

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on
28 November 2023 at 09:30 via MS Teams**

The composition of the PPC at this hearing was:

Chair: Bill McQueen

Present: **Lay Members Appointed by NHS Lothian**
John Niven
Brian McGregor

Pharmacist Nominated by the Area Pharmaceutical Professional Committee (included in Pharmaceutical List)
Kaye Greig
Mike Embrey

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

Observer: Karen Hamilton, NHS Borders (new PPC Chair)
Katerina Marinitsi, NHS Lothian

Secretariat: Jenna Stone, NHS National Service Scotland

1.	APPLICATION BY NICK JOHNSTON
1.1.	There was an application submitted and supporting documents from Nick Johnston received on 1 March 2023 for inclusion in the pharmaceutical list of a new pharmacy at 163c John Street, Penicuik, EH26 8AT.
1.2.	Submission of Interested Parties
1.3.	The following documents were received: <ul style="list-style-type: none"> i. Letter dated 6 September 2023 from Dawn Owen, Chair of the Lothian Area Pharmaceutical Committee ii. Letter dated 28 April 2023 from Lucy Corner of Rowlands Pharmacy iii. Letter dated 30 March 2023 from Matthew Cox of Lloyds Pharmacy iv. Letter dated 20 April 2023 from Lorna Lamont of Roslin Pharmacy v. Letter dated 28 April 2023 from Jonathan McNally of Cromarty Healthcare (Penicuik Pharmacy)

1.4.	Correspondence from the wider consultation process undertaken
	<ul style="list-style-type: none"> i) Consultation Analysis Report (CAR) ii) Dispensing Figures (July-December 2022), Pharmacy Profiles, Temporary Pharmacy Closures (2022-2023), and Complaints (2021-22, 2022-23) for six pharmacies: <ul style="list-style-type: none"> • Rowlands Pharmacy PPD2448 • Lloyds Pharmacy PPD2376 which changed ownership on 2 June 2023 to Penicuik Pharmacy PPD2578) • Rowlands Pharmacy PPD2447 • Roslin Pharmacy PPD2558 • Rowlands Pharmacy PPD2450 • Lloyds Pharmacy (Sainsbury’s Pharmacy) PPD2554. Closed w.e.f 13 June 2023. iii) Prescription Figures from May 2022 to April 2023 for <ul style="list-style-type: none"> • Eastfield Medical Practice (77036) • Roslin Medical Practice (77093) • Penicuik Medical Practice (77111) • Loanhead Medical Practice (77286) iv) Map showing the location of the proposed pharmacy and current pharmaceutical providers and GP practices within a 3.5 mile radius. v) Map of SIMD 2020 quintiles of most and least deprived areas, compared to the proposed pharmacy, current pharmaceutical providers and GP practices within a 3.5 mile radius. vi) Census Population Heatmap from September 2022, in relation to the proposed pharmacy, current pharmaceutical providers and GP practices within a 3.5 mile radius.
2.	The open session convened at 09:30 hours
2.1.	<p>At 09:30 hours on 28 November 2023, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Nick Johnston (“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</p>

	neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List”.
3.	Attendance of Parties
3.1.	<p>The Chair welcomed all and introductions were made.</p> <p>The Applicant: Nick Johnston.</p> <p>From the Interested Parties eligible to attend the hearing, present were</p> <ul style="list-style-type: none"> (i) Roslin Pharmacy (represented by Lorna Lamont); (ii) Penicuik Pharmacy (represented by Jonathan McNally, supported by James McKeever); (iii) Rowlands Pharmacy (represented by Diane Bates, supported by Emma Ward). <p>The Chair also stated that a Member of Central Legal Office was available for consultation if required.</p> <p>The Chair stated that Jenna Stone was independent from the Health Board and was solely responsible for taking the minute of the meeting.</p> <p>The Chair also introduced two Observers who would not play any part in the discussions</p> <ul style="list-style-type: none"> (i) Karen Hamilton of NHS Borders who was a future PPC Chair in her Health Board (ii) Katerina Marinitisi who was attending as an Observer in order to facilitate the recording of the session.
3.2.	All parties agreed to the recording of the session for the purpose of drafting the minutes and it was stated that the recording would be destroyed when the Minutes had been finalised.
3.3.	The Chair advised all present that the meeting was convened to determine the application submitted by The Applicant in respect of a proposed new pharmacy at 163c John Street, Penicuik, EH26 8AT. The Chair confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set

	out in Regulations 5(10) of the 2009 regulations, as amended, which the Chair read out in part:
3.4.	“5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located, by persons whose names are included in the Pharmaceutical List...”
3.5.	The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.
3.6.	The Chair stated that any previous hearings of the PPC or outcome of any Decision by the National Appeal Panel would have no bearing in respect of the evidence that was presented at the Oral Hearing.
3.7.	The Chair confirmed that Members of the Committee had conducted independent site visits to 163c John Street, Penicuik, EH26 8AT and the surrounding area at different times and days over the past 10 days in order to understand better the issues arising from this application. Assurance was given that no member of the Committee had any interest in the application.
3.8.	The Chair sought confirmation from the other Committee members that all the papers for the Oral Hearing had been received and considered, and had no personal interests in the application. This was confirmed.
3.9.	The Chair asked all parties for confirmation that these procedures had been understood, and that they had no questions or queries or questions and were content to proceed. All parties confirmed they understood the procedures, had no questions or queries and were content to proceed.
4.	Applicant’s Submission

4.1.	The Chair invited The Applicant to speak first in support of the application, who read from a statement.
4.2.	Good Morning Chair, Committee members and interested parties. Thank you for allowing me the opportunity to present to you my application for my proposed pharmacy in Penicuik.
4.3.	Firstly, I have two updates for you, due to the timeframe of two years since the original application was submitted, I'd like to make you aware that Arran Sidhu is no longer the proposed superintendent pharmacist, this is now Martin Rossall GPC number 2079692.
4.4.	The second change that everyone is aware of - that Lloyds Pharmacy in Straiton has now permanently closed as of 13th June 2023. They were originally one of the Interested Parties. This pharmacy averaged 6000 items per month, the update from NHS Lothian is that all pharmacies in the local area were contacted to take on the additional patients. As a side note and a point of fact, 10% of the business/prescriptions came from the GP surgeries in Penicuik.
4.5.	Back to my presentation today, which is for you to determine the need for this new pharmacy based entirely on the adequacy of service provision within the neighbourhood and whether it is desirable or necessary for my pharmacy to be approved based on the legal test.
4.6.	What I'm not going to do today (like I have seen from a number of hearings previously) is slander or disrespect any of the current pharmacies or contractors present today or that were invited to participate today. The adequacy of services is not only down to local service provision, although I've highlighted in my application that this hasn't been great in the last number of years (more on that later), but other factors such as population increases and social impacts contribute to the lack of service provision and put a strain on current services. This forces people outwith their neighbourhood to gain pharmaceutical services.
4.7.	I welcomed the advice to contractors as part of the legal test that this shouldn't be reliant on potential future financial impact on current contractors if this application was to be approved; or it should NOT be approved if that might happen, as this isn't relevant. With that in mind I'd like the Chair to advise the lay members and committee to ignore the representations made in respect of finance or future financial impact by Roslin Pharmacy and Cromarty Healthcare (which was previously Lloyds in Penicuik).
4.8.	I'll now start by going through the legal test in order: Neighbourhood. For the purposes of this hearing, it is constituted as an area that is relatively near or being near to the premises. It can also be constituted as people who live in the same neighbourhood. With that

	<p>in mind, I would like to suggest to the panel that Roslin pharmacy and Loanhead pharmacy are not within my neighbourhood and are indeed not within my proposed neighbourhood. Penicuik itself is a neighbourhood for all purposes. You would not live in Penicuik and travel to Roslin for a supermarket, bank, post office or petrol station, and therefore that is the same in respect of your prescription or services from your local pharmacy, unless that was, if the service was so inadequate that you were forced to do so.</p>
4.9.	<p>My neighbourhood is-</p> <p>North- A702 and Glencorse Burn East- B7026 South- Line between A701 and A702 West- A702</p> <p>In actual fact there will be other houses and areas such as Bush, Auchendinny and Glencorse who would consider Penicuik their neighbourhood, however for the purposes of today I defined my neighbourhood as above.</p>
4.10.	<p>Existing services in the Neighbourhood.</p> <p>These are : Cromarty Healthcare (previously Lloyds) and two Rowlands pharmacies – three pharmacies within my neighbourhood.</p>
4.11.	<p>Are these services adequate?</p> <p>We all know that there is a huge cost of living crisis in Scotland and the UK and I know first hand how challenging pharmacy has been through the pandemic and through the cost of living crisis. However, neither of these issues play a part in adequacy of current or existing service provision. I'm also sure that many larger multiples/contractors will suggest workforce issues as the reason for poorer service. However, it can be proven that independent contractors don't suffer from these issues as much as they have a different philosophy on how they run their business with community at the forefront and not cost saving.</p>
4.12.	<p>I would like to thank the other contractors for submitting their opposition to my pharmacy. Most of the time this is unhelpful and a basic requirement to that application. However, Roslin pharmacy have actually supported the inadequate services in Penicuik by acknowledging that they pick up a number of prescriptions twice daily from the Penicuik GPs. This in itself is a glaring omission given that the</p>

	<p>pharmaceutical care plan suggests that patients should have access to local pharmacy services within 20 minutes. It would take 55 minutes roughly to walk from my proposed location to Roslin pharmacy. Clearly (and the evidence suggests this too) a humongous number of prescription items are going outwith the local Penicuik pharmacies, some much further than 20 minutes, I'll break down some of the numbers for you:</p>
4.13.	<ol style="list-style-type: none"> 1. Roslin pharmacy take roughly 3800 items month, which is 12% of items from Penicuik medical practice a month, and 19% from Eastfield medical practice 2. West Linton pharmacy take roughly 500 items month from both GPs 3. Lloyds in Straiton was taking roughly 700 items month from both GPs.
4.14.	<p>Between Roslin, Lloyds Straiton and West Linton in March 2023, 2640 items out of 16,932 (15%) of items left the neighbourhood of Penicuik from Penicuik medical practice. Another 2445 out of 8861 (27%) items from Eastfield medical practice on top of this. If this isn't a glaring omission that there is inadequate service provision in Penicuik, then I don't know what is. 20% of all prescriptions in March went outwith the Neighbourhood, that's 1 in 5 people/prescriptions. They have had to go to another pharmacy as this service was inadequate. March wasn't a one off, in fact previous months are much higher.</p> <p>Eastfield Medical Practice: February 2023 30% of items outwith the Neighbourhood. November 2022, also 30%. As an average, it sits between 25-30%.</p> <p>Penicuik Medical Practice: February 2023 18% of items, November 2022, 16%. This sits between 16-20% per month on average.</p>
4.15.	<p>On top of not only the fact patients would have to travel to Roslin for their prescription if something went wrong or they stopped the free delivery service (which isn't a contractual service) the fact that a van is travelling a round trip of 10 miles twice a day - and then delivering prescriptions back to Penicuik once these are made up - can't be good for the environment at all. I would suggest at a minimum this is over 5000 miles a year that could be saved.</p>
4.16.	<p>Is it necessary to grant the application to secure adequate provision of pharmaceutical services in the neighbourhood?</p>

	The population increases and inadequate service provided currently in the neighbourhood have forced people outwith the neighbourhood to gain access to their prescriptions - this simply isn't right.
4.17.	The population in Penicuik has increased over the last 12 years since the 2011 census. To start with, there is a large expansion in Penicuik itself in the Mauricewood area with the building of 512 houses that are completed. This is an extra 1200 extra residents using the average 2.4 people per household (probably much higher in reality as these are mainly 3,4 and 5 bedroom houses). Expansion in other outlying areas of Penicuik brings around another 200 houses with roughly another 480 people. The total number of houses built since the census in 2011 in Penicuik is 1000 plus. This equates to an increase of 2400 in the population (as a minimum, more like 4000-6000).. The population at the 2011 census was 16,510 . Even before any of the 1000 houses were built between 2011 and today (12 years) the population was already over the average number of people per pharmacy across NHS Lothian which sits at 5000. In 2011 it could have easily have been argued another pharmacy could be supported. Now 12 years later with 1000+ houses built it is more obvious than ever. This, combined with number of items going outwith the neighbourhood, this shows the lack of adequate services in the neighbourhood.
4.18.	The Pharmaceutical Care Plan suggests that there is currently 1 pharmacy per 5000 population in NHS Lothian. If we take just my neighbourhood, then the population at just over 20,000 is large enough for 4 pharmacies. There are currently 3. This would make sense on the data provided earlier on prescription numbers as one fifth of these are currently going outwith the neighbourhood. Bearing in mind the fact that Lloyds Straiton is now closed, more patients will be looking to move back to Penicuik and the existing services will need more support.
4.19.	My property is located right in the middle of the neighbourhood, very close to the main supermarket, bank and other amenities. The property will be leased from Munir (the owner) upon successful approval of this application. There is also an option to buy this property. My property is of substantial size, allowing this to be future proof for Pharmacy First Plus and other services that will inevitably come to community pharmacy. It will be fully wheelchair accessible and will have 2 spacious consultation rooms.
4.20.	I already have an expression of interest from several colleagues and pharmacy staff members to join the pharmacy if the application is successful, which does not involve taking from the local pharmacies. I have 2 pharmacists lined up to work in the pharmacy should this be approved. I only need one of these: they are currently locum and again this wouldn't affect the pharmacist numbers in local pharmacies.

4.21.	<p>I would also like to thank Rowlands Pharmacy and Cromarty Healthcare for pointing out the obvious problems and inadequate services that were provided previously in the local area before the Lloyds pharmacy was taken over by Cromarty (June 2023) and the apparent (which is an admission by Rowlands in their objection) improvement of their pharmacies recently. There was a community-wide known issue with these 3 pharmacies: these were regularly closed without a pharmacist and regularly took longer than 7 days to fulfil prescriptions. As someone who is fairly local to the area, it was a welcome relief that the Lloyds was taken over by a different contractor who can hopefully make amends to this and I look forward to forging a positive working relationship with them over the next few years.</p>
4.22.	<p>Is it desirable to grant the application in order to secure adequate provision of pharmaceutical services in the neighbourhood?</p> <p>One aspect of this comes down to the public who live within the neighbourhood.</p> <p>The CAR, whilst not having the most responses, is overwhelming in favour of a new Pharmacy. In no uncertain terms it shows a complete inadequate service provided by all 3 pharmacies. This has clearly been for a long time and not just during the pandemic. 24 responses (100%) think this will be positive for the local community. 21 responses (91%) believe my pharmacy would have a positive effect on existing NHS services. 22 responses (91%) don't think or don't get their prescription in a timely manner from current pharmacies. I may add this could also include pharmacies such as Roslin and Loanhead if patients see this like they do as being in the neighbourhood. 23 responses (95%) think there are gaps in existing pharmacy services to the neighbourhood. This again is TO the neighbourhood so defines all pharmacies including those in Roslin and Loanhead.</p>
4.23.	<p>The conclusion of the CAR is very positive for my application and clearly demonstrates the views of healthcare workers, Clinicians and the public that the services currently provided within and to the neighbourhood aren't adequate. The CAR was publicised through NHS Lothian's usual process and members of the public have found this as they feel so strongly about the lack of adequate services. It is clearly necessary and desirable for the neighbourhood.</p>
4.24.	<p>As part of this presentation, I acknowledge there will be a number of questions from the Interested Parties here today. My aim is to answer or address these as part of this presentation. This will make the meeting slicker and more streamlined. These questions should be based on adequacy of service currently as this is the legal test.</p>

4.25.	<p>Financing this application</p> <p>My father died in January this year and as part of his Will, my inheritance will be used to fund the project completely, a full renovation of property using a distinguished pharmacy contractor and working capital of at least £200k for the first 3 months. No bank loan will be required, however to demonstrate the viability of this new pharmacy I have 2 offers of financing from 2 major banks that see this as a sure thing in terms of new contracts and future profits.</p>
4.26.	<p>Prescription items. I've no doubt that this will quickly grow like we've seen in many new pharmacies across Scotland over the last 15 years. However, I have an opportunity to contract 15 care homes with a combined 250 beds and 1000 items per month. This was based on a previous working relationship and business partner. I must stress though, I wouldn't be keen to take this on unless items didn't grow as expected. However it should give reassurance on finance and being self sufficient without extra funding.</p>
4.27.	<p>Company structure. I will have no other ties and do not currently have any other ties to any pharmacy company across the UK. This will run as an independent pharmacy between myself and the Superintendent Pharmacist. I have 6 years' experience of running pharmacies and managing multiple pharmacies and look forward to this new challenge.</p>
4.28.	<p>Premises. I have seen many previous applicants buy or lease a property well before the hearing and end up in financial difficulty. On top of the cost of living crisis, this simply is not possible. I haven't bought the premises but as stated earlier, I have a legal agreement with the legal owner (Munir) and once it's approved, the lease will kick in. . This is fundamentally the new way of doing business given the cost of living crisis and the delays to the application process.</p>
4.29.	<p>Pharmacists. As stated above there are 2 pharmacists that have committed to come onboard and live within 15 minutes' drive of the pharmacy. It would be inappropriate to name these pharmacists as I'm sure at least 2 Interested Parties in the room will have used their locum services over the years. As stated, one pharmacist and my superintendent will be more than enough to make this viable and provide the services.</p>
4.30.	<p>To conclude:</p> <p>The current services in the neighbourhood are inadequate. This has been demonstrated in this presentation by factual figures of increase in housing and population since 2011. Factual figures (accessible to everyone in the UK) of around 20% of prescription items going outwith the neighbourhood to other pharmacies every month. Very positive CAR</p>

	<p>responses from the public overwhelmingly in favour of the pharmacy. Therefore, I would respectfully ask the Committee to grant this application as it is necessary and desirable to ensure the neighbourhood has adequate provision of services within the neighbourhood.</p>
4.31.	<p>I'd be more than happy to answer any questions on my application. I would respectfully point out these should be based on whether the current service provision is adequate and shouldn't deviate from the legal test.</p>
4.32.	<p>This ended the presentation by the Applicant.</p>
5.	<p>The Chair invited questions from the Interested Parties</p>
5.1.	<p>Ms Diane Bates (Rowlands Pharmacy) to The Applicant</p>
5.2.	<p>Ms Bates asked the Applicant how he would improve access to pharmaceutical services for people in the local area with protected characteristics.</p> <p>The Applicant replied that his pharmacy was in the middle of the community. They would deliver prescriptions. There was also an opportunity to have two pharmacists every day who could conduct house visits. It was about being an inclusive part of the community. Multiple pharmacies did not always have the opportunity to do so. As an independent contractor, previously, up until May it had been something he had done in every pharmacy he had managed, and this had been very successful.</p>
5.3.	<p>Ms Bates asked the Applicant what the need was for house visits to patients, as it was not something that she was aware of other contractors offering as part of pharmaceutical services.</p> <p>The Applicant acknowledged that it was not currently a service but said if you looked at where Optical and Hearing services were going, many more house visits were happening in those two areas. Nobody knew what the future of community pharmacy would be, but it was changing all the time and GP services currently operated on this. He would have independent prescribers in all pharmacies who were able to prescribe, so that if a patient came in, they could prescribe an item for them. Why could this not happen at home? He was not saying it was a service that was going to be offered, but why couldn't it be the case.</p>
5.4.	<p>Ms Bates asked the Applicant what innovation he intended to bring to the area that was not currently already available in Penicuik.</p>

	<p>The Applicant replied that innovation was not a contractual service, and he did not have to provide it as a contractual service. However, he was aware that a number of other pharmacies had a 24-hour medication machine in place. He would also have one, as these seemed to be fairly standard across new pharmacies opening. It would give more access for patients who worked until 9-6pm to collect their prescriptions in a manner that suited them. He would keep abreast of where technology needed to be. He would have a tech service linked to PMR (Patient Medical Record) for patients to get texts to inform them that their prescription was ready to collect. They were doing anything else they could on that. The Applicant was aware that other pharmacies had robots who made up prescriptions and dosette packs. He would not do this initially, but when item numbers grew, it was something he might look at it longer term.</p>
<p>5.5.</p>	<p>Ms Bates referenced the Applicant's statement of a significant increase in population, and his asserted current population of 20,000 in Penicuik and asked where he had obtained the data from.</p> <p>The Applicant replied that using UK statistics, on average there were 2.4 people in a house. There had been over 1000 houses built since 2011: 512 in Morriswood, predominantly 3, 4 and 5 bed homes which would be not have 2.4 people in all of them. From the census figure in 2011 of 16,000, it was easy to see where the population increase had come from. Due to the pandemic, the 2021 census had not taken place, so updated census numbers were not yet available. However, housing numbers were there, and multiplication of the numbers would give you that. This did not take account of any additional children born from the current population in the area since the 2011 census.</p>
<p>5.6.</p>	<p>Ms Bates referenced the Applicant's point in his presentation relating to the closure of Lloyds in Straiton and the impact for items that left Penicuik, and she assumed the majority of items would be out of hours since they (Lloyds in Straiton) had opened 7 days a week. She asked whether the new application would support those patients.</p> <p>The Applicant queried Ms Bates' data source for what which items were in hours and out of hours.</p> <p>Ms Bates said this was looking at the data pool of the number of patients who visited Straiton which covered a large area because of their out of hours service, and acknowledged this was an assumption.</p>

	<p>The Applicant replied he could not make an assumption on what time of day people collected their prescription items from Straiton. But he could look at the number of prescriptions that were produced by the pharmacy each month - an average of 6000 items per month over a 12-month period. Those figures were only updated to March 2023 and he had no further data available, so it was not clear where the prescriptions were going and it was therefore impossible to make an assumption. However, there were 6000 items that would need to go to existing pharmacy contractors. The update on the NHS Lothian website in relation to the closure was that they had contacted all local contractors to ascertain if they would be willing to take on additional work, which they were able to do. As stated in his application, figures from Pharmadata showed that 10% of prescriptions came from two GPs in Penicuik, so it was fair to assume that they would need to go to another pharmacy. It could be Loanhead, Roslin or elsewhere, but it should not be assumed where patients were going as they did not have the data, and could not assume they were all Out of Hours. In addition, the update by NHS Lothian gave details of 3 Out of Hours Services across Edinburgh</p>
<p>5.7.</p>	<p>Ms Bates had no further questions</p>
<p>5.8.</p>	<p>Ms Lorna Lamont (Roslin Pharmacy) to The Applicant</p>
<p>5.9.</p>	<p>Ms Lamont referenced the Neighbourhood defined by the Applicant and queried if the Applicant agreed that if they all drew their Neighbourhood around their pharmacies, that the neighbourhoods would overlap significantly.</p> <p>The Applicant referred to the legal test and said that there were two admissions from England that had been used in deciding what a neighbourhood is as part of the Scottish test, which he would read as it was important to recognise what this is. “ A neighbourhood, for the purpose of hearings, is constituted as an area that is near or relatively near to the premises. It can also be constituted as people who live in the same neighbourhood”. So if he lived in Penicuik, his neighbourhood would be Penicuik, and certainly would not be Roslin, Loanhead or Straiton. He would not be able to walk around his neighbourhood and get to Roslin. However, there was no set test for what a neighbourhood is, and each neighbourhood would be slightly different, but for the hearing, this is what constituted it. He could have added in Auchendinny, Glencorse and Bush to make a larger neighbourhood, but decided not</p>

	<p>to, as he did not feel those were part of the natural boundaries of the neighbourhood. Neighbourhood boundaries were fluid, but for this application, he had to propose a neighbourhood, which needed to be agreed.</p>
5.10.	<p>Ms Lamont referred to the CAR and the poor response level, and asked if this indicated that not many people in Penicuik perceived a problem with the existing services in the area, or whether the Applicant had any other explanation for the poor responses to the CAR.</p> <p>The Applicant stated that the responses had not been poor – the responses had been very positive with between 91-100% of people positive about the new application. The respondents included a clinician and healthcare workers and members of the public. It was up to NHS Lothian how they advertised it. He could have pushed it, and chose not to. The Applicant drew attention to a previous application by himself in Ormiston, which he had heavily advertised, but received fewer responses, and were a mixed bag of responses for and against, so he had decided not to proceed. However, the CAR responses for his application for a pharmacy in Penicuik had been overwhelmingly positive. He was not slandering or disrespecting other pharmacy contractors or interested parties. The Applicant referred to a number of Facebook and other social media accounts going back a number of years, detailing inadequacy, and a number of members of the public used this as a forum to discuss previous issues. For him, it was about adequacy of services, and what his pharmacy could bring and how it could support that.</p>
5.11.	<p>Ms Lamont queried whether some of the negative responses in the CAR may have been influenced by Covid and other things that were happening in the pharmacy industry during Covid.</p> <p>The Applicant replied that he had made his application after that. The Consultation had been well after that. The Applicant said he was from the local area, and lived 15 minutes' away (5-7 minutes drive) from Penicuik. There had been issues ongoing for years, longer than the 2011 census where the services of the three current pharmacies in Penicuik (excluding those provided by her own Pharmacy) had not been where they needed to be. The Applicant acknowledged that Ms Lamont's items had increased significantly over that time, and so had those of West Linton. He had already shared statistics on prescription numbers for her pharmacy, West Linton and Straiton. Pharmacists he had spoken to (not her pharmacy) had said that patients were having to come outwith their neighbourhood in order to get an adequate service as</p>

	<p>this had been poor for a number of years. The Applicant referred people to the data and referenced the market share of prescriptions through Pharmadata.</p>
5.12.	<p>Ms Lamont asked the Applicant if, in his opinion, whether he still felt everything was the same in Penicuik since he had made his application, or if anything had changed in Penicuik since his application.</p> <p>The Applicant replied that he did not make assumptions or second guesses. He worked on facts. Today, the facts showed that more houses had been built and completed and therefore the population had grown since his application had been submitted. The latest data available up to March 2023 suggested that 20% of prescriptions (1 in 5) were leaving the neighbourhood of Penicuik, from the two main GP Practices in Penicuik, which were going to Ms Lamont in Roslin, to Lloyds in Straiton before it closed, and to Loanhead or West Linton. He could not comment. He was aware that Lloyds had been taken over by Cromarty Healthcare. If there were no facts or data, he could not make an assumption.</p>
5.13.	<p>Ms Lamont had no further questions.</p>
5.14.	<p>Mr Jonathan McNally (Penicuik Pharmacy) to The Applicant</p>
5.15.	<p>Mr McNally noted that the data was only available up to March 2023, some 8 months ago, and asked the Applicant if it was hard to draw conclusions on current pharmaceutical services without more up-to-date data.</p> <p>The Applicant agreed he could not oppose a pharmacy on the lack of data. However, going by the facts on the data up to March 2023, which showed the number of prescription items and where they were going, 1 in 5 prescriptions were leaving the neighbourhood of Penicuik. For him, this data showed an inadequate service in the local community and neighbourhood.</p>
5.16.	<p>Mr McNally asked what additional pharmaceutical services the Applicant would offer that were not already being currently provided by the existing pharmaceutical providers in the neighbourhood.</p> <p>The Applicant replied that the core services were what the application was based on and there was no requirement to provide anything other</p>

	<p>than the core-services. The details of the core and other services he would provide were in his application. He would not deviate from the core services, which were in the legal test. It was not about offering advanced services which were not part of the core services. What it was about was determining adequacy of current pharmaceutical services. The Applicant noted Mr McNally had taken over Penicuik Pharmacy on 1 June 2023 which he had indicated in his presentation was very positive. However, there were currently no facts or figures on Penicuik Pharmacy – and even if there were, they would be 3 months behind, and any data that Mr McNally had on his pharmacy would not yet be published. Even if there was another update before the end of the year, this would only take figures up to June. They would need more time to get information on where items from Straiton were going, and the impact Penicuik Pharmacy had made on the community, plus the ambitions of Rowland Pharmacy to make improvements to their pharmacies. But currently there were no facts.</p>
5.17.	<p>Mr McNally asked if the Applicant meant that he would not be including any additional non-core services.</p> <p>The Applicant replied he would do the core services, and that Mr McNally’s statement was misleading. He was not contractually obliged to offer non core services. He had clearly indicated the services he would be providing in his application.</p>
5.18.	<p>Mr McNally asked if the Pharmacists at the premises would be Independent Prescribers, since their names were not mentioned in the list of Independent Prescribers. Mr McNally asked if they already were Independent Prescribers or if they were working towards getting annotated.</p> <p>The Applicant replied that his Superintendent had completed the course, and was waiting for annotation, and in the 2-3 months it took for the application to be approved and the pharmacy to open, the individual would have received their annotation.</p>
5.19.	<p>Mr McNally referred to the Applicant’s plan to install a 24-hour collection machine and asked the Applicant if he had any structural drawings or if he had received approval from the Council to make changes to his premises.</p> <p>The Applicant replied that the application had not yet been approved, and noted that Mr McNally had not had a 24 hour machine installed when he took over on 1 June 2023. The Applicant also noted Mr</p>

	<p>McNally’s pharmacy Facebook page that said he needed planning permission. The Applicant stated he would not be adding a 24-hour collection machine before the application was approved, as it was inappropriate to apply beforehand.</p> <p>Mr McNally noted that he had submitted his application for planning permission for the 24-hour machine prior to taking over the contract.</p>
5.20.	<p>Mr McNally asked the Applicant to clarify if he anticipated being up and running in 2-3 months if the application was granted.</p> <p>The Applicant confirmed the pharmacy would be open 2-3 months after the application was granted.</p>
5.21.	<p>Mr McNally asked the Applicant if he knew how many residents of Penicuik were registered with the Roslin Medical Practice, as he wondered whether the reason residents would use Roslin Pharmacy was because they were registered with that Medical Practice</p> <p>The Applicant replied he did not have the information. The important thing to look at the data for the GP surgeries in Penicuik - Eastfield Medical Practice and Penicuik Medical Practice. 20% of those patients were going outwith their neighbourhood to collect their prescription. This did not show who was going to Roslin Pharmacy, but clearly showed residents within Penicuik who were registered with the two Penicuik Medical Practices were going outwith to Roslin, West Linton and Straiton to collect their prescriptions because services were inadequate.</p>
5.22.	<p>Mr McNally noted a “Chemists and Druggists” article the previous week that noted all 1054 Lloyds Pharmacies had been sold and it no longer had a presence in the High Street. Mr McNally referred to the Applicant’s presentation that pre-dated the sale on 1 June 2023 of Lloyds in Penicuik, and asked what research the Applicant had undertaken since then to determine whether services were adequate in Penicuik.</p> <p>The Applicant noted that all Lloyds Pharmacy branches had closed, the majority having been sold - some bought by Independents, and some by Multiples. Everyone was on merit, and what was needed was to look at the facts and figures. It was about adequate services in the Neighbourhood. He noted Mr McNally’s Facebook page saying what he was adding to the community and welcomed this. Taking over Lloyds Pharmacy was positive. The Applicant’s view was that independent contractors could give a greater service, and a number of people were</p>

	going back to independents from the multiples where they had been before, which was a circle that went around a number of times. He was not going to slander Mr McNally's business or what McNally was trying to do which he (the Applicant) felt was very positive. But the services had been inadequate for a long time, the population numbers had increased, and the data showed that 1 in 5 people were going outwith the neighbourhood and there was room for four pharmacies, based on NHS Lothian's 5000 prescription items per pharmacy within the neighbourhood.
5.23.	Mr McNally had no further questions
6.	The Chair invited Questions from the Committee.
6.1.	Mr Brian McGregor (Lay Member appointed by NHS Lothian) to the Applicant
6.2.	<p>Mr McGregor noted that he had sat as a lay member on a number of PPC Hearings over a few years and the response rate to the CAR for this application had been incredibly low in his experience (24 responses). What steps had the Applicant taken to effectively promote the possibility of a new pharmacy?</p> <p>The Applicant replied that he was not required to actively promote the CAR. The Applicant noted that he had made a number of previous applications, and the data was available online. He had taken a number of different approaches, and it was interesting to hear what came back from people. He genuinely felt that people had sought out the information that was provided. NHS Lothian had a process for sharing – it went in the newspaper and on social media and it was also on the Penicuik Medical Practice Facebook page, so it was clearly there for provide an opportunity for people to engage with. The number of responses did not concern him. He noted that it was low and had highlighted he was not hiding away from the fact it was a low number, but all the responses had been positive – from 91-100%. The Applicant referred to his application for Ormiston which had 50/50 verging on not being positive, and he had been open about that.</p> <p>The Applicant said that it was about facts and figures and taking something forward that was positive, and you could see the services were inadequate, given the facts that were there. So from what had happened before, that was where he was. There was no hiding from the number of responses. He had been to many Hearings, and he sat on and opposed lots of pharmacy applications, and was not going to say otherwise.</p>

<p>6.3.</p>	<p>Mr McGregor asked if the Applicant had approached other people like the Community Council in Penicuik.</p> <p>The Applicant replied that he had – twice – but had not received a response. He did know who they were but could not assume to know why they did not respond.</p>
<p>6.4.</p>	<p>Mr McGregor asked the Applicant if he had approached any local Councillors.</p> <p>The Applicant replied that he had had a positive meeting with the local Councillor who had said that when the Application was approved, he would be happy to progress this within the Community. The Councillor had suggested that a number of their constituents had long term problems with pharmacy services in the neighbourhood and, at the end of the day, he felt that they may have more to get on with than becoming involved in the application pre-approval.</p>
<p>6.5.</p>	<p>Mr McGregor referred to the neighbourhood which he did not generally have a problem with, and asked the Applicant why he had chosen to exclude places like Auchendinny and Bush</p> <p>The Applicant said it depended how big you felt the neighbourhood should be, but he felt it should be about walking distance. The NHS Lothian Pharmaceutical Care Services Plan referenced the 20 minute neighbourhood. You should be able to walk to all the places within 20 minutes. He walked quite fast himself, and there were times it would not be possible to walk there within 20 minutes, so he had set the boundaries, but acknowledged that neighbourhoods were fluid. Everyone could have a different view of what a neighbourhood was, but he had to base it on something.</p> <p>The test was essentially about being able to walk within 20 minutes and how that would then be for general members of the public.</p> <p>As stated in his application, he could have included Bush, Auchendinny and also Glencorse – which had another large amount of housing and new housing there. It was a fluid situation. This would add more weight to his application because there were more people that saw it as part of their neighbourhood.</p>

<p>6.6.</p>	<p>Mr McGregor referred to the Applicant's statement that approximately 1 in 5 prescriptions goes outwith the neighbourhood, and there could be many reasons for this (for example people go into a pharmacy nearer their work place or – as in the case of Lloyds in Straiton – it is nearer a supermarket). Mr McGregor asked the Applicant if he had done any research as to why the number of 1 in 5 is there.</p> <p>The Applicant replied he could not make assumptions, and it should not be assumed that 1 in 5 people took their prescription to Lloyds in Straiton because they did their shopping at Sainsbury's . That is nothing anyone could suggest. However, the factual data was from the two main GP practices – Penicuik Medical Practice and Eastfield Medical Practice, and it's from their prescription numbers about where their items go. When you look at one area or pharmacies that are in one town, his view was that normally 95% stay within the local community. If you looked at all that information, there would be no reason for them to go outwith the local community or neighbourhood unless the service was inadequate. The Applicant restated that he was not there to assume why people went to different places. It could not be assumed that the 20% of the population of Penicuik did not work in Straiton because he did not think there was enough retail or office space there to do that. The facts to be considered were that 1 in 5 or 20% go outwith the neighbourhood of the three pharmacies in Penicuik.</p>
<p>6.7.</p>	<p>Mr McGregor referred to the Applicant's assertion that the population of Penicuik was around 20,000 and asked if the Applicant was aware of any future housing developments in the area.</p> <p>The Applicant replied that if someone had driven from Straiton to Penicuik, they would see a number of houses that are built there and there was a lot of building going on around the outlying areas of Penicuik. There were more houses being built as 10s, 15s, 50s of applications had been approved. The ones that had been built were in his application because he said it was important to be honest around where that was. Penicuik itself would grow.</p> <p>Was there a natural boundary to Penicuik at the moment? Certainly towards Straiton. There are so many houses getting built there and people will need to choose where they go for services and what their neighbourhood is. So that would add to the pressures of the pharmacies, since the one at Straiton is no longer there, that was one less pharmacy for people to go to.</p>

6.8.	Mr McGregor had no further questions.
6.9.	Mr John Niven (Lay Member appointed by NHS Lothian) to the Applicant
6.10.	<p>Mr Niven asked if the Applicant had a layout proposed for his premises that could be shared with the Committee, as he had noted the Applicant's statement that he would provide two consultation rooms.</p> <p>The Applicant replied that he did have a proposed layout and asked if Mr Niven had gained access to the premises, as he was aware that Munir - the owner (who owned the shop next door) - had given two committee members access to the premises.</p> <p>Mr Niven stated he had only been able to view from the outside.</p> <p>The Applicant said that the shop is rather long and fairly wide. It went all the way back. If you were to go around the back of the property, there was a small car park that gave access to the flats above. The last use was as beauty salon or beauty room, so within it, there was the opportunity to have three or four large – what he would call consultation rooms - down each side. So two down each side, and then there was a massive area at the back, which could be a staff area, and a storage area at the front. It was big and there could be a shop area there, and plenty of access within that.</p> <p>The Applicant acknowledged that had not yet done a layout, but had discussed it with the company from Ireland that would be doing the installation if the application was approved, and at that stage they would be looking at what the layout is. Following submission of his application two years ago, things had progressed from a location point of view and Pharmacy First Plus is something that was more active now than it was two years ago. So he would look at what was desirable at the time, if the application was approved.</p>
6.11.	<p>Mr Niven referred to the CAR and, taking the Applicant's 20,000 population figure, it equated to 0.12% which was very low. Mr Niven acknowledged that although responses were positive, only 0.12% from 20,000 being positive was not a high number of people. Mr Niven said that they had seen percentages much higher than that, with a lot of positivity in the high numbers. Mr Niven noted that the Applicant had stated that he was comfortable with the CAR and the support he was getting from that. Mr Niven asked if the Applicant thought that people</p>

	<p>would be making more representations if they were dissatisfied, if there were 20% of prescriptions going outside of Penicuik?</p> <p>The Applicant replied said his approach in business was to be honest, and admitted that he would have loved to have had more responses. He had had another application which had 350 responses, and again the majority were positive, but he could not sit there and tell you that 24 was amazing. He had already stated that the numbers were low, but all 24 that had responded were positive, and that was great. His view and opinion was that the CAR was probably not fit for where they currently were with social media, and the way everyone interacts day to day, and it was probably not the best test of how to get positivity or a reaction from the community. However, that was the test currently, and that was one of the options for people to do that. There was some positivity when it was shared on the Penicuik Medical Practice Facebook page. Therefore, they just had to go with the detail. From the aspect of the legal test for his pharmacy on the adequacy of the service provision within the neighbourhood, that was based on facts, figures and population increases, and from that point of view, that is where adequacy sat. That was the legal test, and unfortunately, the legal test did not say that you needed X percentage of responses on the CAR or otherwise you could not take the application forward. But, he would have loved to have had more responses.</p>
<p>6.12.</p>	<p>Mr Niven referred to Applicant's statistics for prescriptions up to March 2023 and quoted Lloyds at Straiton, and asked if the Applicant had any figures for the former Lloyds premises in Penicuik up to March 2023.</p> <p>The Applicant replied he could get them and asked if Mr Niven wished him to provide the figures for the month.</p> <p>Mr Niven said that the figures they had access to only went up to December 2022, and had no figures beyond that date.</p> <p>The Applicant said would check the figure. He obtained information from the website of Pharmadata that anyone could sign up to, which gave access to all the data, and the latest data was to March 2023. The figures for Lloyds (which was now Penicuik Pharmacy) at 34 John Street were 5640 items on average for the last 12 months going back from March 2023, so it was slightly less than Lloyds at Straiton. It was impossible to have updated figures although he was sure that the owners of Penicuik Pharmacy will have their own numbers, but they had not yet been verified.</p>

	<p>The Applicant noted Lloyds had had an average for the last three months of 5728.. And for March it was 5114. This was taken from Pharmadata which was the same information that MPA used.</p>
<p>6.13.</p>	<p>Mr Niven referred to the Applicant's reference to consultation with the Community Council and Counsellors, and asked if the Applicant would not have anticipated that if there was a real need and support from the Community, that the Community representatives would be putting in representation to support an application for an additional facility?</p> <p>The Applicant said he was looking at the papers that they had been sent. He knew that Penicuik District Community Council had been contacted by NHS Lothian and he had also contacted them. They had been asked to make a written representation which they had not done, as it was not part of the papers, and had not responded to him either.</p> <p>What he tended to find was from a number of previous applications was that some people got involved, and some did not, given what was important to them.</p> <p>However, one of the comments that came out is that a number of people (whether that was 1 in 5 prescriptions) were going outwith the community.</p> <p>Having spoken to the pharmacist at West Linton Pharmacy, they were getting an influx over a period of time of people coming to their pharmacy because the services were so inadequate within the neighbourhood. That was important - this was based on services in and services to the neighbourhood. Other pharmacies were providing services to the neighbourhood. The inadequacy was within his neighbourhood. The three pharmacies that were there originally - that is where the inadequacy is and was, and that was quite clear to see. What was really important is that people might be getting a better service in a pharmacy outwith the neighbourhood. They may have gone there and might be getting a great service, and honestly that was great because it is really important for patients to get that level of service. Unfortunately, it meant that the services are inadequate and that was why they have had to go outwith and then that feedback was really really strong. The numbers show it in the data. He was a facts and figures person - the facts were for everyone to see, and everyone could find that information. It's Freedom of Information essentially within the NHS, so none of these are assumptions. They are factual information and data.</p>

6.14.	Mr Niven had no further questions.
6.15.	Ms Susanne Gooding (Non-Pharmaceutical Contractor Member) to the Applicant
6.16.	<p>Ms Gooding noted that the Applicant’s pharmacy would have two pharmacists, and asked the Applicant for a breakdown of his plans for supporting staff.</p> <p>The Applicant replied he had worked for a multiple for a number of years and had run 22 pharmacies, they were very structured – there was an hourly budget per store. If a pharmacy was doing 1000 items, it would have 78 support hours attached to that, whether they were a pharmacy dispenser or a technician - that was the hours generally that a multiple was given, maybe that was slightly higher now.</p> <p>He had also run independent pharmacies before. He had run a pharmacy that was doing 5,000 items there a month, and ran it on nearly 200 hours. So, what he had always done is overstaff pharmacies, as there would always be someone on holiday, and there would always be people off sick as that was the nature of where it is, so his staffing levels of previous pharmacies were always much higher and certainly the independent ones he had managed previously up until May 2023 were always higher.</p> <p>There would be 3 or 4 support workers, and they would add to this, depending on what was there. What was important was that the Superintendent could make a decision on what was required. The applicant said he listened to the staff. One of the first things he did when he took over previous pharmacies was that he listened to what the staff said and what the community said, on what staffing was required, and then reviewed that. He added to it ultimately because it was really important to have the right number of staff and, as an independent contractor, it’s easy to have more staff because they did not have head office costs and they were not diluting that. The objective for this was not to make loads of profit, and to take it out of the business, but to invest in the community.</p>
6.17.	<p>Ms Gooding noted the Applicant had said that he had perhaps “locked-in” some people to work in the pharmacy and asked if they were all trained.</p> <p>The Applicant replied that they were all trained either at dispenser level or checking level. Some of them came from across NHS Lothian,</p>

	sometimes just outside, but on the basis of working relationships he had had previously with people - these were really good people.
6.18.	Ms Gooding had no further questions
6.19.	Ms Kaye Greig (Pharmaceutical Contractor Member appointed by NHS Lothian) to the Applicant
6.20.	<p>Ms Greig noted the Applicant had described that he wanted to be part of the community, and noted that while the CAR was the only tool available, and they had seen other applications and had seen people do other things, 0.12% was not seen as statistically significant and would not show signs of engagement. What evidence did the Applicant have that the new contract was something that the population in Penicuik desired?</p> <p>The Applicant replied that he did not have access to statistics and percentages for previous applications, and asked if they could be shared, so he could see the data.</p> <p>Ms Greig said she had not got that, but a few people on the panel (John Niven, Brian McGregor and herself) had done a few PPCs before, and the CAR responses had ranged up to 600-700. She was not asking for levels of that number, but felt 0.12% was extremely low.</p> <p>The Applicant acknowledged that when broken down to 0.12%, that sounded very low, but there could be an application in Edinburgh that might have 500 responses and the population of Edinburgh was in its millions, but he thought it would be lower than that.</p> <p>He was not there to argue percentage points. What he needed to do was come back to the legal test of adequacy. This was not about people “wanting” something. He was sure lots of the residents in Penicuik might want to have a Greggs closer to where they live or want a Nando’s because they like that, and everyone likes those things.</p> <p>However, the application process was based on the legal test. It was based on adequacy and it being desirable. The responses to the CAR were very positive. The responses were that they would want a new pharmacy. He was sure that if you were to go and knock on every door, everyone would do that, but that was not part of NHS Lothian’s way of people having their opinion on it, and it was difficult to judge that. he was not hiding from the fact of the low responses to the CAR, and had been really honest about that. If he had been hiding from it, he would</p>

	<p>not have said in his presentation that it was low but would have just hoped the panel did not ask a question on it. He had also sat on lots of PPCs and understood that. That is where they were at this moment in time.</p>
6.21.	<p>Ms Greig referred to the measure of adequacy and the legal test, and referred to the 20% of prescriptions going outside the area. The PPC Panel needed to take account of services that are provided into the neighbourhood, even if the premises or contract were outwith the neighbourhood. Without asking individuals exactly for their reason for going outside the neighbourhood, what evidence did the Applicant have that actually showed inadequacy?</p> <p>The Applicant replied this was based on fact. Taking the two GP Practices, at Eastfield and Penicuik and the patients registered there, 1 in 5 prescriptions went out to one of three pharmacies. He was not suggesting that patients would go to Boots at Fort, or went to Princes Street to get a prescription, or that they have gone to Mayfield to have a coffee. He was not suggesting that but what he could probably assume is that a number of patients that get their prescriptions in these two GP practices in Penicuik probably do take them elsewhere. What the facts showed is that 1 in 5 prescriptions end up in Roslin Pharmacy, West Linton or previously at Straiton or West Linton, which are three pharmacies (now two) outwith the neighbourhood that provide services into the neighbourhood. The reason they provide services into the neighbourhood is because the service within the neighbourhood was inadequate at that time, or is still inadequate.</p>
6.22.	<p>Ms Greig said this was where she was confused by what was a fact and what was the Applicant's assumptions, and it was clear that 20% were going outside the area, which they could not argue with, but they did not know why. On that basis, if they did not have any evidence to know why they were going outside the area, then it was an assumption and it was not necessarily a measure of inadequacy unless they actually spoke to the individuals, and took every one of those few thousand items away to ask each patient why they chose to go outside the area – eg was it that the service in Roslin was good? Ms Greig wanted evidence to show that those people had made a choice based on poor service, and asked if the Applicant had any evidence of this?</p> <p>The Applicant said he was correcting what Ms Greig said at the start, since by not dealing in facts and figures, people would assume different things.</p>

More than 1 in 5 prescriptions were going outwith the area, so it was not 20%, but much higher. What he had done is to focus on the fact that 1 in 5 was going to those 3 pharmacies that were providing services – the ones in Roslin, West Linton and previously in Straiton, which is what they had data for. The Applicant emphasised that he was being really really clear on that : 1 in 5 prescriptions from those two GPs was going to one of those 3 pharmacies. Looking at the data it could be seen there were lots more prescriptions going to various different pharmacies. Omnicare had a percentage, because Omnicare delivered prescriptions into all areas, and obviously do dosette boxes, and they were taking on a lot of those prescriptions, so he could add that and say it is actually 23% at are going outwith, because that is the case now.

Omnicare are doing that because, having worked in a pharmacy for a number of years, at one stage a number of pharmacies were not accepting dosette patients. To explain in case someone does not know what that is – if patients require their medications to be put in blister packs for various different needs - a lot of pharmacies stopped doing that because it is labour intensive and Omnicare have a machine to do that. Therefore, they were taking on that and delivering across all of Scotland well outwith their neighbourhoods.

So we could go back and say well those are actually more of the facts and figures to say its 27% of prescriptions that go outside. And yes the 7% probably go to various different places for different reasons because they go shopping or meet a friend and they get their prescription there. What you could also look at is, if you go and look at the data (he was more than happy – if there was a break - to provide data to the panel) was to look at the market share. That was always a key thing. And you know yourself from your pharmacy and I know from running pharmacies before, that the market share is essentially, you're seeing what your own pharmacy does and whether that grows. What you could do is have a view across the year by looking at a map in front of you.

Giving an example, coming back to the item numbers for Lloyds Pharmacy and Roslin. Going back to October 2021, the Lloyds Pharmacy in Penicuik was doing 7528 items. Looking at March 2023, it was 5114, so there is a 2000 item drop. Now if you flip that and look at Roslin Pharmacy, their graph was going in the opposite direction. So you can see where items are going – they have gone to these three outlying pharmacies to deliver services back in the neighbourhood because the service is inadequate. The Applicant said he would be

	<p>happy to provide the data, so everyone could see it, and that everyone could log into Pharmadata during the break or the MPA to see the data. If there was a break, he was content to show you the market share because it was important, and it was difficult to make further assumptions. But it was clear that 1 in 5 of those prescriptions was going out to those three pharmacies.</p>
6.23.	<p>Ms Greig referred to a question raised by Susanne Gooding and the question about staff. In relation to the named pharmacist that the Applicant had mentioned, would they be local to the area.</p> <p>The Applicant replied that the Superintendent was not local at this moment in time, but the other two pharmacists lived within 15 minute' drive of the pharmacy, so were very local.</p>
6.24.	<p>Ms Greig referred to the Applicant's statement that he could be up and running within two months if the application was approved, and asked if these individuals would be available from day one.</p> <p>The Applicant replied absolutely. They currently took bookings as locums three days a week, and were only booked two months' ahead at this moment in time. He had a longstanding agreements and business agreements on what it would look like if the application was approved, and they were aware of the Hearing taking place on this day.</p>
6.25.	<p>Ms Greig asked if the Applicant had engaged with the GP surgeries.</p> <p>The Applicant replied he had not sat down with them to have a conversation. What they had done is share the link to the CAR on their Facebook page for him last year. He had not discussed anything with them yet, as it was not something he did before he took over a pharmacy, as he did not feel this was the right thing to do.</p> <p>For Penicuik Pharmacy, who had taken over from Lloyds, he could see there was a lot of engagement from the Penicuik Medical Practice from their social media pages this year, including sharing posts from Penicuik Pharmacy where Mr McNally had put his introduction on who he was and who his business partner was. They had shared that, and there was a lot of positivity going back and forth.</p> <p>For himself, he was not a contractor yet in the area, and did not want to step on anyone else's shoes. He wanted to forge a positive relationship with the current contractors. There was room for all of them, and he would definitely be doing that in the surgeries, and that is what he had</p>

	<p>done previously – both in his role as an owner of pharmacies, and also when he had managed pharmacies previously as a multiple. The GP relationships were key, and it was always something at the forefront of what he did.</p>
6.26.	<p>Ms Greig asked if the Applicant had any evidence that the other pharmacies in the area did not have capacity to take on any business, or perhaps to take back some of the 20% - the 1 in 5 prescriptions – that were going elsewhere?</p> <p>The Applicant replied that they did not have the data to see after 1st June, or 13th June when Lloyds in Straiton closed, to show where those prescriptions had gone. Nobody knew and some of the local contractors would be obviously be able to say. But the numbers had not been verified by NHS Scotland. So at this point, it was difficult to assume where they were going and, as he had said in his presentation, NHS Lothian had been in touch with the local contractors to ask if they had capacity to take that on. So at that point in time, obviously they did.</p> <p>However, what he wished to point out was that they were not within the neighbourhood – or not all of them were within the neighbourhood. So actually he was looking at the neighbourhood and service was inadequate within the neighbourhood. Some of the outer lying pharmacies were not within the neighbourhood. So therefore that was probably irrelevant to that part of it.</p>
6.27.	<p>Ms Greig referred to the Applicant’s presentation when he had said that if he needed to, he would be in a position to take on 1000 beds across a number of care homes, and asked for the Applicant to explain more, as he had said that it was not something he was looking to do unless he had to, and she wondered what the Applicant had meant by that.</p> <p>The Applicant replied that the most important point was financial viability. Which he realised was not part of the legal test. But it would be asked how he would fund the application, and how it would be sustainable because it was important, and the application was not going to be approved unless it was sustainable.</p> <p>From a capital point of view, he had touched on where the money was coming from – from his late father from his inheritance, and something they had discussed at length before he died in January in relation to the application, which had been going on for one and a half years at that point in time. They had discussed it closely and if his father had been here, he would have been part of this and certainly would have been</p>

	<p>sitting beside the Applicant. From a capital point of view that is where that came from. There was a large amount of money. He was successful in business from that point of view. What the Applicant had needed to do from a business point of view, and his father, although he had not held his hand in business, had given him a lot of solid advice on business and risk in business. His father had said that he would make a number of risks in business because that was the right thing to do, but financial risks he must take care of, and must take care of himself within that.</p> <p>What he had done over the years, in one of his previous pharmacies that he had run, it had increased in items by 25% within a year, so it had gone from 4000 to 5000 items a month quite quickly and with little effort.</p> <p>What he wanted to do as part of this was to have agreements in place with people. As part of working for multiples, he had relationships and also as an independent contractor, he had relationships with people that owned a number of care homes and they were not happy with the service they currently received. However, they were at a point where they had a contract with no end date to it. It was not a fixed contract, and they would be happy to potentially move if that was the right thing and to support a local business.</p> <p>The reason he had put that in there, was because it was an option. He was hoping that he did not need to have to do that. He was not greedy, so he was not there to move things around and make lots and lots of money and overwhelm the pharmacy. It was not something he was doing, but supposed that if he got 3 to 6 months in, and the number of items had not reached 700 or 800 a week, he would be looking at that point to review his business plan and say let's have a discussion about this because that is part of the financial viability of the pharmacy. He did not think that would be the case, but could also consider taking it on, on top, but would have to see what the reaction was like and how it goes, but there should be no questions about viability because there were a lot of items that would come from those care homes.</p>
<p>6.28.</p>	<p>Ms Greig asked if the 1000 beds were in the local area.</p> <p>The Applicant replied it was 250 beds, within a ten mile radius, and would be 1000 items a month.</p>
<p>6.29.</p>	<p>Ms Greig asked the Applicant to clarify that this was something he was looking at in terms of maintaining viability, but not something he was potentially seeing just now.</p>

	<p>The Applicant replied that on day one, when the pharmacy (if approved) was opened, he would not be contracting 250 beds. To help the committee, that would be entering into a 5 year agreement if he did that, so those were the terms of business he had discussed. If he was to take it on, but he would not be doing that on day one. There were a lot of other things to do when a pharmacy was opened, or if you took over a pharmacy. He was sure some of the other contractors were aware of that, and it would not be his priority on day one. That would be embedding in the new staff, the community and obviously embracing what they were doing.</p> <p>As he had said, from a financial viability point of view, maybe three months or six months down the line, if the prescription items had not got above 700 or 800 a week, then he would be looking at doing something a bit different, and that was one option he had. Just to put everyone's mind at rest that there are no financial viability concerns going forward with the pharmacy.</p>
6.30.	Ms Greig had no further questions.
6.31.	Mike Embrey (Pharmaceutical Contractor Member appointed by NHS Lothian) to the Applicant
6.32.	<p>Mr Embrey noted many of his questions had been asked. However, he expressed his concern about the evidence on any inadequacy and asked, in relation to the existing contractors, whether the Applicant was aware of any excessive waiting times for prescriptions.</p> <p>The Applicant replied that there was some evidence in the CAR, and some that some people were waiting five to seven days for their prescriptions. It was important that that was the feedback that been received previously. He could not comment on Penicuik Pharmacy since it had been taken over from Lloyds, and they would be making assumptions if that was the case. He was sure the contractor owner would tell them differently, but it was difficult to know what that looked like. He could read on their Facebook page about their turnaround time. Normally it would be one to two days, given that when you get a prescription, the items either come out later in the evening or the next morning when the prescriptions were made up. From the facts available, a number of people have had to go outwith the neighbourhood, and the reasons behind that are closures at those three</p>

	<p>pharmacies within the neighbourhood. That's why wait times are so long.</p>
<p>6.33.</p>	<p>Mr Embrey was concerned that facts and assumptions were being mixed up, because the Applicant was stating something as a fact that the delay was the pharmacist's problem. But if someone was waiting seven days for a prescription, there were multiple factors that could influence why there was a seven day turnaround. For example, if there were any holidays, if there was a delay between the GP surgery sending it back to the pharmacy, whether it was a special item that might take longer to arrive. So it was important to be careful.</p> <p>With regards waiting times for acute items, if someone walked into a pharmacy were there any issues with waiting times at the moment in Penicuik?</p> <p>The Applicant replied although what Mr Embrey said was important, he had to disagree slightly with where Mr Embrey's assumption was. Looking at the data, which he was sure NHS Lothian would have, around the closures that took place across the pharmacies, some reported and some not – the majority unreported unfortunately - within the two Rowlands, and Lloyds previously, in Penicuik, this was not during but after the pandemic. Those pharmacies were closed, and there were no pharmaceutical services available at any of those pharmacies and that is probably one of the main reasons it has forced people outwith the community to go and get their services elsewhere. Because if one looked at the comments – and these were factual comments, he was not assuming this is the case – these were comments on the CAR, and comments on the Facebook pages, where people were giving real opinions and real facts of what was happening. He was sure the wait times were very fast in the new Penicuik Pharmacy. He had visited both Rowlands Pharmacies and the wait times for acute items were not within 10 or 15 minutes that you would get in a normal independent or in a very well-run pharmacy. He had been in there a number of times to collect prescriptions.</p> <p>The Applicant understood the “specials” point and noted Mr Emrey had a number of pharmacies that he was superintendent for, and would probably have an agreement in place with a specialist provider. For the majority of specials, 95% were available the same day or the next. If Mr Embrey did not have that opportunity, the Applicant suggested that as a contractor, maybe Mr Embrey was not using the right supplier.</p>

	<p>There were reasons for holidays and they were all pre-planned, and pharmacies did a lot of work to ensure people knew, when they were getting their prescriptions. Likewise, it was possible to look at a number of Facebook pages to see them advertising. Certainly, Penicuik Pharmacy would say when there was a holiday weekend and when they will be closed, and what this looks like from a getting your prescription point of view. So holidays did not really come into it.</p> <p>There were people waiting for repeat prescriptions that have been delivered back to the pharmacy, and the pharmacy are not able to deal with that because they were so badly run, essentially. However, the Applicant said he could not comment on Lloyds, which had since been taken over and was now Penicuik Pharmacy. But historically that was where they were.</p>
<p>6.34.</p>	<p>Mr Embrey asked if the Applicant had any evidence of capacity issues relating to dosette boxes at the moment in Penicuik.</p> <p>The Applicant replied that there were issues previously in Rowlands, and that was why a number have gone out, as they were not able to do them. Lloyds were not taking them on either. The Applicant said he could not comment on Penicuik Pharmacy, but was sure they were taking them on now, as it was on their Facebook page that it was something they did. He understood that to be the case. Also, Roslin Pharmacy were taking them on, and this could be seen as they had added this on their submission. However, the Applicant reiterated that Roslin was not within his neighbourhood and people were having to go outwith the neighbourhood to get that service which should actually have been available in the neighbourhood.</p>
<p>6.35.</p>	<p>Mr Embrey asked the Applicant how many previous pharmacy applications he had made.</p> <p>The Applicant replied that as himself, he had already informed the Committee about Ormiston, and he had withdrawn that simply because the CAR responses did not match up to where his expectation or some of the feedback was. He had also made ones with previous business partners that he was no longer part of. So it was only this application that he had currently.</p>
<p>6.36.</p>	<p>Mr Embrey asked the Applicant, in relation to the location of his proposed pharmacy, how long would it take to walk to the existing pharmacies.</p> <p>The Applicant replied that it would be probably be less than 5 minutes to walk to the existing pharmacies. However, two of them were not overly</p>

	<p>accessible. One Rowlands was behind where the B&M is. You could park in the car park if you were going to go there or walk along to it - there was no parking directly outside that one. Obviously, the other ones were walkable within that. However, his premises were right in the middle of the neighbourhood and beside other amenities, it was on a bus line and you could park outside for free – there were spaces outside and around the back, so it was very accessible.</p>
<p>6.37.</p>	<p>Mr Embrey referred to his site visit and had spoken to some locals to try and get an idea of the neighbourhood, and somebody had expressed a concern about the parking at the proposed premises, and specifically mentioned that it was very, very busy on an evening with the chip shop, and their concerns about people parking for the existing businesses already taking up the capacity and people having to park on side streets, and there was also a school crossing just outside for people to get across to the secondary school. So, did the Applicant think it was a benefit to the proposed premises or did he think it was a disadvantage where it was located in that regard?</p> <p>The Applicant replied that his application was not for evening opening so the chip shop and his pharmacy would not be in competition for parking spaces.</p> <p>Mr Embrey said that because the Applicant had made an example by saying how problematic it could be, he was concerned about the additional traffic to the area from the pharmacy.</p> <p>The Applicant queried why would he be concerned about that. The chip shop would have different opening hours and the majority of their business would be for the evening. His pharmacy would not be open after 6pm so therefore the majority of people would not be impacted by that. If you looked at some of the facts and figures around car ownership in Penicuik, it was not high compared with other areas of Edinburgh. Actually, when one looked into it, most people would be walking to the services and that is where people were, especially with the cost of living crisis – they can't afford to travel or pay for travel and they were walking to facilities. So within where he was, you could walk very easily to the location. He was not suggesting that you could not walk to the other locations, because that was not what it was about. It was about the population having grown, and there being room for a fourth pharmacy within the neighbourhood and not one that is giving services to the neighbourhood.</p>

6.38.	Mr Embrey had no further questions.
6.39.	Mr Bill McQueen (Chair) to the Applicant
6.40.	<p>Mr McQueen said the population figures he had in front of him said that the estimated population of Penicuik in June 2021 was 13,380 and asked the Applicant if this accorded with his calculations, since the Applicant had quoted 20,000.</p> <p>The Applicant asked where Mr McQueen had obtained his data.</p> <p>Mr McQueen replied he had obtained it from the NRS Scottish Population Survey.</p> <p>The Applicant replied his data source was the 2011 census, which was included in his application as a population of over 16,000. That was 12 years ago: the census data was used, which was the most accurate (as they were not doing an estimate of the population). So what they could do was take the census data of the last one in 2011. Unfortunately, due to the pandemic there was no census in 2021 in Scotland, so we did not have figures updated for the subsequent ten years. However, what could be looked at was the new housing and the increases to the population and households that were there. Quite simply, he had taken that and then also looked at the house building. If they were to take account of new children in the current population, of the 16,000 - there would also be a number of people who would have died as well as being born, so those should be deducted. So taking the 16,000, and adding all the new houses, you would easily get to 20,000 and probably above, especially if you started going into Auchendinny, Bush and Glencorse, the population would be much, much higher.</p>
6.41.	<p>Mr McQueen referred to the Applicant's statement that he had not had much interaction with GP practices, but they had posted the fact that the CAR was being undertaken, at their premises, and asked if that was correct.</p> <p>The Applicant replied yes that was correct. They had posted on their Facebook Page that there was a new pharmacy application in Penicuik, and they posted the link.</p>
6.42.	Mr McQueen said it could be assumed that they did a bit to generate a possibility of interest and yet they still ended up with a very low CAR response numbers, which led him to the point that the Applicant was making much of the fact that 20% of prescriptions were fulfilled by pharmacies outside of the Applicant's defined neighbourhood, but some

of those pharmacies provided delivery services into Penicuik, and some of those numbers might be met by delivery services from pharmacies outside. So, that service was coming into Penicuik. Mr McQueen asked if part of the Applicant's argument was that it was inadequate – and the fact that a prescription is fulfilled by a pharmacy outwith his definition of the neighbourhood - if that was done by delivery, that it still constituted an inadequate service to residents of Penicuik?

The Applicant replied he would try to answer the long question.

The 20% figure was that 1 in 5 prescriptions left the two GP practices in Penicuik, and went to Roslin, Straiton and West Linton pharmacies. What then happened with that ? Some may deliver, some may not. It was not possible to know the numbers without speaking with the individual contractors. It would probably take a large amount of time for them to provide that information.

He supposed there were a higher number of prescriptions that go out further from there. He could sit and work out the percentages – it was probably 25-27% that go out further. What was really important was that the delivery service is a free service, but it was not a contractual service. So tomorrow, every independent pharmacy may turn around and say “we’re no longer doing a delivery service”. What would happen to the residents of Penicuik that are getting the delivery from outwith? He was sure the three pharmacies in Penicuik were also offering a delivery service. However, as many of the contractors present would be aware, multiples were making charges for the deliveries. It was a loss leading service, but it was one probably expected to take place, but it was not one that was contractual. So tomorrow everyone could turn around and say “actually we are no longer doing this”. The Applicant said looking at supermarkets over the years, all the supermarkets started with a free delivery service, and that rapidly changed to everyone charging for it, unless you spend a large amount of money. What is very important is the 20 minute neighbourhood, and that is what his application was around. It was around adequacy, and it was around the 20 minute neighbourhood. You were not going to be able to walk and get your prescription in 20 minutes from Roslin or West Linton pharmacies. Or you might be able to walk to those places, but not safely, and certainly not within 20 minutes – it was 55 minutes from his proposed premises to Roslin. They could start assuming various different things, but they did not know how many of them were being delivered back in - those numbers were not available. What they did know was that 1 in 5 prescriptions were to leaving to those three pharmacies.

6.43.

Mr McQueen noted that the numbers in the document pack seemed to go up to March this year, but then Penicuik Pharmacy changed ownership from Lloyds Pharmacy six months ago. So they did not have before them any factual evidence for that Pharmacy, although it could be that Mr McNally would produce some evidence when he spoke about what impact the change in ownership there had been. In other parts of the country, by common consent, once Lloyds had announced they were departing, the experience was generally that they offered less good services and people started moving elsewhere. Mr McQueen asked if the Applicant had any facts and figures about what had happened to volumes of prescriptions since Lloyds and been replaced in Penicuik.

The Applicant replied he did not, as nobody had available data other than the contractors themselves, but they had not yet been verified by NHS Scotland. So the figures that they would get (which he was sure that Mr McNally would share) were not verified and were not the same information from the facts he had presented which were up to March 2023. What they could look at was the decline in items which was across pretty much all of the Lloyds stores, as the Chair had said, due to poor service. So Mr McNally could be picking up those items again from what had been lost. What they would probably would then see – looking at the prescription numbers, which had not changed across the GPs. On average, in one of the GPs - the Penicuik Medical Practice - the average number of prescription items was 14,000 per month, which did not change. What it does is it changes where they go, so you may see that Roslin Pharmacy will have a decrease in prescription items and Lloyds in Penicuik – now Penicuik Pharmacy - will have an increase in them, so the prescription items are the same, essentially. They are not growing hugely, it's where they are going.

6.44.

Mr McQueen said that when he had conducted his site visit to the existing pharmacies in Penicuik, they seemed to him to have physical capacity that they could expand if needed to, where they do all the dispensing. Would the Applicant take any exception to that conclusion? They were not constrained for physical space was his observation. Mr McQueen asked if the Applicant had any comment.

The Applicant replied that if they were not constrained previously - because the premises they all have, have not changed - why were they not taking on services like dosette patients previously. That would be a glaring admission to that point of view. So obviously the Penicuik Pharmacy was under new ownership. He knew they were taking on dosette patients. For Rowlands, he could not confirm or deny whether it

	<p>was the case still but was sure they would tell him if it was. Clearly it was not happening previously. There was also the other aspect, that as items started to grow, it became a cost on the business whether to have an accuracy checker, a second pharmacist and essentially that is the question - were they any more profitable than they were before, even though they take the extra items on? That is the main reason multiples choose not to take the items on, because they are not profitable items and independents take them on because it is easier for them to do so. Looking at Roslin Pharmacy – they have two pharmacists most days and that is what you end up doing – and the pharmacist salaries are expensive. So you have to weigh that up with the business plan and the extra items.</p>
<p>6.45.</p>	<p>Mr McQueen referred to the closures that the Applicant had mentioned. The Committee had information from NHS Lothian that showed a number of temporary closure days. For 2022, the figures showed there was one such closure day by Lloyds Pharmacy in Penicuik, and 39 such days at Lloyds Pharmacy in Sainsbury’s in Straiton, but no closures recorded for other pharmacies in Rowlands in Penicuik, or Roslin, or Rowlands at Loanhead. In the eight months to 1 September 2023, it stated there were 13 closures at Sainsburys (now closed), one at Lloyds in Penicuik but no others are recorded as having closures. Mr McQueen asked the Applicant what factual evidence he had that might provide a different picture.</p> <p>The Applicant replied there were a number of photos on social media and in the Penicuik pages that if you looked back over the years, they showed pictures of signs and the door saying “no pharmacist today” or “no pharmacist currently”. Obviously, all these should have been reported previously. The Applicant said it was not his position to suggest that the companies had not reported them. However, he was aware that there were more closures than what was in the figures. He felt that Lloyds in Straiton was an accurate representation and he would also have accurately represented, if he was going to close. However, the other ones were unfortunately not accurate which was disappointing because that was the framework in place. He was aware that NHS Lothian and other Health Boards had looked into how pharmacy contractors have shared information or how they share it going forward, and having previously been in a position where he had not been able to source a pharmacist for a part day or previous days, something he had always done, was to fill out the form and send it back to the Health Board. Unfortunately, that was not the case for the other ones. But he was not going to share assumptions.</p>

6.46.	Mr McQueen had no further questions.
6.47.	Mr McQueen asked if any Interested Party or Committee Member wished to put any additional questions to the Applicant. There were no requests.
6.48.	It was agreed to take a comfort break between 11:27-11:40. Cameras remained on and microphones muted. The Hearing reconvened at 11:40
7.	Interested Parties
7.1.	The Chair invited Ms Diane Bates from Rowlands Pharmacy to speak who read from a statement. .
7.2.	Thank-you for inviting Rowlands Pharmacy to this hearing and allowing us to make representations. We do not believe there is any requirement for a further pharmacy in this area particularly because there are already a significant number within a short radius of the proposed location. We will elaborate further on this point shortly.
7.3.	Neighbourhood - We agree that the proposed neighbourhood is representative of the area our two Rowlands Pharmacies already serve. However, we note that from the map provided a large proportion highlighted on the outskirts of the boundaries is rural in nature. Within the Neighbourhood which the applicant has defined there are a total of 3 Pharmacies in this area already, with a fourth, in Roslin close to the boundary defined to the North East, 2.5 miles away from proposed site. And in addition our Loanhead Rowlands Pharmacy is at a distance of 4.3 miles away from the proposed site.
7.4.	CAR – We note the exceptionally low response rate, of 24 responses on the CAR - which we do not feel is representative of the views or size of the population of Penicuik and therefore we believe the CAR and its comments should be disregarded. There is no visibility of a timeline of responses that has been provided, as we have seen with other CAR results. We conclude that the lack of interest in the CAR suggests that the local population determines that there is adequate provision.
7.5.	Opening hours and Services provided - We believe the existing Pharmacies in this area are currently meeting the needs of the local population. Rowlands Pharmacy would be willing to support with the provision of additional commissioned services, which the Health Board felt necessary. And we would suggest that if it was identified that additional opening hours on a weekend would benefit the residents of Penicuik, that a rota system could be put in place between the existing pharmacies already in the area. Rowlands Pharmacy offer a full delivery

	service to the local and surrounding area which is fully inclusive to support the local population.
7.6.	Access – Our Edinburgh Road Rowlands Pharmacy had a full refresh in October 2022, investing in the area and modernising our pharmacy and including level access from the street. Our Pharmacy Refreshes seek to increase our stock holding of common and popular medications, and include a Health Promotion Board to provide healthy lifestyle information and literature for patients. All in a bright and welcoming environment for customers to access our services and seek advice from our friendly team and pharmacist. Our other Penicuik Rowlands Pharmacy is also being considered for a refresh by our property team as part of the next phase of developments.
7.7.	In reference to comments made in the application regarding our Penicuik Rowlands Pharmacies - specifically and questioning the level of pharmaceutical services they provide to the local population - we must acknowledge that in recent years, our two pharmacies in Penicuik have experienced some operational challenges, compounded by the COVID 19 pandemic, and the wider workforce issues, which affected all community pharmacies in Scotland.
7.8.	However, since January 2022 we have been closely monitoring our pharmacies within this locality, recruiting new colleagues and supporting our teams with, and innovating and better implementing pharmacy processes. These pharmacies have been extensively supported by an Employed Pharmacist, a Pharmacy Manager, and a skill mix to include ACPTs. There is also additional support provided by an Operational Lead and Head Office Fields Teams. In addition, are now operating effectively to provide the residents of Penicuik with a high level of pharmaceutical service.
7.9.	We have no evidence that any patient has difficulty reaching our pharmacy, nor that the opening hours are insufficient. We are not aware of any recent complaints, via official channels, regarding the service provided by our Penicuik pharmacies and dispute these accusations made in the application, which we view as outdated reflections of Pharmaceutical services in the proposed neighbourhood of Penicuik.
7.10.	Due to adequate access and provision of pharmaceutical services which has just been described, Rowlands Pharmacy do not believe there is any requirement for an additional pharmacy in this area, and believe that the granting of this application would have a negative impact on the existing pharmacy contractors already serving the local population of Penicuik. The applicant has failed to articulate what significant benefits this application would confer to the local population, including patients with protected characteristics, aside from there being another pharmacy on their doorstep.

7.11.	This concluded the presentation from Ms Bates.
8.	The Chair invited questions from the Applicant to Ms Bates of Rowlands Pharmacy
8.1.	<p>The Applicant sought clarity from Ms Bates that she had no part-day closures at all in 2022 or 2023 in either of the Rowlands Pharmacies in Penicuik.</p> <p>Ms Bates replied she did not have the exact data. They had had pharmacists who had called in sick, which they had covered, so there may have been an hour or two of not having a pharmacist, but the Superintendent's team would report exactly when a pharmacist arrived on the premises, but there had not been any closures. They had employed pharmacists at both sites.</p>
8.2.	<p>The Applicant asked if it was correct to say that there had been no times where they had closed one of the pharmacies for half a day when they had the pharmacist in the other store and then moved them back to do the other half day – specifically in 2022 or 2023.</p> <p>Ms Bates replied that she was not aware of any.</p>
8.3.	<p>The Applicant asked who would have that information.</p> <p>Ms Bates replied it would be the Superintendent's team. Ms Bates added that they had had a significant flood in the Edinburgh Road pharmacy at the beginning of this year. However, they had remained open and operational. It may not have looked it from the outside, but they were open.</p>
8.4.	<p>The Applicant noted Ms Bates comments about delivery and asked if she could clarify that this was not a core service.</p> <p>Ms Bates agreed it was not, but it was something that they offered to their residents, not specific to Penicuik. They delivered to outlying areas. The service was available to everyone between 9am and 5pm on Monday to Friday.</p>
8.5.	<p>The Applicant asked how many deliveries were done from each of the two sites in Penicuik, per day, roughly.</p> <p>Ms Bates said she did not have an exact figure.</p>
8.6.	<p>The Applicant said the reason for his question was that it had previously been mentioned around the number of deliveries that people did, so he was interested to find out what that looked like.</p>

	<p>Ms Bates replied that they had one driver who serviced both sites, so would collect prescriptions from both branches and then deliver them; however, she did not know exactly how many were from each branch, but said she could find out the information if it was useful.</p> <p>The Applicant confirmed it would be good to have.</p>
8.7.	<p>The Applicant referenced market share and looked at one of Rowland’s pharmacies in isolation – 27 John Street premises. From October 2021 until March 2023, the market share from just Penicuik Medical Centre had dropped by 4%. The Applicant asked if there was any reason she was aware of for getting less prescriptions from that particular GP.</p> <p>Ms Bates confirmed that the timescale referenced was during the time they were experiencing significant operational issues they were unable to avoid. They were struggling with workforce - for an employed pharmacist, which they since rectified at beginning of 2022 and said if the Applicant were to look at the data, it did start to increase their market share.</p>
8.8.	<p>The Applicant asked if Ms Bates was aware of the market share of competitors, or anyone else? She would also be aware, that Roslin Pharmacy for instance grew their market share just from Penicuik Medical Practice from around 3.5% to 4% over the same period of time and asked if this was accurate.</p> <p>Ms Bates confirmed it was, and said that they also collected prescriptions from Roslin Health Care Centre, as well as Penicuik, so there were residents from both, depending on where they lived and what was suitable for them.</p> <p>The Applicant replied that his point was that Roslin was not within his neighbourhood, and therefore not part of the service provision within the neighbourhood. They did service the neighbourhood, but that was a different thing, so he had just been asking around that.</p>
8.9.	The Applicant had no further questions
9.	The Chair invited questions from other Interested Parties
9.1.	Ms Lamont of Roslin Pharmacy had no questions to Ms Bates of Rowlands Pharmacy
9.2.	Mr McNally of Penicuik Pharmacy had no questions to Ms Bates of Rowlands Pharmacy.

10.	The Chair invited questions from the Committee
10.1.	Mr Brian McGregor (Lay Member appointed by NHS Lothian) to Ms Bates of Rowlands Pharmacy.
10.2.	<p>Mr McGregor noted that the CAR was now somewhat outdated – completed in December 2022, but there were significant comments about Lloyds in particular, and also there were some on Rowlands’ behalf, about long delays and queues in the shop, availability of stock, being overrun, understaffed etc. Mr McGregor asked what Ms Bates’ reaction was to the comments.</p> <p>Ms Bates replied that was something that they had been aware of and were working extremely hard to rectify, but it did not change overnight. It took a lot of additional resource but again, they were now in a more stable position, and they were now able to develop their existing staff even further than what they had initially anticipated, by enrolling them on the technician and ACPT courses. So they were not just looking at staffing at the branch, but getting the right skill mix in there, which can take 2+ years, depending on the course that the individuals had been enrolled on. It was in progress at the moment, but it had been a very, very difficult time, and there is no denying the situation that Rowlands were in, but they had addressed that, and have moved forward in a positive way.</p>
10.3.	<p>Mr McGregor asked if the issues were mostly about the support staff.</p> <p>Ms Bates replied that they were always able to get locum pharmacists, but had struggled to recruit an employed pharmacist for a number of years, which had now been sorted, but support staff was extremely difficult, with the majority of them not having any pharmacy experience.</p>
10.4.	<p>Mr McGregor asked if he was correct that of the two pharmacies in Penicuik, one pharmacist had been with Rowlands for a year, and the other pharmacist for three months?</p> <p>Ms Bates confirmed this.</p>
10.5.	<p>Mr McGregor referred to the information provided in the pack, which included a number of Stage Two complaints against Rowlands in 2022-2023. Of the three Rowlands branches in question, there were a total of 8 complaints. Mr McGregor asked if Ms Bates was aware of those herself.</p> <p>Ms Bates replied that their complaints would get supported by the Superintendent’s team, so they would liaise with NHS Lothian and the</p>

	branch to resolve the complaints, so she would not know exactly all the details of them.
10.6.	<p>Mr McGregor asked if Ms Bates had any background information on what the complaints related to.</p> <p>Ms Bates said she would not be sure, given the timescale referenced.</p>
10.7.	<p>Mr McGregor asked, if the application were to be granted, what effect would that have on Ms Bates' own business, particularly the two pharmacies in Penicuik.</p> <p>The Applicant interrupted – asking if Mr McGregor was asking a financial question because the legal test that had been sent out in the pack, that should not be a question asked around the financial impact of the business.</p> <p>The Chair acknowledged that for the Committee, in coming to its conclusion in due course, it was clear that the financial impact of the opening of another practice on existing pharmacies should not of itself be a determining factor. He was happy to hear the answer as to the impact of staffing, financial or otherwise, that Ms Bates may proffer, but was clear, as the Applicant had mentioned a few times, that when the decision came to be made, there were certain factors which were relevant and allowed to be considered by the PPC, and there were others which were not to be used to determine the outcome. That is how he would view it.</p> <p>Mr McGregor explained that his question had been worded in a way that had asked “what would the impact to Ms Bates' business be if the application was granted”.</p> <p>Ms Bates replied she believed there would be a negative impact. It would dilute the business they had at the moment. As the Applicant had alluded to, they were trying to regain market share within the area and offer the best service they possibly could to the local residents of Penicuik.</p>
10.8.	Mr McGregor had no further questions.
10.9.	Mr Niven (Lay Member appointed by NHS Lothian) to Ms Bates
10.10.	In relation to dosette boxes, Mr Niven asked Ms Bates if they were dispensed out of both pharmacies in Penicuik.

	Ms Bates replied that they were dispensed from one store only, on Edinburgh Road.
10.11.	<p>Mr Niven referred to his site visit, and said there was an indication that the provision of dosette boxes in that facility was at – or very near – capacity, and asked Ms Bates to comment.</p> <p>Ms Bates confirmed they were at that moment in time. However, they were about to embark on an automation service for dosette boxes, which meant that they would be made at an off-site function. So, they would be able to increase capacity significantly over the following months.</p>
10.12.	<p>Mr Niven asked if this meant that they were going to centralise the service and if that was for Rowlands as a whole, or just Penicuik.</p> <p>Ms Bates confirmed it was a Rowlands initiative, which had already been rolled out to 11 Scottish sites, under her remit. So, there was a phased roll-out for Edinburgh Road and the Lothian sites were next on the roll-out which would commence in January.</p>
10.13.	<p>Mr Niven referred to his site visit at the Edinburgh Road facility, he said that he had been shown for the refurbishment of the existing premises, and he asked if that was imminent.</p> <p>After receiving clarity from Mr Niven which pharmacy he was referring to (Edinburgh Road site opposite Tesco's), Ms Bates explained that there were no further plans to change Edinburgh Road as they had received a refresh last year.</p>
10.14.	<p>Mr Niven said the reason he asked was that he had been invited to look at plans and there were indications about refurbishing the store and putting in a 24-hour robot in the building.</p> <p>Ms Bates clarified that the plans he had been shown were for the Loanhead branch, which would be getting a significant refit in January. She added that there was a lot of excitement about it.</p>
10.15.	<p>Mr Niven apologised for mixing up the pharmacies. In relation to Loanhead, he asked if a considerable amount of work would be done on that?</p> <p>Ms Bates confirmed.</p> <p>Mr Niven acknowledged it was not within the reference area, but it did receive scripts from the neighbourhood.</p>
10.16.	Mr Niven had no further questions.

10.17.	Ms Gooding (Non Pharmacy Contractor Member appointed by NHS Lothian) to Ms Bates
10.18.	<p>Ms Gooding referred to the changes in both branches that Ms Bates had referred to and asked if Ms Bates would provide a bit more detail on what had changed since the CAR had been done in September to December 2022.</p> <p>Ms Bates said that 2022 had been a turning point – mainly down to the manager in the area, who had subsequently moved to another site. But the processes and staff training that she had put heart and soul into, is what made a big difference. It was the retention of staff, and being part of that team and that development which really did make a big difference. They were determined to work closely with both the Penicuik and Eastfield surgeries, to try and rebuild that relationship. She [the manager] had spent quite a lot of time meeting with them and trying to improve things from both sides.</p>
10.19.	Ms Gooding had no further questions.
10.20.	Ms Kaye Greig (Pharmaceutical Contract Member appointed by NHS Lothian) to Ms Bates
10.21.	<p>Ms Kaye appreciated that her question was about an opinion as opposite to fact, but asked what had been the change on Ms Bates' business since Mr McNally had taken over the previous Lloyds pharmacy. Had she felt it had impacted the area and the business?</p> <p>Ms Bates replied it had been very positive. They had very collaborative working relationships. She and Mr McNally had known each other for a number of years, and there had definitely been a lot of support from both sides with regard to working relationships within Penicuik Health Centre and Eastfield – they both had a lot of insight and had been able to support one another.</p>
10.22.	<p>Ms Greig referenced the collaboration Ms Bates had mentioned about the manager working closely with the GP Practices, and asked if there had been any indication that they would welcome another pharmacy or if they had mentioned that they felt there were any inadequacies.</p> <p>Ms Bates said that there was nothing that she had heard of or could comment on. They had struggled to get information from Eastfield, so they were not as forthcoming about meeting the manager, and gave just a general update, whereas Penicuik Health Centre was very pleased we</p>

	had taken the step to try and improve timings over the last couple of years.
10.23.	<p>Ms Greig asked noted the earlier discussion about delivery services, noting that it was not a core service, but had been mentioned by both The Applicant and Ms Bates. Ms Greig asked if it was something that Ms Bates intended to keep or if she had any plans to get rid of the delivery service.</p> <p>Ms Bates confirmed they intended to keep it. They were actually hoping to introduce some new handheld devices to help streamline routes of the drivers, to prevent going back and forward, but there were no plans to change the service they currently offered.</p>
10.24.	Ms Greig had no further questions.
10.25.	Mr Embrey (Pharmaceutical Contract Member appointed NHS Lothian) to Ms Bates.
10.26.	<p>Mr Embrey mentioned the refit at the John Street site, and asked – apart from making it more modern and giving it a refresh, would that increase capacity in the pharmacy – was that one of the aims of the refit?</p> <p>Ms Bates replied that they had not yet had it confirmed when the refit at John Street would be happening, but confirmed they would change the entire layout of it to try and make the best use of what space they had.</p>
10.27.	<p>Mr Embrey asked if they monitored times for walk-in prescriptions.</p> <p>Ms Bates said no they did not.</p>
10.28.	<p>Mr Embrey asked if Ms Bates had any anecdotal comments about the waiting times in the pharmacy at the moment.</p> <p>Ms Bates said that with the two sites in Penicuik, the majority of the acute prescriptions went to John Street, just because of where they were located, which was why they had moved all of their tray patients to Edinburgh Road, because they had less footfall. The average wait time at John Street was normally 15 minutes.</p>
10.29.	<p>Mr Embrey asked if Ms Bates had any concerns for excessive waiting times for walk-in prescriptions.</p> <p>Ms Bates said no. Previously - a few years – it was significant. There was lots of queuing, which was very visible by anyone walking by the pharmacy, but this was no longer an issue.</p>

<p>10.30.</p>	<p>Ms Embrey said the Applicant and the CAR had both made a comment about the turnaround time for repeat prescriptions, and asked Ms Bates if she had any comment about the amount time that had been mentioned.</p> <p>Ms Bates said that it was very accurate because Penicuik Health Centre can take up to five days to return repeat prescriptions to them, so, to be completed in seven days was quite average considering the majority of that was from the Health Centre not within community pharmacy.</p> <p>Mr Embrey noted the frustration as a contactor that doctors would get 2-3 times as much time to produce a prescription than pharmacies would get to dispense it without raising an eyebrow.</p>
<p>10.31.</p>	<p>Mr Embrey referred to methadone and said that on his site visit to John Street, he had seen a MethaMeasure machine. He assumed this was an increase in efficiency and that that there were no capacity issues from a methadone perspective.</p> <p>Ms Bates confirmed both sites had a MethaMeasure so there were no capacity issues.</p>
<p>10.32.</p>	<p>Mr Embrey had no further questions.</p>
<p>10.33.</p>	<p>Mr McQueen (Chair) to Ms Bates</p>
<p>10.34.</p>	<p>Mr McQueen said that a cynic might say that Rowlands had not been offering a very good service in 2021 and 2022, and then this application had come along for a new pharmacy in Penicuik, and that Ms Bates may have said that “we will need to be appearing at a hearing like this and we will need to be saying that we have upped our game”. Why should the panel believe that she had turned the corner and that the quality of service was so much higher than it was at the time when the Applicant had reported various sources – admittedly added to by her own remarks – of a poor quality service?</p> <p>Ms Bates disagreed. It was January 2022 when they had invested a significant amount of resource into the two sites following the challenges they had faced in 2021. That was prior to them being aware of this application and, as mentioned, it did take a long time to embed the right behaviours - and the training that was required - which did not happen overnight. So, it was mid 2022 towards the end of last year before they had seen the positive changes that they had been hoping for.</p>

10.35.	<p>Mr McQueen commented that the Applicant had said delivery services were not contractual and were a loss-leader, but that Ms Bates had told them that they were going to develop their delivery services a little bit more with better use of technology. Mr McQueen asked what the reality was for her Practice of the cost benefit of delivery services in and around the Penicuik neighbourhood.</p> <p>Ms Bates replied it was a service that they had always had in place, and there was no reason to change or reduce that. It was something that Rowlands pharmacy supported as a free delivery service to patients. There had never been a charge associated with it . The number of patients that they delivered to was absolutely a beneficial service to both the pharmacy and the patients. They would not be looking to change.</p>
10.36.	Mr McQueen asked if any Interested Party or Committee Member wished to put any additional questions to Ms Bates . There were no requests.
11.	The Chair, having noted no further questions from the any parties to Ms Bates, the Chair invited Ms Lamont of Roslin Pharmacy to speak
11.1.	The Chair invited Ms Lamont of Roslin Pharmacy to speak who read from a statement. .
11.2.	Thank you for inviting me to today’s hearing and allowing me to speak. I am a pharmacist and a director of Roslin Pharmacy where we provide pharmaceutical services to the residents of Penicuik on a daily basis. We provide a prescription collection service from both of the Penicuik GP practices and a delivery service to residents of Penicuik. We collect prescriptions every morning and have a driver dedicated to the Penicuik run every afternoon. We also accept urgent prescriptions by email which are prepared immediately and are delivered that day. Patients can, of course, collect their prescriptions from us too which many people choose to do.
11.3.	At Roslin Pharmacy, we have invested significantly over the last few years in infrastructure. We completed a partial refit to provide a second consultation room and continually invest in staff and training to keep our staffing levels high and our service levels excellent. We operate with two pharmacists on most days (currently 9.5 pharmacist days per week) and employ amongst others, a checking assistant and a qualified Pharmacy Technician. We are currently in the process of training another qualified dispenser as a checker. This approach allows one or both pharmacists to be freed up for patient consultation or intervention as needed.
11.4.	The applicant states that “people are taking prescriptions out of Penicuik” to be dispensed which is, and I quote, “simply not good enough”. Surely the residents of Penicuik can choose their pharmacy

	based on what matters to them, whether it be services on offer, stock holding, reputation, or simply ease of parking. Just over 1400 people living in Penicuik are registered with Roslin Medical Practice making Roslin Pharmacy an obvious choice. Roslin Pharmacy is just over a 2 minute drive from the first houses in Penicuik and a 5-8 minute drive from both GP practices. Many people pass through the roundabout at the road end going to and from work, or for shopping etc.
11.5.	The application was made at a time where community pharmacy in general was still recovering from the strain of COVID, a period of time that imposed the hardest trading conditions experienced for decades – conditions which impacted the entire pharmacy network. It seems based solely on a perceived inadequacy of service by the existing pharmacies in Penicuik, however it fails to recognise our consistently high levels of service and investment for the benefit of our community as a whole.
11.6.	The addition of another pharmacy at the proposed site does not improve access to services in the area. On driving round Penicuik at 11am on Thursday morning, had I chosen to have my prescription dispensed at the proposed site, I would have had nowhere to park. The proposed site is also a mere 5-8 minute walk from three existing pharmacies which already have all services in place. Neither does it offer any additional services but rather a replication of those already provided. The additional opening hours stated on the application are of course voluntary and can be dropped at any time back to core NHS hours.
11.7.	I'd like to highlight, or further emphasise the potential impact that another pharmacy in Penicuik would have on the existing pharmacies. This would come at a time when we are already under financial strain with higher locum costs, tighter margins, cash flow difficulties and the constant challenge of stock shortages. Significant increases in running costs and these aforementioned challenges have already contributed to the closing of one pharmacy in the area and the granting of this application would jeopardise existing pharmacies further.
11.8.	Together with Rowlands and Jonathan's team at Penicuik Pharmacy, we more than meet the pharmaceutical needs of the residents of Penicuik and have capacity to meet future needs. I therefore ask that the panel not only consider existing pharmaceutical services provided within Penicuik but also those provided at Roslin and that they consider the hard work and dedication it has taken to maintain staff and service levels throughout these last few, very challenging years. Thank you.
11.9.	This concluded the presentation by Ms Lamont
12.	The Chair invited questions from the Applicant to Ms Lamont

<p>12.1.</p>	<p>The Applicant noted that Ms Lamont had referred to the financial impact and reminded the Committee that it was not relevant in the granting of an application which was key.</p> <p>He noted some positivity in Ms Lamont’s market share. He noted that he had already given the numbers. In October 2021, Roslin Pharmacy were taking roughly 8.5% from Penicuik Medical Centre as a market share and in March 2023, which was the latest data, the market share was 12%, an increase of 3.5%. The Applicant asked if Ms Lamont knew why that was.</p> <p>Ms Lamont said she would be guessing that perhaps it could have been during some of the difficulties that both Rowlands and Lloyds at the time were having, but she did not think that was the case any more and was not relevant any more.</p>
<p>12.2.</p>	<p>The Applicant said within that, looking at Eastfield, it had increased by 1%. During that 18 month period, and - presumably for herself and the pharmacist, on certain days – regarding the patients she was seeing that were bringing prescriptions that were new to her, what were their comments about the services in Penicuik</p> <p>Ms Lamont sought clarity. The Applicant replied that since she had had a marked increase in market share, which had gone up 3.5% in those 18 months – and that Ms Lamont had just said that it was likely because of the issues that Rowlands and Lloyds were having, as the reason she had received extra prescriptions at that time. So presumably some of those patients had come into the pharmacy. The Applicant asked if Ms Lamont was aware if they were making any comments about why they were coming to her instead of going to services that were in the neighbourhood in Penicuik.</p> <p>Ms Lamont said that the only comments she was aware of were for people looking for dosette boxes who were struggling to get them. However, that was common across the board – pharmacies struggle with the numbers of people looking for dosette boxes. But it was not the case anymore. She was not at capacity. And Ms Bates had just said that Rowlands were not quite at capacity, and she knew that Mr McNally was not at capacity, so it was not relevant any more.</p>
<p>12.3.</p>	<p>The Applicant said he felt it was relevant, given that Ms Lamont had received a marked increase in market share of 3.5% over 18 months, which – in terms of pharmacies – was pretty good. So it was great for her who was delivering a great service and, having visited the pharmacy himself before as a customer, he had observed on that one day it was a</p>

	<p>great service. But he was trying to ascertain if there had been any comments around that because - having been in other pharmacies that were outlying – the comments from patients was that they were going there because of the poor service. The Applicant noted Ms Bates around earlier comment January 2022 which was when Rowlands had started investing into and improving their business. But, looking at Ms Lamont’s market share, if looking at figures from June 2022, her pharmacy had still grown six months after Rowlands had started their improvements. He would suggest that Ms Lamont’s business was still growing at that point – and was continuing to grow, even though there had been a perceived improvement.</p> <p>Ms Lamont said her team is also growing, and the amount of effort and time they put into training was still growing. As she had stated in her presentation, to maintain their excellent service levels, they had had put a lot of effort in. It was not just about her pharmacy taking prescriptions because patients were dissatisfied elsewhere. They had a good reputation in the area, which was another reason for people bringing their prescriptions to her pharmacy.</p>
<p>12.4.</p>	<p>The Applicant explained that is what he was highlighting – that she had a good service, and that was not in question. At no point had he said she did not provide a good service.</p> <p>Ms Lamont noted that but said she was trying to connect it. She did not know the reason for each individual person bringing their prescription, if they were a new patient, but she supposed that a lot of it was to do with their reputation.</p>
<p>12.5.</p>	<p>The Applicant asked for clarity – in relation to the past 18-24 months, how many days a week did Ms Lamont work as a pharmacist in her pharmacy on average.</p> <p>Ms Lamont replied 4 days.</p>
<p>12.6.</p>	<p>The Applicant noted he was asking a similar question he had put to Ms Bates. In Ms Lamont’s submission she had stated that she provided all the core services and that she collected from the following practices – Roslin, Eastfield, Penicuik, Loanhead, Bonnyrigg, New Battle, Dalkeith and Gorebridge The Applicant asked if Ms Lamont was suggesting that Dalkeith and Gorebridge were part of her neighbourhood in Roslin.</p> <p>Ms Lamont said, if looking at the definition of neighbourhood, perhaps not. But that was a service that she had inherited when she took over the business. It was a service already being provided to those areas, so it was something that she had been able to continue to do. It was not</p>

	<p>something she had set up herself. Also, there were people who were loyal customers that had been coming to their pharmacy for a number of years from those areas and GP Practices, so they continued to provide the service.</p>
12.7.	<p>The Applicant asked how many deliveries a day did Ms Lamont do.</p> <p>Ms Lamont said she did not know. They had two vans on the road all day from 9am-6pm. She would find it difficult to put a number on it but they had employed the equivalent of two full time delivery drivers which enabled them to go on set routes. One driver would come back in the afternoon to take out any urgent prescriptions or anything that had been missed on the morning vans. They would be taken out towards the latter part of the afternoon.</p>
12.8.	<p>The Applicant asked what records did Ms Lamont keep of the deliveries that went out on a set day – how was it managed in the pharmacy? Did she have a copy of what deliveries had gone out that day with patient information on them.</p> <p>Ms Lamont replied that they had patients set up as delivery patients on the PMR system. The easiest way to check whether it was on the van is to check what time of day it had been completed. Once completed, it was automatically put on the next run. They also kept copies of what had gone out for controlled drugs - they had records of patient's name and address and what had been delivered with regard to controlled drugs.</p>
12.9.	<p>The Applicant asked if he was working in her pharmacy and the driver had gone out that morning with 50 packages, would she know which 50 packages were on the van? Was there a copy of what deliveries had gone on the van?</p> <p>Ms Lamont replied that they had used to keep a copy of the address label of the patient, and when it had gone out, but had stopped doing that recently because they realised that they never referred to it, because they could tell from the PMR system. They were also about to introduce the Pro Delivery Manager app for drivers, but Cegedim had asked them to wait until an upgrade had been completed – the integration with the app and Pharmacy Manager - but it was just about to be implemented, which would make things slicker, and also they could look at any point in time on the system to see exactly where the patient's prescription was.</p>

12.10.	<p>The Applicant noted Ms Lamont had talked about Lloyds in Straiton being closed, and asked if she could confirm that Lloyds in Straiton was not within the neighbourhood that he was proposing to open a pharmacy in.</p> <p>Ms Lamont said no it wasn't but had wished to highlight some of the things happening in the area as a whole.</p>
12.11.	The Applicant had no further questions
13.	The Chair invited questions from other Interested Parties
13.1.	Ms Bates (Rowlands Pharmacy) had no questions to ask of Ms Lamont
13.2.	Mr McNally (Penicuik Pharmacy) had no questions to ask of Ms Lamont
14.	The Chair invited questions from the Committee
14.1.	Mr McGregor (Lay Member appointed by NHS Lothian) had no questions to ask of Ms Lamont
14.2.	Mr Niven (Lay Member appointed by NHS Lothian) to Ms Lamont
14.3.	<p>Mr Niven said that although he noted that the Lloyds Pharmacy at Straiton was not within the Applicant's neighbourhood, but it had obviously attracted reasonable numbers of prescriptions from both Eastfield and the Penicuik Medical Practices, probably in the region of 10,000 prescriptions. Since the closure of Lloyds, had Ms Lamont found her number of prescriptions increasing from that particular source.</p> <p>Ms Lamont replied that leading up to the closure in Straiton, they probably noticed that more than when they actually closed, because had people come to ask them to take over things like dosette boses or prescriptions for delivery. There was not a massive influx of prescriptions because before Straiton closed, there had not been a lot of talk about it in the area, so that people who had been using the service had found elsewhere, whether it was Rowlands at Loanhead or elsewhere.</p>
14.4.	Mr Niven asked, in relation to total of around 10,000, asked if – from checking her own statistics and checking processes– whether Ms Lamont knew if most - if not all - of them came to her pharmacy.

	Ms Lamont said she did not see how it could be all of them because although she knew that Roslin Pharmacy had been increasing their numbers, it was not by 10,000; however, she did not know the exact number.
14.5.	Mr Niven said that there was reason to assume that, being the closest to Lloyds in Straiton, that she would attract them. Ms Lamont said she did not have that information.
14.6.	Mr Niven asked if there was a situation where some of the prescriptions would go back to pharmacies in the Penicuik area. Ms Lamont confirmed.
14.7.	Mr Niven had no further questions.
14.8.	Ms Gooding (Non Pharmacy Contractor Member appointed by NHS Lothian) had no questions to put to Ms Lamont
14.9.	Ms Greig (Pharmaceutical Contract Member appointed by NHS Lothian) to Ms Lamont
14.10.	Ms Greig referred to Ms Lamont's statement in relation to checking technicians and that she had double cover on most days, and asked why she chose to go down the route of double cover pharmacists – with an additional outlay - rather than just having more qualified technicians that can check. Ms Lamont replied that it was because they did quite a few pharmacist consultations, so she personally found it easier having another pharmacist present.
14.11.	In relation to deliveries (which she had asked others), Ms Greig asked if she planned to stop the delivery service. Ms Lamont said no.
14.12.	Ms Greig asked Ms Lamont to describe the difference now to her business since Lloyds Pharmacy had been taken over, compared to the time previously when it had already been mentioned that both Rowlands and Lloyds had struggled. Had she seen much of an impact since Mr McNally had taken over at Penicuik Pharmacy. Ms Lamont replied that, in a general sense, they were not being asked for so many dosette boxes for the area. Relationships were good – she and Mr McNally had been in contact – they were all trying to work in the area for the community.

14.13.	<p>Ms Greig asked – with reference to the time and effort put into her team, but asked why Ms Lamont felt the service level was perceived to be good – was the team well established – eg had they been with her a long time.</p> <p>Ms Lamont said it was a bit of both. Some members of the team had been there prior to her taking over, and some were new. Regarding the relationship with the team, she had always tried to build a team she was going to keep – so it was down to how you treated the team. She had a stand-alone pharmacy, and she did not go anywhere else, but worked alongside them day to day, so they got to know each other and had good relationships. She had always found that helped with putting a team together and encouraging them to stay with her and to promote loyalty to her as the business manager or the business owner. So yes, the time and effort put in paid off. She had quite a large team, so they invested quite a lot in staff and pharmacist cover, so the girls were not feeling that they were under pressure, run off their feet etc. She staffed the place to what she felt was a comfortable level for her and her team.</p>
14.14.	Ms Greig had no further questions.
14.15.	Mr Embrey (Pharmaceutical Contract Member appointed by NHS Lothian) to Ms Lamont
14.16.	<p>Mr Embrey noted the earlier discussion regarding the number of items that she was delivering into Penicuik but said that there were other aspects to pharmacy services and the pharmacy contract. So, if there was a patient in Penicuik that needed to access Pharmacy First or needed emergency hormonal contraception, what did that look like, and how did they provide that service in Penicuik.</p> <p>Ms Lamont replied it depended on whether the person was a delivery patient or whether they came into the pharmacy. A lot of patients chose to drive to them. They had a massive car park, so parking was not an issue. They could offer Pharmacy First consultations over the phone or if they had signed up Near Me (which was not used often), there were other number of ways to hold the consultations. So, it was not unknown to have an EHD consultation on the phone, and then arrange a delivery. They tended to be younger, mobile women. But if it was a delivery patient who was housebound or dependent on their pharmacy bringing the patient their medication, then they would consult over the phone if it was appropriate.</p>
14.17.	Mr Embrey asked if Ms Lamont ever felt that because she was not in the neighbourhood, then a patient was getting a lower quality of service.

	Ms Lamont replied absolutely not. Ms Lamont said that there was a lot of focus on the Applicant's neighbourhood, but their pharmacy was just a two minute drive from Penicuik, so she felt very much part of it. There were 1400 patients that lived in Penicuik that went to the surgery that she was adjacent to. She said it seemed as if there was a line being drawn and that she was outside the line, but it did not feel like that Penicuik was very much part of the community that she served.
14.18.	Mr Embrey had no further questions.
14.19.	Mr McQueen (Chair) to Ms Lamont
14.20.	Mr McQueen asked what was the normal timescale for a repeat prescription being produced for a patient for Penicuik Surgery and Roslin Practice. Ms Lamont replied that they would both be the same. For regular repeats, it would be between one to two working days. For urgent deliveries or urgent prescriptions, they would do them straight away. For example, Roslin would put mark theirs as urgent and put them on top. Penicuik would mark theirs with red or amber – meaning red was required that day. Amber would be fine the next day, but to be honest, if it was red or amber they would do it straight away. If it was a delivery, it would go out on the van that day. Anything else that was non-urgent would be one to two working days.
14.21.	Mr McQueen had no further questions.
14.22.	Mr McQueen asked if any Interested Party or Committee Member wished to put any additional questions to Ms Lamont.
14.23.	Applicant's additional questions to Ms Lamont
14.24.	The Applicant noted that Ms Lamont had said it was a two minute drive to Penicuik, and, having checked it on google maps, it was an eight to ten minute drive into the centre of Penicuik, and asked if Ms Lamont agreed this as more accurate. Ms Lamont replied that it was a two minute drive to the first houses in Penicuik.
14.25.	The Applicant asked if Ms Lamont agreed that right into the centre of Penicuik, it could be up to ten minutes. Ms Lamont said it was five to eight minutes.
14.26.	The Applicant referred to Mr Niven's reference to 10,000 prescriptions from Lloyds in Straiton, and said maybe it should be a question to Mr

	<p>Niven as he was seeking clarity, since the average number of items for Lloyds in Straiton over the 12 month period from March 2022 to March 2023 had been 6,186 items per month, not 10,000 items a month, and had never been 10,000 even when it was dropping off. Before that it had been 7,000. The Applicant asked Ms Lamont if she remembered how Mr Niven had worded it since only 10% of that business came from the two GP surgeries in Penicuik, and he wondered if Mr Niven wished to reclassify that.</p> <p>Mr Niven replied to clarify the figures he had read out from May 2022 to April 2023. Prescription figures for Eastfield Medical Practice had 5,555 prescriptions to Lloyds in Straiton and the Penicuik Practice had 4,922 which is where the 10,000 figure came from . For the year from May 2022 to April 2023 those were the statistics that had been provided.</p> <p>The Applicant said on Pharmadata in May 2022, Eastfield Practice had produced 7992 prescriptions to all the pharmacies it had. And out of those 7992, only 598 (7.4%) went to Lloyds at Straiton, so he was not sure if the figures Mr Niven had provided were accurate.</p> <p>Mr Niven confirmed the figure he had covered the 12 month period from May 2022 to April 2023 – the number of paid items prescribed by Eastfieldl and Penicuik Medical Practices that were dispensed to Lloyds in Straiton.</p> <p>The Applicant noted this was an annual figure, which equated to an average monthly figure of 1,000.</p>
<p>15.</p>	<p>The Chair, having noted no further questions from any parties to Ms Lamont, the Chair invited Mr McNally of Penicuik Pharmacy to speak who read from a statement. .</p>
<p>15.1.</p>	<p>I'd like to thank the committee for allowing us to speak today and represent Penicuik pharmacy at today's contract's meeting.</p> <p>Let me introduce myself. My name is Jonathan McNally and I have been a qualified pharmacist for just under 14 years, during which time I have worked in a variety of jobs for a number of different employers, gaining the necessary experience and contacts I required in order to achieve my dream of becoming a pharmacy contractor. That dream became a reality in June, when along with my business partner (James McKeever) we purchased Lloyds Pharmacy in Penicuik. In doing so, my family and I have sold our home in Glasgow, moving east to Edinburgh in order make working in Penicuik more accessible. You could call this a lifestyle</p>

	purchase. At Penicuik Pharmacy, I am the Superintendent Pharmacist and work full time within the shop.
15.2.	As expected, we would like to start today by defining the proposed neighbourhood then discuss why we think the current pharmaceutical services within the area are currently adequate. Thereafter we will then summarise some of the additional services we now offer within the pharmacy. Finally, we will finish with an important consideration in regards to the future of Penicuik and any probable developments. In doing so we will highlight why we feel this existing network of pharmacies is adequate and will continue to cope during any increase in demand without any reduction in service level.
15.3.	<p>Neighbourhood</p> <p>To address the legal test today, Penicuik Pharmacy agree with the neighbourhood defined by the applicant. We would put the population roughly in excess of 15,000 people. Just looking at the census done in 2021, it was 13,486, and we have estimated 1000 new homes with the possibility of 2,400 new residents, totalling 15,886. Within the neighbourhood there are three pharmacy contracts and we have shown the current pharmaceutical services are adequate.</p>
15.4.	Currently our pharmacy opens Monday to Friday from 9.00am to 6.00pm, and we open on a Saturday from 9.00am to 5.00pm. Previously Lloyds were closed for lunch. We have since reversed that recently, improving accessibility of the local population.
15.5.	<p>For pharmacy services, Penicuik Pharmacy provides wide a range of pharmaceutical services, including all nationally agreed core contracted services as well as numerous additional healthboard services including;</p> <ul style="list-style-type: none"> • Enhanced Pharmacy First, • incontinence care service • dosette box service • Chlamydia treatment service • Hepatitis C treatment service • Medicine waste and sharp disposal service • Prostate Cancer Service • In discussions with the Health Board to deliver a Needle exchange service in 2024 <p>All core and additional pharmacy services are already currently offered within in the town and therefore there are no gaps in services provided.</p>

15.6.	In terms of accessibility, Penicuik Pharmacy is centrally located in the hub of Penicuik, with ample parking at the rear of the shop. Additional to this there is a sizeable, convenient free car park at the rear of the Promenade and another additional car park at Lidl. Due to our central location the pharmacy is easily accessible to all patients, situated near the GP practice and other shops within the town and just across the road from the main bus terminus within Penicuik.
15.7.	Regarding our premises, Penicuik Pharmacy is currently DDA compliant with a labelled front door, disabled access and automatic easy access door. We have hearing loops installed and the premises is brightly lit and open, providing ease of access for all patients.
15.8.	The pharmacy has been recently refitted three years ago, featuring a large modern dispensary capable of handling a significant increase in prescription volume, and any new Health Board introduced services. There is single, large modern consultation room and a spacious retail area for patient access. The passageways are wide, accommodating for a large volume of patients. We also have planning permission for a second consultation room, to be installed in 2024.
15.9.	<p>Therefore, we feel that access to current pharmacy services in the Penicuik neighbourhood is adequate due to the needs of the populations being met in terms of the following;</p> <p>Appropriate Opening hours Ease of access All healthboard Pharmacy services being on offer. Adequacy of premises.</p>
15.10.	Moving on: We would like to address the Applicant and the future need for pharmacy services in Penicuik and why we feel the network can adequately cope.
15.11.	The neighbourhood of Penicuik is currently roughly half-way through a house building expansion and so far the pharmacy network has amply coped with the increase in demand. Penicuik Pharmacy is nowhere near capacity, and we fully expect the business to grow and this is one of the reasons why we acquired this branch from Lloyds. It was previously an underperforming business with potential for growth.
15.12.	<p>To cope with this future demand of the pharmacy, we would like to highlight the ways we can increase our capacity and services: -</p> <p>The premises has, and will continue to improve.</p> <p>On January 31st, a 24-hour collection robot will be installed, with planning approval already obtained. This will enable 24-hour collection facility from the pharmacy seven days a week.</p>

15.13.	Furthermore, a second consultation room will be added as previously mentioned, in line with submitted plans, allowing the pharmacy to further expand our already established enhanced pharmacy first plus service alongside its use for any core pharmacy services.
15.14.	Following our acquisition, we have fitted out the back areas of the pharmacy, increasing our capacity to carry a larger stock holding as well as providing an additional area to prepare dosette boxes. Having done so we have seen our dosette box service grow from 72 patients to over 100. We have well publicised locally that we have no ceiling in our capacity to offer this service and would be happy to expand it should there be appropriate demand.
15.15.	<p>To summarise the changes we have implemented</p> <ul style="list-style-type: none"> • Our collection facility will free up pharmacist and staff time, resulting in a better quality patient led service. • We have the flexibility, should numbers significantly increase, to make notable alterations to our sizable premises, should it be needed.
15.16.	<p>Staffing Changes:</p> <p>There has been a substantial overhaul of the staff since June 1st. We hired our full-time (40 hours) accuracy checking technician, on August 1. They have over 30 years of pharmacy experience and their role frees up pharmacist time for more consultations and clinical work. Internally, of our existing staff, working hours have been increased by 20 hours.</p> <p>All staff have been and are undergoing formal training for the necessary qualifications for dispensing. Further training will be rolled out to staff in 2024.</p>
15.17.	Additionally, our advanced Independent Prescribing Pharmacist joined us at the end of July and has been recruited to provide additional cover on Mondays, Tuesdays and Wednesdays, offering enhanced Pharmacy Plus service. They are an independent prescriber, which allows her to do this.
15.18.	Overall, our staffing levels are to ensure an excellent level of provision and service as well as to ensure the pharmacy can handle any additional workload. Three members of staff are part time which aids with flexibility to adjust to any acute working demand. If demand further increases, we can flex the staffing levels and recruit staff in a similar fashion to what we have achieved.
15.19.	Pharmacy Closures:-

	<p>The applicant has addressed pharmacy closures. Since June 1st Penicuik Pharmacy hasn't had any pharmacy closures and has dealt with pharmacy staff sickness and bereavement without any disruption to its service. The Lloyds Pharmacy's erratic cover is now firmly in the past and no longer a concern, as the pharmacy is no part of a large multiple chain, and now represents a small independent, owner-led community pharmacy.</p>
15.20.	<p>Reduced Waiting Times:</p> <p>Waiting times in the pharmacy have significantly decreased. The new computer system scans subscriptions, and on average, patients now wait less than 5 minutes for their prescriptions to be dispensed and handed back to them. As owners we have invested in new technologies to enhance efficiency in our dispensing related processes. Our PMR system has automated technology. We use a delivery service app that optimises delivery routes (via PharmDEL). We use integrated electronic CD registers, electronic private prescription books, plus an efficient barcode prescription scanning and tracking retrieval application. This results in dispensary optimisation, freeing up as much time as we can to devote to our patients. Coming in the next few weeks our new website will be going live bolstering repeat prescription ordering and the ability to contact the pharmacy via an encrypted business WhatsApp. Additionally, patients will have the added option of a live booking system to speak to our pharmacists.</p>
15.21.	<p>Improved Prescription Turnaround Times:</p> <p>Prescriptions are now processed and completed on the same day as we receive them from the GP practice. If ordering is required, depending on the time of day, it will either be ordered and arrive that afternoon or for the very next morning, eliminating the previous three to five working day dispensing period. There is no longer a backlog of work and the pharmacy can remain fully present to carry out any current increase in acute prescription demand.</p>
15.22.	<p>Expanded Stock Holding:</p> <p>The pharmacy now maintains a larger stock range and has access to every wholesaler in Scotland. This broader range of suppliers allows for better management of prescriptions and ensures timely access to stock in case of shortages.</p>
15.23.	<p>We also have access to every Scottish wholesaler which makes obtaining stock far easier, reducing shortages and delays. Our account suppliers include:</p>

	<p>AAH, Alliance, Phoenix, Ethigen, Aver, Lexon, Bestway, OTC Direct, Maudsley's, Clarity, Pharma, Rocca and Trident.</p> <p>Every supplier that the pharmacy could need, we now have an account with.</p>
15.24.	<p>Enhanced Delivery Services:</p> <p>The cap on daily deliveries has been removed (Lloyds previously had a cap of 25 per day). We are nowhere near capacity for deliveries. The cap has been removed. The pharmacy has recruited its own delivery driver and vehicle. We operate between 9am and 2pm Monday to Friday. Emergency prescriptions are delivered by my staff or myself. We have a secondary driver who covers holidays and has the ability to offer additional hours if demand has increased. This aids with flexibility to easily accommodate increased demand, with required additional deliveries, or staff holidays. We have plenty of resources to confidently expand our service.</p>
15.25.	<p>Increased Domette Box Capacity:</p> <p>As previously noted our domette box capacity has grown from 72 patients to over 100 within six months. The pharmacy can now meet any future demand for domette boxes, and there is no longer a backlog unmet demand.</p>
15.26.	<p>Pharmacy First Consultations:</p> <p>With an expanded staff rota, the pharmacy has significantly increased the number of Pharmacy First consultations since June. This can be seen from our rise in consultation numbers – we are doing in excess of 350 per month, which has increased threefold. We were originally opened in June around the 100 mark. This is mostly due to the hiring of our Independent Prescribing Pharmacists.</p>
15.27.	<p>Enhanced Pharmacy First Service</p> <p>We are proud to be the second pharmacy in Midlothian offering this service. Our Independent Prescriber works Monday to Wednesday and additionally one Saturday in every four, offering a triage service. Following regular meetings with local GP surgeries, we plan to further expand and develop these services into early 2024. Additionally, my wife Kimberley McNally will be joining the pharmacy team in February next year, working Thursday and Friday, having returned from maternity leave. This will result in our enhanced pharmacy first service being offered throughout the whole working week. Furthermore, I am midway</p>

	through my prescribing course at Robert Gordon's University. Therefore by April 2024 there will be three prescribing pharmacists ready to offer services to the population of Penicuik covering all operational hours Monday to Saturday
15.28.	Currently, we are in close collaboration with our local surgeries to enhance what was previously known as the CMS service in our area. Following several meetings, we have devised a plan to roll out this service over the next few months as per the surgeries' request to stagger the required patient GP appointments. The objective is to ensure seamless provision and communication among us, our patients, and the surgery. Once established, there is an agreement to expand and elevate the service throughout 2024.
15.29.	In addition to fulfilling all the contracted Scottish services, we have initiated discussions with the Health Board regarding the implementation of the needle exchange service. A meeting is scheduled early in the new year to further explore this.
15.30.	Beyond these, we are committed to providing any services deemed necessary. Should there be a need to operate additional hours if the network required, it would be open to negotiation within that. Whilst we believe our current provision is sufficient, our goal is to offer our patients the option of 24 hour, 7 days a week collection, prompting our investment in a collection facility.
15.31.	In summary : The future needs in the town of Penicuik:- The expansion of our delivered services and the removal of Lloyds Pharmacy poignantly allows the pharmacy services to meet any further expansion in the town and to cope with adequacy.
15.32.	We believe that the pharmacy neighbourhood is adequately served by the three current pharmacies . At Penicuik pharmacy, we are forward thinking and flexible enough and this has been shown since June that we could handle an increase in pharmacy demand and proficiently deliver all current core services and additional services. The future accessibility of services is adequate, the premises are well-equipped, and there has been a significant improvement in both the quality and variety of pharmacy services since our acquisition.
15.33.	To address the application The application will not introduce any services that are not currently offered by ourselves at Penicuik Pharmacy. The application in regards to the CAR appears to be obsolete, as it pertains to a different contractor. Furthermore, it seems underrepresented with only 24 replies over 90 days of the consultation period, in a community exceeding

	15,000 in population. It's worth noting that the proposed improvements in this application have already been adequately implemented by the contractors in Penicuik.
15.34.	The proposed location does not enhance patient access and suffers from limited parking facilities as previously noted. The pharmacy's proximity to a school crossing, as previously noted, coupled with increased traffic during peak hours for nearby takeaways, is anticipated to create significant parking challenges and contribute to traffic congestion.
15.35.	The next topic we'd like to address are the service levels of the pharmacies within the neighbourhood. Undeniably, criticism is noted within the CAR report regarding service levels. However, it could be suggested that the Applicant's present CAR report represents a significant underrepresentation of the community. Drawing true sentiments from a report with only 24 responses is challenging, as it realistically cannot provide an accurate reflection of the local community's feelings. While we acknowledge there was a need for substantial improvements in standards and provision from our predecessors, we assert that since assuming the responsibility, we have not only fully addressed each identified issue on the report but are also delivering a level of high service that goes beyond the unspoken needs.
15.36.	Moreover, the under-provision during Lloyds' tenure was not unique to Penicuik but rather a systemic issue across the entire country. It could be suggested this was following Lloyds' acquisition by a venture capitalist firm, marked by inadequate investment in their pharmacies, resulting in notable challenges which was consistently identified as primarily understaffing branches. Also to remember that as health professionals, we faced unprecedented and unexpected challenges during COVID as well as a well-documented ongoing national pharmacist shortage.
15.37.	It is crucial to recognise that the current CAR report reflects Lloyds' service in the local area, not ours, and as such we contest that it is now outdated. Since taking over, we have successfully addressed and navigated these obstacles, demonstrating a significant reversal in all areas.
15.38.	The pharmacy changed ownership 6 months ago on June 1, 2023, and is no longer has any association Lloyds Pharmacy. Since then, numerous changes have been implemented to address any concerns about adequacy.
15.39.	The application fails to address adequacy concerns regarding access, particularly considering the suggested site's placement in the midst of the three existing contracts.

15.40.	We would also like to highlight the potential viability issues we would face at the prospect of another pharmacy in the area. Our acquisition of Penicuik Pharmacy was after careful consideration of goodwill and financial planning in terms of hiring new staff and expanding services. In the event of a drop in this goodwill we would potentially face serious repercussions regarding our overall viability in terms of services and our ability to deliver these services at their current level. We have made significant investment into the business seen in our staffing and premises dramatically improving service and accessibility.
15.41.	In conclusion, we firmly believe that there is ample provision of pharmaceutical services with appropriate access in Penicuik. At Penicuik Pharmacy, we possess the capacity to manage any substantial increase in demand for workload or services in the future if necessary. Since assuming control in June, we have comprehensively addressed issues for all core services, ensuring proficient and safe delivery. We have actively promoted additional services recommended by the health board and maintained close communication with our surrounding GP surgeries to meet their needs.
15.42.	Notably, while Lloyds failed their recent GPHC inspection, it is important to also highlight, within a few months of trading, we were visited by the GPHC and passed our inspection with no issues.
15.43.	I am sorry at the length of my presentation, however having never been in this position before and it's the old adage of leaving no stone unturned. Taking all these factors into consideration, the current pharmacy provision is adequate, all future probable developments are addressed and the pharmacy services will remain adequate and able to cope. Therefore, we ask the panel to reject the application.
15.44.	This concluded the presentation by Mr McNally
16.	The Chair invited questions from the Applicant to Mr McNally
16.1.	<p>The Applicant said that Mr McNally had mentioned the potential financial impact or not being viable if this contract was to be placed. So that was obviously not relevant to the legal test.</p> <p>Mr McNally said that he had never said that he would not be viable, but that the viability of services would be at risk.</p>
16.2.	<p>The Applicant said that it was great that Mr McNally had taken over from Lloyds as an independent, noting that he had chosen Penicuik, and asked if that had been his first choice of Lloyds to purchase.</p> <p>Mr McNally replied that he had had one or two locations in mind, but primarily had wanted Penicuik Pharmacy.</p>

<p>16.3.</p>	<p>The Applicant referred to Mr McNally’s comments on population, and said that the 2011 census gave a population of 15,926 and asked where he had obtained his population of 13,000 from.</p> <p>Mr McNally replied that his statistics were two years old and came from a Scottish Government statistics website which put Penicuik’s population at 13,486.</p> <p>The Applicant asked if that was an estimate. Mr McNally replied it was the census report. The Applicant said that the last census was 2011. Mr McNally said that he was going by the Government website, which was not from 2011, but 2021.</p>
<p>16.4.</p>	<p>The Applicant said even looking at the estimated population in 2021 was 16,500, without the house building, So he would argue the case that the population was much higher than what Mr McNally had given, considering the population census which was factual was 15,926 in 2011.</p>
<p>16.5.</p>	<p>Mr McNally asked where the Applicant’s figure of 16,000 came from.</p> <p>The Applicant replied it was an estimated population based on the census of 2011, and births and deaths since then, which was 16,500 without house building.</p>
<p>16.6.</p>	<p>Mr McNally asked if that was a printed documented figure similar to the website that the Applicant was looking at? Was that population outwith the Applicant’s defined neighbourhood.</p> <p>The Applicant replied it was within Penicuik’s locality. It would be higher if all the extra was added in.</p>
<p>16.7.</p>	<p>The Applicant said that it had been six months since Mr McNally had taken over, and asked how many pharmacists did he currently employ as of today’s date.</p> <p>Mr McNally replied that it was himself and an Independent Prescriber who worked Monday to Wednesday and his wife, who was also a pharmacist, would be returning from maternity leave in February, in 3 months’ time.</p>
<p>16.8.</p>	<p>The Applicant said that in Mr McNally’s submission, he had said that he had his wife Kimberley McNally, who was obviously his wife, as an independent prescribing pharmacist.</p>

	Mr McNally confirmed.
16.9.	<p>The Applicant asked if she was employed, since she had obviously not started since Mr McNally had taken over.</p> <p>Mr McNally replied that she was there. They had had a child in February 2023, so she would be back in February 2024.</p>
16.10.	<p>The Applicant said that Mr McNally’s submission had been on 28 April 2023, which had said she was employed as an independent prescriber.</p> <p>Mr McNally confirmed she was a director of the pharmacy.</p>
16.11.	<p>Ms Kaye made a comment to someone off camera which was muffled. “I am not.... just listening this guy ... is being a dick”. Indistinct comment from male voice off camera in the background.</p> <p>The Applicant said to Ms Kaye that her microphone was on and he was not sure if her comment had been directed to himself or Mr McNally.</p> <p>Ms Kaye said it was not directed to the Committee, but was referring to something her husband was doing, unfortunately.</p>
16.12.	<p>The Applicant recapped Mr McNally’s statement that there would two pharmacists – one full time, himself and someone three days a week. When there were three pharmacists, which would be next year when his wife returned, how many days would his wife work?</p> <p>Mr McNally said this was possibly going to be 2 days in the pharmacy.</p> <p>The Applicant noted this was effectively two full time pharmacists hours-wise.</p>
16.13.	<p>The Applicant asked what the cost would be per year.</p> <p>Mr McNally said that his wife was a director and owner, and it was a family business, so he was not sure if he needed to share the wages of his pharmacists. It was a private issue between himself and his employee.</p> <p>The Chair interjected that the Applicant was entitled to ask and Mr McNally was entitled to answer in whatever way he saw fit.</p> <p>Mr McNally replied that his wife was being paid a competitive market salary for an Independent Prescribing Pharmacist.</p>

16.14.	<p>The Applicant asked if Mr McNally was taking a salary as a pharmacist or as a director.</p> <p>Mr McNally replied as a Director.</p>
16.15.	<p>The Applicant asked, since the six months that Mr McNally had taken over the pharmacy, was he making a profit yet.</p> <p>Mr McNally replied yes he was, and it was a viable entity.</p>
16.16.	<p>The Applicant asked, even with an extra pharmacist coming on board, would he still make a profit.</p> <p>Mr McNally replied yes, he was seeing his numbers grow.</p>
16.17.	<p>The Applicant referred to Mr McNally's comments that he offered a number of additional services, which was great, but they were not all core services, were they?</p> <p>Mr McNally replied no. The were ones requested by the Health Board but were not core. However, their patients required a number of these additional services, so to meet the demand, they offered them.</p>
16.18.	<p>The Applicant referred to Mr McNally's comment that previously there had been a cap of 25 per day for deliveries with Lloyds. And asked how many Mr McNally was delivering.</p> <p>Mr McNally said he could not quantify. He knew that they were nowhere near capacity for the rota hours of their driver.</p>
16.19.	<p>The Applicant referred to Mr McNally's comments that he had gone from 72 to 100 dosette boxes. Was that per month or per week.</p> <p>Mr McNally confirmed it was per month.</p>
16.20.	<p>The Applicant asked how many staff did Mr McNally have in his pharmacy.</p> <p>Mr McNally said he thought there was nine. An ACT, 3 dispensers. The way it worked was that they worked on rotation. They were all dispensers and had all received their dispensing qualification but all took a rota of being out front of the store. He had ample staffing cover within the pharmacy.</p>
16.21.	<p>The Applicant asked how many hours was that per week.</p>

	Mr McNally replied that he did not have that figure to hand, but the GPHC had been in, and they had agreed that they were adequate for his staffing hours.
16.22.	The Applicant had no further questions
17.	The Chair invited questions from other Interested Parties
17.1.	Ms Bates (Rowlands Pharmacy) had no questions to put to Mr McNally
17.2.	Ms Lamont (Roslin Pharmacy) had no questions to put to Mr McNally
18.	The Chair invited questions from the Committee to Mr McNally
18.1.	Mr McGregor (Lay Member appointed by NHS Lothian) to Mr McNally
18.2.	<p>Mr McGregor noted Mr McNally had referenced heavy use of technology such as Apps and 24/7 systems, and had also had mentioned having a second consulting room in 2024. Mr McGregor asked if the 24/7 robot and the consulting room would be put in place at the same time, and also, when was that likely to be.</p> <p>Mr McNally replied that it was a new business and they were keeping a close eye on it. The estimated payments came from PSD. It was all about cash flow. So although they had put investment in place for the new robot, the additional services - the additional consultation room - it would take time to make sure they had the appropriate funds to build all that. They had planning permission and had a level of investment to be able to have those plans in place. They were looking to expand services, even services they had not yet spoken of such as cholesterol checks, and all sorts of private services. The plans were there - the robot would go in first, and then they would expand further down the line.</p>
18.3.	<p>Mr McGregor asked if planning permission had been given for those.</p> <p>Mr McNally confirmed.</p>
18.4.	<p>Mr McGregor asked if the application were granted, what sort of impact would that have on Mr McNally.</p> <p>Mr McNally replied - that depends. With the reduction of goodwill, it did affect viability of the contract, and viability of services, and services they offered – Pharmacy First Plus. It was a luxury to have two pharmacists, but the reality was they needed to have the cash flow into the business to be able to afford that. So it comes under the question of quantity over</p>

	<p>quality. If they lost some goodwill, they would not be in a position to have a second pharmacist, they would not have IP cover until his wife Kimberley came back from maternity leave, and instead of having five or six days' cover up until April - when he got his qualification - he could not offer that service. He also had an ATC in place. It was all stacked with the current numbers and goodwill. But to threaten that was to threaten those services.</p>
18.5.	<p>Mr McGregor referred to the dispensing figures they had which related to Lloyds up to December 2022 and the monthly average figure of prescriptions had been 5,306 at that point. Mr McGregor asked what were Mr McNally's rough figures for the present day for his pharmacy.</p> <p>Mr McNally said he had a print-out which he was not sure if he was permitted to share. It was from the PSD of his submissions. So far he only had two months' reported figures back. the first month they had 8,452 items. Those items would probably have been partly from Lloyds and their inefficiency to submit items and appropriately handle them. So, when he had taken over the business, they had tidied up the shop and submitted everything that needed to be submitted in order to get the shop back to working order. The following month was possibly more of a true representation which was 6,444 items. He felt that they would be pushing 7,000 items for the current month, and for the following months – they had certainly seen a steady increase month on month. But as official numbers went, they had an official print out from the PSD.</p>
18.6.	Mr McGregor had no further questions
18.7.	Mr John Niven (Lay Member appointed by NHS Lothian) to Mr McNally
18.8.	<p>Mr Niven asked what was the capacity of the 24 hour robot that Mr McNally was proposing to put in his pharmacy.</p> <p>Mr McNally said, written down, it could do in excess of 300 items per day. The quoted amount on the website was roughly just under 12,000 items per month and, at any given time, for a 3-item prescription bag, it said it could hold up to 126 at one time. So, it would be replenished daily. The way it worked was that it was linked to a lot of technologies. Which is the reason why they were trying to get new technologies in place, to facilitate a smoother service. What would happen is a patient would have brought their prescription over, and it is put into the robot. There is an automatic text that goes to the patient alerting them of the presence of that prescription in the robot, and they would probably be given a time slot or an amount of time (depending on the level of demand for the service) in which collect it, but they would have 24 hour</p>

	<p>access to that prescription. So at any given time, it could hold in excess of over 300 items – maybe 340.</p>
18.9.	<p>Mr Niven asked if Mr McNally had a regular meeting set up with any of the GP Practices to review the services that are being provided and what could be more efficiently done?</p> <p>Mr McNally replied that they had had several meetings with all the Practices. He had met with Debbie and James – both Practice Managers - even before he had taken over, to introduce himself and starting the feedback loop: what has gone right, what has gone wrong and how could they do better. Over the whole time, he had spoken with them each month since they had taken over, and the feedback had been good. He was keen to hear what was not going so well, so that they could address that, and get better. He felt the relationships were there at present.</p>
18.10.	<p>Mr Niven asked, if the application were granted, what positive elements would Mr McNally see coming out of that.</p> <p>Mr McNally said one could say that there would be four instead of three pharmacies which increases the inter-competition within the area. But it was a question of quantity over quality if it was going to affect services in the area.</p>
18.11.	<p>Mr Niven had no further questions.</p>
18.12.	<p>Ms Gooding (Non Pharmacy Contractor Member appointed by NHS Lothian) to Mr McNally</p>
18.13.	<p>Ms Gooding noted Mr McNally had touched on waiting times and sought clarity – what were his current waiting times for walk-in acute prescriptions.</p> <p>Mr McNally hoped that for an acute walk in prescription of three items or less – as part of their PMR system, they had feedback that gave an up-to-date waiting time within the computer which was showing that they were below five minutes for a prescription. Obviously, how long was a piece of string for a three-item waiter or a fifteen-item waiter. His absolute maximum time he would want someone to wait is ten minutes. For all very large prescriptions (he had been feeding this back to staff) this was a main priority amongst everything else going on, but the service had to be a high level.</p>
18.14.	<p>Ms Gooding asked what Mr McNally’s turnaround time for a normal repeat prescription.</p>

	<p>Mr McNally said that they visited surgeries four times a day, and the previous surgery bundle would be completed beforehand. So they visited four times a day and had each done in each session. So turnaround was less than a day at the moment. He said that this was a throwaway statement – eg if there was no stock, you would still need to order that. With the accounts that he had, he could usually get them. If they had orders in the morning, they would receive it in the afternoon. If it was an afternoon order, they would get it the next morning. For specials they needed to be ordered, it depended on the lead time of the special. However, they were making sure they were up to date with work. In pharmacy, one was never sure what was around the corner, and how big the next bundle was going to be, and did not know what the acute pressures were going to be, so needed to be on the very top of the workload in order to be able to manage it.</p>
18.15.	Ms Gooding had no further questions.
18.16.	Ms Greig (Pharmaceutical Contract Member appointed by NHS Lothian) to Mr McNally
18.17.	<p>Ms Greig had no questions but wished to address the issue earlier, which she acknowledged had not been professional and had not been directed at anyone in the group. It was her husband who had showed her something and she had just been commenting on that, and she apologised.</p> <p>The Chair said that he would assume the matter was closed.</p>
18.18.	Mr Embrey (Pharmaceutical Contract Member appointed by NHS Lothian) to Mr McNally
18.19.	<p>Mr Embrey asked Mr McNally to expand on a question from Ms Gooding. Mr McNally had mentioned how quickly he could turn around prescriptions in the pharmacy, but what was the turnaround time for repeat prescription requests from the surgery. When the repeat was handed in, how long did it take for Mr McNally to get the prescription back.</p> <p>Mr McNally said that this could change - depending if it was a repeatable item or if it was an acute request, they had two different pathways. So if it was a repeatable item that was printed off by the receptionist and handed to the doctor, that could sometimes be there within 24 hours. But similarly, if the surgery was under increasing demand for repeat prescriptions, or if they faced their own struggles at times – like any workforce – it could be anywhere from a day to three days, and maybe, for some items four days plus, but the average times was maybe about two days.</p>

18.20.	<p>Mr Embrey referred to the problems that Rowlands had experienced, which had already been discussed. Mr Embrey asked what Mr McNally's experience was since taking over the Lloyds Pharmacy, whether Rowlands were still having problems and concerns around adequacy or were they now performing to a much higher level than before, so that it could be said provision was fine.</p> <p>Mr McNally said that when the tide rises, all boats go with it, and since he had come into the area and upped their game, Rowlands had certainly upped their service levels too. It really helped with having full time members of staff. He had previously worked as a locum in a lot of the branches. But when you don't have a regular pharmacist, that is when struggles really started, because who was manning the pharmacies? Rowlands had put in a lot of effort, as could be seen, to have the pharmacies manned with regular pharmacist cover. You also found, as it rolled on, that relationships were able to develop and people were able work together as a team. They were an independent business, and the patients were at the heart of his service.</p>
18.21.	<p>Mr Embrey asked about the prescribers – Mr McNally had said he would work three or four days a week with his wife and asked if he was insane but did not need to answer.</p> <p>Mr McNally said the hearing was a public record and he declined to answer.</p>
18.22.	Mr Embrey had no further questions.
18.23.	Mr McQueen (Chair) had no questions to put to Mr McNally
18.24.	Mr McQueen asked if any Interested Party or Committee Member wished to put any additional questions to Mr McNally. There were no requests.
19.	Summing Up
19.1.	The Chair invited Interested Parties to sum up their representations in reverse order and reminded all parties to keep their summaries as brief high level summary remarks.
19.2.	The Chair asked for Mr McNally for Penicuik Pharmacy to sum up who read from a statement
19.3.	In summary and to address the legal test today, Penicuik Pharmacy agrees with the defined neighbourhood of the applicant with a population of 15,886. Within the neighbourhood are three pharmacy contracts and we have shown the current pharmaceutical services to be adequate.

19.4.	During the presentation with Nick Johnston there has been no gaps in services, access or delivery of pharmacy services been highlighted in his application. The only points raised are an acknowledgeable low return of the CAR report and transient prescription numbers leaving the neighbourhood.
19.5.	Unfortunately, the CAR report is now out of date and the panel will have to base their decision on current pharmacy services at this exact point of time. We believe the issues raised by 24 people have been addressed by the change in ownership.
19.6.	Pharmacy services are either deemed ‘adequate’ or ‘not adequate’ however we feel that as a dynamic owner led independent pharmacy, we have moved the spectrum of adequacy from Lloyds to a very high standard already in a short period of time.
19.7.	Looking to the future probable developments and needs for the future of Penicuik, we have the additional adequacy of service levels to cope with an increased demand.
19.8.	Therefore, we thank the panel and ask the application is rejected as pharmaceutical services in Penicuik right now and for the future are adequate.
19.9.	The Chair asked for Ms Lamont for Roslin Pharmacy to sum up who read from a statement.
19.10.	People choose where they go for services for many different reasons. For those people of Penicuik who want to access a pharmacy on their doorstep, they already have a choice of three. Others choose us at Roslin for these services perhaps because they enjoy the benefits of our free collection and deliver service or maybe they are loyal customers who have received efficient service from us for a number of years. Perhaps they just find it easier to park. Let’s not forget the 1400 plus patients registered at Roslin Medical Practice. For whatever reason they choose their pharmacy, it’s all there and already in place. It’s on this basis that I request that this application is denied.
19.11.	The Chair asked for the Ms Bates for Rowlands Pharmacy to sum up who read from a statement.
19.12.	In summary, due to adequate access and provision in Pharmaceutical services which has just been described, Rowlands Pharmacy do not believe there is any requirement for an additional pharmacy in this area, and believe that the granting of this application would have a negative impact on the existing pharmacy contractors already serving the local population of Penicuik. The Applicant has failed to articulate what significant benefits this application would confer to the local population, including patients with protected characteristics, aside from there being another pharmacy on their doorstep.

19.13.	The Chair asked for the Applicant to sum up.
19.14.	The Applicant thanked the Committee for allowing him the opportunity to present his Application. His conclusion was similar to the end of his presentation.
19.15.	His view, and the facts and figures showed that the population had increased and it was much larger than what had been banded around the date by several of the Interested Parties
19.16.	The closure of the Lloyds in Straiton had 6,000 items per month that it had dispensed, which had to go elsewhere. Some of them would come back into his neighbourhood.
19.17.	The Applicant said it was important that the neighbourhood was within Penicuik. People should be able to access services within their neighbourhood. Some will choose to go out with their neighbourhood but there should be that opportunity for them to get that within their neighbourhood. That is what he saw - the population and the local community within Penicuik and the surrounding area classed it as their neighbourhood and should be able to access it uninterrupted and in an adequate way. The services were currently not adequate and did not showcase that.
19.18.	The Applicant said that respectfully, he asked the Board to consider that the services were inadequate currently, and had been inadequate for a number of years, and to grant his application.
20.	Retiral of Parties
20.1.	The Chair invited the parties present that had participated in the hearing to confirm that a fair hearing had been received and that there was nothing further to be added.
20.2.	The Applicant commented that there were a number of representations from the Interested Parties around the financial impact, viability, viability of contract, goodwill – which is the money put into businesses. They were not relevant, which he wanted to put that point forward again. The Chair said that this point had been heard and the message noted.
20.3.	Ms Bates, Ms Lamont and Mr McNally (the Interested Parties) confirmed they had had a fair hearing and had nothing further to add.
20.4.	Having been advised that all parties were satisfied, the Chair advised that the Committee would consider the application and representations in a private session prior to making a determination with Jenna Stone remaining to take an accurate minute of the deliberations.

20.5.	The Chair advised the Applicant and Interested Parties that it remained open to the Committee to take legal advice from CLO, and if that was necessary, the Hearing would be reconvened. The Chair said that all parties may wish to remain near a telephone so that they could be informed if that was going to happen and be called back.
20.6.	The Chair noted points made by the Applicant on what the Committee were entitled to take into account. The Chair clarified that, in reaching the Decision, details of what should or should not be considered was written in the Guidance. However, he was not expecting a need to seek legal advice from CLO, although this had not yet been discussed with the Committee.
20.7.	The Committee would consider the Application, the evidence heard at the Hearing and the written document, which would be in a private session.
20.8.	A written Decision over his name with reasons would be prepared, and a copy issued to all parties as soon as possible which could take a couple of weeks. The Decision letter would also contain details of how to make an appeal against the Committee's Decision and the time limits involved. The date for the appeal would run from the date of the Decision Letter. Parties would not be informed of the Committee's Decision until the full written judgement was available.
20.9.	The hearing adjourned at 13:30 hours to allow the Committee to deliberate on the written and verbal submissions.
21.	Summary of Consultation Analysis Report (CAR)
21.1.	Introduction
21.2.	NHS Lothian undertook a joint consultation exercise with The Applicant Nick Johnston regarding the application for a new pharmacy at 163c John Street, Penicuik, EH26 8AT
21.3.	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.
21.4.	Method of Engagement to Undertake Consultation
21.5.	The consultation was conducted by placing an advertisement in the Midlothian Advertiser on 28 July 2023 as well as being posted on NHS Lothian's website. Respondents could respond electronically or request a hard copy.

21.6.	The Consultation Period lasted for 90 working days through to 1 December 2022.
21.7.	Summary of Questions and Analysis of Responses
21.8.	The total number of responses received was 24. 22 were submitted from individual members of the public and 1 was submitted from a group/organisation. 1 respondent did not clarify if they were responding as an individual or as a group/organisation. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.
21.9.	<p>Questions covered</p> <ul style="list-style-type: none"> (i) If the neighbourhood was accurate (ii) If there were perceived gaps/deficiencies in the existing provision of pharmaceutical services (iii) Whether receiving prescriptions from the existing pharmaceutical providers had been timely (iv) Whether multiple journeys were required to receive all items on prescriptions (v) Impact of a community pharmacy (vi) View of current pharmaceutical services (vii) Whether there were any gaps in the list of services to be provided by the Applicant (viii) Whether a community pharmacy would work with other NHS health services (ix) Whether the proposed pharmacy would have a positive or negative impact on existing NHS services (x) The location of the proposed pharmacy (xi) The opening hours of the proposed pharmacy

Questions	Positive- Yes / %	Negative – No / %	Don't Know / %	Non Answered
1. Do you think the neighbourhood described is accurate?	23 / 95.8%	0	1 / 4.2%	
2. Do you think there are gaps / deficiencies in the existing provision of pharmaceutical services to the neighbourhood	23 / 95.8%	0	1 / 4.2%	
3. Would you consider that you receive your prescriptions in a timely manner using the existing pharmacy services provided in your neighbourhood?	2 / 8.3%	22 (91.7%)	0	
4. How often, if at all, would you have to make multiple journeys to receive all of the items from each prescription from the existing pharmacies servicing the neighbourhood.	Never 0	Sometimes 5 / 20.8%	Often 14 / 58.3%	Always 2 (20.8%)
5. What impact do you think a community pharmacy would have in the neighbourhood?	24 / 100%	0	0	
6. What are your views on the pharmaceutical services being proposed by the applicant?	24 / 100%	0	0	
7. Do you think there is anything missing from the list of services to be provided?	0	12 / 52.2%	11 / 47.8%	

8. Do you think a community pharmacy in the neighbourhood will work with other NHS health services such as GP practices?	22 / 95.7%	0	1 / 4.3%	
9. Do you believe the proposed pharmacy would have a positive or negative impact on existing NHS services?	21 / 91.3%	1 / 4.3%	1 / 4.3%	
10. What do you think of the location of the proposed community pharmacy?	20 / 83.3%	0	4 / 16.7%	
11. What do you think about the proposed opening hours?	23 / 95.8%	0	1 / 4.2%	

21.10.	Consultation Outcome and Conclusion
21.11.	All responses included in the Consultation Analysis Report were gathered electronically by Jisc. The use of Jisc, 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 noted the neighbourhood as defined by the Applicant. A number of factors were taken into account when defining the neighbourhood, including the number of residents in it, natural and physical boundaries, general amenities such as schools, shopping, public and private service facilities, the mixture of public and private housing, the provision of parks and other recreational facilities, the distances residents had to travel to obtain pharmaceutical and other services and also the availability of public transport.
22.4.	In discussing the neighbourhood the Committee carefully considered the following points: <ul style="list-style-type: none"> • In terms of population, the neighbourhood as identified by the Applicant constituted for the most part the contiguous built up area of the town of Penicuik • The neighbourhood had a large enough population to be looked at in isolation, albeit that the estimates heard by the Committee ranged between 15000 and 20000 • The neighbourhood definition was for the most part bounded by clearly defined features (including roads and a water course) and

	bordered by a margin of open ground enabling it to be distinguished from nearby settlements at Auchendinny and Bush.
22.5.	The Committee noted that the Interested Parties had no objection to the proposed neighbourhood as outlined by the Applicant.
22.6.	The Committee noted the Applicant's proposed neighbourhood northern boundary was the A702 and Glencorse Burn. The Committee noted that parties had made the point that people who were resident outwith the northern boundary (from Auchendinny, Glencorse or Bush) might also use pharmacies within Penicuik, but acknowledged that they were also likely to access public services in distinct separate settlements of Loanhead or Roslin.
22.7.	The Committee noted that the applicant's southern boundary was "a line between A701 and A702" which covered an amount of open ground, but agreed that, with some specification of where this line would start and end, it was a reasonable definition.
22.8.	The Committee agreed with the Applicant's neighbourhood with the addition of more specificity as regards the southern boundary. The agreed boundaries of the Defined Neighbourhood were : North A702 and Glencorse Burn East – B7026 to where it connected to B6372 South - Line from A702 immediately north of Silverburn to A701 immediately north of South Lodge to the junction of B6372 and B7026 West - A702 to Glencorse Burn
22.9.	Adequacy of existing provision of pharmaceutical services and necessity or desirability
22.10.	Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services to that neighbourhood and, if the Committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.
22.11.	The Committee was mindful that determination of adequacy would be a question applied to the facts and evidence revealed and established, and its conclusion reached would be after exercising appropriate judgement. It gave careful consideration to the evidence it had received from the applicant, the CAR responses, the interested parties, the PPC member visits to the proposed premises and other Interested Parties' premises; and it heard expert advice from contractor and non-contractor

	<p>pharmacist members of the panel about the issues identified in the hearing and their knowledge of equivalent service delivery matters elsewhere in Scotland. The Committee had before it the NHS Pharmaceutical Care Services Plan, the Scottish Government Circular of Guidance NHS PCA (P) 7 2011 and guidance about how to apply the legal test.</p>
22.12.	<p>In conducting their site visits, the Committee had not witnessed any evidence of inadequacy with the current pharmaceutical providers – there had been no long queues, and no sense of upset or frustration had been perceived from patients. Existing premises – in the neighbourhood, and supplying services into the neighbourhood - had adequate space with which to meet current demands, and to enable expanded service provision if needed to meet future anticipated growth.</p>
22.13.	<p>The Committee noted that the high level of serious complaints about the Lloyds Pharmacy in both Penicuik and in Straiton were historical, as these were prior to (a) Penicuik branch being taken over by J McNally in June 2023, and (b) closure of the Straiton branch in June 2023. They noted that Lloyds Pharmacies elsewhere in Scotland had experienced a higher level of complaints than other providers not least during the period of 18 months or so during which it had been widely known that these Pharmacies were to be sold in response to Lloyds’ decision to completely withdraw from the market.</p>
22.14.	<p>The Committee considered the current service provision provided by Roslin Pharmacy (which was outwith the Defined Neighbourhood) which served 1400 patients from Penicuik and determined that it met the needs of the population it served, including provision of services into the neighbourhood of Penicuik. It was long established, well regarded, provided a high level of service. It was noted that Roslin Pharmacy had not submitted any data in relation to complaints.</p>
22.15.	<p>The Committee noted the statements made by all three interested parties that they had capacity if there was an increase in population or local demand for increased service provision. The Committee concluded from the evidence presented that the existing pharmacies within the neighbourhood and into the neighbourhood had the appropriate capacity to adequately provide the necessary services should these situations arise.</p>
22.16.	<p>The Committee noted that both Roslin Pharmacy and Penicuik Pharmacy were both independent pharmacies, and acknowledged that both had stated that they could ensure a good level of service was</p>

	<p>provided because they could be flexible with regard to staffing requirements, and had a quantity of qualified pharmacist provision either currently in place or shortly to be added, which gave confidence that service demands could successfully be met. The Committee concluded that the two Rowlands Pharmacies in Penicuik had made staffing changes which had recently improved quality of service provision.</p>
<p>22.17.</p>	<p>The Committee considered the current population and noted the discrepancies between the population numbers provided by the Applicant from the 2011 census, his estimated current population of c20,000 and estimates by other parties of a population in the region of 15,000-16,000.</p> <p>In considering current service provision and provision in the near future, the PPC were mindful that it should only give weight to what can be said to be probable and having a sufficiently near-future impact on adequacy to remain relevant to their considerations, and concluded that no evidence had been provided to indicate that the population of Penicuik was likely to expand significantly over the next three years beyond a level which existing Pharmacy providers in and into the neighbourhood could not cope with.</p> <p>The Committee concluded that although in the absence of the Scotland 2022 Census data there was no definitive figure that could be stated to be the current population, the Committee accepted the current population was between 15,000-20,000. The Applicant had made the point that on the average level of population per Pharmacy across Lothian there would be grounds for adding another Pharmacy into Penicuik. However the Committee was mindful of the Guidance in the Scottish Government Circular NHS PCA (P) 7 (2011) in relation to the NHS (Pharmaceutical Services) (Scotland) Amendment Regulations 2011 (SSI 2011/32) which at paragraph 23 states “A fully mechanistic approach to such a decision is not appropriate and the use of ratios, quotas, norms, averages or simple measures of distance in determining adequacy is limited. Any or all such measures may be relevant as indicators but no single measure should be used as a determinant”. The Committee concluded that no specific formulaic relationship was applicable in Penicuik: the case needed to be considered on its merits. A smaller number of Pharmacies operating effectively and with appropriate staffing and physical capacity were quite capable of delivering adequate service, and in the nature of any average there would be levels of actual provision ranging above and below that figure.</p>

<p>22.18.</p>	<p>The Committee noted that there had been no evidence of any current complaints, although they acknowledged the historical complaints in relation to</p> <p>(a) Level of pharmaceutical services provided by Lloyds Pharmacy (which had subsequently closed, and had been taken over by J Penicuik Pharmacy in June 2023) and services had subsequently improved substantially.</p> <p>(b) Level of pharmaceutical services provided by Rowlands in 2021-2022, which had subsequently improved. The pharmacy in Edinburgh Road had had a refurbishment. It was noted that the Rowlands Pharmacy in Loanhead was scheduled for a refurbishment in January 2024 and that refurbishment of the Rowlands Pharmacy in John Street, Penicuik was being considered in the next phase.</p>
<p>22.19.</p>	<p>The Committee gave consideration to the current NHS Lothian Pharmaceutical Care Services Plan which had not identified any necessity for an additional pharmacy in Penicuik.</p>
<p>22.20.</p>	<p>The Committee noted that no letters of support for the application had been provided by local Councillors or MSPs, and the Applicant had acknowledged he not received a response to his request from the Local Community Council.</p>
<p>22.21.</p>	<p>In relation to viability, it was noted the Applicant had emphasised that the role of the Committee was not to consider financial impact upon other pharmaceutical providers. The Committee had recourse to the guidance in NHS Circular: PCA (P) 7 (2011) which states (in the section headed Pharmacy Practices Committee on page 9 “A possible reduction in income by an existing pharmacy caused by the opening of an additional pharmacy is not itself a relevant consideration, unless it could affect the continued viability of the other pharmacies in the neighbourhood, thus affecting the security of the adequate provision of pharmaceutical services.”</p>
<p>22.22.</p>	<p>In relation to viability, the Committee noted the comments of parties in relation to the impact of a new entrant taking business from the existing Pharmaceutical Providers, including Mr McNally who had stated that he may not be able to expand into Pharmacy First as quickly as he would like to do so, as his service would be impacted. The Committee accepted that a new incumbent provider would take some market share from existing providers in and outwith the neighbourhood which may have an impact on the level of resource provided by those pharmacies.</p>

	<p>The Committee does not have access to any of the business models and will therefore not comment on the financial impacts which could occur to an existing pharmacy by the granting of an additional pharmacy licence. The Committee does recognise from the evidence presented to it that existing pharmacies may require, in that situation, to review the level of staffing necessary to maintain and expand the service they are contracted to undertake. The Committee has therefore not taken a view as to the overall financial viability of any or all existing pharmacies in the Defined Neighbourhood or in the nearby areas providing services into Penicuik residents. Therefore financial implications did not influence the Committee's decision.</p>
<p>22.23.</p>	<p>The following paragraphs set out key elements of the PPC's consideration of adequacy.</p>
<p>22.24.</p>	<p>In considering the CAR, the Committee noted the Applicant's assertion that the CAR demonstrated there was overwhelming support for his proposed pharmacy.</p> <p>The Committee accepted that amongst the 24 respondents there was universal approval for the application but much more fundamental, in the Committee's view, was the absolutely low number of responses. The Committee deemed that this extremely low response rate of 0.12% (24 responses from a population of around 15,000) meant the CAR could not be taken as being a representative view of the residents of Penicuik. The Committee concluded that this low number of representations was indicative of the absence of any widespread view amongst the residents of Penicuik that current services within and into the neighbourhood were inadequate.</p> <p>The Committee observed that part of the Applicant's submission was that because, on reasonable estimates, some 20% of the prescriptions emanating from the 2 GP Surgeries in Penicuik were currently fulfilled by Pharmacies outside of the defined neighbourhood of Penicuik, this of itself dictated that the provision of pharmaceutical services in Penicuik must be deemed inadequate. The Committee disagreed with this interpretation. Regulation 5(10) required them to consider the adequacy of existing services provided in the neighbourhood by persons whose names are on the pharmaceutical list, and that this therefore required them to consider services provided in the neighbourhood by contractors who are located in the neighbourhood and also services provided by other contractors who are not located in the neighbourhood but who nevertheless provide services in the neighbourhood. The Committee concluded that current levels of service provision by the two Rowlands Pharmacies in Penicuik, the Penicuik Pharmacy which had been in new</p>

	(and improved) ownership since June 2023, and the longstanding service provision from the Roslin Pharmacy a short distance beyond the defined neighbourhood, were clearly sufficient to constitute adequate pharmaceutical services in the Penicuik neighbourhood.
22.25.	There had been no letters of support from local councillors, MSPs or the Local Community Council. The lack of support from these very active groups was noted as being striking. The Committee agreed that if there was an absolute need for a new pharmacy in the area, these groups would be engaged in showing support for the application.
22.26.	The Chair asked Lay Members if they had any questions for Pharmacy colleagues. None were noted.
22.27.	The Chair released pharmacy colleagues from the session at 14:08.
23.	Conclusion
23.1.	Following the withdrawal of Susanne Gooding, Mike Embrey and Kaye 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 concluded for the reasons set out above that existing provision of pharmaceutical services in Penicuik 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 14:20 hrs

Signed by **Bill McQueen**
Chair – Pharmacy Practices Committee

Date: 12 December 2023