

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on
Wednesday 17th July 2024 at time via MS Teams**

The composition of the PPC at this hearing was:

Chair: John Innes

Present: **Lay Members Appointed by NHS Lothian**

Mike Ash
John Niven

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

Vinny Bilon

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

Susanne Gooding

Observer: Aleisha Hunter, administrator

Secretariat: Nicole Smith / NHS National Service Scotland

1. 1	APPLICATION BY F&F COFFEY LTD
1.1.	There was an application submitted and supporting documents from F&F Coffey Ltd received on 08 May 2023 for inclusion in the pharmaceutical list of a new pharmacy at 93c Uphall Station Road, Pumpherston, EH53 0NU.
1.2.	Submission of Interested Parties
1.3.	The following documents were received: <ul style="list-style-type: none"> i. Email dated 12 May 2023 from Iain Morrison/Lothian General Practitioners Sub-Committee of the Area Medical Committee ii. Letter dated 17 May 2023 from Joanne Watson/Boots UK Ltd iii. Email dated 12 May 2023 from John Connolly/Ladywell Pharmacy (Deans Healthcare Ltd) iv. Email dated 29 May 2023 from Christopher Freeland/Omnicare Pharmacy Ltd v. Letter dated 2 June 2023 from Philip C Galt/Lindsay & Gilmour Chemist (The Red Band Chemical Co Ltd)

	<ul style="list-style-type: none"> vi. Letter dated 18 May 2023 from Matthew Cox/Lloyds Pharmacy Ltd vii. Letter dated 8 June 2023 from Fraser Frame/Morrisons Pharmacy
1.4.	Correspondence from the wider consultation process undertaken
	i) Consultation Analysis Report (CAR)
2.	Procedure
2.1.	<p>At 09:30 hours on 17th July 2024, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by F&F Coffey Ltd (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List”.</p>
2.2.	<p>The Chair welcomed all to the meeting and introductions were made. When asked by the Chair, members confirmed that the hearing papers had been received and considered. When committee members were asked by the Chair in turn to declare any interest in the application, none were declared.</p>
2.3.	<p>Members of the Committee had undertaken independent site visits to 93c Uphall Station Road, Pumpherston, EH53 0NU and the surrounding area. During which the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to schools, mini-markets, post offices, banks and churches had been noted.</p>
2.4.	<p>The Chair advised that Nicole Smith was independent from the Health Board and was solely responsible for taking the minute of the meeting.</p>
2.5.	<p>The Chair outlined the procedure for the hearing. All Members confirmed an understanding of these procedures.</p>
2.6.	<p>Having ascertained that all Members understood the procedures, that there were no conflicts of interest or questions from Committee Members the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Applicant was invited to enter the hearing.</p>
	The open session convened at 9:35 hrs

3.	Attendance of Parties
3.1.	The Chair welcomed all and introductions were made. The Applicant, F&F Coffey Ltd represented by Mr Fergal Coffey. From the Interested Parties eligible to attend the hearing, present were Rowlands Pharmacy represented by Ms Lucy Corner and supported by Mr Dane Winterburn, Lyndsay & Gilmour Chemist represented by Ms Tanusia Sudhakaran and supported by Ms Kirsten Barren, Omnicare Pharmacy Ltd represented by Mr Dara O'Malley, Boots UK Ltd represented by Mr Scott Jamieson and supported by Ms Gillian Bonds, Healthful Pharmacy represented by Mr Labeeq Hussain, and Ladywell Pharmacy represented by Mr John Connelly.
3.2.	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 93c Uphall Station Road, Pumpherston, EH53 0NU. 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:
3.3.	"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..."
3.4.	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.
3.5.	The Chair asked all parties for confirmation that these procedures had been understood. Having ascertained that all parties understood the procedures the Chair confirmed that the Oral Hearing would be conducted in accordance with the Procedure at Hearings document contained within the papers circulated.
3.6.	The Chair confirmed that members of the Committee had independently conducted site visits in order to understand better the issues arising from this application. Assurance was given that no member of the Committee had any interest in the application.

3.7.	The Chair asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement.
4.	Preliminaries
4.1.	The Chair referred to a PowerPoint presentation that the Applicant sent in to support his submission late in the evening of 16 th July 2024. The Chair noted that this presentation was a visual representation of all of the information that has previously been circulated to the Committee and therefore, given the lack of time members would have had to review the presentation, decided it should not be used or shared on the screen during the Applicant's speech. The Chair did agree the Applicant could utilise the presentation as an aide to remember his talking points and agreed that it could be circulated to the Committee after the hearing. the Applicant noted he understood the reasoning behind the decision.
5.	Submission
5.1.	The Chair invited the Applicant to speak first in support of the application.
5.2.	Thank you all for taking the time to be part of this application hearing, I know from first-hand how much time and effort goes into making these hearings possible. Thank committee members and interested parties. Before I start with our submission, I would like to give a little background information as to our part in the process that has taken us to this hearing today.
5.3.	We first submitted our intent to NHS Lothian, to apply for entry to the pharmaceutical list, in May 2016, having secured an agreement to lease what we believed to be the only available retail unit in the neighbourhood. We subsequently learned that another contractor, who had made enquiries about the same unit, had submitted interest prior to us and we had to wait until that applicant had completed a fair process before proceeding with our own application. NHS Lothian undertook a joint consultation with this applicant from May - July 2017 at an unspecified address. For the following year, we remained in contact with NHS Lothian as to status of this application as we believed the applicant could not secure premises in the neighbourhood as we were paying rent on the only empty unit. We understand NHS Lothian changed their processes to ensure an application forms must be submitted within 90 days of a public consultation being completed as a result of this situation. NHS Lothian received an application form from this contractor, a full year later in July 2018, which could not proceed immediately to a PPC hearing as the applicant had failed to properly identify the location of the proposed pharmacy, the application address and postcode being different to consultation address. It is our understanding that NHS Lothian took legal advice on this and proceeded with the hearing in October 2019 where the

	application was ultimately rejected. This decision was appealed against and the PPC met again in Oct 2020 to re-narrate their reasoning.
5.4.	We undertook a pre-application meeting with NHS Lothian in July 2021, and we proceeded with the joint public consultation in Sept 2022. We would like to highlight that, despite the delays thus far, NHS Lothian were keen to commence this consultation prior to the opening of another pharmacy contractor in the adjacent neighbourhood of Mid Calder but we insisted that the integrity of the joint consultation would be undermined if responses were obtained with differing levels of pharmaceutical services in an adjacent neighbourhood being available at different times during the consultation period. The consultation period ran until Feb 2023 and despite being given an indicative date of Oct 2023 – March 2024 we arrive here today a full 8 years after first starting this process.
5.5.	So, on to the legal test: Regulation 5 part 10 provides that - An application shall be granted if the Board or NHS Trust is satisfied that the provision of pharmaceutical services at the premises is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located.
5.6.	<p>Taking these factors into account we must first look at the neighbourhood. We have defined our neighbourhood as encapsulating Uphall Station, Pumpherston and Houston industrial estate in its entirety being bounded by:</p> <ul style="list-style-type: none"> • North boundary: M8 motorway • West boundary: A899 Livingston Road until it meets A705 • South boundary: Cousland Road, and along the tree belt that encases Craigshill, then following it down to River Almond to head eastward • East boundary: To meet pathway/cycle track that heads up to M8 motorway – we will discuss this pathway later.
5.7.	We were slightly unsure whether to use the A899 as our western boundary, and thus including the entirety of Houston industrial estate within the neighbourhood, but parts of the industrial estate such as Kelvin Square and Henry Gillies Haulage Contractors are only accessible from the B8046 and thus certainly form part of the neighbourhood. This makes the western boundary difficult to delineate. However, the inclusion or exclusion of the Houston Industrial estate in the neighbourhood has no material effect on this application as nobody lives there.
5.8.	The more pertinent question about our neighbourhood is can residents of Uphall Station and Pumpherston be considered part of the same neighbourhood? In a Judicial review in 1999, Lord Nimmo Smith gave the opinion that, <i>'[Neighbourhood] as the word is ordinarily understood, it has connotations of vicinity or nearness...the word "neighbourhood" in regulation 5(10) of the 1995 Regulations means an area which is relatively near to the premises in question.'</i>

5.9.	An appellant to the previous application offered the suggestion that residents from Uphall Station share an affinity with Uphall due to the shared name however we contend that due to the 'nearness' of Pumpherston and Uphall Station, as described by Lord Nimmo Smith, that they can more accurately be considered the same neighbourhood. We currently operate Wemyss Pharmacy in Fife and it would be preposterous to suggest that residents of East Wemyss share an affinity with those in Wemyss Bay in Inverclyde due to the geography between the two settlements.
5.10.	In order to consider whether we have defined a neighbourhood correctly, we must consider the amenities and services contained within the neighbourhood and how the population utilise those services in their day to day lives. Contained within our neighbourhood we have a Primary School and Early Learning Centre, a Library, Post Office, three mini markets, a food bank, several hair salons and take aways, a pub, bookmaker, ice cream shop, a scooter/skate park, a playpark, an outdoor gym, football club, several car garages and a hardware shop. The services within the neighbourhood are sufficient for day to day needs of the community, with the glaring exception being a pharmacy, and the population is large enough for it to be considered a neighbourhood of its own standing.
5.11.	So, who uses these services? Most of them are located in the Drumshoreland Road end of our neighbourhood so how can we be sure that people from Uphall Station use these. Firstly, and most obviously, we have Pumpherston and Uphall Station Primary school and early learning centre, which has a combined role of 281. Families with children attending the school from all over the neighbourhood make the journey to the school twice daily and you only need to be in the vicinity of James Young Avenue at 8:45am or 3:15pm in term time to witness the number of families taking this journey. Anecdotally, we understand from our engagements with members of the schools' parents' council, that due to the new housing development at James Young Avenue being a cul de sac with traffic calming measures, there has been an increase in children walking to school as there are walkways that run right through the development to the most northerly houses of Uphall Station at Beechwood Grove. The school campus also houses the local library and foodbank. It may be of interest that the school catchment map matches almost exactly with the neighbourhood we have defined.
5.12.	The other major amenity that draws the people from all over the neighbourhood to the Drumshoreland Road area of the neighbourhood is the Post Office. Not only does the Post Office provide a service for local residents to send letters and parcels but it functions as an essential hub for many in the community allowing them to pay council tax and utility bills and with high street banks closing all over the country is the only point for the community to complete every day or even small business banking.
5.13.	Returning to the Legal Test, we would like reminded the committee that there was no rule saying every neighbourhood needs a pharmacy.

	<p>However, the PPC has to take into account how the people in a neighbourhood actually live their lives. If they need to visit an adjacent neighbourhood every day to shop, or take their children to school, then it would be fair to expect them to use the pharmacy in that adjacent neighbourhood while there as part of their day-to-day life. In this case, the focus of the day-to-day life of the residents of neighbourhood is within the neighbourhood. If they wish to visit a pharmacy, then this requires a specific visit outwith the neighbourhood. This is critically important in this case and applies to everyone living in the neighbourhood.</p>
5.14.	<p><i>'No matter where one lives in [the neighbourhood], the centre of the community is where one would shop, take children to school, or go to the Post Office. That is where one would want to visit a pharmacy – not need to take a separate journey into an adjacent neighbourhood for one thing.'</i></p>
5.15.	<p>Not only is this our opinion, but it's an opinion shared with the contractor who operates the pharmacies in the adjacent neighbourhoods of Uphall and Mid Calder. We know this because it was the opinion offered in the PPC hearing to open the pharmacy in Mid Calder. The previous quote was lifted directly from the minutes of that meeting.</p>
5.16.	<p>Aside from sharing these shops and amenities we have other indicators that allow us to consider residents of Pumpherston and Uphall Station as part of the same neighbourhood. There are several clubs and societies that cater for residents all over our defined neighbourhood such as a senior citizen club which organises social events and day trips for pensioners in our community. There is a growing group who tend to the community garden in Fraser Park who distribute the produce from the garden all throughout the neighbourhood. At Christmas the Pumpherston Community Council organise for Santa to distribute presents to schoolchildren all over the neighbourhood.</p>
5.17.	<p>Traffic isn't all one way from Uphall Station to Pumpherston in terms of using amenities. Obviously, the train station is a local transport hub which draws travellers from Pumpherston and beyond. At a previous PPC for this neighbourhood one of the objectors stated that residents of the neighbourhood may tend to access pharmaceutical services elsewhere if they commute to work from the train station. We are happy to concede that this may be the case for some residents. Conversely if the committee take that into account, then they must also take into account people who travel to our neighbourhood for work – namely those that work in Houston Industrial Estate. We've not put a number on this population because we feel it doesn't affect the robustness of our application however, we felt it worth highlighting and may in part explain the abnormally high number of food outlets in the neighbourhood.</p>
5.18.	<p>We also know that Pumpherston United Community Football Club, who cater for approximately 200 children from the ages of six-16 lease the pitch Marrfield Park in Uphall Station and the reverse of the school time</p>

	journey along James Young Avenue is completed most weeknights and weekend mornings by children from Pumpherston.
5.19.	Probably the biggest indicator we found that Uphall Station and Pumpherston can be considered the same neighbourhood came during the Covid-19 pandemic. At a time when many of us were confined to our homes at what was a bizarre time for us all, the Uphall Station & Pumpherston Coronavirus Virus help group was set up and volunteers contributed to ensuring that the most isolated and vulnerable residents in the neighbourhood had access to shopping, medicines and welfare checks. If this isn't the definition of neighbourhood then we don't know what is.
5.20.	The neighbourhood that we have defined today was accepted as a neighbourhood at a previous Pharmacy Practices Committee meeting in 2019, was agreed with by representations from Pumpherston Community Council and was agreed with by over 96% of respondents from both ours and the previous public consultation.
5.21.	The issue with this application isn't the neighbourhood and we appreciate that the absence of a community pharmacy from any neighbourhood is not sufficient grounds on which to grant an application. At the heart of the application is the issue surrounding adequate provision of pharmaceutical services to the neighbourhood by pharmacies in adjacent neighbourhoods. We respectfully ask the committee to consider whether provision to our neighbourhood is adequate by examining the following information.
5.22.	Population: The population of our neighbourhood has changed significantly since the previous application in the area. Since then, there has been the completion of 86 council tenanted homes at Binny Craig View as well as construction starting on the Dundas Homes Uphall Station Village development.
5.23.	According to the 2022 Census the population of our neighbourhood is 2,980 although the data zones (S01013299, S01013300, S01013301, S01013302) also take into account approximately 9 rural houses which lie to the east, out with the neighbourhood we have defined. Added to this, a further 96 homes (or 320 bedrooms) have been occupied in the Dundas homes development since Census Day 2022. Another development of note since Census Day is the completion of 16 one-bedroom bungalows, on behalf of West Lothian Council designed to enable individuals with complex care needs to live independently along with support being provide by the council. This information allows us to reliably estimate that, today, the population of our neighbourhood is between somewhere 3,200 and 3,400 people which is strikingly similar to the population of Mid Calder where an application was granted in the past few years.
5.24.	The committee will be aware that following a judgement from Lord Drummond Young in the case of the National Appeal Panel v Lloyds Pharmacy, 2004, that 'probable future developments in the area' should

	also be taken into account when considering adequacy of pharmaceutical services for a population.
5.25.	The 2018 West Lothian Local Development Plan highlighted an area of 40 hectares brownfield land within the neighbourhood at Drumshoreland/Kirkforthar Brickworks as being allocated for housing of and has an indicative development capacity of 600 houses.
5.26.	Obviously, Dundas Homes have started building on this land with planning approved for 266 homes, of which 192 have been built with a further 74 due to be constructed. As a planning condition this development includes 20% of the homes as affordable/social housing the first of which are finished with the first families moving in.
5.27.	In August 2023, Dundas Homes applied for planning permission to build a further 47 houses and eight flats to the northern end of this site near to Beechwood Grove and we have been advised from the developers that a planning decision is imminent with them having made the adjustments requested by the council planning department.
5.28.	Further to this, Almond Real Estate Company, plan to build 115 homes in the area of land to the south of this brownfield area, adjacent to the current Uphall Station Village development and extending along Cawburn Road until opposite the primary school and then round to the golf club. Funnily enough, if we were to take Cawburn Road as the northern boundary of our neighbourhood, as was suggested by an interested party at the previous application hearing, then these homes would be considered part of Uphall Station despite being next to the gold club and being further south than housing at Binny Craig View in Pumpherston.
5.29.	As part of the planning process, West Lothian Council required Almond Real Estate required to undertake a pre application consultation with residents of Pumpherston and Uphall Station. One of the main concerns highlighted by the consultation was how current educational and healthcare services are not suitable to deal with the increase in population. West Lothian Council have announced funding to extend the primary school building for the expected increase in the school role and I know from discussions with the developers that they are keen to learn the outcome of today's meeting to address short comings in healthcare needs.
5.30.	These probable future developments mean that between a further 245 to 400 homes are soon to be built in the area and thus it is reasonable to estimate the probable future population of the neighbourhood increasing by 750-1,400.
5.31.	We consider a total population of between 4,000 to 4,700 people to be significant population when considering access to pharmaceutical services. This compares favourably to the NHS Lothian average of 5,015 patients per pharmacy and with other neighbourhoods in Lothian who do

	have a pharmacy, including our own pharmacy in Kirknewton which has a population of 2,200.
5.32.	Demographics: The next aspect we need to look at is the demographics of residents who live in our neighbourhood and consider those who may be in higher need of accessing a pharmaceutical service.
5.33.	First, we will look at the 2020 Scottish Index of Multiple Deprivation (SIMD) ranking of each of the four data zones covering our neighbourhood. Economic outcomes are important here as we know that people from lower socioeconomic areas tend to have higher healthcare and pharmaceutical needs.
5.34.	SIMD data zone S01013299 can be described as just below average in terms of national ranking for income, employment and health being in the fifth decile of for each category.
5.35.	SIMD data zone S0101300 can be described as further below average in terms of national ranking for income, employment and health being in the fourth decile for each outcome.
5.36.	SIMD data zone S0101301 can be described as lower again being rank in the lowest 20% of the population in terms of health outcomes, in decile three for income and decile four for employment.
5.37.	Whereas SIMD data zone S0101302, although features higher in decile six and seven for income and employment is still below average, in decile five for health ranking.
5.38.	In terms of absolute numbers, we have 335 people who can be considered as income deprived living in our neighbourhood. We feel this is important, a recent PPC hearing in to grant a new application Linlithgow, one of the factors used in making its decision was a submission that the area surrounding the high street was described as 'one of the most deprived areas in Scotland'. This area only has 124 people who can be classed as being income deprived and featured higher in decile ranking for health than two of our four data zones.
5.39.	Scotland's census 2022 tells us that our neighbourhood has 514 people over the age of 65 which is broadly in line with the national average. So, we are looking at a population with an average age profile and a below average socioeconomic status having to leave their neighbourhood in order to access pharmaceutical services.
5.40.	We find the most important demographic from the SIMD data relates to our populations geographic access to services rank. The geographic access rank collates the mean travel time (in minutes) to key services, by car and public transport. The key services in question are a primary school, secondary school, post office, retail centre and GP. Three of our four data zones are in the second decile or lowest 20% of the population in terms of access to these services with the fourth being in the first decile

	<p>or the lowest 10% in terms of geographic access to these services. This low ranking is more commonly found in remote and rural areas of the Highlands and Islands. If some of the contractors objecting to this application operate pharmacies in the same areas as GP surgeries, such as Craigshill, East Calder and Broxburn then it is safe to assume that residents have the same lack of geographic access to these pharmacies.</p>
5.41.	<p>Our proposed service: We would like the committee to consider what an adequate pharmaceutical service looks like. The core NHS services that pharmacies are contracted to provide are the Acute Medication Service (AMS), Medicine Care & Review (MCR) service and serial prescriptions, Pharmacy First Service (PFS) and Public Health Services (PHS). There are, undoubtedly, aspects of these services that can be provided remotely and via a prescription a prescription delivery service but this is not a full pharmaceutical service in itself and it is our contention that the majority of patients from a neighbourhood must be able to attend a pharmacy in person in order for them to access have adequate access to pharmaceutical services.</p>
5.42.	<p>Commitment One of the Scottish Governments Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland, commits to increasing access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of stable long-term conditions. Our company truly believe that in order to deliver these services adequately the majority of these services need to be delivered in a face-to-face setting. Take the Pharmacy First service for example, when consulting with a patient it is important to have face to face contact to allow us to pick up on non-verbal clues such as facial expression or posture. As healthcare professionals consulting with a patient, even before they open their mouth, we are assessing things like their gait, pallor and alertness and from my studies as an Independent Prescriber I've learned how non-verbal communication such as use of eye contact, body position, movement, facial expression, and use of voice can all influence the success of the consultation. As well as this non-verbal communication, a thorough consultation will also note physiological parameters during the course of the consultation simply by observing the patient in front of you – these can include things like respiratory rate, pupil dilation and are ancillary muscles being used to breath. This can only be done in a face-to-face situation and to do this a patient must be able to attend a pharmacy.</p>
5.43.	<p>Again, not only is this our opinion but it seems to be the opinion of the contractors who have objected to the awarding of this contract. The websites and patient services apps of Boots, Morrisons, Rowlands, Omnicare and Lindsay & Gilmour all direct patients to attend the pharmacy to avail of the pharmacy first service.</p>
5.44.	<p>Likewise, delivery of the core Public Health Service can only be effectively delivered when a patient attends the pharmacy. Firstly, the PHS requires pharmacies to display posters in their premises promoting a new public</p>

	<p>health campaign every four to eight weeks. Obviously, a patient can't see these if they are not at the pharmacy. The PHS also covers the Stop Smoking service which requires pharmacy to take a carbon monoxide reading from patients which again is done face to face at the pharmacy. It also covers Emergency and Bridging Contraception and again the websites and patient services apps of Boots, Morrisons, Rowlands, Omnicare and Lindsay & Gilmour all direct patients to attend the pharmacy to avail of this service. Supply of naloxone for opioid overdose and unlicensed doses of Paracetamol for children receiving meningitis B vaccines are also covered by the PHS.</p>
5.45.	<p>Achieving Excellence in Pharmaceutical Care – A Strategy for Scotland also identifies Unscheduled Care as an area where patient care can be improved and focusses on six essential actions to improve this area of patient care. One of these actions focusses on utilising the supply of medicines under the unscheduled care Patient Group Direction (PGD) to patients when cannot access their medicines for various reasons (for example if they have run out of medicine and they cannot get a prescription in time for their next dose). In order to make this supply safe pharmacists must ensure that they are speaking directly with the correct patient (which is harder to do remotely) and can also obtain permission from the patient to access their Emergency Care Summary information to aid the decision-making process. We believe that this process is less liable to be abused when a patient makes an in-person request for unscheduled care at the pharmacy.</p>
5.46.	<p>We are not casting aspersions on the services being provided by our colleagues in adjacent neighbourhoods, we are simply pointing out that in order to avail of a full pharmaceutical service that a patient must attend a pharmacy. Obviously, this can't be done by everyone, and remote solutions can be found for those who are, for example, housebound. However, remote solutions cannot replace a full pharmaceutical service for a population the size of ours. Our challenge to the objectors to this application is to demonstrate that they already provide these core services in full to the residents of Pumpherstons and Uphall Station.</p>
5.47.	<p>In addition to this, we intend to offer the Pharmacy First Plus service for Common Clinical Conditions from day one of our pharmacy opening. Our company currently operate three pharmacies and have four Independent Prescribing pharmacists within the company with a fifth due to qualify in September. Pharmacy First Plus allows a pharmacist to use their clinical skills and training to consult with patients and prescribe any Prescription Only Medicine as long as they feel competent to do so. We see a lot of acute conditions in the pharmacy such as respiratory infections, ear, nose and throat conditions, dermatological presentations, allergies eye infections and obviously to investigate these further we need to examine the patient face to face. This may involve taking vitals such as temperature, pulse, blood pressure or oxygen stats or examining the patient's oropharynx, ear canal using otoscopy or using auscultation skills to sound their chest. We can then decide on a course of treatment to be</p>

	prescribed from the pharmacy or refer the patient if necessary – updating their GP with a copy of the consultation notes sent following the consultation.
5.48.	Our company have spent a six figure sum refitting our two pharmacies in Lothian in the past year to ensure that we can offer this service and we plan to use the same company to fit out our new pharmacy should the contract be granted. We have invested in training staff and ensured each of our teams benefits from at least one Accuracy Checking Technician in each pharmacy to free up the pharmacists' time to provide this service.
5.49.	We have recently invested in an automated 24/7 prescription collection point in our pharmacy in South Queensferry and intend to utilise the same technology in this new pharmacy. We expect to provide the same level of service from our proposed pharmacy focussing on delivery the pharmacy contract to its full potential ahead of any retail activities.
5.50.	Access to a pharmacy: We have hopefully demonstrated so far that in order to access a full pharmaceutical service a patient must leave the neighbourhood, which is sufficient for their day-to-day needs, especially to attend a pharmacy. We expect competitors to say there are eight pharmacies in the radius, wouldn't matter if there are 20 if residents have difficulty accessing them. We would now like to look at what that journey might look like for someone from our neighbourhood. To illustrate this point, we will give travel distance and times from our proposed premises which, as we have already explained, is located in the area where our residents access the majority of services and amenities in the neighbourhood. Naturally, there will be people towards the northern end of our neighbourhood who will have shorter travel times than stated to Uphall and Broxburn and people at the southern end of our neighbourhood who will have shorter travel times than stated to Mid Calder and Craigshill but all of these residents still live closer to our proposed premises.
5.51.	The closest pharmacy to our premises is Boots, Craigshill. This pharmacy is relatively close as the crow flies but unfortunately given the layout of post war 'new towns' travelling there proves a lot more difficult. The first option is walking. Google maps tells us that this is a distance of one mile taking the average person 23 minutes to walk. What Google maps doesn't tell us is that this walk takes us through an industrial estate, alongside a secluded wood, under three underpasses and down a steep laneway, which is fine for me on a bright July evening but less suitable during darker winter months especially for more vulnerable patients such as elderly, disabled or young families with buggies. I certainly wouldn't be comfortable with my mother or my wife and children making that journey in the dark.
5.52.	There is no direct public transport from our neighbourhood to Craigshill so the last option our would-be patient has to drive. Google maps tells us this journey is 1.4 miles and takes four minutes. Unfortunately, the 2022 Census hasn't yet published car ownership data and we feel the 2011

	<p>census data is of little relevance in 2024. However, we do know from published Scottish Government Transport Statistics data based on the Scottish Household Survey, estimates that 21% of households in West Lothian do not have access to a car. Remember, our neighbourhood is also in the bottom 20% for geographical access to services including GPs and seeing as Boots pharmacy is in the vicinity of Craigshill Health Centre so it is reasonable to assume that that this poor geographical access applies to this pharmacy also.</p>
5.53.	<p>Surprisingly for us, the second closest pharmacy as the crow flies was Ladywell pharmacy. However again we must look at how patients might get there. Walking is a fairly straight line across the industrial estate and over a flyover on the A899, taking 30 minutes and being 1.3 miles. This is through the industrial and then out over open ground which may not be suitable for vulnerable groups in dark months. There is no direct public transport to Ladywell Pharmacy. Due to the layout of 1960s new towns the drive to Ladywell Pharmacy takes 2.5 miles and eight minutes by car.</p>
5.54.	<p>The next closest pharmacy is Omnicare in Mid Calder. Walking takes 32 minutes and is 1.5miles out of Pumpherston along the B8046 where the traffic calming measures end and the speed limit increase from 20mph to 40mph. The path runs alongside the road until the top of Millbrae where it ends, and our would-be patients would have to cross to the other side. From here its down Millbrae and again crossing the road where the path ends at the bridge and back up the hill into Mid Calder. There is no direct public transport to Mid Calder. Travelling by car takes four mins but we know from our public consultation that residents find parking problematic at Mid Calder pharmacy.</p>
5.55.	<p>The last pharmacy commute we will look at in detail is the trip to Omnicare in Uphall. This journey takes us out of the neighbourhood to the north along the B8046 under the rail line and M8 and is 1.9 miles taking 38 minutes to walk. This walk takes our resident out into open fields, before crossing the busy A89 junction and along by the golf course before entering Uphall. Uphall is on the only bus route that serves our neighbourhood, the Lothian Country service which runs one every hour and takes seven minutes to travel by bus or car. Again, our public consultation indicates that parking around Omnicare pharmacy in Uphall is a problem for residents having to drive there.</p>
5.56.	<p>Given, as we have already discussed, that government statistics indicate that our neighbourhood has poor access to GP surgeries we assume that this geographical access data also applies to the pharmacies in East Calder and Broxburn given they are in the vicinity of the nearest GP surgeries.</p>
5.57.	<p>We do not believe that given the distance, geography, lack of public transport and parking that any of these pharmacies offer adequate access for a significantly large and growing population.</p>

5.58.	<p>That's probably enough of what we think as a company and its time to look at what the residents of our neighbourhood think about the pharmaceutical services they receive. To do this we undertook a joint consultation with NHS Lothian running from 29th Sept 2022 to tenth of Feb 2023. For the joint consultation the advert was published in the West Lothian Courier and it was posted on NHS Lothian's website. Respondents could either respond electronically or could request to be sent a hard copy from NHS Lothian Primary Care contracts dept. Posters were hung at various locations around the neighbourhood (mini markets, primary school, golf and bowling club, take aways etc) advertising the consultation and fliers were handed out with a QR code directing respondents to the electronic consultation. The community council helped to promote the consultation to residents via social media and at various neighbourhood events.</p>
5.59.	<p>We have to admit that we were a little frustrated with the format of the consultation. The previous joint consultation in Pumpherstons had had 575 responses, 167 electronic responses and 408 paper responses. However, there were question marks over the distribution of hard copy forms and the handling of data, which is why the process was tightened up and we decided we needed to be whiter than white for this new consultation and not have a third party involved in requesting hard copies, despite the community council offering to do so. The fact that residents needed to contact the health board individually, wait to be sent a hard copy annotated specifically for them and then return it the health board proved too cumbersome and we didn't receive any paper responses. We are happy to provide feedback to the Health board as to how this process can be stream lined and ensure those who have difficulty completing online surveys can have their voices heard.</p>
5.60.	<p>Having said that we did receive 154 electronic responses to the joint consultation, broadly in line with the previous consultation. Statistically, this level of response from a population of 2,980 gives us a confidence interval of 0.077, based on confidence level of 95% and gives a relative standard error of roughly eight percent. This means that we can be confident of the statistics produced are accurate plus or minus eight percent if extrapolated onto our population as a whole. In the interests of transparency, we would remind the committee that the consultation isn't a scientifically designed tool and that respondents are self-selecting which can lead to in built bias. We will now look at the responses to the consultation and highlight some of what our community had to say.</p>
5.61.	<p>Q1. Over 96% of the respondents agreed with our definition of the neighbourhood. This isn't a surprise and we have spent the first part of our presentation explaining the rationale behind this.</p>
5.62.	<p>Q2. Over 96% of respondents agreed there were gaps in existing pharmaceutical services in the neighbourhood. There were several reasons offered for these responses including difficulty getting to pharmacies in adjacent neighbourhoods;</p>

	<p>'We have to travel either by car or bus to reach the nearest 1 and the majority of the time you need a second trip as its either missing part of your meds or its not ready!! Pumpherstons is a growing community ... its overdue ... our growing numbers justify it.'</p> <p>'A local pharmacy is needed, closes (sic) is either Uphall or Mid Calder, both are difficult to get to unless you drive then parking is a nightmare at both. Having a local pharmacy would be beneficial for all generations.'</p>
5.63.	<p>Q3. Nearly 70% of respondents said they had difficulty attending a pharmacy in person. We asked for this question to be included in the consultation because as already outlined we suspected this would be the case and the responses corroborate this. If we extrapolate this to our population of 2,980, we can say with 95% confidence that between 1,919 and 2,247 people find it difficult to attend a pharmacy in person. As we have already explained, we believe in order access an adequate pharmaceutical service that a patient needs to attend a pharmacy in person and between 1,919 and 2,247 have told us that they find this difficult.</p> <p><i>'I don't drive and the buses are once an hour with a minimum of 30-minute walk to a pharmacy in Craigshill. The route isn't accessible and is extremely hilly.'</i></p> <p><i>'Inadequate parking at uphall pharmacy, too busy and too small for so many people'</i></p> <p><i>'It's out of the way, I never go to Broxburn and Uphall. I have to make a special trip to go pick up my medication.'</i></p>
5.64.	<p>Q4. Unanimously, 100% of respondents thought a new community pharmacy would have a positive impact on the community.</p>
5.65.	<p>Q5. Ninety-nine percent of respondents had positive views of the services being proposed. One respondent expressed concerns about the provision of opioid substitution therapy. On this, we contacted West Lothian Community Addictions service during the consultation period. They were able to find nine patients from our neighbourhood who are prescribed opioid substitution but did say that there may be more they missed. As a company we believe that patients who need treatment for addictions deserve to be able to receive it in their own communities and we would rather they were obtaining help than using illicit medication. Can you imagine the struggle of a patient, who may lead a chaotic lifestyle, having to leave their community every day in order to receive treatment given the difficulties we have outlined in accessing a pharmacy.</p>
5.66.	<p>Q8. Ninety-eight percent, or between 2,690 and 2,980 of our population, believe that our proposed pharmacy would have a positive impact on existing NHS services.</p> <p>'Help to alleviate minor visits and calls to the Doctor / Nurse.'</p>

	<p>'The pharmacist can do routine health checks and save hospital or GP visits and reduce the waiting times etc.'</p>
5.67.	<p>Q9. 97.4% had a positive view of the location of pharmacy. Although nobody responded negatively to the poll there was one comment about the busyness of the street. While we acknowledge that the parking directly outside the pharmacy isn't ideal, locals will know that Drumshorleand Road directly across from the pharmacy is a cul-de-sac with ample parking. There is also parking available around the corner on Harrysmuir Rd and at the other side at Harrysmuir Crescent.</p> <p><i>'At the heart of the community and easily reached. Central to both Pumpherston and Uphall Station.'</i></p> <p><i>'In the centre of the village, close to bus terminus and close to local amenities.'</i></p> <p><i>'As I said the opposite of the M8 needs services. Uphall and Uphall Station are two separate villages completely and Uphall Station would be better served by Pumpherston.'</i></p>
5.68.	<p>As you can see there is broad support amongst our neighbourhood for this pharmacy application. We've also had huge support from the Community Council who due to an administrative error didn't respond within the public consultation timeframe and thus are not allowed to make representations here today. However, we have been advised that we can incorporate their views in to our presentation and I would like to read out a letter from the Community Council.</p>
5.69.	<p>We think it's important for us to note that we probably would have had difficulty getting a representative to join the meeting today. From our discussions with the community council, we need to report that the community representative at the previous PPC meeting found the process arduous and very stressful and stated that she wouldn't do it again. We are not pointing fingers at anyone's conduct but would like to convey how this process feels for community representatives who may not have the insight into the legal test that we have.</p>
5.70.	<p>Not only does this application have the support from the community but also from allied healthcare professionals. Not only have the LMC supported this application, but we have had letters of support from the partners of Craigshill Health Centre, Ferguson Medical Practice at Strathbrock and from Dr Iain McLeod, one of the partners at East Calder Medical Practice, responding in a personal capacity as a local resident.</p>
5.71.	<p>As we have outlined we believe our neighbourhood more than meets the legal test for describing services to the neighbourhood as inadequate. There are, without doubt, neighbourhoods without a pharmacy, not within walking distance of one where a pharmacy isn't justified. However, we have shown that:</p>

	<ol style="list-style-type: none"> 1. The current population of 3,200 -3,400 is a significant population when considering access to pharmaceutical services and is more than sufficient to make a pharmacy viable. 2. The probable future developments in the area will increase the significance of this population. 3. The neighbourhood is geographically isolated from adjacent neighbourhoods containing pharmacies and have difficulty accessing these pharmacies due to poor public transport. 4. The population has demographics including low ranking in terms of employment, socioeconomic and health outcomes. 5. The population, as part of their daily routine, do not travel to an area where a pharmacy is located.
5.72.	Each factor is important by itself but where there is an amalgamation of problems with each factor then services can be considered inadequate.
5.73.	Thank you for your time. We have hopefully also demonstrated in order to implement the core services to their full extent then granting of this application is both necessary and desirable in order to secure pharmaceutical services in the neighbourhood. We welcome any questions you may have.
5.74.	This ended the presentation by the Applicant.
6.	The Chair invited questions from the Interested Parties
6.1.	Mr Scott Jamieson (Boots UK Ltd) to the Applicant
6.2.	<p>Mr Scott Jamieson referred to the letter of intent from the Applicant's landlord, noting it dated back to the 20th June 2016, and asked the Applicant if the landlord was still intending to lease the space to him and whether or not there is any documented evidence to prove that.</p> <p>The Applicant replied that he has no documented evidence. He paid the lease for two years until July 2018, at which point he was aware that the process of another application was taking place so used a break clause in the lease and stopped paying rent in August 2018 but have been in touch with the landlord since then as of last week (week commencing 8th July) and he confirmed that he is still more than happy to lease the premises to the Applicant.</p>
6.3.	<p>Mr Scott Jamieson asked the Applicant about the size of the premises.</p> <p>The Applicant replied that the premises is 7.5 metres by 12 metres, is flat all the way through with only one entrance and one exit out onto Uphall Station road.</p>
6.4.	<p>Mr Scott Jamieson asked the Applicant about the proposed layout of the premises, noting it is not particularly large.</p> <p>The Applicant replied that while this premises is not massive, he does successfully operate another pharmacy that is smaller and that the</p>

	shopfitters he used for the two most recent refits in his pharmacies are experienced in fitting pharmacies and making the most of the space available. He confirmed the focus of the pharmacy will be clinical and providing services as opposed to retail and therefore the retail section will be small. There will also be a full sized consultation room to provide services and a dispensary.
6.5.	Mr Scott Jamieson asked the Applicant if he would be able to accommodate staff facilities at the premises. The Applicant replied that there was most definitely space for a separate staff toilet and other staff areas.
6.6.	Mr Scott Jamieson asked the Applicant if the premises would meet DDA requirements. The Applicant replied that it would.
6.7.	Mr Scott Jamieson asked the Applicant if he could provide any evidence regarding his claims around the premises and how it will be fitted. The Applicant replied that he could not, feeling that would be presumptuous to the outcome of the meeting, but explained he does have a premises secured and has professionals who are experienced in fitting out smaller spaces than the premises to ensure it is DDA compliant, so there are no anticipated issues.
6.8.	Mr Scott Jamieson asked the Applicant about the neighbourhood he proposed, noting it was described as having three mini markets and asked if the Applicant could say where those are located. The Applicant replied that the mini markets are Scotmid in Uphall Station, also another one on Uphall station the name of which he was unsure of that is just down the road from his premises, and another Scotmid across from the premises which is also inclusive of a post office.
6.9.	Mr Scott Jamieson asked the Applicant if he felt most people would do their weekly shop in the neighbourhood. The Applicant replied that he wouldn't expect that, no, given what's available are mini markets as opposed to large supermarkets.
6.10.	Mr Scott Jamieson asked the Applicant if he agreed that, to get large grocery shops in, people would then need to leave the neighbourhood. The Applicant replied that he didn't necessarily feel that was the case as most supermarkets now offer delivery.
6.11.	Mr Scott Jamieson asked the Applicant to confirm that there are no GPs in the proposed neighbourhood. The Applicant replied that that was correct.
6.12.	Mr Scott Jamieson asked the Applicant about the population size and data zones he used, noting that the zone ending in 301 has a population of 500

	<p>clearly within the neighbourhood, 299 has a population of 1,011 clearly within the neighbourhood, but that 302 has a population of 769 and it looks like only a small portion of that data zone is within the proposed neighbourhood and whether or not that is correct.</p> <p>The Applicant replied that in terms of geographic spread, yes that is correct, but that the vast majority of the housing in the 302 lies within the neighbourhood with only nine houses outside of the proposed borders.</p>
6.13.	<p>Mr Scott Jamieson asked the Applicant to confirm that between zones 300 and 302 there are only nine houses that aren't included within the neighbourhood.</p> <p>The Applicant replied that that was correct.</p>
6.14.	<p>Mr Scott Jamieson asked the Applicant if he could prove this claim.</p> <p>The Applicant replied that he could not, that it was an estimate provided using satellite images.</p>
6.15.	<p>Mr Scott Jamieson asked the Applicant about the housing developments that have been built and whether or not the planning permissions would have been considered at the previous 2019 PPC hearing as planning permissions would have been granted.</p> <p>The Applicant replied that yes that would have been the case.</p>
6.16.	<p>Mr Scott Jamieson asked the Applicant about access to existing pharmacies and asked the Applicant if he would agree that the access that currently exists would have been considered by the 2019 PPC hearing.</p> <p>The Applicant replied that no he does not believe that would have been the case as the bus provider since that hearing has changed and that bus service now runs every hour instead of every thirty minutes.</p>
6.17.	<p>Mr Scott Jamieson asked the Applicant about the CAR and asked if, based on the number of responses received, the Applicant would consider that a low response rate.</p> <p>The Applicant replied that he did not agree that the response rate was low given the size of the population who were living in the neighbourhood at the time the consultation was run. He noted he did have some frustrations with the cumbersome nature of how people would access the paper forms and that the level of electronic responses received was broadly similar to responses received by previous consultations in the area.</p>
6.18.	<p>Mr Scott Jamieson asked the Applicant if he agreed the communication routes for the CAR with NHS Lothian prior to the consultation.</p> <p>The Applicant replied that yes, he did agree that with NHS Lothian. He noted they had considered providing pre-paid envelopes addressed to the Primary Care Contracts Department for patients so they would not have</p>

	to fork out postage from their own pocket in order to reply, but decided instead to not get involved with any distribution of the paper consultation.
6.19.	Mr Scott Jamieson asked the Applicant if he know the number of respondents to the CAR who actually lived within the neighbourhood. The Applicant replied that he did not.
6.20.	Mr Scott Jamieson asked the Applicant if, given the size of the population he calculated, whether five percent of that number was a low number of replies for the consultation. The Applicant replied that he didn't think the response rate was low and that previously applicants in Linlithgow had the highest number of responses to a consultation and still only reflected five percent of the population.
6.21.	Mr Scott Jamieson asked the Applicant about submissions made in support of the application, noting the applicant referred to more submissions that were included in the original circulation. The Applicant replied that that was correct. Individual practices weren't contacted so he took it upon himself to contact other GP surgeries, this took place outwith the consultation period, and also received letters of support from East Calder and Ferguson Medical Practices.
6.22.	Mr Scott Jamieson asked the Applicant to confirm that these letters from East Calder and Ferguson Medical Practices had not been previously sent to the Committee. The Applicant replied that that was the case.
6.23.	Mr Scott Jamieson asked the Applicant why there was no representation from the Community Council at the hearing, noting that that was unusual. The Applicant replied that due to an administrative error, the Community Council did not respond to the consultation within the time period. They did then request to be allowed to attend the hearing but were advised they couldn't. The Applicant noted grievances that the Community Council had with the process and The Chair noted that those issues have already been raised as part of the process and will be taken offline as a part of his feedback to NHS Lothian, but they play no part in the motivation of the members in attendance at the hearing.
6.24.	Mr Scott Jamieson asked the Applicant if the NHS Lothian APC had a view on this matter. The Applicant replied that no, to his knowledge they did not have a view.
6.25.	Mr Scott Jamieson asked the Applicant if there were any gaps identified in the NHS Lothian Pharmaceutical Services Plan for the defined neighbourhood.

	The Applicant replied that there were not to his knowledge, but that he is not aware of any gaps necessary to be identified prior to a contract being granted.
6.26.	Ms Tanusia Sudhakaran (Lyndsay and Gilmour Chemist) to the Applicant
6.27.	<p>Ms Tanusia Sudhakaran asked the Applicant about the premises, and asked if the size of the proposed consultation room and dispensary will be safe for working in and if that could be proven?</p> <p>The Applicant replied that he currently operates a successful pharmacy in an event smaller premises and will be using the same shop fitters for this premises.</p>
6.28.	<p>Ms Tanusia Sudhakaran asked the Applicant about the letter of support from Craighill Medical Practice and how it is centred on the provision of Pharmacy First provisions, noting that she considers the Pharmacy First provision that already exists from contractors in the area to be excellent and that the Lyndsay & Gilmour Chemist specifically in this location have the highest Pharmacy First activity in their organisation.</p> <p>The Applicant replied that he had data on the other contractors. Noting that Omnicare in Craigshill does an average of £1,316 pounds of Pharmacy First activity which is much lower than the Omnicare location in Fife that dispenses roughly the same amount of items but brings in £3,738 of Pharmacy First activity. He provided a similar example of Boots, who do £1,191 in Linlithgow but £1,967 in Craigshill, which he noted he would expect to be larger given the low socioeconomic area. The Applicant note he would consider the Pharmacy First provision in the area to actually be inadequate.</p>
6.29.	<p>Ms Tanusia Sudhakaran asked the Applicant if he felt the reasons he gave regarding Pharmacy First numbers were the only good reasons to grant his application.</p> <p>The Applicant replied that no, that was not the only good reason, but is a massive reason in his view.</p>
6.30.	<p>Ms Tanusia Sudhakaran asked the Applicant if he could quantify how his business will be viable.</p> <p>The Applicant replied that the current estimated population equates to be between 3,200 to 3,400 people and future developments are due to increase it to in excess of 4,000 people. The Applicant has a pharmacy open in Kirknewton providing services to a population half that size that is still viable.</p>
6.31.	Ms Tanusia Sudhakaran asked the Applicant what new developments he spoke of specifically and which of those wouldn't have been considered by the previous 2019 panel.

	<p>The Applicant replied that Dundas Homes have recently requested permission for 47 houses and 8 flats and The Amed Realestate Company are planning to build another 115 homes, which equates to almost 200 extra homes that have not been previously considered. The Applicant noted that the planning permissions have not yet been granted but that the West Lothian Development Plan has allocated this area for housing so if it is not granted, developers will apply again.</p>
6.32.	<p>Ms Sudhakaran asked the Applicant if he agreed that the Committee cannot consider potential build for locations that have not yet been granted.</p> <p>The Applicant replied that he did not agree with that, and that Lothian have committed to an increase of housing with two applications in progress.</p>
6.33.	<p>Mr Dara O'Malley (Omnicare Pharmacy Ltd) to The Applicant</p>
6.34.	<p>Mr Dara O'Malley asked the Applicant how many Pharmacy First consultations Omnicare in Uphall undertook in the last few months.</p> <p>The Applicant replied that he didn't have that information.</p>
6.35.	<p>Mr Dara O'Malley asked the Applicant if there have been any complaints raised to NHS Lothian for pharmacies in the area.</p> <p>The Applicant replied that there have not been any to his knowledge.</p>
6.36.	<p>Mr Dara O'Malley asked the Applicant if one could walk to Uphall from Uphall station on a well lit path.</p> <p>The Applicant replied that there is lighting on the path, and that the path is out over open ground across a junction. The Applicant confirmed he would not consider the part past the golf course well lit at all.</p>
6.37.	<p>Mr Dara O'Malley asked the Applicant if he would agree that the path from Uphall station to Uphall was widely used.</p> <p>The Applicant replied that he didn't have information on how often the path was used.</p>
6.38.	<p>Mr Dara O'Malley asked the Applicant to confirm that there is no secondary school located in his proposed neighbourhood.</p> <p>The Applicant confirmed that was the case.</p>
6.39.	<p>Mr Dara O'Malley asked the Applicant to confirm if the amenities in his proposed neighbourhood were those that would be used on the basis of convenience for the population.</p> <p>The Applicant replied that there were enough amenities within the neighbourhood to service the day-to-day business of the population.</p>
6.40.	<p>Mr John Connelly (Ladywell Pharmacy) to The Applicant</p>

6.41.	<p>Mr John Connelly asked the Applicant to explain why he stated that interested parties had to demonstrate that they provide pharmaceutical services to the proposed neighbourhood rather than he demonstrating inadequacy of pharmaceutical services to the area.</p> <p>The Applicant replied that the point he was trying to make was that, while the pharmacies represented by interested parties do provide the core pharmaceutical services, people from the defined neighbourhood have to travel to visit those pharmacies and access those services and with the population growing to the size it is, it's important to determine when those services then become inadequate.</p>
6.42.	<p>Mr John Connelly asked the Applicant if he would agree that eight pharmacies in a three mile radius providing core and additional services into the neighbourhood was sufficient.</p> <p>The Applicant replied that if the population of the neighbourhood have to leave to access these services, then they are not being provided to the neighbourhood.</p>
6.43.	<p>Mr John Connelly asked the Applicant if he would agree that the population of the neighbourhood have to leave it to access a wide number of services and that the people accept having to travel outside the neighbourhood to access the vast majority of services they need?</p> <p>The Applicant replied that he did not agree with that statement and that he thinks there is more than enough in Pumperston to support the population's day-to-day needs.</p>
6.44.	<p>Mr John Connelly asked the Applicant about the letter from Craigshill Medical Practice and whether or not he would accept that the General Practice knows fairly little about pharmaceutical services compared to the knowledge pharmacists and pharmacies have.</p> <p>The Applicant replied that he was not in a position to comment on that.</p>
6.45.	<p>Mr John Connelly asked the Applicant if he had interacted with the Craigshill Medical Practice professionally.</p> <p>The Applicant replied that he did.</p>
6.46.	<p>Mr John Connelly asked the Applicant if he found any of the Craigshill Medical Practice practices challenging?</p> <p>The Applicant replied that that had never been his experience, and that he couldn't comment on the experiences of others.</p>
6.47.	<p>Mr John Connelly asked the Applicant about his comments about the bus service and asked if he would accept that bus services were withdrawn from the area due to lack of use.</p> <p>The Applicant replied that he did not feel qualified to comment on that.</p>

6.48.	<p>Mr John Connelly asked the Applicant about the five percent response rate to the CAR and whether or not he would consider that to be statistically relevant.</p> <p>The Applicant replied that yes, he would consider a response rate of 154 from a population of 2,980 a statistically relevant sample size. He acknowledged he potential for bias as the consultation doesn't use a scientific model, but that the rate was significant.</p>
6.49.	<p>Mr John Connelly asked the Applicant about his comments on what the Community Council did to promote the consultation and whether the lack of further response than what was received indicates a lack of desire for another pharmacy in Pumpherston.</p> <p>The Applicant replied that no, he did not feel that was the case. He noted that in similar consultations with 500+ responses, only 164 of those were received electronically which is a similar number to what was received for this consultation.</p>
6.50.	<p>The Chair noted that any discussion about whether or not the consultation process is appropriate will be taken outwith the meeting.</p>
6.51.	<p>Ms Lucy Corner (Rowlands Pharmacy) to The Applicant</p>
6.52.	<p>Ms Lucy Corner asked the Applicant if he would agree that the response rate to the consultation confers that the remaining 95 percent of the population are happy with the pharmaceutical services they receive.</p> <p>The Applicant replied that he did not agree with this statement.</p>
6.53.	<p>Ms Lucy Corner asked the Applicant how he will make sure that his pharmacy meets the GPHE standards for registered pharmacy premises.</p> <p>The Applicant replied that this was covered in the public consultation, with a few documents for reference. Interior of the premises will be planned and fitted out by specialist pharmacy fitting company used previously. This will be undertaken with reference to Scottish Health Planning, Note 36, Part 3 Community Pharmacy Premises in Scotland and comply fully with the Disability Discrimination Act 1995. After completed an audit will be undertaken using the access for disabled people in healthcare premises toolkit to ensure the premises is fit for purpose in compliance under Section 29 of the Equalities Act 2010.</p>
6.54.	<p>Ms Lucy Corner asked the Applicant about his governance arrangements and standard operating procedures.</p> <p>The Applicant replied that he already manages three pharmacies and will be taking what has been successful preciously and bringing it to the new contract.</p>
6.55.	<p>Mr Lucy Corner asked the Applicant if he would be the pharmacist were the application to be granted.</p>

	<p>The Applicant replied that he would be initially. He worked in his first pharmacy for 18 months after the contract was granted. Following the granting of his second application, he worked three days a week in one pharmacy and two and a half days in the other alongside an employed pharmacist. Each of his pharmacies now has a managing pharmacist so he has time to work at this new location should the contract be granted.</p>
6.56.	<p>Ms Lucy Corner asked the Applicant how he will ensure the consistency and quality of the pharmaceutical services after that initial period during which he is working as the pharmacist?</p> <p>The Applicant replied that he has regular annual reviews with his pharmaceutical managers as well as regular inspections by GPHC and any actions highlighted during those inspections are taken care of.</p>
6.57.	<p>Ms Lucy Corner asked the Applicant if he has spoken to any commissioners.</p> <p>The Applicant confirmed that he has not spoken to any commissioners yet. He noted that there are some services that several contractors feel are underfunded so, in terms of non-core services, he will look at the Pharmacy First Plus independent prescribing services, gluten free food services, opioid treatment and unscheduled care. He noted that the pharmacy likely won't be taking part in the sharps and waste medicine disposal due to a lack of funding.</p>
6.58.	<p>Mr Lucy Corner asked the Applicant how many prescription items his business model for the newly proposed pharmacy is based on.</p> <p>The Applicant replied that here is a move way from looking at simply dispensing items as a core funding decision maker as it doesn't really reflect the full range of the Scottish pharmacy contract. He noted that he operates a pharmacy in Carnewton with a smaller population that is viable.</p>
6.59.	<p>Ms Lucy Corner asked the Applicant if, despite this increase in service provision, that dispensing is still the highest percentage of business for a pharmacy.</p> <p>The Applicant replied that he agreed.</p>
6.60.	<p>Ms Lucy Corner asked the Applicant how he intends to invest in the premises and/or staff.</p> <p>The Applicant replied that he is going to refit the unit to a very high standard, including a large consultation room, and recently invested in an automated service for 24/7 prescription collection and would intend to do that for the new pharmacy as well. He noted that his company doesn't believe their staff can be trained highly enough, and that the Carnewton pharmacy has two trained technicians, one of whom just completed her training, so investing in the people who work for the company is of paramount importance.</p>

6.61.	<p>Ms Lucy Corner asked the Applicant if he would still be able to invest in this area even if there was a continued danger to the viability of existing pharmacies.</p> <p>The Applicant noted he felt that question was subjective.</p>
6.62.	<p>Ms Lucy Corner asked the Applicant if he intended for his pharmacy to operate delivery services outwith the defined neighbourhood.</p> <p>The Applicant replied that if the need arose, yes, his pharmacy would not turn anybody away but that he would not actively promote those services outwith the neighbourhood.</p>
6.63.	<p>Ms Lucy Corner asked the Applicant how he intends to circumnavigate the medicine shortages being seen nationally.</p> <p>The Applicant responded that, as an independent pharmacy, he has accounts with eight different wholesalers and uses a broad range of supplies rather than being restricted to one or two. He has a fairly well established process in his already existing pharmacies where if a medication cannot be obtained, a form is filled in to detail that shortage, indicating when it will likely be in stock and how much he patient has and the pharmacist on hand will then recommend an alternative that they can source and send that to the patient's GP for approval before making a prescription. He's found that to smooth the issue of shortages. The Applicant noted his pharmacies also makes use of things like short supply protocols.</p>
6.64.	<p>Ms Lucy Corner asked the Applicant what percentage prescription items have increased year on year.</p> <p>The Applicant replied that he does not have that information.</p>
6.65.	<p>Ms Lucy Corner asked the Applicant if he thought the three percent increase in prescription items nationally implies a new pharmacy would be necessary.</p> <p>The Applicant replied that it would be hard to agree with a national statistic.</p>
6.66.	<p>Ms Lucy Corner asked the Applicant about his comments about the daily behaviours of the population and asked him to elaborate.</p> <p>The Applicant replied that there are enough services and amenities in Pumpherston for individuals to meet their day-to-day needs so they don't need to go elsewhere to access other services or amenities.</p>
6.67.	<p>Ms Lucy Corner asked the Applicant what innovation he would propose to utilise in the pharmacy in this neighbourhood.</p> <p>The Applicant replied that his company is very forward thinking and believes patients accessing treatments for acute conditions from their pharmacy is the way forward for community pharmacies. He noted that his pharmacy in Fife operates Pharmacy First Plus and that they have</p>

	given the local GP surgery access to their booking system so patients can have their appointments booked by their local surgery.
6.68.	<p>Ms Lucy Corner asked the Applicant if that was something he intends to bring to Pumpherston.</p> <p>The Applicant replied that yes, Pharmacy First Plus services will be available from opening.</p>
6.69.	<p>Ms Lucy Corner asked the Applicant if any other pharmacies in the area of the neighbourhood have prescription collection machines.</p> <p>The Applicant replied that yes, Uphall and Ladywell pharmacy have prescription collection machines as well.</p>
6.70.	<p>Ms Lucy Corner asked the Applicant if he was in possession of any evidence to suggest that people of protected characteristics are having difficulties accessing pharmaceutical services.</p> <p>The Applicant replied that there was anecdotal data from the consultation of people who say they use a wheelchair and can't access pharmacies. No empirical data.</p>
6.71.	<p>Ms Lucy Corner asked the Applicant if he was aware that there was a reported issue with the Pharmacy First Plus activity payments from April this year.</p> <p>The Applicant replied that he was aware of that.</p>
6.72.	Mr Labeeq Hussain (Healthful Pharmacy) to The Applicant
6.73.	<p>Mr Labeeq Hussain asked the Applicant what the letter he received from East Carghill Surgery said.</p> <p>The Applicant read the letter out: "To whom it may concern as a local resident and general practitioner I offer my personal support for the application for a new pharmacy in Pumpherston as potentially a very useful additional resource for what is an area experiencing significant demands on services due to the rapidly expanding population. The medical practice do not offer comment on any private developments and hence I offer my personal opinion. Yours sincerely, Iain McLeod."</p>
7.	The Chair invited Questions from the Committee.
7.1.	Mr Mike Ash (Lay Member appointed by NHS Lothian) to the Applicant
7.2.	<p>Mr Mike Ash asked the Applicant about the people who are currently occupying the first floor, the furniture store, of the proposed premises as they were under the impression that the area the Applicant is proposing to use as a pharmacy is currently being used as their storeroom. He asked the Applicant for reassurance that the premises is actually available.</p>

	<p>The Applicant replied that when he opted to take a break on the lease in 2018, they advised the landlord that there was the potential for the application to be heard again. He didn't seem to mind as the tenants upstairs would be using the premises as a storage facility so he would maintain income. The Applicant believes the landlord would prefer to have the pharmacy in that premises as a long-term tenant, but that he couldn't put words in his mouth. The Applicant noted having no written lease or verbal agreement, also noting that the furniture business don't have a written lease on the premises either.</p>
7.3.	<p>Mr Mike Ash asked the Applicant about the size of the business and what his business model could cope with.</p> <p>The Applicant replied that his pharmacy in Carknewton is viable with a population of 2,000, so a population double that will be more than enough to make the pharmacy viable.</p>
7.4.	<p>Mr John Niven (Lay Member appointed by NHS Lothian) to the Applicant</p>
7.5.	<p>Mr John Niven asked the Applicant about his reference to the previous 2019 application, noting that at that time that application was given considerable written support from local MSPs etc., and asked the Applicant if he had sought any support from them or if they offered anything in support of this application.</p> <p>The Applicant replied that he didn't, the reason being that most of the solicitation of support from MSPs and MPs for the previous applications were done by the Community Council, who sometimes don't understand the legal test for a community pharmacy. The Applicant noted that he didn't see the benefit in approaching them and that the Community Council's enthusiasm had waned by the time this consultation took place due to the whole process.</p>
7.6.	<p>Mr John Niven asked the Applicant if he felt that in itself indicates that perhaps the Community Council weren't quite as strongly of the opinion that another pharmacy was required.</p> <p>The Applicant replied that there is political and community support for this pharmacy, but nothing in writing.</p>
7.7.	<p>Mr John Niven asked the Applicant if he noticed that one of the CAR responses was from someone who was living in Bathgate, and asked for assurances that the rest of the electronic support came from within the neighbourhood.</p> <p>The Applicant replied that he does not have the information to provide that assurance.</p>
7.8.	<p>Mr John Niven asked the Applicant what the staffing levels in the pharmacy would be like from the first day.</p>

	The Applicant replied that he anticipates starting off as the pharmacist and have one full-time and one part-time dispenser/technician and a front counter member of staff. He also hopes that his Carnewton delivery driver will also act as the delivery driver for Pumpherston, if not one of the other members of staff will.
7.9.	<p>Mr John Niven asked the Applicant about his proposed published hours and how he plans to cover lunch hours.</p> <p>The Applicant replied that while he is the pharmacist he is quite happy to work through his lunch break to keep the pharmacy open, and when there is an employed pharmacist a discussion will need to be had with that particular employee but noted the pharmacy is legally allowed to close for an hour at lunchtime if needed.</p>
7.10.	<p>Mr John Niven asked the Applicant about how long it would be until services are offered if the application is granted.</p> <p>The Applicant replied that he would aim to be open within six months.</p>
7.11.	Ms Susanne Gooding (Pharmaceutical Non-Contractor Member appointed by NHS Lothian) to the Applicant
7.12.	<p>Ms Susanne Gooding asked the Applicant about Pharmacy First Plus and if he has someone earmarked to take over as an Independent Prescriber from him to carry on that service or if he would have to advertise for a new pharmacist?</p> <p>The Applicant replied that he does not have anyone earmarked so will need to advertise for that position. He noted that both he and his wife are Independent Prescribers and would be able to offer that service and that the Pharmacy First Plus service is to offer at least 25 hours per week out of 45 weeks of the year.</p>
8.	Interested Party
8.1.	The Chair invited Mr Scott Jamieson from Boots UK Ltd to speak
8.2.	We agree with the neighbourhood defined by the applicant.
8.3.	This was the neighbourhood as agreed in 2019 PPC hearing, when a previous application was considered and refused by the PPC unanimously and at the subsequent appeal.
8.4.	<p>Applicant's neighbourhood</p> <ul style="list-style-type: none"> • North Boundary - M8 Motorway • West Boundary - A899 until it meets the A705 • South Boundary - Cousland Road, and along tree belt that encases Craigshill, following it to the River Almond to where it heads eastwards. • East Boundary - to meet pathway/cycle track that heads North towards the M8.

8.5.	It is of note that the applicant's neighbourhood contains an industrial estate, golf club and farmland with some residential dwellings and limited amenities.
8.6.	The proximity and use of facilities in Craigshill, Broxburn and Livingston, are relevant both when considering the services provided to the neighbourhood from pharmacies out with.
8.7.	These localities are where the residents of Pumpherston and Uphall Station would access many key amenities e.g., large grocery stores, banking, doctors, etc.
8.8.	The characteristics of the neighbourhood are such that the population are required to travel out with by car or regular public transport to access the majority of services with regards to their daily needs. There are no GP services in the neighbourhood defined by the applicant. Residents of Pumpherston are most likely to be registered with GPs in Craigshill, Broxburn, or Livingston and have access to pharmaceutical services when visiting their GP.
8.9.	However, should the panel agree wholly or in part with the applicant, the panel will be aware of the need to consider services to the neighbourhood from pharmacies out with.
8.10.	In summary, we agree with the neighbourhood defined by the applicant as this was previously agreed in 2019 PPC hearing. We can draw a line to denote the neighbourhood but in reality, it doesn't exist for patients. We ask that the committee take into consideration pharmacies throughout Craigshill, Broxburn and Livingston when making their determination of services provided in and to the neighbourhood.
8.11.	SIMD (Scottish Index of Multiple Deprivation) shows that many areas of Craigshill are ranked as some of the most deprived (output areas) in Scotland. However, Pumpherston is less deprived.
8.12.	The census population data we have used consists of four data zones, the boundaries of the data zones cover an area larger than the defined neighbourhood, see image below. This would give a larger population size than the actual population of the applicants neighbourhood but is the nearest match to data zones we can find. The increase in population for all four data zones is 309 between 2011 and 2022.
8.13.	Census data shows that 514 people (within the four data zones) are 65 years or older, that is 17.2% of the population which is less than the national average of 20%.
8.14.	The following information is based on the 2011 census data as this level of detail is not yet available from the 2022 census.

8.15.	Levels of car ownership in Pumperston and Uphall Station are higher than the national average. 75% of households have access to a private vehicle, compared to Scotland at 61.8%.
8.16.	Levels of home ownership in Pumpherston and Uphall Station are higher than the national average. 67% of households are owner occupied (with or without a mortgage), the national average being 62%. 23% are rented from the council or social landlords, the remainder being privately rented, national average 25%.
8.17.	Levels of general health are also on par with 81% of residents rating their health as good or very good and 6% rating their general health as bad or very bad. Scotland – 82% good/vg and 5.6% bad/v. bad.
8.18.	Given the quality, the target demographic, size and cost of new housing in the neighbourhood since the 2011 census, it is likely new residents to the neighbourhood will have increased car, home ownership and improved levels of general health.
8.19.	<p>The census data for population compared from 2011 to 2022 shows a small increase of 309, with a smaller percentage of that population aged 65 years or over at 17.2% compared the Scotland overall. The census data from 2011 shows:</p> <ul style="list-style-type: none"> • 75% of households have access to a private vehicle. • 67% of households are owned outright or with a mortgage. • 81% of residents rate their health as good or very good <p>Given most of the new housing to the area since 2011 would be higher affluence its likely that these statics will have increased when this information is released from the 2022 census data.</p>
8.20.	A previous application was made by Mohammed Ameen for inclusion in the pharmaceutical list in respect of the address 4 Drumshoreland Road, Pumpherston, EH42 0LN, which is less than one minute walk from the new applicants' proposed premises.
8.21.	The application by Mohammed Ameen was heard by the PPC on 11 October 2019 and 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, with the decision issued on 11 November 2019.
8.22.	The decision was appealed, and the original decision was upheld.
8.23.	Although there has been some housing development since the last PPC hearing in 2019, we do not believe this would have significantly changed the considerations of the previous PPC, given the size, costs of housing, it is likely to attract families who have access to a car, possibly commuters who may have chosen this location with close access to M8, likely to have

	a mortgage or bought their property outright and generally be in good health.
8.24.	<p>There are eight community pharmacies within approximately two miles of the applicant's proposed premises (according to NHS Inform):</p> <ul style="list-style-type: none"> • Boots – 1 miles away, 12 The Mall, Craigshill, EH54 5ED (Open Mon-Fri 8.30am-6pm, Sat 9am-1pm) • Ladywell – 1.1 miles away, 45 Fernbank, Ladywell, Livingston, EH54 6DT (Open Mon-Fri 9am-6pm, Sat 9am-5pm) • Omnicare – 1.2 miles away, 25 Main St, Mid Calder, EH53 0AW (Open Mon-Fri 9am-6pm, Sat 9am-1pm) • Lindsay & Gilmour – 1.5 miles, 173 Main St, East Calder, EH53 0EL (Open Mon-Fri 9am-6pm, Sat 9am-5pm) • Rowlands – 1.5 miles away, Howden Health Centre, Livingston, EH54 6TP (Open Mon-Fri 8.30am-6pm) • Omnicare – 1.6 miles away, 23-25 West Main Street, Uphall, EH52 5DN (Open Mon-Fri 9am-6pm, Sat 9am-5pm) • Rowlands – 1.8 miles away, 189A West Main Street, Broxburn, EH52 5LH (Open Mon-Fri 8.30am-6pm, Sat 8.30am-12.30am) • Boots – 1.8 miles away, Almondvale Centre, Livingston, EH54 6HR (Open Mon-Wed, Fri-Sat 9am-6pm, Thu 9am-8pm, Sun 10am-6pm)
8.25.	<p>The nearest pharmacy is Boots in Craigshill and is located one mile from the proposed pharmacy. Craigshill Boots is located within a parade of local shops. The pharmacy is located a very short walk from Craigshill Health Centre and this pharmacy serves a significant number of patients from the Pumpherston and Uphall Station neighbourhood. Our pharmacy is open from 8.30am until 6pm Monday to Friday and from 9am until 1pm on Saturday. There is free parking outside the shopping centre with ramped access to the centre. The pharmacy has a consultation room, automatic door, hearing loop and is fully DDA compliant. All core and national services are available, including Pharmacy First, MCR (EHC and BC and Stop Smoking Service), Unscheduled Care Service, Gluten Free Food Service, and Ostomy. The Local Negotiated Services available are Substance Use Services – Methadone/Buprenorphine Supervision,</p>

	<p>Hepatitis C Treatment, Urology and Chlamydia. The store offers a compliance aid service for those in need, and we have capacity to take on new patients. The store has a managed repeat medication service. The store has a malaria prevention service. We text patients to let them know their prescription is ready to collect. Our pharmacy offers a free delivery service to patients - twice daily from Monday to Friday and emergency deliveries on a Saturday. We have eight members in the pharmacy at Craigshill. A pharmacist, a registered technician, pre-reg Tech, four pharmacy advisors and an ACPT trained store manager. Laura Gowans - Base Pharmacist is studying for her Independent Prescribing qualification and we will therefore shortly offer NHS Pharmacy First Plus Service. Boots has capacity to take on more patients.</p>
8.26.	<p>Our Pharmacy in Broxburn is in Argyle Court. It is open from 9am to 5.30pm Monday to Saturday. There is free parking directly outside the pharmacy. The pharmacy is appropriately staffed with pharmacists, dispensers and ACTs. Similar to Craigshill we offer all core, national and locally negotiated services. Delivery and Compliance Aid services are also available. The pharmacy is DDA compliant. There is a trained IP pharmacist, due to offer Pharmacy First Plus Service shortly.</p>
8.27.	<p>Our pharmacy within the Almondvale Centre is open seven days a week. Our pharmacy is open from 9am until 6pm Mon, Tues, Weds and Fri from 9am until 8pm Thursday. Saturday is from 9am to 6pm and Sunday from 10am until 6pm. Our pharmacy offers an extensive range of services including all core, national and local negotiated services as previously described. The pharmacy is DDA Compliant. The store is open out onto the centre with plenty of access. It also has a hearing loop and a consultation room will adequate wheelchair access. Our pharmacy does offer a managed repeat service and a delivery service to patients. The pharmacy is appropriately staffed with pharmacists, pharmacy technicians and pharmacy advisors. There is plenty of parking at the Almondvale Centre with over 4,000 spaces across four car parks and including designated parking for blue badge holders near to the shop mobility facility. There will be a trained IP pharmacist starting in September therefore due to offer Pharmacy First Plus shortly.</p>
8.28.	<p>In summary, Boots pharmacies provide core, national and locally negotiated services. In addition we offer FREE delivery service to those in need and free compliance aid support to those in need. Boots Livingston, is approx. nine minutes drive from the proposed premises is open from 10am to 6pm on Sundays. All of the Boots pharmacies have capacity for growth to meet demand from residents of new housing developments in the applicants neighbourhood. We submit that the existing pharmacies provide an adequate level of pharmaceutical services to residents of the applicants neighbourhood and there is no evidence to suggest that the existing level of service provision is not meeting patient needs.</p>
8.29.	<p>There are several paved, lit footpaths and walkways that run through the area linking Craigshill with Pumpherston. The walk from the applicants</p>

	proposed premises to Boots at Craigshill is around one mile, approximately twenty minutes' walk.
8.30.	Patients wishing to access services by car will have a choice of pharmacies from which to do so. Any patients wishing to access pharmaceutical services by car will find parking available at our pharmacies with free parking at Craigshill and Broxburn.
8.31.	Bus Route 72 operates every hour Monday-Sunday, taking passengers from Pumpherston, to either Uphall (7min)/Broxburn (15min), for Craigshill (5min) /Livingston (19min) all within 20 minutes.
8.32.	In summary, the existing pharmacies are reasonably accessible from the neighbourhood, whether a patient is travelling on foot, by car or public transport. Free parking is available at existing pharmacies, there is only side street parking at the proposed location. Free delivery services are provided by existing pharmacies to patients in need.
8.33.	The Joint consultation ran from 02/10/2022 to 10/02/2023.
8.34.	The number of responses is low at 154, if all respondents live in the neighbourhood, this represents just 5% of the population. Which suggests few people have any concerns over the pharmaceutical services provision to the neighbourhood or have engaged with the CAR.
8.35.	We also note that neither NHS Lothian APC or the local community council have not made representation at the PPC hearing.
8.36.	In summary, only 5% response rate for the CAR, suggests that residents are not concerned with pharmaceutical service provision to the neighbourhood or have engaged with the CAR.
8.37.	To summarise, we agree with the neighbourhood defined by the applicant as this was previously agreed in 2019. We ask that the committee take into consideration pharmacies throughout Craigshill, Broxburn and Livingston when making their determination of services provided in and to the neighbourhood. Comparison of 2011 and 2022 census data shows a small population increase of 309 with a smaller percentage of people aged 65 or over compared to the national average. The census data (2011) for the neighbourhood reflects the averages for Pumpherston and Uphall Station compared to Scotland as a whole and shows levels of car and home ownership are higher. New housing developments completed since the previous PPC hearing in 2019 are likely to have increased the affluence of the neighbourhood, therefore levels of car, home ownership and health are also likely to have increased when the 2022 census data for this information is available. Given the demographics of the area, residents are likely to access pharmacies in the wider area where they go to work or regularly shop and carry out their day-to-day activities. The existing pharmacies already provide access to NHS pharmacy services, have already met any needs arising from recent developments and have the capacity to meet any future need. We submit that the existing pharmacies provide an adequate level of pharmaceutical services to

	<p>residents of the neighbourhood. There is no evidence to suggest that the existing level of service provision is not meeting patient needs. The existing pharmacies are reasonably accessible from the neighbourhood, whether a patient is travelling on foot, car or using public transport. Free parking is available at the existing pharmacies, there is only side street parking at the proposed location. Free delivery services are provided by existing pharmacies. Only 5% response rate for the CAR (assumption that all respondents live in the neighbourhood), suggests that the residents are not concerned about the level of pharmaceutical provision in the neighbourhood or engaged with the CAR. We note there has been no representation from NHS Lothian APC or community council, which again suggests there are no concerns around pharmaceutical provision to the neighbourhood.</p>
8.38.	<p>In conclusion, we submit that the application is neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood and therefore respectfully urge the committee to refuse this application.</p>
8.39.	<p>This concluded the presentation from Mr Scott Jamieson.</p>
9.	<p>The Chair invited questions from the Applicant</p>
9.1.	<p>The Applicant to Mr Scott Jamieson (Boots UK Ltd)</p>
9.2.	<p>The Applicant asked Mr Scott Jamieson what the current estimated population of the neighbourhood was.</p> <p>Mr Scott Jamieson replied that it was difficult to get exact data because of where the neighbourhood cuts the four different data zones. He estimates it would be 2,000 to 2,500.</p>
9.3.	<p>The Applicant asked Mr Scott Jamieson about his estimated population size, which is about 400 to 500 less than the Applicant's estimation, and queried where Mr Scott Jamieson where he thinks those other people reside given the data zones mainly cover farmland from the east of the neighbourhood.</p> <p>Mr Scott Jamieson replied that due to the lack of factual evidence the panel will have to review the information and made a decision on what they estimate the population size to be.</p>
9.4.	<p>The Applicant asked Mr Scott Jamieson what research he has done to come to his conclusion about population numbers.</p> <p>Mr Scott Jamieson replied that he used the data zones and census data.</p>
9.5.	<p>The Applicant asked Mr Scott Jamieson about his comments on car ownership, which were based off figures from 2011, and asked if it was fair to say that car ownership statistics may have changed since then.</p> <p>Mr Scott Jamieson agreed that it would likely have changed, and noted he felt it would have likely increased.</p>

<p>9.6.</p>	<p>The Applicant asked Mr Scott Jamieson about his use of national averages and if it would be fair to say that people in large cities are less likely to use cars compared to those living outwith?</p> <p>Mr Scott Jamieson replied that the figures he used were from Scotland as a whole, and he felt he drew comparisons as best he could with those.</p>
<p>9.7.</p>	<p>The Applicant asked Mr Scott Jamieson if he understood the point that car ownership may be higher if comparing to the national average due to people in large cities possibly not needing to operate a car.</p> <p>Mr Scott Jamieson replied that if someone is choosing to live in Pumpherston and Uphall, they are more likely to drive places to get around.</p>
<p>9.8.</p>	<p>The Applicant asked Mr Scott Jamieson if he was aware that 20% of the homes that are being built in the area are for social and affordable housing.</p> <p>Mr Scott Jamieson said he looked at the overall housing developments, most of which are going for more than £300k and are three to four bedroom homes with driveways so are likely to attract families with cars.</p>
<p>9.9.</p>	<p>The Applicant asked Mr Scott Jamieson if he was aware of the new planning applications and if they have gone to the previous PPC hearing.</p> <p>Mr Scott Jamieson replied that as far as he was aware, any ungranted applications can't be considered during the hearing.</p>
<p>9.10.</p>	<p>The Applicant asked Mr Scott Jamieson about the paved lit footpath he describes between Pumpherston and Craigshill and asked if he had ever walked that path, which the Applicant noted goes through an industrial estate and down a heavily wooded area.</p> <p>Mr Scott Jamieson confirmed that he had not, emphasising the path would not have changed since 2019 when it was considered walkable.</p>
<p>9.11.</p>	<p>The Applicant asked Mr Scott Jamieson about which amenities he expects residents of the neighbourhood would have to leave to access as part of their everyday activities, as mentioned in his presentation.</p> <p>Mr Scott Jamieson replied that residents would leave for their weekly grocery shop, despite most supermarkets offering delivery services, as well as GP services.</p>
<p>9.12.</p>	<p>The Applicant asked Mr Scott Jamieson if he would agree that the national data shows the residents of this neighbourhood have difficulty accessing such services such as the retail services of GPs.</p> <p>Mr Scott Jamieson replied that he could not comment on that data as he had not reviewed it.</p>

9.13.	<p>The Applicant asked Mr Scott Jamieson if he thought that the prescription delivery service mentioned in his presentation constitute a full pharmaceutical service.</p> <p>Mr Scott Jamieson replied that no it does not, but it is a service that's in place to support patients.</p>
9.14.	<p>The Applicant asked Mr Scott Jamieson if a person would have to be housebound to receive the free delivery service.</p> <p>Mr Scott Jamieson replied that a patient would have to need the service for it to be provided, and those needs are assessed by individual pharmacists who are empowered by Boots to do what they feel is right for the patient.</p>
9.15.	<p>The Applicant asked Mr Scott Jamieson if there were services aside from GP services that patients at the Boots in Craigshill would need to access on a daily basis.</p> <p>Mr Scott Jamieson replied that there was a Ladbrooks, pet shop, fashion shop, charity shop, hairdressers, beauty salon, bakery and convenience store, co-op and library in Craigshill.</p>
9.16.	<p>The Applicant asked Mr Scott Jamieson if he would agree that, given the services and amenities already existing in the proposed neighbourhood, there is no need for residents to leave to access any services apart from a GP or pharmacy.</p> <p>Mr Scott Jamieson replied that was up to the panel to decide.</p>
9.17.	<p>The Applicant asked Mr Scott Jamieson to describe how services in Craigshill are delivered to individuals in Pumpherton and Uphall.</p> <p>Mr Scott Jamieson replied that the services were available to them, and that the vast majority would attend the Craigshill Boots to access those services but that it could also be done over the phone, though it would be unusual.</p>
9.18.	<p>The Applicant asked Mr Scott Jamieson if he had any data on the volume of Near Me consultations Boots carries out.</p> <p>Mr Scott Jamieson replied that he did not.</p>
9.19.	<p>The Applicant asked Mr Scott Jamieson if Boots have any concerns about the Pharmacy First update in their Linlithgow store.</p> <p>Mr Scott Jamieson replied that Boots did not have any concerns over that and when concerns were raised by a previous PPC they were appealed by Boots.</p>
10.	The Chair invited questions from other Interested Parties
10.1.	Ms Tanusia Sudhakaran to Mr Scott Jamieson

10.2.	<p>Ms Tanusia Sudhakaran asked Mr Scott Jamieson if he had any reason to believe that the service provided by his pharmacy is adequate to the residents of Pumpherston and Uphall.</p> <p>Mr Scott Jamieson replied yes, and that there was no evidence to suggest it is inadequate.</p>
11.	The Chair invited questions from other Interested Parties
11.1.	Ms Lucy Corner to Mr Scott Jamieson
11.2.	<p>Ms Lucy Corner asked Mr Scott Jamieson if boots currently provide pharmacy services to the defined neighbourhood.</p> <p>Mr Scott Jamieson replied that they do.</p>
11.3.	<p>Ms Lucy Corner asked Mr Scott Jamieson if Boots has capacity to support the forecasted population increase by the Applicant.</p> <p>Mr Scott Jamieson replied that they absolutely do.</p>
12.	The Chair invited questions from the Committee
12.1.	Mr John Niven (Lay Member) to Mr Scott Jamieson
12.2.	<p>Mr John Niven asked Mr Scott Jamieson if he feels Boots provides an adequate service to the people given that they close between 1pm and 2pm for lunch everyday and, during Mr Niven's site visit at Broxburn, at least three customers tried to access the premises during this time.</p> <p>Mr Scott Jamieson replied that pharmacies have provision to close for up to one hour in the middle of the day, and that pharmacies the size of Broxburn only have one pharmacist working at a time. Larger stores usually have two pharmacists working, allowing them to stay open. What's important to Boots as a business is that they look after their staff which is important from a safety point of view as well so they can concentrate and perform well at their job. Boots does ask pharmacists to take their lunch break at the same time everyday so residents can understand when services won't be available to plan around that. He is 100% comfortable around adequacy of provision as it is defined from a legal point of view and as an employer is confident he is doing right by the employees.</p>
12.3.	<p>Mr John Niven noted that when he visited the Craigshill Boots there was a queue out the door and people were being told to come back in an hour or two hours later for their prescriptions. He asked Mr Scott Jamieson if that was the level of business they normally anticipate.</p> <p>Mr Scott Jamieson replied that there will obviously be peaks and troughs for the business, but that level of business was unusual. He noted that the majority of people utilising Craigshill boots will be on repeat medication, and that text messages are sent to patients when their prescriptions are ready within 48 hours of receiving it from the GP. Walk in prescriptions are for more acute conditions or antibiotics, and the turnaround time for</p>

	those is usually 15 minutes. Boots uses staffing models internally to analyse data and calculate the number of pharmacists and support staff that should be employed at locations. Store managers are also used to allocate resources to match needs as needed.
12.4.	Mr Vinny Bilon (Contract Pharmacists Member to Mr Scott Jamieson)
12.5.	Mr Vinny Bilon asked Mr Scott Jamieson if he had any pharmacists who were training for Pharmacy First Plus. Mr Scott Jamieson confirmed that he did and that individual should be qualified hopefully by the end of 2024.
13.	The Chair invited Ms Tanusia Sudhakaran from Lyndsay and Gilmour Chemist to speak.
13.1.	I would like to thank the Committee for allowing me the opportunity to represent Lyndsay & Gilmour with regards to this application for a new NHS Pharmaceutical Contract in Pumpherston.
13.2.	Firstly, I would like to address the neighbourhood as defined by the applicant. I agree with the neighbourhood as defined by Mr Coffey.
13.3.	Mr Coffey has projected a population size of 4,000 people. However, we would argue that the population size is closer to approximately 2,500 people. It is difficult to determine an accurate population size due to overlapping census data that covers a wider area than the defined neighbourhood.
13.4.	When considering the census data that was provided by the applicant, only 5.92% of the population consider themselves to have bad or very bad health. In addition, only 17% of the population are aged 65 years and over. This age group typically require more access to pharmaceutical services than other age groups, and we would argue that this indicates a lower demand for pharmaceutical services.
13.5.	From the census data provided it can be seen that the levels of car and home ownership and access to privately owned vehicles are higher than the national average. It also indicates that the majority of the working population leave the area to travel to work, which would suggest that these people access services outwith the area and raises questions about the viability of this contract.
13.6.	If it is approved, in addition, the private housing being built is near completion and based on the cost of these houses, we would argue that the new residents to this neighbourhood would have a positive impact on measures of death on measures of deprivation.
13.7.	I would like to remind the Committee about the 2019 application for a new contract in which the application defined the same neighbourhood. The application was unanimously rejected by the Committee and again at an appeal. We would argue that there have been no changes to the

	neighbourhood and population that have not already been considered by the previous panel.
13.8.	Next, I would like to look at the consideration of the adequacy of the existing services provided in the neighbourhood. This consideration takes into account services provided in the neighbourhood by pharmacies located in the neighbourhood of which we have already established there are none and services provided by other pharmacies not located in the neighbourhood.
13.9.	Based on information, there are five pharmacies within a two mile radius and a further three that currently provide services to Pumpherston and Uphall Station residents. There are pharmacies within this that operate extended hours, Sundays and Public Holiday opening. Each of these pharmacies are accessible to patients by bus and car. All of these pharmacies provide the core contractual services that Mr Coffey states he would provide. In addition, they all offer a vast range of private services. The service provision to this neighbourhood has only improved since the last application was refused.
13.10.	Since 2019 some of the existing pharmacies have now come under new ownership and a new contract has been granted in Mid Calder. As for Lyndsay and Gilmour, we [the pharmacy] can be accessed by car or bus. Our pharmacy offers a full range of pharmaceutical services, including the core services such as Pharmacy First, the public health service, the acute medication service and the Medication Medicines Care Review. We offer a free delivery service to patients in the neighbourhood and out delivery drivers also collect prescriptions from the local surgeries. The service has been in operation for a number of years, making our driver a familiar face around the area. We also have a 24/7 collection robot to accommodate for patients who aren't able to collect their prescriptions within the opening hours of our pharmacy to support the team to be there for patients when they need them, the team have access to our offsite dispensary and blister pack robot.
13.11.	In addition, we have a capable and experienced team who are led by our pharmacist manager. Our pharmacist has had years of experience working in Community Pharmacy and has developed good relationships with both the patients and the local GP. This experience gives us confidence that any new service can easily be rolled out. The systems we have to support the team and the pharmacy ensures that the capacity is not a concern. This can be seen through recent increases in items volume and excellent engagement with pharmacy.
13.12.	We are confident our patients currently receive a high level of care and we expect this to continue in the future. We do not believe that any inadequacy in the existing services has been demonstrated in the CAR with only 154 responses, equating to 5% of the population. Most comments indicated that the respondents love the idea of the pharmacy being closer due to convenience and not because of inadequacy of the

	existing pharmacy services. While a case can be made for desirability, it should not be confused with convenience based on the evidence that has been presented. I would urge you to reject this application on the grounds that the application does not meet the criteria for being necessary nor desirable to secure adequate provision of pharmaceutical services to the population of Pumpherton and Uphall Station.
13.13.	This concluded the presentation from Ms Tanusia Sudhakaran.
14.	The Chair invited questions from the Applicant
14.1.	The Applicant asked Ms Tanusia Sudhakaran if she had any research into where people may live in the data zones but outwith the neighbourhood. Ms Tanusia Sudhakaran replied that she based her numbers based on census data and maps provided but is unable to determine where they live.
14.2.	The Applicant asked Ms Tanusia Sudhakaran how individuals from Pumberston and Uphall can access her pharmacy via bus. Ms Tanusia Sudhakaran replied that it is a twenty minute walk to a bus stop and then a thirty minute bus ride to her pharmacy. She noted that the bus stop is within the neighbourhood, service number 72, but she was unsure where it would stop if not at East Calder.
14.3.	The Applicant asked Ms Tanusia Sudhakaran if she knew of any consultations with a response rate of above 5.2%. Ms Tanusia Sudhakaran replied that she had never been involved in previous committee hearings so had not been exposed to information about prior consultations.
14.4.	The Applicant asked Ms Tanusia Sudhakaran if she was aware of the planning application for additional houses in the area that would not have been previously considered by the PPC. Ms Tanusia Sudhakaran replied that if applications are not granted, they would not be taken into consideration by the PPC, but she is aware that they have been submitted.
14.5.	The Applicant asked Ms Tanusia Sudhakaran if there would be any reason for residents of the neighbourhood to access pharmaceutical services in East Calder. Ms Tanusia Sudhakaran responded that they could access them for any reason, but the most likely would be to visit Tesco, although it is a small mini market Tesco.
14.6.	The Applicant asked Ms Tanusia Sudhakaran if there are any services near her pharmacy that patients would have to leave their neighbourhood to access on a day-to-day basis.

	Ms Tanusia Sudhakaran replied that there was East Calder Medical Practice, a bay, and a play café that is quite popular among families.
14.7.	The Applicant asked Ms Tanusia Sudhakaran if she was aware of how many patients from Pumberston and Uphall are registered with the East Calder Medical Practice. Ms Tanusia Sudhakaran said she did not know, and was not surprised to hear it was sixty.
15.	The Chair invited questions from other Interested Parties
15.1.	Ms Lucy Corner to Ms Tanusia Sudhakaran
15.2.	Ms Lucy Corner asked Ms Tanusia Sudhakaran if Lyndsay and Gilmour Chemist currently provide pharmacy services to the defined neighbourhood. Ms Tanusia Sudhakaran replied that they do.
15.3.	Ms Lucy Corner asked Ms Tanusia Sudhakaran if Lyndsay and Gilmour Chemist has capacity to support the forecasted population increase by the Applicant. Ms Tanusia Sudhakaran replied that they do.
16.	The Chair invited questions from the Committee
16.1.	Mr John Niven (Lay Member) to Ms Tanusia Sudhakaran
16.2.	Mr John Niven noted that on his site visit to the Lyndsay and Gilmour Chemist East Calder premises, people were having to wait and one gentleman was redirected to another pharmacy to obtain his prescription and he asked Ms Tanusia Sudhakaran if that level of service indicates the normal level of business or if it was an exception. Ms Tanusia Sudhakaran replied that redirection can happy for various reasons, and that any stock issues are sourced from neighbouring pharmacies where able. She agreed that would be an exception.
16.3.	Mr John Niven asked Ms Tanusia Sudhakaran about what impact the granting of Midcalder pharmacy application has had on Lyndsay & Gilmour Chemist in East Calder, given they are the next closest pharmacy to that premises? Ms Tanusia Sudhakaran confirmed here has been a decline in the volume the pharmacy would normally do but can't comment on what percentage that is.
16.4.	Ms Susanne Gooding (Pharmaceutical Non-Contractor Member appointed by NHS Lothian) to Ms Tanusia Sudhakaran

16.5.	<p>Ms Susanne Gooding asked Ms Tanusia Sudhakaran about whether or not the pharmacist that worked at Lyndsay and Gilmour Chemist was an Independent Prescriber.</p> <p>Ms Tanusia Sudhakaran replied that they weren't but that they are interested in becoming one and is currently looking at securing a DPP.</p>
17.	<p>The Chair asked for the Interested Party Mr Dara O'Malley for Omnicare Pharmacy Ltd to speak.</p>
17.1.	<p>The previous application heard in 2019 and there was no evidence that provided any inadequacy of pharmaceutical services in the neighbourhood. This position was upheld at NAP. The only significant change to the services since that time is that there was another contract awarded since then, so pharmaceutical services available in the area actually improved. There has also been an increase in houses in the neighbourhood but the majority of these, 80%, are high end houses for people with cars, so there is nothing demonstrating any significant changes since 2019.</p>
17.2.	<p>My belief is that the majority of residents in the proposed neighbourhood will leave Pumpherston to do their day-to-day activities. There is a bus service to Uphall every hour, it used to be every 30 minutes but was changed due to the usage of the bus and car ownership in the area. A lot of these new houses and all these developers advertise that it is walking distance to the different areas and amenities, even GP surgeries.</p>
17.3.	<p>If I look at the services we provide at Omnicare, we do Pharmacy First. They're all comprehensive and run professionally in the spirit of service, which is key. Volume does not demonstrate quality of service. There is Pharmacy First Plus in Uphall with a pharmacist in Mid Calder undergoing training. We offer all the locally negotiated services and core services as well, we also have private services, we do travel clinics, flu service, COVID, vaccines, ear syringing, etc. We have invested heavily in premises to increase capacity, we have a robot that makes up dosette trays and provides dosettes for our pharmacy in Mid Calder as well. There's no capacity issue on any of these services. We have capacity and do provide services to patients to this defined neighbourhood.</p>
17.4.	<p>The CAR is all subjective and the consultation analysis generated 154 responses, which is quite low. The application for Mid Calder had a much bigger engagement and one of those who replied to the CAR is from Bathgate. There isn't evidence for where these patients are located. I would appear that the statistics are only good as the information that's fed to them and we don't have information to give us clear data to quantify those statistics. It demonstrates the majority of the population are happy with the pharmaceutical services. There are no complaints to the health service, no engagement from the Community Council. We've seen in hearings across Scotland where community representatives have said</p>

	they found it very frustrating, but that is because they don't understand the legal test.
17.5.	My main point is viability. The legal test states both viability for both the Applicant's business, as well as existing service providers, must be taken into consideration. The demographics and size of the neighbourhood does not make this a viable pharmacy. The vast majority of residents work outside the neighbourhood and access services outwith the neighbourhood. Our new pharmacy 1.3 miles away in Calder will be affected negatively if this application is granted. Our Mid Calder pharmacy dispenses to the community as well as care homes. About 3,000 to 3,2000 are dispensed to the community per month. There are 175 addresses and 240 patients registered that live in Pumpherstons. There was a pharmacy there 5 years ago and it was closed because it was not viable. Yes, there has been an increase since then, but my argument is that it would still not be viable.
17.6.	In conclusion, taking all the information into account and the representation of other contractors, I firmly believe there is more than adequate pharmaceutical services for the defined neighbourhood and the application should be rejected since there has been no significant change since 2019, at which the rejection of the previous application was upheld by the National Appeal Panel and since then there have been extra pharmaceutical services offered to this neighbourhood.
18.	The Chair invited questions from the Applicant.
18.1.	<p>The Applicant asked Mr Dara O'Malley if he agreed with the statement that, no matter where one lives in the neighbourhood that the centre of the community is where one shops, goes to school or to the post office and that is where someone would likely use a pharmacy.</p> <p>Mr Dara O'Malley replied that no, that was a thing of the past. He noted there is no secondary school in the neighbourhood and many areas have a primary school but no pharmacy. He noted these small points of focus do not justify the necessity of more pharmaceutical services.</p>
18.2.	<p>The Applicant asked Mr Dara O'Malley why that applied to the residents of Midcalder during that hearing but not to this neighbourhood.</p> <p>Mr Dara O'Malley replied that times are changing, due to the pandemic and many other factors the way people live their lives has changed. For instance, doctors have done many phone consultations over the pandemic and those are an absolutely suitable means of consulting in many cases. Also there are very few post offices left, having moved into co-ops etc.</p>
18.3.	The Applicant asked Mr Dara O'Malley about remote prescribing, and asked if he could quantify the remote prescribing done by either Omnicare pharmacy.

	Mr Dara O'Malley replied that it was not something he could quantify but that the facilities are there if the need were to arise. If a patient rings a needs a service, it will be delivered.
18.4.	<p>The Applicant asked Mr Dara O'Malley how he advertises the availability of remote services to patients who have difficulty accessing his pharmacy.</p> <p>Mr Dara O'Malley confirmed that patients will ring the pharmacy and that the pharmacist has been around to all the surgeries in Mid Calder and Uphall to speak to them and give them the triage sheet of what to say to patients. They work with reception staff to raise awareness for a professional service rather than advertise.</p>
18.5.	<p>The Applicant asked Mr Dara O'Malley if there were any mitigations in place for prescribing remote, as it was classed by Lloyd's as an inherently riskier task than prescribing face-to-face.</p> <p>Mr Dara O'Malley replied that the model used is risk based, and the Pharmacy First consultation base is fairly low risk. Nothing is being provided to vulnerable adults over the phone at this point.</p>
18.6.	<p>The Applicant asked Mr Dara O'Malley if a delivery service can constitute as a full pharmaceutical service.</p> <p>Mr Dara O'Malley replied that delivery service compliments a complete pharmaceutical service, and that nobody has tried to claim otherwise during the hearing.</p>
18.7.	<p>The Applicant asked Mr Dara O'Malley why his Uphall pharmacy does 1/3 the Pharmacy First activity as his other store, even with the same prescription volumes (14,394 and 14,575).</p> <p>Mr Dara O'Malley replied that the demographics were different, and that minor ailment service is about quality rather than quantity. He noted there are two pharmacists onsite five days a week so no patient is every refused. The Committee will have to raise this comparison with the pharmacy advisor on the team to make a decision as there is no metric for what a good Pharmacy First service is.</p>
18.8.	<p>The Applicant asked Mr Dara O'Malley if he could describe any other services in the neighbourhood of either of your two shops where a patient from our neighbourhood would need to go?</p> <p>Mr Dara O'Malley replied that there was a butcher, deli, and restaurant.</p>
18.9.	<p>The Applicant asked Mr Dara O'Malley if the Committee were to make a decision based on the viability of his Omnicare Pharmacy.</p> <p>Mr Dara O'Malley referred to the legal test and impact on viability of the pharmacy, and reiterated it could have a nuclear impact on the Mid Calder pharmacy. Anything in past consultations is irrelevant, we have to focus on what is currently happening today.</p>
19.	The Chair invited questions from other Interested Parties.

19.1.	Mr Scott Jamieson to Mr Dara O'Malley
19.2.	<p>Mr Scott Jamieson asked Mr Dara O'Malley what impact the granting of this application would have on his business.</p> <p>Mr Dara O'Malley replied that with the loss of all Pumpherston patients it would affect Omnicare's viability. Due to the Lothian council moving policy for care homes, the pharmacy will already be losing 1,000 items by 2026. If that were further compounded it would question the viability of the pharmacy as a whole.</p>
20.	The Chair asked for the Interested Party Mr John Connelly for Ladywell Pharmacy to speak.
20.1.	There are no issues with the neighbourhood at all, what the Applicant suggested is perfectly reasonable and a previous committee has agreed it as well.
20.2.	In terms of population, I'm not going to count houses and barns. The Applicant wants to make his case so will look at how the population will go and he will use the largest representation for household, interested parties would choose the smallest, the Committee will make a reasonable assessment on what they've heard today.
20.3.	To echo what Mr Dara O'Malley said, there is a significant difference between 2019 and now in the level of pharmaceutical services has increased, most notably because of the application being granted in Midcalder but also because of the sale of Lloyds which has seen a transformation in how pharmaceutical services are delivered. That serves to create innovation, improve service as I think everyone would agree that services have improved a lot since Lloyd's were taken over.
20.4.	One thing that is crucial is to listen to where Mr Dara O'Malley is at as a contractor in Midcalder who feels the viability of his pharmacy is under threat. I would have concerns about that too hearing the split of dispensing between care homes and patients. You would end up with two contractors fighting very hard to maintain viability and the committee needs to secure adequate access, I don't think granting this contract would do that but actually destabilise the pharmaceutical provisions as we would end-up with two unviable pharmacies.
20.5.	The Applicant gave a lot of data and talked around many things, what he didn't do was provide evidence to show inadequacy. In regards to the consultation, I don't think those are big numbers and previous consultations have had bigger numbers with their paper responses. There are no paper responses this time, and I take the Applicant's point about the process on board, but if the Community Council were behind this application they would have driven the electronic responses. I do believe this lack of response indicates a sense of apathy in terms of the application.

20.6.	Pumpherston itself is a bit of a small community with a relatively low daytime population, people buy houses there because they're getting more bang for their buck and then commute to places to work and access pharmaceutical services while doing that. The number of multiple cars per household is high. Also, some comments in the public consultation are around convenience and that is not a reason to grant a pharmaceutical application. Pharmacies are funded from a fixed pool of money and unless the legal test is applied properly what we end up with is an unsustainable model that doesn't deliver for patients.
20.7.	We've invested heavily in robots to make our pharmacy more efficient and allow pharmacists to spend more time with patients. Two pharmacists are onsite so services can be delivered in a patients' homes if necessary, this is not routine but can and has happened. There is a 24 hour collection point so patients can come outwith working hours to collect their medication. As Mr Dara O'Malley points out, the way people are accessing services is changing. Making use of phone consultations and triaging through webtools etc., that will continue to develop as technology improves. We provide a free collection delivery service, which is not a full pharmaceutical service but a compliment to a full service. What's key is that people travel outside Pumpherston for pretty much everything, it's accepted as a part of life in the area, hence car ownership numbers. Mr Dara O'Malley mentioned a pharmacy closing 25 years ago and one of the reasons was viability, and that was when the margins in pharmacy were far better than they are today.
20.8.	There is no inadequacy and the Applicant hasn't offered anything to suggest there is. Securing adequate access to pharmaceutical services is something that does need to be kept in mind by the committee. Yes there's probably an increase in population coming that perhaps wasn't considered previously, however they were aware of local development plans at that point so they are aware that the potential of further housing applications was there and was in line with the local development plan, so not fully knowing the minds of the panel members, I would imagine that they have given due consideration to that.
20.9.	One other thing, there is no lease. That concerns me massively and I think it should concern the Committee. There is an incumbent tenant who will have certain rights, although they can be challenged, but there are rights within business tenancy agreements which may have to play out via the courts and prevent the Applicant from opening within the permitted timeframes. Even if you disagree with everything myself and the other interested parties have to say, the Committee can't secure access to grant this as there's no guarantee the pharmacy can be opened.
21.	The Chair invited questions from the Applicant.
21.1.	The Applicant asked Mr John Connelly if he was aware of any tenancy agreements or leases signed for the current premises in his claims about potential legal issues.

	Mr Connelly responded that there are inferred rights by someone occupying a space and if they chose to challenge the incoming tenant, that would mean the pharmacy wouldn't be able to open on the premises in the timeframe within the permitted regulation, even with an extension.
21.2.	<p>The Applicant asked Mr John Connelly if he was referring to residential rights.</p> <p>Mr John Connelly replied that the rights weren't residential, but there are other rights and other cases within the law of business lease rights where a premises is occupied for the purposes of business.</p>
21.3	<p>The Applicant asked Mr John Connelly to clarify the point he made around whether or not the Committee can only consider planning that has been granted.</p> <p>Mr John Connelly replied that there are a range of opinions on that. He does not believe it changes the case of the argument or makes the Applicant's case any stronger, but making the point that it doesn't change his opinion on what the outcome should be and that the Committee could look further down the line for ample capacity of the pharmacies surrounding the neighbourhood to cope with any increased demand in population. The opening of the pharmacy in Mid Calder is a big increase in the level of pharmaceutical services compared to when the Committee considered this the last time, which he believes to be a more important development than a few extra houses being built.</p>
22.	The Chair asked for the Interested Party Ms Lucy Corner for Rowlands Pharmacy to speak.
22.1.	Thank you for inviting us to this oral hearing.
22.2.	Having reviewed the application, CAR responses, the demographic data and additional information provided alongside the application. Rowlands Pharmacy do not believe there is a requirement for a new pharmacy contract in this area.
22.3.	There are already 10 Pharmacies within two miles and a further, six within 3.5 miles – including a site already owned by the applicant. This information is from NHSinform.scot. A large range of pharmaceutical services are already offered from the existing contractors. If the Health Board felt it necessary to commission additional services the established local contractors are available to support with any new, or expansion of existing, services. The applicant is not proposing opening hours over and above the times the existing pharmacy network offers.
22.4.	We agree with the defined Neighbourhood, however we are aware that other local contractors are already providing adequate pharmaceutical services to the residents of Pumpherston and Uphall Station. The large and well developed Houstoun industrial footprint to the West of Pumpherston, means a large proportion of the defined neighbourhood is not residential in nature. Workers travelling into the area may well be

	wanting to access pharmaceutical services close to where they work, however there are many pharmacies to choose from in the local vicinity of the industrial estate.
22.5.	The area has benefited from development in recent years and there are Some new houses, which have been marketed as having close access links to both Edinburgh and Glasgow, due to the proximity to the M8 motorway. Most if not all residents on the new estates have access to a vehicle, judging by the driveways, garages and number of cars seen during the site visit. The semi rural location is an attractive marketing point, people moving away from the urban centres of the large towns and cities in the surrounding area, these residents accept that they will have to travel to access local services, food and other shops, GPs, and leisure facilities.
22.6.	Currently there is a proposal for additional residential dwellings https://pumpherstonresidentialapplication.com/ and public comments are invited until tomorrow 18 th July 24. Note this is still at pre application stage, and will unlikely have any effect on the current population size for several years if approved.
22.7.	This pharmacy application premature at best, but Rowlands Pharmacy believe it is not necessary to secure adequate Pharmaceutical provision within the Neighbourhood of Pumpherston and Uphall Station.
22.8.	The proposed pharmacy site is situated on the busy main road running through Pumpherston. Double yellow lines and bollards are right outside. There is a dropped kerb and pedestrian refuge island to support crossing. Several laybys and an area of unrestricted parking further along the road, but these were occupied for the duration of the site visit. Which may not be relevant for those residents within a short walking distance of the proposed pharmacy site.
22.9.	The committee will be aware of a previous application for a pharmacy, over the road from this new application proposed site. This was refused.
22.10.	The applicant includes a letter of support from local GP surgery in Craigshill, but there is not a Health centre in Pumpherston. Meaning members of the population will still have to leave the area to visit the GP and access the services they provide and when they are arguably more poorly or for regular monitoring as part of their ongoing care.
22.11.	As the attendees may be aware, Rowlands Pharmacy have taken ownership of 34 former Lloyds Pharmacies in Scotland, in the last 12 months. Two of which are within two miles of this site. Rowlands Pharmacy at Howden Health centre and Rowlands Pharmacy Broxburn, within the Strathbrook Partnership centre. It is not inappropriate to tell you that due to the circumstances leading up to the exit of Lloyds Pharmacy from the market, our new pharmacies have required a lot of support and investment to support the business and by extension the local populations which the pharmacies serve. We have increased staffing hours, recruited

	<p>new team members, including independent prescribing pharmacists, invested in the local area by refreshing the pharmacies and hosting community open days. We aim to improve patient safety and increase service provision, by utilising our central hub pharmacies and automation to dispense medication in original packs and also in compliance aids. After 12 months we have seen vast improvements in service provision and local relationships. As the return on our investment continues to grow we will of course continue to think of innovative ways to support the local population, driving commissioned NHS and private services, introducing prescription collection machines, additional delivery options, using technology to support patient outcomes (which will include prescription ordering, service booking platform, automation in dispensing).</p>
23.	The Chair invited questions from the Applicant.
23.1.	<p>The Applicant asked Ms Lucy Corner if she had any data to show how staff levels of changed in Rowlands given the improvements she mentioned.</p> <p>Ms Lucy Corner replied that staffing hours have increased to 217.5, which equates to a full-time IP Pharmacist, as well as a full-time non-pharmacist manager and full-time technician as well as four training staff.</p>
24.	The Chair invite questions from The Committee.
24.1.	Mr John Niven (Lay Member) to Ms Lucy Corner
24.2.	<p>Mr John Niven noted that when he visited Rowlands Pharmacy it was staffed by a locum and one member of staff, and that the information given to him indicated it was nearly all staffed by locums, and asked Ms Lucy Corner if there was difficulty recruiting staff.</p> <p>Ms Lucy Corner confirmed that they had not been able to recruit in that area yet but that it is something they are actively trying to do.</p>
25.	The Chair asked for the Interested Party Mr Labeeq Hussain for Healthful Pharmacy to speak.
25.1.	<p>My name is Labeeq and I am the director and pharmacist at Healthful Pharmacy in Dedridge. Since taking over the business from Lloyds last year, we have been in close contact with surgeries all over Livingston letting them know of the services we can offer to their patients – and the fact that we can also offer free delivery to those in need. We pride ourselves on having waiting times less than 5 minutes for patient walkins. Being a new contractor and an owner operated pharmacy, we always try to go the extra mile for all of our patients to try and retain patient loyalty and provide the upmost exceptional patient care and satisfaction.</p>
25.2.	<p>We have plenty of capacity to take on more patients if need be, and any patients that have joined us since our takeover from Lloyds have been extremely happy with the services that they have been provided with and</p>

	always make sure to let us know how pleasantly happy they are. Our google reviews will also speak volumes and reflect this.
25.3.	Being a new contractor and trying to build up the business and broken relationships Lloyds had left us with has been hard enough, another pharmacy in the area would only make this worse as we are already in a very tough position.
25.4.	I believe therefore there is no reason for this pharmacy application to be granted and would ask that it is rejected since there is an adequate pharmaceutical service in the area, as we are also able to deliver into the area if needed.
26.	Summaries
26.1	The Chair asked for Mr Labeeq Hussain to sum up.
26.2	Since we are a new contractor, we have been trying to get patients wherever we can, it is very difficult as people aren't willing to give us a chance but those who have are always very happy with the service they have received.
26.3.	The Chair asked for Ms Lucy Corner to sum up.
26.4.	It has been a difficult and uphill journey to bring Lloyds Pharmacies back to where relationships were broken and build back the trust. There is evidence of adequate local pharmaceutical services in this area, no matter the definition and services behind deliveries or face-to-face.
26.5.	The Chair asked for Mr John Connelly to sum up.
26.6.	There has been a lot said already. The pharmaceutical service has actually improved since the last hearing both in terms of quality and the fact that Mr Dara O'Malley has opened a pharmacy in Mid Calder. The population hasn't significantly changed the trajectory and people of Pumperston are still accessing pharmaceutical services with no issues whatsoever. The health board has not received any complaints and references to convenience in the CAR, if you look at the service provided and go around the pharmacy, all are provided and the quality of those services are really high. People have good access to good pharmaceutical services. The fact is that it is just not sustainable or practical and the legal testing says you shouldn't just grant an application because there isn't a pharmacy in the neighbourhood, services outside of the neighbourhood are plentiful and we do what we can to augment those services. If this application were to be granted, adequate pharmaceutical services wouldn't be secured. If you go on to have a further look at whether granting it secures adequate access, you would actually create instability and a situation where you can damage pharmaceutical services.
26.7.	The Chair asked for Mr Dara O'Malley to sum up.

26.8.	Thank you very much Chairman and Committee members. It was really positive to hear from Mr Ladeeq Hussain and Ms Lucy Corner about their positive answers to strengthen and enhance pharmaceutical services to this neighbourhood. The bigger picture is about strengthening the network in this area. All services are being met, it was identified that all people in this neighbourhood have access to pharmaceutical care. I don't believe a pharmacy in Pumpherton will be viable, and there are no capacity issues or anything of the sort proven to demonstrate a need for a new pharmacy contract. The only change since 2019 is that another pharmacy opened in Mid Calder, therefore the legal test is not met and I would ask the Committee to reject the application.
26.9.	The Chair asked Ms Tanusia Sudhakaran to sum up.
26.10.	The census data shows that people are generally in good health in the area, the population has not grown significantly and that people who live there have higher levels of car ownership than the national average so have access to care larger than most people. The CAR also had a low response rate and the desire for a new pharmacy is due to inconvenience rather than inadequate provision. I would respectfully ask the Committee to refuse this application.
26.11.	The Chair asked Mr Scott Jamieson to sum up.
26.12.	All the points have been covered by other interested parties in their summary. Would just pull-out questions around the lease. I've attended many PPC hearings and have not ever been in a hearing with such uncertainty around the lease and whether or not it could go on to open if the application was granted.
26.13.	The Chair asked the Applicant to sum up.
26.14.	As we have outlined, we believe our neighbourhood more than meets the legal test for describing services to our neighbourhood as inadequate. The Scottish Pharmacy contract is more about core services and more than just dispensing prescriptions. It's about the core services. The objectors today have talked about the services that they provide, but actually have been scant in detail on the people of the neighbourhood in question. Looking at the issues we have discussed, there's an amalgamation of problems with the following factors. The services can be considered inadequate. The population is currently between 3,200 and 3,600 people with a probable future developments that will push that population to somewhere between 4,000 and 4,700 people and the neighbourhood is geographically isolated from adjacent neighbourhoods. That's verified by government statistics and accessing these pharmacies is difficult due to poor public transport. The population demographics include low ranking in terms of employment and socioeconomic and health outcomes and the population as part of their daily routine do not travel to another area where a pharmacy is located. There was a lease secured in 2016. We took an option to break that lease because of the extended period of this

	<p>application process and it wouldn't make good business sense to be paying a lease on an empty unit. I'd like to conclude by revisiting the 2004 judgement by Lord Drummond regarding the issue of necessity and desirability: "So if the proposal under consideration does no more than make up for the shortfall, that proposal will obviously be necessary to secure adequate provision of pharmaceutical services in the neighbourhood. In some cases, however, the proposal may go farther and the result in the degree of overprovision the use of the word desirable is, in our view, intended to permit the approval of such a proposal." We contend that should the PPC not conclude that this application is necessary, it would, in our opinion, certainly be desirable.</p>
27.	Retiral of Parties
27.1.	<p>The Chair invited the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. The Applicant confirmed he had had a fair hearing within the meeting and otherwise that he had received a fair hearing. Mr Scott Jamieson, Ms Tanusia Sudhakaran, Mr Dara O'Malley, Ms Lucy Corner, Mr John Connelly, and Mr Labeeq Hussain confirmed they had had a fair hearing. Having been advised that all parties were satisfied, the Chair advised that the Committee consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared, and a copy issued to all parties as soon as possible. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.</p>
27.2.	<p>The Chair advised the Applicant and Interested Parties that it was in their interest to remain available until the Committee had completed its private deliberations. This was in case the open session had to be reconvened should the Committee require further factual or legal advice, in which case, the parties would be invited to come back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation</p>
27.3.	<p>The hearing adjourned at 14:15 hours to allow the Committee to deliberate on the written and verbal submissions.</p>
28.	Summary of Consultation Analysis Report (CAR)
28.1.	Introduction
28.2.	<p>NHS Lothian undertook a joint consultation exercise with F&F Coffey Lrd regarding the application for a new pharmacy at 93c Uphall Station Road, Pumpherston, EH53 0NU.</p>
28.3.	<p>The purpose of the consultation was to seek views of local people who may be affected by this or use the pharmacy at its proposed new location.</p>

	The consultation also aimed to gauge local opinion on whether people felt access to pharmacy services in the area was adequate.
28.4.	Method of Engagement to Undertake Consultation
28.5.	The consultation was conducted by placing an advertisement in the West Lothian Courier as well as being posted on NHS Lothian's website. Respondents could respond electronically or request a hard copy.
28.6.	The Consultation Period lasted for 90 working days through to 10 th February 2023.
28.7.	Summary of Questions and Analysis of Responses
28.8.	Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; perceived gaps/deficiencies in existing services; wider impact; impact on other NHS services and optional questions on respondents' addresses and circumstances.

Questions	Positive- Yes / %	Negative – No / %	Don't Know / %	Non Answered
1. Do you think the neighbourhood described is accurate?	148 / 96.7%	1 / 0.7%	4 / 2.6%	1
2. Do you think there are gaps / deficiencies in the existing provision of pharmaceutical services to the neighbourhood?	148 / 96.7%	2 / 1.3%	3 / 2%	1
3. Do you find it difficult to visit a pharmacy in person?	107 / 69.9%	44 / 28.8%	2 / 1.3%	1
4. What impact do you think a community pharmacy would have in the neighbourhood?	153 / 100%	0	0	1
5. What are your views on the pharmaceutical services being proposed by the applicant?	151 / 99.3%	0	1 / 0.7%	2
6. Do you think there is anything missing from the list of services to be provided?	4 / 2.7%	99 / 66.9%	45 / 30.4%	6
7. Do you think a community pharmacy in the neighbourhood will work with other NHS health services such as GP practices?	147 / 96.7%	0	5 / 5.3%	2
8. Do you believe the proposed pharmacy would have a positive or negative impact on existing NHS services?	149 / 98%	0	3 / 2%	2
9. What do you think of the location of the proposed community pharmacy?	149 / 97.4%	0	4 / 2.6%	1
10. What do you think about the proposed opening hours?	150 / 98.7%	0	2 / 1.3%	2

28.9.	In total 154 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.
28.10.	Of the 154 responses, 154 were submitted by individuals and one respondents did not clarify if they were an individual or a group/organisation.
28.11.	Consultation Outcome and Conclusion

28.12.	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.
29.	Decision
29.1.	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.
29.2.	Neighbourhood
29.3.	Discussion
29.4.	The neighbourhood as defined by the Applicant is the same as in 2019 where the Committee agreed it was accurate and nothing has changed since that time that would change the boundaries or definition of the neighbourhood.
29.5.	The Agreed Boundaries were <ul style="list-style-type: none"> • North boundary: M8 motorway • West boundary: A899 Livingston Road until it meets A705 • South boundary: Cousland Road, and along the tree belt that encases Craigshill, then following it down to River Almond to head eastward • East boundary: To meet pathway/cycle track that heads up to M8 motorway – we will discuss this pathway later.
29.6.	Adequacy of existing provision of pharmaceutical services and necessity or desirability
29.7.	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.
29.8.	The Committee considered the case the Applicant put forward in regards to the sizeable community that lives in the neighbourhood that may be unable or unwilling to travel and are therefore not properly receiving pharmacy services.
29.9.	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

	Medical Practices, its PPC member visits to the site; and it heard expert advice from contractor and non-contractor pharmacist members of the panel about the issues identified in the hearing and their knowledge of equivalent service delivery matters elsewhere in Scotland.
29.10.	The following paragraphs set out key elements of the PPC's consideration of adequacy, including going through each question of the CAR.
29.11.	The Committee already took the first question of the CAR into consideration by agreeing with the Applicant's definition of the neighbourhood.
29.12.	The Committee looked at Question 2 of the CAR focussing on the adequacy of services to the neighbourhood. They noted there are eight pharmacies within a three mile radius to choose from and highlighted issues regarding unscheduled closures and registered complaints for the 2022/23 financial year from three of the locations, but noted patients could still choose from five other pharmacies to access services from. Overall, the Committee would suspect to see patchy services occasionally but, on balance, agree the coverage of existing pharmacies verses the population spread and demographics does not show gaps or deficiencies in the existing provision. The Committee rejects the view that the services to the neighbourhood are inadequate.
29.13.	The Committee considered Question 3 of the CAR focussing on whether or not people found it hard to access pharmaceutical services in person. Of the responses, 30% said they did not find it difficult and those who did were focussed on convenience rather than an inadequacy in the service. The Committee rejected the output of Question 3.
29.14.	The Committee noted the responses for Question 4 through Question 10 and agreed there the Chair would feedback via NHS Lothian concerns regarding the CAR, its structure, content and the role it plays in the application process.
29.15.	The Committee considered the West Lothian Plan and that it had no suggestion of significant housing within the neighbourhood, particularly pages 25 and 92 with specific numbers relating to housing for the Pumpherston area.
29.16.	The Committee considered the Pharmaceutical Care Services Plan and did not identify any gaps in service provision.
30.	Conclusion
30.1.	Following the withdrawal of Mr Vinny Bilon and Ms Susanne Gooding 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

	concludes that existing provision of pharmaceutical services in Pumpherstons is adequate.
30.2.	The PPC considered the location of the proposed pharmacy, its size and proposed layout, and the services proposed in the application.
30.3.	Taking account of all the representations made, and the information revealed by the CAR and submitted orally and in writing the Committee determines that it is necessary to reject the application by F&F Coffey Ltd for admission to the Pharmaceutical List.
30.4.	The Hearing closed at 15:24 hrs

Signed by the Chair

**John Innes
Chair – Pharmacy Practices Committee**

Date: 06 August 2024