

**PHARMACY PRACTICES COMMITTEE
APPLICATION BY SAMSON FERRY LTD FOR THE INCLUSION IN THE
PHARMACEUTICAL LIST IN RESPECT OF THE ADDRESS, 1-3 SCOTSTOUN
GROVE, SOUTH QUEENSFERRY, EH30 9PH**

DECISION ISSUED 24 OCTOBER 2019

Pharmacy Practices Committee

Fiona O'Donnell	(Non-Executive Board Member and Chair PPC)
Judie Gajree	(Non-Contractor Pharmacist)
Kaye Greig	(Contractor Pharmacist)
Patricia Eason	(Lay Member)
Keith Kirkwood	(Lay Member)

Administrator to the Pharmacy Practices Committee

Liz Livingstone, Contractor Support Officer

Observing

George Gordon, Vice Chair, PPC

1. Introductory Remarks and Declarations of Interest
2. The Pharmacy Practices Committee (PPC) convened on 27 September 2019 to consider the application from Samson Ferry Ltd in respect of premises at 1-3 Scotstoun Grove, South Queensferry, EH30 9PH.
3. The original PPC hearing was held on 23 November 2018 at which the PPC declined the application.
4. That decision has been subject to an appeal and in a NAP Decision dated 28 March 2019 the Committee was asked by the Chair, NAP, to remit the decision back to the Board as the PPC had failed to properly narrate the facts and reasons upon which its decision was based. NAP advised that the Board will empanel a fresh PPC absent of any members who were empanelled at the

hearing on the 23 November 2018. PPC were also advised that there was no requirement to conduct a new Consultation Analysis Report as the existing one was suffice.

5. The Chair of the original hearing was William McQueen, and was replaced by Fiona O'Donnell.
6. Judie Gajree and Kaye Greig replaced Julie Blythe and Mike Embrey respectively.
7. Patricia Eason and Keith Kirkwood replaced John Niven and Jan Stirrat respectively.
8. Members of the Committee had undertaken a joint site visit to 1-3 Scotstoun Grove, South Queensferry, EH30 9PH and the surrounding area. During the visit 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.
9. The meeting commenced at 12.00 noon on 27 September 2019 to hear the application by Samson Ferry Ltd. 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".
10. The Chair welcomed all to the meeting. 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.
11. The Chair outlined the procedure for the hearing. All Members confirmed an understanding of these procedures.
12. 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.

13. Information Available to the PPC

Copies of the original papers from the hearing on the 23 November 2019:

- I. Application form A (1) from Samson Ferry Ltd with supporting information
- II. Supporting letter from South Queensferry and District Community Council
- III. Objection letter from Well Pharmacy
- IV. Objection letter from Lloyds Pharmacy
- V. Email from Lothian Area Pharmaceutical Committee (LAPC)
- VI. Email from LMC
- VII. Consultation Analysis Report (CAR)
- VIII. Letter from Alex Cole-Hamilton MSP
- IX. Letter from Christine Jardine MP
- X. Letter from Councillor Kevin Lang, Edinburgh Council
- XI. Maps of the area
- XII. Prescription and Dispensing figures
- XIII. Pharmacy Profiles
- XIV. FOI response from NHS Lothian
- XV. Decision of PPC held on 23 November 2018 – 7 December 2018
- XVI. NAP decision – 28 March 2019
- XVII. A copy of the NHS Lothian Plan for the Provision of Pharmaceutical Care Services Delivered via Community Pharmacy (PSCP)
- XVIII. Additional papers for the reconvened meeting from Mr Samson
- XIX. Copy of Judicail Review – Auchterarder – Feb 2012
- XX. Letter from South Queensferry Medical Practice – 30 May 2019
- XXI. FOI data regarding Lloyds pharmacies – May 2019
- XXII. FOI response – July 2018
- XXIII. Letter from Christine Jardine, MP – undated
- XXIV. Letter from Alex Cole-Hamilton, MSP – 16 May 2018
- XXV. Letter from Councillor Young, Edinburgh Council – undated
- XXVI. Letter from Councillor Hutchison, Edinburgh Council – 14 May 2018
- XXVII. Letter from Councillor Lang, Edinburgh Council – 15 May 2018
- XXVIII. Letter from Councillor Work, Edinburgh Council – undated
- XXIX. Email from Taylor Wimpey – 5 November 2018
- XXX. Email from PPCA Ltd – 5 November 2018
- XXXI. Email from Dr Service to Mr Samson – 19 November 2018
- XXXII. Email from Dr Service to Mr Samson – 14 June 2018
- XXXIII. NHS Lothian Complaint stats 2016/17 – page 24
- XXXIV. Out of stock items
- XXXV. Premises floor plan
- XXXVI. Population density map – 2011 census

- XXXVII. Lloyds The Loan – item data
- XXXVIII. Lloyds Rosebery Avenue – item data
- XXXIX. Well Kirkliston – item data
 - XL. Omnicare Queensferry Road – item data
 - XLI. Boots St Andrews – item data
 - XLII. Morrisons St Andrews – item data
 - XLIII. Lloyds St Andrews – item data
 - XLIV. Rowlands Rosyth – item data
 - XLV. SQ Medical Practice pharmacy market share
 - XLVI. Email from Dr Service – 27 August 2019
- XLVII. Minor Ailment Service Provision – Pharmadata/ISD
- XLVIII. Minor Ailment Service stats
- XLIX. Analysis on CAR responses
 - L. Submission from Lloyds
 - LI. Submission from South Queensferry and District Community Council

14. The Applicant and Interested Party were invited to enter the hearing.

15. The Chair welcomed all and introductions were made. The Applicant, Samson Ferry Ltd, was represented by Mr Will Samson and accompanied by Mrs Lynn Samson. The Interested Parties eligible to attend the hearing were: Mr Tom Arnott, representing Lloyds Pharmacy, Ms Yvonne Williams representing Well Pharmacy and Ms Anne Mitchell representing Queensferry and District Community Council.

16. The Chair introduced Mr George Gordon, who is learning the role of PPC Chair. The Chair advised that Mr Gordon would observe the meeting and the decision process, however would not participate in any way throughout the hearing. The Chair asked the applicant and interested parties if anyone objected to Mr Gordon's attendance. No one objected.

17. The Chair asked all present to confirm that they had received and considered the papers relevant to the meeting. All agreed that they had.

18. The Chair advised all present that the meeting was convened to determine the application submitted by Samson Ferry Ltd in respect of a proposed new pharmacy at 1-3 Scotstoun Grove, South Queensferry, EH30 9PH. 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, which the Chair read out in part:

19. "Regulation 5(10) provides that an application shall be granted if the Board is satisfied that the provision of pharmaceutical services at the premises is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located..."
20. The Chair advised that the hearing has been convened at the request of NAP. The Chair noted that in the NAP decision dated 28 March 2019, the Board was advised that the original PPC had failed to properly narrate the facts and reasons upon which its decision was based and required to empanel a fresh PPC absent of any members who were present at the original hearing. As the new Chair, Fiona O'Donnell confirmed that she has decided to hear the evidence orally and that as instructed by NAP the existing Consultation Analysis report is suffice.
21. The Chair confirmed that members of the Committee had jointly conducted a site visit 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.
22. The Chair advised all present how the hearing will be conducted and 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.
23. The Chair asked members if they had any personal or conflict of interest in the application, as the meeting was a quasi-judicial hearing and the Board had a duty to ensure that it is fair and impartial. All confirmed that they had no personal or conflict of interest.
24. Submissions
25. The Chair invited Mr Will Samson to speak in support of the application.
26. Mr Samson read aloud a pre-prepared statement making alterations as necessary:
27. Mr Samson gave thanks to the Committee for convening the meeting and mentioned that he and his wife were both community pharmacists living in Kirkliston with their two daughters.
28. Mr Samson added that he did not want to disparage efforts of the hardworking and professional teams in the two Lloyds pharmacies within South

Queensferry, and he was looking forward to working alongside them in the spirit of co-operation.

29. Mr Samson reported some statistics regarding South Queensferry. As per the 2011 census the population was 9,026. Mr Samson explained that due to significant housing development growth the South Queensferry Medical Practice list has grown over 4 years by 14% to 12,649.
30. Mr Samson explained that South Queensferry was in itself an enclave surrounded by water and fields, with the small villages of Dalmeny and Newton included in the revised GP boundary. The GP practice is a busy one, recently recruiting 3 new prescribers: a GP, an advance nurse prescriber, and a psychiatric nurse who prescribes. Additional staff was required to deal with the increased number of residents in the area. Mr Samson advised that in May 2019 there were 13,600 items prescribed from South Queensferry, describing these numbers as considerable.
31. Mr Samson commented that if the population was 9000 in 2011, then he would suggest that the population would now be 12000, therefore based on this figure, each pharmacy in South Queensferry would deal with a population of 6000 each.
32. Mr Samson requested that the panel consider whether the existing service provision is adequate, as Mr Samson stated that he did not believe that it was. Mr Samson referred to the Auchterarder Judicial Review and confirmed that there were parallels between the town of Auchterarder and South Queensferry, in that the numbers of pharmacies was adequate but the provision from the pharmacies was inadequate. Mr Samson quoted the NAP decision - "The Panel accepted that pharmaceutical services are available to the residents of Auchterarder but the level of services provide is inadequate". Mr Samson confirmed that in the Auchterarder case, NAP concluded that "there was also evidence, particularly from the second respondent's statutory consultation, indicating that there was significant concern among respondents regarding waiting times for prescriptions, stock availability and errors".
33. Mr Samson advised that the evidence presented during his presentation would clearly show that South Queensferry suffers from Excessive Waiting Times, Stock Availability Problems, Significant Errors, High Volume of Upheld Complaints, and Inadequate Delivery of Minor Ailment Scheme.
34. Mr Samson confirmed that he had seven pieces of evidence.
35. Evidence One – Consultation Analysis Report

36. Mr Samson stated that the number of respondents (581) was very large. He referred the panel to the comparison chart that he had submitted and advised that it is not uncommon to get 50 or 60 responses, therefore 581 is considered a large number.

37. Mr Samson quoted that the most important question in the CAR was: Do you think there are gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood. Mr Samson stated that 73.7% answered yes. Mr Samson advised that he had analysed the comments in the CAR and highlighted the following statistics.

- 19 out of 60 comments related to concern about waiting times
- 16 out of 60 comments related to concerns that Lloyds were overstretched, understaffed or can't cope
- 14 out of 60 comments related to unavailable stock
- 13 out of 60 comments related to multiple returns or multiple visits
- 11 out of 60 comments related to a population growth
- 10 out of 60 comments related to accessibility problems
- 7 out of 60 comments related to inadequate opening hours
- 7 out of 60 comments related to there being a monopoly

38. Mr Samson confirmed that he knew it was not the duty or the prerogative of the committee to correct the issue of monopoly, however he stated that if it leads to worse provision then monopoly is a relevant consideration.

39. Mr Samson read out comments from the CAR.

- Lloyds pharmacy at the Loan overstretched by growing population. Often lacking products, staff overworked and long waits for prescriptions
- It is too far for older people to walk to the nearest pharmacy, especially when you often have to wait so long for prescriptions that you have to go home and come back later
- Waiting times at the 2 existing facilities can exceed 45 mins at some times – this isn't acceptable
- The current Lloyds chemist cannot cope with the demand...you are often told come back the next day for your prescriptions or wait 2/3 hours
- Existing pharmacies often ask you to come back the next day...
- The pharmacy in Rosebery Avenue also does not usually have the full prescription available which means a return visit is required

- The main chemist in South Queensferry always has a massive wait time for prescriptions and quite often has been known to make mistakes with things.
- There is only one service provider in this area – Lloyds. Lack of competition allows them to deliver a poor service without loss of custom. Great for them. Bad for the community
- I have to wait for weeks if I want to have my stoma supplies they don't always supply all your order at once
- Current two shops run by the same company. Constantly supplying "cheaper" prescribed medicines. On occasions have stated drugs by certain manufacturers are unavailable but these drugs can be supplied easily by Boots! Need an alternative choice for residents.

40. Mr Samson highlighted further statistics from the CAR.

- 80% positive about location, especially improving access for elderly at the top of the town
- 86% positive about proposed services
- 84.6% felt the new pharmacy would have a positive impact of neighbourhood
- 92.2% agree with our definition of neighbourhood

41. Evidence Two – Petition

42. Mr Samson advised that he had conducted an online petition earlier on in the year and it was still running. Mr Samson advised that he had 289 signatures to date.

43. Mr Samson advised that the petition had the same recurrent themes as the CAR: population growth pressures, waiting times, and stock availability issues.

44. The Chair asked Mr Samson if he had included the petition details with his submission, as she had not seen sight of it, therefore cannot use within the decision made by the committee.

45. The Contractor Support Officer advised the Chair that this information had not been sent out as it had personal identifiable information on it. This was an instruction from the General Manager, Primary Care Contract Organisation.

46. Evidence Three – FOI Complaints and Errors

47. Mr Samson advised that he had requested information from NHS Lothian under Freedom of Information regulation regarding complaints made about the

South Queensferry pharmacies. This relates to the period 2015 – 2018, resulting in 32 complaints recorded for Lloyds pharmacy at the Loan, and 10 complaints recorded for Rosebery Avenue.

48. Mr Arnott confirmed that he had not seen this document. Liz Livingstone, contractor support officer advised that it had been sent to Lloyds Head Office along with the other papers relating to this application. The Chair provided Mr Arnott with a copy.

49. Mr Samson advised that most of the complaints related to dispensing errors being the most serious type of complaint as it can lead to patient harm. Mr Samson explained that the NHS in Scotland receive around 1200 complaints each year, and as there are around 1200 pharmacies in Scotland, he concludes that there are on average one complaint per pharmacy per year.

50. Mr Samson confirmed those 32 complaints over a 4 year period, or 10 complaints over a 4 year period is well above what is to be expected. Mr Samson advised that not all dispensing errors end up as a complaint. Only the ones where the patient makes a formal complaint will be recorded. Mr Samson confirmed that his area manager for Morrisons Supermarket Pharmacy in Scotland has advised that less than 10% of dispensing errors result in a complaint. Therefore if there are 90% of errors not recorded as a complaint then it is safe to say that there are a lot of errors being made.

51. Mr Samson advised that the frequency of complaints increased whilst the population increased, therefore concluding that there is a capacity problem.

52. Evidence Four – Delivery of Minor Ailment Service

53. Mr Samson noted that the Minor Ailment Service is a core NHS pharmaceutical service.

54. Mr Samson advised that the Minor Ailment Service is a vital part of NHS strategy to reduce the workload of GP's and make pharmacies the first point of contact. Mr Samson advised that 40% of GP consultations could be dealt with in a pharmacy setting.

55. Mr Samson confirmed that the Minor Ailment Service is age exempt with most people over 65 and under 16 using this service.

56. Mr Samson advised that he had compared data relating to MAS registration in South Queensferry (5% of the population) to other towns in Scotland (similar population and demographics) with a 10-22% population and concluded that

South Queensferry has an exceptionally low level of registration. Mr Samson advised that in 2018 the Scottish Government had discussed making the Minor Ailment Service universal in April 2020.

57. Mr Samson advised that in his experience most people became registered following a visit to the pharmacy where they were considering purchasing an item. Registration at the pharmacy will lapse after 12 months if there are no more consultations.

58. Mr Samson repeated that the towns of Dalgety Bay, Stonehaven, Ellon and Helensburgh have between 10% and 22% registration, with South Queensferry at least 50% less therefore he concluded that the current core provision of Minor Ailment Service was inadequate.

59. Mr Samson highlighted a comment in the CAR report – “I also think it would be beneficial to have a pharmacy that is focussed on providing advice, consultation and minor ailment treatment – which I have not seen much emphasis on in the existing local pharmacies, which seem to me to be primarily retail businesses”.

60. Evidence Five – Letters from Medical Practice and Elected Representatives

61. Mr Samson confirmed that all four Ward Councillors, MP and MSP, and the GP surgery support his application. Mr Samson advises that 3 Councillors and the Surgery have explicitly stated that the “current provision is inadequate”. Mr Samson advised that the GP’s also identify patient concerns about waiting times, stock availability and population growth. Mr Samson read from the GP letter – “The volume of prescriptions has increased, as would be expected with the growing population, and the two local Lloyds pharmacies are unable to absorb this increase. Other pharmacies in the surrounding areas, like Well Pharmacy in Kirkliston, are unable to compensate for this local deficiency in pharmaceutical service provision and thus the scripts and dosette boxes have been outsourced to Omni and Honey Pharmacy. We feel a third pharmacy at Scotstoun Grove would be an ideal solution to the current inadequacy in pharmaceutical provision.

62. Mr Samson provided comments from Kevin Lang, local councillor – “I believe the current level of pharmaceutical services is inadequate”. Mr Samson advised that Councillor Graham Hutchison stated - “I agree with the overwhelming majority of my constituents that the current provision of pharmaceutical services is inadequate”. Mr Samson also advised that MSP Alex Cole-Hamilton stated – “the current provision of pharmaceutical services is inadequate”.

63. Evidence Six – Out of Stock Items

64. Mr Samson referred to a chart that he had created from his personal practice that related to out of stock items. Mr Samson explained that his employer (Morrisons Supermarket Pharmacy) has two suppliers. Mr Samson explained that Lloyds have one supplier (AAH) and as they are part of the same company Lloyds will only use them, if not, it would impact on their profitability. Mr Samson stated that if 2,3 or 4 wholesalers were available, then it would improve access to drugs. Mr Samson confirms that the CAR, GPs and his petition have all identified problems around drug availability, and as Lloyds only uses one supplier this creates problems with availability.

65. Mr Samson referred to recently produced guidance from NHS Fife to community pharmacies dealing with problems of stock availability. Mr Samson noted that NHS Fife recommended that pharmacies use alternative wholesalers; however Lloyds had refused to do this as it would impact on their profitability.

66. Evidence Seven – Population Increase

67. Mr Samson noted that in the last 4 years, the South Queensferry Medical Practice list has increased by 14%. Mr Samson also noted the information provided by the Queensferry and District Community Council that confirmed there had been 450 houses built, 192 in progress, 1300 in the planning pipeline and 150 in the early stage of planning permission.

68. Mr Samson advised that South Queensferry Medical Practice consider that there will be 9000 more patients of the next 10 years.

69. Mr Samson confirmed that all bodies agree that the housing developments are fixed and firm in nature and not speculative. Mr Samson explained that Edinburgh Council is planning to spend £30 million on infrastructure improvements; schools, roads, paths based on the plans.

70. NHS Lothian Plan for Provision of Pharmaceutical Care Services delivered via Community Pharmacy (PSCP)

71. Mr Samson advised that the Plan does not identify areas with inadequate provision like South Queensferry. Mr Samson mentioned that the Plan does not consider future house building, waiting times, local stock availability problems, errors, complaints, local breakdown of Minor Ailment Service delivery, or, consult with local population on service delivery. However the

Plan does mention that the MAS registrations across NHS Lothian is 13.7%, considerably higher than the 5% in South Queensferry and the Plan highlights that 40% of GP consultations could be averted by proper promotion and delivery of MAS.

72. Mr Samson confirmed that in all recent cases of new pharmacy application being approved, the Plan did not identify inadequacy in those locations. Ms Samson concluded that it is therefore up to himself and his wife to identify the locations and apply to the Pharmaceutical List.

73. What will Ferry Pharmacy Deliver?

74. Mr Samson confirmed that if his application was successful, the Pharmacy would offer all core services, actively promoting MAS and CMS.

75. Mr Samson would have the capacity to absorb population and take on all MDS and delivery patients, as the premises are large.

76. Mr Samson would improve access to his patients. Mr Samson advised that there are good walkways, good pathways, good parking, and no steep hill for elderly or disabled.

77. Mr Samson advised that the pharmacy would have longer opening hours – 9am to 8pm Monday to Saturday and 10am to 4pm Sunday. Mr Samson confirmed that this commitment was made during the consultation and Mr Samson also made a pledge to commit to these hours to the Community Council. Mr Samson advised that this commitment is not to trick the committee or the population into supporting the application, but it meets a stated need among the population and would be an important element to the ability to compete and secure market share from Lloyds.

78. Mr Samson stated that the community would benefit from longer hours and Sunday opening, as he explained that it is difficult to negotiate travel to the Gyle Shopping Centre with a sick child on a Sunday.

79. Mr Samson stated that the opening of the pharmacy would be a great addition to the precinct and would revitalise the shopping area. Mr Samson advised that the footfall is roughly about fifty to sixty per hour during the day and is up significantly in the evening due to the takeaway options.

80. Mr Samson stated that there would be job creation from opening the pharmacy and advised that there could be at least four jobs created, maybe more.

81. Mr Samson confirmed that this new pharmacy would bring both himself and his wife, who were dedicated local pharmacists.

82. Evidence Consideration

83. Mr Samson advised that when considering evidence it is worth noting that only irrelevant evidence may be excluded.

84. Mr Samson requested that the CAR is given regard especially in answering the “inadequacy” question.

85. Mr Samson referred to the previous PPC held on the 23 November 2018 and the subsequent appeal, and highlighted the three points of appeal upheld by NAP.

86. Appeal 1. That the previous PPC did not consider the CAR in a reasonable or logical manner – Mr Samson quoted part of the response from the Chair of NAP in relation to this point.

87. Appeal 2. That the previous PPC did not consider letters from Councillors, MP and MSP – Mr Samson quoted part of the response from the Chair of NAP in relation to this point.

88. Appeal 3. That the previous PPC failed to consider future housing - Mr Samson quoted part of the response from the Chair of NAP in relation to this point.

89. The Chair invited Mr Arnott to ask questions to Mr Samson

90. Mr Arnott stated that the Applicant had included the village of Newton in this application which was 2.5 miles from South Queensferry and 2.5 miles from Winchburgh. Mr Arnott asked Mr Samson if he was happy that Right Medicine who owns the pharmacy in Winchburgh had not been invited to this meeting. Mr Samson asked if they had been invited to the first committee meeting and Mr Arnott replied that they had not. Mr Samson advised that Mr Embrey had attended the PPC in the capacity as non contractor member; Mr Arnott stated that Mr Samson has raised an objection to him being on the panel. Mr Samson stated that he only realised that Mr Embrey had been on the panel once the verdict had been delivered.

91. Mr Arnott advised the panel that he wanted to make sure that everyone was aware that he was not friendly with anyone at the hearing. Mr Arnott confirmed to the panel that a locum friend of Mr Samson had been working in the Lloyds

pharmacy in South Queensferry and had commented that Mr Samson stated the only reason the application was refused was because Mr Arnott was friendly with people on the panel. Mr Arnott asked Mr Samson to clarify that he is happy that this is not the case. Mr Samson apologised.

92. Mr Arnott stated that Mr Samson and his wife lived in Kirkliston and asked where they work. Mr Samson confirmed St Andrews and his wife was a locum. Mr Arnott asked how long it would take Mr Samson to travel from Kirkliston to St Andrews and then how long it would take to travel from home to the proposed premises. Mr Samson suggested he knew where this line of questioning was going, and confirmed 1hr 5minutes to St Andrews and less than 10 minutes to South Queensferry.
93. Mr Arnott asked what core services are not available at the two pharmacies in South Queensferry. Mr Samson referred to the Auchterarder report and stated that it is not a question of the provision but the level of delivery not being adequate.
94. Mr Arnott asked Mr Samson how many pharmacies were in Auchterarder and what the population was. Mr Samson replied that there was one pharmacy (Lloyds) with a population of 5500, however including the surrounding rural area the population was 8000. Mr Arnott confirmed that this was therefore different to South Queensferry. Mr Samson advised that what he was stating was that the quantity of pharmacies in Auchterarder was not inadequate.
95. Mr Arnott asked Mr Samson if collection and delivery was a core service. Mr Samson stated no.
96. Mr Arnott asked Mr Samson if the 2 pharmacies in South Queensferry offered this service. Mr Samson stated that he did not know. Mr Arnott advised that they did.
97. Mr Arnott asked if the supply of dosette boxes is a core service. Mr Samson stated no. Mr Arnott asked if Mr Samson was aware that most health boards are trying to move away from the provision of dosette boxes. Mr Samson stated that he was not aware of this.
98. Mr Arnott asked Mr Samson that he would agree that 40% of the residents in South Queensferry are in the top ten for affluence in the whole of Scotland. Mr Samson stated that this could be true.
99. Mr Arnott asked Mr Samson if he agreed that the majority of residents of South Queensferry lived nearer the two existing Lloyds pharmacies than the

proposed pharmacy. Mr Samson stated no and that the bulk of the new housing would be closer to his proposed pharmacy. Mr Arnott stated that residents would need to pass the Lloyds Pharmacy on Rosebery Avenue to go to the proposed pharmacy if this was the case. Mr Samson stated that it would be the case if the resident had gone to the GP surgery first, however not if going directly to the location.

100. Mr Arnott asked if Mr Samson agrees with Community Councillor Mitchell that the Rosbery Pharmacy provides a good service but is under used because of the steep hill. Mr Samson stated that Rosebery Avenue is under used because people perceive that they won't get their full prescription when they go there, as per the comments in the CAR. Mr Arnott asked Mr Samson if he was disagreeing with Community Councillor Mitchell who stated that the Rosebery pharmacy provided a good service. Mr Samson stated that he would not disagree with that.

101. Mr Arnott asked Mr Samson why patients would traverse the steep hill from Rosebery Avenue and go 300 yards and a casual 4 minute walk to his pharmacy. Mr Samson confirmed that lots of older people who live on Scotstoun Avenue and older people in the flats would use the pharmacy. Mr Samson confirmed that the pharmacy is first port of call and would be used by disabled people who live at the top of the town. It would be convenient to those who don't have a car.

102. Mr Arnott asked if Mr Samson agreed with Community Councillor Mitchell that any new pharmacy would be best in the west of the town. Mr Samson stated that there was no retail space in the west of the town. Mr Arnott asked Mr Samson to confirm that his proposed premises are therefore not situated in an ideal position. Mr Samson stated that 80% of people responded in the CAR that it is an excellent location. Mr Arnott asked why Mr Samson would not wait for the Builyeon Development to be built and source a retail space then. Mr Samson stated that the current provision was inadequate as the population was growing quickly and this was the right time to open a pharmacy.

103. Mr Arnott asked Mr Samson if he agreed that 450 houses have been built and that if the Scottish average is 2.1 per household that would equate to an additional 900 extra people in South Queensferry. Mr Samson advised that the house numbers came from the community council and that he was aware that the additional housing was large family homes therefore the average per household would be different. Mr Arnott asked if Mr Samson agreed that there were an additional 192 homes currently being constructed, therefore an additional 400 people taking the population increase to 1300. Mr Samson stated that he did not agree with the average of 2.1 per household. Mr Arnott stated that Mr Samson had used this statistic in the previous PPC.

104. Mr Arnott asked Mr Samson if he agreed with the Scottish Government figures that 83% of EMAS came from deprived areas. Mr Samson advised that

he would have to study the figures. Mr Arnott stated that both parties had established that South Queensferry was not a deprived area. Mr Samson replied that this assumption was incorrect. Mr Arnott provided figures from the Scottish Governments Index of Multiple Deprivation that highlighted that there was one out of ten datazones that had a lower figure to the remaining nine. Mr Samson confirmed that he thought the deprivation was mixed, but relatively affluent.

105. Mr Arnott asked Mr Samson if he agreed with the Scottish Government figure that Band 2 is the most common banding for EMAS registration in Scotland which is 250 -500. Mr Samson advised that he did agree but he was very aware of other pharmacies that were above 1000 and stated that he would aim higher rather than lower. Mr Arnott confirmed that Band 2 is most common.

106. Mr Arnott stated that following the Lloyds EMAS registration figures that Mr Samson had provided, Mr Arnott asked if he had the demographics of the areas that he was comparing South Queensferry to. Mr Arnott provided examples of towns where he disagreed with Mr Samson's analysis, Armadale, Saltcoats and Port Glasgow. Mr Samson advised that he did not have the demographics but provided examples of 3 towns where he considered similar demographics, Stonehaven, Dalgety Bay and Helensburgh. Mr Arnott asked if Mr Samson had the datazone information on the examples. Mr Samson stated that the range was between five and ten, but predominately the top end, with Helensburgh having 22% registration. Mr Samson confirmed that he did not have the ranking within the datazone range. Mr Samson advised that reviewing the Scottish statistics, most towns in Scotland are diverse.

107. Mr Arnott stated that Mr Samson was trying to denigrate Lloyds pharmacies and provided a number of examples of pharmacies throughout Scotland that had over 1000 registrations. Mr Samson confirmed that he was not trying to denigrate Lloyds pharmacy but reviewing EMAS registration he considers the Lloyds policy of understaffing may be an issue. Mr Samson stated that the long process of registering patients would be discouraged if there is understaffing issues. Mr Arnott asked Mr Samson if anyone had ever been refused EMAS registration in any of the two pharmacies in South Queensferry. Mr Samson and Mr Arnott discussed the registration process at length, until the Chair intervened and asked for the discussion to move to questions.

108. Mr Arnott asked Mr Samson how he would deal with a situation of an EMAS patient that that lapsed, bearing in mind that there were another 65 patients that had lapsed in the month. Mr Arnott asked if Mr Samson would just re-register the patient. Mr Samson stated no.

109. Mr Arnott asked Mr Samson if he agreed that the small number of visits suggested that there was no demand for services at the weekend, at the pharmacies in South Queensferry. Mr Samson stated no.

110. Mr Arnott asked if Mr Samson knew what the Patients Rights Act was. Mr Samson stated yes. Mr Arnott asked if Mr Samson knew that all complaints must be submitted to the local health board and even if the complaint had been resolved it must be reported to the board. Mr Samson stated that he was not aware of this. Mr Samson stated that the Morrison policy did not advise this. Mr Arnott provided examples of procedural process for errors and stated that within Lloyds any complaint or error would be forwarded to NHS Lothian to be recorded. Mr Arnott asked Mr Samson how many incidents he had reported. Mr Samson confirmed that in the last 3 years he has had a few dispensing errors but no complaints.

111. Mr Arnott stated that Mr Samson had quoted 19 dispensing errors out of 500,000 items over a 4 year period at The Loan, in South Queensferry. Mr Arnott asked Mr Samson if he felt that this was an excessive number. Mr Samson stated that the question was being framed in a way that he disagreed with. Mr Samson stated that if the 19 dispensing errors were complaints then he would agree that this was an excessive number. Mr Samson confirmed that Lloyds would report all complaints/errors, there is no difference in their definition, as there is a learning culture in Lloyds. Mr Samson stated there was a difference in what was reported ie a complaint or a dispensing error. Mr Arnott asked Mr Samson whether he felt that the two pharmacists in the two pharmacies in South Queensferry were not reporting all of their errors and complaints. Mr Samson stated that Mr Arnott was fudging the discussion because the figures relate to a return of complaints and not a return of errors. Mr Arnott disagreed and confirmed that Lloyds report all. The Chair intervened and asked the discussion to move on.

112. Mr Arnott asked how many wholesalers Lloyds used. Mr Samson advised that it was primarily AAH. Mr Arnott confirmed that from July 2019 they use AAH and Alliance. Mr Samson confirmed that Lloyds in St Andrews had asked Morrisons to order in some drugs as they did not have access to them, last month. Mr Arnott confirmed that he would raise this with the area manager as Lloyds as everyone has access to both wholesalers. Mr Samson advised that he was told by the Lloyds pharmacist that he did not have access to Alliance. Mr Arnott stated that this was untrue.

113. Mr Arnott asked Mr Samson to confirm how many houses had been built on the Builyeon Road development, as mentioned at the previous PPC. Mr Samson confirmed zero.

114. Mr Arnott asked Mr Samson to clarify the opening hours and the number of pharmacists on his proposed site. Mr Samson confirmed that the pharmacy will be opened 72 hours per week and there will be 2 pharmacists on site some of the time. Mr Arnott confirmed that the cost of locum cover for holidays will cost £14500.

115. Mr Arnott advised that Mr Samson states that the Loan dispenses 120000 items per annum and Rosebery dispenses 36000 items per annum, a total of 156000 items, however the South Queensferry GP practice issued

144648 prescriptions. Mr Samson had quoted that there were 13600 prescriptions from South Queensferry Medical Centre, in May 2019. Mr Samson advised that the figures have changed recently in that the Loan averages 8000 items per month and Rosebery is just above 3000 per month. Mr Arnott stated that Mr Samson had confirmed that a pharmacy would need between 1500 and 2000 items per month to be viable. Mr Samson agreed. Mr Arnott confirmed that the figures for Rosebery were approximately 2000 per month (if the 1500 items from Broxburn were removed) leaving an unviable 1000 items for Mr Samson at his proposed location. Mr Arnott asked Mr Samson to agree that there was little or no prescription growth in the last year at South Queensferry. Mr Samson stated probably not but there has been an increase in the prescription numbers issued by the GPs.

116. Mr Arnott asked which of the two pharmacies in South Queensferry had the most negative comments in the CAR. Mr Samson stated that it was unfortunately both of them quoting from a resident that at the Loan there was waiting time issues and at Rosebery there were unavailable stock issues. Mr Arnott stated that if Mr Samson is suggesting that Lloyds can't cope, there is an easy solution to the problem in that if the population of South Queensferry were to go the Roseberry, which is 300 yards from the proposed location of Mr Samson's application, then the problem would resolve itself. Mr Samson queried that it must therefore be the patients fault. Mr Arnott replied that he did not think it was the patients fault, but there was a perfectly good Lloyds pharmacy at Rosebery that was under used. The Chair intervened to move the questioning along.

117. Mr Arnott provided joint consultation data from other locations in Scotland, which highlighted large percentages of the population responses to joint consultations. Some examples quoted of population percentages to CAR responses were between 10 to 20%. Mr Arnott stated that the South Queensferry population response was 6.4% therefore he asked Mr Samson if he agreed that the response rate was low. Mr Samson stated no.

118. Mr Arnott read out some negative responses from the CAR relating to the location of the proposed pharmacy and asked Mr Samson if he agreed with them. Mr Samson advised that all comments should be taken into consideration. Mr Samson stated that 80% of the respondents were positive about the location.

119. Mr Arnott stated that there was a letter in the Linlithgow Gazette dated the 5th September 2019 and asked Mr Samson if he had contacted the Gazette or had they contacted him. Mr Samson stated that they contacted him. Mr Arnott asked Mr Samson how the Gazette was aware of the hearing date and Mr Samson confirmed that he could not comment.

120. Mr Arnott confirmed that Mr Samson had mentioned an online petition and asked whether he had not trusted the CAR. Mr Samson stated that at the previous hearing the responses to the CAR were ignored, and he set up the petition at the time he was waiting for the National Appeal Panel (NAP) to

respond to his appeal. Mr Arnott stated that the responses to date were 289 and this was a lot less than the CAR. Mr Samson stated yes.

121. Mr Arnott asked Mr Samson what the average waiting time was at Rosebery Avenue. Mr Samson stated that he did not know but according to patients it is considerable, approximately 20 minutes. Mr Arnott asked Mr Samson that if it was correct that Rosebery Avenue who gets 5 patients per hour has a 20 minute waiting time per patient. Mr Samson stated he could not comment.

122. Mr Arnott asked Mr Samson if he knew of any other hearing that did not have MP or MSP letters of support. Mr Samson stated Armadale. Mr Arnott stated that local representatives acted in the best interest of their community.

123. Mr Arnott commented that Mr Samson stated that no health board ever puts specifics into the care services plan. Mr Samson advised that from the ones he has read he has not identified any information relating to the requirement of pharmaceutical services in specific locations. Mr Arnott asked Mr Samson if he had ever read the NHS Borders plan as it stated that Langlees in Galashiels and Hawick were identified as locations that required a pharmacy. Mr Samson advised that he did not think that the plan mentioned specific locations. Mr Arnott stated that it did.

124. Mr Arnott asked if revitalising a shopping precinct is in the test for adequacy. Mr Samson stated no.

125. The Chair invited Ms Williams to ask questions to Mr Samson

126. Ms Williams asked Mr Samson if at his time with Morrisons he had experienced stock shortages. Mr Samson stated that all pharmacies have to some extent.

127. Ms Williams stated that Mr Samson had referred to Auchterarder and asked if he agreed that it was the duty of the PPC to consider each application individually regardless of previous decisions. Mr Samson advised that if the principles have been tested at judicial review, then they are established precedent and the indicators are important to guide us. Ms Williams referred to PPC's that have not gone to judicial review and asked whether the application should be considered individually. Mr Samson stated that he would consider it odd to have no regard to it at all.

128. Ms Williams asked Mr Samson whether the PPC as per the regulations had only to consider the CAR and not the petition. Mr Samson stated no, and advised that the PPC is determined to consider all information that is deemed relevant to the application.

129. Ms Williams asked if Mr Samson knew how many of the 289 responses to the petition, had responded to the CAR. Mr Samson stated no. Ms Williams

asked if it was likely because all respondents had felt so strongly when responding to the CAR. Mr Samson stated that this was unlikely, but there may be a degree of crossover. The Chair advised that as the petition has not been presented to the Committee, any discussion on this matter will not inform the decision making process.

130. Ms Williams noted that Mr Samson had remarked that Lloyds have a policy of understaffing their pharmacies and asked Mr Samson to provide evidence of this. Mr Samson stated that this was in the poor delivery of the MAS. Ms Williams stated that his comment was more general about Lloyds and asked for evidence. Mr Samson confirmed that out of 19 towns that had a Lloyds pharmacy, 15 were the worst in town to provide MAS. Mr Samson stated that this could be due to Lloyds policy not to deliver MAS (which he doesn't believe is the case) or understaffing their shops and making it difficult to deliver the service. Ms Williams asked if there were any other services not being delivered that would suggest understaffing. Mr Samson stated that the length of time for prescriptions and errors would suggest understaffing. Ms Williams asked whether complaints that recorded EMAS delivery highlighted that all other pharmacies in Scotland had understaffing issues. Mr Samson replied yes.

131. Ms Williams asked Mr Samson if he would be surprised to learn that errors occur less frequently when working under pressure. Mr Samson stated that there is a difference between being short staff and being under pressure, therefore you are likely to make more mistakes when short staffed.

132. Ms Williams mentioned that Mr Samson had not heard of any alternative service being offered by any other health board to replace monitored dosage systems and asked if Tayside has a medications administration scheme where they are replacing monitored dosage schemes with MAR charts. Mr Samson asked if this question related to carers. Ms Williams confirmed that this related to all levels of care and an assessment would need to be done. Mr Samson advised that dosette boxes are specifically useful to people with dementia. Ms Williams asked what policy Morrison's have on dosette boxes and if Mr Samson carries out an assessment on each patient. Mr Samson stated yes. Ms Williams asked if Mr Samson relies on the GP to do the assessment or did he do it himself. Mr Samson stated he did them. Ms Williams asked if Morrison had a template to follow. Mr Samson stated that he would use his judgement and ability to speak to the patient himself.

133. Ms Williams asked if Mr Samson would agree that one of the things that the PPC have to take into consideration at a hearing is the viability of the contractor. Mr Samson stated yes.

134. Ms Williams commented that Mr Samson had stated that Lloyds could transfer prescription from Murrayfield to Rosebery Avenue which would make Rosebery pharmacy viable. Ms Williams asked Mr Samson if he felt it was fair that Lloyds would need to do this, if they had lost 50% of their work due to

another pharmacy opening in the area. Mr Samson stated that most of the work that Rosebery Avenue does is collection, delivery and dosette boxes and that kind of work is static therefore relatively safe. Mr Samson stated that even if Rosebery Avenue lost 50% of their business, as Lloyds are a very big organisation they could move work from the Loan, or other sites and therefore Roseberry Avenue could be viable well into the future. Ms Williams asked Mr Samson to consider whether Rosebery Avenue would be unviable if other work was not transferred by Lloyds. Mr Samson stated that he did not think that it was entirely true and that the PPC did not consider loss of income only viability. Mr Samson stated that 2000 items per month or 2000 people makes a pharmacy viable and on this basis South Queensferry has space for 4 or 5 viable pharmacies. Mr Samson advised that Hawick has 5 pharmacies for 15000 population and Galashiels has 5 pharmacies for 15000 population.

135. Ms Williams asked Mr Samson if he felt that viability and income was inextricably linked. Mr Samson stated no. Mr Samson confirmed that viability was a concept and viable means possible or feasible. Ms Samson stated that the idea of opening this proposed site at Scotstoun Road would mean that it is impossible for Lloyds to function, is not true.

136. The Chair asked Ms Mitchell to ask questions to Mr Samson

137. Ms Mitchell declined.

138. The Chair asked Ms Eason to ask questions to Mr Samson

139. Ms Eason asked if Mr Samson has any current information on the number of elderly residents in South Queensferry, over 80 years old. Mr Samson confirmed that there were 1316 over 65 in 2011. Ms Eason asked if Mr Samson knew how many people had carers. Mr Samson advised that he did not know but he is aware that patients need to get on a waiting list in South Queensferry to have dosette boxes.

140. Ms Eason asked if there was a bus to the Gyle. Ms Mitchell advised that there was a bus that went to the Gyle however it was not always prompt.

141. The Chair asked Mr Kirkwood to ask questions to Mr Samson

142. Mr Kirkwood declined.

143. The Chair asked questions to Mr Samson

144. The Chair noted that when visiting The Loan Pharmacy, the staff advised that there was no waiting list for dosette boxes and the waiting time was one week. The Chair asked if this was an adequate service for customers. Mr Samson replied yes.

145. The Chair asked if the reception/admin desk in the proposed pharmacy will be manned at all times. Mr Samson advised that he will probably do the

store refit in two stages. Mr Samson confirmed that the first to be completed would be the pharmacy, and the consultation suite would be put on hold until there was a demonstrated need by NHS.

146. The Chair asked Mr Samson if the lease agreement on the proposed property was all complete. Mr Samson advised that he had exchanged missives.

147. The Chair asked Mr Samson what he thought to be an excessive waiting time for scripts. Mr Samson stated that in his current practice, five to ten minutes is generally accepted as acceptable. Mr Samson stated that fifteen minutes is generally considered to be unacceptable.

148. The Chair asked Mr Samson if he or others were lone working, was a lunch break acceptable. Mr Samson advised that he currently worked from 8.30am till 8pm and had a half an hour break at 1pm. The Chair queried whether Mr Samson thought it was a good idea to have lunch breaks when waiting times are important. Mr Samson stated that he would have a lunch break and the patient would be advised that the waiting time was half an hour.

149. The Chair confirmed that the same member of staff who the committee spoke to at The Loan Pharmacy advised that they had two suppliers. The Chair asked Mr Samson to accept that this was now the practice. Mr Samson stated that he would accept this.

150. The Chair confirmed that Mr Samson had provided examples of out of stock items. The Chair wanted clarification that this did not mean that Lloyds pharmacy in South Queensferry did not have the items, but it was the days that the wholesaler did not have the items. Mr Samson confirmed that this was the case.

151. The Chair asked Mr Samson if he thought that the current opening hours of the existing pharmacies represented an inadequate service. Mr Samson responded yes. The Chair asked Mr Samson if the opening hours are inadequate, why the Scottish Government has not changed the core times. Mr Samson provided an example that if there is no pharmacy provision on a Sunday, in some circumstances this can be considered as inadequate.

152. The Chair confirmed that Mr Samson had remarked that if this application was accepted, access would be improved. The Chair asked Mr Samson to clarify how access could be improved with the proposed site being so close to the Rosebery pharmacy. Mr Samson stated that there would be improved access for the older people at the top end of the town as it would be a much easier walk. Mr Samson advised that more parking and extended opening hours would improve access. The Chair commented on the low footfall at Rosebery Avenue and asked Mr Samson where he thought residents who live near to the precinct currently go for pharmacy services. Mr Samson stated Rosebery Avenue.

153. The Chair asked Kaye Greig to ask questions to Mr Samson

154. Ms Greig asked if Mr Samson had any evidence to the reasons of long waiting times as referenced in the CAR. Mr Samson stated no.

155. Ms Greig asked Mr Samson to provide the actual number of errors made by his branch of Morrisons over twelve months. Mr Samson stated one or two dispensing errors. Ms Greig confirmed that Mr Samson's area manager had stated that 10 % of errors result in a complaint therefore asked where is this data or where is it relevant to. Mr Samson confirmed that this was what his area manager had told him. Ms Greig confirmed that this was therefore only relevant to Morrisons and not a national figure/statistic. Mr Samson stated yes.

156. Ms Greig confirmed that Mr Samson had stated that Lloyds deliver MAS badly. Ms Greig stated that she did not understand how a lower number of registrations can mean that MAS has been delivered badly. Mr Samson stated that he should not have said that.

157. Ms Greig confirmed that Mr Arnott had quoted some Scottish Government data that Mr Samson did not agree with. Ms Greig was unclear how Mr Samson could not agree with the Scottish Government. Mr Samson stated that he was unhappy with how the data was framed and said.

158. Ms Greig confirmed that Mr Samson had said that MDS had been outsourced to Omnicare. Mr Samson stated that this was not the case and that the doctors had to send to Omnicare. Ms Greig asked if Mr Samson knew the reasons why the doctors did this. Mr Samson confirmed that this was because of the waiting list. Ms Greig clarified that the Committee had been told that there is no waiting list, and that a patient can use services elsewhere.

159. Ms Greig confirmed that Mr Samson had quoted that Omnicare to Lloyds was 8 miles. Ms Greig disputed this and advised that it was just over five miles.

160. The Chair asked Ms Gajree to ask questions to Mr Samson

161. Ms Gajree commented that the Mr Samson had confirmed securing the proposed premises and that elderly people will use the pharmacy, but the pavement is very bumpy and would like to know if there are any plans for the council to repair the pavement. Mr Samson confirmed that the pavement is privately owned and that if this application was successful he would get it repaired. Mr Samson confirmed that he was unsure who actually owned it.

162. The Chair asked Mr Samson to clarify the definition of the neighbourhood. Mr Samson stated it was South Queensferry and Dalmeny. Ms Mitchell advised that the GP boundary was East Craigs, Dalmeny and Newton but not Kirkliston.

163. The Chair invited Tom Arnott to make representations

164. Mr Arnott read aloud the following pre-prepared statement making alterations as necessary:

165. Mr Arnott thanked the panel for allowing him to speak

166. Mr Arnott confirmed that the Applicant's opinion is that the current contractors in South Queensferry are inadequate because of some housebuilding in the area and the monopoly of one provider.

167. Mr Arnott confirmed that the population of South Queensferry is 8706 and a very affluent area.

168. Mr Arnott confirmed that the Builyeon Road Development which is the largest house building development has not progressed since November 2018.

169. Mr Arnott confirmed that the South Scotstoun Development has received planning permission; however the build will be subject to demands of the housing market.

170. Mr Arnott states that it will be many years before all building is completed.

171. Mr Arnott states that some figures provided by the applicant regarding residency are incorrect and provided examples – East Lothian, Midlothian, West Lothian and Lothian. Mr Arnott stated that the applicant should have referred to the NHS Lothian Pharmaceutical Care Services Plan.

172. Mr Arnott provided examples of higher resident number to pharmacies, and that the neighbourhoods benefited from adequate service – Dalgety Bay and Linlithgow.

173. Mr Arnott states that South Queensferry is a town in its entirety, excluding Newton and Dalmeny which are both separate villages. Mr Arnott advised that Newton was 2.5 miles from South Queensferry and 2.5 miles from Winchburgh. Mr Arnott confirmed that there are 2 pharmacies in the town of South Queensferry, with the proposed pharmacy being 300 meters from the Lloyds Pharmacy at Rosebery Avenue. Mr Arnott stated that the majority of resident live near the existing pharmacies than the proposed pharmacy.

174. Mr Arnott states that all the core services are adequately provided by Lloyds Pharmacy.

175. Mr Arnott stated that the applicant has proposed opening 72 hours per week. Mr Arnott stated that as the majority of residents are affluent they will travel out with the area to access their place of work therefore the opening hours are not necessary.

176. Mr Arnott states that as there will be two pharmacists at the proposed site, the business will not be financially viable as salary costs will be approaching £270000

177. Mr Arnott stated that Lloyds pharmacy at The Loan is open for 54.25 hours per week and Mr Arnott fails to see how this is inadequate. Mr Arnott advised that if this Application is granted, the applicant could choose to reduce his proposed hours.

178. Mr Arnott confirmed that the panel must consider the services provided in the neighbourhood and the adjoining neighbourhood and whether granting this application adversely impacts on the security and sustainable provision of existing NHS services in the area.

179. Mr Arnott explained that 1950 prescriptions dispensed at Rosebery Avenue are from South Queensferry Medical Practice. Mr Arnott stated that the residents of South Queensferry were underutilising the Rosebery Avenue pharmacy and therefore why would they go to the proposed pharmacy that is only 300 meters away. Mr Arnott stated that if this application was granted then neither pharmacy would be viable.

180. Mr Arnott advised that if the application was granted it would have a seriously adverse effect on the future viability of Lloyds pharmacy at Rosebery Avenue. Mr Arnott explained that 35% of items dispensed at Rosebery Avenue are from patients in Broxburn who require Compliance Aids and the prescriptions allow the pharmacy to remain open. Mr Arnott stated that in August 2018, 5 patients per hour came into Rosebery Avenue pharmacy and the average number of walk-ins on a Saturday was 5. The Over the Counter (OTC) sales were £350. Mr Arnott confirmed that during week commencing 17 June 2019, the number of walk-ins remained at 5 per hour and on Saturday 22 June, 5 patients attended the pharmacy.

181. Mr Arnott advised that he would have expected walk in figures to be much higher if longer hours were needed. Mr Arnott stated that this proved that the current opening hours were adequate and unnecessary.

182. Mr Arnott confirmed that both Lloyds pharmacies had capacity. Mr Arnott noted that both pharmacies had already been refitted.

183. Mr Arnott confirmed that Rosebery Avenue is not a busy pharmacy and any loss of income would affect its viability. Mr Arnott stated that 80% of prescriptions are taken by patients to The Loan, with 20% taken to Rosebery Avenue. Mr Arnott stated that despite encouraging patients to use the excellent facilities at Rosebery Avenue, why would they then choose to use the proposed pharmacy 300 years from Rosebery Avenue.

184. Mr Arnott confirmed that 40% of residents of South Queensferry are in the top 10% for overall affluence in Scotland. Mr Arnott confirmed that Roseberry Avenue received a Good Rating on its GPHC inspection.

185. Mr Arnott stated that both Lloyds in South Queensferry offer all Core Services. Mr Arnott advised that both pharmacists attend GP practice meetings on a regular basis.

186. Mr Arnott stated that it would be more convenient for Mr Samson to travel to South Queensferry rather than St Andrews every day.

187. Mr Arnott stated that for a population of 10,000 residents, the Consultation Analysis Report resulted in 581 responses which are 5.8% of the population. 4.2% (425) of the population responded to question 2 that asked about gaps and deficiencies in the existing provision, with 3% (298) making comment. Mr Arnott acknowledged that there were negative comments, but stated that there were some extremely positive comments, including suggestion that if a new pharmacy was required it should be in the west of the town.

188. Mr Arnott confirmed that he had visited the site and noted that the car park was badly lit. Mr Arnott also noted that the slabs in the shopping precincts were very uneven and constitutes a trip hazard.

189. Mr Arnott stated that many responses in the CAR mentioned convenience. Mr Arnott stated that this is because existing service are adequate.

190. Mr Arnott stated that the South Queensferry and District Community Council support letter make an assumption that not many substance misuse patients would use the proposed pharmacy. Mr Arnott confirmed that The Loan has 11 methadone supervisions and Rosebery Avenue has 3. Mr Arnott notes that the applicant has given an assurance to the community council that there will be no lone working. Mr Arnott confirmed that opening 72 hours per week would mean that staff costs would be increased to an unviable position.

191. Mr Arnott advised the community council that both Lloyd pharmacies offer a free collection and delivery service. Mr Arnott also noted that the community council stated that the current providers do not offer a dosette service. Mr Arnott stated that this is totally inaccurate, both pharmacies offer this service, and there is no waiting list.

192. Mr Arnott noted that the community council have stated that the applicant will collect prescription for the GP surgery. Mr Arnott confirmed that both Lloyds pharmacies already do this. Mr Arnott noted that the applicant will consider a defibrillator on the premises. Mr Arnott noted that this is not a core service. Mr Arnott noted that the community council has stated that the extended opening hours will greatly benefit the community and allow access at weekends. Mr Arnott advised that the walk-in numbers will highlight that there is no great demand for this.

193. Mr Arnott confirmed that the community council stated that there will be under provision of pharmaceutical services in the west of the town; however there is no commercial property in this area at present. Mr Arnott advised that he does not agree that the current pharmaceutical services are inadequate, but if there was a need for a 3rd pharmacy in South Queensferry, it should be situated in the west of the town.

194. Mr Arnott mentioned that at the initial hearing, Mr Arnott had asked the community council representation (Ms Mitchell) why the residents were not utilising the Rosebery Avenue pharmacy. Mr Arnott stated Ms Mitchell confirmed that a good service was provided at Rosebery Avenue but the steep hill prevented greater use, and that a new pharmacy would be better positioned in the west of the town. Mr Arnott stated that Ms Mitchell confirmed that it would take between 5 and 10 years to grow to 14,000 and this was before the further delay in the Builyeon Road Development.

195. Mr Arnott stated that the measure of a large consultation response is what the percentage of the population that responded was. Mr Arnott provided many examples of percentages versus population and concluded that this joint consultation was a low response.

196. Mr Arnott noted that the community council referred to MAS numbers that the applicant had provided to them to suit his purpose. Mr Arnott stated that nationally, MAS registrations are falling, with NHS Lothian having a 10% drop. Mr Arnott provided examples of pharmacies that have a high registration figure and reported that Band 2 is the most common banding across pharmacies in Scotland (251 to 500 registrations). Mr Arnott advised that The Loan is in band 2, however Rosebery Avenue is in band 1, only because of the low usage of this pharmacy.

197. Mr Arnott stated that the numbers of MAS registration in South Queensferry may be due to the social mix of the town, rather than any failing on the part of the 2 Lloyds pharmacies.

198. Mr Arnott noted that the community council also mentions stock shortages, due to stock piling. Mr Arnott stated that this may be due to the problem nationally. Mr Arnott highlighted that the Lloyds group now use Alliance as well as AAH Pharmaceuticals, therefore no longer dealing with only one supplier.

199. Mr Arnott noted that the letter of support from the South Queensferry medical practice. Mr Arnott confirmed that the waiting times at the Loan are 14 minutes and if they had ever been 60 minutes, this would have been exceptional circumstances. Mr Arnott confirmed that there was no waiting list for Domette boxes following a protocol set up with one of the GP's (Dr Service) in the practice, allowing the requirement to be fitted into the appropriate weekly cycle. Mr Arnott stated that if there was an issue with dosette boxes at Rosebery Avenue, Lloyds would reduce the number of boxes it assembles for Broxburn.

200. Mr Arnott confirmed that he would expect district nurses to use Omnicare as Omnicare is part of the palliative care network and stocks controlled drugs that many pharmacies do not stock. Mr Arnott also commented that the district nurses order dressing from Rosebery Avenue and have raised no concerns with Lloyds service level.

201. Mr Arnott commented that letters of support from MPs MSPs and councillors appear in the vast majority of pharmacy applications as they do not want to alienate the electorate, not because there is any inadequacy.

202. Mr Arnott commented that the complaints information provided by the applicant about the 2 Lloyds pharmacies in South Queensferry were not complaints made directly to the Health Board but were part of the statutory requirement under the Patients Rights Act whereby the Superintendents Department submits self reported issues. Mr Arnott suggested that when the applicant states that Lloyds pharmacy returns are higher than the national average; this may be because pharmacies are encouraged to be open and honest in reporting issues.

203. Mr Arnott confirmed that the applicant reported that Lloyds pharmacies are always out of stock and highlighted that AAH had 18 instances of where Alliance had stock where AAH did not, over a 21 month period. Mr Arnott commented that Mr Samson did not provide any details on the number of times Alliance was out of stock.

204. Mr Arnott mentioned that the applicant had mentioned the judicial review in relation to Auchterarder. Mr Arnott advised that there was a different set of circumstances as Auchterarder only had one pharmacy. Mr Arnott noted that South Queensferry has two, with the Rosebery Avenue pharmacy being underutilised. Mr Arnott asked if patients were having issues with The Loan pharmacy, why they would not use Rosebery Avenue, and therefore why would they choose another pharmacy 300 yards from Rosebery Avenue.

205. Mr Arnott stated that this application was about convenience not adequacy or need. Mr Arnott stated that convenience is not a reason for granting a pharmacy contract. Mr Arnott stated that the residents of South Queensferry are amongst the most affluent and mobile in Scotland. Mr Arnott confirmed that house building will take many years to complete and that there has been no significant growth in prescription numbers over the past two years.

206. Mr Arnott asked the panel to refuse the 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.

207. The Chair asked Mr Samson to ask questions to Mr Arnott

208. Mr Samson asked if Mr Arnott knew of any PPC where viability has been a reason to refuse an application. Mr Arnott stated that he would need some time to think of this, but knew that every PPC considered viability during its decision process. Mr Samson asked Mr Arnott if he thought that this was more likely to be considered in rural locations. Mr Arnott stated that he did not think so and that recent applications granted with a population of approximately 1000 would need to go outside of their neighbourhood to secure business. Mr Arnott stated that viability may form part of the PPC process and this is important at this PPC today.

209. Mr Samson asked Mr Arnott to confirm that he does not think that a 1000 population would make a pharmacy viable. Mr Arnott stated that it would depend on the residents' health.

210. Mr Samson stated that Mr Arnott spoke about the small number of items dispensed at Rosebery Avenue but thought that as the NHS contract evolved services would contribute to the viability of the pharmacy. Mr Arnott agreed and confirmed that his pharmacist at Rosebery Avenue was passionate about services and helping people. Mr Arnott clarified that currently pharmacies are funded by dispensing numbers but services income is growing also.

211. Mr Samson asked Mr Arnott if he accepted that ratios are very limited in their value in determining these matters. Mr Arnott stated no, as the PPC have to make decision on the evidence that the PPC sees today and statistics forms part of that discussion.

212. Mr Samson asked Mr Arnott how many people would have to respond to the joint consultation to make Mr Arnott consider it was significant. Mr Arnott replied that he personally thought that it would be about a 20% response rate. Mr Samson asked Mr Arnott how many people from South Queensferry would need to respond for Mr Arnott to think it was a significant response. Mr Arnott stated he was responding with his own personal opinion but in an affluent area, he would expect a 40% to 50% response if there was a real issue with the pharmaceutical services provided.

213. Mr Samson asked Mr Arnott to remind him what the age spread is in South Queensferry. Mr Arnott advised that it was 1334 over 60 years old and 1518 under 16 years old, totalling 2852 residents in South Queensferry.

214. Mr Samson asked if Lloyds had started using hub dispensing in South Queensferry. Mr Arnott stated yes and that it was not fully operation in all Lloyds pharmacies however they were making use of the Warrington robot.

215. Mr Samson asked Mr Arnott what the long term objective of hub dispensing was. Mr Arnott stated that hub dispensing allows the pharmacists on site to spend more time with their patients. Mr Samson asked Mr Arnott if hub dispensing would have an impact on jobs. Mr Arnott confirmed that moving into the future; pharmacists will need to be able to spend more time with their patients as services will be a large part of the NHS contract.

216. Mr Samson asked Mr Arnott how Rosebery Avenue can deliver better service to their patients when the footfall is only 5 patients per hour. Mr Arnott advised that he therefore could not understand how such a small number of patients would go to Mr Samson's proposed site which is only 300 yards from Rosebery Avenue. Mr Samson responded that people go to the location to use the cash machine and other services.

217. Mr Samson asked how much money Lloyds had invested in hub dispensing. Mr Arnott stated that he did not know. Mr Samson asked Mr Arnott how Lloyds were going to recoup the money invested in hub dispensing if it wasn't on front line job losses. The Chair intervened and stated that unless the line of questioning is material to this hearing, it was not going to be tolerated.

218. Mr Samson asked if Mr Arnott thought that GPC inspections indicated adequacy to the community. Mr Arnott stated that he thought it was an indicator.

219. Mr Samson asked Mr Arnott why patients were not using Rosebery Avenue. Mr Arnott stated that the only reason he can think of is that it is up a very steep hill, and so is the proposed premises.

220. Mr Samson mentioned to Mr Arnott his comments about drink and drug use in the proposed area. Mr Arnott stated that the comments came from the CAR and that there is a population of about 448 in South Queensferry that is not so affluent.

221. Mr Samson asked Mr Arnott why the GPs felt motivated to write the letter of support. Mr Arnott stated that his pharmacies have an excellent relationship with Dr Service from the practice and that pharmacy staff were surprised by the comments in the letter. Mr Arnott noted that the Lloyds regional manager had recently spoken to Dr Service who confirmed that he was only passing on the comments of a few patients and the GP concerns were of stock shortages, and the need to rewrite prescriptions.

222. The Chair asked Ms Williams to ask questions to Mr Arnott.

223. Ms Williams asked Mr Arnott if the reason the staff at The Loan pharmacy were encouraging patients to go to Rosebery Avenue because there was a capacity issue. Mr Arnott stated no, it was just to offer an alternative.

224. Ms Williams asked Mr Arnott what the waiting times are at the Loan compared to Rosebery Avenue. Mr Arnott stated that they do not monitor Rosebery Avenue, but the Loan is generally 11 – 14 minutes.

225. Ms Williams asked Mr Arnott why patients are not going to Rosebery Avenue when they are being actively encouraged to go there rather than wait for their prescription at the Loan. Mr Arnott mentioned that he does not know, but has been told personally by patients that they are happy to wait. Mr Arnott

stated that there was no logic to this, especially on a Friday afternoon, but it happens.

226. Ms Williams explained that she was not familiar with South Queensferry and asked Mr Arnott whether a patient with a prescription would need to traverse the same steep hill to the proposed pharmacy. Mr Arnott stated yes.

227. Ms Williams mentioned to Mr Arnott that according to Mr Samson, Lloyds have a policy of understaffing their pharmacies and asked what the staffing model was like in the two South Queensferry pharmacies. Mr Arnott replied that as per the beginning of July 2019 there has been an increase by 12 hours at the Loan and 8 hours in Rosebery Avenue.

228. Ms Williams mentioned dispensing errors and asked Mr Arnott to confirm how Lloyds record their errors. Mr Arnott explained that if there is an error it can be reported directly to the Superintendent, but this is rare. Usually errors are reported onto the PIMS system, which is their internal recording system. Mr Arnott explained that the Superintendent reviews all additions. Every three months errors are collated and forwarded to each NHS Board.

229. Ms Williams referred to the MAS figures and asked Mr Arnott to clarify what guidance has been sent to Lloyds pharmacies regarding MAS registrations. Mr Arnott confirmed that Lloyds follow the Scottish Government guidance.

230. Ms Williams referred to Monitored Dosage System and asked Mr Arnott to clarify what Lloyds are doing regarding the MAR chart system. Mr Arnott confirmed that Lloyds agree with the GP who the patient is, and who has a need. Once agreed, the pharmacy will look at the cycle and see where it can be added to, that is relevant.

231. Ms Williams referred to Mr Samson suggesting that there is a monopoly in South Queensferry with the two pharmacies being operated by Lloyds. Ms Williams asked if a monopoly can cause an inadequacy of service. Mr Lloyds stated no.

232. Ms Williams asked if there were measures that Lloyds would take to review capacity if the large increase in house building were to materialise. Mr Arnott stated that there was not a cubic feet capacity issue as both stores had plenty space, and if staff were required, this would be implemented accordingly.

233. The Chair asked Ms Mitchell to ask questions to Mr Arnott

234. Ms Mitchell stated to Mr Arnott that in reference to methadone usage, each patient must assign to one pharmacy therefore there would not be an influx of patients to the proposed area. Mr Arnott stated that each patient is assigned to one pharmacy but if any patient from the Loan or Roseberry

Avenue wanted to move to the proposed location, then they could not be stopped.

235. Ms Mitchell stated that Scottish Housing properties on Scotstoun Avenue were closest to the proposed pharmacy and not the current provision. Ms Mitchell also commented that there will also be 1000 new houses nearer to the proposed location.

236. Ms Mitchell asked for clarity of the datazone figures. Mr Arnott confirmed that the figures were from 2016.

237. The Chair asked questions to Mr Arnott

238. The Chair asked Mr Arnott why he had particularly honed into the methadone responses to the CAR. Mr Arnott stated that there was no real reason, just quoting from the CAR. The Chair asked Mr Arnott to agree that there is particular prejudice on the subject of methadone and wanted clarity that this was not in this case. Mr Arnott agreed.

239. The Chair asked Mr Arnott why on the question of neighbourhood he knew better than Ann Mitchell, from the Community Council. Mr Arnott stated that he did not know better than Ann Mitchell or Will Samson, and confirmed that if he asked someone from Newton or Dalmeny where they lived, he does not believe that they would say South Queensferry. Mr Arnott confirmed that for the purposes of a PPC he believes that consideration should be taken to the services provided within the neighbourhood and out with the neighbourhood and believes that consideration must be taken to residents of Dalmeny/Newton who may use Winchburgh that is only 2.5 miles away.

240. The Chair asked Mr Arnott why he commented about a CAR response benefiting the banking sector. The Chair stated that in her opinion this was not to improve the bottom line of the RBS, but to highlight that residents working in Edinburgh were not able to use the facilities in South Queensferry. Mr Arnott advised that he mentioned it, as he thought that it was strange that one person had picked out the banking sector. He thought that there would be many other sectors mentioned, blue and white collar.

241. The Chair stated that Mr Arnott had commented about the number of CAR responses versus the number of residents, and that he had commented about his pharmacists in South Queensferry being very surprised by the GP letter, and asked Mr Arnott if he was concerned that the GPs had written such a damning letter and that the percentage of people who responded in the CAR have expressed such concerns about the gaps in his service. Mr Arnott confirmed that he takes it very seriously that 289 people in South Queensferry have expressed concerns about the two pharmacies. The Chair confirmed that she wanted to confirm that he was reflective about the comments. Mr Arnott stated that Lloyds have met and discussed the concerns with the GP practice, however notes that if the residents of South Queensferry were to utilise the services provided by Rosebery Avenue, this would assist with their concerns.

242. The Chair asked Mr Arnott why he had not considered relocating the Rosebery Avenue, based on the issues of the location. Mr Arnott stated that if the housing developments were to come to fruition and the population were to increase to 14000/15000 then he would consider relocating to the west of the town, however until there are commercial units available, this cannot happen.

243. The Chair asked Mr Arnott if residents were not using Rosebery Avenue because they felt that it was another Lloyds pharmacy and the service would reflect that of the Loan. Mr Arnott does not think that is the case. Mr Arnott explained that some residents have been served by Gordon in The Loan pharmacy for 26 years and there is a loyalty to him and the store.

244. The Chair asked Mr Arnott with 144,648 scripts how many pharmacies can be viable. Mr Arnott confirmed that at Rosebery Avenue, the numbers are 2000 per month, however Lloyds pharmacy would not consider a new pharmacy that is doing any less than 6000 items per month.

245. The Chair asked Mr Arnott why he made reference to Mr and Mrs Samson's proposed location being more convenient. Mr Arnott stated that it would. The Chair commented that there was no material reason for this to be considered and did not like this type of personal comment.

246. The Chair asked Keith Kirkwood to ask questions to Mr Arnott

247. Mr Kirkwood commented that there were two steps at the access of the Roseberry Avenue pharmacy and this would limit disabled access. Mr Arnott advised that there is a bell for the patient to call, and the staff will provide a ramp for access.

248. Mr Kirkwood asked about the balance delivery service when a full prescription cannot be filled, and what deliveries are available for this. Mr Arnott confirmed that they would be made during normal working hours. Mr Kirkwood advised that on the committee site visit, they were told that it would be made between 1pm and 3pm. Mr Arnott confirmed that these times are for set delivery, but if it was an urgent delivery then it would be made at any time during the day.

249. Mr Kirkwood stated that Mr Arnott has confirmed that there has been no growth in prescription figures, and asked if he has any evidence. Mr Arnott stated no, but that the applicant had agreed with this.

250. Mr Kirkwood explained that he was trying to understand that with some house building completed, why there is no increase in prescription numbers. Mr Arnott stated that overall Scotland the numbers have not increased and this is because the Health Boards have introduced practice pharmacists that now review what the GP's prescribe.

251. Mr Kirkwood mentioned to Mr Arnott that given that Rosebery Avenue is doing less than the quoted 6000 items per month that Lloyds would consider viable when opening a new store, has Lloyds given the community some kind of assurance that they will not close this pharmacy. Mr Arnott explained that steps have been taken to secure this pharmacy, ie taking work from other locations, however if this proposed pharmacy application was granted then it could make Rosebery Avenue unviable. Mr Arnott stated that Mr Kirkwood could have his assurance that Rosebery Avenue was not on a Lloyds closing list.

252. Mr Kirkwood commented that it was very unhelpful to the committee when figures are supplied during presentation that are different, ie different population figures, prescription figures and dispensing figures. Mr Kirkwood would like to see consistency.

253. The Chair asked Ms Eason to ask questions to Mr Arnott

254. Ms Eason asked Mr Arnott if he treated the two pharmacies as one business or two separate businesses. Mr Arnott confirmed that they are treated as two separate businesses. Ms Eason asked if they are treated together for profit. Mr Arnott confirmed that they are treated separately for profit.

255. The Chair asked Ms Greig to ask questions to Tom Arnott

256. Ms Greig declined

257. The Chair asked Ms Gajree to ask questions to Tom Arnott

258. Ms Gajree declined

259. The Chair invited Ms Williams to make representations

260. Ms Williams thanked the committee for the opportunity to make representations on behalf of Well Pharmacy.

261. Ms Williams confirmed that Well Pharmacy objects to this application on the grounds that it is neither necessary nor desirable to secure adequate provision of pharmaceutical services to the neighbourhood.

262. Ms Williams disagreed with the applicant's neighbourhood and proposed that it should be: North – Firth of Forth, East – B924, South – A90, West – M90

263. Ms Williams stated that according to the 2011 census the population of the neighbourhood as defined by Well Pharmacy is 9051. Ms Williams stated that in the 2001 census it was 9480 and the estimated population in 2016 was 9350. Ms Williams confirmed that the census data stated that the neighbourhood is mobile, healthy and very affluent. Ms Williams confirmed

that car ownership is high and house ownership is greater than the national Scottish average. Ms Williams stated that 60% of the population regard themselves to be in good health.

264. Ms Williams confirmed that the existing pharmacies were ideally suited to meet the needs of the local population. Ms Williams confirmed that one of the pharmacies was located close to the medical centre and the other has ample parking and close to the proximity of other local amenities. Ms Williams commented that responses in the CAR remarked on longer opening hours, and noted that pharmacies offering longer hours are available at Omnicare pharmacy on Queensferry Road which is 4.1 miles away and open until 7pm Monday to Friday and The Gyle Shopping centre which is 4.3 miles away and is open from Monday to Wednesday until 9.30pm and Thursday to Friday until 9pm.

265. Ms Williams noted that there were 5 pharmacies within a 3 mile radius of the proposed premises and each pharmacy offers a delivery service.

266. Ms Williams commented that social deprivation is lower than average and higher car ownership means that residents have access to surrounding neighbourhood more easily.

267. Ms Williams advised that averages do not paint a full picture and noted that the average number of pharmacies per head of population in NHS Lothian is 4835 and in West Lothian it is 5485, however this does not represent the needs of the neighbourhood or the adequacy of service provision.

268. Ms Williams commented that with the stalled rate of house building in the area, the increase in population will take a significant time to change. Ms Williams stated that this application is premature and therefore there is no need for an additional pharmacy and that the 2 current pharmacies are adequate.

269. Ms Williams noted that whilst pharmacists and pharmacies strive for excellence, the legal test requires the PPC merely to consider adequacy.

270. Ms Williams commented that an indicator of deprivation often cited is the level of MAS usage. Ms Williams noted that both of the Lloyds pharmacies in South Queensferry have lower than national average for MAS registrations and prescriptions. Ms Williams stated that national registration figures have dropped by around 20% since August 2016, however Lloyds have managed to increase their registrations across their estate. Ms Williams noted that there is no reason to believe that there is no capacity within either of the Lloyds pharmacies in South Queensferry to provide the service to those who need it.

271. Ms Williams confirmed that the NHS Lothian Pharmaceutical Care Services Plan makes no reference to there being a need for a pharmacy in the applicant's proposed neighbourhood. Ms Williams noted that there have been no complaints to the Health Board regarding existing service provision.

272. Ms Williams stated that Well Pharmacy has a pharmacy in Kirkliston with no capacity issues, and a consultation room. Ms Williams advised that both Lloyds pharmacies in South Queensferry, including their pharmacy in Kirkliston offer a full range of contractual services and are DDA compliant. Ms Williams noted that following a GPhC inspection in December 2018, Well's Kirkliston pharmacy was rated Good for premises standards.

273. Ms Williams commented on the proposed housing developments and confirmed that this may not happen for a considerable number of years. Ms Williams noted that Lloyds Rosebery Avenue could easily return MDS business from West Lothian to its original site, therefore freeing up capacity if required.

274. Ms Williams commented that there is an extended hours pharmacy at The Gyle Shopping Centre which is a 15 minute drive away. Ms Williams confirmed that Well had trialled opening a full day on a Saturday in their Kirkliston store, but came to the conclusion that it was not viable to continue as there was no patient need.

275. Ms Williams commented that there is nothing in the regulations to say that there has to be more than one provider of pharmaceutical services in a town. Ms Williams stated that much has been made of Lloyds only having one supplier however over the past 18 months the majority of shortages have been across the board. Ms Williams commented that there is an established network within pharmacy for stock to be swapped with other nearby pharmacies, and Well and Lloyds work together. Well and Lloyds are members of the Company Chemist Association and have a longstanding, close working relationship both nationally and locally.

276. Ms Williams advised that 6% of the local population replied to the joint consultation, therefore meaning that 94% either thought the provision was adequate or did not feel strongly enough to complete the questionnaire. Ms Williams stated that she did not think that 6% of a population can constitute mass dissatisfaction. Ms Williams noted that out of the responders only 4% identified gaps in the current provision.

277. Ms Williams urged the Committee to reject the application.

278. The Chair asked Mr Samson to ask questions to Ms Williams

279. Mr Samson asked Ms Williams to confirm how long it took to drive to the Gyle Shopping Centre. Ms Williams confirmed that it was roughly 15 minutes. Mr Samson stated that he had checked on Google and it was 20 minutes. Mr Samson asked for clarity as Ms Williams had stated that there were 5 pharmacies within 3 miles and he felt that this was untrue. Ms Williams agreed that there were 4, as the crow flies – 2 x Lloyds in South Queensferry, Well in Kirkliston and one in Winchburgh.

280. The Chair asked Mr Arnott to ask questions to Ms Williams
281. Mr Arnott declined
282. The Chair asked Ms Mitchell to ask questions to Ms Williams
283. Ms Mitchell asked Ms Williams where her doubt of the proposed housing development at Builyeon Road was coming from. Ms Williams confirmed that she did not say that it was not going to happen, just that there was no definite dates as to when they will be completed. Ms Mitchell advised that they were waiting for the S75 agreement to come through and they have plans from the City of Edinburgh Council already approved for the primary school, therefore awaiting the agreement. Ms Mitchell also commented that the Scotstoun site has already started, as the digging of the road has commenced.
284. Ms Mitchell asked how many patients from South Queensferry go to the Kirkliston pharmacy. Ms Williams stated that she did not have the exact figure but it is sufficient to have an interest in this application.
285. The Chair asked Mr Kirkwood to ask questions to Ms Williams
286. Mr Kirkwood declined.
287. The Chair asked Ms Eason to ask questions to Ms Williams
288. Ms Eason asked Ms Williams if the application was granted what effect this would have on the Kirkliston pharmacy. Ms Williams stated that as it stands currently the impact would not be massive.
289. The Chair asked Ms Greig to ask questions to Ms Williams
290. Ms Greig declined
291. The Chair asked Ms Gajree to ask questions to Ms Williams
292. Ms Gajree declined
293. The Chair invited Ms Mitchell to make representations
294. Ms Mitchell explained that the number of new houses being built has been put back by about 2 years. The new High School has also been put back to 2025, as a result of the delay in the legal S75 agreement going through.
295. Ms Mitchell advised that South Queensferry has a day care service for the elderly and currently there are 65 residents that use this service. The community is looking for accommodation to cater for 95 residents.
296. Ms Mitchell advised that the community is unusual in that it is middle class suburbia but has pockets of deprivation and an aging population.

297. Ms Mitchell stated that opening hours is not just a matter of convenience, and provided an example of a mother who collects her child from nursery at 5.55pm, and there being nowhere local for her to get pharmaceutical services at that time.

298. Ms Mitchell provided an example of stock shortages where a resident who has required to return 3 times for the full prescription of verapamil.

299. The Chair asked Mr Samson to ask questions to Ms Mitchell

300. Mr Samson asked Ms Mitchell when the housing development will happen. Ms Mitchell advised that according to the community council the development will go ahead. The land is owned by 3 people, and one of them has got fed up with the legal agreement delay and is now trying to sell his land, but the LDP states that there is between 800 and 900 houses planned. This development will have a primary school and retail premises.

301. The Chair asked Mr Arnott to ask questions to Ms Mitchell

302. Mr Arnott asked Ms Mitchell if she believed that Rosebery Avenue pharmacy was giving a good service. Ms Mitchell spoke from her own experience and confirmed that she has never had to wait long and she has always been able to speak to the pharmacist if she needed to. Ms Mitchell confirmed that she knew of some people who have complained but the pharmacy itself is not where people want it to be and it is not their first choice. Mr Arnott asked Ms Mitchell why the residents of South Queensferry do not go up the steep hill to the Rosebery Avenue pharmacy and therefore why would they go a further 300 yards to go to this proposed pharmacy. Ms Mitchell explained that she thinks people are creatures of habit, and like convenience. Ms Mitchell stated that the people who will walk to the proposed pharmacy will be the elderly residents who live in the Scottish Housing properties, as well as families with small children who live in the newer houses. Ms Mitchell advised that for these residents, the Rosebery pharmacy is another street down and this is where she sees where the problem lies. Ms Mitchell stated that you cannot change people's approach to life, but encouraged Mr Arnott to advertise the pharmacy on Rosebery Avenue.

303. The Chair asked Ms Williams to ask questions to Ms Mitchell

304. Ms Williams declined

305. The Chair asked questions to Ms Mitchell

306. The Chair asked Ms Mitchell if she felt the quality of service from the pharmaceutical provision was good enough. Ms Mitchell stated that in a neutral capacity she advised that she does hear people complaining, however she also hears that people are getting prescriptions and getting on with life, and therefore not complaining. Ms Mitchell commented that as she has found

out at this hearing, the marker is adequacy and she thinks that this is a low marker but notes that Lloyd's provision is adequate. Ms Mitchell referred back to the patient who has to return 3 times to their prescription, and who does not complain, but Ms Mitchell advised that she thinks this is sub standard. Ms Mitchell confirmed that you can never get away from the fact that the GP surgery next to a pharmacy is a considered best. Ms Mitchell commented that the proposed pharmacy will be based in an area that will be considered by the locals as their territory, and therefore utilised, whereas the Rosebery Avenue shop is on the road to the school and considered one step too far from the residents at the top of the town.

307. The Chair asked Mr Kirkwood to ask questions to Ms Mitchell

308. Mr Kirkwood declined

309. The Chair asked Ms Eason to ask questions to Ms Mitchell

310. Ms Eason declined

311. The Chair asked Ms Greig to ask questions to Ms Mitchell

312. Ms Greig declined

313. The Chair asked Ms Gajree to ask questions to Ms Mitchell

314. Ms Gajree declined

315. The Chair asked Mr Arnott to sum up his representations

316. Mr Arnott asked 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.

317. The Chair asked Ms Williams to sum up her representations

318. Ms Williams respectfully requested that the Panel 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.

319. The Chair asked Ms Mitchell to sum up her representations

320. Ms Mitchell stated that the Community Council supports the application

particularly with the growth of the area due to the forthcoming developments, and whilst the current provision is adequate, Ms Mitchell does not think that it will be in the future.

321. The Chair asked Mr Samson to sum up his representations.

322. Mr Samson confirmed that the main thing to consider was the evidence. Mr Samson stated 1) the CAR, 2) Complaints, 3) Letters of support from the GP practice, 4) Letters of support from elected members.

323. Mr Samson stated that when judging evidence there is 3 things that need to be considered - Quantity, Objectivity and whether it has been subject to Scrutiny. The CAR provided high volumes with 425 people saying that there is a problem. Mr Samson explained that the respondents do not have a financial gain from replying as they just want a better pharmaceutical provision, and commented that the CAR has been scrutinised by the panel at this hearing. Mr Samson requested that the committee look at the comments in the consultation analysis report and consider the seriousness of these matters; very long waiting times, stock availability issues, errors, complaints that have been upheld and a delivery of MAS that is 50% lower than where it would be expected to be. Mr Samson concluded that current provision is inadequate and the acceptance of this application is necessary to restore an adequate service.

324. The Chair asked all parties to confirm that they felt they had a fair and full hearing.

325. Everyone confirmed that they had a fair and full hearing.

326. The Chair informed all parties that the Committee would now consider the application and representations and make a determination. The Chair confirmed that a written decision with reasons will be prepared and a copy sent to them as soon as possible. Any parties who wish to appeal against the decision of the Committee will be informed in the letter as to how to do so and the time limits involved.

327. The Chair informed the applicant and interested parties that they have a right to stay (out of the room/PPC private deliberations) in case any questions arise and advice is sought. This can only be given in open proceedings and both parties will have a choice to comment.

328. The Chair asked the applicant and interested parties to leave.

329. Discussion

330. The Chair advised the members that following the NAP decision dated 28 March 2019, the Chair of NAP “encourages the new panel when issuing its decision to address each issue which it considers significantly individually and set out the facts which it considers relevant, its reasoning and its conclusion as to each such issue individually”.

331. Before discussing the CAR, the committee referred to the Applicant’s

definition of neighbourhood and the views of the interested parties. The Committee discussed and took into account natural and physical boundaries, the GP surgery, schools, shopping centres, private and social housing, public transport and travel times to obtain everyday services.

The Committee noted that Well Pharmacy disagreed with the applicants neighbourhood and proposed that it should be: North – Firth of Forth, East – B924, South – A90, West – M90, however the members strongly agreed that residents of the villages of Newton and Dalmeny would use the public services such as secondary schools and GP practice as provided by South Queensferry. It was also noted that those residents were also likely to use retail outlets in South Queensferry.

The committee referred to their site visit that had taken place before the hearing and agreed that whilst travelling around the community, the villages of Newton and Dalmeny are part of the neighbourhood. The committee also agreed with the community councillor's definition of the neighbourhood and found her evidence and knowledge of the area compelling.

The committee agreed that the neighbourhood should be defined as per the applicant's definition, as follows:

- To the North: The Firth of Forth
- To the East: The edge of Dalmeny
- To the South: Fields surrounding Dundas Castle
- To the West: Edge of Newton

332. Summary of Consultation Analysis Report (CAR)

333. NHS Lothian undertook a joint consultation exercise with Samson Ferry

Limited regarding the application for a new pharmacy at 1 – 3 Scotstoun Grove, South Queensferry, EH30 9PH

334. The purpose of the exercise was to assess the current provision of pharmaceutical services in the neighbourhood and whether it is adequate: and to establish the level of support from the public.

335. The advert template and a list of questions were agreed between NHS Lothian and the Applicant. The advert was published in the Linlithgow Gazette and posted on NHS Lothian's website. Respondents were asked to reply electronically via SurveyMonkey. The consultation ran for a total of 90 working days with the final day for responses being 26 March 2018.

336. In total, 581 responses were received. All submissions were made and received within the required timescale and included in the CAR.

337. From the responses 540 were identified as individual responses and none

responded on behalf of a group/organisation. 41 respondents did not provide an indication as to whether the response was individual or on behalf of an organisation.

338. Question 1 – Do you think the neighbourhood described is accurate.

339. The Committee acknowledged that 532 respondents answered yes, 26 respondents answered no, and 20 respondents answered don't know with 4 respondents skipping the question. The committee noted that 84 respondents out of 577 had explained their answer and means that there was a 15% comment rate. Of the 84 respondents, 70% agreed that the neighbourhood described was accurate, 14% disagreed and 16% had more mixed views. The committee agreed with the definition of the neighbourhood provided by the applicant but do not consider Kirkliston to be part of the neighbourhood, as per one respondent's comment.

440. Question 2 – Do you think there are gaps/deficiencies in the existing provision of pharmaceutical services in the neighbourhood?

441. The Committee acknowledged that 425 respondents answered yes, 113 respondents answered no, and 41 responded don't know, with 4 skipping the question. In particular the Committee noted that 343 out of 577 respondents gave this question a 59% comment rate and this was the highest comment rate of all questions in the survey.

442. The Committee noted that the overall themes in responses related to no provision for late evening or Sunday opening, overstretched provision due to growing population, poor transport service, lengthy walk to existing pharmacies for elderly, excessive waits and insufficient stock.

443. The Committee however commented that for many responses, residents were dissatisfied with convenience rather than the provision of pharmaceutical services.

444. The Committee noted that as per question 9, they acknowledged that the proposed hours were attractive to the respondents, however noted that they were not guaranteed. The committee noted the footfall through the 2 Lloyds pharmacies per Saturday, and the recent Well trial and concluded that the core service hours as provided by the current pharmacies were adequate. The Committee also noted that out with the neighbourhood there is a pharmacy (4.1 miles away) that opens until 7pm, Monday to Friday, and another pharmacy within the Gyle Shopping Centre (4.3 miles away) that is open from Monday to Wednesday until 9.30pm and Thursday to Friday until 9pm.

445. It was noted that the concerns about a growing population that overstretched existing pharmaceutical services could not be evidenced. After reviewing the South Queensferry practice lists, provided to the committee, it was

noted that the list had increased by 1107 patients, between April 2016 and April 2018. The Committee was unconvinced that the current increase is significant enough to impact the existing provision because one of the two pharmacies is underutilised.

446. The Committee acknowledged that the Community Councillor confirmed that the proposed housing developments will definitely materialise and the population of South Queensferry will grow, however recognised that this is not current. The Committee felt that this application is premature.

447. The Committee acknowledged a response to question 2 that remarked that the east of the town is served well by two pharmacies, and the west side of the town would benefit more from another pharmacy. The Committee observed that the Community Councillor agreed that the town would be better served if the proposed pharmacy was situated in the west. The applicant had acknowledged that the west was a preferred location but at this time no retail units were available. The committee were told that these would become available when further development took place and that this would be a better location and time for an application.

448. The Committee noted that there were 4 pharmacies within a 3 mile radius, all providing core services.

449. The Committee were satisfied with the evidence provided during the hearing that both pharmacies had capacity to deal with an increase in demand due to any future increase in population in the near future.

450. The Committee agreed that the accessibility at Rosebery Avenue was poor in terms of the entrance to the building and its location at the top of a steep hill, and that the car park was limited, however although the Committee and residents would welcome improvements, acknowledged that both pharmacies were DDI compliant. The committee further noted that the proposed location while it offered better parking, was also located at the top of the same steep hill and the pavements outside were uneven and a fall risk. The surface condition of the car park was also in need of improvement.

451. The Committee noted that the current elderly population figures were not provided by the applicant. Although not able to quantify the number of elderly residents who experienced lengthy walks to the pharmacies, the Committee were satisfied that the free delivery service offered by both pharmacies was adequate.

452. Regarding responses to question 2 highlighting concerns about excessive waiting times, the committee noted that the applicant did not provide any additional evidence regarding waiting times other than comments in the CAR. The Committee noted that a pharmacy based directly next to a GP practice is likely to be more busy at certain times (The Loan) and during the visit to this site the Committee were advised by the pharmacy technician that the average waiting time is between 10 and 15 mins. The Committee considered Mr

Arnott's response to being asked about waiting times at The Loan, which he stated were 11 to 14 minutes. The Committee also noted the applicant's comments regarding waiting times at Rosebery Avenue, where he confirmed that that he did not know, however had heard from residents that it can be 20 minutes. The Committee accepted that Rosebery Avenue was underutilised, with 5 patients per hour and accepted that a twenty minute waiting time is unlikely.

453. The Committee, in recognising that the Rosebery Avenue pharmacy is underutilised, acknowledged that efforts have been made by Lloyds to actively encourage patients to use the Rosebery Avenue site, which has proved difficult.

454. The Committee noted that the applicant raised concerns about supply issues and highlighted comments from the CAR relating to question 2, including a personal reference to a local pharmacy that requested stock from his employer in St Andrews. Although the committee acknowledged that previously Lloyds had one supplier, they accepted that due to the introduction of a further supplier in July 2019, this will increase the provision going forward. The committee also noted that the documentation submitted showing shortages at Lloyds were often for short periods of time and were told that the shortages were usually often national shortages. No rebuttal was offered by the applicant.

455. The Committee noted that the CAR only provided 2 comments in relation to 'errors and omissions in dispensing'. It was noted by the committee that the applicant through a Freedom of Information request provided evidence on how many complaints had been received by the Board and that over a period of 4 years The Loan had 32 complaints and Roseberry Avenue had 12. It was further noted that Lloyds confirmed that every complaint or dispensing error was self reported via their superintendent as per the Patient Rights Act requirements, even if the complaint/error was resolved. The Committee noted that the applicant did not know this and his local policy did not state this. Evidence provided to the committee on their site visit to The Loan of the actions taken by the pharmacy regarding complaints was welcome and it was agreed by the committee that the evidence provided regarding complaints and dispensing issues was not material.

456. Question 3 – What impact do you think a community pharmacy would have in the neighbourhood.

457. The committee noted that 484 respondents answered positive, 47 respondents answered negative, 43 respondents answered don't know with 9 respondents skipping the question.

458. The committee noted that 255 out of 572 respondents explained their answer, with 204 being mainly positive, 42 being mainly negative and 9 having mixed views.

459. The committee noted the 44% comment rate and main themes from the

responses – improved access, longer opening hours, shorter waiting times, reduce monopoly, reduce demand on GPs. Negative impact themes included – adequate provision already, jeopardise existing pharmacies, methadone negative impact.

460. The Committee agreed that the residents at the top of the hill would have a positive impact if the pharmacy was granted, however noted that the residents at the west side of the town were best suited to having a new pharmacy according to the community councillor.

461. The committee noted that the proposed pharmacy was only 300 yards from one of the existing Lloyds pharmacies.

462. The Committee noted question 3 responses regarding methadone concerns, however agreed that as the volumes were so low, as evidenced at the visit to one of the existing pharmacies, the impact was not material. The committee also recorded that the issue of monopoly was not one they could consider in their deliberations.

463. Question 4 – What are your views on the pharmaceutical services being proposed by the applicant.

464. The Committee noted that 478 respondents answered positive, 45 respondents answered negative, 35 respondents answered don't know, with 23 skipping the question.

465. The Committee noted that 200 out of 558 explained their answer, with 150 being mainly positive, 40 mainly negative and 10 were mixed. This was a 36% comment rate.

466. The Committee acknowledged that residents were positive about the proposed opening hours, ie Monday to Saturday 9am – 8pm, and Sunday 10am to 4pm, at total of 72 hours per week.

467. The Committee noted that the applicant had stated that 2 pharmacists would be covering 72 hours per week, some of the time. Additional comments from the applicant advised the committee that the pharmacy would be fitted out in two stages, with the consultation suite being placed in hold until there is a need identified for it. The Committee noted that the existing two pharmacies in South Queenferry both provided consultation rooms.

468. The Committee noted that Well Pharmacy in Kirkliston had trialled a full day Saturday opening in their branch; however this was not viable because there was little patient need.

469. The Committee noted that the residents were positive that the additional pharmacy would meet the needs of the growing population. The Committee, as referenced above is unconvinced that the current increase is significant enough to impact the existing provision, as the current housing developments are delayed.

470. The Committee noted that the applicant provided evidence of towns that had a higher MAS registration figure than South Queensferry, and therefore commented that this core service was inadequate. The Committee considered the small pocket of deprivation within South Queensferry and the lower than average social deprivation. The committee also took cognisance of the Scottish Government figures that conclude that 83% of MAS registrations are from deprived areas. The committee also noted that the Lloyds pharmacies stated they are conscientious in following the guidance around registration and registrations renewals.

471. Question 5 – Do you think there is anything missing from the list of services to be provided.

472. The Committee noted that there were 93 respondents who answered yes, 357 respondent who answered no, 159 respondents who answered don't know, and 28 respondents skipping the question.

473. The committee also noted that 94 out of 553 respondents explained their answer, giving a 17% comment rate. A range of services were listed including home delivery, health information and advice, immunisations, diabetes testing and travel information.

474. The committee noted that some respondents were content and some were uncertain. However both existing pharmacies offer the core services required by the Board.

475. The committee noted that both Lloyds and Well provided a delivery service and health information and advice. The committee also noted that other services cited are not among the core service which pharmacies are required to provide.

476. Question 6 – Do you think a community pharmacy in the neighbourhood will work with other NHS Health Services such as GP practices.

477. The Committee noted that there were 466 respondents who answered yes, 36 who answered no, 50 who answered don't know and 29 skipped the question.

478. The Committee also noted that 160 out of 552 respondents explained their answer, giving a 29% comment rate. Themes included benefits of partnership working, reduction in GP workload, effects of other pharmacies, too far from GP practice.

479. The Committee accepted that partnership working is standard practice and that all NHS health services would work together. The committee did express concern in relation to the correspondence from the GP practice and challenged Lloyds to respond to this “damning” evidence. Lloyds responded that when they discussed this correspondence with the GP they were told that it was in response to complaints from a small number of patients. Lloyds reported good working relationships between their pharmacists and local GPs. This was not rebutted by the applicant though the fact that the GP agreed to the correspondence being submitted to the committee may point to this relationship not always being positive with all GPs at the South Queensferry practice.

480. Question 7 – Do you believe the proposed pharmacy would have a positive or negative impact on existing services.

481. The Committee noted that 460 respondents answered positive, 39 answered negative, 53 answered don’t know, and 29 skipped the question.

482. The committee noted that 145 out of 552 respondents explained their answer, giving a 26% comment rate. Themes included alleviating burden from GP, less pressure on existing pharmacies, population increase, poor use of NHS resource, impact on current businesses could be negative, and NHS resources negatively impacted by methadone prescribing. The comments in response to this question had been considered by the committee in previous questions.

483. The committee considered that there are 4 pharmacies in a 3 mile radius, with additional pharmacies offering longer hours out with the neighbourhood. It was noted by the committee that the proposed premises are exceptionally close by (300 yards), and the car park at the current Rosebery Avenue location offers a better customer experience.

484. The issue of viability at the Rosebery Avenue pharmacy was considered and it was felt that the additional work load being diverted to the Rosebery Avenue site was material and a commercial decision by Lloyds to maintain viability. The committee also noted that the footfall into Rosebery Avenue was 5 per hour during weekdays and 5 for a Saturday with the average of 13 patients per Saturday using the Loan. The Committee agreed that there would not be a need for additional hours from the proposed site.

485. The Committee also noted that 80% of prescriptions from the South Queensferry medical practice were dispensed at The Loan and 20% were dispensed at Rosebery Avenue with Lloyds actively promoting the Rosebery Avenue pharmacy, however acknowledging that patients prefer to use The Loan as it is nearest to the GP practice. The committee agreed patient preference is impacting on Rosebery Avenue and would also have a similar impact on the proposed pharmacy.

486. Question 8 – What do you think about the location of the proposed community pharmacy

487. The committee noted that there were 436 respondents who answered positive, 70 who answered negative, 36 who answered don't know, and 39 skipped the question.

488. The committee noted that 200 out of 546 respondents explained their answer, giving a 37% comment rate. Themes included good parking, beneficial to the older generation, easily within walking distance, help the new housing development, near a bus stop, too far from GP, suggestions for a different location, local substance misuse issues

489. The committee noted the large number of positives and that for residents at the top of the hill this would be the best location.

490. The committee were concerned that the pavements and entrance to the proposed pharmacy were badly maintained. The Committee were also surprised to learn that the applicant did not know who owned nor had responsibility for maintaining them.

491. The committee acknowledged that the community council would prefer a pharmacy in the west of the town; however there are no available units currently.

492. Question 9 – What do you think of the proposed opening hours

493. The committee noted that 483 respondents answered positive, 48 answered negative, 15 answered don't know, with 35 skipping the question.

494. The committee noted that 259 out of 546 respondents explained their answer, giving a 47% comment rate. Themes included favouring early mornings and later evening hours, benefits of same day collection, benefits to working population, methadone prescribing concerns, and viability of proposed service.

495. The committee acknowledged that the proposed hours were attractive to the respondents, however noted that they were not guaranteed. The committee noted the footfall through the 2 Lloyds pharmacies per Saturday, and the recent Well trial and concluded that the core service hours as provided by the current pharmacies were adequate.

496. Before coming to a decision, the committee considered the NHS Lothian Provision of Pharmaceutical Care Services delivered via Community Pharmacy 2018 plan and acknowledged that NHS Lothian does not make reference to there being a specific need for additional pharmacies in South Queensferry.

497. Decision

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

499. Neighbourhood

500. The Committee agreed (as highlighted at 330) that the neighbourhood should be defined as follows:

- To the North: The Firth of Forth
- To the East: The edge of Dalmeny
- To the South: Fields surrounding Dundas Castle
- To the West: Edge of Newton

501. Adequacy of existing provision of pharmaceutical services and necessity or Desirability

502. Having reached a conclusion as to the neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services to the 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.

503. The Committee acknowledged that the Chair of NAP had stated that the Committee had failed to consider the CAR in a manner that was logical, reasonable or clear. During the discussion, the Committee reviewed the responses to the joint consultation. The committee's comments are recorded between paragraph 332 and 395.

504. The Committee concluded that the application was premature. The committee accepted that the population of South Queensferry is growing, but as housing developments have been delayed, the existing pharmaceutical provision is adequate due to core services being provided.

505. The Committee recognised that the respondents were dissatisfied with aspects of pharmaceutical provision – requirement for longer hours, long walks for the elderly and infirm, stock issues and quality of service issues. The Committee acknowledged that 80% of the South Queensferry Medical Practice prescriptions were dispensed at The Loan pharmacy, and that this was a very busy pharmacy, directly beside the GP practice. The committee also accepted that the Rosebery Avenue pharmacy was underutilised and that even although quality of service issues for customers may improve if they were to use this pharmacy, the committee accepted that it is very difficult to change habits of local residents.

506. The committee noted that the community councillor also remarked that the proposed pharmacy was not, in her opinion, located in the correct part of South Queensferry and thought that it would be better situated in the west of the town. The Community Councillor also advised that elderly people that lived in the Scottish Housing properties at the top of the hill would benefit from the new pharmacy; however the overall current provision of pharmaceutical services in South Queensferry was adequate.

507. The Committee noted that the applicant provided letters of support from the GP surgery, 4 ward councillors, one MP and one MSP. The Committee acknowledged that the Chair of NAP had stated that the previous PPC had failed to consider and refer to them. The Committee, as part of the submission of evidence to the members reviewed the letters and agreed that the support for new pharmaceutical services is expected from elected members. However it was also noted that their requests for longer opening hours and additional access to Minor Ailment Service was not necessary. Both Well and Lloyds offer the Minor Ailment Service in each pharmacy, and have following trials of longer opening hours chose not to implement as non viable. The Committee agreed that the Minor Ailment Service existing provision is adequate and also agreed that although additional and longer hours may be desirable, they are not necessary. The South Queensferry Medical Practice letter dated 30th May 2019 highlighted that their patients report similar concerns – excessive waiting times, waiting list for MDS patients, stock issues, and controlled drug supplies.

- The Committee agreed that for any patient to wait over 60 minutes would be exceptional, however agreed that the average waiting time as described by the Lloyds representative was more realistic. This average time was also confirmed during the site visit and noted by the committee as acceptable.
- The Committee took consideration of patient's comments that there is a waiting list for MDS, however acknowledged that Lloyds have a protocol between the medical centre (Dr Service) and both pharmacies to fit the patient requirement into the appropriate weekly cycle. The Committee agreed that this was not a core service and therefore may be desirable but not necessary.
- The Committee noted that patients were commenting on stock issues at the existing Lloyds pharmacies and that the GP practice had concerns that Lloyds had one supplier. The Committee agreed that Lloyds now uses Alliance alongside AAH, therefore although cannot resolve all stock issues, should go some way to help this issue.
- The Committee noted that the GP letter indicated that the local pharmacies did not carry adequate controlled drug supplies. The Committee however did not agree with this comment as noted that there are designated pharmacies in NHS Lothian that hold a wider range of drugs appropriate for palliative care.

508. The Committee noted the comments from the Community Council regarding current housing developments. The Committee were satisfied that the proposed housing developments would take place, however fully acknowledged that the Community Council is aware of delays of around 2 years, with the new High School being delayed until 2025. Additionally it was noted that one of the 3

land owners is trying to sell because of the S75 agreement delay, therefore may create further delays/issues. Nevertheless the Scotstoun site has already started, with the digging of the road having commenced. The Committee agreed that due to the delay to the forthcoming developments, and the Community Councillor agreeing that the current provision was adequate, and in her opinion the location of the pharmacy would be better suited in the west of the town, that the future developments did not impact on the current provision of pharmaceutical services.

509. The committee noted that the increase in population will not be impacted for some time as there is a large part of the proposed development to be completed, therefore this did not impact on the current provision of pharmaceutical services.

510. The Committee noted that there were 4 pharmacies within a 3 mile radius all of which provided core contracted pharmaceutical services to the neighbourhood. All of the pharmacies were not at capacity and both of Lloyds pharmacies in South Queensferry had recently had a refit.

511. The Committee noted that at the GPhC inspection in December 2018, Well Pharmacy was rated Good for premises standards. Lloyds advised that Rosebery Avenue also received a Good rating on its GPhC inspection.

512. The Committee noted that the existing pharmacies were DDI complaint.

513. The Committee noted that the 2 existing Lloyds pharmacies offered a free delivery service.

514. The Committee noted the applicants concern regarding complaints and his submission that Lloyds pharmacies in South Queensferry had a combined figure of 32 complaints over a 4 year period. The committee agreed that the applicant had quoted statistics regarding dispensing errors resulting in complaints but could not consider this evidence as it based on his current employer's results and not a qualified source. Additionally, the committee agreed that as the complaints information provided to health boards is self reported by each pharmacy/company, it could be distorted based on a number of factors.

515. The Committee noted that the Rosebery Avenue pharmacy was currently underutilised and that Lloyds had made provision to assist the site by dispensing items from another location via this pharmacy and agreed that a new pharmacy located 300 yards from Rosebery Avenue would affect the viability of this pharmacy.

516. The committee came to a view, supported by the advice given by the contractor and non-contractor pharmacists that if the application was granted,

the Rosebery pharmacy would not be viable and that the applicant would struggle to have enough business to be viable. This could then lead to a reduction in service in the neighbourhood if Rosebery and/or the proposed pharmacy closed.

517. The committee concluded that there was no evidence provided to demonstrate any inadequacy of the existing pharmaceutical services to the defined neighbourhood.

518. Following the withdrawal of Ms Greig and Ms Gajree in accordance with the procedure on applications contained within paragraph 6, Schedule 4 of the National Health Services (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, the Committee, for the reason set out above, considered that the pharmaceutical services into the neighbourhood to be adequate.

519. 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, Regulation 2009, as amended.

520. Ms Greig returned to the meeting, and was advised of the decision of the Committee.

The meeting closed at 17.50pm



Signed: **Fiona O'Donnell, Chair, Pharmacy Practices Committee**

Date: **24 October 2019**