

Minutes of the Meeting of the Pharmacy Practices Committee (PPC)
Held on Tuesday 13 April 2021 at 10.00AM and on Wednesday 14TH April 2021
via Microsoft Teams

The composition of the PPC hearing at this meeting was:

Chair: Mr George Gordon

Present: Lay members appointed by NHS Lothian

Mr Keith Kirkwood

Mr Brian McGregor

Mr Stanley Howard

Pharmacist Nominated by Area Pharmaceutical Committee (included in Pharmaceutical List)

Mr Gordon Stuart

Pharmacist Nominated by Area Pharmaceutical Committee (not included in Pharmaceutical List)

Ms Judie Gajree

Observer: Ms Aleisha Hunter, NHS Lothian

Secretariat: Ms Liz Livingstone, NHS Lothian

1. APPLICATION BY MR DAVID STEVENSON

There was submitted an application and supporting documents from the Applicant dated 14 March 2016 for inclusion in the pharmaceutical list of a new pharmacy at 25 Main Street, Mid Calder, West Lothian, EH53 0AW.

The original hearing was held on 17 October 2017 at which the PPC approved the application.

In a National Appeal Panel decision dated 13 February 2018, the Committee was asked by the Chair, to reconvene, to consider the Pharmaceutical Care Services Plan (PSCP) and the Consultation Analysis Report (CAR) and other matters referred to in Schedule 3 paragraph 3(1) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

The PPC reconvened on the 15 May 2018 and issued an amended decision.

That decision was subject to an appeal and in a further decision from the Chair of the National Appeal Panel dated 29 November 2018, was asked again to reconvene to include a summary of the CAR and an explanation of how the CAR was taken in to account in arriving at the decision.

The PPC reconvened on the 28 August 2019 and issued an amended decision.

That decision was subject to an appeal. In a decision dated 10 September 2019, the Chair of the National Appeal Panel concluded that there had been a procedural defect and the PPC had two options –

- a) To reconvene the original members of the PPC and issue a revised decision addressing the issues set out in the decision dated 29 November 2018
- b) Consider the application of new.

As the original members were no longer able to attend, the PPC decided to consider the application of new. An invite to the Applicant and Interested Parties noted that “when PPC hearings are heard anew following a successful appeal the Committee relies on the original CAR. The Chair is cognisant, however, of the passage of time since the application was first made and acknowledges that there could be a perception that the existing CAR is no longer as up to date as it might be. For that reason, the Chair wishes to give all parties the opportunity to refresh or update their representations to comment on any material changes to the neighbourhood which might, in the view of the parties, be relevant to the findings of the CAR”.

As a result of the invite, all parties engaged with the request and provided representations.

Further Supporting Information from the Applicant including:

- Letter dated 5 February 2021 from Dr Christine Robinson, resident of Mid Calder
- Letter dated 22 March 2021 from Nathalie Blanchard, resident of Mid Calder
- Letter dated 29 January 2021, addressed to NHS Lothian Chief Executive, from Angela Constance MSP
- Letter dated 29 January 2021 from Hannah Bardell MP
- Letter dated 29 June 2021 from Councillor Carl John
- 132 responses received to Facebook Post on Mid Calder Pharmacy Page as of 26 January 2021
- 2 messages received on Facebook Messenger
- 11 emails of support from residents
- 8 responses to Facebook cover page
- Images of pharmacy layout
- Images of routes to existing pharmacies
- Details of population and respondents to previous pharmacy contract applications and CARs
- Image of queue outside pharmacy in East Calder
- Maps showing new housing development in East Calder
- Image of new development in Mid Calder
- Map of new development in Pumpeston
- Table of new housing as per West Lothian housing audit 2020
- Email confirmation from landlord that property at 27 Main Street Mid Calder is available from 1 April 2021

Further Submission of Interested Parties - The following documents were received timeously:

- Letter dated 31 March from Lothian Area Pharmaceutical Committee
- Letter dated 30 March from Boots UK Limited
- Letter dated 30 March from Lindsay & Gilmour

- Letter dated 31 March from Morrisons PLC
- Letter dated 22 March from Deans Pharmacy Group
- Letter dated 4 March from Lloyds Pharmacy
- Letter dated 29 March from Mid Calder Community Council

Correspondence from the wider consultation process undertaken jointly by NHS Lothian and Mr Stevenson.

- Consultation Analysis Report (CAR) dated January 2016

2. PROCEDURE

The Chair advised that proceedings would be recorded within MS Teams for the purpose of the minute and that the recording would be held in accordance with GDPR regulations and deleted once a minute was complete. All present confirmed that they had no objection and were happy to proceed. The Chair then asked whether anyone had any conflict of interest. Keith Kirkwood declared that he is currently resident in Livingston and that he did live in Mid Calder for a number of years back in the 1990s, in case anyone feels it is inappropriate that he is on the committee. No objections were raised. The Chair asked all parties if they had received all relevant paperwork, all confirmed they did.

Fraser Frame queried the correct address of the proposed premises as, in the papers; there was an email from an Estate Agent making reference to premises at 27 Main Street being available. Mr Stevenson confirmed that the address on his application, 25 Main Street, is the correct address of the proposed premises. The information regarding 27 Main Street was submitted as additional information, as this neighbouring property is also available and may provide an option for future expansion if required. The applicant advised it is not really relevant to this application and restated that it was provided for additional information only.

The Chair requested that all attendees keep their microphones on mute, to avoid feedback, and gave those present a mobile telephone number for attendees to call if they experienced any internet connectivity issues.

3. ATTENDANCE OF PARTIES

The Chair welcomed all and introductions were made. The applicant, David Stevenson, was accompanied by Chris Freeland. From the interested parties eligible to attend the hearing, the following accepted the invitation:

- Mr Scott Jamieson on behalf of Boots Pharmacy, accompanied by Mr David Greer
- Ms Stacey Anderson on behalf of Lindsay & Gilmour Pharmacy, accompanied by Ms Kaye Greig
- Mr Fraser Frame on behalf of Morrisons Pharmacy
- Mrs Eleanor Blair of Mid Calder Community Council

4. APPLICANT SPOKE IN SUPPORT OF HIS APPLICATION

Good morning and thank you for giving up your time to be here today. My name is David Stevenson. I have been a qualified pharmacist for over 13 years, and for the last 9, I have been a pharmacy

manager for Omnicare pharmacy in Edinburgh. I did however grow up in West Lothian so I do know this area well. My aspiration is to run a pharmacy at the heart of a growing community, offering advice, service and building relationships with the local population.

For the sake of transparency my current employers do have a financial interest and have been very supportive to me during this long process. To provide some background, this application process began in 2015, some 6 years ago with a public consultation (The CAR). I'm not going to dwell on this however I would like the panel to note the level of commitment and investment we have made in the last six years.

I completely understand that this panel today must consider my presentation and documents submitted afresh, and that as stated by the NAP chair, the PPC *'is not entitled to take into account the previous deliberations of the PPC... or the recollections of the original members'*. However, I feel that I must highlight the fact that the PPC granted this application on three occasions - initially in October 2017, again in August 2018 and then again on appeal in September 2019.

In the period since 2015, there have been some changes in Mid Calder - 49 houses have been built and there have been plans submitted for another 155, strengthening the case for a community pharmacy in Mid Calder. However, the biggest change is of course the COVID-19 Pandemic which has shifted the goal posts on a huge scale for everyone around service provision. As the country went into lockdown, hospitals scaled back their services to focus on the very sick, GPs closed their doors, and dentists and opticians were unable to see patients. Community pharmacy rose to the forefront and was the only primary care service which remained open throughout the pandemic.

I note that my colleague from L&G talks of a 'shift of pharmaceutical services to being more remote'. With respect, that's simply not true. What has happened is that almost every other primary healthcare service has *'gone remote'* leaving pharmacy as the only primary care service which has kept its doors open throughout the pandemic.

The strength of community pharmacy has been our ability to rapidly make our pharmacies safe whilst at the same time being the only healthcare service that has maintained face-to-face patient contact. Pharmacy has been able to do this because we are located in every community. Well, with the exception of some large communities such as Mid Calder.

COVID has, in fact, been the perfect demonstration of why Mid Calder needs its own pharmacy. The pandemic has illustrated the importance of having an accessible community pharmacy in every large neighbourhood. This was recognised during the early stages of COVID and widespread lockdown, where Pharmacy First was rolled out earlier than planned to help everybody in the community, not just children and the elderly as was the case with the original minor ailments service. This alleviated many stresses of people waiting to see their GP. Unfortunately this may not have been the case for many people in Mid Calder.

Additionally community pharmacy supported the roll out of the NHS flu vaccination program to at risk groups. There was a huge uptake across the country due to ease of access to the pharmacy network. This is set to continue this year with community pharmacies being the first port of call for those at risk groups. Many of which live in Mid Calder

The pharmacy in Mid Calder will obviously offer all core NHS services, locally negotiated services including any other patient group directives that will benefit the population of the neighbourhood.

My long experience in community pharmacy has allowed me to realise the importance of offering additional support to patients such as twice daily prescription collection service from surgeries such as

East Calder and a daily prescription collection service from the other local surgeries. I will also provide a delivery service for patients who have difficulty visiting the pharmacy.

Independent prescribing is an extra qualification I was hoping to have completed, however due to lack of GP support in my area I have been unable to complete the training to date. The new Pharmacy First Plus service is a great addition to community pharmacy and if this application is granted I intend to register later this year with Robert Gordon University to complete my qualification

You will see from the pharmacy layout images that I've provided in appendix 3 that the pharmacy will focus on healthcare as opposed to retail. It will also have a fully appointed consultation room. The pharmacy will also have fully compliant disabled access, with an automatic door and parking right outside the pharmacy. It should also be pointed out that the new car parking spaces on Bank Street have been completed since the last hearing creating additional parking very close to the proposed premises.

What I will go into detail today is THE LEGAL TEST, because this is what really matters.

So, I'll begin with the NEIGHBOURHOOD

I would like to make some comments about *why* we define a neighbourhood in the Legal Test. This is in no way me telling you what you already know, it's merely me taking the time to use the guidelines to prove why a pharmacy service is needed in Mid Calder. It's not as simple as '*finding a neighbourhood without a pharmacy because every neighbourhood needs one*'. PPCs sometimes refuse applications in neighbourhoods that they define as having no existing pharmacy, and they also grant applications in neighbourhoods that they define as having an existing pharmacy. The simple reason for this is that the 'neighbourhood' is simply a tool which identifies a distinct population.

The key decision the PPC must reach is this:

Is there a significant population in the vicinity of the proposed premises who have poor access to a pharmacy (i.e. an inadequate pharmaceutical service) and will the granting of the application remove this inadequacy?

You can have a neighbourhood without a pharmacy, but with easy access to a pharmacy in an adjacent neighbourhood. That isn't an inadequate pharmaceutical service. You might also have a neighbourhood with, for example, a huge population and a single tiny pharmacy which is unable to cope with the needs of that population. In this example you may well consider the pharmaceutical service to be 'inadequate'.

So to my defined neighbourhood. The neighbourhood is the village of Mid Calder. It is easily identifiable on the map, and is defined as being:

Calder Park Rd and the River Almond to the north
Murieston Water to the south
The Lizzie Bryce roundabout and Livingston Rd (the A899) to the west
The B8046 Pumpherston Rd to the east.

This neighbourhood is the same as that defined by the NHS Lothian PPC in 2008, the National Appeal Panel in 2009, and the three PPCs that have considered this application so far. It was accepted by the representatives of both Lindsay & Gilmour and Boots on all of these occasions. It was also agreed by 99% of respondents to the CAR. I think it is safe to say that this is an uncontested definition of the neighbourhood.

The other question that needs considered is *'how do people live their lives?'* This is crucially important, because you need to consider access to a pharmacy not as something in isolation. You need to consider it in the context of how people live their lives on a daily basis. Let me explain: If you define a neighbourhood that is **entirely** residential and has absolutely no amenities then the closest pharmacy may be many miles away **but** this may not be considered inadequate if the residents of that neighbourhood need to travel every day to access amenities that happen to be right next to the pharmacy.

But this isn't the case in Mid Calder. Mid Calder has a wide range of amenities, for example:

- Primary school
- Church
- Mid Calder Institute & community centre
- Bowling club
- Post office
- Convenience store - which is open 7 days
- Cash point
- Estate agent
- Gift shop
- Bookmakers
- Podiatry and chiropody centre
- Takeaways
- Restaurants
- Several male and female hairdressers
- Several pubs
- Funeral directors
- Opticians

So what does this tell us? It tells us Mid Calder is a 'self-contained' neighbourhood with all of the amenities people need to go about their daily lives. This is probably more true now than it ever was, as people have adjusted their lives during the pandemic. If COVID has taught us one thing, it's what we actually **need** to live our daily lives and that's **a food shop and a pharmacy**. In lockdown these were pretty much the **ONLY** businesses that the Government **needed** to keep operating.

So, I think we can agree that without a pharmacy, residents of mid Calder are expected to access a pharmacy **outwith** the neighbourhood - and most importantly this is **not** a journey they would be making anyway.

You may hear it said by my colleagues that someone on the far western side of Mid Calder, is almost closer to Dedridge than the proposed premises. That would entirely miss the point. No matter where you live in Mid Calder, the centre of the community is where you shop, take the kids to school. And that's where you would want to visit a pharmacy - you should not need to take a separate journey into an adjacent neighbourhood for one thing. That is why this application has received such overwhelming public support.

This is very important when considering adequacy of existing services. The question we must answer today is about the adequacy of the services provided to Mid Calder by pharmacies in adjacent neighbourhoods. My argument is that there is a significant population in close vicinity to my proposed premises. And a significant percentage of this population, in particular the elderly; the disabled; parents with young children; and the chronically ill who currently have poor access to a local pharmacy

- that is they have an inadequate pharmaceutical service - and the opening of a pharmacy at the proposed premises will - for the vast majority of them - remove this inadequacy.

I think it's worth pointing out that it is relatively unusual to have a neighbourhood without a pharmacy. One of the great strengths of the community pharmacy network - a strength that we all never tire of telling government - is that pharmacies are distributed across the country so that patients have easy access to them. This has been so important during the pandemic. For that reason, I would say that the burden of proof does not necessarily fall on me. In other words, because this neighbourhood has - as a simple matter of fact - no existing pharmacy then I would suggest it falls on the Interested Parties to prove to the PPC that despite the lack of a pharmacy, the residents of mid calder still enjoy an adequate pharmaceutical service. Nevertheless, in this presentation I hope to provide you with the evidence that will convince you that existing services are not adequate.

I'll move on now to briefly describe the existing services provided to the residents of Mid Calder by pharmacies based out with the neighbourhood. The most obvious existing provider is the L&G pharmacy in East Calder. This is one mile from the proposed premises. The other nearest pharmacies are at Boots Craigshill (1.4 miles); Lloyds Dedridge (2.3 miles), Boots Almondvale (2.4 miles) and Morrisons (2.6 miles)

And so we come to the most important question of the day. Are services in the neighbourhood in which the proposed premises are located adequate? The question is not whether services are inadequate for *everyone*. Some people living in the neighbourhood may find it very easy to access pharmaceutical services. If you live in Mid Calder and work in Boots you're certainly not going to have any problems accessing a pharmacy! The question we need to answer is whether there is a significant population in the neighbourhood - in effect, a sufficient number to justify and support a new NHS pharmacy.

And, obviously, this section of the community will be made up mainly of those people who most NEED to access a pharmacy: the elderly; the disabled; chronically sick; and parents with young children. It is my contention that there are, a significant number of people living in the neighbourhood who have difficulty in accessing a community pharmacy. In order to support this contention, I will use the results of the Joint Consultation. Now I appreciate that this consultation took place in 2015, so it will be criticised as being 'out of date'. That said, it's all we have and it's still valuable. It's worthwhile remembering that we only do a census every ten years and no-one would say 6 year old census data is of no value.

Will the numbers in the CAR still be accurate? Yes, as nothing has changed in Mid Calder to suggest they won't give us valuable information about the population. I think it's also worthwhile seeing the CAR in the context of the large number of up to date comments we have provided in appendix 1. Public opinion doesn't seem to have changed - in fact it seems that it is even more pro-pharmacy. Before I discuss the CAR I want to give the PPC some very general information about the population.

These figures have been obtained by amalgamating data zones of the proposed neighbourhood from the Scottish Census website and also Scottish index of multiple deprivation. This is not a wealthy population, but it is not a particularly deprived population. I think it would be best described as 'average'. You will have been provided with some demographic information by the Board, so I won't spend time going over it. As I will explain, this information is of limited use in this case since the application is not based on this being a deprived neighbourhood, or a neighbourhood with an unusually high elderly population.

What is important is the size of the population, and we have calculated that as being 3351 using Scottish index of multiple deprivation SIMD figures from 2020. This number doesn't however include

the additional 49 homes that have already been built in Mid Calder. These are contained in a different data zone so don't show up in SIMD figures, however these homes are in Mid Calder as demonstrated with the school catchment area.

The critical thing here is that this is a large population and so relative comparisons with either Livingston statistics, or National statistics are not particularly useful. All we're interested in - for the purposes of this application - are absolute numbers of, say, the elderly, the chronically ill. Or those households without access to cars.

The important thing is that according to the census in 2011 living in the neighbourhood there are nearly 900 people living with long term health conditions, 370 pensioners and just under 200 households without access to any car. Obviously there will be an overlap, but those are big numbers no matter how you look at it.

This compares to Kirknewton pharmacy which was granted in 2014 which has just 186 pensioners and 421 people living with long term health conditions. Why would the people of Kirknewton be entitled to a pharmacy in their town and the people of Mid Calder not?

The primary school within Mid Calder is central to the neighbourhood, schooling 280 pupils. All of these children have parents who visit the school at least twice a day either on foot or by car. It is reasonable to assume that these parents would then use the many services within Mid Calder, unfortunately with the exception of a pharmacy. Pharmacies nowadays collect repeat prescriptions from surgeries, something I said earlier I would do. Therefore even with this simple service, many parents would not then need to travel out with their neighbourhood to access a pharmacy. In fact, the percentage of households with dependant children is 33% in this neighbourhood compared to 24.5% nationally

CAR ANALYSIS

The joint consultation is an essential component of the PPC process. But it's only useful if enough people respond to it, and I was extremely pleased that the response in this application was excellent. As I understand it, it is far in excess of the responses received for almost any other application across the country at the time. The reason it is important to get a good response is that the opinions expressed in this sample can be extrapolated with statistical significance to the entire neighbourhood population. In other words, if a percentage of our sample say 'we have a good service' then this can be assumed to be the same percentage for the entire population with a fair degree of certainty. This is how polling works. You only need to question a certain number of a population you want to know something about, and the results you get will be reasonably accurate with a known margin of error.

I have done some research on this subject and I can tell you that for a population of 3500, a sample size of 300 (as we have achieved) gives an accuracy which can be assumed to have an error of + or - 10%. (It's actually less than this but I'm erring on the side of caution). In other words, you can assume any of the percentages I use in my analysis are anything between 10% too high or 10% too low. Will the passing of time change that margin of error? Probably - but not by much. So the absolute numbers will remain quite similar.

So, what does the CAR tell us about the population of Mid Calder? The analysis gives us some very useful insight. As I've already said, 99% of the sample agree that the neighbourhood is 'Mid Calder' as we have defined it. (Incidentally, the percentages I'm using exclude anyone answering 'Don't Know'.) Question two is the key question. When asked if there were deficiencies in the existing service, an overwhelming 90% of those who expressed an opinion think that they have a deficient existing service.

If I can remind you, our sample size of 300 residents gives us a margin of error of 10%. So, the actual number of people in Mid Calder who think they have a deficient pharmaceutical service is anywhere between 80% and 100%. If we don't take the opinion of the people most affected by this application seriously, then what's the point of the CAR? This single statistic is the most compelling piece of evidence that existing services to the neighbourhood are inadequate.

In Question 3, 98% of those who expressed an opinion believe that a pharmacy in Mid Calder will have a positive impact. In Question 4 (views on pharmaceutical services), there were 92% positive comments. I won't go through all of the CAR, but I think you can see a clear theme emerging. This consultation attracted an unusually large response and the message from the people of Mid Calder is that a new pharmacy is overwhelmingly supported, and that's because a huge percentage of the local population are not happy with the current provision. Existing services to the neighbourhood are not adequate.

So, why is this? Why are people unhappy with the existing service? The answer is quite obvious. As I've already said, there is no pharmacy in the place that the residents live their day-to-day lives. This is especially true for those residents who most regularly need to use a pharmacy: the elderly, people with illness, and parents with kids. So they need to leave their own neighbourhood and travel to an adjacent neighbourhood, just to get to a pharmacy. This is a journey they would otherwise not need to make as part of their normal day-to-day lives. Is this acceptable? I don't think so, but nevertheless let's look at how they would do so.

Firstly, they could walk. If you live on the eastern side of the neighbourhood then you're most likely to walk to East Calder. This involves walking just under a mile along a stretch of main road in open countryside. There is only one pavement and, in parts, it is dangerously narrow and wholly unsuitable for pushchairs or wheelchairs. I've provided a photo of one particularly dangerous bit - where the B7015 crosses the river. I don't think it's reasonable to expect people to walk to a pharmacy in East Calder - especially those that are most likely to use a pharmacy. For those living in the western part of Mid Calder they might walk to Dedridge. Again, this is just under a mile - but it involves going through an isolated path in order to cross the motorway. (I've provided a photo). Again, I don't think it's reasonable to expect the residents to walk to a pharmacy in Dedridge. Walking to Craigshill for people in Mid Calder is also not viable due to the long walk through the park, again especially during the dark winter months. The path is also shown in the photos I have submitted. I think it's reasonable to say that for the vast majority of residents of Mid Calder, walking really isn't an option.

What about driving? Well, you need a car. Average cars is 1.4 per household. So many households will have a car. For those residents who have access to a car during the day, they will be able to access any of the pharmacies in adjacent neighbourhoods, but this isn't without problems. The closest pharmacy - L&G in East Calder, still has very limited parking options and likely to get worse.

Since the first hearing in 2017, The East Calder Partnership Centre has been built on the original health centre car park. Parking has been reinstated behind the site, however there is now increased demand for parking as residents will need to access both GP and Partnership services. Added to this there has been a 17% increase in population in East Calder and the parking will be further stretched with a further 1000 house still to be completed in the Calderwood development.

The other pharmacies are all a fair distance away, and also present parking problems - and parking costs. But let's be realistic. This application is not based solely on parking difficulty. It's a factor which adds to the case, but it's far from being the fundamental problem.

The most important point is that the people who most need to use a pharmacy are the ones least likely to have access to a car during the day - those being the elderly and parents with kids. And with a population of 3351, there will be an awful lot of people who don't have access to a car.

77.4% of the working population use their cars for work, well above the national average of 62.4%. With an average household of 2.4 people (which is above the national average of 2.2), you can see that many people in the neighbourhood will have no car during the day. As a massive 60% of households have either one or no cars. So what do they do? Well, they're going to need to walk to a bus stop and get a bus.

And remember - this is just to get to a pharmacy. All the other things they need are in the village. I keep reiterating this because I feel it's important.

The 27 is the only bus that travels from Mid Calder to East Calder stopping directly on the main street. The 27 leaves every 30 minutes from Mid Calder. Other buses such as the 28 and the first bus services x22 and x23 travel into East Calder then head south away from the main street, surgery and pharmacy, stopping on Langton road. There is then a significant walk to the pharmacy. There is also a cost attached to using the bus, £3.60 return for adults and £1.80 for a child return. And let's not assume that getting on a bus is easy. Many older people have difficulty getting on and off buses, as do parents with prams. Is it really fair to expect those people without cars to get a bus **just to get to a pharmacy**? I don't think it is.

A round trip for residents of Mid Calder could easily take an hour and a half bearing in mind current waiting times could be 30 minutes or longer. In my experience as a pharmacist, patients often need to return to the pharmacy if there are issues with stock availability. I am sure Lindsay and Gilmour is no different.

All of this has been exacerbated by the pandemic, where long waiting times and queues outside of pharmacies has made things even worse.

That, in a nutshell, is the difficulty that residents of the neighbourhood have in accessing a pharmacy - and is why this proposed pharmacy is so enthusiastically supported. If I could refer you to the comments we collected then you will see numerous real-life examples of how this affects people in Mid Calder. I want to read one to you:

"I live in Mid Calder and I have an experience I would like to share with you. My partner was diagnosed with terminal lung cancer just before Christmas 2020. This obviously put great strain on our family and life now includes cocktails of drugs and many many more phone calls to medical centres. My partner is registered with Boots in the centre and he has had a regular prescription for over 30 years. Boots has always had the amount of this item to fill the prescription in one visit, rather than two to three visits to a chemist. Now we are needing more medication and more repeat prescriptions. Two weeks ago on Friday, I realised that we were nearly out of his cancer drugs and phoned his doctor to complete an urgent repeat prescription. He did this, marked it urgent and forwarded it to Boots.

We have no car so I walked up to the centre to pick it up, which if the weather is bad, can take more than thirty minutes one way. A couple of hours later, I opened the bag, only to discover that it was not correct. It was after 2pm on a Saturday and we began to panic. My partner became agitated and upset, which isn't surprising since he had only received chemo the day before. I grabbed the medication and ran up to Boots. I spoke with the pharmacist and she said that it was correct, as he had one of the items before, which he hadn't. She said that she had just got the rest of the prescription ready as she had only just done the urgent one. This was at 3pm and the prescriptions had been sent through the night before. I was asked to wait as it needed the second check to be

initialed. As I waited, I went into a quiet aisle and I burst into tears. I was so relieved that it was sorted, but I was also quite angry and stressed that I was in this situation and that my partner was so distressed. The second pharmacist who had served me in the morning apologised as he hadn't realised there was a second lot, but imagine a local pharmacy a ten minute walk away, and the same situation would have been so much easier".

I'm not going to criticise my colleagues in Boots, these sort of things happen regularly in Pharmacy. The point is that this is someone who needs to make a 30 minute walk to get to a pharmacy. This is a real life situation, and it's probably replicated over and over again by people in similar circumstances.

I felt that scenario was significant to mention, however is not isolated as you will be able to see from the various letters and comments from residents and politicians. I hope you can take the time to read through them to get an idea of the level of support there is for this pharmacy in Mid Calder.

We are here today discussing a neighbourhood with a population of over 3300 people; we have outlined difficulties in accessing pharmacies therefore demonstrating inadequate access to pharmaceutical services for the people of Mid Calder.

The one advantage of this prolonged application process is that I have spent a lot longer in the community than is normal during such applications and I've spent time among the community listening to their concerns. The presence of Eleanor Blair here today further reiterates my point. We all know Eleanor is here in her capacity as secretary of the community council to relay their thoughts on pharmaceutical CARE IN THEIR COMMUNITY. They have no commercial interest and their remit is developing the community and protecting the interests of residents. Local politicians have also highlighted the issues and concerns of residents in their submitted letters.

In 2018 after the initial PPC hearing, 49 houses were built at the north west end of Mid Calder. Another housing development (shown in Mid Calder map appendix 6) for 155 houses is awaiting approval and with similar applications having been granted in Pumpherston and East Calder I see no reason why this wont go ahead.

The population of surrounding areas such as Phumpherston has risen and indeed East Calder has seen a 17% rise in population since the start of this process in 2016. With more than 1000 homes still to be built in the Calderwood development, Current NHS services such as pharmacy will undoubtedly be put under significant strain.

If we were all to discuss and consider the potential impact rationally we would all come to the same conclusion. There needs to be a pharmacy in Mid Calder to deliver healthcare goals. This is in line with the Scottish government strategy "ACHIEVING EXCELLENCE IN PHARMACEUTICAL CARE A STRATEGY FOR SCOTLAND"

The first commitment of that strategy is. *Commitment 1:* Increasing access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of stable long term conditions, in-hours and out-of-hours

The future of pharmacy is clear, more and more people will use the pharmacy for accessing healthcare services.

This brings me on to the final subject, which is viability. With a neighbourhood population of 3351, this pharmacy will undoubtedly be viable.

We have seen a pharmacy sustained in Kirknewton which has a population 1933 therefore viability is not an issue. And since the population of East Calder has significantly increased since 2017 there is no

question of a new pharmacy affecting the viability of the L&G pharmacy or any other pharmacy in the area.

To conclude:

The neighbourhood is Mid Calder.

The closest pharmacy is located a mile from the proposed premises.

The population is of a relatively large size - over 3300.

The demographics of the population are average, however the size of the population is what matters because this means there are significant absolute numbers of the elderly, people with long term health conditions, and residents without access to a car.

The neighbourhood centre has all of the amenities which people will use as part of their day-to-day lives - except a pharmacy.

A significant proportion of this population have sufficient difficulty in accessing the existing pharmacies. Therefore, the pharmaceutical service in the neighbourhood in which the proposed premises are located are inadequate.

The evidence of inadequacy is clearly demonstrated by the CAR, the sample size of which is sufficient to give a 10% margin of accuracy in interpreting the results.

This application passes the Legal Test, and I would respectfully ask the PPC to grant it.

Thank you.

Following the Applicants presentation, the Chair invited questions from Mr Scott Jamieson from Boots

SJ: You mentioned that you currently work for Omnicare and that your current employers do have a financial interest and they have supported your application, could you give us more detail on that?

DS: This is my application, Omnicare have a financial interest, but, as the guidelines state, business plans are not of any interest to the Board or relevance to this process. As I say, it's my application and they have supported me. That support has been essential over this long period, I couldn't afford to do it myself.

SJ: You've mentioned the amenities in Mid Calder, there is a small convenience store located there. In your view, would the residents of Mid Calder be able to do their weekly food shopping and stay within Mid Calder?

DS: Yes, I think they would, they would be able to do it online and be able to go there as well. I think we've seen a massive shift, even before covid, with people wanting to do their shopping locally. In fact, Sainsburys I know, even before covid, seen a 3% drop. The big supermarkets

seen a 17% increase in their local stores.

SJ: You mentioned about an average population. When you look at the statistics for Mid Calder it does have relatively high car ownership. The figures I've got are 90% of households have access to a vehicle and 87% of homes are owned and not rented. Would that not suggest to you it's a more affluent area?

DS: Like a lot of places, it has a big mixture. But the important thing from the census data in 2011 is that a huge proportion, 60% of people or households, have access to one or no cars, but a huge number of people, I think it's well above the national average, use their car for work. There will be lots of people during the day who have no access to a car. The population is a relatively large number, so we're talking about absolute numbers, there are lots of people here who are going to have trouble accessing pharmacy.

No further questions.

The Chair invited questions from Stacey Anderson, Lindsay & Gilmour

SA: I understand that you're saying it's your application, and that obviously Omnicare have financially supported you which is fantastic, however I have noted that it's use of an Omnicare email address that you've collected data from. It's mentioned in your supporting documents, someone has commented on Facebook, that they're looking forward to a Mid Calder Omnicare pharmacy. Is this going to be an Omnicare pharmacy or is this going to be your pharmacy David?

DS: I don't really know what else I can say on this. I have been quite clear, this is my application. My name is on this application and I've been supported. I don't know what else I can say there. It's quite clear. As the guidelines say, it should not be of any relevance or interest to this process.

SA: I understand that David, but actually, the guidelines do say that if someone has got a financial interest, for example if this application or this pharmacy moving forward is going to be an Omnicare Pharmacy, then we have to determine that you're not a paid influence for Omnicare and that you're not speaking on Omnicare's behalf. That is the question I was getting at there. To make sure that there is this fair trail that we're trying to push forward, in the interest of NHS Lothian, that we are being very, very clear to the public and to our other contractors what we're being approached with. So if it's an Omnicare Pharmacy I would be expecting Omnicare data to reflect upon and obviously that comes with its benefits and disadvantages compared to being an independent contractor. That's why I was asking that question.

DS: I feel I've already answered that question

SA: My next question is data control. As we've mentioned, a lot of data has been gathered. GDPR is extremely important. As a pharmacy technician and as pharmacists we are all aware of how important that is within our business. Will you be the Data Controller for this information

and for the information collected for your pharmacy moving forward, and have you registered with ICO as well?

DS: Sorry, could you clarify, the information?

SA: Yes, if you are going to be an independent contractor and the fact that data has already been collected on your behalf, you would also have to be a data controller to make sure that you are controlling that data in the right way. That is part of the GDPR guidelines. So my question to you is, are you the data controller, if you're saying that this is your application and not Omnicare? If you are the data controller, have you registered with ICO to make sure that you are within the regulations for developing this data?

DS: I would need to take advice on that.

SA: You were rightly mentioning that everybody is now online food shopping and through the pandemic we have taken on technology such as Teams platforms and we are working from home now. Everybody is using online services now, do you not think that will be the same for pharmacy? Quite a lot of the pharmacies surrounding the Mid Calder area do have apps and are offering free delivery services, 5 days per week, throughout the day. That, actually, this might be a way forward for the people of Mid Calder if they are already ordering their online shop and waiting in for that, would they not do that for their prescriptions as well?

DS: Firstly, pharmacy, as you'll be aware, has been the only primary healthcare service that has remained open throughout and retained that face to face contact. From personal experience, and from colleagues, we have never been busier with consultations and face to face consultations. People love that access. We have seen examples of that with the flu rollout, the uptake on that far exceeded government projections because people like going to and having access to their local pharmacy. Healthcare isn't grocery, people want to go in and see a professional, they want that advice, and they have to be able to have access to that. Pharmacy First has been launched, and the way they did it was they rolled out minor ailments to everybody in the early stages of the pandemic. They recognised that people wanted to go in and get advice from the pharmacy because that was available when they couldn't access their GP.

SA: You were linking to Pharmacy First and the way the NHS rolled that out was face to face contact, but also it was mentioned quite specifically in the PCAP for Pharmacy First that there are different ways of using technology for example Near Me, telephones consultations etc. Like you said, as pharmacy, we've never been busier, but we have also never been busier via phone calls, giving that advice over the phone. For example our EHC moved to the on the phone because we couldn't use our consultation room sometimes, our smoking cessation moved to on the phone, we were utilising the technology that the NHS gave us such as Near Me etc. So I totally agree with your point that we have never been busier, but we are having to use different resources to make sure that we are fulfilling the needs of our patients.

DS: I would disagree. Obviously, you do have the phone option there, but just from experience people want to come in and get that advice. It's really important. Face to face consultations is, and remains, peoples preferred way of communicating and that is what people like. I think anyone that has worked in a pharmacy would agree with that.

SA: I totally agree. You mentioned that you couldn't find a GP to support your IP and I understand how difficult it is to find that at the moment. I take that point. But with Pharmacy First Plus coming and that being an instrumental thought and vision for community pharmacy moving forward, how do you expect to come over that hurdle if you haven't done your IP yet?

DS: Obviously, I want to qualify. I'm very fortunate that I have a good friend who has now returned from maternity leave who is a GP. That is obviously fortunate for my situation, that is useful.

No further questions

The Chair invited questions from Fraser Frame, Morrisons Pharmacy

FF: You mentioned in your statement that Mid Calder has everything, in your words, the fabric of daily life. Can you tell me where the post office is in Mid Calder?

DS: It is on Main Street, a few doors down from the pharmacy. It's next to the Estate Agents.

FF: Would it surprise you then that the actual post office closed on 10th April?

DS: I should say that the Post Office did approach me after the first hearing with the plan of that going in there to remain that community hub.

FF: Is there a post office or not a post office in Mid Calder?

DS: If it shut a couple of days ago then it's obviously closed.

FF: Where is the nearest post office that people would need to access?

DS: I would have to look at that.

FF: Is there a bank in Mid Calder?

DS: There are cash points, but most people now do their banking online.

FF: As you've said, most people could do their banking online. Would you also suggest that most people could do their weekly grocery shops online and have it delivered by any of the large multiple supermarkets?

DS: We have seen that increase during covid yes, but getting stuff delivered online is not the same as accessing healthcare services. That face to face contact is imperative.

FF: Where do residents of Mid Calder currently access out of hours pharmacy or GP?

DS: Out of hours, like anyone, would be NHS24.

FF: If they need a prescription where would they go on a weekend after 1pm when you'd be closed, after your hours, or on a Sunday?

DS: The application was put in a long time ago, the needs have probably changed and we would probably now look at need and would do full day Saturday. But on a Sunday people would go to a centre.

FF: Obviously we need to consider the application based on your original hours. So obviously, they would go to the centre, either to Boots or ourselves. Are you aware of any complaints of access to those out of hours services currently?

DS: I did ask the Health Board via FOI request but they do not hold that information.

FF: We would normally, pre covid, submit all our complaints to the Health Board so I'm surprised that they do not have that information.

DS: The vast majority of pharmacies follow the normal opening hours which is the ones that we have submitted.

FF: So you are not aware of any complaints currently about the access for out of hours?

DS: No

FF: Do you need an NHS licence to open a pharmacy?

DS: You need an NHS licence to open to dispense NHS prescriptions; you need a contractor code to deal with NHS prescriptions. Obviously you could open a private pharmacy but that's not what we're talking about here. We're talking about access to NHS services.

FF: You mentioned that your shop wont be retail, it will all be about healthcare. Given that in your application you say that the population need access to a pharmacist and healthcare advice, why haven't you opened even a private pharmacy, given there is such demand and you say that a pharmacy could be viable, why haven't you opened a pharmacy in the time space that 's been?

DS: In the UK, in Scotland, it's NHS services. I don't know if there are any private pharmacies in the country.

FF: I believe there are a number of our large multiple colleagues who will have non contract pharmacies.

DS: They will not be dispensing NHS prescriptions.

FF: Correct. Given that you said there is a need for access, pharmacy is not just about prescriptions, it's about healthcare advice and access to a pharmacy. You are so adamant that the population requires it, in the time that has elapsed, would it not have been better to open it and show the demand?

DS: You're asking to open a shop that can't provide the services that we are saying need to be offered. Pharmacies are viable because they are offering NHS prescriptions and services. That is the way we work. To say that a pharmacy would be viable without providing those services is just ridiculous.

FF: Is viability part of The Legal Test?

DS: We are talking about viability with an NHS contract.

FF: Is viability part of The Legal Test?

DS: I'd have to check that, I don't think there is any question about viability here.

FF: I don't think it is part of The Legal Test

FF: You said achieving excellence in pharmaceutical care is about increasing access to community pharmacy in hours and out of hours. Are there other ways e.g. Near Me that could be used that patients could access pharmacists face to face digitally now?

DS: That is there but I've seen from personal experience that the uptake on that has been nonexistent. Obviously we have had some phone calls and we do have that option but peoples preference is, by far, and I'm sure my colleagues working in pharmacy would not disagree with this, is that people want to have that face to face contact. Elderly people for example, they find it more difficult, they want to come in to have that face to face advice.

FF: What percentage of the population was elderly, and would they not be entitled to a free bus pass?

DS: They would be entitled to a free bus pass, but getting on and off of a bus, we shouldn't presume that is going to be easy. The vast majority of the buses don't stop outside the pharmacy. According to the Firstbus website it's a nine minute walk from that bus stop. Should we be expecting elderly people to walk that far? I don't think we should.

FF: In your Mid Calder area, could some of your residents walk more than nine minutes to access your pharmacy?

DS: Some people could but not everybody. There are large numbers of people who would probably struggle with that, that's what we're talking about. We're talking about absolute numbers. We're talking about elderly people, those with disabilities and parents with children.

They are the people most likely to need a pharmacy and they are the people most likely to have difficulty in accessing one. Also, that bus journey is an additional journey. If they have gone into Mid Calder to the school to pick up their children, you are then asking them to do an additional journey just to get to a pharmacy.

FF: You mentioned about disabled access, how would someone in a wheelchair get into your pharmacy at 25 Main Street?

DS: It will be fully adapted to be fully disabled access compliant.

FF: There is quite a steep step there, would you need planning permission for that and have you applied for this?

DS: No, we would have this inside the shop and there are no issues. We have had it looked at. It doesn't look like there would be any issues there.

FF: No other shop on that row, where the post office has closed now, has got a ramp outside it, I don't think it might be as easy as you think.

DS: We can adapt the inside of the shop, we wouldn't need planning for that.

FF: You still need to be able to get into the shop

DS: We can sort that, I really don't think that's going to be an issue.

FF: If someone has a wheelchair and they drive to your premises in Main Street, do you have a disabled parking bay outside your pharmacy?

DS: That is something we would apply for at the Council if this application is granted.

FF: I noticed on my site visit yesterday, you have a poster in the window, whereby you're asking for comments to be sent to either yourself or David at Omnicare. My understanding therefore would be that Omnicare is the data controller, so how have you informed the respondents about a transparent data process around how their information is being stored and what it's being used for?

DS: Firstly, the vast majority of comments are on Facebook which is in the public knowledge. Anyone else's details that are there I contacted them directly and asked them.

FF: But Omnicare is the data controller. What have they done to contact those respondents?

DS: I would need to take advice on that.

FF: I would suggest that they haven't, that is a breach of GDPR.

No further questions

The Chair invited questions from Ms Eleanor Blair

EB: During the pandemic, the Community Council did a lot of collections etc for the older people, will you be doing a delivery service for them?

DS: Yes, we will be offering a delivery service

EB: How long will it take for your shop to be completed?

DS: It will be quite quick if this application is granted. The basics have been done, it's just shop fitting, so about three months.

No further questions

The Chair invited questions from Ms Judie Gajree

JG: You state that you plan to open 9am – 1pm on a Saturday, I know there has been a change in opening hours of other pharmacies in the area, do you still plan to open 9am – 1pm?

DS: No, the application was put in a long time ago, we would now be looking to extend those hours on a Saturday.

JG: On the subject of a delivery service, would that also be a six day per week service?

DS: Yes, it would be offered six days per week.

No further questions

The Chair invited questions from Mr Gordon Stuart

GS: How many staff are you hoping to employ out of that unit? I'm guessing it will be local people as well.

DS: We would have someone at the front counter, so a pharmacy assistant there, then probably one or two dispensers helping out the pharmacist and a delivery driver. That would be increased as business developed.

GS: Is the bridge the only way to walk to East Calder? It is quite complicated. Do you have to go over that bridge to get to Lindsay & Gilmour if you wanted to walk?

DS: Yes, and it's very, very narrow at that point and wholly unsuitable for prams, pushchairs.

GS: What population did you say was roughly over 65, as in pensioners?

DS: It's absolute numbers. There are 900 people living with long term health conditions, 370 pensioners and just over 200 households without access to any car.

No further questions

The Chair invited questions from Mr Keith Kirkwood

KK: You mentioned the 49 houses already built in the area and 155 new houses for which planning has been submitted. Are you aware if that's been approved or not, can you please confirm?

DS: I'm not aware whether the 155 have been approved or not, I think with the development in the area that is probably very likely, but at the moment it is an application.

KK: You commented on the difficulty with people of Mid Calder without cars accessing Lindsay & Gilmour in East Calder. Would you agree that people from East Calder wishing to use your new proposed pharmacy that don't have access to a vehicle will have similar problems and wouldn't be able to access Mid Calder Pharmacy for exactly the same reasons?

DS: Since the last application there has been a new car park built which is about 50 – 60 metres from the proposed premises, this will give car parking.

KK: So your assumption is that people of East Calder have more ready access to vehicles than the people of Mid Calder?

DS: I don't know if they have more ready access but they would certainly be able to park easier.

KK: I made several site visits to the proposed pharmacy and the parking outside the proposed premises was full every single time I went past. I think you may still have an issue with people with mobility issues, even if there is additional parking elsewhere, actually getting close access to your proposed premises. That is just my observation having been past the Mid Calder site several times.

DS: We would apply for disabled access spaces to make sure that is possible.

KK: Do you have any idea how long that planning request process would take?

DS: I'm not sure, I'd hope it could coincide with opening.

No further questions

The Chair invited questions from Mr Brian McGregor

BM: You mentioned you are going to be collecting prescriptions from surgeries, is that on a daily basis?

DS: We would do a twice daily from East Calder and daily from other surgeries. If there is anything urgent, it is now electronic, and the surgery would scan through the bar code and it would go out that day.

BM: Is your delivery service 6 days per week and is it free?

DS: Yes, delivery is 6 days per week and would be free. I know some of the big multiple pharmacies now charge for that.

BM: What is the plan for holiday and sickness cover when you're not available?

DS: Like any pharmacy contractor we would have cover arranged, we would have experienced staff. I wouldn't expect that to be an issue at all. Especially being in the central belt, it is very easy to get pharmacist cover.

No further questions

The Chair invited questions from Mr Stanley Howard

No questions

Mr George Gordon, Chair asked:

GG: In your application you mentioned additional services you will provide, which includes care home support and palliative care. What is the current provision and how many care homes are there in the area?

DS: There is Lorimer House residential home in Mid Calder. The absolute number I'm not sure on. Care Homes and palliative care are something I have huge experience with. I've worked with them for many years. I've dealt with the hospices in Edinburgh. It's something I'm very experienced with and I'd be able to provide expert service and advice to any care home.

5. THE CHAIR INVITED SCOTT JAMIESON FROM BOOTS TO STATE THEIR REPRESENTATION

The issue in this case is whether the application is necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the pharmaceutical list.

Our view is that the existing pharmacy provision meets the needs of the local population and persons within the neighbourhood.

Preliminary matters

1. The closing date for comments on the first joint consultation ended on Thursday 16th December 2015 and the application that was first circulated to interested parties was dated 31st March 2016. The date of the application is possibly out with the 90 days following the end of the consultation as required by the Regulations.

The Board have since provided us with a different version of the application form dated 14th March which we believe was the last day for submission of the application.

We understand that the Board asked the applicant for further information following the first application.

For these reasons we would ask that members of the PPC clarify which application is the one to be considered, and following this, be satisfied that a valid application has been submitted.

2. The CAR and the application both relate to premises at 25 Main Street, Mid Calder. As was mentioned earlier, the email relating to the premises provided by the applicant at Appendix 8 of the supporting documents refers to 27 Main Street, Mid Calder.

We would ask that once the address of the premises under consideration has been confirmed, that the members of the PPC satisfy themselves that the appropriate information relating to the premises has been supplied.

Also, that should there be a change in the address, that the CAR is still relevant and whether any change of address constitutes a material change relevant to the findings of the CAR.

Neighbourhood

1. We do not take issue with the neighbourhood defined by the applicant in their original application.

2. The Mid Calder neighbourhood does not exist in isolation as it has good transport links to the wider area including Livingston and East Calder. The A71 and the M8 provide the area with direct road links to Edinburgh and Glasgow.

3. The population figure for the neighbourhood at the time of the previous hearing was given as 3386 (based on the 2016 figures in the Scottish Index of Multiple Deprivation (SIMD)). The 2020 SIMD figures shows the neighbourhood to have a population of 3351 people. Therefore, no significant change in the last four years.

4. The 2020 SIMD data for the five data zones covering the neighbourhood also shows that three of these zones are within the 10% least deprived areas in the country. (the other two are within the 50% least deprived areas). Therefore, it would suggest, this is an area of higher affluence.

5. Mid Calder is considered to be relatively quiet and affluent, with high levels of home and car ownership - over 90% of households have access to a private vehicle and approximately 87% of homes are owned and not rented – source: 2011 census data for Mid Calder locality

6. A significant proportion of the neighbourhood, including the proposed site, is classed as a conservation area. This was covered earlier, with regard to disability access and the installation of a

ramp, but we would suggest that if this is within a conservation area that might mean that getting the planning permission required for any building alterations could be more lengthy.

7. Facilities within the neighbourhood are limited. There are no amenities in Mid Calder for groceries, residents would travel to East Calder for Tesco/Scotmid Coop, or towards the Almondvale centre for Morrisons, Sainsburys and Asda or M&S as part of their weekly shop. Most are likely to do so through access to a car.

For many residents where they choose to access most of their key amenities will be driven by where they do their main shop.

Patients may choose to access a pharmacy when they visit their GP, in this case in East Calder, at the Howden Health Centre or possibly Craigshill, all of which have pharmacies co-located or in very close proximity.

8. The proposed premises are located to the east of the neighbourhood defined with the majority of housing in the neighbourhood located to the west. It is likely that residents, particularly those living to the west, would choose to access the pharmacies in Livingston possibly combining their visit with a trip to the shop rather than make a separate journey to the pharmacy.

9. Should the panel adopt the neighbourhood defined by the applicant which does not have a pharmacy located within it, the panel should also have regard to pharmaceutical services provided to the neighbourhood from pharmacies located outwith.

The proposed site/premises

10. The premises of the application, 25 Main Street, appear to be small and with stepped access.

We question whether the premises will be large enough for a dispensary and consultation room and to be able to achieve full DDA access. Could a person in a wheelchair access the pharmacy through the front door, given the current width and the step into the pharmacy.

11. Whilst on road parking is available at the proposed site, there is no dedicated parking and parking can be problematic.

The issues with parking at the proposed site are mentioned in comments within the CAR (page 8 of CAR). There were two comments in the CAR relating to this; poor location and many of the spaces along main street are often taken up which could lead to an issue with double parking.

Adequacy

1. We submit that the existing pharmacies provide an adequate level and range of pharmaceutical services to residents of Mid Calder.

2. The existing pharmacies provide access to an extensive range of pharmaceutical services as well as access to services in the evening and seven days a week. Boots at the Almondvale Centre is open seven days a week, till 6pm in the evening, and we expect those opening hours will increase to late trade on a Thursday too. Morrisons pharmacy is also open seven days a week, until 8pm most evenings, and covers Saturday and Sunday too. The applicant is not proposing to open for hours in excess of those already provided. I know the applicant has said they would review the opening hours on a Saturday from 9am – 1pm but I believe the application must be considered with the hours that have been submitted.

3. Our pharmacies in Craigshill and the Almondvale Centre, Livingston both provide services to the residents of Mid Calder.
4. A pharmacy opening in Mid Calder could have an adverse effect on the number of items dispensed by our pharmacy in Livingston which therefore would have an impact on staffing levels within that store.
5. Our pharmacy within the Almondvale Centre in Livingston is open seven days a week, opening until 6pm every day. As the applicant is not proposing to open on a Saturday afternoon, taken from the detail in the application, or a Sunday, we assume the applicant expects the local residents to access existing services during these times and that existing pharmacies adequately do meet the neighbourhood needs for the opening hours.
6. Our pharmacies offer a range of pharmacy services including NHS Pharmacy First, our medicines care review service, full range of public health services and all core, national and locally negotiated services. We do also offer a medicines compliance aid service, where our pharmacist would complete a needs assessment with the patient, to work out what was the best compliance support that could help them with their medication.
7. Our pharmacies are DDA Compliant. The store in the Almondvale Centre opens out onto the centre with plenty of access, it also has a hearing loop and a consultation room that is big enough to accommodate a wheelchair.
8. We offer a free delivery service to patients and deliver to Mid Calder.
9. The pharmacies are appropriately staffed with pharmacists and support staff. The pharmacies receive regular good feedback in terms of waiting times for prescriptions.
10. There is plenty of parking at the Almondvale Centre with over 4,000 spaces across four car parks and including designated parking for blue badge holders near to the shopmobility facility.

All during the pandemic our pharmacies have remained open and provided services to patients. We have set up the new NHS Pharmacy First service in July 2020 and participation of that is high from both our pharmacies in the Almondvale Centre and in Craigshill.

The Pharmaceutical Care Services Plan (PCSP)

- The latest PSCP is the NHS Lothian PCSP 2020.
- The document does state that:

‘There is no evidence of patients being unable to source a pharmacy to dispense a prescription which could be taken as evidence that there is no unmet need for the acute prescription service.’

Access

1. There are two pharmacies within a mile radius of the proposed pharmacy and a number of additional pharmacies within two miles, including extended hours pharmacies (Almondvale Centre (Boots) and Morrisons Supermarket).

2. A number of bus services run through the neighbourhood, travelling in both directions - from Livingston through to Mid Calder and East Calder.

The main services are:

- • First Bus X22/X23 –. There are four per hour running both ways.
-
- • County West X27/28 Edinburgh to Bathgate service which also provides regular services through Mid Calder.
-

3. Parking is available at the existing pharmacies with free parking at a number of locations in the wider area including Boots at the Almondvale Centre and in Morrisons.

4. There is a charity called HCL which run a dial a bus scheme which provides a door to door transport service for people with limited mobility who are unable to use ordinary buses. The website states the vehicles are specially adapted to carry combinations of wheelchair users and other passengers.

In the event that a patient cannot access a pharmacy using one of these methods, delivery services are available.

5. There is no evidence to indicate that patients are experiencing significant difficulties when wishing to access pharmaceutical services.

The CAR report and representations

1. When considering the content and the finding of the CAR, the PPC should consider whether the findings of the CAR are out of date and whether the CAR still represents public opinion of pharmaceutical services in the area.

There has been no significant change to the population size in the last four years.

Community pharmacy has launched NHS Pharmacy First back in July, which offers a free Minor Ailments Service to all residents in Scotland and treatment for urinary tract infections, impetigo and shortly will add the treatment of shingles and skin infections.

The pandemic has changed how patients access services- we have certainly seen an increase in the number of telephone consultations that we provide and in the deliveries that we make.

We therefore submit the CAR doesn't represent public opinion of pharmaceutical services to the local area and we would challenge any comments from social media as it does not form part of the CAR.

2. The information contained within the CAR report is fairly succinct and contains a mixture of both positive and negative comments regarding the proposed pharmacy.

3. There is no evidence within the CAR to suggest that the existing pharmacies are not providing adequate services to the neighbourhood.

4. The positive comments contained within the CAR possibly indicate that this is an application of convenience rather than necessity.

Therefore, in summary, there are a number of pharmacies that provide adequate services to the neighbourhood and that are reasonably accessible from the proposed site. Data shows that existing

Boots pharmacies provide pharmaceutical services to the residents of Mid Calder. The applicant has not identified a need or a particular service that cannot be met by existing contractors and all core, national and locally negotiated services are provided. We submit that the existing pharmaceutical provision is adequate and that the proposed pharmacy is neither necessary nor desirable to secure the provision of pharmaceutical services in the neighbourhood in question.

Following the presentation from Scott Jamieson from Boots:

The Chair advised at this stage for clarity, regarding the query raised in Mr Jamieson's presentation as to whether this is a rehearing or a new application; this is strictly a new application. This is a new Committee; there has been no reference or material given to the Committee on the previous processes. This is a completely new application as far as the Committee are concerned.

The Chair also advised that Mr Jamieson stated in his representation that it was only the Applicant who was given the opportunity to give further comment regarding the CAR. In fact, that offer was extended to everybody, to make comment in relation to the CAR and the age of the CAR. The opportunity was given to everybody and is evidenced by the emails sent to the Applicant and Interested Parties.

The Chair invited questions from David Stevenson

DS: You mentioned that you do deliveries, do you charge for deliveries? It states on your website that you do.

SJ: No, in Scotland, the delivery service is free.

DS: You mentioned the Pharmaceutical Care Services Plan. Are you aware of any NHS Board in Scotland that has ever identified a neighbourhood that requires a pharmacy in their PCSP?

SJ: I'm not aware of one

No further questions

The Chair invited questions from Ms Stacey Anderson

SA: I completely agree with everything that Mr Jamieson has said and have no further questions.

The Chair invited questions from Mr Fraser Frame

FF: Please clarify your opening hours at Almondvale?

SJ: We are currently 9am – 6pm, we scaled that back a little during the pandemic, purely as we had to meet the request of the Almondvale Centre as they were reducing their hours slightly. However,

post pandemic we will go back to our normal hours which is 8pm on a Thursday and I believe they are also considering extending to 6.30pm during the week.

FF: Do you offer a collection service from all surgeries in Livingston and wider?

SJ: We do yes

No further questions

The Chair invited questions from Ms Eleanor Blair

EB: To clarify, Main Street isn't in the conservation area of Mid Calder, so there wouldn't be a problem putting in a disabled access parking bay. Plus there is also a car park behind the Glenalmond Church Hall which is used by the public, which is nearer to the chemist.

No further questions

The Chair invited questions from Ms Judie Gajree

JG: You mentioned the bus services that went between East Calder and Mid Calder stopping at Mid Calder four times per day. Is that at the weekends as well?

SJ: I'd need to double check. One is weekdays, so I presume from that it is Monday to Saturday, or Monday to Friday anyway

JG: Perhaps not the same frequency on the Saturday then.

No further questions

The Chair invited questions from Mr Gordon Stuart

GS: I only have six months of script figures. Did you see an increase in prescription figures during the pandemic from March 2020 to now and have you also noticed the increase in population in the area?

SJ: During the pandemic, at the Almondvale Centre, we have seen a reduction in our prescription numbers from there. We are starting to see that come back a little bit, but overall there has been a decrease. Similarly in Craigshill, we have seen a decrease during the pandemic. Not as much as in the Almondvale Centre and gradually script numbers are starting to come back up again.

GS: Do you know the reason for that? Is it just not as many acute prescriptions?

SJ: At the Almondvale Centre we'd be looking at a reduction in footfall and at both the Almondvale

Centre and Craigshill there has been an impact with a reduction in the number of acute prescriptions we've seen prescribed by GPs.

No further questions

The Chair invited questions from Mr Keith Kirkwood

KK: I have no questions

The Chair invited questions from Mr Brian McGregor

BM: I have no questions

The Chair invited questions from Mr Stanley Howard

SH: I have no questions

Mr George Gordon, Chair asked

DD: The Chair asked Mr Jamieson for clarity around his statement that there has been no increase in population in four years. Is this within the identified boundary, or across a larger scale?

IT ISSUES & LUNCH BREAK – The above question from the Chair was not repeated at the start of the afternoon session therefore, due to the timing of IT issues encountered, no answer was given to this.

6. THE CHAIR INVITED MS STACEY ANDERSON FROM LINDSAY & GILMOUR TO STATE THEIR REPRESENTATIONS

We believe the application does not meet the criteria for being necessary or desirable to secure adequate provision of pharmaceutical services to the population.

The proposed neighbourhood we concur has no pharmaceutical services resident within the neighbourhood. However, the committee need to consider the service provided to the neighbourhood from pharmacies outside the neighbourhood.

As it currently stands the postcode of Main Street Mid-Calder has eight pharmacies within a two-mile radius of the premises. At least two of these pharmacies offer extended opening hours provision beyond 6pm on a Monday to Friday basis. One of the pharmacies is even open to 8pm.

GDPR

On reviewing the papers provided for the hearing of the application of the Mid-Calder pharmacy on Tuesday 13th April 2021, we have noted that there is a lot of personal information from the public provided within the appendix of the application and that the information provided within the CAR may not be suitable for use following GDPR regulations. It is important as health care professionals that we ensure that GDPR legislation has been followed especially in regards to in the documentations provided to attendees today due to the fact that the CAR was produced a number of years ago, emails from the public have went to an Omnicare email address (meaning that there has been no clarity on who is collecting the information, how the information will be used and the fact the information will be shared with Omnicare) and that information has been posted on a social media page which does not detail how the posting person's details and information will be used or shared by Mr Stevenson.

STAFFING

Mr Stevenson has already been questioned about the use of employees within the pharmacy and there has been no mention of Technicians or ACTs, which is obviously a very important part of the workforce and part of the Pharmaceutical Care Services Plan moving forward. There was a mention of local people being utilised within the pharmacy workspace and obviously this would be the hope, however given the difficulty recruiting pharmacy staff just now that cannot possibly be a guarantee. Also, with the challenges of recruitment, I would be interested to know how Mr Stevenson plans to fully staff the pharmacy during the difficulty that has been the pandemic. Obviously the pandemic has hit community pharmacy relatively hard which we have all mentioned. Being a chain of pharmacies, Lindsay and Gilmour has always been able to provide continuous pharmaceutical care services, even when our staff members have been sick, as we have always managed to backfill. As an independant contractor that may be really difficult for Mr Stevenson to do.

Transport Links to our Pharmacy

As it currently stands the 27/28 bus service to East Calder from Mid Calder operates on a 15-minute service, not the 30 minutes as stated by Mr Stevenson, the service proceeds down Main Street East Calder taking three minutes from Mid Calder according to the timetable from First Buses. I note that this service is not operating at the weekend, however, as Mr Stevensons application is only until 1pm on the Saturday, we did not take this into consideration at the time.

I believe this service is extremely helpful to patients needing to access pharmaceutical services and is quite different to that identified by the applicant in his application.

I note the applicant has expressed concern about parking at the Pharmacy. Parking in East Calder is available in front of and behind the doctor's surgery as well as along the street and behind our pharmacy Lindsay & Gilmour Pharmacy are also aware that in the Local Development Plan for West Lothian, that a public car park has been sanctioned for East Calder which will further improve parking. As mentioned by Mr Kirkwood, Mid Calder would struggle with the parking at the proposed Mid Calder site if used by our East Calder patients.

Access to the proposed pharmacy may be difficult for some patients due to the step into the pharmacy, which Mr Stevenson said he will be able to sort. However, one thing that hasn't been spoken about so far is the high kerb along the Main Street at that pharmacy. There is an extremely high kerb where the cars park. As a mother, I would find it very difficult, not only to get out my child of

that car park space, but also to step over that with a buggy. I would expect that wheelchair users would be the same.

In the first instance, looking at the Consultation Analysis Report, the report supplied is weak in its presentation as it can't demonstrate the split number of paper responses/electronic responses.

I also note the applicant states the following under conclusions, that the CAR demonstrates despite no evidence a significant number of Mid Calder residents within their neighbourhood indicate it is both necessary and desirable to improve access to pharmacy services. I can't understand how the applicant can determine this information as the report does not demonstrate data on where the respondent is located despite the questionnaire asking where the respondent lives. This seems to be an ongoing process within Mr Stevensons application. Even today Mr Stevenson has provided information with regards to making assumptions which he then cannot back up with data.

Responses to this consultation due to its online response option can come from anywhere in the world. What we can't also calculate is the number of spurious responses in favour of the applicant. It should also be noted that the supporting documents and comments are from 2015 and that public opinion can change, and so can peoples circumstances.

Proposed Services

I note the applicant has said that he would be interested in providing palliative care and care home services and I wonder if the applicant is aware of what is involved in providing these services, and does he deem his premises big enough to deliver these services to the public.

Proposed Site Transport Links

I note the site of the proposed pharmacy is not overwhelmed in car parking. Parking in the main is likely to be on Market Street and this will require service users to cross the busy road at a corner between Bank Street and Market Street to access the pharmacy. Mr Stevenson did say that there was a new car park developed, however, it seems that these are just additional spaces that have been added in, not a new car park.

Support from Mid Calder Community Council

I note from the supporting document from the local community council that they have indicated high waiting times for prescriptions and a need to queue outside the pharmacy in East Calder.

It should be noted that the patient is able to take a seat in the pharmacy whilst waiting for a prescriptions as we have chairs for customers and that we offer a free collection and delivery service if the patient did not want to wait for the prescription. Unfortunately due to the recent pandemic queuing outside GP practices, pharmacies, shops etc has become the new normal in order to keep people safe and again to reduce the need for people waiting outside as per government guidelines, patients can utilise our free collection and delivery service. The length of time to wait is not quantified as the patient may have had to wait whilst we clarified the prescription clinically or professionally with the GP. Due to the nature of GP consulting practice he or she may not accept disturbance until the end of surgery hence the reason for the wait. We also prioritise waiters using coloured baskets as is normal practice in pharmacy.

It should be noted that the measure of waiting times should not be taken in to consideration for this application as waiting times does not quantify the quality of pharmaceutical care that is being provided.

Developments since the last hearing

Since the last hearing Lindsay and Gilmour East Calder has been through a process of change and development in order to support the local community and in response to the pandemic.

These changes and developments include increasing our opening hours to provide a six day a week service in line with the achieving excellence strategy and the NHS Lothian Pharmaceutical Services Plan, increasing our delivery service to provide delivery services to all patients within the Calder area 5 days a week 9am -6pm therefore reducing unnecessary travel to the pharmacy and ensuring we are providing pharmaceutical care to our most vulnerable patients. We continue to build working relationships with the medical practice and our close proximity to the medical practice means that we pick up from the GP practice regularly throughout the day and can deal with patient queries quickly and effectively, and also deal with urgent prescriptions for example controlled drugs which, as mentioned by Mr Stevenson, the new practice in pharmacy is that our urgent prescriptions tend to be emailed to us. However, there are regulations that means this can't happen for controlled drugs. So, us being so close to the GP practice means that we can run round and collect them meaning less wait for the patients. .

We have invested heavily in a range of technology to help support our services including additional devices to support the Near Me video platforms and the Healthera app to support patients ordering medication and taking medication. These technologies have enabled the pharmacy staff to provide excellent pharmaceutical care to patients whilst ensuring that our patients were safely at home as per guidelines and have also assisted in a decreased work pressure for the local GP practice. This has proven vital as the local GP practice will not accept phone calls from patients to order repeat prescriptions.

The introduction of the pharmacy first service and the extension of the unscheduled care programme has enabled our east calder branch to provide a well round pharmaceutical service to our patients and ultimately helps the branch provide cradle to grave care for the Calder population. This service has been instrumental for the branch during the pandemic as it has helped us ensure that patient are given the right care and at the right time, again our close proximity to the GP means that we have excellent triage processes in place for when the patient needs to be seen by a GP again providing excellent packages of care to our patients.

To further develop the care we provide to patients our East Calder team have been highlighting the Medication Care and Review service to patients and ensuring that patients have had a recent pharmaceutical risk assessment to ensure that they are getting the best benefit from their medication, this has helped improve patient inhaler techniques, medication compliance and awareness of what their medication is for and side effects to look out for.

Our East Calder branch has a suitably sized consultation room which has been used during the flu season to participate in the NHS Lothian Flu vaccination service, provide smoking cessation consultations and EHC to name a few.

Community Pharmacy has been impacted by the covid pandemic and we have worked hard in East Calder to make sure that our patients and our staff are safe. We have segregated some of the

pharmacy to make sure that there is a 2 metre distance at all points and made sure that we have protective screens in place. As you can see our East Calder branch provides a well round pharmaceutical service to the patients of the Calders and we are keen to continue to work with the health board to implement and develop any future pharmaceutical services as they see fit.

In conclusion, in the first instance, I believe this application should fall as the application is unclear on the details of who the owner of the pharmacy is. There are concerns regarding GDPR that need to be investigated to ensure that we are all compliant with the Regulations. Lindsay and Gilmour believe that having 8 pharmacies providing services to the neighbourhood, including 2 offering extended hours provision, is more than adequate and desirable for the residents in Mid Calder. We also note that the residents of Mid Calder have a good bus service, personal vehicles and delivery services allowing them to access pharmaceutical care outwith the neighbourhood. On our final note, as extended hours on a Saturday are not within the application form that has been submitted to the PPC, we believe that the PPC cannot consider Mr Stevensons offer to increase his Saturday hours. This is also true for the six day delivery service.

The Chair invited questions from David Stevenson

DS: You said there are 8 pharmacies within 2 miles, I don't believe that's correct, could you list them?

SA: We have the East Calder Pharmacy, we have two pharmacies with Boots, we have the Morrisons Pharmacy. My mind has gone blank...

DS: Within two miles, there is only Lindsay & Gilmour and Boots at Craigshill, the rest are all outwith two miles from the proposed premises.

SA: Ok, anything else?

DS: You mentioned that there is going to be new parking in East Calder, where about?

SA: I believe there was an application put in for new parking. I think it's just up from our East Calder Pharmacy, just up from the GP Practice. New houses are being developed there and there is a small Industrial Estate / Retail Park happening, I've been told planning permission was put in there for car parking.

DS: How far would that be?

SA: A couple of minutes walk from the branch, if that.

DS: That parking has not been granted yet?

SA: No, not at the moment, but just as you've said about the proposed housing, it's just something for consideration at the moment.

DS: Have you engaged with Mid Calder Community Council to discuss the service at all?

SA: I am quite new to Lindsay & Gilmour; I've just taken on this Area Manager post recently. We have been working quite closely with our patients and with the local GP Practice to gather some feedback.

Since I've taken up this post the majority of feedback I've received from patients has been positive. We have made a dramatic change in East Calder over the past couple of months, you can see that reflected on our Facebook page, since we've put the new Manager in place and we have developed our team, our positive feedback has soared.

DS: Would you agree that out of hours services, including Sundays, tend to be provided by large supermarkets across Scotland, due to the nature of their business, and are rarely undertaken by normal community pharmacy?

SA: I think it depends where you are to be honest. Yes, ASDA, Boots and Morrisons and the bigger stores tend to provide this service. However, having worked across different Health Boards I am fully aware that community pharmacy needs to investigate the need that is within the local population. I'm sure that if we felt, at Lindsay and Gilmour, and, as you've mentioned, that if you felt there was a need to develop your hours, you would do that with the calling of the local community.

DS: Yes, normally it is done by large supermarkets just because of the nature of their business. Would you therefore agree that in the context of a PPC for a small local community pharmacy, the fact that you provide an out of hours service, or propose not to provide an out of hours service, is not really relevant to the PPC?

SA: No, not at all, it mentions in the NHS Lothian Pharmaceutical Care Services Plan that they are planning on using community pharmacy as the new mechanism for out of hours. Especially given the strategy of strategic improvement, that is the way community pharmacy is going. Within Lindsay & Gilmour we are looking at how we can improve our out of hours processes. Just because you're an independent pharmacy, that should never hold you back. It should spur you on, that could be the making of your pharmacy. That is your selling point.

DS: Are all pharmacies going to open 7 days per week?

SA: I know that there has been discussion but it's going to be like palliative care for example. Not every pharmacy offers palliative care, there is that extended hours process. For example, Forth Valley Health Board do a rotation on who opens longer hours on a Saturday and who opens a Sunday etc. This isn't a new thing; it's something that happens in quite a lot of Health Boards just now.

DS: That used to be a common practice but really isn't now.

SA: Forth Valley Health Board do it just now, Grampian do it, I know that Fife were looking into it just recently.

The Chair then requested that Mr Stevenson and Ms Anderson focus on questions rather than debating specific issues.

No further questions

The Chair invited questions from Scott Jamieson

No questions

The Chair invited questions from Fraser Frame

No questions

The Chair invited questions from Eleanor Blair

EB: We've been in touch with East Calder Community Council regarding opening of pharmacies. Why have you not been in touch with Mid Calder Community Council?

SA: I don't know, more than happy to approach if this debate goes on further. We have only been given five days to prepare statements etc and I've been gathering as much information as I possibly could. I wasn't aware of the previous applications until five days ago. If we are going into a further trial, I'm more than happy to be in contact with you and see if we can improve our services.

EB: The bus services come through Mid Calder every fifteen minutes but they don't go to the Main Street in East Calder every fifteen minutes. Some of them go up Langton Road, which gives pensioners a long walk down to Main Street. It's actually only every half hour that they can get a bus to the Main Street.

No further questions

The Chair invited questions from Judie Gajree

No questions

The Chair invited questions from Gordon Stuart

GS: There are a lot of houses being built in East Calder, it's difficult to see how many are actually lived in already. Have you seen an increase in prescription figures already?

SA: We did see an increase but we think this is due to the pandemic. Patients were using pharmacies linked to their GP Practice so we've seen a bigger footfall coming into the pharmacy and we've seen a bigger increase in acute prescriptions. Almost contradictory to what Boots have seen, we seen the flip of that. That is why we were seeing a little bit of a queue outside our pharmacy to start with, it was a change in our workload. However, we have changed the dynamics within our pharmacy to start to manage that better. We changed the processes, implemented new technology and are batch scanning the prescriptions when we receive them in, we've got a better model day in place now, are utilising different baskets to clearly identify what is urgent and what the delivery schedule looks like, using healthcare apps to plan the schedule and communicate with patients so they know when the delivery is to be expected etc. We can't refit East Calder at the moment but we made as many systematic changes as we possibly could to ensure we are benefitting our patients.

GS: Do you think another pharmacy, in Mid Calder, will impact your business considerably, with the increased housing etc?

SA: There is obviously increase in housing provision, the schools are getting busier etc so I do feel that there is enough feed from everybody. Our discrepancy with this application is that it seems to be a bit misleading with regards to who is presenting the application, I'm not sure the premises are fit for purpose that they are presenting for Mid Calder. We are advocating for the benefits to the patients, even though we are contractors, we are looking at the benefit to the patients. I do think there might be a change in our workforce and our workloads in East Calder Pharmacy; I don't think it would be too dramatic.

Chair invited questions from Keith Kirkwood

KK: No questions

Chair invited questions from Brian McGregor

BM: You mentioned in your presentation that you thought Mr Stevenson had made several assumptions without backing them up with evidence or data. Can you expand on this?

SA: Mr Stevenson has stated that the people mainly using pharmacy are the vulnerable, people with young kids etc. The way pharmacy is now working, that's not the case and it's not the development that we are seeing. For example, Pharmacy First, there is a lot of clinical treatment that we are able to give out for example for warts, verucas, and teenagers are coming in for sexual health advice and the morning after pill, we can deliver smoking cessation from over 12 years old. Also, with regards to comments about the elderly wanting to come into the pharmacy for face to face consultation, actually we have seen the swap of that within our East Calder Pharmacy. Patients do not want to come into the pharmacy because of the pandemic, they are trying to follow Scottish Government guidelines of staying at home and only come out when very necessary. There are a lot of statements being bounced about just now with no solid data behind them. It would be interesting to see if these are facts or whether they are just what Mr Stevenson believes at the moment.

No further questions

The Chair invited questions from Stanley Howard

SH: No questions

Mr George Gordon, Chair, did not ask any questions

7. THE CHAIR INVITED FRASER FRAME FROM MORRISONS TO STATE THEIR REPRESENTATIONS

Thank you for the opportunity to present today.

We believe the existing pharmacies currently meet the needs of the local population and the residents of Mid Calder. We do not believe there is an inadequacy in pharmaceutical services.

Neighbourhood

We agree with the neighbourhood as proposed by the applicant and accepted previously by the PPC. The population for this neighbourhood based on the datazones from the Scottish Index of Multiple Deprivation (SIMD) 2020 we believe to be 3351, less than the previous population in 2016(3386). The neighbourhood has good transport links and regular bus services to East Calder, Livingston and further afield.

Services within the area are limited. Not everything required by the residents to carry out the fabric of their daily lives is available. There is no bank, post office or GP etc. As a result, Residents will be used to travelling out with the neighbourhood to access these services, for shopping and work. I think it would be fair to say that these residents would not struggle to reach one of the existing Pharmacies. So, while the defined neighbourhood may not have a pharmacy, it is served by numerous pharmacies in adjoining neighbourhoods. These must be considered when deciding on whether services to the neighbourhood are adequate.

The applicants premises themselves look small and I would be concerned if these premises would be fully DDA compliant. On top of that, there is a significant step into the premises, that would hinder those in wheelchairs. From looking at all the shops in that block, none of these had ramps in place, suggesting it may be difficult to accommodate this especially given the narrow walkway and potential planning issues.

The applicant also mentions in his application that concerns had been raised about the lack of parking at existing Pharmacies. Which is interesting to highlight as when I visited the applicant site I struggled to park at multiple times of the day and there is no dedicated disabled or parent child parking within easy access of the premises.

Coming back to the adequacy of the existing Pharmacies that support the local population. The surrounding pharmacies provide an extensive range of NHS and Private services, into the evening and 7 days a week. At our Pharmacy in Dedridge we are open 7 days a week , Mon – Frid 830-8, Sat 8-6 and Sun 10-6. The applicant isn't opening any more hours than are already being provided by Ourselves, L&G, Boots and Lloyds. Given the applicant isn't opening on a Saturday afternoon or a Sunday, the committee must assume the applicant would expect residents to access existing pharmacies out with his opening times and that the Pharmaceutical service provided is adequate to meet the needs of the neighbourhood.

From our long standing Pharmacy at Dedridge we provide an extensive range of core Pharmaceutical services and Private services, these include our collection service, NHS Pharmacy First, Palliative care, medicines care review, CPUS, EHC, the national PGDs, Hepatitis C, delivery and healthy lifestyle advice. We are ideally placed for this given that we are a large supermarket and we can link in with food. We also provide Flu services privately and we have done successfully for more than 14 years now. This year we took part in Lothians NHS Flu season and help support the at risk group to be

vaccinated. We have two FT employed Pharmacists and support were needed, from Locums on top of our trained colleagues ensure consistency across the 7 days for our pharmaceutical services.

The applicant mentions in their application, parking is limited at neighbouring Pharmacies, which is surprising as our Supermarket has 439 Parking spaces, 19 disabled and 18 Parent and child. In the CAR it is worth noting that many of the respondents actually call out that parking at the applicants premises will be a problem (14) and question if the location of the premises is a good location (2).

The entrance into our store and walk to the pharmacy is all on one even level. We have a large consultation room which is fully compliant with DDA and is able to accommodate wheelchair access.

There are a number of Pharmacies servicing this neighbourhood. L&G is less than 0.8 miles from the applicants premises. There are at least a further 6 pharmacies within easy commute.

All pharmacies operate prescription collection services from the GPs, and most will provide a delivery service to those that need it. Those responding to the public consultation may find it convenient to pick up a prescription in Mid Calder, but let's not confuse that with the current service being inadequate. Many of these CAR responses describe having a Pharmacy as "easily accessible" This does not indicate necessity. As I alluded to before, residents will head out of Mid Calder regularly to access/use amenities such as post office, Banks, GPs, Supermarkets, or indeed to work in places further afield.

Driving around the area, you can see multiple car ownership. Residents will be used to travelling outwith the neighbourhood to access other services, banking shopping and work. I think it would be fair to say that these residents would not struggle to reach one of the existing contractors. So, while the defined neighbourhood may not have a pharmacy, it is served by numerous pharmacies in adjoining neighbourhoods. These must be considered when deciding on whether services to the neighbourhood are adequate.

Buses appear frequent, approximately every 15-20 mins and include the X22 (Inc Sundays), X23, X27 (inc Sunday) & X28 (inc Sunday) according to the Lothian Country Buses timetable.

Livingston has two extended opening hours pharmacies – Us and Boots at Almondvale. While this might not be on the doorstep of the residents of Mid Calder, I would suggest that these provide an adequate service to the population, as the applicant hasn't evidenced any complaints and both are easily accessible.

Looking at the CAR now, there is no direct evidence in the CAR to suggest the Pharmaceutical service provided to the neighbourhood is inadequate. Ask anyone if they would wish a pharmacy on their doorstep, of course they will say yes. However, is there any evidence of an inadequacy in the current service provision? The candidate has not provided any evidence. The answer is no.

Also, we have real concerns from a GDPR point of view of how the residents data has been used by the data controller. The applicant hasn't reassured us that they have met their GDPR obligations and I think this has to be kept in consideration for future.

Do the people who live in the applicant's neighbourhood have any difficulty whatsoever in accessing that all important face to face contact with a pharmacist? Again the applicant hasn't demonstrated any tangible evidence, therefore, again suggest that the answer is no.

We believe that this application is neither necessary nor desirable and ask again that it be refused.

Following the presentation from Fraser Frame from Morrisons:

The Chair invited questions from David Stevenson

DS: You mentioned that you thought the CAR wasn't relevant. Question 2 of the CAR, would you not agree that we have got to take that into account, when an overwhelming 90% of those who expressed an opinion think that they have a deficient existing service, would you not agree that it's very important that we take the members of the community's comments and opinions into account?

FF: I also think we should take into consideration that 10% also say that they don't believe there is a deficiency or a gap in Question 2.

The Chair invited questions from Ms Stacey Anderson

SA: No questions

The Chair invited questions from Mr Fraser Frame

FF: No questions

The Chair invited questions from Ms Eleanor Blair

FF: No questions

The Chair invited questions from Ms Judie Gajree

JG: No questions

The Chair invited questions from Mr Gordon Stuart

GS: How far are you from the proposed premises?

FF: I think 2.6 miles

GS: There are lots of houses being built all around the whole area. Do you think a new pharmacy is going to affect your business in particular?

FF: Currently, as it stands, there is probably negative / flat growth in the Scottish market. By adding another pharmacy, it will affect surrounding pharmacies, of course it will. There will be some taken away. Will it affect our overall viability? No, I wouldn't say so, but could it ultimately affect how many staff we have on a day to day basis, yes it could as it depends how much volume it actually takes away

from us. But, we provide a service from our supermarket and we provide a valuable community pharmacy from it as well.

The Chair invited questions from Mr Keith Kirkwood

KK: No questions

The Chair invited questions from Mr Brian McGregor

BM: No questions

The Chair invited questions from Mr Stanley Howard

SH: No questions

Mr George Gordon, Chair, asked no questions

8. THE CHAIR INVITED ELEANOR BLAIR FROM MID CALDER COMMUNITY COUNCIL TO STATE THEIR REPRESENTATIONS

Thank you for inviting me along, this is the second Hearing I've been to regarding this application.

David first came to us in 2015 to see what the community thought about a new pharmacy opening. We did a huge survey round most of the area including Pumpherston, which is part of our district as well for the church, which we have a lot of older people in. Pumpherston doesn't have a chemist either so we surveyed them as well. The majority, I would say 90 to 95%, were in full agreement with a pharmacy.

The problems at the moment, we have sheltered housing which has got 24 flats, which are all elderly infirm people. These people cannot walk to East Calder. Young mothers with buggies cannot walk to East Calder because the pavements are far too dangerous, they are not wide enough to take prams, certainly not double buggies and we certainly have a few twins in this area. You cannot get mobility scooters along the pavement, it's impossible. Getting the pharmacy in Mid Calder, all these could just pop into it, on their way up to school, the residents from the sheltered housing can come round in their mobility scooters and can get into the pharmacy once the ramp etc is there. There is absolutely no hesitation about getting a disabled parking space outside, we have one in the village already, outside the Institute Hall, which I know is a good distance from the Pharmacy. As I am on the Community Council, I know for a fact that it will be granted whenever he applies for it.

Back to the public transport, if our residents take the buses, yes they come every fifteen minutes I'm not arguing with that, but some of them go up Langton Road. So the pensioners have a good walk, from the bottom of Langton Road along to the chemist. By the time they go into the chemist and wait, then they come back out and try to get a bus back along, you're talking about at least a couple of

hours. This is really not good enough for pensioners. They can go up to the Centre; people that drive to go up to the Centre also have to pay parking fees, which I don't think anybody has ever mentioned.

During this pandemic, we ran a volunteer service from last March for people that were shielding, infirm etc. We picked up more than 100 prescriptions. A lot of these had tried to get the free deliveries from both Boots in Craigshill and Lindsay and Gilmour in East Calder and were told "not at the moment, we can't do it just now, we're too busy just now" so volunteers from the village went and collected all these prescriptions. I myself went to five different chemists in the area one day for different prescriptions. That was from the sheltered housing area round the corner. I have spoken to them all and they would all use Mid Calder Pharmacy.

We have more housing in the pipeline, there is going to be 155 new houses, which will get the go ahead I'm quite sure of it. Our school can take new pupils, the roll has dropped at the moment, but there is plenty room for all this new housing. The nursery in Mid Calder is now open 50 weeks per year and can take 40 kids in the morning and 40 in the afternoon. It is exceedingly busy. We are also in the middle of doing community gardens in the centre of the village, to encourage footfall. This, we see, as people can come down and call into the shops to get their shopping, which again I did during the pandemic, I went into the small newsagents to collect groceries etc for people, and I know that people, if we had a pharmacy, would use it.

There is ample parking in our refurbished car park; there is also the car park behind the Glenalmond Hall. Yes, there is not a sign that actually says you can park, but we are looking into putting a sign on it. I think it can only be a good thing to have a pharmacy in this village.

We have been back in touch with a lot of the community since our last survey in 2015 and its 100% this time who are desperate for a pharmacy. We need it for Minor Ailments, not just for giving out prescriptions, and I think, with the number of houses that are being built in East Calder, it can only benefit Lindsay and Gilmour. Are they going to struggle with the number of houses being built? Somebody I know has tried to get a house on the new Calder housing development; there are no houses available to buy until after November, they are all sold. Can Lindsay and Gilmour or Boots, Craigshill cope with all these new houses that are going up? I think it would just be beneficial; it would ease the pressure on them and would cut the waiting times for prescriptions.

David has our full backing; from our local Councillors, our MSP, our MP and the whole of the Mid Calder community.

The Chair invited questions from David Stevenson

DS: No questions

The Chair invited questions from Scott Jamieson

SJ: No questions

The Chair invited questions from Stacey Anderson

SA: You mentioned the sheltered housing, buggies, mobility scooters find it so difficult to go down the

paths, and I can totally see where you're coming from there. Has the Council been approached about that, as I would say that is a Council issue.

EB: Yes, we have been in touch but there is nothing they can do on that bridge. The bridge is a conservation bridge, so they cannot widen the pavement.

SA: What would you say is ample parking for your community?

EB: The car park, which is nearest, behind the Glenalmond Hall can take up to 25 cars. The new one can take 13 to 14 cars; you're not going to get that many people at once going to the chemist.

SA: No, but the car parks aren't just for the chemist. They are for this fantastic local community you've built with regards to the shops, the pub, the hairdresser etc. So these car parking spaces will be used fully by the local community, not just for the pharmacy, is that right?

EB: Yes, that's right

No further questions

The Chair invited questions from Fraser Frame

FF: How long would it take to get a disabled parking space designated outside?

EB: At the moment we're trying to get a disabled ramp within the village and we got planning permission in a few weeks. It won't take long at all. I think it will take as long as it takes David to sort his shop out inside.

FF: Currently, the existing pharmacies that are roundabout the neighbourhood, do they all deliver to the community of Mid Calder at the moment?

EB: As far as I know yes, but during the pandemic there was a terrible waiting list and people just couldn't get them.

FF: Yes, but now as we're exiting the pandemic, are all the pharmacies delivering to Mid Calder?

EB: As far as I know yes.

No further questions

The Chair invited questions from Judie Gajree

JG: The path that goes from Mid Calder to Craigshill and the path that goes from Mid Calder to Dedridge, can you describe what the lighting situation is along that?

EB: To Dedridge is shocking and to Craigshill, I have a dog and I won't even walk the path to Craigshill with my dog. You couldn't do it at night and you certainly couldn't do it during the winter. It's very, very steep as well which would be impossible for old age pensioners etc to walk across. It's certainly not suitable for a disabled buggy.

No further questions

The Chair invited questions from Gordon Stuart

No questions

The Chair invited questions from Keith Kirkwood

KK: You said that over the pandemic a volunteer service picked up about 100 prescriptions. Over what timescale was that?

EB: We started in March and finished it after the first lockdown. We've started it up again.

KK: So is that 100 in total over that period?

EB: No, not for the full year. There was about 100 for the first lockdown and 100 for the next lockdown; we are still actually collecting prescriptions.

KK: You talk about Mid Calder primary and the local nursery having spaces for new pupils, how far a walk is it from the primary and nursery to the proposed site of the new pharmacy?

EB: About quarter of an hour walk

KK: So it is a considerable walk, you're talking about new people using schools and the nursery, so it would still be a considerable walk for them to go down to the pharmacy and back, or to the pharmacy and then on somewhere else?

EB: Yes, but it's certainly an awful lot shorter to walk to Mid Calder pharmacy than it would be to walk to East Calder, Craigshill or a centre.

KK: You said a lot of people have said since that a pharmacy or a chemist is required in Mid Calder. Can you quantify that at all, what are we talking about in numbers?

EB: At least, well over 100, because we put it on our Facebook as well. We don't keep things for long on our Facebook, David got all the comments required regarding this. Every Community Council meeting we have, the subject of a chemist has been brought up.

No further questions

The Chair invited questions from Brian McGregor

BM: No questions

The Chair invited questions from Stanley Howard

SH: No questions

Mr George Gordon, Chair, asked:

GG: A point was raised earlier on about a Dial A Bus Service, are you aware of that? Is that a service that is currently provided with free access to the next area?

EB: Yes I am, it is once per week

GG: There has been a lot of discussion about the CAR and the age of the CAR. Obviously you are here representing the community; I know how close you are to the ground. Do you feel that sub pandemic there has been an increase in demand for a face to face service rather than people moving towards the internet? Do you feel that within the village there will be a demand for that?

EB: Definitely, it's an older population that's in the heart of the village; a lot of them don't have internet. They like to have their own independence that they can go to a pharmacy with their own little ailments and I think that is what they need.

GG: When I made my site visit I did it on a Saturday morning, I got parked relatively easily over the road from the proposed pharmacy. I did notice the accessibility of some of the shops there. Is there any other shop that has a small ramp outside the shop?

EB: No, I don't think so no

GG: Taken from the centre point, The Black Bull pub, what is the actual walking time for an average person to get to the chemist in East Calder from that point?

EB: Half an hour for a fit person I would say, elderly could take well over an hour.

GG: So approximately a 30 minute walk, and there is no other alternative route, apart from the walkways that we have already mentioned?

EB: No, there is no other alternative.

9. THE CHAIR INVITED SCOTT JAMIESON FROM BOOTS TO SUM UP THEIR REPRESENTATIONS:

In summary, there are a number of pharmacies that provide adequate services to the neighbourhood and that are reasonably accessible from the proposed site. Data shows that the existing Boots pharmacies provide pharmaceutical services to the residents of Mid Calder. The applicant has not identified a need for a particular service that cannot be met by the existing contractors, where all core, locally negotiated and national services are provided.

We submit that the existing pharmacy provision is adequate and that the proposed pharmacy is neither necessary nor desirable to secure the provision of pharmaceutical services in the neighbourhood in question. After addressing the issues of neighbourhood, the panel will assess the current level of service provision, and whether the services provided into the neighbourhood are adequate. Should the panel determine that they are indeed adequate, we would suggest the consideration of the application should end there and the application be refused.

10. THE CHAIR INVITED STACEY ANDERSON FROM LINDSAY & GILMOUR TO SUM UP THEIR REPRESENTATIONS:

In summary, we do have concerns with regards to the application and who is applying for this pharmacy. It has been highlighted throughout this presentation today that the premises seem to be unsuitable, there is inadequate parking. The hours are outwith the Pharmaceutical Care Services Plan and the direction of travel for NHS Lothian. There are concerns about how social distancing can happen within the pharmacy and how patients can maintain the 2 metre distancing rule that will be in place for quite a long time. We have highlighted GDPR Regulations and how we feel that the CAR and associated appendices may be outwith this legislation and the fact that the PPC and the applicant should maybe look into these. A number of statements have been made throughout today's presentations without data to back them up, including comments about our elderly and comments making assumptions about patients picking up prescriptions and preferring face to face.

Pharmaceutical services within the area are being filled by the current local pharmacies. We are including enhanced services including Pharmacy First, unscheduled care, dosette boxes, palliative care services, advice to care homes, EHC, smoking cessation and there are the additional hours. Within Lindsay and Gilmour, to meet the need of the patients, we have also extended our delivery service by 50% in response to the pandemic, making sure that we have delivery services from 9am – 6pm Monday to Friday and delivering, if necessary, on a Saturday. Therefore, as Lindsay and Gilmour, we don't feel that this application is deemed as appropriate or is necessary for the community due to it currently being serviced by community pharmacies across the area at present.

11. THE CHAIR INVITED FRASER FRAME FROM MORRISONS TO SUM UP THEIR REPRESENTATIONS

Echoing what Mr Jamieson and Ms Anderson have said, we have real concern about the premises. Parking is extremely difficult and limited, wheelchair access into the pharmacy would be extremely challenging. There are further concerns from us about how data has been handled by the applicant and the role Omnicare has as a Data Controller of these responses. Mid Calder residents have adequate access to existing pharmacies, including extended opening hour pharmacies and pharmacies that open on a weekend outside of the neighbourhood. The applicant has not demonstrated any inadequacy whatsoever in accessing pharmaceutical services or lack of a particular pharmaceutical service. Nor has he evidenced any complaints therefore failing The Legal Test. Therefore, this

application, in our opinion, is neither necessary nor desirable and we ask that it be refused accordingly.

12. THE CHAIR INVITED ELEANOR BLAIR FROM MID CALDER COMMUNITY COUNCIL TO SUM UP THEIR REPRESENTATIONS

In summary, I think for the benefit of all the residents in Mid Calder this pharmacy should go ahead. The elderly need their independence, they cannot walk to East Calder, they cannot walk to Craigshill. Yes, they can get a bus to Morrisons but the bus doesn't stop anywhere near Morrisons, they have still got to walk. This will only be beneficial for the residents of Mid Calder, and also for East Calder, with all the new housing that is getting built there.

13. THE CHAIR INVITED DAVID STEVENSON TO SUM UP IN RELATION TO HIS APPLICATION

Today we have heard from all interested parties. I have spent the last six years working on this project, speaking to local people and representative groups about the needs of their community. It is clear that current pharmaceutical services are not adequate for a town the size of Mid Calder. If we are to deliver healthcare services, in line with the Scottish Governments vision for healthcare, then the answer is to award this application. We have heard today from Eleanor Blair, she is here today in her voluntary role as a member of the Community Council, she is not paid, she has no commercial interest, she is here today to put forward the view of the people of Mid Calder. Local politicians have supported the application, clearly citing that current services are inadequate. The CAR reiterates what Mrs Blair, local politicians and residents have communicated. The local community has spoken; they firmly believe that the current services are inadequate.

My premises are of adequate size and will be fully DDA compliant to allow access to all patients and we will ensure that there is a ramp. Considering what we've heard today, the neighbourhood is clear, there are significant numbers of elderly, chronically ill and mothers with children. The view of the community is clear, the current inadequacy is clear and therefore it is clear that it is both necessary and desirable to have a pharmacy in Mid Calder in order to provide an adequate pharmaceutical service.

All parties then confirmed that they feel they had a full and fair hearing.

14. Following the Open Session, the PPC Committee members reconvened in a private session.

The Chair commented on the IT difficulties during the open session and advised members that this will be resolved for hearings going forward, as holding Microsoft Teams hearings may be commonplace in the future.

It was agreed that due to the length of the meeting, the decision would need to be deferred to Wednesday 14th April, however the views of the lay and pharmacy members were sought.

The Chair confirmed that this hearing was being held with new committee members, who had not been involved in any previous hearings for David Stevenson's application. The Chair asked the members viewpoints on concerns/considerations about the age of the CAR and if they were happy to proceed. After a lengthy discussion, the members agreed that the applicant and interested parties had been given the opportunity to refresh their representations, and that everyone had confirmed during the open session that they had been given a full and fair hearing.

As a result of the invite to attend the hearing, the Committee also noted that all parties engaged with the request and provided representations, however the only response with an update/refresh on the CAR was from Mr Stevenson.

Everyone was happy to proceed.

The Committee acknowledged the Applicant's definition of the neighbourhood as:

- Mid Calder bounded to the North by Calder Park Road/River Almond
- South by Murieston Water/Greenfield land to Lizzie Brice Roundabout
- West by Livingston Road A899
- East by Pumpherston Road B8046

The Committee agreed that there were shops, primary school, church, bowling club, restaurants, takeaways, hairdressers, pubs, estate agents, cash points, opticians, funeral directors and a community centre within the village of Mid Calder and commented that residents would use all of the services on a daily basis.

The Committee commented on the population of 3351 and that as a result this necessitated a primary school.

The Committee noted that there was no GP practice in the village of Mid Calder and that residents would need to walk or travel to see a GP.

The Committee noted that there were 8 pharmacies within a 3.5 mile radius, providing free prescription delivery, NHS Pharmacy First, medicines care review service, medical compliance aid service, a full range of public health services plus all core, national and locally negotiated services.

They are also open extended hours.

The Committee agreed that the population was not particularly deprived, however were surprised to note that the Applicant had stated that according to the 2011 census there were only 200 households with access to any car. Although the Committee noted that this figure was disputed by an interested party, it seemed reasonable to the Committee that as cars were used to take people to work, there could be lots of people with no access to a car.

The Committee acknowledged that a public bus service would enable residents to visit pharmacy services and that the bus service to East Calder goes every half an hour.

The Committee noted that there was a Residential Home in Mid Calder.

The Committee noted that there were 24 sheltered housing flats within Mid Calder meaning that the elderly and infirm were unable to walk to East Calder.

The Committee noted that there are man made (roads) and water (river) within the Applicants' defined boundary and that no issue was taken with the neighbourhood as defined by the applicant by some interested parties.

The Committee confirmed that they had all carried out an individual site survey.

The Committee noted that there was a large step into the pharmacy premises that could be impractical for disabled people. The Committee also noted that the pavements outside the potential pharmacy were not that wide, and wheelchair access may be an issue, however acknowledged that the applicant had confirmed that the unit would be DDA compliant.

The Committee members also confirmed that disabled access was not that good at East Calder pharmacy and Boots at Craigshill.

Mr Kirkwood commented that he had concerns regarding the comments made in the open session relating to whether the application was 25 or 27 Main Street. Ms Gajree advised that the applicant had explained that the letter attached with the supporting documents was from the potential landlord, and the premises at number 27 Main Street was a back up.

Mr Kirkwood commented that the parking on the Main Street was full when he visited on his site visit, however had clarity where the additional car parking spaces are following the open session. Mr McGregor confirmed that there was parking on the Main Street during his site visit.

The Committee raised concerns that there were bus services to other local destinations, however only some services would stop near to a pharmacy, with other services entailing a longer walk for patients.

The Committee also raised concerns that the pathways to both East Calder village and Livingston are narrow and commented that the lighting and hilliness to Dedridge and Craigshill could potentially make it very difficult for people to walk to a pharmacy. The Committee commented on taking safety into consideration. The Committee also noted that the footpath to East Calder was protected by a conservation order, meaning that foot traffic access to East Calder cannot be improved.

The Committee also noted free parking at a number of locations in the wider area including Boots at the Almondvale Centre and in Morrisons. However, there are parking fees for parking at the centre.

The Committee also noted that a late-night pharmaceutical service was supplied by Boots Almondvale (8pm each Thursday) and Morrisons Dedridge (8pm Monday to Friday). Both pharmacies are also open on a Sunday.

The Committee noted that there were 49 additional houses that had been built, and a further 155 submitted to planning, but not yet approved.

The Committee entered a long discussion about the adequacy of the existing pharmaceutical services. The Committee recognised that pharmacies within a 3.5 mile radius offered additional hours of service, free collection and delivery services, consultation room, NHS Pharmacy First Scotland, medicine care review service, medicines compliance aid service, a full range of public health services plus core, national and locally negotiated services. However, they acknowledged that during 2020, the pandemic had significantly impacted how pharmaceutical services are delivered to residents throughout the UK. The Committee noted the involvement from the Community Council who stepped up and delivered hundreds of prescriptions to local residents, throughout the lockdown, as local pharmacies were unable to provide this service due to being overstretched. They also noted the changes to services now provided following the introduction of NHS Pharmacy First Scotland, whereby

pharmacists will enhance the face to face experience of patients by offering advice, support and medications thereby reducing the pressure on GP practices.

The Committee also took time to consider the viability of other local pharmacies. The Committee reviewed the numbers of over pension age (9%) and under 10 years old (10%) within Mid Calder, and although Mr Stuart advised that a new pharmacy may not affect other local pharmacies viability, he acknowledged that it could mean that a new pharmacy would draw away some business from some pharmacies. Mr Stuart also remarked on the new house building programme, and that it may alleviate the shortfall if another pharmacy was granted. Ms Gajree commented that as there was no GP practice in the village, residents must go to other locations, but noted that Mr Stevenson had advised the Committee that there were 900 residents with long term medical conditions, and depending on their prescription needs, could influence where they go to.

The Committee noted that Mr Fraser Frame had commented that an additional pharmacy would not affect their overall viability.

The Committee also considered the comments from the interested parties, about the applicant working with Omnicare. The Committee noted that the applicant had used his work email to gather up to date comments from residents, and although considered the GDPR issue, concluded that the Committee was happy to accept that this application was from an individual i.e. David Stevenson and not from Omnicare.

The Committee noted that as an independent pharmacist, Mr Stevenson, unlike Boots and Lloyds who will use their own wholesalers, should not be restricted for pharmaceutical products.

The Chair asked the members to summarise their thoughts at this point.

Of the 3 lay members, Keith Kirkwood advised that he had not seen any evidence that there was a shortfall of services from the surrounding area. Both Brian McGregor and Stanley Howard expressed that they felt there were inadequacies with the existing pharmaceutical services, including the impact on the introduction for face to face NHS Pharmacy First Scotland services. The Chair commented that on his site visit he noticed that out of the local pharmacies, 1 does not have a private room, 3 had an 'area', and 4 has a room for consultations.

The Chair, recognising that the pharmacy members do not get a vote, asked them to summarise their thoughts. Ms Gajree confirmed that her understanding of adequacy related to the current provision of pharmaceutical services, but acknowledges that some other things may be inadequate, for example accessibility. Mr Stuart commented that one could suggest that, as everyone is getting their prescriptions, this is an adequate provision. Mr Stuart also advised that big changes were coming to the provision of pharmaceutical services e.g. prescribing antibiotics that will need patient consultation, jabs, but lots more face to face rather than just prescriptions. Ms Gajree highlighted that 'old ladies do not want a delivery service because this is a time for them to talk to people in the community, the human element cannot be ignored'.

The discussion led to several lengthy conversations about the meaning of necessary and desirable, adequate, and convenient, and the Legal Test.

The Chair at this point advised that the Lay Members would meet tomorrow (Wednesday 14th April) (via Teams) to review the CAR and make a decision on this application.

15. RECONVENED CLOSED PPC HEARING – WEDNESDAY 14 APRIL @ 10.00AM, MICROSOFT TEAMS

The Chair advised the committee members that every PPC hearing can have the support of Central Legal Office, if required, and because of the GDPR issue raised at the open session, the Chair had telephoned CLO prior to this meeting. The Chair advised the Lay Members that CLO had confirmed that if a question was asked to CLO, even in deliberations, the applicant and interested parties should be invited back.

The Chair, following discussions with CLO noted the length of time taken to hear this application, advised that an individual has the right to work somewhere and if his employer allows him to use their email facilities, resources, and support, then it is for the individual applicant to do so and therefore data protection has not been breached.

In any event, the purpose of this hearing was to determine whether the legal test relating to this application had been met and it is not for the PPC to make decisions on data protection issues.

16. SUMMARY OF CONSULTATION ANALYSIS REPORT (CAR)

The Committee acknowledged that the joint consultation ran for a total of 90 working days, with the final day for responses being 17th December 2015. The Committee noted that a total number of 297 responses were received and that 263 were submitted from individual members of the public, 7 from a group/organisation, and 29 respondents skipped the question.

The Committee acknowledged that the Board had invited the applicant and interested parties to revise and update their representations, in particularly to comment on any significant changes since the productions of the CAR. The Committee noted the responses from the Applicant and Interested Parties and agreed that the aim of this CAR was to assess the current provision of Pharmaceutical Services in the neighbourhood and whether it was adequate, and to establish the level of support from the local public. The Committee agreed the population figures of 3351.

Question 1.

Do you think the neighbourhood described is accurate?

The Committee acknowledged the Applicant's definition as:

- Mid Calder bounded to the North by Calder park Road/River Almond
- South by Murieston Water/Greenfield land to Lizzie Brice Roundabout
- West by Livingston Road A899
- East by Pumpherston Road B8046

The Committee commented that although the consultation analysis report is over 5 years old, they agreed the neighbourhood remained as described by the applicant and is still current.

Question 2

Do you think there are gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood?

The Committee noted that 85.5% (219) respondents answered Yes, 9.8% (25) answered No, and 5.9% (15) answered Don't Know.

The Committee confirmed that during the period between the Consultation Analysis Report (CAR) and this hearing, no other community pharmacy had been granted in the village of Mid Calder, therefore pharmaceutical services were still being provided to residents of Mid Calder by 8 pharmacies within a 3.5 mile radius.

The Committee also confirmed that within NHS Scotland, community pharmacies and pharmaceutical services being offered to the public have changed between 2015 and present day. The Committee noted that since the introduction of NHS Pharmacy First Scotland in July 2020, there has been a big impact on the provision of pharmaceutical services, and that residents/patients will now have an increased expectation.

The Committee remarked that NHS Pharmacy First Scotland is a service for the provision of pharmaceutical care to persons who are eligible for advice, treatment, or onward referral to another healthcare practitioner. The Committee noted that NHS Pharmacy First Scotland is designed primarily as a face-to-face service with consultations taking place in person in pharmacy premises. Pharmacists have an approved list of products which may be supplied to eligible patients following a consultation in response to presenting symptoms, and where possible, the pharmacist will provide lifestyle advice and support to manage minor conditions as the preferred course of action, with treatment supplied and referrals made only where necessary.

The Committee also remarked that NHS Pharmacy First Scotland providers are obliged to provide the right environment to allow pharmacists to provide professional clinical care as they consider appropriate to the patient.

The Committee acknowledged the impact of Covid 19 and noted that community pharmacies had played a huge part in providing Primary Care Services to local residents, especially as pharmacies did not close during lock down periods. However, the Committee also acknowledged that during 2020 and early 2021, the Community Council had started their own delivery service and played a significant role in providing the residents of Mid Calder with a prescription collection and delivery service, due to other local pharmaceutical services being overrun. In particular, the Committee noted their involvement, especially for the elderly and infirm, due to difficulties in contacting pharmacies over the telephone.

The Committee did however note the local pharmaceutical services included free collection and delivery services, NHS Pharmacy First Scotland, medicines care review service, medicine compliance aid service, full range of public health services plus core, national and locally negotiated contracts.

However, the Committee noted that even with a collection and delivery service to Mid Calder residents, for those who were able and wanted to walk to pharmacies out with their neighbourhood, safety relating to lighting between pharmacies in Dedridge and Craigshill, and in particular the footpath between Mid Calder and East Calder (that cannot be enlarged as it is in a conservation area), is material for mothers with prams, elderly and wheelchair users when considering access to the existing provision of pharmaceutical services within the neighbourhood.

Question 3

What impact do you think a community pharmacy would have in the neighbourhood?

The Committee acknowledged that a “positive” response was provided by 275 respondents, “negative” by 7 respondents, “don’t know” by 7 respondents, and 8 respondents skipped the question.

The Committee noted the high positive response with the CAR, however recognised that this type of response would be typical to this type of question, in 2015 or 2021.

Nevertheless, the Committee spoke at length about the NHS Pharmacy First Scotland service, whereby the community pharmacy plays an enhanced role in offering a range of patient facing services, reducing pressure on GP practices. The Committee thought that as this question was asked 5 years ago, the response may be higher today because of the focus on face-to-face services, that could include lifestyle advice.

Question 4

What are your views on the pharmaceutical services being proposed by the applicant?

The Committee noted that the CAR responses were summarised with 89% positive comments, 7% negative comments, and 4% neutral comments.

The Committee acknowledge that the provision of services suggested by the applicant in 2015, has changed as NHS Pharmacy First Scotland has replaced the Minor Ailment Service in July 2020, with an approved list of products available for conditions e.g. urinary tract disorders, eye and ear infections, and gastrointestinal system conditions.

The Committee noted that NHS Pharmacy First Scotland will take the pressure of local GP practices by directing patients to the local community pharmacy.

The Committee also noted the rise in flu vaccination programmes that are now being provided by community pharmacies.

The Committee acknowledge that residents usually raise concerns about methadone provision, however, appreciate that even although this is not a Core Service, note that most pharmacies within NHS Lothian provide this service.

The Committee discussed the changes that have come about from the introduction of NHS Pharmacy First Scotland and the relevance of “direct consultation and advice” that will now be part of all pharmacy applications post 2020.

Question 5

Do you think there is anything missing from the list of services to be provided?

The results of the CAR highlighted that 6.3% (17) respondents answered “Yes”, 75.7% (206) responded “No”, 18.8% (51) responded “Don’t Know” and a further 25 skipped the question.

The Committee acknowledged that NHS Pharmacy First Scotland was missing from this list. The Committee noted that since the CAR was produced, this is the biggest change to the community pharmacy contractual framework in recent years.

The Committee noted how the respondents had answered this question and acknowledged that in any application Core Services are mandatory however there is a range of Local Services that can be offered by an applicant.

The Committee considered that all the 8 pharmacies offered a free prescription collection and delivery service to the residents of Mid Calder.

The Committee also noted that Morrison’s pharmacy offered palliative care services. The Committee noted that the applicant had confirmed that he had considerable palliative and care home service

experience in his existing role at Omnicare, and that concluded that experience would be beneficial to the community if he could negotiate local arrangements, although the Committee accepted that this was not a Core Service.

Question 6

Do you think a community pharmacy in the neighbourhood will work with other NHS health services such as GP practices?

The Committee noted that 94.3% (265) respondents answered Yes, 1.4% (4) responded No, 4.6% (13) responded Don't Know, and 16 skipped the question.

The Committee acknowledged that the responses in the CAR were unlikely to change between 2015 and 2021, as both pharmacies and GP Practices are part of Primary Care Services within the NHS Board.

The Committee remarked that the East Calder GP Practice patient list is growing year on year. The Committee noticed that during April 2018 to 2020 there was an increase of 514. The Committee acknowledged that due to the current increased house building in East Calder, this will have an impact on this practice and potentially on the local pharmacy that will service some of the residents from Mid Calder.

Question 7

Do you believe that the proposed pharmacy would have a positive or negative impact on existing NHS services?

The Committee noted the responses to this question with 92.9% (262) answering Positive, 1.4% (4) answering Negative, 5.7% answering Don't Know, and 15 respondents skipping the question.

The Committee acknowledged that house building had already commenced in East Calder, and a population increase will result in busier pharmacies, not only in East Calder but the surrounding areas. The Committee noted that East Calder pharmacy is 1 mile from Mid Calder and although there are a further 7 pharmacies within a 3.5 mile radius, East Calder pharmacy is the nearest for Mid Calder residents, who may experience waiting issues and delivery delays due to the increased demand.

The Committee noted that Lindsay and Gilmour pharmacy at East Calder had changed their practices due to COVID and now offer increased opening hours and an increased delivery service. They have also invested heavily in new technology e.g. additional devices to support the Near Me platform and the Healthera app. They are highlighting their medication and care review service to patients in order to provide additional support.

However, the Committee felt that during the year long pandemic, COVID 19 did create a negative impact due to the lack of a pharmacy for the Mid Calder residents, as they could not adhere to the "Stay local" guidance.

In addition, the Committee also noted that it was unlikely that the surrounding pharmacies would become unviable if a further pharmacy in Mid Calder was to open.

Question 8

What do you think about the location of the proposed community pharmacy?

The Committee noted that this question was summarised with 96% of 222 respondents giving positive comments, 3% gave negative comments and 1% gave neutral comments. Comments included good parking, great for older residents and central location. Negative comments included, not a good location, parking will be a problem, and street is too busy.

The Committee noted that although the location of the premises is on the Main Street in the village, with the closure of the post office it could be considered that Mid Calder does not have all local amenities required, and therefore the location is not ideal. However, the Committee also remarked on the number of shops and other amenities that are provided to the neighbourhood.

The Committee acknowledged the Community Council representative's comments that car parking space had increased, both in the refurbished car park and behind the Glenalmond Hall, since the production of the CAR. Ms Blair also remarked that if the applicant was to apply for a disability parking space outside the premises, it would take only a few weeks for this to be granted.

Question 9

What do you think about the proposed opening hours?

The Committee noted that this question was summarised with 86% of 267 respondents giving positive comments, 10% giving negative comments and 4% giving neutral comments. Comments included, 6 day opening is convenient, would meet the needs of the neighbourhood, Fine/ok/adequate. Negative comments included, 7 day opening is required, don't think there should be a pharmacy, one late evening would be beneficial.

The Committee acknowledged that the CAR responses did not reflect the need for more opening hours however, following the Covid 19 restrictions allowing only two patients into a pharmacy at one time, opinion may have changed. It was noted that, during the hearing, the applicant had commented that he could increase his Saturday hours from half day to full day.

The Committee noted that the applicant had stated that he would offer Core Times within his application that meets NHS Lothian's requirements.

As a result of reviewing the CAR, the Committee also noted that in response to the recent invite from the Board to provide an update/refresh on the CAR, a response was only received from Mr Stevenson, the Applicant.

17. DECISION

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

Neighbourhood

The Committee acknowledged the Applicant's definition of the neighbourhood as:

- Mid Calder bounded to the North by Calder Park Road/River Almond
- South by Murieston Water/Greenfield land to Lizzie Brice Roundabout
- West by Livingston Road A899
- East by Pumpherstons Road B8046

The Committee agreed that there were shops, primary school, church, bowling club, restaurants, takeaways, hairdressers, pubs, estate agents, cash points, opticians, funeral directors and a community centre within the village of Mid Calder and commented that residents would use all of the services on a daily basis.

The Committee commented on the population of 3351 and that as a result this necessitated a primary school.

The Committee noted that there was no GP practice in the village of Mid Calder and that residents would need to walk or travel to see a GP.

The Committee noted that there were 8 pharmacies within a 3.5 mile radius, providing free prescription delivery, NHS Pharmacy First, medicines care review service, medical compliance aid service, a full range of public health services plus all core, national and locally negotiated services.

The pharmacies are also open extended hours.

The Committee agreed that the population was not particularly deprived, however were surprised to note that the Applicant had stated that according to the 2011 census there were only 200 households with access to any car. Although the Committee noted that this figure was disputed by an interested party, it seemed reasonable to the Committee that as cars were used to take people to work, there could be lots of residents with no access to a car.

The Committee acknowledged that a public bus service would enable residents to visit pharmacy services and that the bus service to East Calder goes every half an hour, however acknowledged concerns for those who would need to walk to receive pharmaceutical services due to unsuitable pathways.

The Committee noted that there is a Residential Home in the neighbourhood, along with 24 sheltered housing flats.

The Committee agreed that there was man made boundaries (roads) and water (river) accepted and agreed with the applicant's definition.

Adequacy of existing provision of pharmaceutical services and necessity or desirability

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 deemed them inadequate, whether granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.

The Committee referred to the NHS Lothian Provision of Pharmaceutical Care Services Delivered via Community Pharmacy 2020 document, section 3.2 of the Plan, which states that although there is no standard as to the number of populations that should be served by a pharmacy, West Lothian has the highest population per community pharmacy (5548) in NHS Lothian and it was noted that this was higher than the Scottish figure of 4230 patients per pharmacy. The Committee remarked that the figures raised concerns of inadequacy and therefore the need for further pharmaceutical services in West Lothian.

As per question 2 of the CAR, the Committee acknowledged that there were no pharmacies or Health Centre within the defined neighbourhood, however there were 8 pharmacies within a 3.5 mile radius that offered a full range of core and local services, including a prescription collection and delivery service.

The Committee remarked that the pandemic had affected all NHS Lothian residents, and cognisant that pharmaceutical services remained open during both lockdowns and the significance of the services they provided.

The Committee confirmed that NHS Pharmacy First Scotland providers are obliged to provide the right environment to allow pharmacists to provide professional clinical care as they consider appropriate to the patient and they agreed that NHS Pharmacy First Scotland is designed primarily as a face-to-face service with consultations taking place in person within pharmacy premises and as a result the pharmacist will provide lifestyle advice and support to manage minor conditions including treatments and possible referrals. Since the introduction in 2020 of NHS Pharmacy First Scotland, which is the biggest change to the community pharmacy framework in recent years, the Committee fully recognises that there is now a need to ensure pharmaceutical capacity for residents in the neighbourhood going forward.

As a consequence, and as per question 6 of the CAR, the Committee noted that although East Calder pharmacy has made many systematic changes recently, they advised the Committee that they cannot refit the pharmacy at present and as a result, recognise that this pharmacy space may be inadequate for the growing population, including the residents of Mid Calder who use this pharmacy as their nearest one. Furthermore, the Committee remarked that the East Calder GP Practice patient list is growing year on year. The Committee noticed that during April 2018 to 2020 there was an increase of 514. Additionally, the Committee is cognisant of the huge current house building programme in East Calder and the impact on the increasing GP patient list and recognises that the residents of Mid Calder would be impacted when using pharmaceutical services at the East Calder pharmacy due to increased patient numbers.

At site visits, the Committee noted accessibility issues in entering the proposed premises. They noted a step into the premises, however the Committee members were satisfied that the applicant had offered an oral commitment for the shop fitting to be DDA compliant. The Committee also noted that East Calder pharmacy had a step and a narrow door, highlighting that the nearest pharmacy was not DDA compliant and inadequate.

Although the premises did not have a disabled parking space, the Committee were satisfied that the Mid Calder Community Council representative had advised that the Applicant's application will be approved before the shop fitting is completed, therefore guaranteeing necessary approval.

The Committee also took cognisance of the Mid Calder Community Council representative's comments that the provision of a new pharmacy is raised at every council meeting and that the council recognises that the Mid Calder elderly residents want to maintain independence. As per question 2 of the CAR, the Committee were aware that the Community Council had started their own delivery service and played a significant role in providing the residents of Mid Calder with a prescription collection and delivery service, due to other local pharmaceutical services being overrun. In particular, the Committee noted their involvement, especially for the elderly and infirm, due to difficulties in contacting pharmacies over the telephone and recognised that this was a necessary provision offered by the community council for pharmaceutical services to their local residents.

In referring to question 2 of the CAR, the Committee also remarked that the very narrow bridge to East Calder is particularly dangerous for wheelchair users, elderly, and mothers with prams. The Committee concluded that the pathway to East Calder was in a conservation area, therefore it could never be enlarged/improved. Furthermore, the Committee noted that even with a collection and delivery service from other pharmaceutical service providers, for those who were able and wanted to walk to pharmacies out with their neighbourhood, safety relating to lighting between pharmacies in Dedridge and Craigshill is material for mothers with prams, elderly and wheelchair users.

The Committee accepted that there are other travel choices for residents of Mid Calder to get pharmaceutical services but noted that one bus service to the nearest pharmacy (East Calder) offered an indirect service to Langton Road, adding an additional walk for patients that could be infirm/unwell.

The committee also recognised that there were other buses to other parts of Livingston, but this may not be the most preferred option for residents of Mid Calder.

The Committee noted the Lothian Area Pharmaceutical Committee did not object to the application.

The Committee remarked that less car journeys to access adequate pharmaceutical services by using a pharmacy within the neighbourhood would also help the environment.

The Committee noted that Mr Stevenson in his current role has palliative care experience and considered that his personal training would benefit the residents of Mid Calder, because the only other local palliative specialist is based at the Morrisons Pharmacy in Dedridge.

In referring to question 4 in the CAR, the Committee discussed the changes that have come about from the introduction of NHS Pharmacy First Scotland and the relevance of “direct consultation and advice” that will now be part of all pharmacy applications post 2020.

The Committee considered the viability of other local pharmacies and reviewed resident numbers of over pension age (9%) and under 10 years old (10%) within Mid Calder, along with local pharmacy dispensing numbers and prescriptions issued by local health centres. As well as the 900 residents with long term medical conditions, the Committee concluded that a new pharmacy would not affect other local pharmacies viability. The Committee also considered the new house building programme, and agreed that this would alleviate any shortfall if this pharmacy applications was granted. Mr Frame had also commented that an additional pharmacy would not affect Morrison’s overall viability.

Finally the Committee remarked that since the pandemic’s arrival and the introduction of NHS Pharmacy First Scotland in July 2020, there has been a significant change to the provision of pharmaceutical services, and that residents/patients of Mid Calder now have a necessary right to pharmaceutical services as described in the Scottish Government’s commitment to “increasing access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of stable long term conditions, in hours and out of hours”.


The Committee concluded that there was not enough evidence provided to demonstrate adequacy of the existing pharmaceutical services in and to the defined neighbourhood.

In accordance with the procedure on applications contained within paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, the Committee, for the reasons set out above, consider that the pharmaceutical services into the neighbourhood to be inadequate.

Accordingly, the decision of the Committee was that the provision of pharmaceutical services at the premises was necessary 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 approved. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.

The meeting closed at 4pm

A handwritten signature in black ink, appearing to read "George Gordon", written over a horizontal line.

Mr George Gordon
Chair – Pharmacy Practices Committee

Date **6 May 2021**

