie was an affluent area, would clients purchase items directly instead of via Pharmacy First? The Applicant referenced comments in the CAR from respondents saying that access to speak with the pharmacist in Boots in Lenzie was an issue, and not therefore able to access the service at all

- 5.94 Mr Miller referenced the Applicants plan for registering as a PIP and enquired as to whether there are other providers in the vicinity. Mr Connolly confirmed that Mr Feeney of Bannerman's Pharmacy and Mr Marnell of Townhead Pharmacy both provide this service.
- 5.95 Mr Miller went on to ask the Applicant how he envisaged fitting in the 90 hours required for the PIP training into working hours at the pharmacy. Mr Connolly confirmed he was aware of the requirement and noted he had a support system in place of friends who are locums.
- 5.96 **Mr Miller had no further questions for the Applicant**
- 5.97 **Mrs Anderton (Lay Member) was invited to question the Applicant**
- 5.98 Mrs Anderton asked the Applicant for clarification as to how he considered that Lenzie was no longer a commuter town. Mr Connolly noted from his presentation that in 1841, the area was predominantly populated by commuters who didn't stay in the area. This has changed during modern times and now Lenzie was a densely populated residential area where residents lived and worked.
- 5.99 Mrs Anderton enquired as to where the leisure facilities / service was. Mr Connolly stated that these were on the Boundary line of Lenzie.
- 5.100 Mrs Anderton enquired where there is a Library. Mr Connolly responded to state that Lenzie has a Library.
- 5.101 Mrs Anderton enquired what other shopping facilities Lenzie has. Mr Connolly listed restaurants, barbers, salons, take-aways and opticians.
- 5.102 Mrs Anderton noted difficulty with parking in Kirkintilloch and referenced the library being the only option. Mr Connolly advised other parking options such as Tesco and Sainsbury's car park, which are often full and for customer use only. Mr Connolly advised the Library car park is very small. Mr Connolly went on to comment that the lack of on-street parking was due to Cowgate being pedestrianised.
- 5.103 Mrs Anderton enquired what new development plans Lenzie and East Dunbartonshire currently have. Mr Connolly listed these as being: Claddens South 170 residents (74 houses), Cyprian Drive which is completed (45 homes 32 flats) with approx. 200 residents, Lenzie Primary School site – 20 units with 50 residents. Planned developments: Campsie View School, 28 homes for 78 residents and Miller Homes (behind Cyprian Drive) with plan for 80 houses.
- 5.104 Mrs Anderton noted the Applicant's neighbourhood references Auchinloch and asked what evidence he had for provision of pharmacy care within this, given it was part of a different Health Board. Mr Connolly responded stating that access of services was polled in-line with the 2011 census and included in the Boundary. He did not have further evidence of this as no provision is currently provided in the area.

5.105 Mrs Anderton then enquired how many residents are in Auchinloch, and what evidence was available that they had access to inadequate services? Mr Connolly responded stating as per his presentation and quote from the Chair of Auchinloch Community Council, there are 390 homes with 880 residents.

5.106 **Mrs Anderton had no further questions for the Applicant**

5.107 **Mrs Kerr (Chair) Questions to the Applicant**

5.108 Mrs Kerr noted that the CAR contained a number of comments around evidence of inadequacy and asked the Applicant what key evidence he had? Mr Connolly advised that 70% of service users choosing to access service outwith the area therefore only 30% of residents being active service users.

5.109 **Mrs Kerr had no further questions for the Applicant.**

The Chair called a break for lunch 12:34 - 13:00 hrs

6. Having ascertained there were no further questions to the Applicant, the Chair invited IPs to make their Presentations starting with Mr Jamieson of Boots

6.1 Mr Scott Jamieson of Boots UK Ltd read out the following prepared statement:

6.2 We disagree with the neighbourhood defined by the applicant.

6.3 We can draw a line to denote a neighbourhood, but this doesn't exist for a patient. Strong geographic links for service providers in, and to the neighbourhood.

6.4 Lenzie is coterminous with Kirkintilloch in that it shares a border and its boundaries with Kirkintilloch.

6.5 Whilst it may be suggested that historically Lenzie has its own identity, typically, being more affluent than Kirkintilloch, it also shares many key facilities and many people that live in Lenzie will visit Kirkintilloch to use the wider range of facilities there.

6.6 The proximity and use of facilities in Kirkintilloch, is relevant both when considering the definition of the neighbourhood, and the services provided to the neighbourhood from pharmacies outwith.

6.7 Whilst the demographics and anecdotal evidence suggests that Lenzie is socially different to Kirkintilloch, it is not geographically different.

6.8 The two areas are coterminous and there are no significant physical boundaries that hinder access between the two. We can draw a line to denote the neighbourhood but in reality, it doesn't exist for patients.

6.9 We essentially disagree with the neighbourhood defined but suggest it is the boundaries of the Community Council area.

- 6.10 We strongly recommend that the Committee take into consideration the strong geographical links and facilities shared with Kirkintilloch, when making their determination of services provided in and to the neighbourhood.
- 6.11 SMID (Scottish Multiple Index of Deprivation) shows that much of the area of Lenzie is ranked as some of the least deprived (output areas) in Scotland.
- 6.12 We estimate the population of Lenzie and Kirkintilloch to be approximately 30,200. Seven pharmacies are located within the two towns
- 6.13 In this breakdown from the General Records of Scotland mid-year 2021, Lenzie, estimate population of 8.200 and 22.030 for Kirkintilloch
- 6.14 Levels of car ownership in Lenzie are significantly higher than the national average. 89% of households have access to a private vehicle. 47% of households have access to two or more vehicles – 20 pp (percentage points) higher than the national average.
- 6.15 Levels of home ownership in Lenzie are also significantly higher than the national average. 91% of households are owner occupied (with or without a mortgage), which is nearly 30 pp higher than the national average.
- 6.16 Only 3.7% are rented from the council or social landlords, the remainder being privately rented (Scotland – 62% owned and 25% rented).
- 6.17 Levels of general health are also higher, with 88% of residents rating their health as good or very good, and only 3% rating their general health as bad or very bad (Scotland – 82% good/vg and 5.6% bad/v. bad).
- 6.18 85% of the population live without a long-term health issue or disability that limits their day-to-day activities in any way, which again is higher than the national average (Scotland – 80% live without issue or disability affecting day to day lives).
- 6.19 In summary, the neighbourhood benefits from high levels of car ownership, high levels of home ownership, low levels of deprivation and good levels of general health.
- 6.20 All of the key Census areas are significantly better than the national average, which is reflected in the map of Scottish Index of Multiple Deprivation.
- 6.21 Just to come back to population. With a combined populate of 30,200 equated to 4,244 patients per pharmacy which is in line with national average 4,833 per pharmacy
- 6.22 The East Dunbartonshire Local Development Plan 2022 identifies a number of sites for housing developments, most of which are out with the neighbourhood defined by the applicant.
- 6.23 Residents of the more recent developments in the area, particularly Woodilee, are likely to have high levels of car ownership, and may find the pharmacies in Kirkintilloch as, or more accessible, than the pharmacy in Lenzie,

- 6.24 The local pharmacies have met any needs arising from recent developments and have the capacity to meet any future needs arising from new housing developments.
- 6.25 From the development plans, Bladens South, number of dwellings; former Lenzie Primary school, Blackburn view, Campsiewell View and former Tom Johnston House, 87 dwellings; 282 dwellings in LDP. Average 3.21 persons per household. Some sites only early potential development and planning has not yet been granted.
- 6.26 The Local Development Plan map indicates that the proposed site is within a conservation area. We question whether the pharmacy will be in a position to open *'within six months of the application being granted'* as stated in the application.
- 6.27 Existing services provided in and to the neighbourhood
- 6.28 There is a pharmacy in the neighbourhood defined by the applicant, and a further six pharmacies in Kirkintilloch.
- 6.29 The existing Boots pharmacy is located only a few metres from the proposed pharmacy, and only two minutes' walk at the most.
- 6.30 In addition to the pharmaceutical service provision in the neighbourhood, there are also a number of pharmacies within the wider area that are within a reasonable travelling time for people wishing to use them.
Given the demographics of the area (commuters, professionals) residents may also access pharmacies in the wider area where they go to work or regularly shop.
- 6.31 The Committee will be aware of services provided to the neighbourhood from pharmacies outwith, and that these should also be taken into consideration when assessing the adequacy of the existing services provided to the neighbourhood.
- 6.32 The existing pharmacies in Lenzie and Kirkintilloch are currently providing access to services six days a week.
- 6.33 The Morrison's Pharmacy in Bishopbriggs is open in the evenings until 8 pm and on Sunday from 9am – 6pm. Asda Pharmacy at Robroyston is also open extended hours, seven days a week. Both are approximately 10 minutes' drive time from the centre of Lenzie.
- 6.34 As mentioned previously, car ownership in the area is high. Patients wishing to access services by car will have a choice of pharmacies from which to do so, most of which have parking or have parking nearby.
- 6.35 Free parking is available for two hours at the Regent Centre (Tesco), in Kirkintilloch. The Regent Centre has 180 car parking spaces over two levels, with lift access to all floors, with car parking available for up to two hours. There is also parking a short walk from the Boots pharmacy, for example at the Barleybank Pay & Display car park.
- 6.36 Car parking is available in Lenzie with on road parking on Heath Avenue and Garngaber Avenue (designated bays – two hours parking). There is also free parking at Lenzie station and a short stay/drop off point outside the shops.

- 6.37 The X85 /87 bus services runs every 15 minutes weekdays, 15 mins / half hourly Saturdays and half hourly/hourly on Sundays.
- 6.38 In addition to private vehicles and public transport, patients may also choose to use community transport or delivery services from existing providers.
- 6.39 The existing pharmacies are reasonably accessible from the defined neighbourhood, whether a patient is travelling on foot, by car or by public transport.
- 6.40 Existing core service provision from the Boots pharmacy in Lenzie:
- Pharmacy First/Pharmacy First Plus: with 100 patients a week accessing this and comments earlier for affluent locations and the patient makes the choice to not access Pharmacy First instead of just buying the products and don't want the NHS to pay and it is their choice but will be offered;
 - MCR Service: Offer Medication and Review Service, my colleague assisting me here today, Ms Jennifer Sutherland works closely with GP's for this service and have an annual review for high risk medication as well as Public health medicate, bridging, Nationals service included; and
 - Public Health Services. These include emergency hormonal contraception, bridging contraception and smoking cessation.
- 6.41 National services provided:
- Gluten Free;
 - Ostomy; and
 - Unscheduled Care.
- 6.42 Offer locally negotiated services
- Substance use services.
- 6.43 Some services not covered by NHS
- Medisure – Domiciliary Compliance Aid Service to enable patients to stay at home; and
 - Free delivery service for anyone who cannot physically get to the service, and this is offered 3 time a week but on the day for emergency requests
- 6.44 Our Pharmacy is staffed by:
- Permanent pharmacist store manager (Jennifer Sutherland);
 - Boots relief pharmacists for day off and holiday cover; and
 - Support staff – 6 dispensary support staff.
- 6.45 Additional information:
- Hearing Loop for Consultation Room;
 - Automatic Door – help for disabled with a bell; and
 - Consultation Room offering privacy to patients.

- 6.46 Boots Pharmacy, The Regent Centre, Kirkintilloch is open from 9 am – 6 pm Monday to Friday and 9 am – 5.30 pm Saturday.
- 6.47 Absence of complaints
We are not aware any complaints being made to the Board. During the last two reporting periods (six months), no complaints were made to the Health Board (GGC) regarding our Lenzie Pharmacy.
- 6.48 Patient comments
We have shared some patient comments prior to the PPC meeting, and have evidence of positive patient experiences going back a number of months. We detail timings for turnaround for patients.
- 6.49 Boots also has a customer (patient) service survey that customers can complete voluntarily and anonymously, to provide the pharmacy with feedback on the service they have received.
- 6.50 The information sent through before today gives a number of examples of positive feedback provided through this method.
- 6.51 We would like to take the opportunity to pull out a few comments our patients have send to us:
- 6.52 *“Boots has served our community well for many years and most recently throughout the Pandemic. It is a well-run pharmacy more than capable of meeting the needs of our Village. As a long-standing customer, I would say its efficiency has even increased within the past couple of years, an astounding accomplishment with the unprecedented pressures the profession has been facing.*
I was surprised when I first saw the media relating to the current application. There is no need for Lenzie to have a second pharmacy, especially one which is less than a minutes’ walk from Boots! The social media promotion was overwhelming and, as it continued, at times became intrusive.”
- 6.53 *“I do not feel that another pharmacy within such close proximity to the well-established Boots pharmacy is necessary or indeed required.*
There are several pharmacies within the locality already who all do an exceptional job of facilitating pharmacy requirements within Lenzie and Kirkintilloch.
The staff within Boots in Lenzie work extremely hard to ensure our area needs are met and I feel that allowing another pharmacy to open literally a stone’s throw away would be very damaging and detrimental to these well-established services.”
- 6.54 *“The existing Boots pharmacy at 92 Kirkintilloch Road, Lenzie has a long history of superb and conscientious service to the local community, especially during the recent COVID pandemic. Indeed, there has been a pharmacy on this site for over a century. A new pharmacy would endanger this tradition.”*

- 6.55 *“In contrast you and your colleagues at Boots Lenzie have gone above and beyond to offer not simply a dispensing service but a true community pharmacy service. This has included working to ensure repeat prescriptions are ordered from the pharmacy and align in terms of timing and pick up for both my parents, responding to urgent prescription requests for medical crisis and liaising with the Regent Garden surgery when there have been delays, calling to confirm availability and most of all asking after my parents and showing a real concern for their health and wellbeing.”*
- 6.56 *“Upon entering the shop, I was very quickly greeted by Jess. She was able to assist me in locating the items I was looking for. She was very polite and was able to offer me very helpful advice about the medications I was buy for my wife and son. From entering to exiting I was made to feel relaxed and at ease as Jess assisted and processed my medication quickly and efficiently. I could not have asked for a better experience. 10 out of 10.”*
- 6.57 Viability: The Committee will be aware of the need to ‘secure’ the adequacy of services in the area, which includes considering the effect granting the application would have on the stability and sustainability of local NHS Pharmaceutical Services. That is the existing services available to patients, as well as the long-term viability and security of the new pharmacy, should the application be granted.
- 6.58 In our experience, when a pharmacy opens near to an existing pharmacy, in a locality where there is the one pharmacy, the existing pharmacy can see a significant decrease in the number of items it dispenses and demand for services
- 6.59 The PPC will have to assess the affect existing services, available to patients, as well as the long-term viability and security of the new pharmacy, should the application be granted.
- 6.60 You will have seen comments from patients both in our submissions and the CAR (Q.7), concerned about the effect on existing services look at totality of effect and whether the proposal is the best use of NHS resources, and the need for only one pharmacy.
- 6.61 Boots dispense 5,000 prescriptions per month - that is not a busy pharmacy, its quiet. In order to be viable, The Applicant would need to take 4,000 items. Lesmahagow and other areas we would see up to 50% of our business leave. Not viable at 2,500 per week and can sit and say that that service would not close.
- 6.62 The Applicant’s argument around 70% not accessing the service and difference in population in the area, and, multiplying that with the number of prescription items as a national average. There is no evidence that would suggest those items would go to Applicant and not be viable.
- 6.63 Also, it is really important to say the cost for running a pharmacy is more significant than pre-COVID. Locum costs: on average 18 months ago £25-£30 an hour now £40-£45 per hour. This impacts on the pharmacists who work for us with their expectations to be met.

- 6.64 Utilities onto this means a significant increase in running pharmacy. SG have just given an advance which will be paid at the end of this month for Pharmacy costs to reflect these increases. Boots have already closed a pharmacy in Glasgow, this would have been unheard of a few years ago.
- 6.65 The CAR Report and representation ran from September 2021 to January 2022. You will note there are two peaks in responses in September following distribution of leaflets by the Applicant. This has an impact on our team, with colleagues coming to work and feeling uncomfortable.
- 6.66 Government restrictions on head count in the pharmacy at any one time due to two metre social distancing resulted in unavoidable queues outside.
- 6.67 Our pharmacy team kept coming into work to keep our doors open during this difficult time of increased health needs, challenging and changing conditions, putting aside concerns and anxieties for their own health.
- 6.68 It therefore feels unfair that any disruptions to service levels would be used against us in this way.
- 6.69 Several comments were related to stock issues. Stock availability is a national issue and seven pharmacies all had this. Boots have three wholesales and access to “specials”. Jennifer and the team work hard for manufacturing support and would liaise with the Doctor to provide an alternative.
- 6.70 You will note from the papers sent with the PPC meeting invite that several IPs have objected to the application.
- It is also notable that a number of IPs have commented on the social media campaign by the applicant aimed at Boots, the level of service provided by Boots, and the detrimental effect the proposed pharmacy would have on the existing provision.
- Other IPs talk of the *‘discrediting social media campaign which has been shameful’* and the *‘relentless and times misleading social media campaign to elicit responses to the CAR, that has annoyed a number of residents locally’*.
- 6.71 It is noted that the Lenzie Pharmacy website, and the Facebook social media posts, were removed once the consultation had finished but has been noted earlier that these are now back to being live.
- 6.72 We did consider asking Jennifer to prepare some words, to read out to convey the thoughts of our pharmacy team towards serving their patients from our Lenzie pharmacy, but thought it was actually better for our patients to speak out about their experiences. We’d therefore like to finish on the view of one of our patients who felt strong enough to write in about the service they have received:
- 6.73 *“To whomever it concerns I would like to give my thoughts on the service I have received from the Boots store in Lenzie.*
- Sadly, I am a regular user of this store as I have a number of prescriptions, I need to get over a full month. I have never had a poor level of service from this store since Jennifer and her team have come into the store, I would go as far to say that the level of service has been excellent during the difficult time we have had to live through.*

I do realise that there have been people who have made complaints, not from the store but listening to people waiting in the queue and I have read online. I feel that these comments are not fair and could be seen as typical Lenzie. I did speak to people who were not happy and when I spoke it through with them, they were happy.

Yes, there was queues outside the store during the COVID period, and I had to do this as well as everyone else, just like we all had to do in all shops that were open.

With the above information I want to talk about customer service, I have only received an excellent level. Yes, I may have had to wait if the team there is busy when I need advice, I either had to wait or come back if I am not able. This is the same in every shop you go into. If there has been an issue with my prescription, which sometimes happens from the doctors or myself not getting my medication right, all the staff make sure I am never left without and bend over backwards for me. I have also seen this with others. The advice I have received from Jennifer has both saved me time and stopped me having to go to a doctor.

As for a new chemist moving into Lenzie, I am not very happy for this to happen as I think that there is not enough business for 2, and do not want Boots, mainly the team there to leave. I also do not want an independent chemist to replace Boots as they will have to look into other areas of making a profit which does concern me. I am very sure the number of complaints that will come into both the new chemist, local and regional councils will be very high if the new chemist starts to issue prescriptions to drug users. I have seen the issues that this can create within the local area. I hope that this will not happen but if it does then I fear that there will be a movement to close it. Bearing in mind that the amount of school children that pass by this area and use the train. Lenzie could in the long run be left without a chemist.”

- 6.74 In Summary
- 6.75 There is a pharmacy in the neighbourhood defined by the Applicant, and a further six pharmacies in the adjacent neighbourhood that provide services to the neighbourhood.
- 6.76 The residents of the new housing in the area are more likely to be mobile, working and accessing amenities in the wider local area. Therefore, having a pharmacy in centre of Lenzie will not be an advantage to the local population.
- 6.77 The existing pharmacies provide core, national and locally negotiated services. There is no inadequacy in services, and we submit that the services provided to patients of Lenzie by the existing pharmacies is adequate.
- 6.78 The existing Boots pharmacy in Lenzie provides opening hours in accordance with NHS GG&C hours of service scheme.
- 6.79 Comments made by IPs and patient comments to our pharmacy reflect the level of service provided by Jennifer and her team to the patients and community they serve.
- 6.80 In conclusion, we submit the existing pharmaceutical services provided to the neighbourhood are adequate and urge the Committee to refuse this application.
- 6.81 This concluded the presentation from Mr Scott Jamieson of Boots Pharmacy.

6.82 **The Chair invited the Applicant (Mr Connolly) to question Mr Jamieson**

- 6.83 Mr Connolly asked Mr Jamieson what the population of the neighbourhood was. Mr Jamieson advised that as per the boundary of the Community Council Area, including Auchinloch, it was 8,200 (as per the General Records of Scotland).
- 6.84 Mr Connolly queried how many items were provided from Boots Pharmacy for residents of Lenzie? Mr Jamieson responded that he did not have that information to hand but could do a calculation.
- 6.85 Mr Connolly asked whether patients using Boots Pharmacy were residents of Lenzie. Mr Jamieson responded Yes.
- 6.86 Mr Connolly reflected that there were no complaints noted against Boots in Lenzie but then asked how any residents / customers would complain and noted the lack of signage notifying of the procedure. Mr Jamieson stated that the Boots complaints procedure is on their website and staff know this and will talk through this process with customers.
- 6.87 Mr Connolly queried where the 12 letters of support for Boots in Lenzie came from and whether there were discussions involved with patients to encourage them to submit these letters? Mr Jamieson advised that customer service feedback is in all Boots stores, and that clients would know about the application and felt strongly enough to write these.
- 6.88 Mr Connolly queried how long it took to compile the letters of support? Mr Jamieson noted that it refers to the customer service survey and they get regular weekly feedback. Mr Jamieson advised on average they would receive 12-15 responses each week, for the service received at Boots in Lenzie.
- 6.89 Mr Connolly highlighted reports in the CAR of the texting service not functioning, and queried when this had been fixed? Mr Jamieson, after consulting with Ms Sutherland advised that the texting service was fully operational and had no knowledge of a time when it was not working.
- 6.90 Mr Connolly asked how many people use the Boots Pharmacy in Lenzie. Mr Jamieson confirmed that he was unable to provide an actual figure but noted that they are young, healthy commuters.
- 6.91 Mr Connolly then queried if it was only young people who used this Pharmacy. Mr Jamieson responded to say that the elderly population also use their service.
- 6.92 Mr Connolly asked whether upon reading the CAR report, did Boots feel it was not factually correct. Mr Jamieson noted it was disappointing. Service levels were impacted and in unprecedented times.
- 6.93 Mr Connolly queried if the “*unprecedented times*” put increased pressure on the team. Mr Jamieson responded that yes, significant pressures due to control of numbers in store, queues outside, getting through them and adapting to different ways of working all whilst having to wear PPE (Personal Protective Equipment)

- 6.94 Mr Connolly asked whether Boots Pharmacy in Lenzie is “*enough*” to meet the requirements of Lenzie. Mr Jamieson advised he was unwilling to guess in relation to this question but to note that they do have capacity.
- 6.95 Mr Connolly noted that during the refit and disabled access being important to Boots, there is a step to gain entry to the store, should this not have been considered to reduce or remove this? Mr Jamieson confirmed that access is important to Boots and on that occasion a mobile ramp was deemed to be the best option.
- 6.96 Mr Connolly highlighted to Mr Jamieson that the button to gain staff’s awareness of the ramp being required has been broken since November 2022 with wires sticking out. Mr Jamieson confirmed they were aware and it was high on the maintenance list to be fixed and were working hard to get contractors to address this.
- 6.97 Mr Connolly then enquired how a disabled person would access the store right now given the broken call button. Mr Jamieson confirmed that it was the bell / call button that was broken and as a technical issue will be fixed but staff have clear line of sight to customers looking to gain access to the store.
- 6.98 Mr Connolly asked whether confidentiality is important to Boots. Mr Jamieson confirmed that it is.
- 6.99 Mr Connolly noted that there was unprecedented support from other contractors and IPs, to hamper this application and asked Mr Jamieson if he agreed with this belief. Mr Jamieson responded that it would only be an assumption and could not speak on their behalf.
- 6.100 Mr Connolly asked whether Boots are committed to pharmacy in Scotland. Mr Jamieson responded that of course Boots were.
- 6.101 Mr Connolly referred to Mr Jamieson’s note regarding viability of service if a new pharmacy was granted access and asked Mr Jamieson whether he had proof of this. Mr Jamieson responded that he did not know the answer to that.
- 6.102 Mr Connolly asked whether Boots had closed any pharmacies in Scotland. Mr Jamieson confirmed that they had and that it was due to commercial reasons.
- 6.103 Mr Connolly enquired whether the positive comments and letters provided by Boots and noted from the CAR were only being used. Mr Jamieson responded to say that comments in the CAR would be people’s perceptions and points of view only.
- 6.104 Mr Connolly had no further question for Mr Jamieson**
- 6.105 The Chair invited Mr Marnell (Townhead Pharmacy) to question Mr Jamieson.**
- 6.106 Mr Marnell queried as to whether any pattern was noted by Boots Lenzie Customer Feedback report when customer care was improving. Mr Jamieson noted that now we are coming out of COVID, Jennifer and the team are able to work together more to enable improvements in this area.
- 6.107 **Mr Marnell had no further questions for Mr Jamieson**

- 6.108 **The Chair invited Mr Feeney (Bannerman's Pharmacy) to question Mr Jamieson.**
- 6.109 Mr Feeney asked whether Boots Pharmacy in Lenzie open as per Model Hours. Mr Jamieson confirmed they did.
- 6.110 Mr Feeney asked whether Boots in Lenzie had needed to close the pharmacy at any time during the pandemic. Mr Jamieson advised there were no closures during this time at all.
- 6.111 Mr Feeney enquired whether Boots in Lenzie would remain viable if items were to drop to 2.500. Mr Jamieson confirmed they would definitely not be viable if this were the case, just like any pharmacy if that were the situation.
- 6.112 Mr Feeney enquired if it was the view of Boots, Lenzie staff that the Applicant was directly outside their premises? Mr Jamieson advised it made staff uneasy and very uncomfortable. He went on to note that Jennifer has worked with the team to ensure support be provided for any uncomfortable times.
- 6.113 **Mr Feeney had no further questions for Mr Jamieson**
- 6.114 **The Chair invited Mr Gilroy (Lenzie Community Council) to question Mr Jamieson.**
- 6.115 Mr Gilroy, as a representative of LCC, enquired what action plan had been implemented to make improvements, subsequent to the responses provided by Boots customer surveys and comments in the CAR? Mr Jamieson responded by saying that ahead of the CAR, (later time-period from COVID and easing of restrictions), Jennifer had been working hard with operational efficiency of pharmacy and services being speedy and efficient. This is continuing to ensure professional development, across the range of services provided by Boots in Lenzie. Mr Jamieson also advised that contact with GPs and taking on board their comments and feedback has also enabled improvements. Boots Customer service feedback is received straight away and work to a culture of implementing changes as fast as possible
- 6.116 **Mr Gilroy had no further question for Mr Jamieson**
- 6.117 **The Chair invited Mr Green (M&D Green Pharmacy) to question Mr Jamieson.**
- 6.118 Mr Green enquired as to whether Boots Lenzie had capacity to take on more patients in any or all services they provide. Mr Jamieson confirmed that they had capacity.
- 6.119 Mr Green enquired whether there were limits to patients in-store as well as patient interactions during the Pandemic. Mr Jamieson confirmed that there were restrictions, as there were everywhere, and not just in pharmacy settings.
- 6.120 Mr Green enquired whether these restrictions had returned to normal. Mr Jamieson confirmed that all restrictions had been lifted and normal service has resumed.

- 6.121 Mr Green enquired if the application were to be successful and therefore increase the number of pharmacies in Lenzie, could this be a risk to invalidate two other premises in the neighbourhood. Mr Jamieson confirmed that this could be a risk and it would be a risk to patients.
- 6.122 Mr Green enquired if Boots in Lenzie were to reduce costs to keep the business' *"head above water"*, would this have an impact on service delivery. Mr Jamieson confirmed that it would 100% have an impact on service delivery, as fundamentally, any reduction would be achieved through reduction in staffing levels.
- 6.123 Mr Green noted a comment that Mr Jamieson read from regarding raising awareness of the campaign for the application and this being intrusive. He then enquired as to what this comment was relating to? Mr Jamieson noted that the comment related to the perceived bombardment from social media around the campaign or the Applicant being outside the train station or church and people perceived this to be intrusive.
- 6.124 **Mr Green had no further question for Mr Jamieson**
- 6.125 **The Chair invited Mr Arnott (Lloyds Pharmacy) to question Mr Jamieson**
- 6.126 Mr Arnott noted in the Applicant's presentation that he would want 5,500 items and likely to take 4,000 potentially leaving Boots in Lenzie with 1,500. Mr Arnott then enquired if 1,500 items would mean that Boots in Lenzie would close. Mr Jamieson responded to confirm that it was a strong possibility.
- 6.127 **Having established that there were no further questions from Mr Arnott the Chair invited questions from the PPC members.**
- 6.128 **Mr Macintyre (Contractor Pharmacist Member) was invited to question Mr Jamieson**
- 6.129 Mr Macintyre noted that other complaints noted in the CAR has been covered (queuing, etc.) but enquired what the reasons might be for prescriptions not being ready. Mr Jamieson responded stating that all parts of the NHS during the pandemic were under strain, GPs as well as pharmacies. This resulted in any prescription requests being delayed from the usual process. Mr Jamieson then went on to note that the community pharmacy is the end of the line in the process, and any failures in the chain would inevitably appear to be sitting with the pharmacy as the point of contact for patients.
- 6.130 Mr Macintyre enquired as to whether Mr Jamieson's response to his previous question was due to pressures on all accounts. Mr Jamieson responded that it was indeed all aspects as well as unprecedented levels of absence which was also true with GP Surgeries.
- 6.131 Mr Macintyre noted comments in the CAR and the Applicant's presentation, regarding inconsistent pharmacists within Boots in Lenzie, and noted that Jennifer is now in post, and asked was there a time when there were changes in staff in store? Mr Jamieson confirmed that Boots in Lenzie have had staff turnover and any contractors at the time would have issues with turnover of staff also.

Boots support portfolio working - mums wanting to work part time, they advocate this. Jennifer and other pharmacists who work with Boots, if you visit, you may see 2-3 bank pharmacists. Mr Jamieson advised it is important to offer this to be considered as an attractive employer, in a time where there was a workforce crisis.

- 6.132 Mr Macintyre enquired with service level being impacted, and patients choosing to go to other services, how would patients know that it was back to full capacity. Mr Jamieson advised it is very difficult to do as you cannot market NHS pharmacy services, so have to build up reputations locally and this is generally word of mouth, and takes time to win back trust. Mr Jamieson then went on to commend other contractors in Kirkintilloch stating that they all offer a great service and therefore winning back patients from them does take time.
- 6.133 **Mr Macintyre had no further questions for Mr Jamieson**
- 6.134 **Mr Daniels (Lay Member) was invited to question Mr Jamieson**
- 6.135 Mr Daniels enquired as to whether Boots in Lenzie was working close to capacity for services. Mr Jamieson advised that they are not working close to capacity and have ability for growth within any service or items being offered. Mr Jamieson then noted that Jennifer is looking to undertake training as a PIP to enable addition of this service.
- 6.136 **Mr Daniels had no further question for Mr Jamieson**
- 6.137 **Mr Miller (Non-Contractor Pharmacist Member) was invited to Question to Mr Jamieson**
- 6.138 Mr Miller noted that the CAR was almost 12 months old and comments regarding Boots in Lenzie having a new pharmacy manager. Mr Miller enquired when it was that Jennifer Sutherland took up post. Mr Jamieson responded to confirm that Ms Sutherland took up post in January 2021 at two days per week which then increased to four days per week.
- 6.139 Mr Miller queried whether Boots Lenzie were aware of any current or historic complaints that went to the Health Board. Mr Jamieson noted that he does not work in the operational line, and it would have been the Area Manager who would be made aware if that was the case. However, he was aware that there were no unresolved complaints (current or historic).
- 6.140 Mr Miller referred to Mr Jamieson's comment regarding Boots Customer feedback survey, and sought clarification on transparency as to whether this was internal only to Boots for any issues relating to patients or members of the public. Mr Jamieson confirmed that it was internal to Boots and each store offers an annual survey to members of the public / patients.
- 6.141 Mr Miller enquired as to whether there were any plans, current or future, to expand or develop Boots in Lenzie. Mr Jamieson responded by linking back to previous notes regarding capacity. Boots is a large organisation and decisions would be made by others without input from Mr Jamieson.

Boots have a dedicated team who look into and after investment and commented that there could perhaps be opportunity to review.

6.142 **Mr Miller had no further question for Mr Jamieson**

6.143 **Mrs Anderton (Lay Member) was invited to questions Mr Jamieson**

6.144 Mrs Anderton reference LCC neighbourhood and queried as to whether Mr Jamieson had these defined boundaries. Mr Jamieson confirmed that this was included in his presentation.

6.145 Mrs Anderton noted that Boots have another outlet at Strathkelvin and queried why there was no dispensing done there. Mr Jamieson responded to confirm that there was no NHS Contract for that location.

6.146 Mrs Anderton enquired as to whether there was a pharmacist at the Strathkelvin location. Mr Jamieson confirmed that there was no longer a pharmacist at this location due to no prescription only medicines being available at that store. It is purely general sale items available.

6.147 Mrs Anderton referred to Mr Jamieson's presentation regarding the development at Tom Johnston House and enquired as to whether he classed this as Lenzie. Mr Jamieson responded to note that this development was in both Kirkintilloch and Lenzie.

6.148 Mrs Anderton enquired as to whether there had been any issues with errors in medication dispensed at Boots in Lenzie. Mr Jamieson acknowledged that this was noted in the CAR but wished to highlight that Boots take patient safety very seriously, and have very robust safety measures within stores; including Lenzie, so that if any incidents had / do occur, Boots track them and flag with their Governance team who would then be deployed to the relevant store to undertake a full review. Mr Jamieson wished to highlight that this has never happened in Lenzie. Mr Jamieson went on to clarify the safety measures employed at Boots in Lenzie as being scan of barcode which populates the system, then scan of barcode of the product and the system match these. Having these measures in place, has resulted in significant reduction in errors.

6.149 Mrs Anderton went on to enquire whether there had been any errors relation to medicine dispensing. Mr Jamieson responded that there had been none in Lenzie as they provide regular patient safety reviews (each month) as well as the support of Boots' monthly newsletter "*The Superintendent*".

6.150 **Mrs Anderton had no further question for Mr Jamieson**

6.151 **Mrs Kerr's (Chair) Questions to Mr Jamieson**

6.152 Mrs Kerr noted that Boots operate Model Hours and enquired whether Boots in Lenzie break for lunch and close the premises. Mr Jamieson responded noting within the core Model Hours Scheme, a pharmacy must use if the pharmacist leaves the premises.

Mr Jamieson then went on to explain that Ms Sutherland and pharmacist colleagues can remain on the premises and be available if needed as its important to look after Boots' patients. Mr Jamieson then went on to note that generally the Pharmacist will take a 30-minute break between 1330 and 1400 hrs but still be on hand for action. Boots, as a company support their colleagues and empower them if they wish to take a 1 hour lunch.

6.153 **Mrs Kerr had no further questions for Mr Jamieson and called a comfort break before the next Interested Party Presentation**

6.154 **Comfort break called 1415 - 1425**

6.155 **Having ascertained there were no further questions to Mr Jamieson, the Chair invited the next Interested Party to make their Presentations Mr Shaun Marnell of Townhead Pharmacy**

6.156 **Mr Shaun Marnell of Townhead Pharmacy read aloud the following pre-prepared statement making alterations as necessary**

6.157 Hi there. Thank you for allowing me to speak.

6.158 I'm going to read off a pre-prepared script if that's ok?

6.159 The reason for this application seems to be solely based upon false beliefs that the area of Lenzie is only serviced by one pharmacy, that being Boots Pharmacy in Lenzie, that the service provided by Boots is poor, and therefore the pharmacy needs of the area, are not being adequately provided for.

6.160 I totally agree with this opinion based on the following facts:

- 6.161
1. The application focuses only on Boots in Lenzie and omits the existence of at least six other pharmacies within very close proximity to the proposed new pharmacy. Plus, it avoids mentioning the high levels of service provided by these pharmacies;
 2. The application focusses mostly on the levels of service provided by Boots during the pandemic. This was a period of time that imposed the hardest trading conditions experienced for generations. These extreme trading conditions impacted the whole pharmacy network. We have now come out of these extreme trading conditions; and
 3. I'd like to highlight the demographics of Lenzie. The people of Lenzie are in general very affluent, they are socially mobile (for example most households have access to a car and leave the Lenzie area daily). Plus the people of Lenzie are relatively healthy and their healthcare needs are very low.

6.162 If all of these factors highlighted are taken into consideration, then it is clear that the addition of another pharmacy in the area is not required

6.163 I'd like to now go into the detail of the application

6.164 Regarding the neighbourhood proposed by the Applicant – I dispute the legitimacy of the neighbourhood

- 6.165 My reasons for this are:
- 6.166
1. Lenzie is not a self-sufficient and independent neighbourhood, which you do not have to leave in order to access essential services. Rather, Lenzie and Kirkintilloch have merged together over time, and should be treated as the same neighbourhood. Lenzie does not have any supermarkets, doctor's surgeries, banks, and council facilities. The people of Lenzie have to leave this area daily, and access these services in Kirkintilloch or further afield;
 2. The neighbourhood chosen by the Applicant has been drawn up in a way to only include one pharmacy, that pharmacy being Boots Pharmacy in Lenzie. The boundaries of the proposed neighbourhood have omitted the multiple pharmacies that are within very close proximity to it. However, if similar boundaries were drawn around the numerous pharmacies in the area, then you would clearly see that they all significantly overlap, and cover the vast majority of the neighbourhood proposed by this Applicant; and
 3. There appears to be large inconsistencies in this application. The application, seems to strongly suggest that Lenzie is a separate and independent neighbourhood from Kirkintilloch. However, if Lenzie is a separate and independent neighbourhood from Kirkintilloch, then why does the Applicant's proposed neighbourhood include significant parts of Kirkintilloch? For example, The Greens area of Kirkintilloch has been included in this Applicant's neighbourhood, although the Greens is actually Kirkintilloch. And if you walk from The Greens, it is significantly faster to get to the four pharmacies on Kirkintilloch main street than it is to go to Lenzie main street.
- 6.167 Regarding the level of services offered by the Applicant, I would like to highlight that this application offers no additional services to those that are already being offered by multiple pharmacies. In fact the services offered by this Applicant are inferior to those already offered by multiple pharmacies in the area.
- 6.168 For example, Bannerman's pharmacy offers a two pharmacist per day business model and Townhead employs a three pharmacist per day model. This has allowed them to train up their pharmacists as PIPs. These PIPs have more flexibility at work, where they are not bogged down in the dispensing process, but instead have more free time to consult with patients, and prescribe for them accordingly, therefore, implementing the pharmacy first plus scheme. At Townhead Pharmacy, we are also beginning to offer domiciliary visits to our customers, and are working with our GPs to further this level of service.
- 6.169 This application does not propose to offer a high level of service similar to those just highlighted. Instead it offers only the basic services that are already provided by a large number of pharmacies in the area.
- 6.170 I would also like to highlight that this application seems to be heavily focused on the belief that the quality of service provided by Boots in Lenzie is normally of a poor standard. However, this is totally false.

- 6.171 The application and CAR report is based on a snapshot of time during the pandemic. During this period, trading for all pharmacies was exceptionally difficult, and this did have a negative impact on the levels of service provided by a significant number of pharmacies. For example, this is why the health boards allowed all pharmacies to reduce our trading hours to allow us to deal with the pressures.
- 6.172 With regards to this application implying that the premises of Boots is too small, and highlighting how customers had to wait outside in the street during the pandemic, this was a common occurrence across the country. Even businesses with large premises such as supermarkets, had difficulty socially distancing customers. Therefore, if huge supermarkets had space limitations it seems absolutely bizarre that a local community pharmacy is being bashed for not having enough space during this period.
- 6.173 Regarding the opening hours proposed by this application, I would like to highlight that this application offers no additional hours than what are already being provided by multiple pharmacies in the area.
- 6.174 Finally I would like to emphasise the financial impact another pharmacy, within the Lenzie area, could have on the existing network of pharmacies within the area, and how this could actually be detrimental to the level of pharmacy services currently provided to the people of Lenzie.
- 6.175 The area of Lenzie is already serviced by a high number of pharmacies. These pharmacies have made large investments into their infrastructure, for example, Townhead Pharmacy has spent over £250k on a major refit of their premises, but more importantly we've invested in high staff levels and implemented a three-pharmacist per day business model in the pharmacy
- 6.176 The addition of another pharmacy in the area does not significantly improve access of pharmacy services in the area. The proposed application offers no additional services than what are currently being offered. In fact, what it does propose is the replication of some services that are currently being sufficiently provided
- 6.177 This mere replication of services threatens the financial viability of other pharmacies in the area. This could result in the services currently offered having to be diluted down if those pharmacies do not maintain their financial viability.
- 6.178 Also, would another pharmacy in the centre of Lenzie actually be financially feasible, as it won't be fully utilised by the population of Lenzie as a lot of the Lenzie people travel out with the area.
- 6.179 I'd like to now summarise my beliefs towards this application. It seems to be based solely on making the provision of pharmacy services convenient. However, pharmacy services should not be based on convenience and instead should be based on an actual need. There is no need for another pharmacy in the Lenzie area.
- 6.180 In addition to this, the inclusion of another pharmacy in this area, actually threatens the financial viability of the current pharmacies within the area, and, this could result in threatening the high level of services already being offered.

- 6.181 I therefore believe this application should be rejected as it is not necessary or desirable
- 6.182 I'd like to thank the committee for allowing me to speak today.
- 6.183 **This concluded the presentation from Mr Shaun Marnell of Townhead Pharmacy**
- 6.184 **The Chair invited the Applicant (Mr Connolly) to question Mr Marnell**
- 6.185 Mr Connolly asked Mr Marnell if the only part of his defined neighbourhood that Mr Marnell disagreed with was the Greens area. Mr Marnell confirmed that it was.
- 6.186 Mr Connolly enquired how Mr Marnell would draw up the neighbourhood. Mr Marnell noted in his opinion, Lenzie and Kirkintilloch should be considered as one area.
- 6.187 Mr Connolly enquired whether residents would agree with Mr Marnell's response to the previous question. Mr Marnell responded to note that he could not speak for the residents.
- 6.188 Mr Connolly queried whether LCC would agree. Mr Marnell responded to note that he would not speak for the Community Council.
- 6.189 Mr Connolly enquired as to whether Mr Marnell has walked from the most northern point of the neighbourhood. Mr Marnell responded by confirming that he had, and it was via a footpath and took approximately 10 minutes.
- 6.190 Mr Connolly noted that Townhead Pharmacy have three pharmacists a day and queried whether this should be the norm. Mr Marnell responded to say that he did not know but confirmed he did have three pharmacists daily.
- 6.191 Mr Connolly noted that in 2019 Townhead were 12% less in prescription volume and enquired whether they were still viable. Mr Marnell confirmed they were, however, at that time they did not employ three pharmacists daily.
- 6.192 Mr Connolly stated that if there were no servicing by the multiple pharmacies, then clients would come to you (Townhead Pharmacy). Mr Marnell stated he did not necessarily agree with the statement but noted that independent Pharmacies can be more flexible than our multiple counterparts.
- 6.193 Mr Connolly enquired where Townhead Pharmacy customers park. Mr Marnell responded that the spaces at the front of the shop offer a 20-minute wait time, otherwise, some customer's park in the Sainsbury's parking area or that of the GP surgery.
- 6.194 Mr Connolly enquired for those that park in Sainsbury, do they then walk across to Townhead Pharmacy. Mr Marnell confirmed that this is the case by using the footpath provided.
- 6.195 Mr Connolly enquired as to whether Townhead received a lot of business from clients in Lenzie. Mr Marnell responded that he believed that to be the case.

- 6.196 Mr Connolly enquired as to why this was. Mr Marnell responded that this was likely due to the location of Townhead Pharmacy.
- 6.197 Mr Connolly enquired whether ½ mile from Townhead Pharmacy would be a border point. Mr Marnell responded that he would expect the border with Lenzie to be where Woodhead Surgery is located.
- 6.198 Mr Connolly enquired what Mr Marnell envisaged as closest: Lenzie Academy or Woodhead Surgery. Mr Marnell advised they would be the same distance.
- 6.199 Mr Connolly enquired as to whether Mr Marnell felt that Boots in Lenzie provided an adequate service. Mr Marnell responded to confirm that he does think that Boots provide an adequate service.
- 6.200 **Mr Connolly had no further questions for Mr Marnell**
- 6.201 **The Chair invited Mr Jamieson (Boots UK) to question Mr Marnell**
- 6.202 Mr Jamieson enquired if the application was granted, what impact that would have on Townhead Pharmacy and current service provision levels. Mr Marnell responded to say that he did not know and expected that ⅓ would be taken from their service and perhaps 50% of Boots.
- 6.203 Mr Jamieson enquired if it was ⅓ reduction of Townhead Pharmacy's service, could this present a risk to maintaining the three pharmacists Townhead Pharmacy current provide. Mr Marnell noted that staffing is his largest overhead by far and he would have to look at costs and overheads to balance the books.
- 6.204 **Mr Jamieson had no further question for Mr Marnell**
- 6.205 **The Chair invited Mr Feeney (Bannerman's Pharmacy) to question Mr Marnell**
- 6.206 Mr Feeney enquired as to whether Townhead Pharmacy had suffered shortages of medicines. Mr Marnell confirmed they have.
- 6.207 **Mr Feeney had no further question to Mr Marnell**
- 6.208 **The Chair invited Mr Gilroy (Lenzie Community Council) to question Mr Marnell**
- 6.209 Mr Gilroy enquired as to what evidence Mr Marnell had in regard to his response from an earlier question, regarding boundaries that Lenzie and Kirkintilloch should be classed as one. Mr Marnell responded to ask, if it were Lenzie alone, then what costs and services would be needed to be in place for the population of Lenzie that they do not have (i.e., bank, supermarket, etc.).
- 6.210 Mr Gilroy enquired if Lenzie was to be independent, would Mr Marnell envisage banks, etc. have to be put in place. Mr Marnell responded that it was not for him to decide as that is for the politicians to answer.
- 6.211 **Mr Gilroy had no further question to Mr Marnell**

- 6.212 **The Chair invited Mr Green (M&G Green Pharmacy) to questions Mr Marnell**
- 6.213 Mr Green enquired whether there had been an element of increase in turnaround time of repeat prescriptions at GP practices during the Pandemic. Mr Marnell responded to say that it had become less efficient by moving from the standard two to four days to more around seven days.
- 6.214 Mr Green enquired if patient expectations changed in line with the increase in time of obtaining the prescriptions from the GP surgeries. Mr Marnell responded that patient expectations did not change.
- 6.215 Mr Green enquired whether this resulted in a number of unhappy patients. Mr Marnell responded that this was the case, and resulted in a few conflicts for him and his staff.
- 6.216 Mr Green enquired as to whether Mr Marnell felt that the CAR responses and comments may have been impacted due to these delays. Mr Marnell responded Yes.
- 6.217 **Mr Green had no further questions for Mr Marnell**
- 6.218 **The Chair invited Mr Arnott (Lloyds Pharmacy) to question Mr Marnell**
- 6.219 Mr Arnott asked, if the application was granted, did Mr Marnell think he could maintain his currently pharmacy staffing level. Mr Marnell advised he would have to make cuts and not have three pharmacists as well as undertaking domiciliary visits
- 6.220 **Having established that there were no further questions from Mr Arnott the Chair invited questions from the Committee members.**
- 6.221 **Mr Macintyre (Contractor Pharmacist Member) was invited to question Mr Marnell**
- 6.222 Mr Macintyre noted that Townhead Pharmacy currently had three pharmacists and a PIP and enquired whether they were providing Pharmacy First. Mr Marnell confirmed that they did provide this service.
- 6.223 Mr Macintyre enquired if Townhead numbers included Pharmacy First. Mr Marnell confirmed that they do.
- 6.224 Mr Macintyre noted the Applicant pointed out that a large proportion of prescriptions from Lenzie are dispensed outwith. Therefore, based on the numbers, this would equate to approx. 70% of prescription items from Lenzie going outwith, and enquired as to whether this seemed realistic. Mr Marnell responded to say he can't quantify that, and it could be at least a couple of thousand but not 12,000. A lot of people just move, they commute and take it into town. Then, when COVID kicked off, the dynamic showed the change. Mr Marnell didn't lose items as new people from Lenzie came in that perhaps would have gone to GP services. Increasing his items but not by much.
- 6.225 **Mr Macintyre had no further question for Mr Marnell**

- 6.226 **The Chair invited Mr Daniels (Lay Member) to question Mr Marnell**
- 6.227 Mr Daniels enquired whether Townhead Pharmacy was at capacity. Mr Marnell responded No, things were tight during the pandemic, but they completed a refit and now are nowhere near capacity.
- 6.228 **Mr Daniels had no further question for Mr Marnell**
- 6.229 **The Chair invited Mr Miller (Non-Contractor Pharmacist Member) to question Mr Marnell – there was no questions from Mr Miller**
- 6.230 **The Chair invited Mrs Anderton (Lay Member) to question Mr Marnell**
- 6.231 Mrs Anderton queried regarding neighbourhood and asked; if pressed to identify a neighbourhood for Lenzie, what would it be. Mr Marnell responded that in his opinion and that of his staff, they say the same area.
- 6.232 **Mrs Anderton had no further questions for Mr Marnell**
- 6.233 **The Chair declined the opportunity to ask questions to Mr Marnell**
- 6.234 **Having ascertained there were no further questions to Mr Marnell, the Chair invited the next Interested Party to make their Presentations: Mr Mark Feeney of Bannerman’s Pharmacy**
- 6.235 **Mr Mark Feeney of Bannerman’s Pharmacy Presentation**
- 6.236 I live in the area that has been defined and stay close to Lenzie Academy.
- 6.237 In my professional capacity, I have been working with Jennifer Sutherland of Boots in Lenzie and found her to be very professional and efficient.
- 6.238 Staff living in the Greens and I consider it to be Kirkintilloch. For the purpose of the neighbourhood, I have to leave Lenzie to reach a range of services. Lenzie Gymnastics is based in Kirkintilloch at the sports centre; my library card is for Kirkintilloch; GP is in Kirkintilloch.
- 6.239 I would define the Neighbourhood personally as being:
North: River Kelburn (which is off the map)
East: Park Burn at Crossmill Road
South: Robroyston to Auchinloch
And the Luggie Waters to the West.
- 6.240 I think within this neighbourhood, residents could live their lives quite comfortably.
- 6.241 My own business, we try very hard to provide a good service, all core services none at capacity. One month’s snapshot, we have grown but more like 5-10% per year instead of what was quoted by the Applicant.
- 6.242 We are not operating at capacity.

- 6.243 Prescription value: we operate a two-pharmacist model and at least one is a PIP and provision of Pharmacy First Plus does not cover its own costs.
- 6.244 Also, our increase in premises with a 24/7 collection point and another two pharmacies in Glasgow which use robots to build MDS trays, so we have room for growth.
- 6.245 I have no doubt that our service standards dropped during Pandemic, and experienced queues, complaints and a text service failure which lasted about four-weeks recently.
- 6.246 Deliveries, we do 1-5 deliveries a day into Lenzie which is probably less than 5% of our capacity, and those patients coming to us are choosing to come usually by driving.
- 6.247 I think it would be an error to grant this application.
- 6.248 Just today I received an email from the Scottish Government with bailout money, and its impact on my business and hope that will remain viable but would take a significant issue for investment and staff.
- 6.249 **This concluded the presentation from Mr Mark Feeney of Bannerman's Pharmacy.**
- 6.250 **The Chair invited the Applicant (Mr Connolly) to question Mr Feeney**
- 6.251 Mr Connolly enquired as to whether Bannerman's numbers increased during the Pandemic. Mr Feeney confirmed they had increased, but all contractors had seen an increase in prescription numbers as well as workload.
- 6.252 Mr Connolly enquired if Bannerman's Pharmacy is the same size of premise as Boots in Lenzie. Mr Feeney advised he could not speak for Boots in Lenzie but the burden of ill health is lower in Lenzie than Bannerman's local area, as it is more cut off from Kirkintilloch than Lenzie is, and also surrounded by social housing.
- 6.253 Mr Connolly enquired as to how many people come from Lenzie to access services at Bannerman's. Mr Feeney responded that as a local Lenzie businessman, perhaps 10-15% of his business could be from people choosing to travel to his pharmacy.
- 6.254 Mr Connolly enquired if Bannerman's benefit from Boots in Lenzie being inadequate. Mr Feeney responded by noting for example he chooses to go to a café in Kirkintilloch as its nicer than that of Lenzie, and hopes that patients would use their own preferences.
- 6.255 Mr Connolly noted that Bannerman's Pharmacy is very busy, but people are leaving Lenzie to access services. Mr Feeney responded by stating core patients around his pharmacy are much less mobile than those in Lenzie.
- 6.256 Mr Connolly noted that Bannerman's has grown where multiples have reduced and queried if Bannerman's had benefited from the multiples lack of service. Mr Feeney responded by stating during the pandemic, residents had to be more local due to travel restrictions imposed.

- 6.257 **Mr Connolly had no further questions for Mr Feeney**
- 6.258 **The Chair invited Mr Jamieson (Boots Pharmacy) to question Mr Feeney**
- 6.259 Mr Jamieson enquired as to what reasons patients would use services outwith their neighbourhood. Mr Feeney responded that he would hope that they thought Bannerman's invested in services by offering 24/7 prescription collection and Pharmacy First.
- 6.260 Mr Jamieson then enquired what other reasons a patient may exercise choice. Mr Feeney responded that perhaps it was due to the exceptional service they provide, and going above and beyond, looking for medicine that is in shortage but a whole range of things could be a factor.
- 6.261 Mr Jamieson enquired if the application was granted, what impact that would have on the service level at Bannerman's. Mr Feeney responded that staff are the most expensive overhead, with the pharmacist being the most expensive of those, they would have to question whether they had need to continue with two pharmacists.
- 6.262 **Mr Jamieson had no further questions for Mr Feeney**
- 6.263 **The Chair invited Mr Marnell (Townhead Pharmacy) to question Mr Feeney this was declined.**
- 6.264 **The Chair invited Mr Gilroy (Lenzie Community Council) to question Mr Feeney**
- 6.265 Mr Gilroy enquired regarding medical services and leisure facilities and whether a community should have the choice to travel outwith an area to access these. Mr Feeney responded that he felt they already had those service provisions.
- 6.266 **Mr Gilroy had no further questions for Mr Feeney**
- 6.267 **The Chair invited Mr Green (M&D Green Pharmacy) to question Mr Feeney**
- 6.268 Mr Green noted that Bannerman's had been commended for delivery of Pharmacy First. He enquired as to what percentage of this requires a degree of privacy and use of a consultation room. Mr Feeney responded that Pharmacy First, in his view, could largely be done at the front counter. To date he had never had any feedback or complaints that this was not adequate
- 6.269 Mr Green enquired whether Bannerman's kept their consultation room open during the pandemic. Mr Feeney responded with "*absolutely not*".
- 6.270 Mr Green enquired if that consultation room could have been used for storage of PPE. Mr Feeney confirmed that it was used for this purpose.
- 6.271 **Mr Green had no further questions for Mr Feeney**
- 6.272 **The Chair invited Mr Arnott (Lloyds Pharmacy) to question Mr Feeney**

- 6.273 Mr Arnott enquired if this application was granted would it impact Bannerman's current staffing levels. Mr Feeney responded that if prescription numbers dropped then yes it could affect staffing.
- 6.274 **Having established that there were no further questions from Mr Arnott the Chair invited questions from the PPC members.**
- 6.275 **Mr Macintyre (Contractor Pharmacist Member) was invited to question Mr Feeney**
- 6.276 Mr Macintyre referenced the Applicant's note that 70% of prescription numbers leave Lenzie. Mr Macintyre asked whether this seems realistic. Mr Feeney responded saying it seems rather high, but having no further details, could not comment further. However, noted that Lenzie is a young affluent community.
- 6.277 **Mr Macintyre had no further questions for Mr Feeney**
- 6.278 **The Chair invited Mr Daniels (Lay Member) to question Mr Feeney**
- 6.279 Mr Daniels enquired whether Bannerman's were working to capacity. Mr Feeney responded that they were not.
- 6.280 **Mr Daniels had no further questions for Mr Feeney**
- 6.281 **The Chair invited Mr Miller (Non-Contractor Pharmacist Member) to question Mr Feeney**
- 6.282 Mr Miller enquired whether it would be unusual for a patient to drive to a GP and then fill any prescription close by. Mr Feeney responded by saying that Bannerman's do not tend to have a lot of walk-in prescriptions (i.e. outwith the area).
- 6.283 **Mr Miller had no further questions for Mr Feeney**
- 6.284 **The Chair invited Mrs Anderton (Lay Member) to questions Mr Feeney**
- 6.285 Mrs Anderton queried what Bannerman's complaints procedure was. Mr Feeney responded noting it was similar to other contractors and resolved in branch, if not escalated to himself as Superintendent, before escalating to the Health Board. Mr Feeney noted that one complaint had been received and was dealt with online.
- 6.286 Mrs Anderton queried whether distribution robots eliminate errors. Mr Feeney responded that yes and it was mainly due to barcode scanning.
- 6.287 **Mrs Anderton had no further questions for Mr Feeney**
- 6.288 **The Chair declined the opportunity to ask questions to Mr Feeney**
- 6.289 **Having ascertained there were no further questions to Mr Feeney, the Chair invited the next Interested Party to make their Presentations: Mr Chris Gilroy of LCC.**

- 6.290 **Mr Chris Gilroy of LCC read from a pre-prepared presentation adjusting as required.**
- 6.291 This document responds to an invitation by the Health Board Community Pharmacy Development Team to make a representation to the Pharmacy Practice Committee (PPC) on the proposal by Mr Aidan Connolly to offer a new pharmacy service in Lenzie at Gleneden Court, Kirkintilloch Road. Four documents have been received, namely the Application and associated Appendix, an analysis of an extensive public consultation in the Lenzie area Consultation Analysis Report (CAR) and a document of Guidance for Community Councils. All of these documents have been circulated to all elected members of the Community Council for consideration.
- 6.292 The Guidance document notes that the criterion which forms the basis for granting the application is that the members of the PPC, should be satisfied that the provision of pharmaceutical services at the premises named, is necessary or desirable, to secure adequate provision in the neighbourhood in which the premises are located. The document advises a response framework based on five questions arising from this criterion.
- 6.293 **Preliminary Considerations**
- 6.294 In the first instance, it is noted that the public consultation and analysis have been exemplary and have provided very helpful information to the Community Council. To secure almost a thousand responses, with such consistent and clearly expressed opinions, in itself sends a message that the majority of potential users support the proposal strongly.
- 6.295 There is also a historical dimension that should be considered. There has never been a time when housing expansion in Lenzie has not been taking place, but recent decades have been particularly significant. The initial development of Woodilee Village produced a step change in housing supply, but development is continuing eastward with the latest acceptance of a large Planning proposal on the east side of Market Road. New developments at Blacklands Place and Cyprian's Way, have added large numbers of houses to the Lenzie neighbourhood. Auchinloch, where housing volume was static for decades, has now acquired new housing.
- 6.296 It is therefore not at all surprising that the single pharmacy operated by Boots, cannot cope with the demand. Until now, the missing provision has presumably been taken up by surrounding pharmacies, which entail a journey by car or bus and there are responses in the consultation that confirm this. Given the steep rise in the cost of transport fuel, the car option is looking much less attractive.
- 6.297 **Neighbourhood designation**
- 6.298 The boundaries of the area designated by the Applicant to describe the neighbourhood to which the application relates, correspond to the current boundaries of LCC, with an extension to the South to include Auchinloch Village.

This choice was agreed by 90% of the consultation respondents as appropriate choice. 88% of the respondents were noted to be living within the proposed neighbourhood, so this opinion is seen to be highly representative. A significant number of the respondents made unprompted suggestions that it would also be appropriate to include Woodilee Village in the notional neighbourhood.

6.299 The location of the proposed premises is central to Lenzie, in terms of '*active travel*' and frequent bus services. It is also within acceptable walking distance of Auchinloch Village (0.9 miles by daytime footpath).

6.300 **Adequacy of Pharmaceutical Services**

6.301 The consultation results indicate that 73% of the respondents think that the pharmaceutical services provided in the defined area are inadequate, and 65% do not believe that they receive their medication in a timely manner. There is only one pharmacy in Lenzie currently (Boots), and no provision at all in Auchinloch Village. There are several pharmacies in Kirkintilloch, but the nearest to the designated Lenzie neighbourhood boundary, is the one in Townhead. This is circa 0.9 miles from the junction of Boghead Road and Gallowhill Road, close to the Lenzie/Kirkintilloch boundary, whereas the proposed pharmacy in Lenzie would be circa 0.7 miles from the same point. In the case of Auchinloch, there is no safe walking/cycling route to pharmacy in Stepps and the distance by car is 2.1 miles.

6.302 Aside from the geographical factors noted above, it is clear from the consultee comments that the current service provided by the single existing pharmacy is a long way below what users expect. Consultees maintain that this was the case before the pandemic caused extra problems, resulting in customers queuing in the rain. A long list of reasons for inadequacy is given, but the small size of the premises is frequently mentioned. This factor has an immediate impact in terms of staffing levels and overcrowding in the retail area. It also inhibits many additional services that could be offered. For example, the small room set aside for consultation is not at all '*private*'. This is unfortunate as services such as '*Pharmacy First*' will increasingly be required as more than a '*nice-to-have*' provision, given the increased stress on GP surgeries.

6.303 In more general terms, the perception of consultees seems to be that the capability of the existing pharmacy in Lenzie has not kept pace with the huge expansion in new housing that has taken place, and the consequent increase in demand. It is clear that many residents in the '*neighbourhood*' have '*voted with their feet*' (or more likely with their cars) and transferred their pharmaceutical requirements to premises beyond walking distance. However, some of them have then experienced other difficulties related to parking in these locations. Parking in Lenzie near the Station is equally problematic, although a few extra short-term spaces have recently been provided in Heath Avenue. The proposed location should on the other hand meet the need for dedicated parking, as the parking space would be leased by the intended proprietors of the pharmacy.

6.304 On the question of opening hours, the proposed Monday-Friday opening matches the current Boots schedule, but Boots is closed on Saturday afternoons, which many respondents find inconvenient - 82% agree with the Saturday afternoon opening plans of the proposed pharmacy. The lunchtime closure of Boots is also found to be inconvenient, particularly as it is not shown in the posted schedule of opening hours.

6.305 **Conclusions**

- It is agreed that the area described is an appropriate neighbourhood relative to the proposed premises;
- There is one pharmacy in the designated neighbourhood. There are other pharmacies in the adjoining neighbourhood of Kirkintilloch;
- The Kirkintilloch pharmacies are for the most part too distant to be used by Lenzie residents without resorting to a car or public transport. In the case of the Lenzie neighbourhood, the small size of the existing single premises, and the experience of users who have responded to the consultation, suggest strongly that the Boots pharmacy cannot meet the increase in demand which has been associated with new housing development; and
- It is desirable and necessary to grant the application, as residents in the Lenzie neighbourhood are obliged to travel outside of the area to access pharmaceutical services.

6.306 **This concluded the presentation from Mr Chris Gilroy of Lenzie Community Council**

6.307 **The Chair invited the Applicant (Mr Connolly) to question Mr Gilroy**

6.308 Mr Connolly asked Mr Gilroy if he believe that there were definitive boundaries separating Lenzie and Kirkintilloch. Mr Gilroy responded that in his opinion both areas were separate. LCC very proudly organise Community events specifically for the residents of Lenzie. He believe that there was a specific community spirit for the area of Lenzie.

6.309 Mr Connolly stated that Kirkintilloch have the choice of multiple pharmacies and Lenzie only has one. Mr Gilroy responded that the CAR stated this and acted as a portal for the opinions of the Community.

6.310 Mr Connolly enquired whether any comments had been noted from the public at LCC meeting regarding pharmacy provision in Lenzie. Mr Gilroy responded that this type of issue would not be discussed at LCC meetings but went on to note that there has been a lot of interest regarding the status of the application following the end of the consultation period.

6.311 Mr Connolly noted that the Consultation was within the LCC defined boundary and queried as to whether LCC would receive responses given then. Mr Gilroy responded that he was not aware of such a proposal during his time on the LCC and noted that a number of members would be the same.

6.312 Mr Connolly enquired if the view of the Community Council is that some elderly residents feeling that older people have to leave the area to obtain service. Mr Gilroy noted that the challenge is relying on individual opinions as there are only 12 members on the Council.

6.313 **Mr Connolly had no further questions for Mr Gilroy**

- 6.314 **The Chair invited Mr Jamieson (Boots Pharmacy) to question Mr Gilroy**
- 6.315 Mr Jamieson noted that Ms Sutherland has close links with LCC and asked if Mr Gilroy was aware of the number that use the Boots pharmacy. Mr Gilroy responded that he imagined there would be.
- 6.316 Mr Jamieson enquired if there was any evidence or feedback about the service levels for Boots in Lenzie. Mr Gilroy responded by saying that the information from the CAR and anecdotal evidence at face value when looking at the Community Council's position for support.
- 6.317 Mr Jamieson noted that the Applicant paints a picture of a number of residents of Lenzie having to leave to gain access to pharmaceutical services, and enquired whether Mr Gilroy agreed. Mr Gilroy responded stating that, he absolutely agreed but, also to give them the choice to remain within Lenzie. GPs are not in Lenzie and there is only one dentist who has large wait times, but those types of medical services are not within the community (incl.pharmaceutical) and the CAR notes these as being desirable.
- 6.318 **Mr Jamieson had no further questions for Mr Gilroy**
- 6.319 **The Chair invited Mr Marnell (Townhead Pharmacy) to question Mr Gilroy. This was declined**
- 6.320 **The Chair invited Mr Feeney (Bannerman's Pharmacy) to question Mr Gilroy**
- 6.321 Mr Feeney enquired whether Woodilee is part of Lenzie. Mr Gilroy responded that it is a verbal agreement with EDC that Woodilee is considered as being party of LCC.
- 6.322 **Mr Feeney had no further questions for Mr Gilroy**
- 6.323 **The Chair invited Mr Green (M&D Green Pharmacy) to question Mr Gilroy**
- 6.324 Mr Green referenced the difficulties noted with Boots in Lenzie and a number not just linked to the application. He then enquired whether the different ways of working across the NHS has resulted in the views of the Consultation. Mr Gilroy responded by stating he absolutely agreed and felt it not just related to the pandemic. Perceptions still exist right now and some customers will never return due to remembering service from 10 years ago. The CAR has reflected this and that not enough facilities exist within Lenzie.
- 6.325 **Mr Green has no further questions for Mr Gilroy**
- 6.326 **The Chair invited Mr Arnott (Lloyds Pharmacy) to question Mr Gilroy**
- 6.327 Mr Arnott enquired which service provider Mr Gilroy used to obtain his prescriptions and why. Mr Gilroy responded that he uses M & D Green Pharmacy. He went on to state that upon first moving to Lenzie he used Boots in the town but felt service did not improve during or post pandemic. Mr Gilroy went on to try other area providers but parking was an issue. Mr Gilroy noted that Stepps pharmacy was not an issue and he made this choice from his own experiences.

- 6.328 Mr Arnott enquired as to what Mr Gilroy thought any impact would be for the residents of Lenzie if there was no pharmacy. Mr Gilroy responded that he felt any impact would be high but if two pharmacies could co-exist in the Town then it would be very welcomed.
- 6.329 Mr Arnott queried in response to Mr Gilroy's previous answer as to whether he felt the same way given the danger that a pharmacy could close. Mr Gilroy responded to say that there are always risks.
- 6.330 **Having established that there were no further questions from Mr Arnott the Chair invited questions from the PPC members.**
- 6.331 **Mr Macintyre (Contractor Pharmacist Member) was invited to question Mr Gilroy**
- 6.332 Mr Macintyre referenced comments in the CAR regarding queues outside Boots in Lenzie post pandemic and enquired whether this was still ongoing given Mr Gilroy living in the Town. Mr Gilroy responded that he had not seen any queues outside the Pharmacy post pandemic but went on to say that it could be very busy inside. However, during the pandemic, social distancing was in place with a maximum of two persons in store policy.
- 6.333 **Mr Macintyre had no further questions for Mr Gilroy**
- 6.334 **The Chair invited Mr Daniels (Lay Member) to question Mr Gilroy - This was declined**
- 6.335 **The Chair invited Mr Miller (Non-Contractor Pharmacist Member) to question Mr Gilroy**
- 6.336 Mr Miller enquired what the process was for complaints to the Community Council. Mr Gilroy responded that there was no formal process. Most members of the public reported concerns via word of mouth; use of social media and email, given that the Community Council are the Group on the street.
- 6.337 Mr Miller enquired if, in Mr Gilroy's opinion, those who emailed or responded in the CAR, were more likely people with issues. Mr Gilroy responded that he would believe so, as for someone to write to the Community Council, they would be motivated and pertinent to the CAR which was not a short survey and these people took the time to complete it.
- 6.338 Mr Miller enquired whether the CAR was a skewed tool. Mr Gilroy responded that he would disagree given the nature of the CAR regardless of the number of the population.
- 6.339 Mr Miller enquired as to how LCC came to support this application. Mr Gilroy responded that information was received from the CAR and was discussed at a meeting and then agreed that LCC should reflect the wishes of the residents of Lenzie.

- 6.340 Mr Miller sought clarification that this was based on anecdotal evidence and the CAR. Mr Gilroy confirmed that LCC members did not vote on the matter.
- 6.341 **Mr Miller had no further questions for Mr Gilroy**
- 6.342 **The Chair invited Mrs Anderton (Lay Member) to Question Mr Gilroy**
- 6.343 Mrs Anderton enquired on the topic of the CAR, the Community Council's support being based on responses to this document, if the Community Council had more information at the time the consultation was carried out, would this have altered their view. Mr Gilroy responded that in his opinion it would not have changed the position. Given at the time everyone had just come out of the worst part of the pandemic and had become used to waiting / queuing. The Members of LCC based their decision on what the Community of Lenzie have said directly to them as well as in the CAR.
- 6.344 Mrs Anderton noted there are 12 members on LCC and that this could not be taken as a broad spectrum of the community. Mr Gilroy responded that those elderly members of the CC are not indicative to the Community as a whole and he attended the hearing to speak on behalf of the majority of the Community Council
- 6.345 Mrs Anderton noted that Auchinloch area provisions were located in another Health Board and enquired whether Mr Gilroy had any provisions. Mr Gilroy responded that although Auchinloch exists within Lanarkshire it is still part of EDC's border and part of its strategic plan. He noted that he had no provision or evidence regarding this.
- 6.346 **Mrs Anderton had no further questions for Mr Gilroy**
- 6.347 **The Chair declined the opportunity to ask questions to Mr Gilroy**
- A Comfort break was called at 1540-1550 hrs**
- 6.348 **Having ascertained there were no further questions to Mr Gilroy, the Chair invited the next Interested Party to make their Presentations: Mr Martin Green of M & D Green Pharmacy**
- 6.349 **Mr Martin Green of M & D Green Pharmacy Presentation**
- 6.350 Firstly, I would like to say it has not been easy to describe the neighbourhood. People move around and generally via car.
- 6.351 Auchinloch could be a different area.
- 6.352 Northern boundary has no natural barrier, and those in Lenzie use Kirkintilloch services. Kirkintilloch and Lenzie will clearly identify themselves as living in their own areas that a combined neighbourhood, therefore Mr Green was happy to accept the Applicant's designated neighbourhood for this hearing.
- The Applicant's proposed premises were situated only a short walk away from an existing Boots pharmacy. The Applicant intended to provide the same core services as the existing pharmacy and so, was not providing any greater access. It was clear from previous comments made in the hearing that the Boots pharmacy was nowhere near operating at capacity, and could look after more patients.

- 6.353 The comments made in the CAR related to services provided during a global pandemic when all services were effected, where the number of people allowed in community pharmacy was restricted and where service models actively limited the number of face to face contacts with patients.
- 6.354 Lenzie is affluent and is a commuter town and will travel regularly, outwith by choice and not necessity due to lack of local services. Lenzie is located on the main Glasgow to Edinburgh train line.
- 6.355 There is demand for pharmacy service but from a more deprived community. This is strongly reflected in the prescription numbers that we have heard here today.
- 6.356 I have to question the Applicant's business model as Boots is not at capacity. I would suggest that if the application for another pharmacy is successful and captures 50% of the Boots capacity, both pharmacies could be rendered unsustainable.
- 6.357 I respectfully ask you reject the application.
- 6.358 This concluded the presentation from Mr Martin Green of M & D Green Pharmacy.
- 6.359 **The Chair invited the Applicant (Mr Connolly) to question Mr Green**
- 6.360 Mr Connolly enquired whether Mr Green had visited the proposed premises or Boots in Lenzie. Mr Green confirmed that he did visit the area.
- 6.361 Mr Connolly enquired how many pharmacies M&D Green own. Mr Green responded that they currently own 30 pharmacies.
- 6.362 Mr Connolly enquired how many pharmacies M&D Green had purchased in the last three years. Mr Green responded around 10 has been purchased.
- 6.363 Mr Connolly enquired out of those 10 purchased, how many had M & D Green relocated or refitted to meet the needs of the Community. Mr Green responded by saying that they do not always relocate but typically target pharmacies for improvement.
- 6.364 Mr Connolly noted that M & D Green have renovated a lot or moved to larger units / premises and enquired whether these impact a wider range of people. Mr Green responded to say that premises have to be in proportion to the level you are deeming as space is a luxury and you have to work in the confines that you have as well as the costs.
- 6.365 Mr Connolly enquired whether space in premises was a limiting factor. Mr Green confirmed that it could be a limiting factor.
- 6.366 Mr Connolly enquired how Cadder Pharmacy was running for Mr Green. Mr Green reported that it was currently losing money.
- 6.367 Mr Connolly enquired how many prescriptions Cadder Pharmacy currently serviced. Mr Green noted 3,000 prescriptions.

- 6.368 Mr Connolly noted that Mr Green in his presentation referenced geographic regions and being close to Boots in Lenzie. Mr Green responded that the point he was trying to make in his experience of pharmacy business was that Boots in Lenzie was borderline viable at this time and if another pharmacy was to open, it would be pushed to a non-viable pharmacy.
- 6.369 Mr Connolly enquired whether M & D Green currently has another application in Linlithgow which has a pharmacy right next door. Mr Green responded that this was completely different and not comparable.
- 6.370 Mr Connolly enquired whether M & D Green keep track of the number of deliveries they make to Lenzie. Mr Green responded that they do not keep track of this but that Stepps pharmacy note 300 patients being predominately from Auchinloch.
- 6.371 Mr Connolly enquired whether M & D Green Pharmacy serviced the majority of Lenzie. Mr Green responded no.
- 6.372 Mr Connolly enquired what the main reason was for M & D Green objecting to this application. Mr Green responded that although his own pharmacies perhaps didn't serve the population of Lenzie that much, he was Chairman of the organisation which represented community pharmacy in negotiations with the Scottish Government. There had never been a time when community pharmacy was under so much pressure, and so every pharmacy was under considerable financial stress at this time. This was evidenced by the Scottish Government recently announcing the provision of advance loans to cover community pharmacy cash flow. Mr Green went on to state he was very concerned about any unnecessary pharmacy opening up in an area as it was his responsibility along with the other members of Community Pharmacy Scotland (CPS), to represent the wider community pharmacy network
- 6.373 Mr Connolly noted the distance from Stepps to Lenzie as being 2.5 miles; Muirhead 4.4 and Bishopbriggs 4.4 miles. Mr Connolly then enquired if that distance was acceptable for patients. Mr Green responded that patients in Lenzie can choose Boots in the town or any other option in a number of areas. There is not room for two pharmacies in Lenzie as this discussion today highlights.
- 6.374 Mr Connolly enquired whether all businesses, at the moment, are under pressure. Mr Green responded, yes he did feel this was the case.
- 6.375 **Mr Connolly had no further questions for Mr Green**
- 6.376 **The Chair invited Mr Jamieson (Boots UK) to question Mr Green - This was declined.**
- 6.377 **The Chair invited Mr Marnell (Townhead Pharmacy) to question Mr Green - This was declined.**
- 6.378 **The Chair invited Mr Feeney (Bannerman's Pharmacy) to question Mr Green - This was declined.**
- 6.379 **The Chair invited Mr Gilroy (Lenzie Community Council) to question Mr Green - This was declined.**

- 6.380 **The Chair invited Mr Arnott (Lloyds Pharmacy) to question Mr Green.**
- 6.381 Mr Arnott enquired with Mr Green's 30 years' experience and 30 pharmacies; would he think two pharmacies in Lenzie would be viable. Mr Green responded as he had already stated, no.
- 6.382 **Having established that there were no further questions from Mr Arnott the Chair invited questions from the PPC members.**
- 6.383 **Mr Macintyre (Contractor Pharmacist Member) was invited to question Mr Green**
- 6.384 Mr Macintyre referenced the Applicant's note that 70% of prescription numbers leave Lenzie. Mr Macintyre enquired whether this seems realistic. Mr Green responded to say that he thought it was an interesting assumption that has been made around using a national average for the population.
- 6.385 **Mr Macintyre had no further questions for Mr Green**
- 6.386 **The Chair invited Mr Daniels (Lay Member) to question Mr Green – This was declined.**
- 6.387 **The Chair invited Mr Miller (Non-Contractor Pharmacist Member) to question to Mr Green – This was declined.**
- 6.388 **The Chair invited Mrs Anderton (Lay Member) to question Mr Green**
- 6.389 Mrs Anderton noted that Mr Green accepted the Applicant's definition of the neighbourhood. Mr Green responded that when considering adequacies, you are using the services and therefore do not need to be in it, to provide adequacy to the neighbourhood.
- 6.390 Mrs Anderton enquired whether the previous comment was in relation to Boots. Mr Green responded to state that it was to all providers and comes down to ease of access in the surrounding services.
- 6.391 Mrs Anderton enquired if Mr Green's response to her earlier question also included Auchinloch which is in a different health board area. Mr Green confirmed that to be the case.
- 6.392 **Mrs Anderton had no further questions for Mr Green**
- 6.393 **The Chair declined the opportunity to ask questions to Mr Green**
- 6.394 **Having ascertained there were no further questions to Mr Green, the Chair invited the next Interested Party to make their Presentations: Mr Tom Arnott of Lloyds Pharmacy**
- 6.395 **Mr Tom Arnott of Lloyds Pharmacy read from a pre-prepared presentation adjusting as required.**

- 6.396 I would like to thank the Panel for allowing me to speak today
- 6.397 The Applicant's reason for making this application seems to be that the Pharmaceutical Services provided by current Contractors is inadequate only because there is only one Pharmacy in his definition of the neighbourhood.
- 6.398 There are, as the Panel is 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 is the case in this in Lenzie which has one Boots Pharmacy but also the choice of numerous Pharmacies in neighbouring Kirkintilloch.
- 6.399 Indeed the Panel will see from the advice and guidance for those attending the Pharmacy Practices Committee, they must consider what are the existing pharmaceutical services in the Neighbourhood or in any adjoining Neighbourhood.
- 6.400 As regards Neighbourhood I am not sure how the Applicant has reached his definition.
- 6.401
- The Eastern Boundary is Initiative Road A806;
 - The Southern Boundary Crosshill Road running on to Lindsaybegg Road B819 to where it meets Initiative Road;
 - West the Park Burn to Westergreens Avenue; and
 - - North Westergreens Avenue onto Gallowhill Road (this is where the signpost says Lenzie
- 6.402 It could be argued however that Lenzie and Kirkintilloch are now one neighbourhood as they basically run in to one another.
- 6.403 As well as the Boots Pharmacy situated at 92 Kirkintilloch Road in Lenzie the residents of Lenzie can utilise the services of a further six Pharmacies in Kirkintilloch, indeed for many of the residents of Lenzie these Pharmacies are actually closer.
- 6.404 The combined population of Lenzie and Kirkintilloch is 30,233 and there are seven Pharmacies, an average per resident of 4,319 which is slightly below the Scottish Average of 4,500.
- 6.405 It is also apparent that the residents of Lenzie on a regular basis are leaving their neighbourhood to access Banks, Supermarkets and other services including Pharmaceutical Services which are not available in Lenzie, many are also leaving the neighbourhood to access their place of work.
- 6.406 The SIMD of which there are 6,976 Data zones with 1 being the most deprived and 6.976 the least, highlights the affluence and general good health of the residents of Lenzie Data zones. SO1008116 to SO1008126 rank the residents of Lenzie as 5,464, 4,733, 4,227, 2,686, 4,191, 6,877, 6,794, 6,833, 6,310 ,5,856, and 6,30respectively.
- 6.407 As regards Income, they rank as 5,386 3,884 3,939 2,435 3,507 6,724 6,692 6,313 6,353 5,366 and 6,024 respectively.

- 6.408 As regards health, they rank as 4,891 4,189 3,781 2,175 3,349 6,282 6,041 6,263 5,114 5,431 and 6,112 respectively.
- 6.409 Irrefutable evidence that the residents of Lenzie are generally affluent healthy and mobile.
- 6.410 All existing Pharmacies offer all Core Services, and the Lloyds Pharmacy is fully engaged with Medicine Care Review Pharmacy First and AMS, indeed Markie our Pharmacy Manager starts her Independent Prescribing Course in January, and although collection and delivery is not a Core Service, this service is offered by all existing Pharmacies, and if a Patient is genuinely housebound then a further Pharmacy in Lenzie would make no difference to their access to Pharmaceutical Services.
- 6.411 The Applicants' proposed opening hours offer no more accessibility than those currently offered by existing Contractors.
- 6.412 After reading the CAR, I felt it necessary to pay a visit to the Boots Pharmacy in Lenzie; this was quite revealing.
- 6.413 After reading the Applicants comments and some of the views expressed in the CAR, I was expecting to walk into what was basically a cupboard with a totally demotivated team of people.
- 6.414 This was not the case, whilst the premises are definitely not the biggest, they are by no means the smallest I have ever seen, and everything seemed organised.
- 6.415 On questioning the team they were aware of the application and the comments in the CAR, they openly admitted that the COVID Pandemic had been hard and that due to the restrictions, only two Patients were allowed in the pharmacy at any one time (this was true of many pharmacies in Scotland during the pandemic) and on occasion this had meant patients had to wait outside, however this was no longer the case
- 6.416 At the time of my visit the consultation area was perfectly accessible and afforded an appropriate level of privacy.
- 6.417 On chatting further with the team they were a bit upset with the Applicant's method of promoting his Application, namely standing outside the Church with Banners and approaching people on the street. They had also heard rumours that the Applicant was actually in partnership with the owners of the premises, and that the premises had only been bought to prevent anyone opening a restaurant which would have had a detrimental effect on their existing businesses. If any of this is true, then I wonder whether this application has only been made to allow the Applicant and his partners to gain some income from an empty premises.
- 6.418 I cannot agree with this as, from a population of 16,940 (these being the Data zones noted in the CAR) only 971 responses were received, and of these only 848 (5.0%) of the population of Lenzie lived in the neighbourhood.

A 5% response is quite low and, in answer to Q4, do you believe you receive your medication in a timely manner using the existing Pharmacy Services in the defined Neighbourhood, only 621 3.7% of residents said they did not.

- 6.419 In response to “If a community pharmacy opened at these premises, would it change the way you accessed pharmaceutical services?”, only 4.4% said it would.
Interestingly in response to Q7 “Do you think the Intended Applicant’s proposed pharmacy will impact (either positively or negatively) other NHS funded services like GPs, community Nurses, other pharmacies, Dentists, Optometrists and Social Services?”, 50.6% of respondents said it would, and many highlighted the effect on the existing Boots Pharmacy
- 6.420 The following is also taken from the NHS (Pharmaceutical Services) (Scotland) Regulations as Amended)
The viability of existing service providers is also relevant in this context
If granting the application would affect viability of those who currently provide a service in the neighbourhood, then it may be that granting the application would have a negative effect upon services in the neighbourhood as a whole. Such an application may be refused. Similarly, if the granting of an application would have a detrimental effect upon the provision of services in the neighbourhood for some other reason, then refusal may be justifiable.
- 6.421 I am aware that Townhead Pharmacy has undergone a major refit at a cost in excess of £250,000, I have no doubt this investment has been made based on the current Pharmaceutical Services available in Lenzie and Kirkintilloch.
- 6.422 I would also point out that to my knowledge, the Bannerman’s Pharmacy operate with two pharmacists each day and Townhead Pharmacy with three. This model allows for Domiciliary visits if needed. I doubt whether either business could continue to operate this model if their businesses are adversely affected by the granting of this unnecessary contract.
- 6.423 The Panel must take account as to whether the granting of an application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.
- 6.424 There is at this time, a critical shortage of community pharmacists and pharmacy staff.
- 6.425 Pharmacists are now on the Governments list of professions where there are shortages and recruitment issues.
- 6.426 Recently, CPS have requested that Health Boards stop recruiting Pharmacists and Technicians from community pharmacy. Over the past three to four years, almost 600 Pharmacists and 300 pharmacy Technicians have been recruited in to General Practice.
- 6.427 The granting of this unnecessary Contract would only exacerbate this shortage.

- 6.428 The Applicant must also be aware that the Greater Glasgow and Clyde Pharmaceutical Care Services Plan (PCSP) makes no mention of a need for a pharmacy in his proposed neighbourhood.
- 6.429 The Panel must consider what the existing pharmaceutical services are in the Neighbourhood or in any adjoining neighbourhood. There are seven pharmacies in Kirkintilloch and Lenzie.
- 6.430 The Panel must take account as to whether the granting of an application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.
- 6.431 I am unaware of any complaints to the Health Board regarding current service provision and having examined the PCSP, I can see no reference to there being a need for a pharmacy in the Applicants proposed neighbourhood.
- 6.433 I would therefore ask the Panel to refuse this application as it is neither necessary nor desirable in order to secure the adequate provision of Pharmaceutical Services in the neighbourhood in which the premises are located.
- 6.433 This concluded the presentation from Mr Tom Arnott of Lloyds Pharmacy.
- 6.434 **The Chair invited the Applicant (Mr Connolly) to question Mr Arnott**
- 6.435 Mr Connolly noted that prescription numbers in Lloyds had dropped by 32%. Mr Arnott responded that he would have to see evidence regarding this as having spoken to colleagues before this meeting, it was nowhere near 30%.
- 6.436 Mr Connolly enquired as to how much prescription volume Lloyds had lost. Mr Arnott responded that he would not give out commercial information but if it was a 30% drop it would not be viable.
- 6.437 Mr Connolly noted that the figure quoted earlier was following a FOI request. Mr Arnott responded to say that he did not have this information / figures.
- 6.438 Mr Connolly enquired what turnaround times for prescriptions would be at Lloyds from GP Surgery to the pharmacy. Mr Arnott responded that it depends on the surgery, it could be two days but would depend on the agreements between the parties and could be seven days.
- 6.439 Mr Connolly enquired what Mr Arnott would expect to be the case. Mr Arnott responded to say he would expect five days if it was agreed with the surgery.
- 6.440 Mr Connolly then enquired what it could be if someone were to walk in with a prescription. Mr Arnott responded likely 10-15 minutes.
- 6.441 Mr Connolly noted those in the CAR as being in the neighbourhood. Mr Arnott responded that the CAR noted the data zones of which 800 responses have been received from, but that 77% was of respondents and not residents.

- 6.442 Mr Connolly noted that if referring to the number of respondents to the CAR, queried whether a higher number had been seen at PPC. Mr Arnott noted that it would need to be comparable to the local population – big city or small towns.
- 6.443 **Mr Connolly had no further questions for Mr Arnott**
- 6.444 **The Chair invited Mr Jamieson (Boots UK) to question Mr Arnott – This was declined.**
- 6.445 **The Chair invited Mr Marnell (Townhead Pharmacy) to question Mr Arnott – This was declined.**
- 6.446 **The Chair invited Mr Feeney (Bannerman’s Pharmacy) to question Mr Arnott – This was declined.**
- 6.447 **The Chair invited Mr Gilroy (Lenzie Community Pharmacy) to question Mr Arnott – This was declined.**
- 6.448 **The Chair invited Mr Green (M & D Green Pharmacy) to question Mr Arnott – This was declined.**
- 6.449 **The Chair invited Mr Macintyre (Contractor Pharmacist Member) to question Mr Arnott – This was declined.**
- 6.450 **The Chair invited Mr Daniels (Lay Member) to question Mr Arnott – This was declined.**
- 6.451 **The Chair invited Mr Miller (Non-Contractor Pharmacist Member) to question Mr Arnott – This was declined.**
- 6.452 **The Chair invited Mrs Anderton (Lay Member) to question Mr Arnott**
- 6.453 Mrs Anderton enquired what Mr Arnott would consider the neighbourhood. Mr Arnott responded Lenzie and Kirkintilloch joined. The neighbourhoods northern border would be, across Initiative Road to the Eastern Boundary and then to Lindseybeg into Park Burn and then back up to meet Northern Border. Mr Arnott firmly believed that Lenzie and Kirkintilloch are one place.
- 6.454 **The Chair declined the opportunity to ask questions to Mr Arnott**
- 6.455 **The Chair noted that all questions had been completed**
- 6.456 The Chair therefore asked all parties to sum up in reverse order starting with the IPs.
- 7 Summing Up**
- 7.1 **Mr Jamieson of Boots Pharmacy**
- 7.2 Whatever neighbourhood the panel choose to accept, within this there are seven pharmacies within the area. The Regulations state that consideration must be given, not only to services provided within a neighbourhood, but also from outwith into a neighbourhood.

It was a fundamental fact, evidenced by Mr Feeney, who lives in Lenzie that residents had to go outwith Lenzie to access many services. One service significant to community pharmacy is GP services. All of which were located in Kirkintilloch.

Mr Connolly had asserted that 60% of prescriptions generated for the population of Lenzie were being dispensed outwith the neighbourhood, and that the reason for this was because the services provided by Boots were inadequate. Mr Jamieson contended that this was an assumption based on the average person generating 19 prescriptions per year. The total number of prescriptions that could be generated from Lenzie was therefore 19 x 8,200 – 13,000. Boots dispensed on average 5,500 leaving a potential 7,500 (60%) which could be tempted back to Lenzie. This did not however take into consideration that SIMD information showed that the population of Lenzie was more affluent, more mobile and had less health needs than the Scottish average. A total number of six pharmacies providing services into this neighbourhood was adequate to meet the needs of the population.

- 7.3 No inadequacies in services within Lenzie, it is adequate. Lots of feedback from the CAR note this. To highlight main points:
- All community pharmacy was affected by the pandemic; and
 - Community pharmacy may be blamed for delays due to being located at the end of the chain.
- 7.4 Ms Sutherland has led the team brilliantly and have had excellent patient feedback from the residents of Lenzie. Boots have capacity to grow, community pharmacy have a massive issue highlighted by the Loans from Scottish Government. If this application was to be accepted, it would have a huge impact to the Boots Pharmacy. Respectfully we ask you to decline.
- 7.5 **Mr Marnell of Townhead Pharmacy**
- 7.6 Boundaries are irrelevant. The question is whether they are being well serviced by pharmacy. I believe they are. Everyone wants an additional pharmacy on their corner. There is detriment to this, and could make other businesses unsustainable, and could be of detriment to the people of Lenzie, Kirkintilloch and Auchinloch. We would request that the Committee react to this application as not being necessary or desirable.
- 7.7 **Mr Feeney of Bannerman's Pharmacy**
- 7.8 There are a number of pharmacies within close proximity to Lenzie and hope the Panel will see that services provided by contractors is adequate, if not more so. I would request the panel to reject based on the evidence today.
- 7.09 **Mr Gilroy of Lenzie Community Council**
- 7.10 Mr Gilroy advised that the Community Council solely represented the patient perspective. He had no knowledge of the technical operation of pharmacy and had reflected the views of the community. He urged the PPC to look at the views of the community as expressed in the CAR and give consideration to these.

7.11 **Mr Green of M & D Green Pharmacy**

7.12 I do not feel there is a need to have an additional pharmacy in Lenzie.

7.13 **Mr Arnott of Lloyds Pharmacy**

7.14 I have been to a lot of these hearings and viability is always mentioned. The volume of business being done in Lenzie is not sufficient for two pharmacies to reside within close proximity. Another pharmacy would lead to a closure. Services from other providers with double / triple pharmacist would be at risk and would be detrimental to the people of Lenzie. Not necessary or desirable for the areas in which the application is made.

7.15 **Applicant**

7.16 Lenzie is a distinct community. In 2006 the PPC considered it inadequate for a population to travel from an area outwith Kirkintilloch into the Town centre to obtain pharmacy services. Since that time the population had grown and so the argument was more relevant. The number of elderly requiring a higher level of care had increased.

The IPs would have us believe that the pressures of the pandemic were solely responsible for the decrease in services provided by Boots, however this missed the point that none of the responders to the Joint Consultation exercise had made any detrimental comments about the independent contractors who had all experienced the same pandemic and had to make the same adjustments to their service model.

All independent contractors had seen an increase to their prescription volumes. GP practice list sizes had risen. He had shown that affluence doesn't preclude the need for health services.

7.17 I don't agree the granting of an additional contract would make the Boots branch in Lenzie unviable. Even if the Boots branch lost a percentage of its prescription volume to a new pharmacy it would not make a significant impact as evidenced in areas such as Blackburn and Lesmahagow. The IPs in Kirkintilloch will not see any impact on their viability. At present the current pharmacies in Kirkintilloch deliver into the area of Lenzie which means that the current network is already failing the citizens of Lenzie and granting this application could rectify these issues. I strongly feel this could only have a positive effect.

7.18 I don't believe residents in Lenzie have adequate service nor should travel be required. I don't believe Boots have capacity of growth due to zero increase during COVID and post pandemic. We didn't apply for this application during COVID, we applied well before it, and have highlighted those drivers of service. The CAR is still fully relevant, and comments also note it was before COVID. I think that at a National level from Scottish Government and Westminster, use of pharmacies to relieve the NHS is a fully viable, and fully required service in Lenzie.

8 Retiral of Parties

- 8.1 The Chair then invited each of the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. Having been advised that all parties were satisfied, the 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 a copy issued to all parties within the timescales set out in the Regulations. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.
- 8.2 The Chair advised the Applicant and IPs that it was in their interest to remain in the building until the Committee had completed its private deliberations. This was in case the open session was reconvened should the Committee require further factual or legal advice in which case, the hearing would be reconvened, and the parties would be invited to come back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.
- 8.3 The hearing adjourned **at 1645 hours** to allow the Committee to deliberate on the written and verbal submissions.

9. Supplementary Information

Following consideration of the oral evidence, the Committee took account of the following:

- i. That due to the restrictions in place to manage COVID-19, members of the PPC had conducted their own site visit noting the location of the proposed premises, the pharmacies, medical centres and the facilities and amenities within and surrounding the proposed neighbourhood;
- ii. The Application and supplementary information provided by the Applicants;
- iii. Additional information submitted by Boots UK Ltd of Customer Comments;
- iv. Public Transport Information;
- v. The Consultation Analysis Report;
- vi. Information regarding planned road and local housing developments within the area from Planning and Roads Development at East Dunbartonshire Council;
- vii. GPhC Inspection reports for Contractor Your Local Boots Pharmacy (1537), Contractor Pulse Pharmacy (1601) and Contractor J F Forbes Pharmacy (1663). These were the only pharmacies within the consultation to have been inspected since the GPhC began publishing Inspection reports in April 2019;
- viii. Written representations received from the Interested Parties during the Schedule 3 consultation;
- ix. Map showing the location of the proposed Pharmacy in relation to existing Pharmacies and the surrounding area;
- x. Map showing the neighbourhood proposed by the Applicant;

- xi. Map showing the data zones of the area in question;
- xii. Distances from proposed premises to local pharmacies and GP practices within a three mile radius;
- xiii. Details of General Medical Practices in the area including practice opening hours, number of partners and list sizes;
- xiv. Details of service provision and opening hours of existing pharmacy contracts in the area;
- xv. Population Census Statistics from 2011; including the population profile for each of the selected data zones;
- xvi. Complaints received by the individual community pharmacies in the consultation zone regarding services;
- xvii. Number of Prescription items dispensed during the past 12 months and information for the Pharmacy First Service;
- xviii. Summary of applications previously considered by the PPC in this area;
- xix. Pharmaceutical Care Services Plan

10. Deliberations

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

10.2 Neighbourhood

10.3 The Committee noted that while the Applicant's proposed premises were firmly situated within NHS Greater Glasgow & Clyde, the neighbourhood as defined by the Applicant extended beyond the Board's boundary into NHS Lanarkshire. The Committee were satisfied that the process defined in Schedule 3 of the Regulations had been followed and that NHS Lanarkshire had been correctly notified of the application and were afforded adequate opportunity to comment on the Applicant's proposal by virtue of their boundary being within 2km of the proposed premises.

10.4 The PPC considered the neighbourhood as defined by the Applicant; examined the maps of the area provided in the PPC papers and considered what they had seen on their site visits.

10.5 The PPC noted that there had been a range of views put forward both before and during the oral hearing. Some suggested that the neighbourhood should be defined as wider than that of Lenzie and cited reasons to support this view. The Committee considered the full range of options in their deliberation and noted that most of the Interested Parties had been content to agree with the Applicant's definition, with the caveat that Kirkintilloch was easily and necessarily accessible for the residents of Lenzie.

10.6 The Committee comprehensively discussed the four boundaries defined by the Applicant. They agreed that there was a clear natural boundary of the tree line towards the north beyond Park Burn. Beyond this tree line lay green belt which was a complete topography to the land south of this line.

- 10.7 Similarly, the west boundary was characterised by a difference in topography caused by the natural boundary as it skirted Cardyke Plantation, playing fields and farmland. This separated it from the residential area to the east.
- 10.8 The Committee noted the M80 to the south of the area, however concluded that the Applicant's proposed boundary of the farmland just north of this, was a more natural boundary.
- 10.9 The proposed east boundary again represented a significant boundary, the relatively recent A806 Initiative Road was a major trunk road establishing a barrier between Lenzie, Auchinloch and the area to the east of this.
- 10.10 The Committee noted that continued development within the area known as Auchinloch which lay to the south of the Applicant's defined neighbourhood was now reducing the area of greenbelt between what had initially been two distinct areas. It was now increasingly difficult to see where the area of Auchinloch ended and the area of Lenzie began.
- 10.11 A number of factors were taken into account when defining the neighbourhood, including those resident in it, natural and physical boundaries, general amenities such as schools/shopping areas, the mixture of public and private housing, the provision of parks and other recreational facilities, the distances residents had to travel to obtain pharmaceutical and other services and also the availability of public transport.
- 10.12 The Committee agreed that the neighbourhood should be defined as follows,:
- North:** From Crosshill Road B819 where it meets the Park Burn, along Park Burn passing and incorporating all of High Gallowhill, continuing along Park Burn passing and including the Greens. Then cutting along the tree line, just north of Greens Avenue, passing The Loaning, going east across Civic Way, cutting east across the park area in front of the sports centre to meet Initiative Road, where it joins the east boundary.
- East:** From where the east boundary meets the north boundary on Initiative Road, going south along Initiative Road until it meets the A806 / B757 roundabout past the golf course, taking in the areas of Millersneuk, Claddens and the farmland between.
- South:** From the roundabout at A806 / B757 heading west along the farmland, past the golf course on the south, continuing west as far as the Cardyke Plantation.
- West:** From south of Langmuirhead Road heading north to cross Langmuirhead Road, passing the Cardyke Plantation, incorporating and passing Wester Auchinloch/Auchinloch along the farmland past Gadloch, to meet Crosshill Road. Following Crosshill Road until it meets Boghead Road. Then following Boghead Road north, passing Boghead playing fields, before forking left to follow the tree line of Boghead woods, until meeting Park Burn, where it joins the north boundary.
- 10.13 The Committee agreed that within this area there was a significant residential population. The area included multiple amenities of the nature that would be expected within a neighbourhood.

The Committee did however recognise that a “neighbourhood for all purposes” as described within the initial guidance to the regulations, had changed over time, given the significant reduction of amenities such as banks and post offices in certain areas.

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

The PPC were aware that the queue situation would certainly have been experienced by all community pharmacy contractors during a time when face to face contact was discouraged, and the number of people allowed in spaces was curtailed due to infection control considerations. This situation was restricted to community pharmacy and could not be considered evidence of inadequacy.

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

- 10.26 The current network of pharmacies provided a range of opening times, with the majority providing services in excess of the minimum required by the Health Board via their Model Hours of Service Scheme. There was also a demonstrated commitment to Pharmacy First Plus, with two of the current contractors already involved in the service.
- 10.27 In further consideration over the level of complaints around services, the PPC noted the number of complaints notified to the Health Board via the Patient Rights exercise which was undertaken quarterly and which reported complaints received by community pharmacies under specific categories. The PPC would have expected to see a higher level of complaints reported to reflect the apparent level of dissatisfaction with the existing service provision.
- 10.28 The PPC considered the Applicant's assertions around how he would staff his pharmacy. He had confidently asserted that he would provide two pharmacist cover and would rely on friends and others who were locums to cover holidays and sick leave. The PPC wondered how stable this arrangement could be given the current known workforce pressures.
- 10.29 In final deliberation, the PPC considered the Applicant's apparent reliance on focussing on the services provided specifically by Boots, while not taking into consideration the wider provision to the neighbourhood by nearby existing contractors. While the PPC recognised that there may have previously been some issue with the service provision in Boots for a host of reasons, they were satisfied that Boots had taken steps to resolve these issues and that any remaining dissatisfaction shown might well be residual feeling from an element of the population who supported the Applicant's case rather than from direct experience.
- 10.30 The Applicant had, in the PPCs opinion provided only anecdotal evidence to illustrate that existing services were inadequate. He had relied predominantly on the perceived substandard service provided by Boots, while not taking into consideration the other contractors in the current network. In addition, he had relied solely on the provision of services within the neighbourhood while disregarding the services providing by others into the neighbourhood.
- 10.31 Patients currently accessed pharmaceutical services from pharmacies that were situated within the neighbourhood and at the main shopping area that would be used by residents living in Lenzie. The PPC had gleaned from extensive questioning of the Applicant and Interested Parties that these pharmacies could be accessed by car and via public transport. The Applicant had, by his own admission commended the current network in Kirkintilloch in their standard of service. Services which were readily available to the residents of Lenzie. The Committee were clear in their assertion that patients had a good level of choice within reasonable distances from where they might live to access alternative pharmaceutical provision if they felt their current community pharmacy was underperforming. The PPC agreed that given the level of current provision in the wider area, services available to patients in the defined neighbourhood could not be considered inadequate. The notion of inadequacy was, in the PPC opinion theoretical and not based in evidence.

- 10.32 **In accordance with the statutory procedure Mr Alasdair Macintyre (Contractor Pharmacist Member) and Mr Josh Miller (Non-Contractor Pharmacist Member) left the hearing at this point.**
- 10.33 **The Committee concluded that there was no evidence provided to demonstrate any inadequacy of the existing pharmaceutical services to the defined neighbourhood.**
- 10.34 In accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, the Committee, for the reasons set out above, considered that the pharmaceutical service into the neighbourhood to be adequate.
- 10.35 Accordingly, the decision of the Committee was unanimous that the provision of pharmaceutical services at the premises was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was rejected. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.

The meeting closed at 1822 hrs

Signed:

[Chair name]

Chair – Pharmacy Practices Committee

Date: