



## **PHARMACY PRACTICES COMMITTEE**

**Minutes of the meeting held on Tuesday 28 May 2019 at 11.30am, in Loch Centre, Well Wynd, Tranent, East Lothian, EH33 2JX.**

### **PRESENT:**

Bill McQueen (Chair)  
Julie Blythe (Non-contractor Pharmacist)  
John Connolly (Contractor Pharmacist)  
John Niven (Lay member)  
Jan Stirrat (Lay member)

### **IN ATTENDANCE:**

Liz Livingstone (Administrator to the Pharmacy Practices Committee)  
Lizzie McGeechan (Contracts Manager, NHS Lothian)

## **1. MEETING CONVENED**

- 1.1 The Pharmacy Practices Committee (PPC) convened at 10am.
- 1.2 There were no apologies for absence and the Chair called for declarations of interest. All present confirmed no interest in the application to be heard at the meeting.
- 1.3 The Committee agreed the route of the site visit before travelling together in one car.

## **2. MEETING RECONVENED**

- 2.1 The meeting was due to commence at 11.30am.
- 2.2 Mr David Forrest, Chairman of the Tranent and Elphinstone Community Council arrived for the meeting, although he had not been invited to attend. Mr Forrest was aware of the meeting following discussion with Ms Morrison, the Applicant. Mr Forrest had written a letter on behalf of the Community Council in support of the Application which was attached to the Applicant's Form A1 dated 3 August 2018. NHS Lothian did not invite Mr Forrest to attend the PPC; therefore he did not receive appropriate paperwork, and had not been invited to the meeting. The Chair contacted Central Legal Office and following discussion between the Committee and its legal advisor the Committee were minded to invite Mr Forrest to attend the hearing. At the start of the

Pharmacy Practices Committee, the Chair asked the Applicant and Interested Parties if they objected to Mr Forrest making representations, which they did not.

2.3 The meeting commenced at 12.15pm and introductions were made.

### **3. APPLICATION BY SCOTIA HEALTH LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST IN RESPECT OF THE ADDRESS 12 BRIDGE STREET TRANENT, EH33 1AG.**

3.1 The Applicant, Scotia Health Ltd, was represented by **Ms Niamh Morrison** (“the Applicant”) and accompanied by Dr Rayner Lazaro.

3.2 The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend this Hearing were:

3.2.1 **Ms Kathleen Cowle**, representing Boots UK Ltd

3.2.2 **Mr Niral Nathwani**, representing Lloyds Pharmacy

3.2.3 **Ms Emma Griffiths-Mbarek**, accompanied by Mr Nick Johnston representing Well

3.2.4 **Mr David Forrest**, representing Tranent and Elphinstone Community Council, as per 2.2

3.3 Together these constituted the “Interested Parties”.

3.4 The Chair welcomed all to the meeting. He advised the Applicant and the Interested Parties that the meeting had convened at 10am and a site visit had been carried out to familiarise the Committee with the location of the proposed pharmacy, other pharmacies in Tranent and the surrounding areas.

3.5 This oral hearing had been convened under Section 3, Paragraph 2 of the National Health Service (Pharmaceutical Service) (Scotland) Regulations 2009 as amended. The Committee was to consider the application submitted by Scotia Health Ltd to provide general pharmaceutical services from premises situated at 12 Bridge Street, Tranent, EH33 1AG (“the Proposed Premises”).

3.6 The purpose of the meeting was for the Committee to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the Applicant’s proposed premises were located.

3.7 The Chair advised all parties of the hearing procedure to be followed stating that only one person was allowed to speak on behalf of the Applicant and each Interested Party.

3.8 Confirmation was sought 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.

3.9 The Chair confirmed that the Committee had read the papers submitted.

- 3.10 The Chair advised the Applicant and the Interested Parties that the Hearing would be recorded to assist with the minutes taking.
- 3.11 The Chair confirmed that the Applicant and the Interested Parties had been advised by NHS Lothian prior to the PPC that presentations were to be 15 minutes for the Applicant and 7 minutes for the Interested Parties. The Chair advised that following a request from the Applicant, it had been agreed that the presentation time for the Applicant would be increased to 30 minutes, and that of the Interested Parties increased to 15 minutes. The Chair asked whether anyone objected to the proposed procedure and arrangements for the conduct of the hearing. No objections were raised. In the event all parties completed their presentations well within the amended time limits set.
- 3.12 The Chair invited Ms Niamh Morrison to speak in support of the application.

#### **4. THE APPLICANT'S CASE**

- 4.1 Ms Morrison thanked the PPC for the opportunity to present and explained that Scotia Health Ltd is made up of herself and Dr Lazaro.
- 4.2 Ms Morrison said that she was a community pharmacist who worked 4 days per week in the Edinburgh community and was qualified as an independent prescriber. She advised that she works one day per week in a cardiovascular risk clinic in Tranent at the medical centre. Previously, Ms Morrison had worked in a community pharmacy in Tranent between 2016 and 2017 and had a deep understanding of the local community.
- 4.3 She explained that Dr Lazaro was a GP partner and a GP trainer and used to work in the Tranent medical centre between 2008 and 2017. She first met him in 2015 when she was finishing off her independent prescribing course. She explained that he was hugely instrumental in setting up the cardiovascular risk clinic in Tranent. She mentioned that she had known him whilst working at a local pharmacy in Tranent as he was the GP liaison officer to the 2 pharmacies (Well and Lloyds).
- 4.4 She confirmed that he was aware of patient safety issues raised in 2014 and he was asked by the GP practice to work with the two pharmacies to develop services between the practice and the pharmacies. He reviewed Chronic Medication Service (CMS) processes, Minor Ailment Service (MAS) processes and looked at prescriptions that had gone missing, and this was where Ms Morrison and Dr Lazaro developed their close working relationship.
- 4.5 Ms Morrison stated that she had linked in with him and her colleagues at Well Pharmacy, however even after increase in staff levels, a fabulous new layout and dispensing area, she had tried everything to resolve the problems, and realised that the only answer was to add another pharmacy in the Tranent area.

- 4.6 Ms Morrison considered that the answer to additional capacity is to provide another pharmacy, and despite many efforts over the years the issues have not improved and another pharmacy is required.
- 4.7 Ms Morrison mentioned that the Scottish Government's pharmaceutical payment structure is moving away from an item paid structure to a services paid method of payment. Ms Morrison said that a service such as Pharmacy First is one of many and she wants to be at the forefront of delivering.
- 4.8 Ms Morrison explained that Dr Lazaro set up a respiratory clinic because lots of asthmatics were not properly controlled, and for whatever reason they would not attend the GP practice for a review, therefore this service could be offered at the pharmacy. This has since been picked up by the Midlothian Primary Care team and has been rolled out to some pharmacies in Midlothian, however this service is no longer offered in Tranent. Ms Morrison would bring this service back to Tranent as part of this application.
- 4.9 Ms Morrison also advised that she would introduce a cardiovascular clinic in her pharmacy. She advised the panel that East Lothian residents are the highest attendees at A & E in Lothian for heart attacks and strokes.
- 4.10 She advised that she would offer 'community links' such as walking football, cycling, and spin classes by working with the community council to offer healthy services.
- 4.11 Ms Morrison advised that a letter has been sent out to patients of Tranent Medical Practice to advise that they will not be doing any advance bookings because of sickness and recruitment issues. Statistics show that 40% of GP consultations are for non urgent or minor ailments. Ms Morrison advised that this type of consultation can be picked up in her pharmacy.
- 4.12 Ms Morrison confirms that this showed that pharmacies are so bogged down with dispensing; it prevents pharmacies from dealing with other services that would help the community.
- 4.13 Ms Morrison along with Dr Lazaro wants to develop a further additional service to the minor ailment offering to the people of Tranent, and this can be achieved as she is an independent prescriber.
- 4.14 Ms Morrison also wants to offer training to other pharmacists who want to become independent prescribers.
- 4.15 Ms Morrison advised that her application does have the Tranent GP boundary as her definition of neighbourhood, and she thinks that the interested parties might call it a catchment area, but this application is different to others as there is a fundamental difference in that Elphinstone does not have a pharmacy, and Macmerry does not have a pharmacy and it is the people who are reliant on the service that matter.
- 4.16 Ms Morrison provided statistics regarding the demographics of the neighbourhood. She advised that the population in Tranent at the 2011 census was 11640. The Tranent medical practice advised that as at 1/4/18 the number of patients registered

was 14310. Ms Morrison confirmed that with a growth rate of 19% since 2001 census, the Fa'side ward (which is Tranent minus Ormiston) has been East Lothian's fastest growing area.

- 4.17 Ms Morrison stated that she has not included very much detail about new housing developments in her application, because she has based this on the current requirements needing a new pharmacy even without the prospect of an additional 1000 houses being built.
- 4.18 Ms Morrison commented that deprivation demonstrates more need for services. She quoted from the Scottish Index of Multiple Deprivation 2018 that East Lothian's most deprived data zone is – the High Street, Northfield, Lindores Drive, Tranent. She explained that 11 data zones in the ward are within the 20% most deprived in East Lothian, 6 of which are within the 10% most deprived. She commented that 3 data zones in the ward are within Scotland's 20% most deprived.
- 4.19 Ms Morrison explained that the existing services in the neighbourhood were supplied by Lloyds Pharmacy and Well Pharmacy.
- 4.20 Ms Morrison advised that she wanted to discuss the inadequacies in the current service. She pointed out that there were 404 responses to the CAR, and she was told by NHS Lothian that this was the second largest response rate ever. She quoted a number of responses to the question relating to gaps/deficiencies in the existing provision, and highlighted that the same theme was coming through – continuously under strain. Ms Morrison mentioned that Dr Lazaro had identified this in 2014, and she had identified this in 2015, but even although she had done everything in her power to fix it, she was unable to do so. Ms Morrison advised that her main concern was the responses that highlighted Patient Safety concerns. During her time she had concerns from staff at the medical practice, and she had concerns from staff within the pharmacy, but her main concern was for patients who felt there were gaps and who were on panic medication.
- 4.21 Ms Morrison stated that it was very difficult to assess the levels of complaints because people tended not to complain. Ms Morrison confirmed that she had placed an FOI request into NHS Lothian for details on complaints at both Well and Lloyds in Tranent. She was advised that Well and Lloyds collate their responses to NHS Lothian centrally and there may be some additional information that has not been forwarded to them as yet. She provided the following details:
  - 4.22 Lloyds Pharmacy:
    - 4.22.1 Quarter 4 (Jan to March 2017) 23 complaints (one for branch closure)
    - 4.22.2 (April 2017 – March 2018) Nil return
    - 4.22.3 (April 2018 – September 2018) 12 complaints
  - 4.23 Well Pharmacy
    - 4.23.1 Quarter 4 (Jan to March 2017) Nil return
    - 4.23.2 (April 2017 – March 2018) Nil return
    - 4.23.3 (April 2018 – September 2018) Q1 no information, Q2 nil return
- 4.24 Ms Morrison acknowledged that she knew of more periods of closure of the branch during her time of working in Tranent, and confirmed that branch closures had led to

queues waiting outside other pharmacies, supporting her claim that another pharmacy is justified.

- 4.25 Ms Morrison explained that as part of this presentation she would provide some examples of Dr Lazaro's experience during his time in Tranent between 2009 and 2017. She talked about Patient Safety Issues, where a cancer/palliative patient experienced unavailability of medication in an emergency. She also advised that a prescription log was introduced by the Tranent medical centre because prescriptions were going missing, due to the volume of work.
- 4.26 Additionally Ms Morrison confirmed that Dr Lazaro had experienced continuity issues as at one point there was a turnover of 4 pharmacists in 2 years that affected the relationship building programme that was being developed between the GP practice, the pharmacists, the District Nurses and the Care Homes.
- 4.27 Ms Morrison advised that Dr Lazaro had experienced numerous pharmacy related complaints. Missing prescriptions was a recurrent complaint with the introduction of a waiting time poster in 2017. Pharmacy closures had occurred during 2016/17 due to capacity issues. Also a recurrent theme was processing times at both pharmacies.
- 4.28 Ms Morrison confirmed that both Dr Lazaro and she would very much like to introduce into the community a mentoring service in order that staff can be trained to deliver extra services that are really needed. She advised that it is very difficult to achieve service delivery when struggling with dispensing volumes and that service provision is the future of community pharmacy.
- 4.29 Ms Morrison provided other examples of inadequacy.
- 4.30 She had received statements from District nurses who had confirmed that they were overwhelmed, for example it took one week to get dressing when there were no stock issues and the dressings should have been available next day. No insulin available that needed to be provided to a patient.
- 4.31 A nurse practitioner provided Ms Morrison with a statement to advise that she needed to go out with the neighbourhood to get dosette boxes as they were not available locally. This situation delayed the patient's discharge from the local step down unit.
- 4.32 Ms Morrison also confirmed that she had copies of Facebook statements, where patients were complaining about the service. One example was when a patient was not allowed to get a prescription at 5.45pm and it was for a child that needed an antibiotic.
- 4.33 Ms Morrison mentioned the CAR results that highlighted patient safety concerns, and despite best efforts by all parties the problem just could not be fixed. Therefore the issue is that additional capacity is needed.
- 4.34 Ms Morrison confirmed that she wanted to work with the other 2 pharmacies in Tranent and create a viable scenario for all 3. Ms Morrison provided numerical evidence that she can secure an adequate service. She stated that based on the population of Musselburgh, where there are 5 pharmacies, the average number of people per pharmacy is 4380. The average number of people per pharmacy in the whole of East Lothian is 4525 and that the average number of people per pharmacy NHS Lothian

wide is 4835. Ms Morrison provided figures to show that following her analysis the figures excluding the Ormiston population was 18393, therefore with 2 pharmacies the average is 9197, and with 3 pharmacies the average is 6131. Ms Morrison concluded that the figures indicated that 3 pharmacies are more than viable, but if all 3 pharmacies engaged in the community with the introduction of services, everyone would benefit.

- 4.35 Ms Morrison spoke to the Committee regarding her final slide of the power point presentation, that highlighted results from the East Lothian Resident Satisfaction Survey (May 2017) TMW Ward (Tranent formerly in Fa'side Ward). The question raised in the survey was "And thinking about your neighbourhood, which of the things below, if any, do you think most needs improving". The results show that 11% of East Lothian stated that Health Services needed to be improved, whilst 22% of Tranent, Macmerry and Wallyford responded that health services needed to be improved.

## **5. QUESTIONS FROM MR NATHWANI (LLOYDS PHARMACY) TO THE APPLICANT**

- 5.1 Mr Nathwani mentioned that the Applicant had spoken about IP clinics during her presentation. Mr Nathwani asked Ms Morrison if independent prescribing was part of the 4 core services and whether it needed to be considered in this application.
- 5.2 Ms Morrison advised that she was aware that it was not part of the 4 core services but due to the pressure in Tranent, IP should be considered.
- 5.3 Mr Nathwani asked Ms Morrison what size her proposed premises would be.
- 5.4 Ms Morrison stated that her shop would be able to have 2 consultation rooms, a large dispensing area, a very small retail area, and a small toilet area.
- 5.5 Mr Nathwani asked what the size in square metres was.
- 5.6 Ms Morrison confirmed that she did not have it on her.
- 5.7 Mr Nathwani advised that it was 55 sq metres and that the Lloyds pharmacy was over 145 sq metres and Well pharmacy was over 200 sq metres. Mr Nathwani questioned whether 2 consultation rooms and a toilet with disabled access may be a little unrealistic within such a small floor space.
- 5.8 Ms Morrison stated that she could not comment on this.
- 5.9 Mr Nathwani asked whether there was parking at the proposed premises
- 5.10 Ms Morrison confirmed that there was parking at Bridge Street and there was other street parking in the area. Mr Nathwani stated that he thought there were yellow lines on Bridge Street.
- 5.11 Mr Nathwani asked whether the CAR that was over 1 year old, was a true reflection of the current pharmaceutical services.
- 5.12 Ms Morrison stated that she could not comment on this.

- 5.13 Mr Nathwani asked if Ms Morrison thought that the GPhC inspection reflected a true reflection on the current pharmaceutical services provided.
- 5.14 Ms Morrison stated Yes.
- 5.15 Mr Nathwani asked if Ms Morrison was aware that Lloyds had a very good inspection in April 2019 and he would accept that in 2017 there were issues but not now, as this inspection demonstrates. Mr Nathwani asked if Ms Morrison thought that a 3% response rate to the CAR was good.
- 5.16 Ms Morrison stated that she thought that 3% was a good response.

## **6. QUESTIONS FROM MS GRIFFITHS-MBAREK (WELL) TO THE APPLICANT**

- 6.1 Ms Griffiths-Mbarek asked Ms Morrison what a Minor Ailment service would look like.
- 6.2 Ms Morrison advised that it means staff being trained up so that they can be engaged in delivering a good service to the public. Offering privacy so that patients are listened to within the consultations rooms.
- 6.3 Ms Griffiths-Mbarek asked if Ms Morrison was aware of the staffing model that Well Pharmacy had.
- 6.4 Ms Morrison advised that she was not aware of it since 2017.
- 6.5 Ms Griffiths-Mbarek stated that Ms Morrison had used the words “Structural Deficiencies” in her presentation and wondered what this meant.
- 6.6 Ms Morrison confirmed that she has tried to look at how she could make the service adequate, by looking at changes in processes and looking at staff numbers, looking at refit of premises, or extending services and also by looking at anything that can be changed to make the service adequate.
- 6.7 Ms Morrison confirmed that although there was a lot of floor space in the Well pharmacy, it was about the service to the community.
- 6.8 Ms Griffiths-Mbarek said that as Ms Morrison knew the Well pharmacy, would she not agree that more staff would have been able to assist this service issue.
- 6.9 Ms Morrison replied, why therefore this was not done.
- 6.10 Ms Griffiths-Mbarek advised that it was.
- 6.11 Ms Griffiths-Mbarek asked for an explanation of pharmacists’ turnover that was quoted in Ms Morrison’s presentation.



- 6.12 Ms Morrison confirmed that this was a reference to the Well pharmacy, but the statement meant that there was a turnover of 4 pharmacists during 2015 -2017 in Tranent.
- 6.13 Ms Griffiths-Mbarek asked what the definition of Health Services meant in Ms Morrison's presentation.
- 6.14 Ms Morrison confirmed that she meant Pharmacy and GP services.
- 6.15 Ms Griffiths-Mbarek asked Ms Morrison whether she agreed that this definition could mean that the respondents in the CAR were meaning the availability of patient appointments at the GP.
- 6.16 Ms Morrison confirmed that this could be, and therefore this is a good reason to have a new pharmacy.
- 6.17 Ms Griffiths-Mbarek asked Ms Morrison to expand on her comments of patient safety issues mentioned within the presentation. Ms Griffiths- Mbarek advised that Ms Morrison's comments had referred to 2016 and yet Well Pharmacy had a good report from GPhC.
- 6.18 Ms Morrison advised that she had experienced missing prescriptions, chronic medication cases waiting over a week to get prescriptions, putting up a poster to say that it will take a week to dispense certain medications during 2017, closures of branches upon occasions and out of date products ie insulin.
- 6.19 Ms Griffiths-Mbarek confirmed that following good GPhC inspections, including the recent Lloyds one in April 2019, this cannot reflect the present status.

## **7. QUESTIONS FROM MS COWLE (BOOTS) TO THE APPLICANT**

- 7.1 Ms Cowle asked Ms Morrison if there was any evidence to say the current pharmacies were not offering MAS (minor ailments service).
- 7.2 Ms Morrison responded that there was nothing to say that that they are not offering it.
- 7.3 Ms Cowle mentioned that Ms Morrison wanted to offer an IP training programme, but wanted to know if Ms Morrison was aware that there is already a training programme available.
- 7.4 Ms Morrison stated that she was aware, but it would be different as she was going to assist with the training as it was sometimes difficult to get the GP support. Ms Morrison's training would be able to provide additional GP support through Dr Lazaro. Ms Cowle asked Ms Morrison to confirm if there was a gap in the provision to pharmacists who had undertaken the IP course, as she was not aware that there was.
- 7.5 Ms Cowle asked Ms Morrison to clarify whether the submission of complaint responses to the FOI request was correct. Ms Cowle stated that Ms Morrison had confirmed that the responses from pharmacists to the Board were quarterly, however Boots submitted yearly.

- 7.6 Ms Morrison was aware that NHS Lothian requested this information quarterly.
- 7.7 Ms Cowle asked if Ms Morrison had any further information about the palliative care stock issues that was mentioned within the presentation.
- 7.8 Ms Morrison responded that she was unsure at that particular time.
- 7.9 Ms Cowle stated that Domette boxes are not part of the Core national service.
- 7.10 Ms Morrison confirmed that she was aware but it was part of pharmacists care of the patient.
- 7.11 Ms Cowle asked if Ms Morrison knew whether it was the hospital pharmacist who had agreed that the dosette box system was to be used.
- 7.12 Ms Morrison stated that she was aware that the hospital had requested this as part of the patients discharge process.
- 7.13 Ms Cowle stated that she wanted to know whether this was something that was instructed by the hospital or not.
- 7.14 Ms Morrison was not sure.
- 7.15 Ms Cowle advised that Boots has a dosette box hub in Musselburgh and it is for the use of the whole community.
- 7.16 Ms Cowle asked if the poster was still up in the local area.
- 7.17 Ms Morrison advised that the Surgery did not want to put it up.

## **8. QUESTIONS FROM MR FORREST (TRANENT & ELPHINSTONE COMMUNITY COUNCIL) TO THE APPLICANT – NONE**

## **9. QUESTIONS FROM THE COMMITTEE TO THE APPLICANT**

- 9.1 Ms Blythe ( Non Contractor Pharmacist)
  - 9.1.1 Ms Blythe made a statement that Crookston do ask for Domette Boxes to be supplied.
- 9.2 Mr Connolly (Contractor Pharmacist)
  - 9.2.1 Mr Connolly asked Ms Morrison why she chose the boundary.
  - 9.2.2 Ms Morrison replied that she is mirroring the Tranent Medical Practice and added on Blindwells. Currently they are unclear who will service the Blindwells area.

- 9.2.3 Mr Connolly queried that the A1 has been used as a boundary in some parts but not continued in others.
- 9.2.4 Ms Morrison stated that she chose the Tranent Medical practice boundary.
- 9.2.5 Mr Connolly suggested that she had chosen a catchment area rather than a neighbourhood.
- 9.2.6 Ms Morrison confirmed that yes this was fair to say.
- 9.2.7 Mr Connolly commented that during Ms Morrison's presentation she spoke a lot about services that she would offer. Mr Connolly asked how those services would create enough income rather than dispensing items.
- 9.2.8 Ms Morrison confirmed that the Scottish Government contract is moving towards a service based payment structure and the more that she engages services, the more that she will fit in with the way that the payment structure is moving.
- 9.2.9 Mr Connolly mentioned that in Ms Morrison's presentation she had advised that 1350 new homes were to be built in the area defined as her neighbourhood.
- 9.2.10 Ms Morrison confirmed that this was the case and that all of the new housing was north of the A1.
- 9.2.11 Mr Connolly confirmed that following all of the comments from Ms Morrison regarding inadequacies in the existing pharmacies, and that she was a contractor pharmacist during this time, Mr Connolly asked why she could not change it.
- 9.2.12 Ms Morrison stated that the demand was so high, the deprivation was so high, the volume of dispensing was so high and she could not get the waiting times down.
- 9.2.13 Mr Connolly asked what Ms Morrison would consider to be too much work load.
- 9.2.14 Ms Morrison stated that you cannot define it. She confirmed that the pharmacy that she currently works in is completely different, it could be the population but it is very difficult to define what too much workload is.
- 9.2.15 Mr Connolly asked if it could maybe a staff training issue as he was finding it difficult to work out why her current situation seems manageable and yet Tranent seemed to be so difficult to resolve.
- 9.2.16 Ms Morrison stated that it may have been a staff training issue.
- 9.2.17 Mr Connolly asked Mr Morrison what could have fixed it.
- 9.2.18 Ms Morrison confirmed that she couldn't.
- 9.2.19 Mr Connolly confirmed that he did not see inside the premises. He asked if plans were able to be seen.

- 9.2.20 Ms Morrison stated that she would be happy to let everyone have sight of them.
- 9.2.21 Mr Connolly asked about viability of approximately 15000 items coming out of Tranent medical practice.
- 9.2.22 Ms Morrison stated that she would consider a third over two years as viable.
- 9.2.23 Mr Connolly advised that he observed no parking as there were yellow lines outside the proposed pharmacy.
- 9.2.24 Ms Morrison said that following changes to the road layout, ie one way system being introduced there will be parking spaces available. Ms Morrison confirmed that she has chosen the proposed location to serve the elderly residents to the south of Tranent and the commuters who come in from the west. Ms Morrison also confirmed that there is a desire to regenerate the town centre.
- 9.2.25 Mr Connolly asked Ms Morrison if she had been there when she experienced periods of branch closures.
- 9.2.26 She explained that the effect was patient queues outside the door.
- 9.2.27 Mr Connolly asked if this was reflected in the complaints to the community council. Ms Morrison confirmed that this was not something she was aware of.
- 9.2.28 Mr Connolly referred to Ms Morrison's presentation and asked about pressure on existing pharmacy services coming from other villages for example Elphinstone.
- 9.2.29 Ms Morrison advised that this was because Elphinstone and Macmerry did not have their own pharmacy in those areas.
- 9.2.30 Mr Connolly then asked what would happen if those villages were to be granted their own pharmacy.
- 9.2.31 Ms Morrison stated that the people of Elphinstone or Macmerry would be better served in having a pharmacy in Tranent because they come to Tranent to use the GP practice and to drop of their children at schools in Tranent.
- 9.2.32 Mr Connolly asked for clarity of residents numbers.
- 9.2.33 Ms Morrison advised that the numbers in Tranent was approximately 10000.
- 9.3 Mr McQueen (The Chair)
- 9.3.1 The Chair asked when the timeline was that covered period of branch closures.
- 9.3.2 Ms Morrison confirmed that they happened within the first 5 months on 2017 and she could remember a specific dated (March 16<sup>th</sup>) because by 11am she had done the same number of scripts that she would normally do in a week. Ms Morrison confirmed that this was not an isolated incident and there were probably 4 other incidents.

- 9.3.3 The Chair asked Ms Morrison about what her vision was and what staff numbers she would require.
- 9.3.4 Ms Morrison confirmed that she would have one full time pharmacist, plus herself. She would have one ACT and 2 dispensers. She would be open from 8am until 6pm.
- 9.3.5 The Chair stated that he got the sense that Ms Morrison had never got on top of the volume of work in the way she would have liked to and asked what had happened to staff numbers during the period when she worked in Tranent.
- 9.3.6 Ms Morrison stated that when she worked there initially staff numbers were cut following the introduction of ProTime. She explained that ProTime was set up to time how long a certain task would take to complete. However ProTime was used to monitor English tasks and not Scottish tasks, and as the service is different, the staffing levels were therefore increased to reflect the difference in tasks. Ms Morrison said that in general the staffing levels were up and down.
- 9.4 Mr Niven (Lay Member)
- 9.4.1 Mr Niven requested that Ms Morrison confirm whether Blindwells was in her application or not because in the map he was reviewing Blindwells was not included in the boundary.
- 9.4.2 Ms Morrison confirmed that it was not.
- 9.4.3 Mr Niven stated that the boundaries highlighted gave her application a considerable boost.
- 9.4.4 Ms Morrison stated that the boundaries were suggested at the time of the application, not aware of housing plans.
- 9.4.5 Mr Niven stated that her proposed premises are within one of the most congested parts of Tranent. Mr Niven asked how she feels regarding the choice of location and how would she look to address disabled access to her premises.
- 9.4.6 Ms Morrison stated that there were lots of factors taken into consideration. She did not want to be too close to the other pharmacies. She wanted to be on the south side. She is aware of the new one way system that is being planned. Anyone parking illegally will be charged. She advised that following the new road system, there will be parking spaces provided on the road. She advised that patient safety is very much in her list of important factors.
- 9.5 Ms Stirrat (Lay Member)
- 9.5.1 Ms Stirrat provided an example of dangerous parking during the time that the committee was viewing the proposed premises.
- 9.5.2 The Chair asked if there were any further questions from anyone and Ms Griffiths-Mbarek asked if Ms Morrison would be offering a delivery service.

9.5.3 Ms Morrison confirmed that she would be.

## **10. REPRESENTATIONS FROM INTERESTED PARTIES**

- 10.1 Ms Griffiths-Mbarek stated that this application fails to satisfy the regulations as it is neither necessary nor desirable to secure adequate pharmaceutical services in the neighbourhood.
- 10.2 Ms Griffiths-Mbarek defined the neighbourhood as being A1 to the North and the remaining boundaries are defined as being bounded by housing limits before the open land. This neighbourhood is based on physical, geographical and social boundaries. On all of the main roads outside Tranent, the road lighting stops, pavements are only present on one side of the road and the speed limits change. There are also road signs saying Tranent as there are signs for Macmerry, Gladsmuir, New Winton, Ormiston and Elphinstone. This indicates that Tranent is a distinct community separated from the smaller villages by open land and as such we contend these should be excluded from the neighbourhood definition. This is echoed by some statements in the CAR report who have questioned the neighbourhood definition in question 1.
- 10.3 Ms Griffiths-Mbarek noted that the applicant's proposed neighbourhood is based on the catchment area of Tranent Medical Practice and the Ward boundary. She stated that there is a large difference between a catchment area/ward boundary and a neighbourhood. A catchment area is the area from which a city, service or institution attracts a population that uses its services, it is merely a geographical jurisdiction; it delineates who is eligible for services at a particular site. She stated that a neighbourhood is defined as the area of a town that surrounds someone's home, or the people who live in an area.
- 10.4 Ms Griffiths-Mbarek confirmed that the demographic profile of this neighbourhood is not significantly different from the rest of Scotland. The population has better health, higher car ownership and are younger according to the 2011 census. The index of multiple deprivations across the neighbourhood does not illustrate any significant deprivation in the neighbourhood. None of these areas are in the lowest in Scotland. She also confirmed that the neighbourhood has centralised services surrounded by residential housing. The housing is mixed throughout the neighbourhood. This is due to the gradual increase in housing over the years as Tranent is within commuting distance of Edinburgh.
- 10.5 Ms Griffiths-Mbarek stated that the neighbourhood is adequately being served by two community pharmacies and there is one Medical Centre located in close proximity to both pharmacies central to all services and amenities within Tranent. There are no physical or geographical barriers between the proposed site and the existing pharmacy locations and an additional pharmacy located so close to the existing pharmacies, does not improve access to pharmaceutical provision in the whole neighbourhood which is under consideration.
- 10.6 Ms Griffiths-Mbarek highlighted that the current pharmacies are located within the high street where all other services and amenities are located, banks post offices, food stores large enough for a weekly shop, petrol stations, schools, medical services and pharmacies. There is a food store located within the neighbourhood which would

provide access to a weekly shop but if the residents wanted more choice then they would travel out with the neighbourhood to Musselburgh or to Edinburgh to access larger food stores where there is also a choice of pharmacies which can be accessed on a planned or opportunistic basis.

- 10.7 Ms Giffiths-Mbarek said the location of the proposed site is close to a roundabout with pedestrian access being closer to the existing pharmacies than to this one. The location itself would pose a challenge to access as there is no benefit of closer parking. In fact the available parking is closer to the existing pharmacies. Crossing Bridge Street at the roundabout would pose a safety issue as there is no pedestrian crossing point, nor a refuge area in the middle of the road. For parents with young children or the elderly, this would not be considered safe. The closest Pedestrian crossing is located close to the existing pharmacies.
- 10.8 Ms Griffiths-Mbarek stated that there is a comprehensive bus service available, connecting the out laying residential areas to Tranent and to the surrounding area. The bus service operates every 15-20 minutes Monday to Saturday and every 30 minutes on a Sunday. (Bus Routes 15, 26, 44, 44a, 110, 123, N44, X13 and X45). There is a bus stop directly opposite the Well store and one is located between us and Lloyds going in the other direction.
- 10.9 Ms Griffiths-Mbarek confirmed that for the able bodied it is possible to access the existing pharmacies from the furthest parts of the neighbourhood within a 15 minute walk as the whole neighbourhood is no more than 1.6km from the pharmacies as they are located in a centralised location.
- 10.10 Ms Griffiths-Mbarek stated that both pharmacies in the neighbourhood are offering all of the services that are needed for the area. Her branch is DDA compliant with level access and an automatic door. They have made significant investment in the branch since they acquired it in 2008 and the investment has not just been limited to the property but also to increase the staffing levels. She confirmed that they have a full complement of fully trained staff including an Accuracy Checking Technician, 2 Dispensing technicians (NVQ 3) and 5 dispensing assistants (NVQ2) and a permanent pharmacist branch manager. With the exception of the branch manager, the team in branch have been stable for the last two years, and they had taken on additional colleagues.
- 10.11 Ms Griffiths-Mbarek advised that the services provided are: smoking cessation, EHC, supervision of methadone and antabuse, dosette boxes, MAS, CMS, collection and delivery services, Chlamydia voucher scheme, continence care, gluten free, Hep C supervised consumption, methadone supervised consumption, palliative care, paracetamol following immunisation, pharmacy first, smoking cessation, unscheduled care and urgent supply. She highlighted the report published by NHS Lothian on the provision of Pharmaceutical care services delivered by community pharmacy has demonstrated that the health inequalities within each of the council areas has improved since 2010 in all areas.
- 10.12 Ms Griffiths-Mbarek also advised that there is a daily collection and delivery service with a relief driver available so service is continuous.

- 10.13 Ms Griffiths-Mbarek stated that their branch has a gross sales area of 200 sq metres, a consultation room of 10 sq metres, a front dispensary area of 36 sq metres and a rear dispensary and storage area of 88 sq ft. They have sufficient scope within the existing branch to meet the needs of the increasing population. However, the same could not be said for the applicant's site, as the building is 55 sq metres, about a quarter of the size of Well's. Ms Griffiths-Mbarek confirmed that she would struggle to see how it would be possible to fit in 2 DDA compliant consultation room along with a fully fitted out dispensary, waiting area, sales floor plus staff amenities, into 55 sq metres.
- 10.14 Ms Griffiths-Mbarek confirmed that the opening hours are 8.30 am to 5.30 pm, Monday to Friday and 9.00am to 5.00pm, with no closure for lunch. She stated that the applicant's proposed opening hours are not significantly in excess of the hours already provided by the current pharmacies. Their opening hours are constantly under review and there is only a small number of items dispensed/ collected between 8.30-9, and there are never any patients waiting outside of the store at 8.30 waiting for trading to begin. She confirmed that if there was they would be extending their opening hours to accommodate the demand. Ms Griffiths-Mbarek stated that granting an application for the sake of 30 minutes each morning seems excessive when there is no actual need. Ms Griffiths-Mbarek advised that they have not been approached by the health board to open earlier.
- 10.15 Ms Griffiths-Mbarek confirmed that waiting times at the branch are approximately 7-10 minutes at the last review which was undertaken last week.
- 10.16 Ms Griffiths-Mbarek advised that the complaint received in June 2018 was with regards to the sale of baby milk in her store. She confirmed that she is not aware of any complaints to the Health Board with regard to her pharmacy in Tranent.
- 10.17 Ms Griffiths-Mbarek stated that at their last GPhC inspection, they received a good standard rating. Every standard was exceeded and there were no patient safety concerns raised by the inspector. The branch has also scored 100% on all service measures in the mystery shopper report of the last 12 months. She also stated that they contend that all services are provided within the neighbourhood and they fail to see where the gaps are in services for this application to satisfy the regulatory test to make this application at least desirable.
- 10.18 Ms Griffiths-Mbarek confirmed the population of the neighbourhood in 2016 was estimated to be circa 12,140 residents. This has increased from 11,140 at the 2011 census. She advised that the applicant has mentioned the growth in the number of patients registered with the medical practice, but it is worth noting that since 2016, the number of prescriptions has fallen each year. 92% of the prescriptions issued at Tranent Medical Practice have been dispensed by the two pharmacies in Tranent. This has been consistent since 2012 and is also in line with the rest of Scotland. She stated that the pharmacies in 2016 were providing an adequate service as they are today, with less prescription volume and during this time, they have increased their hours in branch.
- 10.19 Ms Griffiths-Mbarek stated that Well Pharmacy contend that averages should not be a means of benchmarking adequacy of pharmaceutical services in a specific neighbourhood. She stated that each neighbourhood is different as not every



pharmacy in Scotland is the same size or has the same calibre of staff or indeed the same demographics. She confirmed that 20% of all the pharmacies in Scotland are dispensing more prescription items than in Tranent, so does this mean they are providing an inadequate service?

10.20 Ms Griffiths-Mbarek confirmed that the applicant has not provided any evidence of any inadequacies in the pharmaceutical service provision within the neighbourhood under consideration. Ms Griffiths-Mbarek queried that whilst it is always good to get the views/ opinions of the public, it does not provide any context to the comments regarding waiting times, of awnings. What if those items that were "owed" were on a manufacturing short supply? What if the surgery had challenges with doctors not being available due to sickness or holidays? She stated that the shortages of GPs nationally have been well documented in the press. She also queried how can the causes of challenges experienced by our patients be derived from a small percentage of the population putting a comment on a survey?

10.21 Ms Griffiths-Mbarek summarised that there has been no evidence of inadequacy of pharmaceutical services provision in Tranent submitted by the applicant. She stated that the averages and norms do not give a true reflection of what is happening locally. Well Pharmacy contend that this application is neither necessary nor is it desirable as adequacy of pharmaceutical service provision is already provided in the neighbourhood and respectfully request that it be refused.

## **11. Questions from the Applicant to Ms Griffiths-Mbarek (Well) – None**

## **12. Questions from Interested Parties to Ms Griffiths-Mbarek (Well)**

12.1 Mr Nathwani (Lloyds)

12.1.1 Mr Nathwani asked what the relationship was like between Lloyds Pharmacy and Well Pharmacy.

12.1.2 Ms Griffiths-Mbarek stated that it was very good. She stated that they work well together.

12.1.2 Mr Nathwani asked what the relationship was like with the Tranent Medical practice

12.1.3 Ms Griffiths-Mbarek confirmed that the pharmacy manager attends a meeting with the surgery every 3 months.

12.2 Ms Cowle (Boots) – None

12.3 Mr Forrest (Tranent and Elphinstone Community Council) – None

## **13. Questions from the Committee to Ms Griffiths-Mbarek (Well)**

13.1 Ms Blythe (Non Contractor Pharmacist)

13.1.2 Ms Blythe ask if Ms Griffiths-Mbarek has noticed a drop in dispensing figures since the dispensing pharmacist has started working at the medical practice.

13.1.3. Ms Griffith-Mbarek stated that she had not.

13.2 Mr Connolly (Contractor Pharmacist)

13.2.1 Mr Connolly commented that during the time when the applicant was working in Tranent, did she ever flag concerns to Ms Griffith-Mbarek about these issues.

13.2.2 Ms Griffiths-Mbarek confirmed that she had not received any concerns from Ms Morrison.

13.2.3 Mr Connolly stated that there was a letter of support from Tranent Medical Practice regarding the application to open another pharmacy in the Tranent area. Mr Connolly asked if the practice has ever shared concerns with Well about a need for additional services.

13.2.4 Ms Griffiths-Mbarek confirmed that she had never had any discussions regarding their concerns with them.

13.2.5 Mr Connolly asked about Tranent medical practice requiring additional services and this linking to the medical practice supporting the application.

13.2.6 Ms Griffiths-Mbarek stated that she thought the applicant's presentation was admirable, but she fully recognised that the GP practice will support a requirement for additional services as there is a lack of GPs throughout the country and it is therefore worth supporting. Ms Griffiths-Mbarek stated that in her opinion there was no issue regarding the pharmaceutical services being provided.

13.2.7 Ms Griffiths-Mbarek also advised that as the numbers of items have gone up, so has the number of pharmacist hours provided gone up. Ms Griffiths-Mbarek also confirmed that there are no issues with dosette boxes and the average waiting time is between 7 and 10 minutes.

13.2.8 Mr Connolly asked how Well pharmacy gauge good service.

13.2.9 Ms Griffiths-Mbarek confirmed that a mystery shopper will visit each store quarterly. She also advised that good service is monitored by their management structure ie branch manager and regional manager.

13.3 Mr Niven (Lay Member)

13.3.1 Mr Niven asked if Ms Griffiths-Mbarek can foresee a change in the service provided in the future.

13.3.2 Ms Griffiths-Mbarek confirmed that she could not and she feels that the same number of prescriptions will come through and they will serve the patients as they always have.

13.3.3 Mr Niven asked if Ms Griffiths-Mbarek could see more patients coming to her pharmacy as accessing GP services becomes more difficult, with staff recruitment issues.

13.3.4 Ms Griffiths-Mbarek advised that overall there will be more requirements for community pharmacies to provide further services, but she has the opportunity within the Tranent pharmacy to increase her staff numbers due to the larger floor space within the unit. Ms Griffiths-Mbarek advised that there would be no immediate change to increased numbers, but there would be a gradual change over the coming years.

13.3.5 Mr Niven asked Ms Griffiths-Mbarek what the population numbers were that Well pharmacy has used in this presentation.

13.3.6 Ms Griffiths-Mbarek confirmed 12140

13.3.7 Mr Niven advised that the population numbers at the Tranent Medical practice was 14000, therefore he could assume that the population came from outlying villages, therefore he could assume that the neighbourhood definition should be as per the application.

13.3.8 Ms Griffiths-Mbarek stated no as this only represents a catchment area not a neighbourhood

13.4 Mr McQueen (The Chair)

13.4.1 The Chair asked if Ms Griffiths-Mbarek definition of neighbourhood was Tranent, excluding Elphinstone, New Winton and Macmerry.

13.4.2 Ms Griffiths-Mbarek agreed.

13.4.3 The Chair asked where the residents of the Elphinstone and Macmerry go for shopping, schools, dentists.

13.4.4 Ms Griffiths-Mbarek advised that they can go anywhere.

13.4.5 The Chair asked about the bus service going through Tranent then on to other towns. Ms Griffiths-Mbarek advised that the buses go all over East Lothian, Midlothian and into Edinburgh where there are a large variety of amenities.

13.5 Representation by Mr Nathwani (Lloyds)

13.5.1 Mr Nathwani thanked the Panel for allowing him to speak. He stated that the Applicant's reason for making this application seems to be that the Pharmaceutical Services provided by the current Contractors are inadequate for the population of their defined neighbourhood.

- 13.5.2 Mr Nathwani confirmed that the neighbourhood for this application is quite clearly Tranent. Mr Nathwani stated that the Committee concluded in 2011 on a previous application that the neighbourhood could be defined as the boundary of the A1 road to the North and the inhabited areas of Tranent up to where this met with open land.
- 13.5.3 Mr Nathwani explained that the current applicant extends their neighbourhood out to Gladsmuir that is about 3 miles east of Tranent. The applicant however, excludes Ormiston that has a Well Pharmacy about 2.5 miles from the centre of Tranent. The applicant's neighbourhood appears to be based around the surgery Practice area.
- 13.5.4 Mr Nathwani advised that Tranent offers an excellent bus service (every 15mins) into Musselburgh, where there are a number of Pharmacies.
- 13.5.5 Mr Nathwani stated that the Applicant's proposed premises is at a busy roundabout as you enter the town centre from the west, with the nearest crossing on the High Street. Mr Nathwani advised that there were some comments regarding the location in the CAR.
- 13.5.5.1 "The only thing that concerns me would be where people would park to use the pharmacy?"
- 13.5.5.2 Adequate safe parking that would not stop the flow of traffic passing through Tranent would have to be provided as it is horrendous at the moment, so further congestion would bring the town to a standstill.
- 13.5.5.3 Severe lack of parking. Single yellow lines make it impossible to park on Bridge Street.
- 13.5.6 Mr Nathwani confirmed that the lack of adequate parking nearby would mean that even if a patient had an early appointment at the surgery it would not be easy to get to the pharmacy before 9am, making the 8am opening unnecessary. Mr Nathwani advised that if there was a need for a pharmacy to be open at 8am, the Board could have approached one of the existing two pharmacies and he is sure that either would have accommodated them.
- 13.5.7 Mr Nathwani provided other comments from the CAR regarding location.
- 13.5.7.1 May be too far for elderly or infirm to walk from the surgery to Bridge Street. Other existing pharmacies are much closer.
- 13.5.7.2 The other two pharmacies are within walk of the health centre – this is not.
- 13.5.8 Mr Nathwani confirmed that to him it seemed strange that a Pharmacist running a clinic in Tranent Medical Practice would put in an application for a Pharmacy in the same neighbourhood. He noted that the Applicant's partner in the application was a former GP of the same practice.
- 13.5.9 Mr Nathwani also noted that the application mentions on several occasions the

inadequacy of the services provided by Lloyds Pharmacy. Mr Nathwani confirmed that relations were strained in the past with issues such as prescriptions being "lost" or not ready at a particular time. Mr Nathwani stated that at no point during these strained relations did the Applicant or the GP make contact with Lloyds Head Office to discuss these issues.

- 13.5.10 Mr Nathwani explained that the Lloyds pharmacy in Tranent have reported an increasing number of incidents recently from the surgery regarding patients who have signed up to the Repeat Medication Service, having their Prescriptions changed to "Collect" from the surgery when they hadn't requested this. Mr Nathwani confirmed that he had brought a list of patient names that have been impacted by this change. Mr Nathwani explained that they were extremely unhappy when they went to pick up their prescription at his pharmacy to find out that they had to go up to the surgery to collect their prescription, at the surgeries request. Mr Nathwani confirmed that this has only started occurring over the past few months, and he was sure that this is no coincidence considering the Applicant works in the same Practice and her Partner is a former GP.
- 13.5.11 Mr Nathwani explained that Sharon, the pharmacy branch Manager, has recently arranged to have quarterly meetings with the Practice Manager at Tranent Medical Practice to discuss the issues that had occurred in the past and Mr Nathwani advised that the relationship is now much better. Mr Nathwani has also attended one of the meetings and found it very constructive and positive. Mr Nathwani stated that the relations will grow over the next few years as the meetings are scheduled to continue.
- 13.5.12 Mr Nathwani confirmed that he has been looking after the Tranent store since April 2018 and he was made aware of the issues that were affecting the pharmaceutical service levels previously. Mr Nathwani commented that the branch had received a "Poor" GPhC Inspection report in 2017. Following the recent GPhC Inspection by Deborah Zuckert on the 8<sup>th</sup> of April 2019, the pharmacy received a "Standards Met" result under the new Inspection model and confirmed that it would have been a "Good" result in the old model.
- 13.5.13 Mr Nathwani provided some comments from the report:
- 13.5.13.2 "Pharmacy team members follow processes for all services to ensure they are safe".
- 13.5.13.3 "Risks were managed by team members rotating through tasks to avoid doing the same all day. All team members could do everything."
- 13.5.13.3 "The Pharmacy has enough qualified and experienced staff to safely provide its services".
- 13.5.13.4 "Pharmacy team members can share information and raise concerns to keep the Pharmacy safe. They discuss incidents and learn from them to avoid the same thing happening again".

13.5.13.5 "The various individuals were observed going about their tasks in a systematic and professional manner"

13.5.13.6 "The Pharmacy is safe and clean, and suitable for the services it provides:

13.5.13.7 "Dispensing work flow was observed to be logical, with designated areas for different types of dispensing, coloured baskets, labels to identify high- risk items or those requiring special storage, and relevant information shared with the Pharmacist.

13.5.13.8 "Walk-in" prescriptions were prioritised, then standard collection services, and finally managed repeat prescriptions. This ensured that dispensed medicines were ready for patients as they expected.

13.5.13.9 Prescriptions with many items on them were dispensed before single items to minimise pressure and therefore risk if patients presented at the pharmacy before they were ready."

13.5.14 Mr Nathwani commented that during the unannounced inspection it did not appear to him that the pharmacy looked like they were providing an unsafe and inadequate service to the people of Tranent. Mr Nathwani stated that clearly it can be seen that Lloyds Pharmacy in Tranent provides a more than adequate service to the residents of Tranent in a safe and professional manner.

13.5.15 Mr Nathwani described the Lloyds Pharmacy to the Committee and advised that it was approx 145 square metres, three times the size of the Applicant's proposed site. They have an experienced Manager, 2 experienced job share Pharmacists, a full time ACT, 6 trained Health Care Partners (HCP) - all dispensary trained and 2 Trainee HCPs. They currently have 132 CDS Patients (currently processing 2-3 weeks ahead), 28 supervised patients, 130 active CMS Serial Prescription patients with 1161 registered service, 475 registered MAS patients.

13.5.16 Mr Nathwani confirmed that the branch has no issues at all with staffing levels, capacity for Compliance Device Service (CDS) or supervised dispensing. The store has recently had Methameasure installed which has enabled them to increase their numbers if ever they need to. Mr Nathwani confirmed that the Applicant would have noticed all of these things when she visited the branch last week trying to find out what their figures were for various services and if they had the required amount of staff to accommodate them.

13.5.17 Mr Nathwani stated that as far as he is aware there are not been any complaints into Lloyds Customer Services Team or NHS Lothian.

13.5.18 Mr Nathwani advised that the opening hours are Mon-Fri 9am-6pm and full day Saturday 9-5pm. He stated that this was more than adequate to cover NHS Lothian's core hours and to provide the people of Tranent with full day access to Pharmaceutical Services on a Saturday. Mr Nathwani also advised that the pharmacy has a regular driver who has been employed for a number of years, but notes that there were some issues around a year ago when the driver took some time off as his wife was seriously unwell. Lloyds struggled to find adequate cover, due to the unforeseen circumstances

but the staff did their best to go out in Taxis and on foot to deliver the medication themselves. The driver has built a great relationship with his patients and provides an excellent service.

13.5.19 Mr Nathwani quoted some answers to Question 1 in the CAR regarding the neighbourhood.

13.5.19.1 "Seems like the person making this application doesn't know much about the area if they think the likes of Macmerry are in the same neighbourhood as Tranent."

13.5.19.2 "These villages in the south are not part of Tranent. I have lived here a long time and this is nowhere near accurate."

13.5.19.3 "...Gladsmuir, Macmerry, New Winton residents would have to travel past bright, fresh modern well-equipped pharmacies to reach this location- why would they?"

13.5.20 Mr Nathwani confirmed that only 289 respondents answered "Yes" in response to Question 2 in the Report. "Do you think there are gaps / deficiencies in the existing provision of pharmaceutical services to the neighbourhood". He explained that it was only 2.3% of the population. One of the comments from a resident was:

13.5.20.1 "There are already 2 pharmacies in Tranent, one in Wallyford, and five pharmacies in Musselburgh. This is only 10mins away by bus".

13.5.21 Mr Nathwani provided comments with regards to what impact the pharmacy would have in the neighbourhood.

13.5.21.1 "I consider we are well supplied with Pharmacy services at present. This new proposal might affect the viability of our existing services."

13.5.21.2 "I am sure the existing pharmacies will have to cut services if this proposal goes ahead. A lot of people would be unhappy if their existing Pharmacy has to cut services or staff."

13.5.22 Mr Nathwani commented on question 4 in the CAR that covered the pharmaceutical services being proposed by the applicant.

13.5.22.1 "Present Pharmaceutical provision is nearby and copes adequately"

13.5.22.2 "I think too close to existing practices. 3 Pharmacies within 500 yards:"

13.5.23 Mr Nathwani stated that he did not think that the applicant had obtained a sufficient level of public support in the CAR as the public were happy with the existing services and that the service provision is adequate. Mr Nathwani commented that the CAR was completed over a year ago and that Lloyds service has improved dramatically; reflected in the recent GPhC inspection.

13.5.24 Mr Nathwani commented that a previous application for Tranent and the committee decided that the provision was neither necessary nor desirable. He remarked that nothing has changed therefore he asks the panel to reject the application.

**14. Questions from the Applicant to Mr Nathwani – None**

**15. Questions from the Ms Griffith-Mbarek to Mr Nathwani - None**

**16. Questions from Ms Cowle to Mr Nathwani – None**

**17. Questions from Mr Forrest to Mr Nathwani – None**

**18. Questions from the Committee to Mr Nathwani**

18.1 Mr Connolly – Contractor Pharmacist

18.1.2 Mr Connolly commented that Mr Nathwani had stated that the CAR was outdated. Mr Connolly asked if there was an issue with his pharmacy around the time the CAR was produced.

18.1.3 Mr Nathwani advised that they had a poor report in 2017 from the GPhC and he confirmed that it takes time to fix the problems, but inroads have been made.

18.1.4 Mr Connolly asked what the problems were.

18.1.5 Mr Nathwani confirmed that the pharmacy was behind in workload, lack of organisation, no base pharmacist, with prescriptions being a couple of days behind.

18.1.6 Mr Connolly asked how the hours have increased.

18.1.7 Mr Nathwani confirmed that they now employ a full time ACT and the hours have increased by about 30 hours.

18.1.8 Mr Connolly stated that with approx 15000 items coming out of Tranent Medical Centre, did Mr Nathwani not think that this would be viable for 3 pharmacies.

18.1.9 Mr Nathwani stated that his figures have declined over the years and although they are starting to pick up now, he really felt that a new contract would be detrimental to both Lloyds and Well and could lead to staff numbers being decreased.

18.1.10 Mr Connolly requested that Mr Nathwani confirm whether a third pharmacy would not be viable.

18.1.11 Mr Nathwani said that it would still be viable but it would affect the viability.

18.1.12 Mr Connolly asked Mr Nathwani to discuss the branch closures.

18.1.13 Mr Nathwani stated that there had some branch closures in 2017; however there had been no complaints in the last 6 months.



18.1.14 Mr Connolly asked how many complaints had there been in the last 12 months.

18.1.15 Mr Nathwani confirmed that there had been 3 complaints, covering waiting times and home delivery as concerns.

18.1.16 Mr Connolly asked Mr Nathwani to return to his comments on viability and stated that it may be the profitability of the pharmacy that may be reduced.

18.1.17 Mr Nathwani advised that his worry is that staffing levels in the branch may need to reduce or staff could lose their jobs.

18.1.18 Mr Connolly asked how Lloyds gauge patient satisfaction.

18.1.19 Mr Nathwani advised that they used to have mystery shoppers however this was taken away about 2 years ago. Therefore Lloyds now speak to their customers and listen to their complaints or positive feedback.

18.2 Ms Stirrat – Lay Member

18.2.1 Ms Stirrat asked Mr Nathwani to give some detail around waiting times.

18.2.2 Mr Nathwani explained that they don't currently measure waiting times. He is aware that Lloyds had previously used 8 minutes as their target.

18.2.3 Ms Stirrat asked if Mr Nathwani had confidence in the current service.

18.2.4 Mr Nathwani stated that he did. He also had confidence due to the inspection report that took place early 2019.

18.2.5 Ms Stirrat asked what areas could be improved.

18.2.6 Mr Nathwani advised that there will always be areas of improvement but it has been as good as it has been.

18.3 Mr McQueen – The Chair

18.3.1 The Chair asked Mr Nathwani to comment on the CAR, in that Mr Nathwani mentioned that there was little public support.

18.3.2 Mr Nathwani stated that he did not think that 3% of the population was a good response.

18.3.3 The Chair quoted the Applicant's comments that the response was one of the highest in NHS Lothian.

18.3.4 Mr Nathwani advised that he had seen 9,10,11% responses at other PPC hearings.

18.3.5 The Chair mentioned that there were a lot of supportive comments in the CAR.

18.3.6 Mr Nathwani stated that he had never read a CAR that didn't have supporting

comments.

## **19 Representation by Ms Cowle - Boots UK Ltd**

19.1 Ms Cowle thanked the committee for the opportunity to speak on behalf of Boots pharmacies in Musselburgh and Edinburgh.

19.2 Ms Cowle confirmed that stores at 164 High Street, Musselburgh and The Fort, Edinburgh both dispense a significant number of items that originate from the Tranent Medical Practice. She also advised that Boots provide pharmaceutical services to patients that reside in Tranent.

19.3 Ms Cowle asked the panel to be aware of the need to consider services provided to the neighbourhood from pharmacies out with the boundaries agreed today as well as the pharmacies identified within it. If the panel determine that the current provision to the neighbourhood is adequate, then they should refuse the application.

19.4 Ms Cowle stated her reasons as to why Boots believe the current services are adequate and therefore on this occasion, the application should be refused.

19.5 Ms Cowle stated that she agreed with the neighbourhood defined by the representative from Lloyds and Well Pharmacy. She mentioned that a previous decision defined the neighbourhood as A1 to the north and open land to the east, west and south). Ms Cowle advised that the premises specified by the applicant are within a short distance of the existing pharmacies, therefore the proposed premises do not provide improved access to patients by way of location, in fact parking was raised as a concern throughout the CAR report.

19.6 Ms Cowle confirmed that the existing services provided by Boots to residents of the neighbourhood were:

- 19.6.1.1 Full dispensing service for acute and chronic medication.
- 19.6.1.2 EHC
- 19.6.1.3 Minor Ailments scheme
- 19.6.1.4 Smoking cessation
- 19.6.1.5 Men B

19.7 Ms Cowle advised that the ratio of population to pharmacy is a difficult indicator to take any meaning from. She confirmed that most pharmacy owners will adjust their resourcing levels to accommodate any need or employ robotics, as they do not support the dispensing process and free the pharmacy team to respond to patient needs. She stated that the Scottish Government merely state the Scottish average and they do not advise optimum numbers. She confirmed this is the responsibility of the Board and the 2018 Provision of Pharmaceutical Care Service delivered via Community Pharmacy clearly states this in their summary that there is no evidence of patients being unable to source pharmacy to dispense a prescription which could not be taken as evidence that there is no unmet need.

19.8 Ms Cowle stated that problems with workload, on a few occasions show a staff sickness issue that can happen to anyone, whether multiple or independent. She

confirmed that it is far from ideal but it does not indicate that normal services are inadequate.

19.9 Ms Cowle advised that the CAR makes little or no reference to instances where a service cannot be accessed. She stated that a more efficient service, more choice and a quicker service would come under "convenience". She stated that she thinks that pharmacists are doing a disservice trying to offer a fast food model. She stated that they dispense medicines and should be treated with professionalism at all times.

19.10 Ms Cowle stated that viability will be affected by another contract application and will have an impact on services. She added that there are currently over 100 item shortages just now, and as these medicines are not available, another contract will unfortunately not improve this issue.

## **20. Questions from Applicant to Ms Cowle**

20.1 Ms Morrison asked Ms Cowle about the volumes (10%) that are dispensed via the Boots pharmacy in Musselburgh and suggested that this was a direct impact of the inadequate service supplied by the 2 pharmacies in Tranent.

20.2 Ms Cowle advised Ms Morrison that the vast majority of the prescriptions dispensed in Musselburgh pharmacy are from one care home.

## **21. Questions from Ms Griffiths-Mbarek to Ms Cowle – None**

## **22. Questions from Mr Nathwani to Ms Cowle – None**

## **23. Questions from Mr Forrest to Ms Cowle - None**

## **24. Questions from the Committee to Ms Cowle – None**

## **25. Representation from Mr Forrest - Tranent and Elphinstone Community Council**

25.1 Mr Forrest thanked the Committee for allowing him to speak to the Committee. Mr Forrest explained that he is the chairman of the Tranent and Elphinstone Community Council.

25.2 Mr Forrest mentioned that the community council had met Ms Morrison on a number of occasions. Mr Forrest explained that the Community Council meet with developers regarding house building programmes, however it is the community council that take in to consideration the need for community services.

25.3 Mr Forrest advised that people come to the community council to say bad things about their community, and he expressed that the council is 100% in favour of another pharmacy.

25.4 Mr Forrest commented that parking in Tranent is awful. However, there is parking services being provided at New Row by the local council and work on this project starts next week. He explained that parking is an issue as local residents from smaller villages nearby, park in Tranent and take the bus in to Edinburgh. This is because the

bus fares from the smaller villages are very expensive, and it is cheaper to bring the car into Tranent before travelling to Edinburgh.

25.5 Mr Forrest reaffirmed that no one in the community council objects to another pharmacy.

**26. Questions from the Applicant to Mr Forrest - None**

**27. Questions from Ms Griffiths-Mbarek to Mr Forrest**

27.1 Ms Griffiths-Mbarek asked Mr Forrest to clarify where the additional parking will be in relation to the proposed pharmacy.

27.2 Mr Forrest explained that New Row is where Bridge Street splits, and the road on the left will become a one way system, with the double yellow lines being removed.

**28. Questions from Mr Nathwani to Mr Forrest - None**

**29. Questions from Ms Cowle to Mr Forrest**

29.1 Ms Cowle asked Mr Forrest if local pharmacies would be allowed to come along to the community council meetings.

29.2 Mr Forrest explained that a new resilience group has been created to consider vulnerable people in the community, and he is compiling a list of people who will be involved in this group.

**30. Questions from the Committee to Mr Forrest**

30.1 Mr Connolly – Contractor Pharmacist

30.1.2 Mr Connolly stated Mr Forrest had mentioned that the members of the community council were supportive of this application. He asked if there have been any level of service complaints made to the council.

30.1.3 Mr Forrest said that he did not want to speak ill of any members of staff from Well or Lloyds and he would not do that today at this meeting.

30.1.4 Mr Connolly explained that to help the panel make a decision it would be helpful to understand if the people who attend the community council meetings also reflect the feelings in the CAR that the level of service is not very good.

30.1.5 Mr Forrest explained that the council has a facebook page and there were no comments made about needing another pharmacy.

30.1.6 Mr Connolly asked Mr Forrest that in his opinion is the current service adequate or inadequate.

30.1.7 Mr Forrest said that he was very disappointed that parts of Tranent and Elphinstone were the most deprived areas in East Lothian and therefore as a consequence community members have more ill health. Mr Forrest explained that the more people who can help the community mean that it is better for everyone. He stated that it can only be beneficial to the area if there was another pharmacy.

30.2 Ms Stirrant – Lay Member

30.2.1 Ms Stirrat asked what the timelines were for the additional parking.

30.2.2 Mr Forrest advised that the new parking arrangements at New Row will commence work on Monday 3rd June. There will be 11 parking spaces. There is also additional parking that should also be fully completed within 10 weeks.

30.3 Mr Bill McQueen – The Chair

30.3.1 The Chair asked what Mr Forrest's definition of the neighbourhood is.

30.3.2 Mr Forrest explained that it would include Elphinstone, New Winton, Macmerry and Gladsmuir and they are part of the neighbourhood of Tranent. Mr Forrest confirmed that due to the lack of facilities the people have to come to Tranent for schools, medical help, and prescriptions.

## **31. Summing Up**

31.1 Ms Griffith-Mbarek summed up.

31.1.1 Ms Griffiths-Mbarek stated that she was content that this application fails to satisfy the regulations and should be refused as there is already adequate pharmaceutical service provision within the neighbourhood and there is adequate capacity within the existing pharmacies to meet the future needs of the neighbourhood.

31.2 Mr Nathwani summed up.

31.2.1 Mr Nathwani confirmed that he had heard nothing to convince him that the current services were inadequate and that he asks the committee to refuse the application as it is neither necessary nor desirable.

31.3 Ms Cowle summed up.

31.3.1 Ms Cowle advised that the Applicant had not demonstrated inadequacy in the current pharmaceutical provision. She stated that added convenience is not a reason alone for granting another pharmacy contract. She confirmed that she would therefore ask the committee to refuse the application as it is not necessary or desirable.

31.4 Mr Forrest summed up.

31.4.1 Mr Forrest stated that he would recommend that the panel accept the application and give the people of Tranent more choice.

31.5 The Applicant summed up.

31.5.1 Ms Morrison stated that during 2015 and 2017 she had dealt with 3 area managers to resolve the issues in Tranent. She also confirmed that she had experienced real patient safety issues.

31.5.2 Ms Morrison expressed that there were many complaints from District Nurses, the GP practice, patients, evidenced in the CAR.

31.5.3 Ms Morrison has tried over many years to improve the service and Scotia Health Ltd has spent many years delivering health care.

31.5.4 Ms Morrison confirmed that many people in the community want an additional pharmaceutical service, endorsed by Mr Forrest who wants the same level of service as Musselburgh.

31.5.5 Ms Morrison also advised that Lothian Area Pharmaceutical Committee supported the application.

31.5.6 Ms Morrison also confirmed that she had compared the services in Tranent and Musselburgh and she is confident that 3 pharmacies are viable.

31.5.7 Ms Morrison confirmed that independent prescribers give a more focused and personal service more suited to the local daily demands.

31.5.8 Ms Morrison also wanted to thank the community for the overwhelming support in her application and it is clear that there is a necessary and desirable need for a third pharmacy.

### **32. Conclusion of Oral Hearing**

32.1 The Chair invited each of the parties present that had participated in the hearing to confirm individually that each had had a fair and full hearing. Each party confirmed that they had.

32.2 The Chair advised the Applicant and Interested Parties that they might wish to remain in the building until the Committee had completed its private deliberations. This was in case the Committee required further factual or legal advice in which case the open hearing would be reconvened and the parties would be invited back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.

**The Applicant and Interested Parties left the meeting.**

### **33. Preliminary Consideration**

33.1 In addition to the oral evidence presented, the PPC took account of the following:

- That a site visit had been undertaken in Tranent noting the location of the proposed premises, the pharmacies, medical centre and the facilities and amenities within.
- A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and the surrounding area.
- Maps showing the neighbourhood proposed by the Applicant.
- A map showing the datazones of the area in question.
- Distance from proposed premises to local pharmacies and GP Practice within a 4 mile radius.
- Number of listed general practice prescription items dispensed during January 2018 – December 2018.
- Dispensing figures through local community pharmacies during August 2018 – January 2019.
- Pharmacy profiles for local community pharmacies including opening hours.
- NHS Lothian Provision of Pharmaceutical Care Services Plan.
- Information from Freedom of Information requests to Lothian Health Board in relation to complaints at Lloyds Pharmacy and Well Pharmacy in Tranent.
- The Application and supporting documentation provided by the Applicant.
- A letter of support from Tranent and Elphinstone Community Council.
- A letter of support from Councillor Kenny McLeod, East Lothian Council dated 3 October 2018.
- The Consultation Analysis Report.
- A letter from GP Sub-Committee, Lothian Medical Committee.
- A letter of support from Lothian Area Pharmaceutical Committee.
- A rental agreement for the proposed premises.
- Information from the East Lothian Council housing development plan.

## **34. Discussion**

### **34.1 Neighbourhood**

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

34.1.2 The Committee considered the neighbourhood definitions submitted by the Applicant and the Interested Parties. The Committee also noted the Interested Parties' definitions of neighbourhood.

- Ms Griffiths-Mbarek stated that she defined the neighbourhood as being the A1 to the North and the remaining boundaries are defined as being bounded by housing limits before the open land.
- Mr Nathwani stated that the neighbourhood for this application is quite clearly the built up area of Tranent.
- Ms Cowle agreed with the neighbourhood defined by the representative from Lloyds and Well Pharmacy.

34.1.3 The Committee did not agree with the neighbourhood as defined by the Applicant or the Interested Parties and concluded that the neighbourhood should be defined as follows:

To the North	A1 Trunk Road which forms a physical boundary.
To the East	The open land to east of Macmerry, the open land from A1 down to southern boundary of Macmerry forms a natural physical boundary.
To the South	The open natural southern boundary of Macmerry, New Winton and Elphinstone.
To the West	Open land to the west of Elphinstone and Tranent until it meets the physical boundary of the A1.

34.1.4 The Committee considers the North boundary as being defined by the line of A1 trunk road. The land to the North of the A1 and bounded by the B1361 (as defined by the Applicant) has several large housing developments which fall within the boundaries of Prestonpans, a clearly defined adjoining neighbourhood.

34.1.5 The Committee considers Gladsmuir to be outwith the Applicants definition of neighbourhood as the community is part of the Longniddry & Gladsmuir Parish. The Committee therefore agreed that the East boundary should be defined as open land to the East of Macmerry.

34.1.6 The Committee noted that the Applicants west boundary encompasses land to the east of Wallyford, between the B1361 and A1, which is presently being developed for housing and other infrastructure elements included a school. The Committee concluded that this area was not part of the Tranent neighbourhood but was naturally connected to Wallyford.

34.1.7 The Committee felt that the traditional communities of Macmerry, New Winton and Elphinstone that were a relatively short distance from Tranent, would use the facilities of Tranent, including schools, churches, community centres, shops, medical centre, parks and two pharmacies and public transport links, and would therefore form part of the Tranent neighbourhood.

## **34.2 Adequacy of Existing Services and Additional Services provided from outwith the Neighbourhood**



34.2.1 Having reached a conclusion as to the defined 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.

34.2.2 The Committee was required to consider the evidence included in the CAR along with the submissions, oral evidence and documents available to it.

### **Consultation Analysis Report - CAR**

34.2.3 The Consultation Analysis Report had been jointly agreed by NHS Lothian and Scotia Health Ltd.

The advert was published in the East Lothian Courier, and Tranent and Elphinstone Community Council were informed, Health and Social Care Partnership, Local Councillors, MSPs and posted on NHS Lothian's website.

Respondents could either respond electronically or could request a hard copy. The consultation ran for a total of 90 days, the final day of response being 25 May 2018.

The total number of responses received was 404.

371 were submitted from individual members of the public, 2 were submitted from a group/organisation and 30 respondents skipped the question.

34.2.4 There were 9 questions, a factual analysis of which is summarised below.

#### Question 1

333 of respondents (83.7%) agreed that the neighbourhood described by the applicant was accurate. 22 respondents (5.5%) did not agree and 44 did not know (11.1%). 6 respondents skipped this question.

#### Question 2

289 of respondents (72.6%) felt that there were gaps/deficiencies in the existing provision of pharmaceutical services in the neighbourhood. 74 (18.6%) did not and 35 (8.8%) did not know. 6 skipped the question.

#### Question 3

341 of respondents (85.9%) felt that a community pharmacy would have a positive effect in the neighbourhood. 36 (9.1%) answered "negative" and 23 (5.8%) did not know. 6 skipped the question.

#### Question 4

This question asked respondents for their views on the pharmaceutical services being proposed by the applicant:

- Positive comments (89.1%)
- Negative comments (5.7%)

- Did not know (5.2%)
- 20 respondents skipped the question

#### Question 5

35 (9.2%) respondents said that they thought that there was something missing from the list of services provided. 235 (61.5%) of respondents did not think that anything was missing from the list and 112 (29.3) did not know. 22 skipped the question.

#### Question 6

325 respondents (86.4%) answered positive in relation to the question about community pharmacy in the neighbourhood working with other NHS health services such as GP practices. 34 (9.0%) did not think that another pharmacy would compliment another NHS Health service and 19 (5.1%) did not know. 28 respondents skipped the question.

#### Question 7

325 respondents (86.2%) answered positive in relation to the question about whether the proposed pharmacy would have a positive or negative impact on existing NHS Services. 21 (5.6%) thought that it would have a negative impact and 32 (8.5%) did not know . 27 respondents skipped the question.

#### Question 8

This question related to the location of the proposed community pharmacy. There were 280 positive responses (75.7%). 44 (11.9%) thought that the location was negative and 46 (12.4%) did not know. 34 respondents skipped the question.

#### Question 9

There was a positive response 303 (82.3%) to the proposed opening hours. 45 (12.2%) provided a negative response and 20 (5.4%) did not know. 36 skipped the question.

34.2.5 In relation to the CAR responses the Committee gave careful consideration to the statistics and the elaboration of these in themes identified in written comments by respondents. They noted that the overall number of responses was 404. The applicant had said that NHS Lothian had advised her that this was the second highest number of representations received in association with an application. Interested parties had said higher numbers had been received in other instances and that these numbers represented just a low percentage (3%) of the local population. The Committee judged that the response number was not a low figure for exercises of this kind. They noted that 72.6% of respondents thought there were gaps or deficiencies in existing provision, whilst 18% did not and the remainder did not know.

34.2.6 The Committee noted that the CAR had been carried out during May 2018 and that concerns or deficiencies that had been raised in comments written by respondents to the CAR were therefore relevant to a period some 12 months or earlier than the current hearing. The specific number of respondents who had included detailed comments was not reported in the CAR but their criticisms included reference to overstretched services, delays in repeat

prescriptions, lost prescriptions, lack of stock, temporary closures, opening hours, lack of confidentiality, patient safety concerns, collaboration with GP services and the expansion of Tranent.

34.2.7 The applicant had drawn attention to her concerns about patient safety with examples from her time in practice as a pharmacist in Tranent. The Committee noted that whilst the Applicant had not submitted detailed supporting evidence in connection with the inadequacies highlighted, she related her personal observations of events which she considered may have compromised patient safety. The Applicant did not give evidence of any recent issues.

34.2.8 The Committee noted that interested parties providing pharmaceutical services in Tranent had acknowledged that there had been some deficiencies in service provision in the past, but they argued that increases in staffing levels and total hours of workforce supply in the period since the applicant had left her occupation in the Tranent pharmacy meant that these problems had been surmounted. Interested parties stated that prescription volumes had decreased in recent years and the statistics of prescriptions from August 2018 to January 2019 available to the Committee from NHS Lothian did not show an increasing trend during this period. Each of the pharmacies pointed to a recent independent inspection which marked their service provision as satisfactory (Well Pharmacy) and Standards Met (Lloyds Pharmacy under the new inspection model). So, the Committee had to assess the significance of some reported service quality deficiencies and the number of complaints lodged against the overall volume of prescribing activity across the existing two pharmacies (some 140,000 in the calendar year 2018) and the account provided by interested parties in relation to the current situation. The Committee also noted that each of the pharmacies had raised the base staff competency levels to ensure that everyone could work in the dispensary as well as the front counter, creating capacity and resilience within their workforce.

34.2.9 Information regarding the number of complaints about pharmaceutical services received by the Health Board was reviewed by the Committee. It was concluded that in terms of volume and content, against the total level of prescribing activity in the neighbourhood these did not have a material bearing on the adequacy of current service provision.

34.2.10 In response to the concerns expressed about occasions upon which the existing pharmacies had suffered unscheduled closure, the Committee noted that the applicant had spoken in some detail about one particular date 16 March 2017. In addition the Freedom of Information request had provided detail from NHS Lothian that in the years 2015, 2016, 2017 and 2018 there had been 4 specific events at the Lloyds Pharmacy (the most recent in February 2018) and 3 at the Well Pharmacy (the most recent in July 2016) when the pharmacies had deviated from contracted opening hours. The interested parties said that these events were very occasional, that staff absences could unfortunately happen to any provider, that they were historic and that the steps they had taken to increase staffing levels had remedied the matter.

34.2.11 The Committee noted that these events appeared to pre-date the bolstering of staffing capacity at the existing pharmacies and no specific instances of recent unscheduled closures were evidenced.

34.2.12 In relation to adequacy of opening hours the Committee, in particular for those who worked shifts or full time outside of Tranent the Committee noted that the Applicant was proposing to open an additional half an hour each morning. The Applicant hours are to be 8am – 6pm Monday to Friday and 8am to 2pm Saturday, closed Sunday. Lloyds opening

hours are 9am to 6pm Monday to Friday and 9am to 5pm Saturday, closed Sunday. Well's opening hours are 8.30am to 5.30pm Monday to Friday and 9am to 5pm Saturday.

34.2.13 The Committee observed that opening half an hour earlier than existing pharmacies would offer greater convenience but noted that interested parties had doubted whether there was any significant volume of demand for the earlier half hour, and recognised that longer opening hours could be withdrawn in any event. The Committee did not consider that the existing provision – which the Health Board had not sought to expand – was inadequate.

34.2.14 The Committee noted that the Applicant was proposing to offer a delivery service. The two existing pharmacies within Tranent currently offer a delivery service to support the neighbourhood; however the Committee acknowledged that this is not required as a core service provision. The Committee also noted that Boots located in Musselburgh provides a delivery service into the neighbourhood.

34.2.15 In relation to delivery difficulties to home based patients, an explanation had been offered to the Committee by an interested party in respect of a short term issue which was said to have been remedied, and another interested party confirmed that they supplied deliveries to Care Homes in Tranent and across East Lothian.

34.2.16 In respect of concerns about adequacy of accessibility for the elderly the Committee noted that the proposed premises and the existing pharmacies were conveniently accessible by public transport along the main street of Tranent. Currently vehicular access was less easy in terms of parking at the proposed premises than at the existing premises (Well has its own parking places at the rear of its premises), but traffic management changes and new parking provision were due to be implemented soon which should improve the accessibility of the applicant's site. All pharmacies were making home deliveries and the Committee were not minded that there were particular difficulties for elderly patients.

34.2.17 In terms of concern about lack of confidentiality the Committee noted that the applicant proposed to have two consulting rooms in the new premises. The Committee noted that interested parties had challenged whether the footprint of the new premises was large enough for two rooms. The Committee noted that the Applicant was unable to give details of the size of the premises, although an interested party did state that the size was 55 sq meters, the Applicant was unable to show plans of the layout of her premises. On its visits to the existing pharmacies, the Committee had observed the provision of suitably sized, accessible consultation rooms and the Committee concluded that there was not inadequate existing provision of suitable capacity for confidential consultation.

34.2.18 In relation to the expansion of Tranent and its consequences for the capacity of existing pharmacies in Tranent, the Committee noted that the applicant herself had stated that the application was not predicated upon additional housing provision. The Committee noted that there were two pharmacies within the neighbourhood and four within 2.5 miles of Tranent and a further three within 3 miles. The Committee noted that the neighbourhood has a mixed socio economic demography, that is not dissimilar to other areas, nearby.

34.2.19 The Committee recognised that Tranent's population had grown in recent years and that its expansion was in part due to a growing role as a commuter settlement for people who worked in Edinburgh, but that most of the medium term future growth in housing was likely to occur in the land zoned for housing north of the A1 which the Committee had concluded was

not part of the Tranent neighbourhood because this new housing, when built, would look more naturally to the built up area of Prestonpans to which it was physically closer. In terms of population growth and socio economic and demographic data relevant to the demand for pharmaceutical services the Committee concluded that the existing pharmacies had sufficient physical capacity to expand their dispensing area and increase their staff numbers if demand necessitated this.

34.2.20 The Committee acknowledged that a very large percentage of the total Tranent GP Practice prescriptions (160,000 annually) were dispensed via the 2 pharmacies in Tranent. In light of its site visit the Committee noted that Well Pharmacy and Lloyds Pharmacy had considerable capacity to add additional space if required. The Committee also noted that Lloyds and Well have increased staff in the recent past and accepted that both have the capacity to do so in the future if proposed house building occurs locally.

34.2.21 The comments from the Chair of the Tranent and Elphinstone Community Council were carefully considered and the Committee concluded that whilst understandably the Community Council favoured more service provision of all kinds in its area, their response was based more on desire for convenience than on unmet need and made no reference to inadequacies in the current service provision.

34.2.22 The letters of support from the local councillor Mr Kenny McLeod, and from the Tranent Medical Practice, were also noted. Neither of these letters specified needs which were currently not being met.

34.2.23 The Committee gave consideration to the NHS Lothian Pharmaceutical Care Services Plan and noted no mention of inadequacies in the neighbourhood as defined.

34.2.24 In accordance with the statutory procedure the Pharmacist members of the Committee (Ms Blythe and Mr Connolly) left the meeting and were excluded from the voting process.

## **35. DECISION**

35.1 In considering this application, the Committee was required to take into account all relevant factors concerning the definition of the neighbourhood served and the adequacy of existing pharmaceutical services in the neighbourhood in the context of Regulation 5(10).

35.2 Taking into account all of the information available, and for the reasons set out above, it was the view of the Committee that the provision of pharmaceutical services in the neighbourhood (as defined by it in Paragraphs 34.1 above) and the level of service provided by the contractors in the neighbourhood, was currently adequate and it was neither necessary nor desirable to have an additional pharmacy.

35.3 It was the unanimous decision of the PPC that the application be refused.

*William McQueen*  
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Mr W McQueen, Chair  
Pharmacy Practices Committee

Date: 11 June 2019