

Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Thursday 16th November 2023 at 0930 hrs via MS Teams

The composition of the PPC at this hearing was:

Chair: Elizabeth Gordon

Present: Lay Members Appointed by NHS Lothian

Brian McGregor
John Niven

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

Kaye Greig
John Connolly

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

Hazel Garven

Observer: Katerina Marinitsi (Contractors Support Officer) NHS Lothian
Jillian Blair (Committee Secretary) NHS National Services Scotland
Peter Knight (New PPC Chair)
Fiona Anderson (IM&T Facilitator – Pharmacy Technician)

Secretariat: Tracy Bone, NHS National Services Scotland

1.	APPLICATION BY MUIRHOUSE PHARMACY
1.1	There was an application submitted and supporting documents from Muirhouse Pharmacy received on 25 th January 2023, for inclusion in the pharmaceutical list of a new pharmacy at 55 Muirhouse Gardens, Edinburgh, EH4 4TD.
1.2	Submission of Interested Parties
1.3	The following documents were received: <ul style="list-style-type: none"> i. Letter dated 30 March 2023 from Lloyds Pharmacy (t/a Lloyds Pharmacy Ltd) ii. Letter dated 18 April 2023 from Your Local Boots Pharmacy (t/a Boots UK Ltd) iii. Email dated 19 April 2023 from Dears Pharmacy (t/a Barrie Dear Ltd) iv. Letter dated 18 April 2023 from Lindsay & Gilmore Chemist (t/a The Red Band Chemical Co Ltd)
1.4	Correspondence from the wider consultation process undertaken <ul style="list-style-type: none"> I. Consultation Analysis Report (CAR)

2	Procedure
2.1	At 0930 hours on 16 November 2023, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Muirhouse Pharmacy (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List”.
2.2	The Chair welcomed all to the meeting and introductions were made. The Chair named the four observers who were present but explained that none of them would play any part in the hearing.
2.3	When asked by the Chair, members confirmed that the hearing papers had been received and considered, including the additional supporting documents from the Applicant issued on Tuesday of that week. With regard to the documents issued on Tuesday, the Chair advised all present that she had agreed to the circulation of these late submissions because all the documents were quite brief and, in respect of the Freedom of Information request, the Applicant had only received it this week. When asked by the Chair if anyone present had any questions about this, none were declared.
2.4	When Committee members were asked by the Chair in turn to declare any interest in the application, none were declared.
2.5	The Chair explained that the Applicant, the Interested Parties and the PPC members would each be able to question the party making representations in accordance with the order set out by the Chair.
2.6	The Chair explained that with regard to the representations by Mr Nickkho-Amiry it was important to raise the issue of the very recent change of control of the pharmacy at 6 Macmillan Square, Pennywell Road, Edinburgh, EH4 4TZ. As of the 14 th November 2023, this pharmacy owned by LP North Sixteen Limited, formerly known as Lloyds, was now trading as Dears Pharmacy and Travel Clinic. Dears indicated to the Board that Mr Nickkho-Amiry would like to make representations to this PPC hearing about the Macmillan Square branch in addition to the Dears branch on Ferry Road.
2.7	The Chair advised that the previous day, legal advice had been sought from Stephen Waclawski of the CLO on this matter. This legal advice had only been available late on 15 th November 2023 and the advice note had been circulated to the group gathered for this hearing on the Chair’s behalf. The crux of the

	<p>matter asked of the CLO was who is entitled to represent LP North Sixteen Limited at the hearing.</p>
2.8	<p>The CLO advised that there were two possible interpretations of the National Health Service (Pharmaceutical Services) Scotland Regulations 2009. The CLO's advice was that the second interpretation as set out in their advice note was preferable. This interpretation meant that the Interested Party in respect of the pharmacy at 6 Macmillan Square, would be LP North Sixteen Limited trading as Dears Pharmacy and Travel Clinic. Stephen Waclawski had advised that it was a matter for the PPC to decide which interpretation to follow and that this decision could be reached during the pre-meeting held by the Committee on 16th November 2023, in advance of the hearing. The Chair advised that following discussion at the pre-meeting, the PPC had decided to accept the Central Legal Office's preferred interpretation. In making this decision, the PPC were particularly reassured by paragraph 2.5.5 of the CLO's advice note and it seemed that accepting this interpretation would maintain the fairness of proceedings for all parties and would be most helpful for the PPC's decision making process on the application itself, allowing for questions and to test what is being said. This meant that Dears Pharmacy, represented by Mr Nickkho-Amiry would be making representations for both the Ferry Road Dears Pharmacy and the Macmillan Square pharmacy at the hearing.</p>
2.9	<p>The Chair then asked if anyone had any questions about this but none were raised.</p>
2.10	<p>The Chair advised all present that the meeting was convened to hear and determine this application, based solely on information relating to the application submitted by Mr Mohammed Yaseen Yousaf on 25th January 2023 in relation to the proposed premises at 55 Muirhouse Gardens, Edinburgh, EH4 4TD and representations made at this hearing.</p>
2.11	<p>The Chair confirmed that previous decisions of the PPC or outcomes of the National Appeal Panel shall have no bearing in respect of the evidence heard today.</p>
2.12	<p>The Chair confirmed the hearing had been convened to determine the application submitted by Mr Mohammed Yaseen Yousaf, according to the statutory test set out in Regulations 5(10) of the National Health Services Pharmaceutical Services Scotland Regulations 2009 as amended. The Chair read out regulation 5(10) in part; "5(10) provides that an application shall be granted by the Boardonly if it is satisfied that the provision of Pharmaceutical Services at the Premises named in the application is necessary or desirable in order to secure adequate provision of Pharmaceutical Services in the neighbourhood in which the premises are located by persons whose names are included on the Pharmaceutical List"</p>
2.13	<p>The Chair emphasized the three components of the statutory test, namely, necessary or desirable to secure adequate provision in the neighbourhood. The Chair confirmed that the Committee, in making this decision, would consider</p>

	<p>them in reverse order i.e. determine the neighbourhood first and then decide if existing pharmaceutical services in and into that neighbourhood are adequate. Only if the Committee decided that existing services are inadequate, would the Committee go on to consider whether the services to be provided by the applicant are necessary or desirable in order to secure that the services are adequate.</p>
2.14	<p>The Chair advised that the statutory joint consultation had been undertaken to assess the current provision of pharmaceutical services in or to the neighbourhood and whether it is adequate and to establish the level of support of residents in the neighbourhood.</p>
2.15	<p>The consultation complied with the requirements of Regulation 5A (3) (b) – the range of issues to be consulted upon. It is presented as a factual consultation analysis report (CAR) and has been provided to the PPC, applicant and all parties consulted.</p>
2.16	<p>The PPC requires to include a summary of the CAR in its' published determination and also to illustrate how it was taken into account in its determination of the statutory test.</p>
2.17	<p>When considering adequacy, the PPC shall also have regard to NHS Lothian's Pharmaceutical Care Services Plan.</p>
2.18	<p>The Chair advised the parties that Ms Tracy Bone, Scottish Health Service Centre, would be present throughout the duration of the hearing for the purposes of providing secretariat support to the Committee. The Chair also explained that Ms Bone is independent of Lothian NHS Board and would play no part at all in the public or the private sessions of the hearing.</p>
2.19	<p>The Chair advised the parties that the services of Stephen Waclawski, Senior Solicitor, Central Legal Office had been retained as a legal assessor. Stephen would not be in attendance but would be available via telephone if any legal advice or interpretation should be required. If this turned out to be required, the Chair advised it would be necessary to adjourn the hearing and bring Stephen into the Teams call for the hearing.</p>
2.20	<p>The Chair advised that no Member or Officer in attendance had any interest in the application and that all Members were aware of the location of the proposed site following independent site visits, at different times and on different days of the week.</p>
2.21	<p>The Chair outlined the procedure for the hearing including the need to confirm that no-one accompanying either the Applicant or Interested Parties is a Solicitor, Barrister or Advocate. All those attending in this capacity confirmed they were not a Solicitor, Barrister or Advocate. The Chair also confirmed that where more than one person was in attendance for a particular party, only one person would be permitted to address the hearing and that the person who chose to speak must also be the person that answered any questions. The Chair confirmed that those accompanying the speaker could confer with them if required but that other participants in the hearing should not hear them so if</p>

	conferring, microphones should be muted to avoid distracting others. All Members confirmed an understanding of these procedures.
2.22	Having ascertained that all Members understood the procedures, the Chair began the formal proceedings
2.23	The open session convened at 0930 hrs
3.	Submissions
3.1	The Chair invited Mr Mohammed Yaseen Yousaf, to speak first in support of the application.
3.2	The Chair confirmed that if a written statement had been submitted it should be read in full, but that on this occasion no written statement had been submitted.
3.3	Mr Mohammed Yaseen Yousaf made the following statement:
3.4	Good morning Ladies and Gentlemen, and thank you for inviting me today to present my case to allow a new pharmacy contract to be granted in the Muirhouse neighbourhood.
3.5	Today, I am going to put forward cogent reasons with objective evidence as to why pharmaceutical service provision is inadequate in the neighbourhood, and why this application is both necessary and desirable to secure adequate provision of pharmaceutical services.
3.6	I hope you bear with me, as I am going to go into great detail. I believe the residents in the neighbourhood deserve someone to aid and assist them, as for far too long now, I firmly believe they have been let down by the inequality and the inequity that is prevalent in the neighbourhood.
3.7	I will start by defining the neighbourhood, then provide an overview of where the neighbourhood is located and the significant challenges facing the area, then I will discuss the demographics and the current provision of pharmaceutical services, and why in my opinion, corroborated with objective evidence, that pharmaceutical services are inadequate. I will then go on to prove beyond any reasonable doubt that my proposal is both necessary and desirable to secure adequate pharmaceutical services in the neighbourhood as per the statutory test as set out in Regulations 5(10):
3.8	I would like to define the neighbourhood as follows: North: Muirhouse Parkway (at the Muirhouse Gardens Junction) heading East along the dual carriage to the roundabout Pennywell Road (including Salvesen area) East: Pennywell Road (roundabout) heading south along dual carriage to Ferry Road (B9085)

	<p>South: Ferry Road heading west to Ferry Road/Ferry Gait Drive junction (including the Ferry Gait Development)</p> <p>West: Ferry Gait Drive, Muirhouse Park Junction walking along grassed area to cut between Silverknowes Brae and Craigoyston Grove following onto the new development of Silverknowes Eastway (old Silverknowes Primary School) following onto Muirhouse Gardens to connect with Muirhouse Parkway.</p>
3.9	Now, this is a clearly defined neighbourhood for all intents and purposes, with clear geographical and physical boundaries (roads) to the North, East and South and different housing stock to the West.
3.10	The community is served by shops, post-office, fast-food takeaway and has its own Community Council.
3.11	<p>The neighbourhood has also been previously agreed in a PPC hearing back in 2014. I hope the PPC is cognisant of this application and what has transpired since.</p> <p>The total population of Muirhouse, as of 2020, was 6,063. Cruden Building are also due to start work at Silverlea to deliver 142 new sustainable and affordable homes, including wheelchair-accessible ground-floor dwellings. Silverlea is a brownfield site on Muirhouse Parkway and the former location of Silverlea Care Home. The site is adjacent to the Granton Waterfront Development Framework area which was approved in February 2020.</p>
3.12	As you will know, the Granton Waterfront area is on the cusp of Muirhouse, and is seeing a booming population, with houses built and scheduled to be built. There is currently no healthcare provision being provided from this neighbourhood.
3.13	<p>The Scottish Index of Multiple Deprivation (SIMD) data looks at the extent to which an area is deprived across seven domains: income, employment, education, health, access to services, crime and housing. In Northwest Edinburgh, there are some data zones amongst the most deprived in Scotland. Indeed, in Muirhouse:</p> <ul style="list-style-type: none"> • Four out of the six data zones in Muirhouse are grouped into quintile 1, which contains the 20% most deprived data zones in Scotland; • Two data zones are grouped into vigintile 1, which contains the 5% most deprived data zones in Scotland.
3.14	<p>So, there is no doubt about the extreme deprivation in this area. As cited in my application, The Northwest Edinburgh Locality Improvement Plan states the following information:</p> <ul style="list-style-type: none"> • In Northwest Edinburgh, there are areas which are amongst the most deprived in the city, and it has seen the largest population growth in Edinburgh, by as much as 10% around 14,000 people. This has put additional pressure on primary and secondary schools as well as housing and other key services such as NHS primary care;

	<ul style="list-style-type: none"> • The Northwest has also seen the greatest level of social and affordable housing investment across the city; • There is also an ageing population and this has led to significant challenges for health services. The Northwest has more people aged over 65 years than any other locality. This will affect their ability to be able to access pharmaceutical services with ease. Lifestyle choices also place increasing demands on all services. Almost 42% of people in the Northwest have not engaged in any exercise when surveyed. This alone will impact longer term services; • In addition to those issues affecting the whole of the North West, the areas of Muirhouse, Wester Drylaw, West Pilton, Granton, Royston and Wardieburn (collectively known as North Edinburgh) also have significant social and economic challenges; • Northwest has the highest percentage of under 16s compared to the other three localities, with the Forth Ward having the second highest rate of child poverty at 34% compared to the rest of the city; • North Edinburgh has the second lowest average household income in Edinburgh, 30% of children live in households in relative poverty. Of those deemed 'economically inactive' across the locality, 26% live here and Muirhouse is currently ranked as one of the top ten most deprived areas in Scotland, as I have previously mentioned. It also has the highest concentrations of benefits dependency; • Then we have social isolation - Many residents across the Northwest locality suffer from complete or near-complete lack of contact with services and society. Similarly, there are people suffering from loneliness, reflecting a temporary and involuntary lack of contact with other people. Both can greatly impact on health and wellbeing and can affect people of all ages. • Within the Northwest locality, North Edinburgh is recognised as the area where numbers of people experiencing poverty and greater inequality of outcome exceeds that of other areas.
<p>3.15</p>	<p>We know that socio-economic deprivation is linked to ill health, so when this is merged with an ageing population and an increasing population, this will invariably put a great deal of pressure on NHS primary care services, as well as schools and housing.</p>
<p>3.16</p>	<p>Substance misuse is also rife in Muirhouse and within the surrounding neighbourhoods. Scotland is currently in the midst of a drug-related deaths crisis. In Lothian, there has been a reported rise in the injecting of stimulants.</p>
<p>3.17</p>	<p>I will be able to provide additional substance misuse services, such as take-home naloxone and long-acting injectable buprenorphine (Buvidal) administration from the pharmacy. Both are desirable to support reducing drug related deaths, as stated in the Pharmaceutical Care Services Plan 2021. In</p>

	<p>addition to this, providing injecting equipment provision will help add capacity to the harm reduction team.</p> <p>As you will also be aware, the Naloxone Emergency Supply Service, was added to the Public Health Service last month. This will support a significant increase in access to Naloxone so that it can be used to reverse the effects of an opioid overdose.</p>
3.18	<p>Remember, this service covers immediate emergency situations only. That includes immediate emergency administration or supply to another person to administer e.g., practice nurse, off duty police officer, GP, member of public competent in naloxone administration for use in immediate emergency. Imagine this being offered from my pharmacy site seven days per week, in an area where we know patients are dying from opioid overdoses. If we can save one life, surely it is worth it. Remember, this will be someone's son, daughter, brother, sister, or partner.</p>
3.19	<p>As you can see in my submission, and this makes for some stark reading, the National Records of Scotland information clearly states that drugs misuse deaths, alcohol-specific deaths, avoidable mortality (remember, this is preventable through effective primary prevention and other public health measures) and probable suicides are significantly higher in the most deprived areas compared to the least deprived areas.</p>
3.20	<p>Therefore, it is an indisputable fact that there are significant healthcare needs for the population of North Edinburgh, and crucially, they require ease of access to general medical services and pharmaceutical services.</p>
3.21	<p>Now if we assess the adequacy of existing pharmaceutical services, there are a number of factors which should be taken into consideration when determining whether pharmaceutical services are adequate:-</p> <ul style="list-style-type: none"> • the distribution of services in the neighbourhood; • the number of people who require the services; • the type of people in the neighbourhood who require services; • how they can access the services; • what services are provided during what hours; • whether G.P. surgeries are close at hand and, • if so, how many and what effect that has on demand and the question of whether or not there is an adequate service.
3.22	<p>If we look at the Consultation Analysis Report (CAR) Summary. The total number of responses received was 78.</p>
3.23	<p>The CAR states the following:</p> <ul style="list-style-type: none"> • 88.5% agreed that the neighbourhood described is accurate; • 82.1 % agreed that there are gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood;

	<ul style="list-style-type: none"> ● 89.6% agreed that the community pharmacy would have a positive impact in the neighbourhood; ● 90.9% agreed positively on the pharmaceutical services being proposed. ● 64.9% agreed that there is nothing missing from the list of services to be provided; ● 87.2% agreed that a community pharmacy in the neighbourhood will work with other NHS health services such as GP practices; ● 87.2% agreed that the pharmacy would have a positive impact on existing NHS services; ● 87.2% agreed positively about the location of the proposed community pharmacy; ● 90.9% agreed positively about the proposed opening hours.
<p>3.24</p>	<p>If we look at the comments, respondents mention the following striking information:</p> <ul style="list-style-type: none"> ○ ‘Current pharmacy at Macmillan Square overwhelmed, busy and waiting times to even hand in a prescription...’ Note that it says the current Pharmacy so I will talk about this later. It does not matter whether Dears have just taken over or not. It’s the fact that this pharmacy over a sustained period of time with a litany of complaints and again I will touch upon that in a moment. ○ ‘Being someone that suffers chronic pain and uses the current Pennywell pharmacy, I think a second is needed due to the high demand and lack of service from current one.’ ○ ‘Pharmacies nearby are extremely busy, Lloyds (Pennywell) has a history of being closed without proper notice; Dears is busy with methadone; Lindsay and Gilmour has big queues.’ ○ ‘I am severely physically impaired. I cannot even walk to my nearest bus stop. The pharmacy / group of shops on Pennywell Road are too far. I have to rely on my husband who works full time to collect my large prescription. A pharmacy so much closer to us would be a godsend.’ ○ ‘The area is being regenerated with more houses being built with more planned including a regenerated shopping centre.’ ○ ‘Lloyds chemist can’t cope with all the demand they are making too many mistakes.’ ○ ‘Lloyds is a joke.’ ○ ‘...provision to be provided in the heart of the area would benefit those who are elderly or have mobility issues.’ ○ ‘Greater coverage of medical services will help reduce waiting times and help to meet local demand.’

	<ul style="list-style-type: none"> ○ ‘Help the elderly people with children and those on long-term medication. It would improve access and give alternative facilities for the area. Means less travel for less able-bodied people.’ ○ ‘Save people travelling especially old people.’ ○ ‘I think there should have been a pharmacy in my area 30 years ago.’ ○ ‘The department that deals with my catheters for my stoma had to change to another chemist as they were not getting ordered or delivered by the one in Pennywell which I have to rely on.’ ○ ‘A clinic would be ideal, as the GPs are very busy.’ ○ ‘Pharmacy First Plus clinic - a prescribing pharmacist in the area is much needed. Good range of services, plus a clinic to diagnose conditions, so hopefully don’t have to make an appointment for the GP, who are too busy any way.’ ○ ‘A good range and will be accessed by people who don’t have cars, health, or much money coming in.’ ○ ‘All pharmacy services are needed in this area.’ ○ ‘...services required more often by the elderly are definitely needed.’ ○ ‘It will take some of the pressure off the other pharmacies.’ ○ ‘...the doctors are overcrowded with the new patients that are inhabiting the developments in the area must be adding to one of the reasons the doctors and pharmacy cannot function as it should efficiently.’ ○ ‘Positive because at least the new pharmacy will be able to obtain stock that Lloyds cannot...at least the new pharmacy should be able to get stock in if they use a different supplier.’ ○ ‘Be good for the elderly as they won't have far to go.’ ○ ‘Beside local shops and in the heart of the community.’ ○ ‘Easy access for whole community, post office etc already there.’ ○ ‘Excellent location that will bring so much benefit to the patients.’ ○ ‘Excellent position. Large quantity of people in this area. Quite a distance to other pharmacies. Lots of poor people and disabled people live here.’ ○ ‘...Lloyds is too busy and long waits we need one here.’ ○ ‘The current pharmacy can be a long walk from one end of Muirhouse to the other when you suffer chronic pain, and the high number of elderly around Muirhouse Gardens will benefit too.’ ○ ‘Excellent hours.’ ○ ‘I think it’s great that it is proposing to open 7 days a week and the times look good.’
<p>3.25</p>	<p>So, we can see that the emanating themes from the CAR are that Lloyds is providing a wholly inadequate service; patients require ease of access to pharmacies, especially the elderly, those suffering from chronic pain, and patients with mobility issues.</p>

<p>3.26</p>	<p>The Board should also be cognisant of the fact that the PPC convened to hear a previous application for this neighbourhood back in 2014. I think if we look at all the objective data since then, we can see the colossal pressures continuing to face the area. The granting of a pharmacy at that time would have helped to ameliorate the situation, as we see it now.</p>
<p>3.27</p>	<p>For example, since 2014, Muirhouse Medical Group have gone on to operate from two sites, their main branch at 1 Muirhouse Avenue, and a second branch on the Ground Floor of the Pennywell All Care Centre on Macmillan Crescent.</p> <p>The patient list size for Muirhouse Medical Group, as of October 2022, was 18,726. The patient list, as of April 2019 was: 16,169. That is an increase of 2,557, which is a significant increase in the space of a few years</p>
<p>3.28</p>	<p>In fact, the most recent list size, as of last month, was 19,557. That is an increase of 831 patients within the space of twelve months. That's an increase of 4.4% in an already very highly subscribed GP practice.</p> <p>If we look at some of the other neighbouring GP practices, Davidsons Mains, list size only went up by 2.4%, Crewe Medical Centre by about 2.78%, Blackhall Medical Centre 1.84%. This shows that in this area the list size has been increasing exponentially and shows the sheer demand for services and the upward trajectory.</p>
<p>3.29</p>	<p>Now, in their 2019 application for the Granton Waterfront neighbourhood (located on the cusp of Muirhouse), Lindsay and Gilmour, stated in paragraph 4.27 of the PPC hearing:</p> <p>‘Data from the Health and Care survey would indicate that there is a pressure on GP services in the local community, communicating and also getting an appointment in advance in 2017-2018 were negative at Crewe Medical (56%) and Muirhouse Medical (44%).’</p>
<p>3.30</p>	<p>The latest Scottish Health and Care Experience results, released in May 2022, indicate that GP pressures have only increased.</p>
<p>3.31</p>	<p>In response to the question:</p> <ul style="list-style-type: none"> ○ If you ask to make an appointment with a doctor 3 or more working days in advance, does your GP practice allow you to? <p>For Muirhouse Medical Group, there was a 71% negative response. The response rate was 16%.</p> <p>For Crewe Medical Centre, there was a 69% negative response. The response rate was 19%.</p>
<p>3.32</p>	<p>The patient list size is increasing all the time and so is the pressure in providing adequate general medical services. This indicates the potential impact this will</p>

	<p>have on local pharmacies (Pharmacy First and Pharmacy First Plus), and the fact that recent response rates for surveys have been low.</p> <p>However, the response rate starts to increase in more affluent areas, with a significantly more positive experience. In response to the same question above, for Davidson’s Mains Medical Centre, there was an 82% positive response with a response rate of 30%. For Blackhall Medical Centre, there was an 81% positive response, with a response rate of 35%.</p>
3.33	<p>This clearly shows the social divide that exists between certain neighbourhoods and that they are essentially disparate and divergent in nature.</p> <p>It must also be noted that Lloyds Pharmacy stated in paragraph 6.89 of Lindsay and Gilmour’s PPC hearing in 2019:</p> <ul style="list-style-type: none"> ○ “Indeed, our Lloyds Pharmacy has temporarily relocated and on completion of the regeneration works will move to permanent premises designed to allow us to cope with any increase in patient numbers which is being experienced at the moment.” <p>However, there is irrefutable evidence to suggest that this is still not the case.</p>
3.34	<p>Continuing on from the Freedom of Information (FOI) request that was cited in the 2019 hearing regarding pharmacy complaints, a further FOI request in July 2022 resoundingly shows that Lloyds are still unable to cope, despite the fact that they have moved into a new unit.</p> <p>If we look at these complaints, they have been ongoing for a sustained period of time (pre-Covid). Lloyds were a resourceful outfit back then, they were not looking to exit the market. Theirs was the second biggest kind of community pharmacy chain in the United Kingdom with over 1000 branches. If you look at this, the complaints have been progressively getting worse and you can see that it correlates with the list size of Muirhouse Medical Group as well Muirhouse Medical Group going on to operate from two sites. A colossal patient list size indeed it is the second highest in Edinburgh, one of the highest in Scotland and these are cohorts of patients who require you know the multi-morbidities they require real ease of access to not only general medical services but to pharmaceutical services. Lloyds simply have not been able to keep up with that demand. The complaints are extremely serious in nature, patient safety is of paramount importance and has been seriously compromised over a sustained period of time and obviously you can't provide core pharmaceutical services if you are closed.</p>
3.35	<p>This reaffirms fact that pharmaceutical provision is inadequate in the area and the area has always required an additional pharmacy contractor to be operating due to the sheer demand, certainly since Muirhouse Medical Group went on to operate from two sites.</p>
3.36	<p>I would also like to point out that the GPHC inspection report for the Lloyds pharmacy at Macmillan Square, conducted in 2020, also stated that the pharmacy was busier than it had been a few months previously. It had relocated</p>

	about 6 months ago and was now closer to the GP practice and beside a dental practice now.
3.37	So, more people were walking past and increasing footfall. Team members were experienced and had been working together in the pharmacy for several years so this just reaffirms that it doesn't matter who the contractor is, there are endemic issues. It doesn't matter if it's Lloyds or Dears, someone needs to come in to help ameliorate the workload for the betterment of the community.
3.38	The list size is increasing all the time, we're talking about patients, a significant number of whom are over the age of 65, have mobility issues, multimorbidity, polypharmacy related issues, people who are lonely, mental health issues. They need ease of access. They need all core pharmaceutical services to be provided, crucially, my pharmacy will be owner operated so we're not going to have any staffing issues but I will touch on that later.
3.39	At the moment, there is currently one pharmacy, it was Lloyds Pharmacy, but has just been taken over yesterday or the day before. Any sensible person knows that service provision isn't going to become adequate in 24 hours. We have got to look at what has preceded this moment, and as I said over a sustained period of time, there have been a litany of complaints, some very serious complaints, so there needs to be accountability for that.
3.40	It can't just be a case of pharmacy tries to exit the market, set up a holding company. Someone else comes in and buys it, and then there's no liability. We need to be sensible and pragmatic and need to look at all the evidence and I've proven here, I've shown evidence that over a sustained period of time, service provision has been progressively getting worse just from this particular pharmacy.
3.41	The consultation radius initially was meant to be 0.5 miles. Obviously, it was changed, so again I will prove as well, it doesn't matter whether it's one mile or two miles, even if you cast the net wider, I will prove that service provision is still inadequate.
3.42	So as I mentioned, there's one pharmacy. It's Dears Pharmacy now operating from Macmillan Square and hitherto has been providing a wholly inadequate service.
3.43	The PPC as an expert tribunal need to assess current pharmaceutical service provision as it is today with the evidence provided today and I believe that I will prove beyond any reasonable doubt inadequacy and the threshold that is of inadequacy has been met.
3.44	So I have provided unquestionable evidence in my submission to corroborate that Lloyds has been providing an inadequate service.
3.45	I do not think there is any doubt that if the consultation radius for this application was still 0.5 miles and was not re-run to extend the consultation radius, that

	<p>pharmaceutical service would be wholly inadequate, because the evidence is so clear-cut. However, by casting the net wider by extending the consultation radius, I would still argue that pharmaceutical service provision is still inadequate, although some may argue it is not wholly inadequate. Nevertheless, it is still inadequate, because for the purposes of the legal test, pharmaceutical service provision can only be either adequate or inadequate.</p>
3.46	<p>Indeed, looking at 6.7 of the Legal Test document, Sir Louis Blom-Cooper Q.C. in the case of Regina and Yorkshire Regional Health Authority, Ex parte Baker:</p> <ul style="list-style-type: none"> ○ It says that if the current provision of pharmaceutical services was wholly inadequate, then it would be necessary to secure services. If the provision was borderline, then the desirability of granting the application would fall to be considered. <p>Borderline provision, according to this judgment, is still inadequate, so if the PPC as an expert tribunal do not feel this application is necessary, I would say it is at the very least highly desirable to secure pharmaceutical services in the future.</p>
3.47	<p>The demographic composition of the neighbourhood also suggests the population comprises above average elements of those groups who traditionally make use of pharmacy services i.e., the elderly, substance misuse patients and women of childbearing age. Therefore, the population is one that exhibits a significant need for not only general pharmaceutical services, but crucially, ease of access to these services. We have to look at the population and their pattern of routine daily behaviour and habits, as this is a population which does not exercise, does not engage with services, a significant number are over the age of 65 (and please remember that on the absolute scale, the disease burden is forecasted to increase substantially for those aged 65 years and above), there are colossal levels of substance misuse patients, patients with multi-morbidities and consequently poly-pharmacy related issues, patients with mobility issues, patients who are socially isolated and lonely, which leads to mental health disorders, and then are territorial issues that exist, you know disputes between substance misuse patients and these disputes can lead to anti-social behaviour, so this will invariably deter patients from travelling and venturing into other areas.</p>
3.48	<p>Also, imagine the scene and you will have seen this during your site visits, a substance misuse patient going into a pharmacy, the patient is essentially in and out. What about the patient's other healthcare needs that are not being addressed?</p>
3.49	<p>Also, how many of the substance misuse patients decide to travel by taxi. A significant proportion of substance misuse patients, compared to other cohorts of patients, use taxis. By providing an adequate pharmaceutical service for these patients, as well as other cohorts, from within the neighbourhood itself, this will result in better healthcare outcomes going forward.</p>

<p>3.50</p>	<p>As I have mentioned, there is a significant elderly and deprived population. This poses risk factors for poor medicines management. These patients also have mobility issues as I have alluded to, so they are not able to access pharmaceutical services with relative ease. The area, as well as other neighbourhoods on the cusp, is rife with substance misuse patients and therefore, the population has significant challenges and demanding pharmaceutical needs. These needs will further increase, due to people living longer and being on multiple medications. There will also be an increase in multi-morbidity so a reliable pharmacy in the area will be suitably located to help mitigate any risks, especially as I am proposing to have two consultation rooms and will be open for seven days per week. I will also be providing a Pharmacy First Plus service from the moment the pharmacy opens.</p> <p>Now please ask yourselves, who else is doing this?</p>
<p>3.51</p>	<p>For example, look at affluent areas in Edinburgh, namely Bruntsfield and Stockbridge. Pharmaceutical service provision in these areas is outstanding. Pharmacy First Plus clinics are available. How many Pharmacy First Plus clinics are there in North West Edinburgh? We need to look at service provision as it is today, the current state of service provision.</p>
<p>3.52</p>	<p>If we also look at the pattern of behaviour and habits amongst the population in Muirhouse, they need a reliable pharmacy from within their neighbourhood. In fact, this is also the case for the population of West Pilton, who themselves rely on accessing pharmaceutical services from out with their neighbourhood. The population of West Pilton, as of 2021, was 5,379. Therefore, the total population of both Muirhouse and West Pilton is 11,442. These are people who require ease of access and reliable pharmaceutical services to be provided. If we look at Drylaw, the population, as of 2021, was 4,907. The total population of Muirhouse, West Pilton and Drylaw is therefore 16,349. This is a huge population, in areas of multiple deprivation, with significant cohorts of patients requiring pharmaceutical services.</p>
<p>3.53</p>	<p>What is also unique about this application is, in 2014 when the last application was heard, there were no apparent complaints made to the Health Board regarding the adequacy of existing pharmaceutical services. Since then, there have been a litany of complaints made against more than more contractor.</p>
<p>3.54</p>	<p>This really is the making of a perfect storm. In fact, I would argue that the storm has already hit.</p>
<p>3.55</p>	<p>The PPC should have this information to hand and will be able to see that both Stage 1 and Stage 2 complaints have been made.</p> <p>Just to remind you:</p> <p>Stage 1: A 5 working-day, frontline resolution stage complaint;</p>

	<p>Stage 2: Is a 20 working-day investigation stage – This will apply to complaints that have not been resolved at the Early Resolution stage or identified as complex.</p> <p>Now, one complaint is surely, one complaint too many.</p>
3.56	In 2014, a petition for a new pharmacy also garnered 792 signatures.
3.57	<p>So, what is clear and the evidence points to this, is that the community has been let down by the very people that should be representing its needs and concerns. This is a voiceless community that needs to be heard. The deafening silence by the Muirhouse / Salvesen Community Council, the Lothian Area Pharmaceutical Committee is loud and clear! Why have these organisations made no written representations, even if just to say that they wish to make no comment on the matter. This, for me, reaffirms the fact that the population in this area have been and are continuing to be let down by the very people who should be championing their rights to equality, fairness and equity in the distribution of healthcare services.</p> <p>I want to be the voice for the people in the neighbourhood. I want them to know that they will be heard.</p>
3.58	In fact, I do not know what I am more livid about today, the fact that the Community Council, who are meant to be the representatives of the community have not shown an iota of interest in this! Please ask yourselves, if this was the Merchiston Community Council, or the Stockbridge and Inverleith Community Council, would they not have at least responded. Then, we have a professional organisation in the Area Pharmaceutical Committee, who have nominated members for the PPC today, and yet they cannot summon the minuscule amount of energy required to even write a sentence or two to say that they wish to make no comment.
3.59	I hope the public rightly scrutinise this.
3.60	Moving on, if we look at the market share of prescriptions dispensed issued from Muirhouse Medical Group (from Pharm Data website) – thank you to the Chair for allowing this to be disseminated to everyone. It makes for really compelling reading:
3.61	<p>We see that:</p> <ul style="list-style-type: none"> • Dears Drylaw has a 49% market share of surgery items issued from Muirhouse Medical Group; • Lloyds, Macmillan Square, has a 19.1% market share of surgery items; • Lindsay & Gilmour, Crewe Road North, has an 8.9% market share; • Boots, Davidson’s Mains, has a 3.3% market share; • Lindsay & Gilmour, Blackhall, has a 0.25% market share.

3.62	Any sensible person can see that there are social divides, which create boundaries that exist between some of the areas where these pharmacies are located.
3.63	This data shows clearly that outside of Dears and Lloyds, or Dears and Dears as it is now, very few patients use the other pharmacies, so this begs the question, why is Lindsay and Gilmour and Boots objecting to this application, as the opening of this pharmacy is not going to affect their viability in any way. It is a meagre market share that they both have. So they are just objecting for the sake of objecting. Why have you not tried to increase your market share over the years? If you look at it, it is there in black and white.
3.64	Crewe Road North, Crew Road Medical Practice is there as well. 8.9% that's miniscule. Davidson's Mains has a 3.3% and Blackhall 0.25%, that is meagre you know.
3.65	So, by casting the net wider and having the consultation radius as one mile, this only reaffirms that, because of lifestyle choices, the pattern of behaviour, those who are elderly and/or have mobility issues, and the social divide between certain neighbourhoods, patients are primarily only using one of two pharmacies, Lloyds as it was then and Dears at Drylaw. We know that Lloyds has been providing an absolutely horrendous service, so the question of adequacy becomes academic.
3.66	Ultimately now that Dears have bought Lloyds, what it has done actually is it has monopolised pharmaceutical service provision in the area. This will not be good for patients as it will ultimately reduce patient choice.
3.67	So, it's not great for patients because if something now happens to Dears as an entity, it's going to be catastrophic. Dears in the space of 24 hours have just acquired LP North 16 Limited / LP North 18 Limited.
3.68	LP N 18 Limited is 6 pharmacies (Burntisland, 3 in Kirkcaldy and 2 in Glenrothes) and LP N 16 Limited, 4 pharmacies (Tranent, Linlithgow, Armadale and Macmillan Square). I believe that there are 14 other pharmacies, like tripled in size. You know, that's excellent, but perhaps it is maybe taking on too much too soon. You have got to look at staff recruitment and retention and there is going be issues here and it could be catastrophic for this neighbourhood. So we need to be able to mitigate that also.
3.69	As I said, this is going to be a single site, owner-operated, seven days per week. You have a pragmatic and sensible approach going forward, and because the evidence is clear.
3.70	As you will be aware, the FOI which the Chair kindly disseminated, regarding closures, I'd actually asked for complaints but was given closures – but that's OK, but that's what I requested. The FOI, essentially a pharmacy should not be closing at all.

	<p>There should be a sound business resilience plan in place, so if we look at Boots for example, Boots closed five times in the space of six months, last year. That is unacceptable. Staff resource issues or pharmacist resource issues should not be happening.</p> <p>Every business should have a sound business resilience plan in place.</p> <p>You cannot close pharmacies. You cannot renege on your NHS contractual obligations.</p> <p>Lloyds also closed in July of 2022 and no reason was given and I actually think there are underreported closures as well and surely the same with complaints.</p> <p>This simply should not be happening, and I think it is unacceptable.</p>
3.71	<p>If you look at what I have presented today, litany of complaints, closures, market share information, demographics in the area, the fact that Muirhouse Medical Group is now operating from 2 sites, exponential increase, upward trajectory in the list size, cohorts of patients who require significant ease of access to not only General Medical services but pharmaceutical services.</p>
3.72	<p>The fact that pharmacies are providing more services now. I think I have proven beyond any reasonable doubt that pharmacy provision is inadequate today.</p>
3.73	<p>In conclusion and thank you for bearing with me, I would like to say that, given the population number and population demographics within Muirhouse, the neighbourhood exhibits a significant requirement for ease of access to a full range of pharmaceutical services with the extended life expectancy and the consequent increase in multi morbidities as well as the growing array of pharmaceutical services being provided. The number of pharmacies cannot remain stagnant.</p>
3.74	<p>This is especially the case in one of the most deprived neighbourhoods in Scotland, where patients require ease of access to pharmacies and pharmaceutical service provision is hanging by a thread.</p> <p>I think it's in an utterly perilous situation.</p>
3.75	<p>Therefore, the status quo needs to change and the level of service provision needs to adapt accordingly to suit the Community's needs, thereby addressing the inequality and the inequity that is prevalent in the neighbourhood.</p>
3.76	<p>Therefore, I believe wholeheartedly that pharmaceutical provision is inadequate and I believe I've fulfilled and met the threshold of inadequacy today and I believe that my application fulfils all the statutory requirements and should be granted as it is both necessary and desirable, to secure adequate pharmaceutical services.</p>
3.77	<p>This concluded the presentation from Mr Mohammed Yaseen Yousaf</p>
4.	<p>The Chair invited questions from the Interested Parties</p>

4.1	Mr Scott Jamieson (Boots) to Mr Mohammed Yaseen Yousaf
4.2	Mr Jamieson enquired as to whether Mr Yousaf owned another pharmacy contract. Mr Yousaf responded that he did not.
4.3	<p>Mr Jamieson referencing the Consultation Analysis Report (CAR), enquired as to the reason the number of responses was so low. Mr Yousaf responded that people in the area have been facing a cost of living crisis, generally people suffer from high levels of illiteracy and the way the survey and consultation was set up assumed everyone to have the same level of understanding, it's not just simple yes or no answers with the questions. Mr Yousaf explained that those completing the questionnaire have to explain answers; maybe people have to use the internet, they have got data issues with their phone where they can only buy a certain amount of data and might be conscious that actually, if they do this, how long it is going to take. Mr Yousaf went on to note that it is a convoluted process and could probably be changed for those in deprived areas compared with affluent areas because it is essentially the same questionnaire. Mr Yousaf noted that he felt that within this neighbourhood, to get this number of responses which were received was good. However, he noted that the Community Council did not engage and he tried to contact them and they just didn't get back to him which he felt was unacceptable. He further noted that doesn't mean to say that service provision is adequate because they didn't get back to him and that they didn't get back to the Board either. He stated that people are just trying to get on with their lives and are desperate, destitute, just trying to make ends meet and that from the people he had spoken to, to the people who filled this in, there is an overwhelming need for pharmacies, there always has been and they've been let down for a number of years.</p>
4.4	<p>Mr Jamieson noted that the response rate of 78 in a population of just over 6,000 was approximately 1.3% and enquired if the Applicant still felt that it was a good response rate. Mr Yousaf responded to state that compared to some CAR's which have been done, noting that this particular area is one of the most deprived areas in Scotland that engaging with the public was difficult due to people being lonely, isolated, destitute and in extreme deprivation. He noted that members of the public would never have been expected to "come out in droves". Mr Yousaf went on to note that the application and public consultation involved putting an advert in the public notices section of the Evening News – and queried who looks at the Evening News / printed press and that surveys are the last thing people want to do.</p> <p>Mr Yousaf commented that he has evidence in his submission that if looking at the Census, it was a record number of people who abstained from completing it, stating "they were too busy" so to look at a deprived area, the last thing people are thinking about is going on their phone, which they may not even have or thinking about how much data they might need to do a consultation.</p>
4.5	Mr Jamieson reflected that the Applicant had noted a nil response from the Community Council and Lothian Area Pharmaceutical Committee and went on to note that no letters of support had been received from MPs / MSPs / GP or

	<p>any healthcare provider locally and enquired as to why this may be. Mr Yousaf responded to note that maybe some of the MPs completed the CAR, two submissions were noted as being from “organisations” and went on to reaffirm it being a voiceless community and has been let down over the years. Mr Yousaf continued to note the inequality and inequity in the area and stated this can be seen from the population density, the demographics and the litany of complaints recorded against Lloyds at Health Board level and the appearance of nothing having been done to address these. Mr Yousaf noted that he has been attempting to Champion the rights of the community for a number of years and noted that this isn’t a speculative application and when he applied in 2014, had that contract been granted, then it would have ameliorated the situation. Mr Yousaf reiterated that serious complaints have been made against Lloyds, patient safety had been compromised and is of paramount importance and that it is a voiceless community with no-one to help them. If this had been another Community Council such as Merchiston or Stockbridge then others would have replied. Mr Yousaf noted from his experience that GP sub-committees do not tend to get involved due to pharmacies being independent and working on behalf of the NHS. Mr Yousaf questioned why the Area Pharmaceutical Committee had not got in touch as they should be guiding the PPC. Mr Yousaf referenced the Consultation Area was supposed to be 0.5 miles and this was changed resulting in a rerun of the survey which showed a clear need for an additional pharmacy. Mr Yousaf stated that objective evidence corroborates what he had said today, the litany of complaints, closures, list size increasing, Lloyds being unable to cope and that it doesn’t matter who the contractor is, Lloyds or Dears as Lloyds were a resourceful outfit back years ago, it was not going to change with Dears who have just taken over a number of pharmacies in 24/48 hours. Mr Yousaf noted that Dears have got to run these pharmacies with staff, there will be staff who have left and they need to keep staff but that if successful, he is ready to go and fully staffed including three pharmacists from day one to help the community, who have been voiceless and that he has met the threshold of inadequacy.</p>
<p>4.6</p>	<p>Mr Jamieson suggested an alternative explanation for the low response rate from local community and lack of support from the Community Council and no reply from Lothian APC and no support from MPs or MSPs or healthcare providers would suggest that the level of pharmacy provision is adequate and enquired as to the Applicant’s thoughts on this. Mr Yousaf responded that he respectively refuted this and enquired if it was acceptable for Lloyds to be closed over a sustained period of time noting in 2019, two FOI requests suggesting Lloyds were unable to cope. Mr Yousaf noted Boots closed five times in six months, the number and level of complaints but that maybe these representatives were unaware of this and noted it was the job of the PPC to adjudicate and review evidence provided that services are inadequate. Mr Yousaf went on to reference it being a deprived area in Scotland and voiceless, having no one to look out for them. Mr Yousaf noted that complaints and closures meant providers had reneged on their NHS obligations and that the question is quite simple, adequate or inadequate and he noted he felt that the threshold had been met.</p>

4.7	Mr Jamieson enquired if the Applicant had a lease in place for the proposed premise. Mr Yousaf confirmed that he did.
4.8	Mr Jamieson queried if he was correct that the Applicant had mentioned that he would provide Buvidal injections. Mr Yousaf confirmed that he would.
4.9	Mr Jamieson noted that that NHS Lothian currently had a pilot in place for Buvidal injections and that the Health Board select which pharmacies participate. Mr Jamieson went on to enquire how the Applicant could guarantee that they would be able to offer this particular service. Mr Yousaf responded to say that he would contact NHS Lothian to go through the necessary process to enable his pharmacy to be eligible to offer this service if / when the Health Board decide.
4.10	Mr Jamieson sought clarification from the Applicant that he was aware that as a Contractor, it was not his decision as to what additional service NHS Lothian allocate to providers in the area. Mr Yousaf responded that they were hoping to provide all core pharmaceutical service as well as additional services (for example Buvidal) that the Health Board would allow along with needle exchange.
4.11	Mr Jamieson referenced the numerous comments from the Applicant regarding complaints and closure for Lloyds and enquired as to the relevance now that Lloyds have been bought over by Dears Pharmacy. Mr Yousaf responded to say that it is relevant because if you review the Central Legal Office (CLO) advice which states “the successor should not be placed in a better or worse position” as they have been substituted into the predecessor’s role as an interested party, they have to accept liability. Mr Yousaf then went on to provide an example as being if a fatal dispensing error was to occur, who would be liable – would it be Lloyds, LP North Sixteen Limited or Dears? Mr Yousaf continued:- that it is irrelevant who is contracted and we can’t forget what has preceded this and accuracy of checking complaints have caused patient harm; Dears are now taking over new units, staffing, retaining staff which is a big undertaking that could have real implications if things do not go well or if there is an operational mishap, which could be devastating for the area; this results in the reduction in patient choice as Dears will have a colossal market share of prescriptions issued from Muirhouse Medical Group and questioned what would happen if something happened with a supplier or wholesaler. Mr Yousaf referenced that the Committee should not forget what happened in the past which had been over a sustained period, regardless of contractor as previously Lloyds were well resourced and weren’t looking to exit the market. Mr Yousaf added that the GPHC inspection referenced experienced staff, double cover two days, fully staffed but the results show they were unable to cope with demand. Mr Yousaf stated that he believes his proposal is necessary to secure adequate pharmaceutical services.
4.12	Mr Jamieson enquired if the Applicant truly felt that it did not matter who owns the contract in respect of the service levels that would be experienced by

	<p>patients accessing services. Mr Yousaf responded that from evidence available at this time, it is necessary to look at what is happening right now - there have been a litany of complaints and closures. He noted Dears had only taken over from Lloyds within the last 24 hours and stated that you can't make services adequate within this time and asked "how do we know if they can fix it?". He commented that Dears have tripled in size. Mr Yousaf stated:- he had proven he met the threshold today and as it stands service provision is inadequate and can't be made adequate in 24/48 hours; if Dears were able to provide data for three-months' time, then there would be a case, but in 24/48 hours, there was not a chance and it may get worse before it gets better. He said the PPC must judge services today. Mr Yousaf went on to express that staff are likely to leave and he was aware that the base pharmacist had handed in their resignation already, there would be disgruntled staff, a different operating system and it would get worse before getting better in his experience and evidence showed services were inadequate over a sustained period of time. Mr Yousaf went on to note the number of complaints and branch closures as being: accuracy of dispensing, 12 in 2018/19, 12 in 2019/20 and branch closures in 2021/22.</p> <p>Mr Yousaf confirmed that he respected Dears and aspired to be like them and noted that Dears' Drylaw Pharmacy was a great pharmacy and run well with no complaints. However, he referred to the Macmillan Square pharmacy and the litany of complaints as noted in the hearing.</p>
<p>4.13</p>	<p>Following requests from Committee members, the Chair requested the Applicant to clearly answer questions posed and to avoid repeating information from his presentation.</p>
<p>4.14</p>	<p>Mr Jamieson continued his questioning of the Applicant by enquiring if he was aware of the decision in the Bathgate PPC (application by Manaport, 24th August 2023) where the Lloyds had not yet been sold but the Committee was satisfied that the sale was due to proceed within a matter of weeks and that the pharmaceutical service within Bathgate would be secure. Mr Yousaf noted he was aware of this and responded that the panel must look at the situation at hand as every area has its own evidence. He was aware that the last application for NHS Lothian PPC was in Linlithgow which was granted even though there was already a Lloyds and Boots in an area of 16,000 people, whereas the population of Muirhouse, West Pilton and Drylaw was just over 16,000 people and an area of multiple deprivation. He stated that what is unique is the complaints and closures with a dossier of inadequacy.</p>
<p>4.15</p>	<p>Committee Member Greig wished to clarify for the panel that when the Bathgate hearing was taking place the new owner of one of the Lloyds was in place and had been practising and running the contract for a period of time, although on a point of further clarification from Mr Jamieson, she confirmed that one Lloyds branch had not been sold.</p>
<p>4.16</p>	<p>Mr Jamieson referenced the Applicant's proposed opening hours being 65 hours a week, seven days a week and enquired what the staffing plan would be for this. Mr Yousaf responded that he personally would be working 45 hours</p>

	per week running the Pharmacy First Plus clinic (including Saturdays and Sundays); one pharmacist working 36 hours per week with a third pharmacist working ad hoc nine hours who would cover any holidays, leave etc. There would also be two medicine / counter assistants and a pharmacy technician at NVQ3 level as well as an accuracy dispensing checking assistant.
4.17	Mr Jamieson asked for confirmation of 90 hours of pharmacist cover a week. Mr Yousaf responded that there would be one pharmacist working 45 hours per week; a second pharmacist working 36 hours per week to include one Saturday and Sunday in the month and one pharmacist ad hoc for nine hours per week so they would have 65 hours, 59 to account for lunch breaks.
4.18	Mr Jamieson enquired if the pharmacy cover included a full-time pharmacy technician / accuracy checking technician. Mr Yousaf responded that it would actually be a pharmacy technician working 36 hours, two medicines and counter assistants, both 36 hours and a pharmacy technician would be 36 hours and the accuracy checking dispensing assistant would also be 36 hours.
4.19	Mr Jamieson noted that this was an incredibly high-cost base for a new business to open on and enquired if the Applicant's business was going to be viable. Mr Yousaf responded that it would be 100% viable as it is an owner operated family of pharmacists with existing staff ready to be placed and upskilled to ensure viability. Mr Yousaf also referenced the list size of Muirhouse Medical Centre having increased 4.4% over the last 12 months and that it would continue to increase resulting in significant scope for revenue.
4.20	Mr Jamieson enquired what the Applicant's contingency plan would be if the pharmacy was not viable. Mr Yousaf responded that as a family of pharmacists they could increase / decrease hours accordingly to work within the endeavour, noting that all the numbers add up and though initially business would be difficult, after a couple of years the benefits would pay off. Mr Yousaf mentioned that at first the pharmacists may take a smaller salary but that they are astute in their figures and will be absolutely fine and can increase or decrease their hours as required.
4.21	Mr Jamieson enquired if there was anything to stop the Applicant from reducing the planned opening hours to meet the minimum of NHS Lothian's Pharmaceutical Scheme at a later date if he decided to do so. Mr Yousaf responded that they would honour the seven days opening which is required in the area and viable with the three pharmacists and working Sundays. When pressed further by Mr Jamieson to answer the question, Mr Yousaf confirmed that there was nothing to stop him reducing the hours.
4.22	Mr Jamieson enquired if the pharmacist the Applicant planned to employ was already secured. Mr Yousaf confirmed that this was the case.
4.23	Mr Jamieson referenced the market share data and sought clarification that it was provided for the month of March 2023 only. Mr Yousaf responded that yes it was.

4.24	Mr Jamieson referenced in the Applicant's presentation that the market share for Boots was 3.3% which Mr Yousaf had said was negligible and therefore Boots were objecting for objecting's sake. Mr Jamieson enquired if 623 items per month in a pharmacy would be negligible to the Applicant as he considered it a significant amount. Mr Yousaf responded that in the grand scheme of things when looking at what is actually being turned out, that it would not have a negative impact as they are currently located next to Davidson's Mains Medical Practice and it would not be lost overnight and would not render Boots to a point they would have to cease trading and pointed out that Boots have other revenue streams as well. Mr Yousaf went on to say that what he is suggesting is raising standards and everyone upping their game and he questioned why Boots have not raised their standards already to increase their market share.
4.25	Mr Jamieson answered with a further question as to how Mr Yousaf could know that Boots hadn't tried to increase the market share. Mr Yousaf then stated that 3.3% was not significant in his eyes.
4.26	The Chair reminded the Applicant that he should just answer the questions, rather than asking questions back.
4.27	Mr Jamieson had no further questions for Mr Yousaf
4.28	The Chair called a comfort break for 10 minutes. The hearing reconvened at 1105 hrs.
4.29	The Chair reminded the Applicant to listen carefully to questions and answer in a succinct manner.
4.30	Mr Mahyar Nickkho-Amiry (Dears Pharmacy) to Mr Mohammed Yaseen Yousaf
4.31	Mr Nickkho-Amiry enquired if the Applicant considered himself a serial applicant and queried the number of times he had applied for contracts in Muirhouse and Saltire areas which are approximately 1.5 miles apart. Mr Yousaf noted that the question was not an easy one to answer but he last applied for a contract in Muirhouse in 2014, the application today was not speculative and was corroborated with objective evidence and that he had applied a couple of times at the Granton Waterfront as there is need for services and other providers (Lindsay & Gilmour and Lloyds) had also applied.
4.32	Mr Nickkho-Amiry enquired if the Applicant felt that 78 responses to the CAR was adequate given his claims of mass uproar in the area from the local community due to lack of service. Mr Yousaf responded to say that you have to look at people in the area of which a significant number are illiterate and the area being of multiple deprivation or on the cusp of this and stated that people are disengaged and not wanting to complete any survey including the Scottish Census. Mr Yousaf referenced the low response rate from medical practice patients referred to during his presentation and that it has been confirmed that

	people in more affluent areas are more likely to complete surveys than those who are destitute or poor.
4.33	Mr Nickkho-Amiry stated that he would say the lack of response shows the lack of what Mr Yousaf is claiming with regards to dissatisfaction.
4.34	The Chair reminded Mr Nickkho-Amiry to ask questions rather than make statements.
4.35	Mr Nickkho-Amiry enquired as to why the Applicant had not managed to obtain letters of support from the Community Council, MSP's, local Councillors or GPs. Mr Yousaf responded that maybe the GP subcommittees wanted to retain an impartial stance. Mr Yousaf referenced the lack of response from the Area Pharmaceutical Committee and that he believed that at its core, the deafening silence is loud and clear.
4.36	Mr Nickkho-Amiry intervened to comment to the Chair that Mr Yousaf was not answering his question and was instead talking about the Area Pharmaceutical Committee. The Chair then stated that Mr Jamieson had already asked the same question so asked Mr Nickkho-Amiry if there was a particular point he felt Mr Yousaf had not answered. Mr Nickkho-Amiry stated that Mr Yousaf continued to recite elements of his presentation.
4.37	Mr Yousaf then questioned whether we are seriously saying that the threshold had to be that an MSP or councillor must respond and referred to the objective evidence, litany of complaints, accuracy of dispensing complaints and closures and stated it was the PPC's job and remit to look at current pharmaceutical requirements.
4.38	The Chair intervened to remind Mr Yousaf to answer the question being asked of him and asked if there was anything further he wanted to add.
4.39	Mr Yousaf stated that we were assuming people had looked at the public notice area of the Evening News and no-one looked at the printed press. He added that the consultation procedure was not fit for purpose and needed to be changed.
4.40	Mr Nickkho-Amiry noted in other applications in other areas, Applicants had sought to seek support directly by actively engaging and contacting GPs, Community Councils and MSPs and enquired if the Applicant had done this. Mr Yousaf responded that as the case was so overwhelming with regards to meeting the threshold of inadequacy, there was no need to seek support for the sake of getting support. Mr Yousaf stated that he had been involved in applications before that had had support of MSPs and councillors and they were dismissed. He added that what was unique here was that there was so much evidence to suggest inadequate service provision and the patients should be consulted.

4.41	The Chair reminded the Applicant to focus on the question asked and to respond only to the question.
4.42	Mr Yousaf stated that that he had been in touch with two groups and organisations including MSPs who stated that they would respond and that would be included in the CAR.
4.43	Mr Nickkho-Amiry noted that the Applicant had referred to Buvidal services in his presentation and asked if the Applicant was aware which pharmacy provided the closest service. Mr Yousaf responded that he presumed it was Dears Pharmacy. Mr Nickkho-Amiry confirmed that this was the case and it was a pilot so wanted to check the Applicant was aware of that. Mr Yousaf stated that he was willing to provide services over and above core services and was willing to provide any service that NHS Lothian deemed necessary, including Buvidal services.
4.44	Mr Nickkho-Amiry enquired as to why the Applicant did not offer to purchase the Lloyds Pharmacy given his passionate feelings about the area. Mr Yousaf responded that there were endemic issues with that pharmacy, highlighting that the purchase date had been pushed back as Lloyds were looking to exit the market months ago and asked Mr Nickkho-Amiry if he was not meant to purchase it sooner.
4.45	The Chair reminded Mr Yousaf that he should focus on answering the questions himself, rather than asking Mr Nickkho-Amiry questions.
4.46	Mr Yousaf advised that his understanding was that Lloyds had been looking to exit the market months ago and that conveniently the sale had gone on the eve of this hearing. He said he had heard that the delay was due to endemic issues within the Lloyds branch including service provision, things not being claimed for and possibly a lack of payments to wholesalers. Mr Yousaf added that he had submitted this application before Lloyds were looking to exit the market and highlighted the length of time the application process takes.
4.47	Mr Nickkho-Amiry had no further questions for Mr Yousaf.
4.48	Ms Kirstin Bowden (Lindsay & Gilmour Chemists) to Mr Mohammed Yaseen Yousaf
4.49	Ms Bowden enquired as to how many items the Applicant proposed to deliver at the new branch. Mr Yousaf advised that looking at the market share from when the application was submitted in March 2023, Dears had 49% and Lloyds had 19% although he thought that had dwindled since. He would be aiming for 10% of the market share from Muirhouse Medical Group as well having other revenue streams to ensure the business would be viable initially. Ms Bowden enquired what number of items this would equate to and Mr Yousaf stated that this would be around 1900-2000 items per month.

<p>4.50</p>	<p>Ms Bowden enquired about the staffing numbers advised in the Applicant's presentation asking for confirmation that there would be three pharmacists, an accuracy dispensing checking assistant, two medicine / counter assistants and one pharmacy technician. This would be the equivalent of 144 hours of support staff over the week and 90 hours of pharmacist time. Mr Yousaf advised that the third pharmacist would be adhoc so the total number of hours would be 81 hours. Nine hours of adhoc pharmacist time would be to cover for sickness / absence. Mr Yousaf advised that there would be double cover most days to enable the easing into roles for staff and to enable training. Mr Yousaf added that this showed that contingency and resilience plans were in place.</p>
<p>4.51</p>	<p>Ms Bowden enquired that if the branch was trading for 65 hours per week and the staffing time available was factored into this, there would be the equivalent of 3.5 people per day, inclusive of pharmacists and within the support staff, two of those were medicines counter assistants which did not seem to be a reasonable skill mix and Ms Bowden also queried whether 3.5 people per day for those long hours in that area was reasonable. Mr Yousaf responded that staffing would change according to the needs of the branch. Pharmacy First Plus would be operated at 25 hours per week over 42 weeks per year. This would be looked at on a demand basis. Mr Yousaf highlighted that a resilience plan was in place and that staffing could increase or decrease based on demand.</p>
<p>4.52</p>	<p>Ms Bowden stated that she didn't think the Applicant's proposed skill-mix was safe and asked what he thought. Mr Yousaf responded that he disagreed with this statement. Ms Bowden then queried whether as a pharmacist offering independent prescribing services he might only be supported by an MCA. Mr Yousaf responded that no, he would pull in another pharmacist and that it was all dependent on demand and that he thought the skill mix was really good.</p>
<p>4.53</p>	<p>Ms Bowden enquired where the staff would be recruited from. Mr Yousaf advised that there were staff currently working in the convenience store and post office that would be upskilled to train to work in the pharmacy. Mr Yousaf added that the staff were multilingual and lived in the area which would be great to help people of various different ethnicities in the community. Mr Yousaf advised that there was a lot of footfall to the unit and that people were actively seeking pharmacy services.</p>
<p>4.54</p>	<p>Ms Bowden asked for clarification on where the accuracy checking technician would be recruited from. Mr Yousaf advised that the accuracy checking technician was currently employed elsewhere and was looking to join the team imminently.</p>
<p>4.55</p>	<p>Ms Bowden stated that the Applicant stated that the decision made at the hearing needed to be based on the present situation and current service provisions, but that he had also highlighted past issues and services provided by Lloyds. Ms Bowden asked whether the Applicant believed the decision should take into consideration the past or the present situation. Mr Yousaf</p>

	<p>responded that the past was important as people were only going to one of two places and to enable mitigation of risk in the future because the area is densely populated and the list size is increasing. He said there were chronic issues plaguing that particular Lloyds branch which couldn't keep up with demand. Mr Yousaf advised that his proposal would help ameliorate that and that the current situation was perilous, Dears had taken over the branch this week, they had tripled in size and may have taken on too much too suddenly by monopolising services in the area and any kind of operational mishap could have real consequences for the service users in the area. Mr Yousaf advised that his proposal would raise standards and he proposed that pharmacies work together to address the issues for the betterment of the community.</p>
4.56	<p>Ms Bowden enquired if the Applicant really believed that the service that was previously delivered by Lloyds would not now improve, given the evidence that showed significant improvement quite quickly in other branches that have been taken over. She queried why this branch would be different. Mr Yousaf responded that things could get worse before they got better. Mr Yousaf cited the advice from the CLO letter that the successor (Dears) should not be placed in a better or worse position than the predecessor (Lloyds), adding that Dears was now a substitution for the Lloyds in terms of the evidence provided. Mr Yousaf stated that the CAR contained overwhelming evidence that things had not been going well for Lloyds. There had been underreporting of complaints and closures. Mr Yousaf said that the team at Lloyds, which had 1000 branches had been a good team at the time and that he had evidence of this, they had a good team with double cover and they still were unable to meet demand.</p>
4.57	<p>The Chair reminded the Applicant to answer the question not to bring any new points into his answers.</p>
4.58	<p>Ms Bowden repeated her question and enquired if the Applicant believed that the service would not improve, explaining that this question referred to the short-term future (not 24 hours as that wasn't realistic). Mr Yousaf responded that according to the CLO, the remit of the PPC is clear; what was pharmaceutical service like today. If Dears had been operational for 3 months and had come here with figures and said they had increased prescription numbers and satisfaction levels had gone up then absolutely but this was not possible in 24 or 48 hours. Mr Yousaf explained it would make a mockery of the Regulations if every contractor who was abysmal was looking to exit the market and it was assumed that service provision improved the moment somebody else took over. Dears was liable for Lloyds' previous service provision, taking over a failing contractor. Mr Yousaf acknowledged that service would improve at some point, but there was no evidence of that today.</p>
4.59	<p>Ms Bowden enquired what services the Applicant proposed to offer that were not already available or that other contractors wouldn't also be willing to provide if asked to do so by the Health Board. Mr Yousaf responded that he intended to provide all core services that cannot be provided when pharmacies are closed and Pharmacy First Plus, which is an enhancement of core services that are important to deliver in an area where residents are struggling to get a GP</p>

	<p>appointment. Mr Yousaf stated that the PPC should be aware of increased practice list sizes as this relates to prescription volume. Mr Yousaf advised that there are a lot of services that he could provide that are not currently provided in this area, such as spirometry testing. Mr Yousaf explained that he could work with the GP practice to ameliorate their workload and ease the burden on Primary Care.</p>
4.60	<p>Ms Bowden enquired as to how the Applicant proposed to conduct spirometry testing in this pharmacy as he could only prescribe under the formulary. Mr Yousaf responded this his answer highlighted the fact that he wanted to be innovative and would be seeking out these extra services to introduce them to an area where it was not currently available. Mr Yousaf highlighted the fact that the area was very deprived with record numbers of substance misuse patients. These substance misuse patients were in and out of pharmacies just collecting prescriptions and their other healthcare needs were not considered. Their multi-morbidities must be addressed and a holistic approach to the patient taken. Mr Yousaf explained he hoped to get pilot schemes that couldn't be done in busy pharmacies.</p>
4.61	<p>Ms Bowden enquired if the Applicant did not believe that any other contractors in the area could offer the same type of innovative services. Mr Yousaf queried of Ms Bowden how many Pharmacy First Plus services there are in North West Edinburgh.</p>
4.62	<p>The Chair reminded the Applicant to be careful not to ask questions in response to Ms Bowden's questions.</p>
4.63	<p>Mr Yousaf queried how many Pharmacy First Plus clinics there were in North West Edinburgh and commented that he did not think it was an acceptable number and was willing to change this and provide that service from day one.</p>
4.64	<p>Ms Bowden enquired if the Applicant believed that the respondents to the consultation fully understood the difference between the services that he could offer them and the ones they would get from their GP. Mr Yousaf responded that yes, they absolutely did.</p>
4.65	<p>Ms Bowden stated that the increase in practice size list as mentioned by the Applicant equated to less than 10 patients per week across the four contractors that are currently in the area and enquired if the Applicant thought that this was an unmanageable level for the current contractors to manage. Mr Yousaf responded that this was just for one practice. Muirhouse Medical Group had seen a 4.4% increase in list size in the last year. Mr Yousaf advised that some contractors had an insignificant market share of that but it was a significant increase for those pharmacies that already held a larger market share. Mr Yousaf commented on Ms Bowden's branch at Blackhall with a 0.25% market share being a meagre share and explained that nobody was going there because social divides created boundaries. Ms Bowden said that Blackhall wasn't her closest branch and asked about Crewe Road, where they took a significant number and she added that Mr Yousaf hadn't answered the</p>

	question. Mr Yousaf responded that the list size at Crewe Medical Centre was 10,108 and Lindsay & Gilmour had a 62% market share, their pharmacy on Crewe Road was in a healthy position and the same could be said for Blackhall and Davidsons Mains and Drylaw having a very healthy position.
4.66	Ms Bowden asked for clarification on the answer given and to ensure that the question asked was answered, confirming that the question was whether the increase in patient population was unmanageable for the current contractors. Mr Yousaf responded that it was unmanageable for people who had a significant requirement for ease of access such as over 65s, people with mobility issues and mothers with prams with patterns of behaviour showing they only visited one of two branches, Lloyds (having been abysmal) and Drylaw. He added that they weren't going to Blackhall or Davidsons Mains and very few went to Crewe. Mr Yousaf highlighted the additional services provided by Dears explaining that the travel clinic wasn't a core service so they had other revenue sources and private services. Mr Yousaf explained that he would be providing core NHS Services.
4.67	Ms Bowden had no further questions for Mr Yousaf.
5	The Chair invited questions from the Committee members
5.1	Mr Brian McGregor (Lay Member) to Mr Mohammed Yaseen Yousaf
5.2	Mr McGregor enquired if the Pharmacy First Plus service would be offered seven days a week. Mr Yousaf responded that it would not as he would need to take one day a week off, however the service would be offered when required. Mr Yousaf said that he would definitely provide the service at the weekends. Mr Yousaf stated that the regulations required Pharmacy First Plus to be run for a minimum of 25 hours per week. Mr Yousaf confirmed he planned to provide Pharmacy First Plus on most days but particularly at weekends which would help colleagues in out of hours and unscheduled care.
5.3	Mr McGregor enquired about the pharmacy site itself, which sits within a convenience store, and enquired if there were any plans to reduce the step up into the premises. Mr Yousaf advised that the plan was to install a ramp as well as an automatic door. Mr McGregor asked if the ramp would be outside or inside. Mr Yousaf advised the ramp would be outside.
5.4	Mr McGregor enquired about security within the convenience store at present, highlighting a door that linked the convenience store to the dispensary on the plan. Mr Yousaf responded that a secure shutter would be installed.
5.5	Mr McGregor drew attention to the floor plan submitted and queried why the connecting door is necessary given there is an open area from the retail part of the pharmacy into the convenience store. Mr Yousaf advised that he had misplaced the plans but confirmed that this would be closed off. Mr Yousaf advised he had liaised with shop fitters and would comply with General Pharmaceutical Council Regulations.

5.6	Mr McGregor enquired as to the purpose of the shutters and if they would be open from time to time. Mr Yousaf responded that the shutters would be open when the pharmacy was open and would be closed when the pharmacy was closed. Mr Yousaf advised that the pharmacy would be completely secure. Mr Yousaf said he was mindful of security and had given consideration to employing a security guard. Mr Yousaf explained that the operators of the convenience store have a fantastic rapport with the public and had been there for a number of years.
5.7	Mr McGregor enquired as to the number of prescription items the Applicant is expecting to achieve per month not long after opening. Mr Yousaf responded 1900-2000 per month to start, with this slowly increasing. A net profit was expected after year two. Mr Yousaf acknowledged that there was a lot of hard work to do but hoped to raise standards in the area and provide a service others were not providing.
5.8	Mr McGregor queried whether 2000 items per month was enough to sustain a new pharmacy. Mr Yousaf responded that yes this was enough to begin with and this was viable as the pharmacy would be family owned and operated. Mr Yousaf expected this number to significantly increase over time.
5.9	Mr McGregor enquired what volume of items the applicant expected in one year's time. Mr Yousaf advised around 8000 items per month.
5.10	Mr McGregor had no further questions for Mr Yousaf.
5.11	Mr John Niven (Lay Member) to Mr Mohammed Yaseen Yousaf
5.12	Mr Niven drew attention to the neighbourhood and enquired why the applicant did not consider the boundary would extend all the way along the Silverknowes Parkway to Ferry Road. Mr Yousaf responded that Silverknowes was a disparate and divergent area, it was an affluent area and that social divide created boundaries. Mr Yousaf stated that generally people would not pass from Muirhouse into Silverknowes and vice versa.
5.13	Mr Niven enquired why there was a door connecting the dispensing side of the pharmacy into the convenience store at the rear of the premises on the plan. Mr Yousaf responded that this was to allow staff access to toilets and kitchen facilities.
5.14	Mr Niven enquired if toilet and kitchen facilities would be shared between the convenience store and the pharmacy. Mr Yousaf responded that it was primarily the toilet that would be shared.
5.15	Mr Niven enquired if the sharing of toilet facilities therefore meant that there would not be any shutters down at this door during operating hours. Mr Yousaf advised that it would be a solid secure door. Mr Yousaf advised that the pharmacy would comply with all rules and regulations set out by the General Pharmaceutical Council. Small changes would be made as required. Mr Yousaf

	confirmed that half of the unit was going to be for the pharmacy with two consultation rooms, retail area and rest facilities for staff.
5.16	Mr Niven enquired if there was going to be ready access for staff coming through counter areas into the retail section as the counter looked to be solid. Mr Yousaf responded that the plan was in draft form to show the general location for the dispensary and consultation rooms and that adjustments would be made. Mr Yousaf stated that there would be no unfettered access to the dispensary or controlled drugs cabinet. Mr Yousaf also stated that current convenience store staff would be upskilled to work in the pharmacy as well and they would have clearance to come in and security would not be compromised in any way, confirming that a roller shutter would be put into place.
5.17	Mr Niven enquired if the Applicant is confident that the size of the unit, which didn't seem particularly large, would be suitable enough for the services they would provide. Mr Yousaf responded that it absolutely would be big enough. Mr Yousaf stated that some pharmacies are very small and can still provide core pharmaceutical services as part of the NHS. Mr Yousaf stated that the opening of this pharmacy would not affect the viability of any other contractor to an extent that it would render them unable to operate. Mr Yousaf confirmed he intended to work in a slow and steady fashion in such a way that his pharmacy would ameliorate the workload. Mr Yousaf stated that Pharmacy First Plus would be the key. Mr Yousaf advised that he also planned to provide methadone, however, Drylaw does a colossal amount of methadone and he was not looking to do that, the focus for his pharmacy would be on diagnosing and prescribing and working with the medical practice. Mr Yousaf highlighted a three day wait for GP appointments, explaining that during this time, patients could attend his pharmacy for help.
5.18	Mr Niven advised that during the site visit the group had the opportunity to speak to some patients in waiting areas. There was a comment about extended waiting times for one particular pharmacy, however, others were very comfortable with the services provided and the time it took for their prescriptions to be prescribed. Mr Niven advised that in the CAR there were people who had considerable issues. Mr Niven stated that the response to the CAR has been very small given he had seen a lot of CARs over the years. Mr Niven enquired as to the prescription turnaround time the Applicant envisaged. Mr Yousaf responded that turn around would be the same day.
5.19	Mr Niven drew attention to the fact that there was typically a 2-3 day turnaround time, potentially before a prescription arrived at a pharmacy. Mr Niven explained that this can cause confrontations between the public and pharmacy staff. Mr Niven asked how the Applicant planned to deal with this kind of situation. Mr Yousaf advised that he envisages turnaround time to be very quick as they would be a new pharmacy in the area trying to increase business. Mr Yousaf stated the area was highly deprived and densely populated with a significant number of people requiring pharmaceutical services. Mr Yousaf

	advised that these issues highlighted the need for another contractor working collaboratively with everyone else in the area.
5.20	Mr Niven enquired whether the Applicant had contacted the GP Practices directly to discuss working with them. Mr Yousaf responded that he did contact Muirhouse Medical Group and was informed that the list size was increasing. Mr Yousaf advised that the practice seemed hesitant to endorse the application due to the general position of practices to remain impartial. Mr Yousaf stated that reliable pharmaceutical services needed to be provided for people in the heart of their community and that hasn't been done.
5.21	Mr Niven had no further questions for Mr Yousaf.
5.22	Ms Hazel Garven (non-contractor pharmacist) to Mr Mohammed Yaseen Yousaf
5.23	Ms Garven had no questions for Mr Yousaf
5.24	Ms Kaye Greig (Contractor pharmacist) to Mr Mohammed Yaseen Yousaf
5.25	Ms Greig referred the need to ascertain facts, not opinions and referred to comments made by the Applicant that the community were voiceless and enquired if the Applicant felt there was a difference between being voiceless and actually making a choice to be engaged. Mr Yousaf highlighted inequity and deprivation in the area and stated that very few people in the area could read or write. Mr Yousaf highlighted difficulties faced by residents trying to make ends meet and stated that it was difficult to engage with people who had more pressing things to think about. Mr Yousaf said that response rates for deprived areas were generally low and were higher in more affluent areas.
5.26	Ms Greig acknowledged the Applicant's response but asked again what evidence there was that they were voiceless. Mr Yousaf advised that members of the Community Council had not responded to the application.
5.27	Ms Greig enquired how the Applicant had communicated with the Community Council and what steps were taken. Mr Yousaf responded that he emailed the Community Council and tried to call but they seemed to be asleep at the wheel.
5.28	Ms Greig enquired if the Applicant had attended any Community Council meetings. Mr Yousaf responded that he had not as he was unable to confirm any details with them but waited to see if they got in touch. He commented that the Board tried to get in touch too. Mr Yousaf suggested that the Community Council was disengaged with the process.
5.29	Ms Greig enquired what evidence the Applicant had to support his statement that substance misuse patients were not having their other health needs met at other pharmacies. Mr Yousaf responded that he had experience of other complex needs not being addressed. Mr Yousaf responded that high volume dispensing pharmacies were simply dispensing medications and that substance misuse patients were "in and out" in a short period of time, however,

	evidence pointed to these being complex needs. Ms Greig enquired if Mr Yousaf had any evidence that those patients hadn't received Pharmacy First Plus from other pharmacies in the area. Mr Yousaf responded that they just get their daily dose and are in and out and that people will have seen that on site visits.
5.30	Ms Greig enquired about the timescale for the pharmacy to be up and running if the Applicant were to be successful. Mr Yousaf responded approximately three months.
5.31	Ms Greig drew attention to comments made by the Applicant that Dears cannot improve service within 24 hours and enquired if the Applicant believed that Dear's service could improve in that three month period. Mr Yousaf responded that yes, it would improve, but the PPC must make a judgement based on the threshold of inadequacy as it stood today. Mr Yousaf advised that due to the overwhelming evidence presented, as it stood today, the service provision was inadequate. Mr Yousaf explained that there had been a host of issues with service in the area and an increasing list size that affected adequacy. Ms Greig then pressed Mr Yousaf on how things would look three months down the line, if another pharmacy was open. Mr Yousaf advised that the pharmacy could potentially open in two months and that we would be assuming service provision is inadequate and needs to improve and that Dears would then improve things in three months, but then the threshold of inadequacy had been met. If this application were not necessary, it would at the very least be highly desirable. Mr Yousaf referred to the legal test and stated that we could see overwhelmingly that it was inadequate and then looking at whether they are adequate or inadequate, he referred to the new development at Silverlea, which was going to be 142 new affordable homes. He stated developments were happening everywhere and were going to impact list sizes and pharmaceutical services. Mr Yousaf then reiterated points regarding people being over 65, with mobility issues, polypharmacy issues, they don't engage with services, they are lonely, they don't exercise and have mental health problems.
5.32	Ms Greig asked the Applicant if he could confirm that some of the staff for the pharmacy would be coming over from the convenience store. Mr Yousaf responded that some of the staff would be and that the plan would be to upskill as the need arose. Mr Yousaf confirmed that a resilience plan was in place to ensure that there were no pharmacy closures.
5.33	Ms Greig enquired about the staff training level and skill mix, asking if the pharmacy would therefore open with some untrained staff and pharmacists and staff that the Applicant was recruiting from elsewhere. Mr Yousaf advised:- that there would be a pharmacy technician trained to NVQ3 level; an accuracy checking dispensing assistant who was trained; the medicines counter assistants currently working in the convenience store would be trained; and overall, the skill mix would be good. He said there were seven members of staff in the convenience store who were keen to upskill and were ready to work as

	soon as they were able to. Mr Yousaf highlighted that these people all lived within the community.
5.34	Ms Greig enquired if all staff working in the convenience store would be trained. Mr Yousaf responded that not all staff would be trained. Mr Yousaf advised that three or four convenience store staff out of seven were willing to work in the pharmacy.
5.35	Ms Greig enquired if pharmacy staff would be expected to work in the convenience store. Mr Yousaf responded that they would not.
5.36	Ms Greig enquired about the Applicant's statements in his presentation around different suppliers and how that would benefit the services that he could deliver. Ms Greig enquired that with independent and multiple contractors operating within the neighbourhood area, how would the process differ. Mr Yousaf responded that generally they would be the same suppliers but that he would be looking to open various accounts with various wholesalers and to be part of a buying group. Work would be undertaken to look at where there was a lack of supply. Mr Yousaf advised that there was also a warehouse that could be used for stock.
5.37	Ms Greig asked for clarification on the warehouse mentioned in the previous answer. Mr Yousaf responded that yes there was a warehouse, but it was not currently associated with the application. Mr Yousaf advised that it could be registered and made a central hub for buying and storing goods. Mr Yousaf advised that this could be looked at, at a later date, but was not relevant at the moment
5.38	Ms Greig had no further questions for Mr Yousaf.
5.39	Mr John Connolly (Contractor pharmacist) to Mr Mohammed Yaseen Yousaf
5.40	Mr Connolly enquired if, as a scientist, the Applicant would say that the CAR response rate of 1.286% was statistically relevant. Mr Yousaf responded that yes, it was, especially when considering the area was disengaged.
5.41	Mr Connolly drew attention to the earlier statement made by the Applicant that very few people in the area could read or write and enquired if the Applicant believed that in a population of 6063, very few people could read or write. Mr Connolly enquired if the Applicant had a percentage figure to corroborate this claim. Mr Yousaf responded that he did not have literacy figures to hand but mentioned disengagement. Mr Connolly pressed for corroborated evidence & that he had a lot of questions so didn't want the Applicant to give a monologue. The Applicant stated he wasn't giving a monologue but mentioned putting a lot of effort into his application.
5.42	The Chair intervened to remind the Applicant to focus on the questions and Mr Connolly confirmed he would restate his question. The Applicant explained he

	made the statement based on observation, explaining that a large number come to the unit, particularly the Post Office and asked staff to help them to read letters and write addresses.
5.43	Mr Connolly enquired if the Applicant believed this was evidence or hearsay. Mr Yousaf responded that it was a fact that people asked for this kind of assistance when coming to the unit.
5.44	Mr Connolly enquired whether the Applicant felt he could improve the service provided by the Lloyds pharmacy if he had taken it over. Mr Yousaf advised that there were endemic issues within that pharmacy and that something had been going on to delay the sale. Staff had been trying their best and had previously been well resourced but there had still been issues. Mr Connolly pressed for an answer and Mr Yousaf responded that it could not be improved straight away. Mr Connolly then queried if the Applicant believed he could improve it though. Mr Yousaf responded that he couldn't improve it.
5.45	Mr Connolly enquired whether the Applicant believed that it was conceivable that Dears could improve services, given their success elsewhere with underperforming pharmacies. Mr Yousaf responded that anyone could take on and improve a pharmacy but referred to the significant undertaking in taking on so many pharmacies at the same time.
5.46	Mr Connolly enquired if the Applicant could provide a number in terms of complaints against Lloyds pharmacy. Mr Yousaf responded that the Committee should have the numbers. Mr Yousaf advised that in 2016/17 there were nine complaints, in 2018/19 there were 12 accuracy of dispensing complaints, that in 2021-22 there were nine waiting time complaints, three accuracy of dispensing complaints and the branch was closed four times.
5.47	Mr Connolly enquired if the Applicant believed that, based on the number of patient interactions the Lloyds Pharmacy would have had, potentially in to the tens or even hundreds of thousands, this was a statistically relevant number. Mr Yousaf responded yes. Mr Yousaf explained that in such a deprived area, people were less likely to put in complaints as it is a convoluted process.
5.48	Mr Connolly enquired as to whether the Applicant believed that the lack of engagement from the Community Council showed that there was apathy towards his application or that they did not support it. Mr Yousaf responded that the Community Council had been disengaged and had been too busy supporting other things.
5.49	Mr Connolly enquired if the Applicant believed that the Community Council would support his application and stated that the Community Council seemed quite active and met regularly. Mr Yousaf responded that he assumed they were dealing with a number of issues and that they did not respond to contact from the Health Board.

<p>5.50</p>	<p>Mr Connolly enquired if the lack of response could mean that the Community Council did not believe there was a need for another pharmacy given the number already in the area. Mr Yousaf responded that they were disengaged like a lot of organisations and that disengagement numbers are at an all-time high.</p>
<p>5.51</p>	<p>Mr Connolly enquired about the size of the unit, estimating it to be around 650 square feet. Mr Yousaf advised that it was around 800 square feet. Mr Yousaf advised that he was engaging with shop fitters and that the proposals submitted were in draft format. Mr Connolly suggested perhaps Mr Niven, as an engineer might be able to help but asked for the dimensions of the unit because if it was 650 square feet, as a contractor himself he would think it would be a bit small to do what the Applicant proposed and asked if he disagreed. Mr Yousaf confirmed that was subjective and that it was 800 square feet and that it was ample.</p>
<p>5.52</p>	<p>Mr Niven asked to come in on this point following the request from Mr Connolly and enquired if the 800 square feet advised by the Applicant was inclusive of the welfare facility at the rear of the unit. Mr Yousaf advised that the welfare unit was a part of the lease, so the number was inclusive of this.</p>
<p>5.53</p>	<p>Mr Connolly highlighted the volume of information presented today and asked the Applicant to succinctly provide evidence of inadequacy. Mr Yousaf responded that based on the legal test, inadequacy of service could be evidenced through the distribution of services in the neighbourhood which provided a wholly inadequate service, the litany of service complaints received over many years, ease of access to service, the increasing list size of Muirhouse Medical Group, the issues specifically with Lloyds in an area where additional pharmaceutical services were needed, the population increasing all the time, demographic composition suggesting a higher than average number of users of pharmaceutical services (substance misuse, those over 65 years, young mothers, those with mobility issues). Mr Yousaf explained the high level of deprivation in the area as well as surrounding areas that suffer from multiple deprivation. Mr Yousaf highlighted the population of 16349 people required access to pharmaceutical services. Mr Yousaf explained the difficulties for people from this area in travelling to other areas just to access a pharmacy, highlighting the issues faced by those with mobility issues or having to take public transport. Mr Yousaf stated that data showed that people from deprived areas do not travel to affluent areas to access pharmaceutical services. Mr Yousaf highlighted the issues faced by and the closures of Lloyds without proper notice to the Health Board, resulting in an inability to provide core pharmaceutical services. Mr Yousaf stated that seven day pharmacy provision would be very helpful to the various cohorts of patients in the area, especially if Pharmacy First Plus was offered.</p>
<p>5.54</p>	<p>Mr Connolly interjected to suggest the Applicant hadn't provided any corroborated evidence. Mr Yousaf referred to the FOI requests. Mr Connolly</p>

	then asked how that demonstrated inadequacy. Mr Yousaf then referred to the complaints and queried whether it was okay for a pharmacy to close.
5.55	Mr Connolly enquired if the Applicant would accept that there were circumstances, particularly over the last three years, that have caused closures across all parts of the NHS. Mr Yousaf responded that yes, he accepted that, but he had evidence from pre-Covid. Mr Connolly queried whether this had happened across all sectors for the entirety of the NHS. Mr Yousaf responded that he had a sound resilience plan in place to mitigate against this. Mr Yousaf advised that pharmacies have been closing due to mismanagement and have not had appropriate resilience plans in place. This had led to reduction in satisfaction levels and patient safety being compromised.
5.56	Mr Connolly drew attention to comments made by the Applicant that the sale of Lloyds had taken longer than anticipated and queried if the applicant could accept that this might be down to business negotiations taking longer than anticipated. Mr Yousaf responded that there were endemic issues with that pharmacy.
5.57	Mr Connolly requested evidence and clarification on the endemic issues with the Lloyds pharmacy. Mr Connolly highlighted the insinuation that there had been some kind of negative motive for the delay in the sale. Mr Yousaf responded that he was not privy to negotiations and therefore could not advise why the sale was delayed. Mr Yousaf advised that due to endemic issues, there would always be issues with this pharmacy in terms of excessive patient demand.
5.58	The Chair intervened to remind the Applicant that the question was not about patient demand. Mr Yousaf responded that there must have been something going on as otherwise the pharmacy would have been sold.
5.59	Mr Nickkho-Amiry then raised his hand and asked the Chair if the panel would like an explanation for the reason for the delay to the sale. Mr Connolly confirmed he was content to wait for Mr Nickkho-Amiry's presentation and in the absence of any other raised hands, the Chair confirmed the hearing could proceed with Mr Connolly's questions.
5.60	Mr Connolly enquired if the Applicant believed that 6000 people in a neighbourhood created excessive demand for one pharmacy within the neighbourhood and several more immediately outside the neighbourhood. Mr Yousaf responded that residents have had to go to pharmacies elsewhere due to horrendous service in the neighbourhood, highlighting Dears pharmacy in Drylaw as one such location. Mr Yousaf referred to Dears in Drylaw as an excellent pharmacy that people were going out of the neighbourhood to use for services.
5.61	Mr Connolly enquired if, given his statement on the Dears Pharmacy in Drylaw being a great pharmacy, the Applicant believed that Mr Nickkho-Amiry could replicate this service at the newly purchased Lloyds. Mr Yousaf responded that

	<p>he was here to discuss the current inadequacy and that he had met the threshold. Mr Yousaf advised that by meeting the threshold he had shown that his application was at the very least highly desirable. Mr Yousaf stated that there was no reason both operators could not coexist. Mr Yousaf highlighted the acquisition of the Lloyds, tripling in size could cause issues for Dears down the line and stated service could not improve in 24 to 48 hours.</p>
5.62	<p>Mr Connolly reiterated that the Applicant had advised dispensing 1900-2000 items per month. Mr Connolly suggested this was not a viable proposition as a pharmacy contract. Mr Connolly enquired if the Applicant could expand on the mention of other revenue streams. Mr Yousaf responded that he would look at services such as micro-suction and private services, whilst not reneging on the NHS contractual service. Mr Yousaf advised he would also analyse what services would be most beneficial to the area and would consider price points to ensure that residents of the area would not be overpaying for services.</p>
5.63	<p>Mr Connolly enquired if the Applicant believed that residents of a deprived area had the disposable income to pay for these kinds of services. Mr Yousaf responded that this is why consideration must be given to the price point. Mr Yousaf advised that there was a business plan in place and all of the preparation and research pointed to a thriving pharmacy operation.</p>
5.64	<p>Mr Connolly had no further questions for Mr Yousaf.</p>
5.65	<p>Ms Elizabeth Gordon (Chair) to Mr Mohammed Yaseen Yousaf</p>
5.66	<p>Ms Gordon highlighted the fact that the Applicant had mentioned that people did not leave the neighbourhood and remained within Muirhouse. Ms Gordon explained that during her site visit to Boots, Davidsons Mains, the pharmacist had mentioned they have many customers from the Muirhouse area who visit the pharmacy on their way to and from the Tesco at Davidsons Mains. Ms Gordon queried that given there was no supermarket within the identified neighbourhood, would the Applicant accept that people within the neighbourhood typically leave to go to other places such as supermarkets and bigger shops. Mr Yousaf responded that more people shopped at the Morrisons in Granton than the Tesco but that a significant number of people in the area shopped at the convenience store, post office and local takeaway so he believed it to be a neighbourhood for all intents and purposes.</p>
5.67	<p>Ms Gordon advised that looking at Google Maps, it looked as though everyone in the neighbourhood as identified by the Applicant had access to a pharmacy within a 10 minute walk. Ms Gordon referred to the 20 Minute Neighbourhood concept within the Pharmaceutical Care Services Plan. Ms Gordon highlighted that there were also buses available for those unable to walk far so people could combine a very short walk with a short bus journey to get to a pharmacy and enquired why the Applicant believed another pharmacy was needed when there were several others in proximity. Mr Yousaf advised that this only considered an able-bodied person. It was a 16 minute walk to Boots via Silverknowes Gardens, 15 minutes on a bus, Dears Pharmacy was a 21 minute</p>

	walk via Pennywell Gardens, it was a 28 minute walk to Crewe Road. Mr Yousaf stated that consideration must be given to the elderly, wheelchair users or those with mobility scooters and mothers with prams, highlighting that public transport could be difficult for these people.
5.68	Ms Gordon drew attention to a comment in the CAR where one respondent had replied that the chemist in Muirhouse was struggling to cope with demand, but queried why would they build a new one instead of addressing the issues. Ms Gordon asked for the Applicant's response to this. Mr Yousaf responded that this was only one comment, Lloyds have been inadequate for a sustained period of time. This would suggest they cannot cope with the demand in the area.
5.69	Ms Gordon pressed the Applicant about the turning around point now that Lloyds had been taken over. Mr Yousaf responded that the panel must consider whether the threshold for inadequacy had been met as services currently stand and should not consider what may happen in the future.
5.70	Ms Gordon asked if Dears were to improve pharmacy services, would the Applicant's pharmacy still be viable. Mr Yousaf responded yes absolutely. Mr Yousaf stated that his pharmacy would help to raise standards by giving patients a choice and pointed out the risk of Dears monopolising services so if something happened, it could be catastrophic and he could mitigate that. Mr Yousaf highlighted the need for Pharmacy First Plus delivery. Mr Yousaf highlighted the opportunity to work collaboratively for the community.
5.71	Ms Gordon referred to a lot of comments in the CAR about Lloyds focussing on staffing issues and referred to other difficulties the branch had experienced due to the sale of Lloyds such as delays and difficulties obtaining stock that she had heard about during the site visit. Ms Gordon enquired if the Applicant agreed that given the success of Dears in terms of staffing that she had heard about during the site visit (from the lead pharmacist at Dears Ferry Road) and their experience, they could address the complaints from the CAR. Mr Yousaf asked what would happen if Dears were to sell the Lloyds again in a few months' time. Mr Yousaf stated that there was no evidence of that, and he had met the legal test in proving inadequacy. Mr Yousaf stated that if it wasn't necessary, he could prove beyond reasonable doubt that his pharmacy was at the very least desirable. Mr Yousaf stated that the application was submitted some time ago and had been changed with the consultation being rerun with an increase from 0.5 to one mile but he could still prove beyond reasonable doubt looking at market share that most prescriptions were sent to one of two pharmacies. Mr Yousaf acknowledged that Dears might be able to improve pharmacy services, however, they would require time to do this and stated that there was no reason that two contractors could not secure services to the neighbourhood.
5.72	Ms Gordon enquired if the Applicant believed the neighbourhood as it had been drawn was big enough for two well-functioning pharmacies to be viable. Mr Yousaf responded yes, as there were people outwith the area who would make

	use of the pharmacy as well so adding in the population of West Pilton and Drylaw, 16,000 people was significant.
5.73	Ms Gordon highlighted that the Applicant had given evidence that people would not want to move between neighbourhoods for services. Mr Yousaf responded that he had only factored in the population in the North of Edinburgh, which consisted of significantly deprived areas. Mr Yousaf stated that the areas of West Pilton and Drylaw would also travel for services. Between West Pilton, Drylaw and Muirhouse there were 16000 people in need of pharmacy services so with the former Lloyds, Dears at Drylaw and his pharmacy, it was 5000 people per pharmacy which was perfect
5.74	Ms Gordon asked why the Applicant would limit the neighbourhood to just Muirhouse if the wider populations of West Pilton and Drylaw were being considered as customers. Mr Yousaf responded that the regulations were specific about how a neighbourhood was defined and the radius. Muirhouse was the neighbourhood as defined by these regulations and was perfect. Mr Yousaf stated the goalposts had changed due to the change in consultation radius from 0.5miles. Mr Yousaf highlighted the fact that there was an assumption that Dears would be successful in their plans but that it might be difficult. Mr Yousaf advised that whilst he wished Dears the best, there was scope here for an additional pharmacy.
5.75	Ms Gordon had no further questions for Mr Yousaf.
5.76	Mr Brian McGregor (Lay Member) to Mr Mohammed Yaseen Yousaf
5.77	Mr McGregor asked for clarification on why the initial consultation radius of 0.5 miles was increased to one mile. Mr Connolly offered to respond and advised that the Health Board determines who they believe to be interested parties. This is not specifically defined within the regulations and so each Board must make their own decision on this. NHS Lothian had picked a 0.5 mile radius for Edinburgh City. Feedback on this was that this distance was not sufficient as Interested Parties were being excluded based on a very small distance as a result. Mr Connolly alluded to judicial review proceedings in relation to another hearing to challenge this. The decision was therefore taken to increase the consultation area to include more Interested Parties. Mr McGregor then queried if in future it could be 0.5 miles or one or two miles. Mr Connolly then suggested Ms Greig might want to respond. Ms Greig advised that in the city centre of Edinburgh, the minimum radius was one mile but it was slightly different for rural areas.
5.78	There were no further questions for the Applicant at 12:58 hrs
5.79	A break for lunch was called for 30 minutes.
5.80	The meeting was reconvened at 13.30hrs.
6	Interested Parties Submissions

6.1	The Chair invited Mr Scott Jamieson to present on behalf of Boots. The Chair confirmed that if a written statement had been submitted, that statement would be read out in full, but on this occasion no written statement had been submitted.
6.2	Mr Jamieson advised that Boots did submit a written statement to the panel and NHS Lothian the previous night so asked if the Chair had a copy of what he was about to say. The Chair confirmed that she personally did not have it and she did not believe anyone else had it. The Chair asked Mr Jamieson if it was just a written account of his speaker's notes. Mr Jamieson confirmed that it was. Mr Jamieson also stated that it had been emailed to Katerina the previous night just so that the Chair was aware of it for the sake of any note taking. The Chair confirmed that given that the panel didn't have it and that it was a very late submission that the hearing should proceed as planned without it.
6.3	There was then a short delay as the Chair realised that Katerina Marinitisi (observing only during the hearing on behalf of NHS Lothian) seemed to have dropped off the Teams Call. As the Chair understood Ms Marinitisi was observing for administrative purposes, the hearing was briefly adjourned while the Chair followed this up.
6.4	The meeting was then reconvened with Ms Katerina Marinitisi present at 1339 hrs.
6.5	Mr Scott Jamieson presented on behalf of Boots, reading from a pre-prepared statement.
6.6	<p>We disagree with the neighbourhood defined by the applicant, see below.</p> <p>Applicant's neighbourhood:</p> <div style="border: 1px solid black; padding: 10px;"> <p>North – Muirhouse Parkway (at the Muirhouse Gardens Junction) heading East along the dual carriage to the roundabout Pennywell Road (including Salvesen area)</p> <p>East – Pennywell Road (roundabout) heading south along dual carriage to Ferry Road (B9085)</p> <p>South – Ferry Road heading west to Ferry Road/Ferry Gait Drive junction (including the Ferry Gait Development)</p> <p>West – Ferry Gait Drive, Muirhouse Park Junction walking along grassed area to cut between Silverknowes Brae and Craigroyston Grove following onto new development of Silverknowes Eastway (Old Silverknowes Primary School) following onto Muirhouse Gardens to connect with Muirhouse Parkway</p> </div>
6.7	It is of note that the applicant's neighbourhood only contains one pharmacy.

6.8	However, should the panel agree wholly or in part with the applicant and we are not suggesting that they should, the panel will be aware of the need to consider services to the neighbourhood from pharmacies out with.
6.9	<p>Our proposed neighbourhood:</p> <ul style="list-style-type: none"> • Northern boundary –Silverknowes parkway, along Muirhouse parkway and West Granton road where it meets Crewe Road North • Southern Boundary –Hillhouse road, across to Telford Road (A902) where it meets Crewe Toll roundabout. • West – From Silverknowes roundabout, along Lauriston Farm Road, Cramond Road South and Quality St where it joins Hillhouse Road • East – Crewe Road North
6.10	We believe the neighbourhood described above would reflect more accurately how people would access services and facilities in the area, including supermarkets mentioned by the Chair earlier.
6.11	We haven't included Craigleith Retail Park, which is just outside. The proximity and use of facilities in the Craigleith Retail Park, is relevant both when considering the definition of the neighbourhood, and the services provided to the neighbourhood from pharmacies out with, notably Boots Craigleith, open 7 days per week and which provides evening cover.
6.12	<p>To summarise:</p> <ul style="list-style-type: none"> • We essentially disagree with the neighbourhood defined by the applicant and suggest it is the boundaries of the area we have defined. • We can draw a line to denote the neighbourhood but in reality, it doesn't exist for patients. • We ask that the Committee take into consideration pharmacies in the surrounding areas when making their determination of services provided in and to the neighbourhood.
6.13	SIMD (Scottish Index of Multiple Deprivation) shows that there are areas both high and low deprivation. Areas of Muirhouse and West Pilton are ranked as some of the most deprived, and the areas in Silverknowes and Davidson's Mains are some of the least deprived (output areas) in Scotland.
6.14	From the 2011 census data we understand the population of our neighbourhood to be approximately 21,606 people and they're five pharmacies located within the neighbourhood itself. Now this equates to 4321 patients per pharmacy, which is approximately in line with the national average for Scotland, which would be 4383 patients per pharmacy.
6.15	Looking into the age of that population, so the percentage of the population age 60 or over in our neighbourhood is lower than the national average.

6.16	So 18.3% of the population is aged over 60, compared with Scotland at 23.2%.
6.17	Levels of car ownership in our neighbourhood are lower than the national average at 37.2% compared to 42.2%
6.18	Levels of home ownership are also lower within the neighbourhood compared to that of Scotland.
6.19	Levels of general health are on par with the national average, with 81.7% of residents rating their health as good or very good and 5.7% rating their general health as bad or very bad. That would compare to a Scotland average of 82.2% for good or very good and 5.6% for bad or very bad.
6.20	<p>To summarise:</p> <ul style="list-style-type: none"> • The census data relating to health for our neighbourhood reflects the averages for Scotland as a whole and the percentage of the population over 60 is lower than the national average. • The levels of car and home ownerships do not reflect the averages for Scotland as a whole, but when we look at Edinburgh as a whole, the reasons could well be the excellent transport links so people may decide they don't need a car. • Then of course house prices, average house price according to Registers of Scotland, sitting at £336,000 (April 2023), compared to the national average price of £194,000, which could account for the lower levels of home ownership within the neighbourhood.
6.21	Moving on to housing developments, we note from the information available from the city of Edinburgh council atlas that the majority of housing developments planned for the applicant's neighbourhood have already been built or are due for competition shortly.
6.22	The existing pharmacies have met any needs arising from recent developments and have the capacity to meet any future needs arising from new housing developments.
6.23	Moving on to the proposed premises, I would share concerns around the proposed premises that have been highlighted previously by the panel members.
6.24	The overall size of the premises does look small and access to the retail area as it stands looks problematic. I would suggest there is a question in my mind of where would staff take breaks and what would staff facilities look like, but they've all been raised previously by Mr McGregor, Mr Niven and Mr Connolly

6.25	With regard to the proposed opening hours, there is nothing stopping the applicant from reducing these hours to meet the minimum requirements of NHS Lothian's pharmaceutical scheme.
6.26	Just to be clear, what that is, it's 9am to 6pm with one half day where you can operate 9am to 1pm. So obviously, most contractors would do 9am to 6pm Monday to Friday with a half day on a Saturday. So it could be the minimum. There is nothing to stop them from changing that and we do know the history of the previous applications.
6.27	The Applicant has previously applied for inclusion in the pharmaceutical list of a new pharmacy at 1 Saltire Square, Edinburgh EH5 1PR. The PPC hearing was held in February 2023 and was turned down. The proposed pharmacy was in an adjacent neighbourhood, only 1.5miles / six minutes drive from this proposed pharmacy.
6.28	There was another PPC hearing in 2019 for the same adjacent neighbourhood by Lindsay & Gilmour. The proposed pharmacy, Waterfront Broadway, Granton, Edinburgh was 1.1miles from the proposed Muirhouse Pharmacy. This application also turned down.
6.29	As previously mentioned by the Applicant, there was another application back in 2014
6.30	In summary, we do have concerns around the adequacy and size and facilities of the proposed premises. The applicant could change their opening hours to meet the minimum requirement of NHS Lothians Pharmaceutical Scheme at any point in the future if the application was granted and we know that all three previous applications have been rejected by previous PPCs
6.31	Moving on to existing services into and to the neighbourhood. There are currently 5 pharmacies in the neighbourhood.
6.32	<p>Boots in Davidson Mains provides the following services:</p> <ul style="list-style-type: none"> • Pharmacy First • Medicines Care and Review Service • Emergency Hormonal Contraception and Bridging contraception • Stop Smoking Service • Unscheduled Care Service • Gluten Free Food Service • Ostomy <p><u>Local Negotiated Services</u></p> <ul style="list-style-type: none"> • Substance Use Service • Chlamydia Service • Hepatitis C treatment • MAR chart Service

	<ul style="list-style-type: none"> • Compliance Aids
6.33	I would certainly challenge the opinion of the Applicant that substance use patients didn't access other pharmacy services when needed. Pharmacists would show a great level of care to those patients and make sure that they were looked after as well as we possibly could. There has been mention of the Buidal pilot, needle exchange and palliative care services and we currently haven't been asked to participate in any of that, but obviously if we were asked to do so by NHS Lothian, we would be more than happy to do those services
6.34	In regards to Pharmacy First Plus, our pharmacist is planning to complete his IP qualification in the near future.
6.35	We offer a delivery service from our pharmacy in Davidson's Mains which is free of charge.
6.36	We deliver twice every day, Monday to Friday and on Saturday mornings and not an NHS service but we choose to provide it for those in need.
6.37	Boots provides pharmaceutical services on Sundays from our pharmacy in Craighleith Retail Park, just 0.3miles out with the neighbourhood.
6.38	Customer feedback from last 2 months in September and October, we ask our patients if they would be happy to give us feedback based on the experience they have received. The pharmacy is sitting at a core of 100% with 6 responses.
6.39	I'm going to talk about wait time for prescriptions and I'm going to differentiate two different types of prescriptions. If you have a consultation with the GP to treat an acute condition and you get a prescription on the back of that, we would describe that as a walk-in prescription. When you take that prescription to the pharmacy to get it done there, the turnaround time for those prescriptions would be approximately 10 minutes.
6.40	The other type of prescriptions that we would deal with would be repeat request medication for patients on that medication each month and when we receive those prescriptions from the surgery, we turn that round within 48 hours and we would send a text out to a patient to let them know that that prescription is ready to pick up. That is around efficient ways of working, the surgery have their time to turn around that prescription and in order for us to work efficiently, we will have our time to turn around that prescription. In the majority of cases patients would be asked to give five to seven days in totality from needing the in the script to picking it up. If a patient, for whatever particular reason hadn't given enough time on their repeat prescription, we would of course respond to that and look after that patient.
6.41	Regarding staffing in our pharmacy, we have a full-time pharmacist store manager and a part-time pharmacist, who have been there serving the community for eight years. We have a part time trainee pharmacy technician and we have eight either trained or in training pharmacy advisors providing 191

	hours of dispensing cover and we have what we call a foundation pharmacist who has completed their degree and is doing their final year before qualifying as a pharmacist. Our pharmacy is technically over resourced, but I stress it to point out the team we have.
6.42	The Pharmacist Store Manager is a Macmillan trained Pharmacist, this is not an NHS service but he can provide information and advice on cancer services locally.
6.43	Our current premises are DDA compliant and we have: <ul style="list-style-type: none"> ○ A Consultation room ○ A Hearing Loop ○ Automatic doors
6.44	The team at the pharmacy have good working relationships with the GP practices and support identifying suitable patients for Medicines, Care and Review Service.
6.45	The Committee will be aware of services provided to the neighbourhood from pharmacies out with and that these should also be taken into consideration when assessing the adequacy of the existing services provided to the neighbourhood.
6.46	The existing pharmacies provide core, national and locally negotiated services; details of which patients can find on NHS Inform and the pharmacies own websites.
6.47	Access to the existing pharmacies by car: <ul style="list-style-type: none"> ● Car parking on street outside our pharmacy including a disabled bay ● Patients using their car have access to a choice of pharmacies in the neighbourhood or they may choose to go to Craighleith Retail Park, which provides 550 free parking spaces.
6.48	Access to the existing pharmacies by public transport is very good in Edinburgh; <ul style="list-style-type: none"> ● We have a bus stop outside our pharmacy; ● There are many bus stops on the main roads in and around the neighbourhood. ● In particular, Muirhouse has 6 bus services operating regularly throughout the day and into late evening.
6.49	To summarise: <ul style="list-style-type: none"> ● The existing pharmacies are accessible from the neighbourhood, whether a patient is travelling on foot, by car or by public transport and

	<p>as mentioned by the Chair, a pharmacy is really within a 10 minute walk to any patient within the neighbourhood;</p> <ul style="list-style-type: none"> • Free parking is available at existing pharmacies. • Free delivery services are provided by existing pharmacies for any patients who are unable to travel to the pharmacy.
6.50	<p>The Committee will be aware of the need to ‘secure’ the adequacy of services in the area, which includes considering the effect granting the application would have on the stability and sustainability of local NHS Pharmaceutical Services. That is the existing services available to patients as well as the long-term viability and security of the new pharmacy, should the application be granted.</p>
6.51	<p>The PPC will have to assess the effect on existing services available to patients as well as the long-term viability and security of the new pharmacy, should the application be granted.</p>
6.52	<p>We would question the viability of the proposed pharmacy if the applicant were to open 65 hours per week and the costs this would incur. I know the applicant revised the pharmacist figure to 81 from 90, on my estimations that would be a figure of £4000 per week on 144 staff hours, around £3000 per week, £7000 per week staffing costs alone when you are taking 10% market share from the Muirhouse Medical Group with approximately 2000 items per month. That's just that's not viable to sustain and just to bring in some context around the financial situation of Community Pharmacy in Scotland, the representative body of Community Pharmacy, CPS (Community Pharmacy Scotland) is currently negotiating with the Scottish Government to ensure that community pharmacy has cash flow mechanisms in place just to keep a number of pharmacies afloat at this point in time and the reasons for that is the massive reductions in margins that we've seen over the last 12 months or so.</p>
6.53	<p>There would be an impact on current pharmacy providers if the pharmacy application were to be granted which could risk the level of investment contractors can provide to support the provision of pharmaceutical services to patients.</p>
6.54	<p>We submit that should the application be approved, and the proposed pharmacy go on to open, it will at the very least destabilise the provision of NHS Pharmaceutical Services in the neighbourhood.</p>
6.55	<p>We would like to take the opportunity to remind the panel that a pharmacy although private, is NHS funded and the addition of a new contract would be at an expense to the NHS.</p>
6.56	<p>I'd like to move on to workforce concerns within community pharmacy. The PPC may well be aware that pharmacist and pharmacy support staff resources are and have been an issue and that's due to a number of factors:-</p>

	<p>I think decisions people make around their lifestyle post Covid; people want to work less hours and spend more weekend time with family; and also the number of roles within the broader pharmacy remits, not just community pharmacy but those in the NHS have substantially increased over the last few years. That has left a position where there are more posts available than there are people to fill them. The point I'd like to stress here is that it is most acute in NHS Lothian and I compare that even to NHS Highland or NHS Grampian, there's a significant problem with workforce in NHS Lothian for pharmacists and pharmacy support staff.</p>
6.57	<p>The applicant has made reference to the closures that we've had. We did have 5 closures in in 2022. Those workforce pressures, I think we saw and when I say we, I mean collectively community pharmacy saw that come to a head in the summer of 2022 and particularly when the school holidays broke up and there were just simply not enough pharmacists available to cover shifts that we had advertised at that point in time. On the 25th of June, our pharmacist tested positive for Covid and obviously had to isolate and go home. We were unable to get a pharmacist to cover that shift and unfortunately, we had to close on that date. We had a half day closure on the 9th of July and on the 16th of July, again that was due to availability of pharmacists and there was a staff absence there due to COVID which unfortunately we weren't able to cover.</p>
6.58	<p>That situation has improved. It's got a bit better, but the point I would make here is that actually by granting a further application pharmacy contract, potentially that could just add to those workforce pressures and further destabilize that community pharmacy service provision.</p>
6.59	<p>Turning to the CAR, a lot has been said about this. I won't go on about it for too long, but just really summarise to say there was a very low response rate in the CAR and not all responses even within that were supportive.</p>
6.60	<p>There is no other support from the Community Council, the APC, GPs, MPs MSPs and actually for me, that's evidence that there is not an inadequacy in the pharmaceutical provision within that neighbourhood or people would be telling us there was a problem and therefore there is little appetite to support a new application.</p>
6.61	<p>Summary of presentation:</p> <ul style="list-style-type: none"> • We disagree with the neighbourhood. It is contrived, very small and only contains one pharmacy. People move around to access GPs, pharmacies and shops to live their daily lives which we believe is more accurately defined in our proposed neighbourhood. • There are five pharmacies within our neighbourhood with a slightly lower average number of people per pharmacy compared with the Scottish average. • Health statistics for our neighbourhood are at similar levels to national and there is a smaller percentage of people aged over 60 than the national average.

	<ul style="list-style-type: none"> • The majority of housing developments planned for the applicant's neighbourhood have already been built or due for completion shortly. The existing pharmacies have met any needs arising from recent developments and have the capacity to meet any future needs. • Current contractors provide all core, national and Local Negotiated Services. • Current contractors provide a free delivery service and compliance aid support to patients in need. • Patients can easily access pharmacies in the neighbourhood by foot, car or public transport and if they are unable to do so we provide a free delivery service. • We would question the viability of the new pharmacy based on the operating hours of 65 per week. • If the new pharmacy were to be granted it would have an impact on current providers and potentially destabilise pharmaceutical provision • If the application were granted it will add to the workforce crisis within pharmacy, which is particularly acute in Edinburgh, this again could add to the instability of pharmaceutical services to patients. • There were only 78 responses to the CAR, representing only 1.3% of the population based on the applicant's neighbourhood. 78 responses is the lowest number of responses I've seen at a PPC hearing in recent years. • To our knowledge there are no letters of support from Community Council, MP/MSP and other healthcare providers, which along with the low response rate to the CAR suggests pharmaceutical services to the neighbourhood are adequate. <p>Therefore, we submit that existing pharmaceutical services provided to the neighbourhood are adequate and urge the Committee to refuse this application.</p>
6.62	This concluded the representation from Mr Scott Jamieson (Boots)
7	The Chair invited questions from the Applicant
7.1	The Chair invited Mr Mohammed Yaseen Yousaf to question Mr Scott Jamieson (Boots)
7.2	Mr Yousaf asked Mr Jamieson to confirm the population size of the neighbourhood as he had defined it. Mr Jamieson responded that it was just over 21000 people.
7.3	Mr Yousaf enquired whether Mr Jamieson had mixed affluent areas with deprived areas in this neighbourhood and whether he believed that these kinds of social divides create boundaries creating distinct separate areas. Mr Jamieson responded that he believed people move around depending on what services and facilities they require to access and that the neighbourhood, as defined by Mr Yousaf, does not include a supermarket which the vast majority of people require access to once or twice per week, so Boots had included the wider neighbourhood.

7.4	Mr Yousaf enquired as to why Mr Jamieson had mentioned Craigleith which is outwith the one mile consultation radius. Mr Jamieson responded that while Craigleith was not included in their neighbourhood, it provides services to people living within the area. There was consideration of pharmaceutical services outwith the neighbourhood to the neighbourhood and there was late night provision and Sunday provision, which was very near to the neighbourhood so he was sure patients would access it when they needed it.
7.5	Mr Yousaf asked for clarification as to whether Davidson's Mains pharmacy provides a Pharmacy First Plus service. Mr Jamieson confirmed that it did not.
7.6	Mr Yousaf enquired as to whether Mr Jamieson was aware of his pharmacy's market share of prescriptions issued from Muirhouse Medical Group. Mr Jamieson confirmed that he was aware of the market share.
7.7	Mr Yousaf enquired if any effort had been made to increase this market share or whether the focus was on the Davidson's Mains Medical Practice which was closest to the pharmacy location. Mr Jamieson responded that they work with both surgeries to improve patient care and access to services. Mr Jamieson advised that it was probably most easy to articulate with the work that Drew, the pharmacist was doing to highlight suitable patients to access the Medicines, Care and Review Service.
7.8	Mr Yousaf enquired if methadone was provided at this pharmacy. Mr Jamieson confirmed that it was, and that substance use patients accessed the pharmacy's services.
7.9	Mr Yousaf enquired as to the number of patients from Muirhouse, West Pilton and Drylaw that accessed the pharmacy. Mr Jamieson advised that he did not have that information to hand.
7.10	Mr Yousaf had no further questions for Mr Jamieson.
8	The Chair invited questions from the Interested Parties.
8.1	Mr Mahyar Nickkho-Amiry (Dears Pharmacy) to Mr Scott Jamieson (Boots)
8.2	Mr Nickkho-Amiry cited comments made by the Applicant on the viability of moving from 2000 to 8000 items per month and enquired, given his experience, what impact Mr Jamieson believed this growth would have on existing contractors. Mr Jamieson responded that it would have a significant impact. Mr Jamieson advised that taking into account the level of investment that pharmacies make given their current volumes of items and services, which allow them to employ additional staff, if a considerable amount of business like this was lost, the cost base would have to be established and cutbacks made accordingly, potentially for second pharmacist cover. Mr Jamieson highlighted

	that whilst the range of services could still be provided, the patient experience might not be as great as it could be.
8.3	Mr Nickkho-Amiry enquired if Mr Jamieson believed that service provision and customer experience at the former Lloyds recently acquired by Dears could be improved by any pharmacist taking over. Mr Jamieson responded that yes, he was 100% sure that any pharmacist taking over could make an improvement in service.
8.4	Mr Nickkho-Amiry had no further questions for Mr Jamieson.
8.5	Ms Kirstin Bowden (Lindsay & Gilmour Chemists) to Mr Scott Jamieson (Boots)
8.6	Ms Bowden had no questions for Mr Jamieson.
9	The Chair invited questions from the Committee members
9.1	Mr Brian McGregor (Lay Member) to Mr Scott Jamieson (Boots)
9.2	Mr McGregor queried if, looking at the Applicant's neighbourhood, specifically the Muirhouse area, Mr Jamieson would agree that residents would have above average pharmacy needs. Mr Jamieson responded that a higher level of deprivation indicates greater health needs, however, there were enough pharmacies within the neighbourhood to meet that need.
9.3	Mr McGregor enquired about the closures at Boots Davidson's Mains, noting the last closure was in June 2023 and querying if anything had changed since then in the pharmacy. Mr Jamieson responded that the two closures in 2023 were due to power cuts and were not linked to pharmacy staff resource. Mr Jamieson advised that they did remain open, staff were still present on site at the door to ensure patient safety and access was maintained. Mr Jamieson advised that the difference between 2022 and 2023 was that the workforce crisis has eased a bit, but that it was still a significant challenge within Lothian.
9.4	Mr McGregor queried why NHS Lothian had a specific issue with staffing as opposed to other Health Boards. Mr Jamieson responded that there was not a school of pharmacy within Edinburgh so there was nothing to bring people to the area as pharmacy students. Mr Jamieson advised that when pharmacists qualify, they looked at the cost of housing in Edinburgh which can put a lot of people off moving to the area and they would choose other locations instead. Mr Jamieson advised that this was a wider issue for all sets of pharmacies within NHS Lothian and not an issue specific to Boots. Mr Jamieson advised the question needed to be asked around what could be done to encourage people to move to Edinburgh.
9.5	Mr McGregor had no further questions for Mr Jamieson.
9.6	Mr John Niven (Lay Member) to Mr Scott Jamieson (Boots)

9.7	Mr Niven had no questions for Mr Jamieson.
9.8	Ms Hazel Garven (non-contractor pharmacist) to Mr Scott Jamieson (Boots)
9.9	Ms Garven enquired around closures relating to staff absence and asked Mr Jamieson if staff have ever had to be moved from the Davidson's Mains store to cover gaps elsewhere, such as at Craigleith. Mr Jamieson advised that they would not decide to shut the pharmacy in order to do this and they would look to see if a second pharmacist from the Princes Street store could be moved to provide cover. The choice to close to provide cover elsewhere would not be made unless it was a very low trading pharmacy that would cause minimal impact to patients, such as Haymarket on a Saturday where the level of trade was very low so it would cause minimal impact. Mr Jamieson confirmed that the level of business in Davidson's Mains was significant so this branch would not be closed to cover shortages elsewhere.
9.10	Ms Garven enquired if the complaints received by Boots in Davidson's Mains were due to the closures. Mr Jamieson responded that two related to the closure and there was someone who was trying to access the store on 25 June, two complaints were received around supply issues – one complaint related to a broken down van which delayed medicine delivery so a logistics problem rather than a supply issue, and another was from a patient who was prescribed a painkiller by their GP which was not available. Mr Jamieson advised that he spoke to the pharmacist in Davidson's Mains about this and the patient was spoken to about being prescribed a suitable alternative but failed to recollect the conversation and so did not understand why they had received a different product than expected.
9.11	Ms Garven noted that it was very encouraging that the pharmacists had worked at Davidson's Mains for over eight years and queried what barriers there were for them to become independent prescribers. Mr Jamieson responded that age and commitments outside of work such as family life all contribute to this decision. He explained that Drew was very aware that it was something that he needed to do and that there had also been slight barriers with availability of designated prescribing practitioners to support with the independent prescribers qualification. 2026 graduates would have the independent prescribers qualification so it was recognised that was a big reason to get on board. Mr Jamieson advised that the pharmacist at Davidson's Mains hasn't got his application in yet, but was looking to do so in the next 12-18 months.
9.12	Ms Garven had no further questions for Mr Jamieson.
9.13	Ms Kaye Greig (Contractor pharmacist) to Mr Scott Jamieson (Boots)
9.14	Ms Greig stated that upon her site visit to Boots Davidson's Mains, it was clear how stable staffing at the site was and that the branch was used as a training site. Ms Greig enquired as to what current capacity was like and whether there

	was room for growth within the current model. Mr Jamieson responded that there definitely was room for growth. The pharmacy was a bit over-resourced and was used as a training site to enable trainees to gain experience given the experience of the current staff. This meant that there was capacity for future growth of all services delivered at Davidson's Mains including dosette boxes, substance use patients, items and service delivery and he would be really confident of this.
9.15	Ms Greig enquired if the pharmacy uses offsite dispensing. Mr Jamieson responded that offsite dispensing was used to support with the volume of repeat prescriptions which gave them extra capacity.
9.16	Ms Greig had no further questions for Mr Jamieson
9.17	Mr John Connolly (Contractor pharmacist) to Mr Scott Jamieson (Boots)
9.18	Mr Connolly enquired if Mr Jamieson accepted that Pharmacy First Plus was not a core service of NHS contracts and was therefore not necessarily relevant to the decision of the committee. Mr Jamieson responded that Pharmacy First Plus was not a core service of NHS contracts. Mr Jamieson advised that he believed only 11% of contractors were delivering Pharmacy First Plus in NHS Lothian currently so it was not a core requirement, but very much something to work towards.
9.19	Mr Connolly enquired if Mr Jamieson believed that the 2026 pharmacy graduates having independent prescribing qualifications would change the face of community pharmacy in terms of the ability to provide services such as Pharmacy First Plus. Mr Jamieson responded that it absolutely would. Mr Jamieson advised that they also had the post registration foundation programme to support pharmacists that have just qualified and they would complete their qualification in the second year of that programme. Mr Jamieson advised that the number of pharmacies offering Pharmacy First Plus was substantially increasing across all areas, but this was a bit slower in Edinburgh due to the workforce issues.
9.20	Mr Connolly enquired if Mr Jamieson had informed the Health Board of the closures of the pharmacy and were staff advising patients of other providers in the area and assisting with urgent queries and were any other pharmacies in the area closed at the same time. Mr Jamieson confirmed that the Health Board had been informed and that staff were signposting customers to other pharmacies. Mr Jamieson advised that he was not aware of any issues with neighbouring pharmacies at that time which would have limited access.
9.21	Mr Connolly had no further questions for Mr Jamieson
9.22	Ms Elizabeth Gordon (Chair) to Mr Scott Jamieson (Boots)
9.23	Ms Gordon had no questions for Mr Jamieson

10	No further questions were raised by those present and the Chair invited Mr Mahyar Nickkho-Amiry to present on behalf of Dears Pharmacy. The Chair advised that no written statement was submitted. Mr Nickkho-Amiry made the following statement:-
10.1	I would like to thank the panel for allowing me to speak today just before I go into it, a little bit of history.
10.2	Dears Pharmacy was founded in 1990 by my business partner Barry Dear.
10.3	The pharmacy at Ferry Road was actually his first pharmacy, so Barry has lived and breathed in that area since 1990 and practicing as a pharmacist from that perspective.
10.4	All the Directors that are involved in Dears, they are both Barry and his wife and myself and my wife, we're all pharmacists as well. Two families actually own the Dears brand between us.
10.5	The Applicant's reason for making this application seems to be that pharmaceutical services provided by the current contractors are inadequate.
10.6	The Applicant may state that the population initially, because the population keeps changing, is 6063 and there's only one real pharmacy nearby, which a few days ago has just changed hands.
10.7	The reason why, just to clarify, there have been delays in the takeover is that, as the as the Applicant has stated, we in fact have not tripled our estate, we have doubled our estate.
10.8	However, due to buying a number of pharmacies from Lloyds, as you can appreciate, one of the main reasons for the delay is being that we need to ensure that 12 different sites all had leases in place as the banks insist on leases being in place.
10.9	There were a number of issues, not with the Pennywell site, but a number of other sites where leases had not been in the right and proper order and that finally got resolved at the back end of last week, which allowed us to finally do the takeover as of Monday. So that is the reasoning and explanation for why there has been a delay.
10.10	However, that delay hasn't stopped us planning, so obviously Lloyds have chosen to leave the market and they've sold their pharmacy at Macmillan Square to ourselves.
10.11	We cannot comment on the Applicant's comments about the previous owners' service levels in Lloyds.

10.12	However, Dears Pharmacy will be working to achieve an increased service level that will no doubt improve the provision of pharmaceutical care to the residents of Muirhouse.
10.13	Our plans for this branch include that we've already recruited an additional pharmacist who will work alongside the existing pharmacist. So there will be at least three days a week of double cover.
10.14	We have recruited an accuracy checker who has previously worked for us and has had that sufficient training and has been working at the Drylaw pharmacy for the last four months, learning and understanding what needs to be done and is now in post at the Muirhouse branch at Macmillan Square.
10.15	We have four equivalent full time equivalent dispensers in the pharmacy.
10.16	We have two full time equivalent counter assistants and one full time delivery driver.
10.17	All of these members of staff will be at full capacity and in their post at the very latest, by the end of this month.
10.18	So they are currently doing their training with other Dears branches including Drylaw and our pharmacies at Easter Road and Oxfangs.
10.19	Because we knew that we were taking over a number of Lloyds shops, we have gone out there and recruited, got members of the team in and have been actively training them in our existing pharmacies, so that when we did go live, they are ready and able to assist.
10.20	With regards to capacity, as a modern forward thinking pharmacy group, we have two off-site facilities.
10.21	We do off-site original pack dispensing which means that we do not have capacity issues.
10.22	80% of prescriptions that patients would get are repeat medication items. Those prescriptions would normally arrive to us within 48 hours and then we would take an additional 24 hours to turn it around. As we have the local offsite dispensing hub in Fife, we can dispense the items and deliver twice a day back to the branch without it impacting on the patient's journey. This frees up our teams at branches to spend more time with patients.
10.23	We also have an offsite dispensing facility that also does a pill pouch solution which is an alternative to blister packs. That eases any issues in terms of volumes increasing and gives our teams more time with their patients.
10.24	Dears Pharmacies work closely with Lothian Health Board and are active in supporting the Health Board with any trial services, and this includes being one of the sites that has been selected by NHS Lothian, where we administer

	Buvidal, which is an injectable substance misuse medication at our pharmacy at Ferry Road.
10.25	Dears are proud too of their record that we've never had a pharmacy closure and all our pharmacies are supported by an area development manager who is a pharmacist as well as a cluster manager.
10.26	We also use seven different suppliers so we can deal with stock shortages.
10.27	Another example of an improving the service levels at Macmillan Square and because we have a number of pharmacies, as the applicant likes to state, we also have the ability that if we did have an issue sourcing a drug, we can use our network of pharmacies to see if another branch has it and get it couriered across.
10.28	In regards to our existing pharmacy, which we've had since 1990 at Ferry Road, in January 2022, we carried out a £150,000 refit.
10.29	I'm sure that members of the committee have seen that when they went into visit but the pharmacy has three consultation rooms, a spacious retail and self care area, a dedicated dispensing space for the organization and preparation of community blister packs and a dedicated entrance to support patients with substance misuse. We also have a 24/7 prescription collection locker, allowing patients to collect their medication 24 hours a day, seven days a week.
10.30	The branch has two full-time pharmacists, one of whom is an independent prescriber offering Pharmacy First Plus within the neighbourhood and works closely with the local practice. So much so that we're also going to be supporting the local practice at Muirhouse with a respiratory clinic in the coming months at their request.
10.31	There is a team of 12 dispensers working in the Ferry Road branch and we also have two accuracy checkers as well as pharmacy technicians.
10.32	We have two full-time delivery drivers to give patient access to those who cannot attend the pharmacy in person.
10.33	We have engaged with the local GP's and attend their meetings on a bi-monthly basis and they are delighted that we are taking over the pharmacy at Macmillan Square. They genuinely believe that the availability of two Dears locations will no doubt improve service.
10.34	To make things accessible for patients based on feedback, we also have an app. We provide our patients with access to the Dears Pharmacy app which allows them to contact us via messages if they have any queries or questions and allows them to manage their medication and order repeat prescriptions where patients receive a notification because over 80% of the population has a smartphone.

10.35	The panel must take into account whether the granting of an application would adversely impact on the security and sustainable provision of existing NHS pharmaceutical services in the area concerned.
10.36	The following is taken from the NHS Pharmaceutical Services Scotland Regulations - should the panel deem the existing service inadequate, but also consider the applicant's business not likely to be viable and therefore not securing adequate provision of pharmaceutical services, the application should be refused.
10.37	The viability of existing service providers is also relevant if granting of this application would affect the viability of those who currently provide a service in the neighbourhood and it may be that the granting application would have a negative impact upon services with the neighbourhood as such, such an application should be refused.
10.38	Similarly, if the granting of an application would have a detrimental effect on the provision of service in the neighbourhood for some other reason, then the refusal may be justifiable.
10.39	The Applicant in support of his application has carried out a consultation, a CAR. However, 78 responses is a pretty poor response in our opinion.
10.40	There have been many more CAR surveys that have exceeded the Applicant's response rate, such as Ferniegair with 51%, Monkton with 22.7% Fenwick with 17% of the population, Blackburn with 12.9%, Moffat with 10%, Aberlady with 9.6% Mid Calder with 9.5%, Bishopton with 9%. However, the Applicant has got just over 1% of the population to reply to this.
10.41	I'm sure that the panel will agree that such a low response rate indicates that the vast majority of the residents in Muirhouse see no need for another pharmacy.
10.42	The previous owners, Lloyds Pharmacy's service levels were adequate. However, under Dears ownership, it will see an improved service level and we will look to replicate the same levels of service as we do in our pharmacy on Ferry Road.
10.43	The panel must take into account whether the granting the application should adversely impact at all times.
10.44	What is also concerning is that, unlike other applications, there is no letters of support from the local Community Council and no letters of support from the local GP practice. There are no letters of support from any MSP's or local councillors.

10.45	If there was such an outcry about the lack of service provision in the area, then surely the Applicant should have been able to garner some level of support and be able to document that and provide that to the Committee for consideration.
10.46	In regard to the services, we will provide all NHS services as at our pharmacy at Ferry Road, including Pharmacy First Plus.
10.47	In addition to that, we do offer a range of other services including a travel clinic, children's vaccinations, diagnostic services, blood testing, as well as a range of private pharmacy services.
10.48	The Pharmaceutical Care Services Plan for NHS Lothian makes no mention of a further need for a pharmacy in Muirhouse
10.49	Lloyds pharmacy themselves had relocated the pharmacy into Macmillan Square at a cost of over £150,000, which we will now take over.
10.50	We'll be making some minor changes, including the installation of a 24/7 prescription locker at that site. We firmly believe these lockers improve patient access, especially for those that are working hours out with when the pharmacy is open.
10.51	Our aim is to ensure that, like all our other pharmacies, we have independent prescribers. Our pharmacist is currently undertaking his Pharmacy First Plus training and is due to qualify in January. Upon qualification they will go into the pharmacy at Macmillan Square to work there for a minimum of three days a week.
10.52	In addition, they'll have a pharmacist full-time as well as another pharmacist for three days a week, so we will be able to offer double cover throughout because that is a model that exists in all our pharmacies.
10.53	Of all the pharmacies sold by Lloyds Pharmacy, there have been significant improvements made by their new owners and the service levels have vastly improved.
10.54	I can assure the panel that the granting of a contract in Muirhouse will have a seriously adverse effect on the future viability of other pharmacies in the neighbourhood. I would therefore ask the panel to refuse this application as it is neither necessary nor desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.
10.55	This concluded the representation from Mr Nickkho-Amiry.
11	The Chair invited questions from the Applicant
11.1	The Chair invited Mr Mohammed Yaseen Yousaf to question Mr Mahyar Nickkho-Amiry (Dears Pharmacy)

<p>11.2</p>	<p>Mr Yousaf enquired if Mr Nickkho-Amiry had encountered any staffing issues due to shortages within NHS Lothian mentioned by Mr Jamieson. Mr Nickkho-Amiry responded that Dears had not encountered any issues. Mr Nickkho-Amiry advised that Dears invested in training and development so staff members are not only trained to deliver traditional NHS services, but are trained to support with microsuction, phlebotomy and a range of diagnostic services and had regular training time every week. Mr Nickkho-Amiry advised that they had pharmacists wanting to join the team as Dears privately funds prescribing training. Mr Nickkho-Amiry advised that Dears aspires that every pharmacist in their locations will be an independent prescriber by 2025.</p>
<p>11.3</p>	<p>Mr Yousaf enquired if Mr Nickkho-Amiry would describe the current service at McMillan Square as adequate or would he say that it is inadequate and that by Dears taking over the pharmacy, they would drastically improve the level of service thereby making it adequate. Mr Nickkho-Amiry responded that as part of the process of acquiring the pharmacy, Dears were made aware of the staffing levels at Lloyds. As Lloyds was in the middle of a sale there was a recruitment ban in place. Lloyds kept Dears up to date with current staffing levels and Dears had been working behind the scenes whilst waiting to take over to ensure the pharmacy was staffed to appropriate levels. Mr Nickkho-Amiry advised that a significant number of new team members had been recruited and were already in place in existing Dears locations. The new team members had been undertaking training. Mr Nickkho-Amiry advised that Dears always trained new members of staff at existing sites and then moved them in. The behind the scenes work to improve services meant that now the pharmacy had officially been acquired, staff could automatically be inserted. Mr Nickkho-Amiry advised that they had already put in an accuracy checker, a further two dispensers would be joining the team the following week and that there was double cover for pharmacists all this week while they were going through the transition. Mr Nickkho-Amiry advised that one of the fundamental issues with service at Lloyds was the computer system, which was the worst he had seen in 25 years in pharmacy. Mr Yousaf remarked that the person who created the Lloyds computer system was on LSD but Mr Nickkho-Amiry replied saying he couldn't comment on that.</p>
<p>11.4</p>	<p>Mr Yousaf enquired if Mr Nickkho-Amiry would therefore say that the pharmacy was currently inadequate and that he was hoping to make it adequate in light of the new processes in place. Mr Nickkho-Amiry responded that of all the Lloyds pharmacies acquired by Dears, this one was in a much better place than others. Mr Nickkho-Amiry stated that the pharmacy was doing over 400 Pharmacy First consultations in a month which was above the Scottish average. Mr Nickkho-Amiry advised that Lloyds had a stable pharmacist and a very good non pharmacist manager in place. Mr Nickkho-Amiry advised that the team had been doing their best with the resources they had. The Lloyds team had previously reached out to the Dears branch on Ferry Road asking for help when they were unable to prescribe blister packs. Mr Nickkho-Amiry reported that the Dears on Ferry Road had a very good working relationship with the staff from the Lloyds and that they were delighted that Dears had taken</p>

	over the pharmacy.
11.5	Mr Yousaf enquired about the PPC convened in Linlithgow, asking if at the time the PPC convened, Dears hadn't purchased the Lloyds in Linlithgow and that a contract had been granted there. Mr Nickkho-Amiry confirmed that Dears had now purchased that Lloyds, but when the PPC convened Dears hadn't bought that Lloyds and that the Linlithgow application has been appealed. Mr Nickkho-Amiry confirmed that each PPC would look at the situation and things differently and that it will be up to the Chair of the National Appeals Panel to decide whether or not to grant the appeal. He added that the PPC refused the contract in Bathgate before the pharmacy had been taken over, but they acknowledged that the Lloyds pharmacy there would significantly improve. Mr Nickkho-Amiry commented that unfortunately the panel on the day in Linlithgow decided that in their opinion, it was or was not going to happen and unfortunately Dears' hands were tied but they had to go through the process when buying a pharmacy.
11.6	Mr Yousaf asked if there had been any doubt at the Linlithgow PPC that Dears was going to purchase the Lloyds. Mr Nickkho-Amiry responded that yes there had been doubt, however, that was a separate application and was now under appeal. Mr Yousaf then commented that when you looked at the numbers, 16000 in the Linlithgow ward and compared it to same population in this area of multiple deprivation, with low car ownership. Mr Nickkho-Amiry advised that the two cannot be compared due to the fact that there are two pharmacies in Linlithgow and five pharmacies in this area plus this PPC concerned Edinburgh City with a completely different demographic to Linlithgow.
11.7	Mr Yousaf enquired if Mr Nickkho-Amiry was aware of the extreme deprivation in the Muirhouse, West Pilton and Drylaw areas. Mr Nickkho-Amiry responded that he was fully aware and that was why they do everything they do – he said Dears had more delivery drivers and put facilities in place such as 24/7 prescription lockers. Mr Nickkho-Amiry advised that all Dears pharmacists were either qualified prescribers or currently completing their training – there were 18 independent prescribers across Dears group and an infrastructure that allows them to deal with it.
11.8	Mr Yousaf enquired how the opening of his proposed pharmacy would affect the viability of Dears. Mr Nickkho-Amiry advised that the Lloyds was acquired to improve the service. Mr Nickkho-Amiry advised that he expected prescription numbers to remain the same and in line with growth. Dears had a good market share but was looking to improve the service.
11.9	Mr Yousaf asked for clarification if this is therefore an inadequate service Dears are looking to make adequate. Mr Nickkho-Amiry responded that no, they were looking to build on the current service. Mr Nickkho-Amiry advised that, in their opinion, the service levels at the Lloyds branch were adequate. The staff at the branch had done a fantastic job until the point Dears took over and now Dears would provide them with the resources they needed. Mr Nickkho-Amiry advised that members of staff that left Lloyds in the last 12 months were being replaced,

	Dears were upgrading the computer system to a system worthy of being used, providing them with a full-time delivery driver to increase the number of deliveries possible so Dears were building on a service. Mr Yousaf then commented that this was in the future but Mr Nickkho-Amiry responded by saying, no, this was now and confirmed they have put in the relevant people and that Dears were doing things now, they had planned, they were much further ahead than other people who had bought other pharmacies from Lloyds.
11.10	Mr Yousaf had no further questions for Mr Nickkho-Amiry
12	The Chair invited questions from the Interested Parties.
12.1	Mr Scott Jamieson (Boots) to Mr Mahyar Nickkho-Amiry (Dears Pharmacy)
12.2	Mr Jamieson enquired, if the contract was approved and went on to open and grew to a figure of 8000 items per month, what kind of impact would this would have on the two Dears pharmacies. Mr Nickkho-Amiry responded that they would not have double cover, they would have to look at reducing staffing levels in the branches as the viability was built on what is being done right now. Mr Nickkho-Amiry advised that the patients would get a level of service but not nearly at the standard Dears currently provided. Mr Nickkho-Amiry advised that between them, the two Dears Pharmacies currently provided 16000 items between them, so if 50% of that business was lost due to a new contract being granted, it would have a devastating impact on two pharmacies.
12.3	Mr Jamieson had no further questions for Mr Nickkho-Amiry.
12.4	Ms Kirstin Bowden (Lindsay & Gilmour Chemists) to Mr Mahyar Nickkho-Amiry (Dears Pharmacy)
12.5	Ms Bowden referred to the Applicant's statement that he would focus on core services whereas perhaps Dears was focusing on private services. Ms Bowden asked Mr Nickkho-Amiry to explain the importance and need for those private services. Mr Nickkho-Amiry responded that as a business, relying solely on NHS services would have an impact. As GP's were getting busier with what they have had to do as a result of Covid, there was a need for people to be able to access certain services. Mr Nickkho-Amiry advised that not all travel vaccinations were available free on the NHS and there had been an increase in requests for these as there has been an increase in travel due to the restraints of the pandemic being lifted. Mr Nickkho-Amiry advised that his pharmacies offered patients a range of services on their doorstep. Patients trusted the convenience of a pharmacy, rather than going somewhere they didn't know. Mr Nickkho-Amiry advised that the two pharmacist model used by Dears, the training of team members and offsite dispensing allowed Dears to offer everything, both NHS and private services.
12.6	Ms Bowden had no further questions for Mr Nickkho-Amiry.

13	The Chair invited questions from the Committee members
13.1	Mr Brian McGregor (Lay Member) to Mr Mahyar Nickkho-Amiry (Dears Pharmacy)
13.2	Mr McGregor had no questions for Mr Nickkho-Amiry.
13.3	Mr John Niven (Lay Member) to Mr Mahyar Nickkho-Amiry (Dears Pharmacy)
13.4	Mr Niven had no questions for Mr Nickkho-Amiry.
13.5	Ms Hazel Garven (non-contractor pharmacist) to Mr Mahyar Nickkho-Amiry (Dears Pharmacy)
13.6	Ms Garven had no questions for Mr Nickkho-Amiry.
13.7	Ms Kaye Greig (Contractor pharmacist) to Mr Mahyar Nickkho-Amiry (Dears Pharmacy)
13.8	Ms Greig stated that it is important for the panel to ensure decisions are being made based of fact and not opinion. Ms Greig drew attention to a comment made by the Applicant that we do not know if Dears would be planning to sell in the future. Ms Greig asked Mr Nickkho-Amiry if this would be something he would consider. Mr Nickkho-Amiry responded that he was 44 and has an agreement with his wife that he has no intention of selling until he is 65 so he had no intention to sell the business for the next 21 years. Mr Nickkho-Amiry advised that Dears was a family run business and it would remain that way.
13.9	Ms Greig enquired if the staff at the former Lloyds site in Pennywell were still in situ. Mr Nickkho-Amiry confirmed that they were and were working with Dears and had been absolute troopers this week, they had worked with Dears and it has been messy with lots of new computers and wires everywhere but the staff really appreciated the fact that Dears were making all these changes so quickly for them as well as the level of support that had gone in and they were all happily staying on.
13.10	Ms Greig enquired if these members of staff were long standing members of the Lloyds team. Mr Nickkho-Amiry confirmed that they were.
13.11	Ms Greig asked for Mr Nickkho-Amiry's opinion on the comments made by the Applicant around lack of engagement with the GP Practices, sighting Mr Nickkho-Amiry's mention of the respiratory clinic being run with Muirhouse Practice. Mr Nickkho-Amiry advised that they (the pharmacist manager & non pharmacist manager from Drylaw) attended practice meetings with the Muirhouse practice across both sites every other month. Dears also did this with Davidsons Mains. The Muirhouse Medical Practice team shared their problems and Dears worked with the practice. Mr Nickkho-Amiry advised that the practice was aware they could call on the pharmacy for any assistance. Mr

	Nickkho-Amiry advised that they had an excellent relationship with the practice at Muirhouse and they were delighted that Dears had taken over the pharmacy at Macmillan Square.
13.12	Ms Greig asked if the Muirhouse practice had mentioned to Mr Nickkho-Amiry about the potential for a new contract to be granted in the area. Mr Nickkho-Amiry responded that they had not.
13.13	Ms Greig had no further questions for Mr Nickkho-Amiry
13.14	Mr John Connolly (Contractor pharmacist) to Mr Mahyar Nickkho-Amiry (Dears Pharmacy)
13.15	Mr Connolly stated that the Applicant referred to the fact that he was unable to link with the Community Council and enquired if Mr Nickkho-Amiry or his team have had any interactions with them. Mr Nickkho-Amiry advised that he has had regular interactions with the Community Council. Mr Nickkho-Amiry advised that they had regular contact with the Community Council and local support groups and throughout the period of lockdown, his team frequently gave donations of toiletries and worked closely with the Community Council to use existing Dears delivery drivers to support with anything they could do. Mr Nickkho-Amiry advised that the Community Council were delighted that Dears had taken over the Lloyds at Macmillan Square.
13.16	Mr Connolly asked Mr Nickkho-Amiry if he had found the Community Council to be unengaged or asleep at the wheel. Mr Nickkho-Amiry responded that the Community Council were very engaged and passionate about the area. Mr Nickkho-Amiry advised that the Community Council wanted to make sure that health services in the area were adequate, especially with the housebuilding and so they were pleased that Dears would be introducing the 24/7 prescription locker.
13.17	Mr Connolly enquired if Mr Nickkho-Amiry would be able to meet the needs (in relation to core services) of the population as defined by either the Applicant or other Interested Parties or did he have any concerns in relation to capacity. Mr Nickkho-Amiry responded no, that as Dears had two pharmacies in the local area, resources could be shared and they could work together. Offsite dispensing allowed the team to deal with the volume of prescriptions as well as spending more time with the patients.
13.18	Ms Connolly had no further questions for Mr Nickkho-Amiry.
13.19	Ms Elizabeth Gordon (Chair) to Mr Mahyar Nickkho-Amiry (Dears Pharmacy)
13.20	Ms Gordon has no questions for Mr Nickkho-Amiry.
13.21	The Chair asked if there were any further questions for Mr Nickkho-Amiry. None were asked.

14	The Chair invited Ms Kirstin Bowden to present on behalf of Lindsay & Gilmour Chemists.
14.1	The Chair advised that no written statement has been submitted.
14.2	Ms Bowden advised she had actually submitted a statement a couple of days earlier but then, in light of new documents she received, an updated written statement had been submitted that morning. Ms Bowden confirmed that she intended to read from the updated statement.
14.3	The Chair advised that she was not in receipt of the statement and queried whether it was just speaker's notes or if it was something else. Ms Bowden confirmed it was just a note of what she intended to read out, for the purposes of notetaking. The Chair confirmed it would be helpful for the Minute taker to have the written statement but asked if Ms Bowden was happy to proceed as planned and Ms Bowden confirmed she was happy to do so.
14.4	Ms Kirstin Bowden (Lindsay & Gilmour Chemists) made the following representation:
14.5	I would just like to thank the committee for the opportunity today to make representations on behalf of Lindsay & Gilmour Pharmacy in respect of the Muirhouse Pharmacy's recent application.
14.6	I would like to object to this application for an additional NHS pharmaceutical contract on the grounds that the application is neither necessary nor desirable to secure adequate provision of pharmaceutical services to the neighbourhood.
14.7	In my written statement, I had agreed with the neighbourhood as outlined by the Applicant, however, after listening to the information provided today, I would agree with the neighbourhood as defined by Mr Jamieson from Boots.
14.8	I would like to look at the consideration of the adequacy of the existing services provided to the neighbourhood. I would argue that there is adequate provision of services being provided by four pharmacies in a one mile radius of the proposed site. In addition, there are further pharmacies providing services out with this radius, but still within reasonable commutable distances by public transport.
14.9	I would contend that given the proximity of the proposed premises to Lloyds, apologies now Dears, pharmacy in Pennywell Road and the fact that there are another four pharmacies within a mile and a further two within two miles that the services provided to the neighbourhood are more than adequate. These pharmacies are accessible to patients from the Applicant's neighbourhood by car or one of the frequent bus routes in and around Muirhouse. Given in particular the spread of pharmacies in Muirhouse, Davidsons Mains and Ferry Road at least one or more of these pharmacies is easily accessible to all residents of Muirhouse, no matter where they live, by foot. Indeed, at even the furthest points within the applicant's neighbourhood no one has to travel further

	<p>than 0.7miles to access a Pharmacy. At an average walking pace of four miles per hour this is a 10 minute walk.</p>
14.10	<p>Each of these Pharmacies and the two Lindsay & Gilmour branches on the consultation list provide a variety of services and opening hours, including accessibility during lunch hours. The Applicant has not demonstrated that he will be providing any services not currently available to the residents of Muirhouse from other pharmacies in the neighbourhood and immediate area and as such the question of necessity/desirability should end there. Our branch located on Crewe Road is the main one of service to this neighbourhood.</p>
14.11	<p>As far as Lindsay & Gilmour is concerned, we provide more than adequate pharmaceutical services to this neighbourhood day in and day out. We offer a twice daily prescription collection service from Crewe Road Medical Practice and their reception staff continually hand prescriptions in to us throughout the day and we also have a daily collection service from both Muirhouse Surgery and the surgery at Davidson's Mains. These surgeries are the three which serve the majority of residents in the defined neighbourhood. In addition to this we pick up prescriptions from a further five surgeries across Edinburgh.</p>
14.12	<p>We have our Lindsay and Gilmour app that empowers patients to access advice and support with their medicines and provides links to our branches at a time that is convenient to them. Combining this with our free, on demand, delivery service to patients in the neighbourhood and beyond, with some of these prescriptions being delivered the same day, this has meant that patients have truly accessible healthcare. This service has been in operation for many years and our driver is a familiar face around the area. In addition, we have developed strong links with the surgeries over the years that both Pharmacies have been offering pharmaceutical services to the wider neighbourhood.</p>
14.13	<p>Both Lindsay & Gilmour Pharmacies offer the full range of pharmaceutical services described by the Applicant, excluding blood pressure monitoring and cholesterol testing. These services are available to all patients within the neighbourhood of Muirhouse and beyond and we still have ample capacity for both methadone patients and patients on Monitored Dosage Systems. We have no limitations to providing services from either of our branches. We also have the additional support of our offsite dispensing robot to help free up our pharmacists' time to spend with their patients.</p>
14.14	<p>I refute the claims presented that the service being provided by Lindsay and Gilmour is not adequate. During the last eight months that I have been area manager, there have been no formal complaints, to my knowledge, lodged with the Health Board in relation to our Crewe Road branch, with one about an isolated incidence of a lunchtime closure in our Blackhall branch. Both branches have had significant investment in the last six months to improve their staff profiles and capability mix. Both have resident pharmacists and our Crewe Road branch, which provides the most service to Muirhouse, is supported by</p>

	well-trained counter staff, additional pharmacist resource, accuracy checking technicians and a full team of six dispensers.
14.15	Much has been made of the adequacy of services provided by other pharmacies, but from the responses the main issue has been with the Lloyds pharmacy on Pennywell Road, which we know has recently been purchased. I am confident the service provided from the branch will improve significantly, as we have seen with other Lloyds branches being taken over within the city. There has been no real consideration for the services provided from other pharmacies.
14.16	I argue that there has been no significant increases in population in the area since previous premises applications have been rejected. Any increase in the population has been divided across the current pharmacies mentioned earlier.
14.17	It is also true that Muirhouse is a deprived area. However, I do not believe the services being offered provide any additional support to the area that is not already available. The Applicant makes claims of being able to reduce the burden on GP surgeries by offering a Pharmacy First Plus service, but mentions conditions such as COPD diagnosis and supporting women's health. Neither of these conditions can be diagnosed or managed via Pharmacy First Plus at this time. Prescribing in the community on the NHS is limited to the formulary associated with Pharmacy First Plus. In addition, we are just over two years away from our first cohort of pharmacists qualifying as independent prescribers. At Lindsay and Gilmour, we have eight legacy pharmacists either on IP training, or commencing in January. With a further four qualified IPs already working in the business. As a business we are working towards ensuring that we will be able to put an IP in every branch when this new cohort of pharmacists qualify – at which point it is clear that the pharmacy contract will need to be renegotiated and Pharmacy First Plus will become a more standard service across the board.
14.18	I also argue that the pharmaceutical provision in Edinburgh is saturated with pharmacies and it is widely known that there are significant workforce challenges being faced by the community pharmacy sector across the city. Recruitment of trained staff is exceptionally difficult, and recruitment of pharmacists is an even bigger challenge. I do not believe adding an additional contractor to the list would make any difference to these challenges, but only worsen them.
14.19	I do not believe that any inadequacy of the existing services has been demonstrated. A case can always be made for 'desirability'; however, it should not be confused with 'necessity' and I believe this is something that the Applicant has done. This is further reinforced by the comments received during the public consultation. In the consultation only 78 people responded, from a claimed population of between 6,000-10,000, which I argue suggests the results cannot be deemed reliable as to general public opinion of all local pharmacies. Given that the consultation ended in October 2022, I also argue

	that the results are not representative of the current service levels being provided by our branches.
14.20	In the past few years, the PPC rejected the granting of a contract in Waterfront Broadway and Saltire Square, just a short distance away. The Committee concluded that there was no evidence provided to demonstrate any inadequacy of the existing pharmaceutical services to the defined neighbourhood, and the applications were rejected. Therefore, consistency would dictate that this application should be rejected on these grounds alone.
14.21	I contend it is neither necessary or desirable, as the adequacy of pharmaceutical service provision is already provided in the neighbourhood and I respectfully urge you to reject this application.
14.22	This concluded the representation from Ms Bowden.
15	The Chair invited questions from the Applicant
15.1	The Chair invited Mr Mohammed Yaseen Yousaf to question Ms Kirstin Bowden (Lindsay & Gilmour Chemists)
15.2	Mr Yousaf confirmed there had already been discussions on the market share of prescriptions from Muirhouse Medical Group so had no questions for Ms Bowden.
16	The Chair invited questions from the Interested Parties.
16.1	Mr Scott Jamieson (Boots) to Ms Kirstin Bowden (Lindsay & Gilmour Chemists)
16.2	Mr Jamieson enquired what impact on the level of service provided by Lindsay & Gilmour Chemists an increase to 8000 items by the Applicant would have should the application be approved. Ms Bowden responded that the Blackhall branch would not be significantly impacted as there were not a huge number of patients who went to that branch from Muirhouse. However, the Crewe Road branch had a significant number of customers from Muirhouse, close to 10% of its items and if that market share was lost, it would result in changes to staffing levels which would ultimately impact the service provided. Ms Bowden advised that recently they have put a lot of investment into counter staff, pharmacist hours and putting people through NVQ training. Those recent improvements would need to be undone or looked at again which could potentially impact on jobs in the area.
16.3	Mr Jamieson had no further questions for Ms Bowden.
16.4	Mr Mahyar Nickkho-Amiry (Dears Pharmacy) to Ms Kirstin Bowden (Lindsay & Gilmour Chemists)

16.5	Mr Nickkho-Amiry enquired whether Ms Bowden, as a pharmacist with years of experience, believes that if anyone was to take over the Muirhouse branch of Lloyds at Macmillan Square there would be an improvement in service. Ms Bowden responded 100%.
16.6	Mr Nickkho-Amiry had no further questions for Ms Bowden
17	The Chair invited questions from the Committee members
17.1	Mr Brian McGregor (Lay Member) to Ms Kirstin Bowden (Lindsay & Gilmour Chemists)
17.2	Mr McGregor had no questions for Ms Bowden.
17.3	Mr John Niven (Lay Member) to Ms Kirstin Bowden (Lindsay & Gilmour Chemists)
17.4	Mr Niven had no questions for Ms Bowden.
17.5	Ms Hazel Garven (non-contractor pharmacist) to Ms Kirstin Bowden (Lindsay & Gilmour Chemists)
17.6	Ms Garven enquired around details on the shop closure mentioned by Ms Bowden. Ms Bowden responded that the branch was closed due to resource issues. At the time the pharmacist manager was on holiday and another member of staff went off sick. Ms Bowden advised that the safest thing to do was to have an extended lunch closure to allow staff to catch up on work as well as have a safe break period. Miss Bowden confirmed the closures were not full day closures, the pharmacy was shut between 12noon and 2pm which helped the pharmacy to continue to provide services for the remainder of the day. Ms Bowden confirmed that the issue was addressed in the safest way possible and that contingency measures had been put into place to ensure this did not happen in the future.
17.7	Ms Garven had no further questions for Ms Bowden.
17.8	Ms Kaye Greig (Contractor pharmacist) to Ms Kirstin Bowden (Lindsay & Gilmour Chemists)
17.9	Ms Greig enquired about capacity levels and for further information on the recent refit as evidenced by the site visit. Ms Bowden advised that she joined Lindsay & Gilmour eight months ago and so could not comment on previous service provision but could advise on what was currently in place. Ms Bowden advised that the shop refit had been beneficial in opening up a lot of space, creating a large dispensary for the team to work in as well as lots of storage space for stock and prescriptions. There were now two consultation rooms meaning there was space to provide different services as well as a separate supervision area for provision of methadone and the needle exchange service. This was in the main part of the dispensary. The second part of the dispensary

	had staff rest areas, storage space and a dispensing room for blister packs. Ms Bowden advised that there was no limit to how many patients on blister packs could be taken on due to the utilisation of offsite dispensing and there was no waiting list for patients. The same applied to methadone patients with no limits on the number of patients they could take on because they didn't have to pre-pour, then could pour on the day. Ms Bowden advised that there was adequate storage and systems in place to continue to serve the needs of the local population.
17.10	Ms Greig had no further questions for Ms Bowden.
17.11	Mr John Connolly (Contractor pharmacist) to Ms Kirstin Bowden (Lindsay & Gilmour Chemists)
17.12	Mr Connolly had no questions for Ms Bowden.
17.13	Ms Elizabeth Gordon (Chair) to Ms Kirstin Bowden (Lindsay & Gilmour Chemists)
17.14	Ms Gordon has no questions for Mr Bowden
17.15	The Chair asked if there were any further questions for Ms Bowden. None were asked.
18	Summing Up
18.1	The Chair therefore asked all parties to sum up in reverse order. The Chair highlighted that the parties should note that summing up was to summarise what had already been presented, it was not to introduce new material.
18.2	The Chair invited Interested Party Ms Kirstin Bowden (Lindsay & Gilmour Chemists) to sum up.
18.3	From our point of view at Lindsay & Gilmour, we don't believe that the Applicant has provided any sufficient evidence that the current service level provision is not adequate for the surrounding neighbourhood.
18.4	The Chair asked for Interested Party Mr Mahyar Nickkho-Amiry (Dears Pharmacy) to sum up.
18.5	In summary, obviously the Applicant has failed to demonstrate any inadequacy or accessibility issues with regards to the pharmacies.
18.6	For the provision in the current neighbourhood, we would urge the committee to consider the existing performance of the Dears pharmacy at Ferry Road and also to accept that Dears will make some improvements to improve the service levels from where they are at the new pharmacy that we've just taken over at Macmillan Square and ask that the Committee respectfully refuse the application.

18.7	The Chair asked for Interested Party Mr Scott Jamieson (Boots) to sum up.
18.8	We disagree with the neighbourhood defined by the applicant. We don't believe it represents how people would live, shop and work within that area.
18.9	Within our proposed neighbourhood, there are five pharmacies and the average number of population per pharmacy is slightly lower than the Scottish average.
18.10	The current pharmacy contractors provide all core national and local negotiated services and a free delivery service is available and compliance aids and all of the pharmacies have said they have capacity for growth.
18.11	Patients can easily access the pharmacies by foot, car or public transport, and if they're unable to do so, each of the contractors provide a free delivery service.
18.12	To go back to the CAR, only 78 responses is the lowest I've seen, and there were no other letters of support.
18.13	We question the viability of the new contract if it were to be granted based on the 65 hours opening times, and if the new pharmacy where to be granted it would have an impact on the service level the current contractors can provide.
18.14	Workforce issues, particularly prevalent within Edinburgh, could be added to and therefore we would respectfully ask the panel to refuse the application.
18.15	The Chair asked for the Applicant Mr Mohammed Yaseen Yousaf to sum up.
18.16	So today I believe I have clearly demonstrated that pharmaceutical service provision as it is today, is inadequate in the neighbourhood and the need for a new pharmacy is both necessary and desirable to secure adequate pharmaceutical services.
18.17	With the Council's drive to deliver 20,000 affordable homes by 2027, there's going to be a significant burden placed on pharmacy contractors. I've highlighted that the North West...
18.18	The Chair intervened to query whether Mr Yousaf had provided the number of affordable homes in his original presentation. Mr Yousaf confirmed that he had not. The Chair reminded Mr Yousaf that new evidence cannot be presented at this point in proceedings.
18.19	I've highlighted that the North West has seen the largest population growth in Edinburgh and has seen the greatest level of social and affordable housing investment across the city.
18.20	Social determinants of health will be a factor in the pharmaceutical needs of the population.

18.21	Multimorbidity increases with age and for those living in areas of multiple deprivation - Muirhouse, West Pilton and Drylaw, that's 16,349 people all in areas of multiple deprivation
18.22	A significant number of patients require ease of access to pharmaceutical services.
18.23	With the great demand for pharmaceutical services from within these neighbourhoods of North Edinburgh, and the record numbers of substance misuse patients, I have provided incontrovertible proof regarding the fact that in this part of North Edinburgh we have a growing population as well as an ageing population and this will invariably result in multi morbidities, polypharmacy related issues as well as significant social and economic challenges facing these neighbourhoods.
18.24	GP pressures have only increased with Muirhouse Medical Group's list size increasing exponentially, which as of last month was 19,557 patients and now it's operating from two sites.
18.25	The litany of complaints against more than one contractor, pharmacy closures, Lloyds pharmacy not being fit for purpose, no business resilience plan.
18.26	You know, it's obviously exited the market, just been bought over, but we're looking at service provision as it is today, because look at what Lloyds have done, they've compromised patient safety whilst just basically decimating a business.
18.27	The social divide between certain neighbourhoods which creates boundaries and the meagre market share of items that are being dispensed from some of these pharmacies, which means that patients simply are not going into these other areas as a significant number of the population require ease of access to pharmaceutical services. So that's the elderly, those with mobility issues, young mothers pushing prams and substance misuse patients.
18.28	Because of lifestyle choices and habits, whether the consultation radius is 0.5 miles, one mile or two miles, the question of adequacy becomes academic as patients in Muirhouse are primarily only using one of two pharmacies. The new Dears and the Dears at Drylaw and hitherto you know, Lloyds was providing a wholly inadequate service for years.
18.29	So the area, and I have provided evidence for this, has always required additional pharmaceutical services because I highlighted previously that even the GPHC inspection report in 2020 stated, the team had been working together, well experienced double cover on a couple of days week and yet it was still experiencing issues.
18.30	So this pharmacy will, crucially, be owner operated and as a prescriber I'll be proposing to implement the Pharmacy First Plus clinic.

18.31	So instead of competing with anyone, I'm hoping to be a complementary pharmacy business to others on the pharmaceutical list, we can work together especially for the betterment of patient care. And this is what the community needs.
18.32	A sound business resilience plan is in place.
18.33	You see, pharmacies cannot just close. You cannot renege on your contractual obligations, so therefore I think it is prudent to grant this pharmacy application today as there is no doubt in my mind that as it stands today pharmacy service provision is inadequate.
18.34	It may get better, absolutely, but what I'm proposing for my application the legal test, the regulations are quite clear.
18.35	Have I met the threshold of inadequacy and if I have, is my proposal necessary and / or desirable to secure adequate pharmaceutical services, and I believe I have met the threshold of inadequacy and you may think well, whilst it's not necessary to grant the application, it is highly desirable.
18.36	I think I've fulfilled all the statutory requirements today and in my application I believe I will secure pharmaceutical services in the future.
18.37	It is viable because there's a healthy, significant number of patients on the Muirhouse Medical Group list.
18.38	We've done all the numbers. I'm very financially and commercially astute.
18.39	Everything is there and I hope you agree with me and grant this application. Thank you.
19	Retiral of Parties
19.1	The Chair then invited each of the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that they had nothing further to add. Having been advised by each party in turn that they were satisfied that they had received a fair hearing and that they had nothing further to add, the Chair advised that the Applicant and Interested Parties would need to leave the meeting while the Committee undertook private deliberations regarding the application. The Chair confirmed that Tracy Bone would remain in the private session for the purposes of taking an accurate minute of the deliberations. The Chair asked all observers to leave the meeting as they were not permitted to be party to the private deliberations.
19.2	The Chair advised the Applicant and Interested Parties that it was in their interest to remain available until the Committee had completed its private deliberations. This was in case the open session was reconvened should the Committee require legal advice from the CLO representative during their private deliberations, in which case, the hearing would be reconvened to the open

	session and the Applicant and Interested Parties would be entitled to join an open session if they wished to do so.
19.3	The Chair confirmed that all parties should each ensure that Katerina had their contact telephone numbers if they wished to be invited back, if there was an open session and that everybody should have Katerina's email address and should have already given her their phone numbers, but the Chair confirmed that if parties hadn't done this, they should please do so.
19.4	The Chair asked if anyone had any questions, but none were raised.
19.5	The Applicant then asked for confirmation of who the Lay Members attending today's session were and if there were just two today. The Chair confirmed that two Lay Members were present – Mr McGregor and Mr Niven. The Chair confirmed that two lay members were required for a quorum and, if there was a tied vote, the Chair would have the casting vote, but that the Chair only has a vote if there is a tie.
19.6	The Applicant asked for confirmation that two contractor pharmacists and one non-contractor pharmacists were in attendance today. The Chair confirmed this was correct. The Chair confirmed that they would be party to the discussions in the private session where advice might be sought, reliant on their pharmaceutical knowledge. The Chair confirmed they would then leave the meeting as they do not have a vote and would not be party to further private deliberations.
19.7	The Chair confirmed that the Committee would now consider the application and evidence and representations in private session prior to making a determination as had just been described and that a written decision with reasons would be prepared and a copy issued to the Applicant and Interested Parties as soon as possible.
19.8	The Chair confirmed that any party who wishes to appeal against the decision of the Committee would be informed in the letter as to how to do so and the time limits involved and that parties would not be informed of the Committee's decision until the full written judgement is available as the time limit for appeals starts to run from the date of the notification.
19.9	The Chair then invited the Applicant, Interested Parties and any observers to leave the meeting and thanked everyone for their attendance.
19.10	The hearing adjourned at 1534 hrs to allow the Committee to deliberate on the written and verbal submissions.
20	Supplementary Information
20.1	Following consideration of the oral evidence, the Committee noted:

<p>20.2</p>	<ul style="list-style-type: none"> i. That they had individually undertaken a site visit to Muirhouse and the surrounding area noting the location of the proposed premises, the pharmacies, general medical practices and the facilities and amenities within. ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and GP surgeries within Muirhouse and the surrounding area. iii. Area Profile report for Data Zones [Muirhouse 01-06] iv. Dispensing statistics of the Community Pharmacies in Muirhouse v. Further information including details about the existing Provision of Pharmaceutical and Medical Services in/to Muirhouse and population figures for Muirhouse as indicated by Scottish Neighbourhood Statistics and General Register Office Statistics. vi. Report on Pharmaceutical Services provided by existing pharmaceutical contractors to the neighbourhood. vii. NHS Lothian Pharmaceutical Care Services Plan viii. The application and supporting documentation including the Consultation Analysis Report provided by the Applicant.
<p>21</p>	<p>Summary of Consultation Analysis Report (CAR)</p>
<p>21.1</p>	<p>Introduction</p>
<p>21.2</p>	<p>NHS Lothian undertook a joint consultation exercise with Muirhouse Pharmacy regarding the application for a new pharmacy within 55 Muirhouse Gardens, Edinburgh, EH4 4TD.</p>
<p>21.3</p>	<p>The purpose of the consultation was to seek views of local people who may be affected by this or use the pharmacy at its proposed new location. The consultation also aimed to gauge local opinion on whether people felt access to pharmacy services in the area was adequate.</p>
<p>21.4</p>	<p>Method of Engagement to Undertake Consultation</p>
<p>21.5</p>	<p>The consultation was conducted by placing an advertisement in the Edinburgh Evening News as well as being posted on NHS Lothian’s website. Respondents could respond electronically or request a hard copy.</p>
<p>21.6</p>	<p>The Consultation Period lasted for 90 working days through to 28 October 2022.</p>
<p>21.7</p>	<p>Summary of Questions and Analysis of Responses</p>
<p>21.8</p>	<p>Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; perceived gaps/deficiencies in existing services; wider impact; impact on other NHS services and optional questions on respondents’ addresses and circumstances.</p>

Questions	Positive - Yes / %	Negative - No / %	Don't Know / %
1. Do you think the neighbourhood described is accurate?	69 / 88.5%	2 / 2.6%	7 / 9%
2. Do you think there are gaps / deficiencies in the existing provision of pharmaceutical services to the neighbourhood?	64 / 82.1%	7 / 9%	7 / 9%
3. What impact do you think a community pharmacy would have in the neighbourhood?	69 / 89.6%	7 / 9.1%	1 / 1.3%
4. What are your views on the pharmaceutical services being proposed by the applicant?	70 / 90.9%	7 / 9.1%	0
5. Do you think there is anything missing from the list of services to be provided?	4 / 5.2%	50 / 64.9%	23 / 29.9%
6. Do you think a community pharmacy in the neighbourhood will work with other NHS health services such as GP practices?	68 / 87.2%	3 / 3.8%	7 / 9%
7. Do you believe the proposed pharmacy would have a positive or negative impact on existing NHS Services?	68 / 87.2%	7 / 9%	3 / 3.8%
8. What do you think of the location of the proposed community pharmacy?	68 / 87.2%	8 / 10.3%	2 / 2.6%
9. What do you think about the proposed opening hours?	70 / 90.9%	5 / 6.5%	2 / 2.6%

21.9	In total 78 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.
21.10	From the responses 75 were identified as individual responses and 2 responded on behalf of a group/organisation. 1 respondent did not provide an indication as to whether the response was individual or on behalf of an organisation.
21.11	Consultation Outcome and Conclusion
21.12	The use of Jisc Questionnaire, a website that hosts online surveys, allowed views to be recorded and displayed within the full Consultation Analysis Report in a clear and logical manner for interpretation.
22	Decision
22.1	The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.
22.2	Neighbourhood
22.3	The Committee carefully considered the definition of the Muirhouse neighbourhood proposed by the Applicant and the alternative view of the neighbourhood put forward by Boots as an Interested Party and supported by

	Lindsay & Gilmour, as another Interested Party. The Committee also took into account their observations from site visits by lay members to the area.
22.4	<p>In discussing the neighbourhood, the Committee carefully considered the following points:</p> <ul style="list-style-type: none"> • The differences in neighbourhood as defined by the Applicant and the Interested Party, noting in particular the compelling socio-economic argument for Muirhouse to be considered a neighbourhood (backed by SIMD statistics shown in the map “SIMD 2020 quintiles by data zone” provided to the hearing by NHS Lothian and evidence put forward by the Applicant) in comparison to the much larger neighbourhood suggested by Boots encompassing multiple areas (Muirhouse, Silverknowes & part but not all of Davidson’s Mains), which although adjoining each other were vastly different on the SIMD scale, visibly different in terms of affluence (Silverknowes and Davidson’s Mains) and deprived (Muirhouse) and noting the very different housing stock; • The clearly defined and very visible boundaries for the Applicant’s Muirhouse neighbourhood on 3 sides, namely Ferry Road on the South, Pennywell Road on the East and Muirhouse Parkway (but also incorporating the Salvesen area on the North); • Turning to the boundary on the West of the Applicant’s neighbourhood, noting the very different housing stock and stark difference in SIMD levels between Muirhouse & Silverknowes, the Committee accepted this was a clear boundary for socio-economic reasons and acknowledged the Applicant’s arguments about residents in Silverknowes being unlikely to use a pharmacy at his proposed site; • Although there were some amenities including but not limited to convenience stores, it was noted that there was no supermarket within the Muirhouse neighbourhood defined by the Applicant but the Committee considered that Muirhouse could still be considered a neighbourhood for all purposes without a supermarket, accepting the fact that people do need to leave their neighbourhoods from time to time; • Awareness of the strong local identity felt by residents of living in the neighbourhood of Muirhouse, mirrored by similarly strong, but clearly separate local identities of residents of both the Silverknowes and Davidson’s Mains areas; • In terms of population, the neighbourhood as identified by the Applicant with a population of approximately 6000 people having a large enough population to be looked at in isolation.

22.5	Having weighed up the evidence, the Committee decided to accept the Applicant's definition of the neighbourhood. The neighbourhood was, therefore agreed as per the Applicant's boundaries.
22.6	<p>The Committee agreed that the neighbourhood should be defined as follows:</p> <p>North: Muirhouse Parkway (at the Muirhouse Gardens Junction) heading East along the dual carriage to the roundabout Pennywell Road (including Salvesen area).</p> <p>East: Pennywell Road (roundabout) heading south along dual carriage to Ferry Road (B9085).</p> <p>South: Ferry Road heading west to Ferry Road/Ferry Gait Drive junction (including the Ferry Gait Development).</p> <p>West: Ferry Gait Drive, Muirhouse Park Junction walking along grassed area to cut between Silverknowes Brae and Craigroyston Grove following onto new development of Silverknowes Eastway (Old Silverknowes Primary School) following onto Muirhouse Gardens to connect with Muirhouse Parkway.</p>
22.7	Adequacy of existing provision of pharmaceutical services and necessity or desirability
22.8	Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services to that neighbourhood and, if the Committee deemed them inadequate, whether the granting of the application was necessary or desirable to secure adequate provision of pharmaceutical services in the neighbourhood.
22.9	In undertaking its consideration of adequacy of existing provision, the Committee considered the responses to the questions in the Consultation Analysis Review (the CAR) and evaluated those responses alongside evidence heard at the hearing, experience gleaned from site visits by Committee members and their knowledge of general issues concerning community pharmacy provision in Lothian, including in NHS Lothian's Pharmaceutical Care Services Plan.
22.10	In response to the CAR overall, the Committee noted the total number of responses (78) to be very low, particularly for a population of the size of Muirhouse (approximately 6000). The Committee noted the Applicant's assertion that the reason for the low response was due to the community being voiceless, disengaged and with widespread literacy problems but the Committee concluded that the very low response rate suggested the community had not got behind the application and that there was limited support for a new pharmacy. This would not be expected if the community felt another pharmacy was needed and the Committee concluded that the CAR should therefore hold less weight as a result.

<p>22.11</p>	<p>The Committee also thought it was important to look at the low response rate in the CAR in conjunction with the lack of responses to the application from any of the Community Council, local GPs, local Councillors, MSPs and MPs which again suggested a lack of support for the application.</p>
<p>22.12</p>	<p>The Committee also noted that the majority of comments in the CAR related to Lloyds at Macmillan Square, particularly with regard to the level of service provided. The Committee noted that this Lloyds branch had been bought by Dears earlier in the week and weighed up the following points:-</p> <ul style="list-style-type: none"> • The argument presented by the Applicant regarding the difficulty he anticipated Dears would have turning around the service at the former Lloyds branch; and • The evidence led at the hearing by Dears relating to the improvement actions at the branch which were already underway and had been for many months leading up to the takeover including:- recruitment of key staff; training of new staff at existing Dears branches prior to the takeover; installation of a new computer system this week; the decision of longstanding staff from Lloyds to stay on with Dears; and the evidence led at the hearing to suggest Dears had both a strong track record in the area of running a well-managed and busy pharmacy at Ferry Road and a good working relationship with Muirhouse Medical Group.
<p>22.13</p>	<p>On the basis of the strong evidence presented to the hearing, the Committee had a high degree of confidence that the resources and service levels at the Dears' Macmillan Square pharmacy had already started to improve and would continue to do so and for that reason the comments in the CAR relating to Lloyds' service levels were no longer relevant.</p>
<p>22.14</p>	<p>Population</p>
<p>22.15</p>	<p>The Committee was reassured that for a population of approximately 6000 people, one pharmacy within the neighbourhood was adequate and noted that there were also a number of other pharmacies closely located outside the Applicant's neighbourhood which were well resourced and operated. The Committee acknowledged that of those 6000 people, many will choose to go to those other pharmacies outside the neighbourhood because it suits them when leaving the neighbourhood anyway for reasons including work and shopping.</p>
<p>22.16</p>	<p>The Committee acknowledged the evidence led in the hearing that the list size at Muirhouse Medical Practice had increased significantly in recent years but believed that most of the redevelopment in the neighbourhood (aside from one development of 142 homes) was complete so didn't envisage the</p>

	population continuing to increase in the future at the same rate as it had in the last couple of years.
22.17	Levels of Deprivation
22.18	The Committee acknowledged the high levels of deprivation within Muirhouse, noting higher deprivation levels can result in increased health needs but understood that poor medicines compliance may mean there are actually lower prescription numbers in areas of deprivation than in affluent areas, but different needs arise such as higher levels of substance misuse or help with pain management being required. The Committee felt reassured that there is still adequate provision and that a well-resourced pharmacy in the neighbourhood plus other well-resourced pharmacies closely located outside the neighbourhood, but sometimes geographically closer for residents living on the periphery of the Applicant's neighbourhood, would be able to manage their needs.
22.19	Age & Disability/Methods of travel
22.20	The Committee noted that access to pharmacies for those living in the neighbourhood who were elderly or disabled was good, in part due to the close proximity of all addresses within the neighbourhood to a pharmacy, as discussed during the hearing. For those who could not manage a 10-minute walk to a pharmacy, the Committee noted the neighbourhood was served by very good bus services and car parking was available either at, or very close to, all existing contractors.
22.21	Although not a Core Service, the Committee felt it was significant that free delivery services were available from both the pharmacy within the neighbourhood at Macmillan Square and also from all other local pharmacies so that those who were housebound or had other access difficulties could get their prescriptions.
22.22	The Committee also noted that the new Dears branch in Macmillan Square was located in an area which formed something of a community hub, adjacent to a convenience store, bakers and dentist and very close to both sites for Muirhouse Medical Practice, particularly Pennywell All Care Centre and noted that many patients choose to visit the pharmacy closest to their GP Practice.
22.23	Existing range of services/Hours of service
22.24	The Committee agreed that the existing Dears pharmacy at Macmillan Square had scope to increase capacity, particularly with the additional staff now working at the branch and in view of other additional resources now available to the branch following the takeover by Dears. The Committee noted the current prescription numbers were quite low in the branch and that it seemed that Dears on Ferry Road had absorbed some of their previous workload when Lloyds experienced problems.

22.25	It was also significant that all the other Interested Parties also confirmed during the hearing that they had additional capacity, particularly due to usage of offsite dispensing hubs, which free up pharmacists' time in their pharmacies.
22.26	The Committee were reassured that if there is an increase in population or if Muirhouse Medical Practice's list size increases further, the existing contractors both in the neighbourhood and outside the neighbourhood have the necessary capacity and resources required to take on additional work.
22.27	Although the Applicant was proposing opening hours in excess of the NHS Lothian Core Hours, the Committee noted that the legal test was based only on Core Hours and that the neighbourhood was already served by one pharmacy within the neighbourhood at Macmillan Square operating during Core Hours and that pharmacies located outside the neighbourhood, but still within a short travelling distance, were open in excess of Core Hours, notably Dears on Ferry Road which was open slightly longer on Saturdays and also Boots at Craighleith Retail Park which covered more of the Out of Hours period including evenings and Sundays and which was reasonably close to Muirhouse and had good transport links.
22.28	Lothian Pharmaceutical Care Plan
22.29	The Committee considered the Lothian Pharmaceutical Care Plan and noted it did not identify a need for another pharmacy.
22.30	The Chair released pharmacy colleagues from the session at 16:45.
23	Conclusion
23.1	Following the withdrawal of Mr Connolly, Ms Garven and Ms Greig 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, decided that the provision of pharmaceutical service into the neighbourhood was adequate.
23.2	Accordingly, the decision of the Committee was unanimous that the provision of pharmaceutical services at the premises was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was rejected. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.
23.3	The Hearing closed at 1656 hrs

Signed by

**Elizabeth Gordon
Chair – Pharmacy Practices Committee**

Date: 30 November 2023