

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held
on Friday 8 October 2021 via MS Teams**

The composition of the PPC at this hearing was:

Chair: Mr William McQueen CBE

Present: Lay Members Appointed by NHS Lothian

Mr John Niven
Mr Stanley Howard

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

Mr Vinny Bilon

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

Ms Hazel Garven

Observers: Ms Aleisha Hunter, NHS Lothian (open session)
Ms Liz Livingston, NHS Lothian (open session)

Secretariat: Ms Anne Ferguson, NHS National Services Scotland

1. APPLICATION BY MR ASHFAQAHMED

1.1. There was submitted an application and supporting documents from the Applicant, Mr Ashfaq Ahmed, dated 18 February 2020 for inclusion in the pharmaceutical list of a new pharmacy at Light Pharmacy, Unit 1, Rosewell Community Hub, Gorton Road, Rosewell, Midlothian, EH24 9AB.

1.2. Further Supporting Information from the Applicant including:

- a) Letter dated 27 January 2020 from Colin Beattie MSP, Midlothian North and Musselburgh
- b) Letter dated 28 January 2020 from Councillor Kelly Parry, Midlothian West
- c) Letter dated 29 January 2020 from Councillor Russell Imrie,

Midlothian West

- d) Letter dated 29 January 2020 from Owen Thompson MP, Midlothian
- e) Letter undated from Councillor Pauline Winchester, Midlothian West
- f) Letter undated from Marie Marsden, Rosewell Development Trust

1.3. Submission of Interested Parties

1.3.1. The following documents were received within the timeframe:

- (i) Letter dated 31 March 2021 from Mr Matthew Cox on behalf of the Lloyds Pharmacy
- (ii) Letter dated 9 March 2020 and updated March 2021 from Ms Lorna Lamont on behalf of Roslin Pharmacy
- (iii) Letter dated 19 March 2020 from Mr Colin Counce on behalf of Cohens Group
- (iv) Letter dated 8 April 2021 from Moray Simon on behalf of Rosewell & District Community Council

1.4. Correspondence from the wider consultation process undertaken jointly by NHS Lothian and the Applicant

- 1.4.1. (i) Consultation Analysis Report (CAR) dated 15 December 2019 including Appendix 1 Advert & Questionnaire

The open session convened at 09:30

2. Procedure

2.1. At 09:30 hours on Friday 8 October 2021, the Pharmacy Practices Committee (“the Committee”) convened virtually to hear the application by Mr Ashfaq Ahmed (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List”.

2.2. The Chair welcomed all parties to the meeting and introductions were made. A number of housekeeping matters for conducting this meeting virtually were outlined. When asked by the Chair, all in attendance confirmed that the hearing papers had been received and considered. Committee members were asked by the Chair in turn to declare any interest in the application. No interests

were declared.

- 2.3. Members of the Committee had undertaken independent site visits to Rosewell and the surrounding area at different times during the day, during which the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to schools, sports facilities, community centres, supermarkets, post office, banks and churches had been noted.
- 2.4. The Chair advised that Ms Ferguson was independent from NHS Lothian and was solely responsible for taking the minute of the meeting.
- 2.5. The services of Ms Susan Murray from Central Legal Office (CLO) had been retained to provide any legal advice required during the course of the hearing. Ms Murray was not present but available by telephone.
- 2.6. As a result of last minute computer difficulties, the Chair explained that John Niven and Stanley Howard were participating from the same location. Both confirmed verbally that no private discussions would be held during the open or closed sessions or during any breaks in proceedings. All were content with this arrangement.
- 2.7. The Chair confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended, which the Chair read out in part:
- 2.8. “5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located...”
- 2.9. The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the Applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.
- 2.10. The Committee were informed that a joint statutory consultation had been undertaken, the results of which had been presented as a factual consultation analysis report “the CAR”. A copy of which had been provided to committee members, all Interested Parties and the Applicant. The committee was required to include

a summary of the CAR and illustrate how it was taken into account in determination of the statutory test. When considering adequacy, the committee would also take into account the NHS Pharmaceutical Care Services Plan 2020, a copy of which had been distributed to all concerned.

- 2.11. The Chair outlined the procedure for the hearing. All present confirmed an understanding of these procedures.
- 2.12 Having ascertained that all parties understood the procedures, that there were no conflicts of interest or questions, the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated.

3. The Applicant and Interested Parties

3.1. The Applicant, Mr Ashfaq Ahmed was unaccompanied at the hearing.

3.2. From the Interested Parties eligible to attend the hearing, the following accepted the invitation:

- Mr Tom Arnott on behalf of Lloyds Pharmacy accompanied by Mr Dale Winterburn.
- Mr Colin Counce on behalf of Cohen's Chemist
- Ms Lorna Lamont on behalf of Roslin Pharmacy accompanied by Ms Joyce Edgely
- Ms Abby Houston on behalf of the Rosewell and District Community Council

4. Submissions

4.1. The Chair invited Mr Ahmed "the Applicant", to speak first in support of the application.

4.2. The Applicant read aloud the following pre-prepared statement making amendments as necessary:

4.3. "Firstly, I would like to thank the committee for providing me with the opportunity to present my case today.

4.4. I qualified at an early age from the University of Strathclyde over 15 years ago. I have worked for all major high street chains as well as independent pharmacies all over the country. Most recently I have been responsible for setting up a new pharmacy. I have solely managed every aspect from budget, stock and wages to recruiting and training staff, introducing new services and of course expanding the business. This priceless experience has equipped me with a blueprint on how to start, manage and successfully grow a new pharmacy. Key aspects of healthcare which are most important for a neighbourhood and its residents have also been

emphasised during this journey.

- 4.5. I had my first conversation with the vision of a pharmacy inside the community hub 7 years ago and I have been committed ever since.
- 4.6. Today I shall do my best to provide facts and figures to highlight the challenges faced by the locals and why there is an urgent need for a pharmacy within the village.
- 4.7. *The Neighbourhood*
- 4.8. The neighbourhood is defined as the whole village of Rosewell and surrounding communities.
- 4.9. More specifically:
- 4.10. To the North – it's the A6094
- 4.11. To the East – it's the road running parallel to the East of Ferguson park until it intersects Dalhousie Burn
- 4.12. To the South - From the above intersection follow unnamed road South then all the way West until intersection with A6094
- 4.13. To the West – it's the A6094
- 4.14. During my research I was informed several times that due to a lack of amenities, the residents in the local farms depended heavily on the facilities within Rosewell. Many send their children to the two schools there and some were even involved in small businesses and therefore strongly wanted to be included in the neighbourhood. The boundary is therefore inclusive of this population.
- 4.15. This is perhaps why after removing the "Don't Know" answers, 97 % of responses agreed with the neighbourhood map in Q1 of the Consultation report.
- 4.16. The proposed pharmacy will be located in the heart of the village and within the multimillion pound, brand new, 9000 ft² community hub in Rosewell. This location will allow for very easy local access.
- 4.17. The newly fitted premises will be fully DDA compliant e.g. entrance already has a wheelchair ramp in place and disabled toilets already constructed within the hub. Several consultation rooms will be available for use by other healthcare professionals.
- 4.18. A designated secure car park offering 46 FREE parking spaces including disabled and family bays will be available to all customers and thereby take care of the congestion and parking problems at some of the other pharmacies that many have mentioned. The car park also has two electric car charging ports.

The size of the pharmacy itself – more than 1300 sq foot will make it one of the biggest pharmacies around and ensure it is futureproof.

- 4.19. Rosewell comprises of the following amenities:
- 4.20. Two primary schools, two churches, a fish and chip shop, a hairdresser's, auction house, a painter and decorators, a large convenient store which includes a cash machine, a kennels and cattery boarding place, taxi service, sporting facilities (golf course and football pitch), several residential care homes, two garages, bowling club, bar and a number of small local businesses.
- 4.21. The community hub itself accommodates a hairdresser's, a very busy café /restaurant, soft play area for children, sensory room, office space, community & function hall, arts and crafts room, garden space and will accommodate local produce markets. The building will be equipped with the latest security and access to all the facilities including the pharmacy will be DDA compliant.
- 4.22. With regards to the neighbourhood, I would like to start off by mentioning that over the past decade or two there has been a great shift in the way people shop. Most transactions from paying bills to ordering food are now completed online.
- I do believe that at certain times residents will have to leave the neighbourhood but for daily needs which should really include schools, shops, meeting places, open spaces, cafes, childcare and public transport then there is no such a requirement. This opinion was actually confirmed when as part of my initial research I spoke to the locals and many suggested that this was a fair analysis.
- 4.23. **It is therefore quite clear that Rosewell is a self-containing neighbourhood and its residents do not need to travel outwith the village for their daily needs.**
- 4.24. Existing Pharmacies
- 4.25. **When considering the existing services within the village, it's quite simple there are none.** Presently, there is no pharmacy or doctor's surgery within the village.
- 4.26. This then leads to the question - Are services outwith the neighbourhood adequate?
- 4.27. The nearest pharmacies (Rowlands, Lloyds and Cohens) are unfortunately all concentrated very close together along the High Street within Bonnyrigg and are over 2.2 miles away from the centre of Rosewell.
- 4.28. The distance to the pharmacies makes it virtually impossible to ACCESS them by foot. (it's 1.5 hrs there and back at fast google

pace)

- 4.29. The bus service is also limited.
- 4.30. The X31 bus only serves the area between 6.50am - 7.40am and between 4.55pm to-5.55pm with no service at all over the weekend.
- 4.31. The only other bus services the area every 20 mins during the week and every 30 mins on a Saturday
- 4.32. The total time for a patient using public transport to get to the nearest pharmacy and back is over an hour and a half.
- 4.33. For example, a bus departing Rosewell at 9am will arrive at Bonnyrigg at around 9.15am. With the walk to the pharmacies and waiting times for prescriptions it is unlikely that a pharmacy visit could be achieved in time to get the next bus. The likelihood is that the patient would catch the following bus home at 10am. Add to this the average walking distance to a bus stop from a patient's house and back, and also the bus waiting times, then the total duration of the journey will exceed 90 minutes and could easily be longer for the elderly or parents travelling with a pram.
- 4.34. This was actually confirmed to me by everyone in attendance at a senior citizens' meeting. It was also mentioned that the bus service wasn't punctual and residents would have to be at the bus stop way in advance of the expected times. Over winter the buses would very often be cancelled due to the A/B roads not being able to withstand the winter weather, leaving patients with no access whatsoever. Many complained that the bus stops in Bonnyrigg were quite a distance away from pharmacies, requiring a fair walk on the narrow pavements and careful negotiation of busy junctions.
- 4.35. Moreover, patients will have to repeat this lengthy trip when they are required to return to the pharmacy e.g. for a weekly smoking cessation consultation.
- 4.36. The pharmacy at Roslin Medical Practice is 2.4 miles away. There is no direct bus service to this area. To get there requires completing a challenging car journey across a steep glen which, according to comments in the consultation report, isn't an option during severe weather conditions. The Roslin Glen Road regularly floods and if there is heavy rain or snow it is frequently inaccessible. The alternative route doesn't have a direct bus link either and driving can take between 20 to 30 minutes one way and unfortunately also involves negotiating a difficult country road.
- 4.37. An adult return of £3.60 from Rosewell to Bonnyrigg is an extremely high cost. An adult travelling with a child under 16 would pay £5.40. These costs along with the travel time involved will no

doubt act as a massive deterrent for those seeking medical advice, especially so on a regular basis.

- 4.38. Young mums with prams, the less-abled and the elderly population will struggle with public transport even more in harsh winter weather conditions and especially as they manoeuvre around the much complained about narrow pavements in poor visibility. They should not have to travel miles outside their neighbourhood to speak to a pharmacist in person.
- 4.39. Even car owners have to complete a round trip of 4.4 miles to access the nearest pharmacy.
- 4.40. The situation is actually worse when considering other parts of the neighbourhood that are not very central to Rosewell.
- 4.41. It is imperative that this inaccessibility to healthcare does not force people to delay treatment or ignore their health. This is emphasised by the Scottish Government who want pharmacists to be placed at the heart of the community.
- 4.42. I would like to refer to the Scottish Government's new strategy called "Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland", in which Commitment 1 states:
- 4.43. "Increasing access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of stable long-term conditions, in-hours and out-of-hours".
- 4.44. This statement clearly underlines a shift in priorities for primary care. A great example of this is in the recently introduced national service called Pharmacy First, whereby patients can access treatments (including antibiotics) for Urinary Tract Infections and Impetigo at the pharmacy rather than visiting the GP.
- 4.45. This is biggest change in recent history for the profession and the fact that its roll out now includes almost all the general population again underlines the importance of local access.
- 4.46. This will be developed further and in the coming years pharmacy services will be very different to what they are today, offering even more treatments e.g. I've just finished the training on the new Desogesterol Service which allows the pharmacist to offer 3 months' worth of contraception to females without the need for them to see a GP. Essentially, it's not really about residents having to leave their neighbourhood as they need to visit their GP anyway, the focus should on be - can a pharmacy take away the need to visit the GP in the first instance and release some of the extreme pressure on the surgeries especially with the back log due to the covid crisis.

- 4.47. The important factor to note here is that for a lot of services like the Smoking Cessation programme, EHC, the new Medication, Care and Review and Pharmacy First service require the patient to be physically present at the pharmacy e.g. The prescribing of an antibiotic cream for kids with impetigo requires both a thorough verbal consultation as well as a visual inspection.
- 4.48. More services have recently been incorporated into the Pharmacy First service and made available nationally. I have completed the training for these additional services which include prescribing antivirals for shingles or antibiotics for bites or nail infections and it is very difficult to diagnose these conditions over the phone with certainty.
- 4.49. Currently there is a major push to get all pharmacists to complete their independent prescribing course and in the coming years all newly qualified pharmacists will automatically have this accreditation. The whole aim here is to have clinics, medication reviews and prescribing all carried out by the pharmacist within the community pharmacies.
- 4.50. Ultimately in order for this Government strategy to work, the community pharmacy has to be truly accessible and local.
- 4.51. This is fundamentally the reason why a delivery service from pharmacies almost 2.5 miles away cannot be expected to replace full pharmaceutical services. It is true that because of congestion and parking problems as well as the poor public transport, residents depend heavily on a delivery service however, this does not constitute adequacy.
- 4.52. This is perhaps underlined by the fact that, a few years back, a pharmacy application in Ayrshire was granted in an area, which in comparison, had a much smaller population, other pharmacies were about 1 mile away with a bus service every 7-8 minutes, lower bus fare costs, and the area had a delivery service. The panel still decided this wasn't adequate provision.
- 4.53. Similarly, within the last few years a pharmacy application was also successful in Mid Calder, West Lothian. This is a small semi-rural community with similar demographics to Rosewell but had closer and easier access to pharmacies in neighbouring communities. I believe at the time of the hearing there were 8 pharmacies within a 2 mile radius
- 4.54. On May 10th 2021, a phone call was made and
- 4.55. Cohens pharmacy confirmed that they ONLY deliver to over 60's or housebound patients.

- 4.56. Rowlands at 11.57am on the same day confirmed that they ONLY deliver once or twice a week
- 4.57. Lloyds on another day confirmed that they DON'T deliver on Saturdays.
- 4.58. Again, the message being reiterated here is that such a populous village cannot afford to depend on a delivery service which is very limited at best. The impact on the lives of patients waiting in the house all day for a delivery cannot be underestimated, especially when on a regular basis. Furthermore, let's not forget the impact that offering a delivery to every single person is likely to have on the environment.
- 4.59. At present, there is no GP surgery or medical facility whatsoever within Rosewell. The waiting time for a routine appointment (pre-covid) would often exceed four weeks and unfortunately seems to have got worse now.
- 4.60. The vast increase in the population of Bonnyrigg has added a lot of pressure onto the local GP surgeries. Pre-covid, patients were being assessed over the phone and only offered appointments if deemed absolutely necessary.
- 4.61. In fact, in the recent past, the situation had reportedly got so desperate that the surgeries were closing their books to new patients and only taking on pregnant women and children.
- 4.62. In a newspaper article a few years back it was reported that one of the surgeries was so over stretched, it had to force 140 of its already registered patients to find a new GP. This included an elderly couple who had been registered with a practice for almost 50 years.
- 4.63. When speaking to one of the carers recently I was told that when she was phoning the GP surgery for emergencies, she was 19th in the queue and this was actually an improvement to previous years.
- 4.64. In the last few weeks, to ascertain and get an up-to-date report I spent a lot of time speaking to the community and unfortunately the situation does not appear any better. In actual fact it's more critical. Just in the last month-
- 4.65. Strathesk Medical Group had a post on Facebook to say the GPs were working to their absolute capacity and will also be facing a huge knock on effect from losing their practice pharmacist. Certain days last month the surgery was just providing an emergency service.
- 4.66. The practice also had a note on Facebook which read and I quote

–

“Please be aware that there is a very high demand for prescriptions at Bonnyrigg Cohens pharmacy. Cohens have advised that there is a 7 to 10 day turnaround time for non-urgent prescriptions.”. I am not sure if this includes the time for the surgery to get the prescriptions generated in the first instance but either way it paints a very desperate picture indeed.

- 4.67. The post goes onto to mention –
“If you need a prescription urgently and on the same day, they will prioritise these but please understand that you might have a LENGTHY wait at the pharmacy”. I would not like to give much thought to what the situation would be like if patients came in requiring long consultations e.g. for shingles.
- 4.68. Unfortunately, the situation for other pharmacies isn't any better. Just 10 days ago, on Tuesday 28th September there was another post by Strathesk Medical Group which read–
“Lloyds pharmacy Bonnyrigg will be closed for the remainder of this afternoon”
- 4.69. To make matters worse the Roslin Glen Road to the other pharmacy in Roslin, which can't be accessed by foot or a direct bus service was supposed to be closed for a month for repairs but is now going to be closed for much longer, possibly several months as there has been a landslide which means it will be even more difficult for people to access Roslin pharmacy.
- 4.70. These points give a flavour of not just difficulties to access but inadequacies of basic pharmaceuticals services. We have one pharmacy which has had to close for an afternoon and another which is not in a position to carry out core services like the dispensing of prescriptions in a timely manner.
- 4.71. The population of Rosewell is on an exponential increase and expected to more than double in the coming years. A pharmacy with local access will provide a valuable first port of call for any medical related issues and in doing so will help alleviate the pressure many surgeries and pharmacies are obviously under.
- 4.72. Population and Statistics
- 4.73. The population of Rosewell in mid-2019 was estimated to be at 1900 according to the city population website.
- 4.74. Since then there has been a significant redevelopment and construction of new houses on a scale that has probably not be seen before nationally in a long time.
- 4.75. At present 523 new homes have been granted planning permission. At least 300 have already been constructed and

occupied.

- 4.76. Planning permission for a further 100 new homes has been granted and construction is expected to begin early 2022.
- 4.77. The new developments include a majority of 3 to 4 bedroom homes. Therefore, with an average occupancy level of four, the population to be served is likely to increase to 4,400.
- 4.78. Recently construction for an extension to Rosewell primary school has been completed because maximum capacity had been reached. There are plans now to extend this school even further to accommodate the increased demand.
- 4.79. Furthermore, confirmation has been received for the redevelopment of Rosslynlee Hospital. From a total of 320 new houses, 280 have been approved. The new residents will likely fall within the catchment area as Rosewell will be the closest for amenities, business and medical needs. On Gorton Road itself, where the community hub is based 11 dwellings and 6 x 2 storey flats are awaiting decision.
- 4.80. After liaising with the director of the Rosewell Development Trust who is heavily involved with all the developments in the village and communicates regularly with the council, he suggested a true reflection of the present population was close to 3200 and by the end of 2022 once all the houses had been completed and occupied also agreed that it could easily reach 4400 or more, which would actually take it above the national average of 4320 patients per pharmacy.
- 4.81. To add to all of this, planning permission has just been granted for a vast housing development in Bonnyrigg with 1000 new dwellings, and will include a new school and community facilities. A concerning point to note is that there is no confirmation of any additional medical facilities. An increase in population of 3000 to 4000 is guaranteed to have a significant impact on existing pharmacies and the already stretched GP surgeries.
- 4.82. To collate this information together, the present population of Rosewell alone is around 3200. Once all the new homes are completed and occupied it will increase by 1500, catchment area developments will add at least 1000 and farms and the population nearby a further 500. Bonnyrigg's population itself will increase by another 3000 to 4000 once developments are completed there. So these numbers are indeed staggering. It is not acceptable for a village this big and with a significantly increasing population to be dependent on a delivery service or have to travel outside their neighbourhood. Clearly then access to pharmaceutical services has to be deemed inadequate.
- 4.83. According to the NHS circular on securing Pharmaceutical provision, among the factors which PPCs should consider in

making a determination on an application are, and I quote:

- 4.84. “The likely demand for pharmaceutical services in the neighbourhood from both the resident and any transient population... “
- 4.85. So when we add to this the working and transient population – especially with a further 64 holiday lodges which have been approved nearby then it begs the question- how large must a village get before it is afforded the same level of services that the less populated and better-connected villages already enjoy?
- 4.86. To add to this in Scotland, “20 Minute Neighbourhoods” have made their way into policy and were included within the programme for Government 2020-2021 and mentioned in the recently published National Planning Framework statement. The concept has gathered significant traction across the world as a means of supporting the covid recovery. The model involves creating neighbourhoods where daily services including healthcare can be accessed within a 20-minute WALK. The aim is to regenerate neighbourhoods, enhance social cohesion, improve health outcomes and support the move towards carbon net-zero targets through reducing unsustainable travel. In the case today, the fact that no pharmacy is anywhere near accessible by foot (1.5 hrs at google pace) highlights how far we are from this Governments vision.
- 4.87. This view is mirrored in the case for the pharmacy in Mid Calder where the Committee felt that to achieve (adequacy) in the neighbourhood, “a community pharmacy would need to be truly accessible and local”.
- 4.88. **Statistics –**
- 4.89. The following stats were obtained from the [statistics.gov.scotwebsite](https://statistics.gov.scot/website)
- 4.90. The Scottish Index of Multiple Deprivation (SIMD) rank ranges from 1 for most deprived to 6976 for the least deprived. In 2020 theSIMD [rank] for Rosewell was 2112. This places Rosewell in the top third of the most deprived areas, with many areas within the top 25%
- 4.91. For SIMD decile – where 1 is the most deprived and 10 the least deprived of the data zones, Rosewell had a rating of 4, therefore placing Rosewell in the more deprived half.
- 4.92. For health stats, Rosewell had a rank of 2039 placing it almost within the top quarter (29%) for the most deprived with regards to health. Interestingly it is three times more deprived than the Mid Calder community who were successful in getting their own pharmacy

- 4.93. For difficulty in access to services which range from 1 for the most to 6976 for the least difficult, Rosewell had a rank of 655 therefore placing it well within the top 10% with many areas positioned even worse for the most difficulty in access to services.
- 4.94. According to the Midlothian Strategic Plan document by 2035, the proportion of people in Midlothian over the age of 65 years will have grown to a quarter of the population.
- 4.95. It also states that people with long-term conditions account for 80% of all GP visits and 60% of all hospital admissions. Midlothian has a higher occurrence than nationally of conditions such as cancer, diabetes, depression, hypertension and asthma.
- 4.96. According to the National Records of Scotland website, between 2018 and 2028, in Midlothian, the 75 and over age group is projected to see the largest increase –that's by 41%
- 4.97. According to the NHS Lothian Pharmaceutical Care Services [Plan] which assesses the current pharmacy provision nationally
- 42% walked to their pharmacy
 - 0.8 miles was the average distance to a pharmacy
- 4.98. In the case today, it is virtually impossible to walk to a pharmacy and the distance to the nearest pharmacy is three times the national average.
- 4.99. According to the Scotland's Census 2011 website:
Almost a quarter of households had no car or van.
39.8 % of households owned just one vehicle meaning if one car was taken to work then a staggering 63% or almost two thirds of the village would have no access to personal transport.
- 4.100. Again for comparison purposes, Mid Calder was at 9.7% and Kirknewton was at 1.2% versus the 23% for households with no car or van in Rosewell.
- 4.101. The aforementioned statistics paint a very clear picture. The current levels of deprivation coupled with great difficulty with access to services and poor health statistics, lack of personal transport, as well as an extreme increase in the ageing population, all underline why a healthcare facility like a pharmacy located in the heart of the community will be invaluable.
- 4.102. The fact is that this opinion was shared very strongly in the CAR and is also evident through the many letters of support which have been submitted. Literally any representative including councillors and MPs I communicated with were in total agreement there was a desperate need for a pharmacy to help alleviate the major difficulties being faced by the locals.

- 4.103. Admittedly, the whole process has taken a very long time but with constant engagement with the locals, carers, village representatives, and most recently with community council I have been regularly reminded that access to medical and pharmaceutical services is actually as difficult as it has ever been and many cases worse.
- 4.104. Viability
- 4.105. I can give several examples of communities with a population less than that of Rosewell which support their local pharmacy e.g. Kirknewton but I'm not going to do that. The reason is that I currently manage a pharmacy where the population of the village is less than half of Rosewell. It is an affluent area. There is no GP surgery for several miles. No future housing developments are planned. Several other pharmacies also deliver to the area. The pharmacy still manages to employ a full-time pharmacist, two full time members of staff and makes a profit. I personally have to manage and budget for every aspect of running the pharmacy and therefore have a very good understanding of every single payment made to contractors for prescriptions and services and am well aware of all the costs involved. These figures have been extensively analysed and incorporated into a thorough business plan.
- 4.106. The immense support reflected in the CAR also goes a long way to highlight the loyalty assured by the residents.
- 4.107. According to the Pharmdata website – the average number of items dispensed per month from July 2019 – Dec 2020 were as follows:
Rowlands – 4,415
Lloyds – 6,560
Roslin - 11,754
Cohens – 14,864
- 4.108. So the average per pharmacy per month is equating to – 9400 items.
- 4.109. The current developments should ensure that any reduction in prescriptions to pharmacies should be quickly replenished. As mentioned earlier the disproportionate increase in the elderly population in Midlothian will potentially require a greater number of prescriptions to be dispensed and hence also ensure viability for all pharmacies, which in any case, should not be jeopardised if the above numbers are taken into account.
- 4.110. Before I conclude my presentation by going over the CAR I would like to add that there have not been any previous applications for Rosewell which have reached the hearing stage. I had submitted

an application in 2017 but a delay in the last instalment of funding had created a slight uncertainty with regards to the completion date of the hub. I did not want to waste the precious time of Health Board and indeed the panel members so chose to reapply later when all the variables had been taken care of and that is exactly where we are today.

- 4.111. **CAR**
- 4.112. The total number of responses received was 220 which included one paper response. Considering the number of houses within the village before major developments this can be viewed as an excellent response rate.
- 4.113. I would like to add that in election polls, sometimes the “don’t know” answers are taken out to give a more accurate representation of the true figure. For this reason I have taken out the “don’t know” responses today.
- 4.114. So for question 1, 97% of responses agreed with the neighbourhood.
- 4.115. For question 2, 87% agreed that there were gaps and deficiencies in existing services. It must be noted that this is arguably the most important question had by far the greatest number of comments at over 43%. The majority expressed concerns over the current difficulty with having to travel several miles to other pharmacies, especially when having to rely on poor public transport.
- 4.116. Question 3, 93% agreed that the wider impact in the neighbourhood would be positive.
- 4.117. Question 4, 92% had positive views on the pharmaceutical services being proposed. Many felt they would be happy to consult with a pharmacist as a first point of contact and by using the pharmacy services on offer it will ultimately help deflect stress and pressure off from the surgeries and doctors and indeed other pharmacies.
- 4.118. Question 5, 87% didn’t feel there was anything missing from the list of services to be provided.
- 4.119. For question 6, 91% agreed that a pharmacy in the neighbourhood would work closely with other NHS services such as GP practices.
- 4.120. For question 7, 93% believed the pharmacy would have a positive impact on existing NHS services. The general opinion was that the pharmacy offering services such as Pharmacy First, EHC, gluten free foods, smoking cessation, antibiotic prescribing as well as others is likely to result in a more efficient use of consultation hours for all surgeries.

- 4.121. For question 8, 94% gave a positive response to the location of the pharmacy citing that its very central and easily accessible by all.
- 4.122. Question 9: 92% felt positively of the proposed pharmacy opening hours. The initial opening hours were stated as 9am to 5:30pm Monday to Friday and 9am to 1pm on Saturday. It was only after the consultation that the health board notified me of the change to minimum opening hours as 9am to 6pm throughout the week. This is likely to have resulted in an even higher percentage of those with a positive take with many suggested opening until 6pm would have been preferred. I would like to add that if a need is demonstrated then strong consideration will be given to extending the hours even further throughout the week or over the weekend.
- 4.123. In summary, the consultation results reflected very strongly that a pharmacy is desirable. This support is underlined by the fact that there is obvious unity with every single question receiving an average of almost 92% positive response. With regards to the views on the neighbourhood I personally don't feel a consultation analysis can be much clearer than the one I am presenting today and with that I'd like to conclude my presentation."
- 4.124. This concluded the presentation from the Applicant.
5. The Chair was made aware of technological difficulties currently being experienced by the lay members in that the screen was frozen and the microphone was unable to be taken off mute. As both Mr Niven and Mr Howard could still hear the discussion, it was agreed that questioning of the Applicant would continue and computer issues resolved once the interested party questioning had been completed. This would be closer to a break in proceedings.
6. **The Chair invited questions from the Interested Parties to the Applicant**
- 6.1. **Questions from Mr Arnott (Lloyds Pharmacy) to the Applicant.**
- 6.1.1. Mr Arnott began by asking what services were not provided by existing pharmacies. Mr Ahmed said his objection was more about having to deliver to the area which did not constitute adequate pharmaceutical services.
- 6.1.2. Mr Arnott said this response did not answer the question and asked which core services were not provided by current contractors. Mr Ahmed stated that most were provided but was concerned by the posts that were going up concerning the dispensing of prescriptions, which was a core service. One post mentioned a turnaround of 10 days at one of the pharmacies.
- 6.1.3. Mr Arnott asked if Mr Ahmed was saying that Roslin Pharmacy, Rowlands and Lloyds were taking 10 days to turn a prescription

round. Mr Ahmed clarified that it was mentioned during the submission that this applied to one of the pharmacies. There had been a post to this effect on the Strathesk Medical Practice Facebook page. In relation to Lloyds specifically, then it had to close for half a day. Although Mr Ahmed did not know the circumstances, at that time it would not have been providing any pharmaceutical services. Mr Arnott confirmed that Lloyds closure had resulted from unexpected pharmacist sickness and had lasted only three hours. Adding that was the only closure of Lloyds Pharmacy in Bonnyrigg.

6.1.4. Mr Arnott referred to the many negative comments in the CAR about the supply of methadone and asked if the new pharmacy intended to supply addiction replacement services. Mr Ahmed confirmed that methadone would be supplied in the new pharmacy if there was a need.

6.1.5. Mr Arnott wanted to know whether the 46 car parking spaces mentioned in the presentation were all allocated to the pharmacy. Mr Ahmed said that these spaces were for use by all visitors to the community hub.

6.1.6. Given that Mr Ahmed had said there was expected to be a lot of activity in the community hub, Mr Arnott asked whether 46 car parking spaces was really irrelevant. Mr Ahmed disagreed stating that there was a lot of parking available even if the spaces in the car park were not included. Whilst recognising that there was a lot of activity at the hub, Mr Ahmed did not anticipate those visiting the hairdresser or café to take more than an hour and did not think it very likely that all the spaces would be in use at the same time. Spaces had been available even when Mr Ahmed had visited the hub at peak times.

6.1.7. Mr Arnott went on to ask if Mr Ahmed was saying then that it wouldn't be very busy even with the pharmacy open. This is not what Mr Ahmed had said but that visits to the community hub were unlikely to last all day. Visits to the pharmacy, hairdressers and café were likely to be short visits so it was unlikely the carpark would be full all of the time.

6.1.8. Reference was made to the frequent mention of the elderly population in the Applicant's presentation. Mr Arnott asked what percentage of adults in Rosewell were over 65 years. Mr Ahmed did not have that information but agreed to be told by Mr Arnott. The average Midlothian and Scotland figure for those over 65 was 19% but in Rosewell it was actually 15%. Rosewell therefore had a lower percentage of the elderly population than most of Scotland.

6.1.9. Mr Arnott referred to the letters of support for the application and asked if Mr Ahmed agreed that the following statements were made:

- Moray Simon, Chair of Rosewell District Community Council

– the population estimate was 3034 once all developments were built. Mr Simon had stated “we understand the important role and wide range of services a pharmacy could offer giving *convenient* access to a healthcare professional”. When asked, Mr Ahmed did not agree that the new pharmacy was needed for reasons of convenience. Conversations held with the community council and government representatives had all portrayed an essential and desperate need for the proposed pharmacy. Mr Arnott stressed that was not what was said in Mr Simon’s letter of support and that was all Mr Arnott had to go on. In relation to the population estimate, when this letter was written, the planning permission for some of the new developments had not been granted so that population could not have been included in the estimate.

- Danielle Rowley¹, MP had made the comparison of the population of Rosewell with Mid Calder. The current population of Mid Calder was 3340 which, Mr Arnott said was twice the size of Rosewell and asked if Mr Ahmed agreed with Ms Rowley. With current construction, Mr Ahmed said the population of Rosewell was less or equal to the population of Mid Calder. Mr Arnott asked if Mr Ahmed would be surprised to know that there were instances where ten years later houses were still not built on land granted planning permission. Mr Ahmed responded to this by recounting interactions with the Rosewell Development Trust Manager and other representatives who all confirmed that the population was over 3000 when recent developments were taken into account. The current population was not 1900 as it was 3 years ago. Mr Arnott had been unable to find a population of 3000 or anywhere near that figure on any website.
- Owen Thompson MP – Mr Arnott read an extract from Mr Thompson’s support letter “it is widely evidenced that patients find community pharmacies more convenient” and asked if Mr Ahmed agreed with that statement. Mr Ahmed did not agree with that statement even although it was in a letter of support.
- Councillor Russell Imrie – had written “it also addresses social isolation as there will be a café in the hub where people will also be able to meet”. Mr Ahmed was asked if this statement was relevant to a pharmacy application. Mr Ahmed thought he was making the point that the community pharmacy would be in a central hub where people could visit the pharmacy and café for socialising and didn’t consider this to be bad. Mr Arnott highlighted that it was not pertinent to a pharmacy application and not a reason for a pharmacy application to be granted. Mr Ahmed agreed that

¹Upon examination it transpired that the letter from Ms Rowley had been submitted in respect of a 2018 application and circulated in error to interested parties. No letter from Ms Rowley had been received in respect of the current application before the Committee."

the supporting documents touched on most points but may also include other points which were not relevant and did not have a problem with that.

- 6.1.10. Mr Arnott asked if the Ayrshire pharmacy mentioned in the Applicant's submission was that in Fenwick. Mr Ahmed said that it could relate to the Fenwick pharmacy but had actually been referring to another one in Springside.
- 6.1.11. Mr Arnott asked if Mr Ahmed would be surprised to know that 18 months ago the Fenwick pharmacy, which was supposedly self-sufficient, was targeting patients within a 5 mile radius. Mr Ahmed was involved in the Fenwick Pharmacy so fully aware of this and able to explain the circumstances. The Fenwick pharmacy had received many calls (approximately 6 per week) from Care at Home technicians, patients and surgeries asking if the Fenwick Pharmacy would take on blister packs because the two pharmacies in Stewarton were at full capacity and at that point there were a lot of pharmacies that were not taking on any blister packs. A leaflet drop was arranged because people were desperate for this pharmaceutical service. There were no leaflet drops in the first year and a half after opening.
- 6.1.12. Mr Ahmed was asked if in that case Mr Arnott should accept that the Fenwick pharmacy was viable and the leaflet drop was organised to make it more profitable. Mr Ahmed confirmed that this was the case.
- 6.1.13. Mr Ahmed was asked to state the current waiting time for a prescription in Lloyds pharmacy in Bonnyrigg. Mr Ahmed had heard from several people that it could easily go up to half an hour. Adding that one person had to come back three times and after 12 days the prescription was still not ready. Mr Arnott reminded the committee that the pharmacy had recently had to close but was the only occurrence in the last three years.
- 6.1.14. Mr Arnott asked how much it cost the Health Board to open a new pharmacy. Mr Ahmed did not know the cost. Mr Arnott stated that Community Pharmacy Scotland stated this cost between £30k and £50k. Mr Ahmed accepted that figure but said a cost couldn't be put on people struggling for healthcare especially in a village the size of Rosewell.
- 6.1.15. Clarification was requested whether Mr Ahmed was saying that every village should have a pharmacy regardless of cost and viability. That was not what Mr Ahmed had said. Mr Ahmed stated that a village of that size with so much current and future planned development which takes the population to 4500 and more then consideration should be given as to whether that community needed a healthcare facility. There was only so long people could go on accessing pharmaceutical services out with the neighbourhood. Local access should be considered especially

with the Scottish Government vision of the pharmacist being the first port of call. Mr Arnott noted that both agreed to differ on the population of Rosewell so it was pointless going over that again.

- 6.1.16. Reference was made to a statement made by Mr Ahmed that the average occupancy of each house would be four, Mr Arnott asked if Mr Ahmed was aware that the average occupancy rate from Scottish Statistics was 2.1. Mr Ahmed was aware of this but based this value on research from speaking to local developers and the Director of the Rosewell Development Trust. Mr Ahmed was assured that most of the houses being built were three or four bedroomed properties. It was safe to say therefore that occupancy would be three or four rather than one or two. This figure was also based on the occupancy of those houses that had already been constructed. Mr Ahmed considered the projections to be accurate.
- 6.1.17. Mr Arnott asked if the Scottish average occupancy rate should then just be ignored. Mr Ahmed did not comment.
- 6.1.18. Mr Ahmed had mentioned the transient population. Mr Arnott sought clarification as to whether Mr Ahmed had stated that much of the population of Rosewell would be transient when leaving the village to go to work and would access services there. Mr Ahmed said not really though accepted that some of the population would be leaving Rosewell to go to work. There were two schools so there would be parents coming in from the catchment area and there were several businesses in the area as well so the transient population had to be taken into account.
- 6.1.19. Mr Arnott referred to the SIMD figures for health that had been quoted during the Applicant's presentation – the figure for Rosewell ranked at 2039. Mr Arnott said this was only one of the datazones and asked why Mr Ahmed had ignored the other which made up more than half the population of Rosewell at 5246 out of 6974. Mr Arnott gave Mr Ahmed the datazone codes SO1010932 and SO1010933. Mr Ahmed had used the 2011 intermediate datazone for rural south Midlothian which in Mr Ahmed's opinion gave the best representation of Rosewell. Mr Ahmed had not picked specific geographical locations but picked one datazone which best represented Rosewell. Mr Arnott stated that this measure didn't best represent Rosewell because in doing so, Mr Ahmed had ignored more than half the population of Rosewell that were in the top 15% of good health statistics in Scotland. Mr Ahmed disputed the claim and reiterated that one intermediate datazone had been picked which best represented the neighbourhood.
- 6.1.20. When asked, Mr Ahmed did not agree that the statistics for the defined neighbourhood did not suit the application and so had been ignored. Mr Ahmed explained that datazones did not match exactly with the neighbourhood defined but the one chosen best represented Rosewell. Mr Arnott commented that the Applicant

had just ignored the one that didn't.

- 6.1.21. Mr Arnott enquired about the level of car ownership in Rosewell. Mr Ahmed quoted from the Scotland Census 2011 website – 23% of households had no car or van and 39.8% of households had one vehicle. Mr Arnott informed that the most up to date information was 17.3% and 48.9% respectively. Mr Ahmed had said almost two thirds of households had no access to personal transport if one parent took the car to work and the updated information also supported this statement. Mr Arnott continued that 25.5% had two cars and 8.5% had more than three cars. Mr Ahmed noted that this still meant that around two thirds of the population had no access to personal transport if one parent took the car to work.
- 6.1.22. Mr Arnott checked if Mr Ahmed was saying that a lot of people were leaving Rosewell on a daily basis to access other services and to go to work. Mr Ahmed agreed with that statement.
- 6.1.23. Mr Arnott went on to ask how often the buses had been cancelled from Rosewell. Mr Ahmed said that according to the residents very often and that it happened all the time during the winter months. Mr Ahmed had taken the bus three times for this application and on two occasions was more than 10 minutes late. Mr Arnott offered evidence that there were cancellations on 9, 10 and 11 February 2021 for snow but couldn't find any other evidence. Mr Ahmed stressed this was not what the residents had said.
- 6.1.24. Mr Arnott enquired as to the reason why the bus services hadn't been improved if so poor suggesting there may be no demand for bus transport. Mr Ahmed gathered from talking to residents there was a big demand for bus services but concerns raised were falling on deaf ears.
- 6.1.25. During the Applicant's statement reference was made to viability and the impact opening the pharmacy would have on existing providers. Mr Arnott had seen the submission from the Roslin Pharmacy and if involved with that pharmacy would be extremely concerned about the damage a pharmacy in Rosewell could do. Roslin Pharmacy had put in a robot, had a refit, had two delivery vans, double pharmacist cover nearly all the time and no capacity issues. Mr Arnott asked if Roslin Pharmacy provided poor service. Mr Ahmed assumed these improvements had occurred in the last couple of years so Roslin Pharmacy would have known that this pharmacy application was pending. Mr Ahmed also noted that the new and future developments were significant with 1000s of new houses being built in Hopefield and Bonnyrigg. The viability of existing pharmacies should therefore not be jeopardised. Mr Arnott said it would be interesting to see how long it took for all these houses to be built and the houses in Bonnyrigg should not have any effect on the population of Rosewell. Mr Ahmed advised

that of the 550 houses given planning permission a year ago, half had already been constructed and occupied.

6.1.26. This statement led Mr Arnott to ask another question to check if Mr Ahmed was saying the population was 1900 when half these houses had been built because if that was the case the arithmetic was incorrect. Mr Ahmed reinforced the point that this was incorrect as what had been said was the population in 2019 was 1900 and the present population was 3200. Mr Arnott could find no published statistics to support the higher figure.

6.1.27. This concluded the questioning of the Applicant by Mr Arnott.

6.2. **Questions from Mr Counce(Cohen's Chemist) to the Applicant.**

6.2.1. Mr Counce noted the full range of services to be provided by the proposed pharmacy and asked if Mr Ahmed had any documentation to demonstrate a specific need for all these services in the neighbourhood. Mr Ahmed thought there was an absolute need for all services listed in the application given the size of the village, the fact that there was no access to local pharmacies especially by foot for even the basic dispensing of prescriptions let alone all the services mentioned. Especially as government focus was shifting to the pharmacist being at the heart of the community to provide all services. Mr Counce questioned this response, reflecting Mr Ahmed's opinion rather than any identified need. With regards to identified need, Mr Ahmed demonstrated the need during the presentation; no local access, poor public transport, existing pharmacies almost 2.5 miles away that were struggling themselves, the size of the village and the current developments, it had been demonstrated that a delivery service was not a substitute for full pharmaceutical service and reasons the delivery service could not be relied on every day.

6.2.2. Mr Counce enquired about the phone calls made by Mr Ahmed requesting a delivery and the responses received as the response from Cohen's wasn't company policy. Cohen's would deliver to anyone. Mr Ahmed provided assurance that the statement made was a true reflection of the conversation with a Cohen's employee which took place on 10 May 2021, and was told that deliveries were only made to the over 60s or housebound patients. Mr Counce explained that Cohen's employed a delivery driver for over 40 hours a week and would be expanded if there was a need.

6.2.3. Mr Counce referred to the 46 spaces at the community hub and asked if the pharmacy was potentially creating parking issues. Mr Ahmed was not aware of any current parking issues round the hub and 46 additional parking spaces had been created specifically for users of the hub. In Mr Ahmed's experience there were still spaces available even when visiting the hub at peak times so parking would not be an issue. The fact that so many free parking

spaces had been created would assist parking in the area even further. Mr Counce begged to differ on that stating that it could potentially create parking issues on the main road.

6.2.4.

In terms of the population doubling, Mr Counce highlighted that usually young couples and young families were attracted to the type of housing being built in Rosewell with access to one or more cars so would travel out with the neighbourhood. The requirement for medical services in this demographic was normally lower than an ageing population. The level of deprivation was therefore likely to improve. Mr Counce asked if Mr Ahmed was saying that the requirement for a pharmacy should be based on two cars per household. Mr Ahmed was also invited to comment on the fact that even although the population was expanding, this didn't bring with it a proportional increase in requirement for pharmaceutical services. Mr Ahmed stated that the population would grow older naturally with time. There was also the issue of how big a village had to grow before it required a pharmacy in the neighbourhood – the projected population for the neighbourhood was 4500-5000. Mr Ahmed had compared different areas and areas with better health statistics had been granted pharmacies. Mr Ahmed understood the point being made by Mr Counce but at the same time had demonstrated in the presentation that the Midlothian population over 75 was expected to increase by 41%. Mr Counce stated that Mr Arnott had already quoted that the population in the neighbourhood over 65 years was currently only 13%. Putting all future developments to one side, Mr Ahmed reiterated that the current population of the neighbourhood was 3200+. The health needs and SIMD ranks had also been quoted and the inability to access services. The majority were in the top 25% in terms of most deprived with limited access to health services. Mr Counce said Mr Ahmed was assuming that occupancy of the new three and four bedroom homes would be all young families but this might not be the case. Mr Counce appreciated that much was down to opinion but it still did not justify the need for the Rosewell pharmacy or that it was either necessary or desirable. Mr Ahmed recalled the fact that the dispensing of prescriptions, a core service, was taking over 10 days at Cohen's. Mr Counce noted that Mr Ahmed could not determine whether that was a result in a delayed turnaround time from the GPs. Mr Ahmed pointed out that if the turnaround time from the GPs was in addition to the 10 days then the situation was even worse. Mr Ahmed had spoken to three people and all said the time taken to receive a prescription was 10 days or more. Mr Counce did not agree that this was a true reflection of the current situation but based on hearsay. Mr Ahmed referred to the notice at Strathesk Medical Practice which was also posted on Facebook and available for anyone to see that "Cohens have advised that there is a 7 to 10 day turnaround time for non-urgent prescriptions. We kindly ask that you bear with our colleagues at Cohens during this incredibly busy time. If you need a prescription urgently and on the same day, they will prioritise these but please understand that you might have a lengthy wait at

the pharmacy". Mr Ahmed asked Mr Caunce to explain this situation.

6.2.5. The Chair interjected as Mr Ahmed would have an opportunity to question Mr Caunce later in the proceedings and asked Mr Caunce to continue questioning Mr Ahmed.

6.2.6. Mr Caunce had no further questions for Mr Ahmed.

6.2.7. The Chair was mindful that it was nearly 11:10am but suggested to continue questioning of the Applicant by the remaining Interested Parties before having a break.

6.2.8. However, following this the Chair was advised by Ms Gaventhat the lay members had disappeared from view and may no longer be party to the discussion. Ms Hunter agreed to get in touch with the lay members and find out what was happening.

6.2.9. The Chair therefore announced the Committee would break until 11:20am when connection to the lay members should hopefully be restored.

6.2.10. On resumption after the break, Mr Niven confirmed that both lay members heard the discussion up to 11:05am. It was understood from Ms Hunter that shortly after that the Chair intervened. The Chair confirmed it was actually 11:08am when it was suggested going for a coffee break, the Chair had taken the previous one minute suggesting questions should continue by Ms Lamont and Ms Houston before having a break and in the two minutes before that the Chair suggested that questioning had turned into a debate between Mr Caunce and Mr Ahmed about numbers and interpretations, that Mr Caunce would have a chance to put Cohen's statement and interpretation in due course and to return to asking the Applicant questions. The Chair was confident that the lay members had been party to the substance of the exchange between Mr Caunce and Mr Ahmed and invited the Committee to dispute this assessment. Agreement was particularly obtained from Mr Caunce and Mr Ahmed that this assessment was reasonable.

6.3. **Questions from Ms Lamont(Roslin Pharmacy) to the Applicant.**

6.3.1. Ms Lamont noted that Mr Ahmed had repeatedly mentioned that other local pharmacies were struggling but Roslin Pharmacy hadn't specifically been mentioned. Ms Lamont wondered if that was because Roslin Pharmacy didn't have any problems with prescription turnaround and service. Mr Ahmed confirmed that no problems had been highlighted with Roslin Pharmacy.

6.3.2. Ms Lamont asked how many staff Mr Ahmed planned to recruit if this application was successful. The reply was two full time dispensers both of which would act as drivers to collect

prescriptions as well.

- 6.3.3. Ms Lamont was interested to know if a pharmacist was also to be recruited. Mr Ahmed planned to be the manager.
- 6.3.4. Ms Lamont asked if Mr Ahmed was aware of the issues with recruitment at the moment and how these would to be overcome. Mr Ahmed advised that two family members were in the pharmacy trade and were already lined up to become the dispensers from day one.
- 6.3.5. Ms Lamont asked if a delivery service was to be offered by the new pharmacy. Mr Ahmed intended to offer a delivery service but expected most users to be local and access pharmacy services on foot.
- 6.3.6. Ms Lamont wondered how the delivery service to be offered by Light Pharmacy would be any better or different to that from existing pharmacies. Mr Ahmed thought the need for a delivery service would be largely removed if patients could access services on foot. Ms Lamont said that didn't really make sense if the proposed pharmacy was to serve the elderly population identified by Mr Ahmed. Mr Ahmed thought the elderly would be more likely to seek assistance if the pharmacy was only 5 or 10 minutes away from home. The delivery service would also be available for anyone.
- 6.3.7. Ms Lamont said that much emphasis had been made about offering face-to-face consultations, which were obviously important but asked whether Mr Ahmed would admit there had been a shift by both pharmacies and GP practices as to how patients were consulted. Mr Ahmed agreed that this was the case.
- 6.3.8. Ms Lamont asked if this shift had not been shown to be an acceptable and effective approach. To an extent Mr Ahmed agreed with this assessment but given that GPs were so stretched more people were reliant on visiting the pharmacy both for prescriptions and accessing services. As mentioned in the Applicant's report, government focus had shifted so the pharmacy was at the heart of the community and wanted more services to be provided from the pharmacy itself. Many consultations required completion of an assessment. These were difficult to do over the phone or via a delivery service. There was some disagreement between the Applicant and Ms Lamont on the effectiveness of the reduction in face-to-face consultations during the pandemic. Ms Lamont concluded by stating that all pharmacy services were still available and did not imply that a delivery service had replaced consultations.
- 6.3.9. Reference had been made to the Roslin Glen Road being shut for several months, Ms Lamont asked if Mr Ahmed was aware of the Facebook post advising that it was to open in two weeks' time. Mr

Ahmed had not personally seen that post and asked if Ms Lamont would agree Roslin Glen Road did frequently close or have obstacles and challenges to its use. The CAR report contained many statements to that effect. Ms Lamont confirmed that there had been very few occasions when pharmacy delivery drivers had not been able to make it up the Roslin Glen. Ms Ahmed disagreed from speaking to locals and seeing the comments in the CAR.

6.3.10. Ms Lamont had no further questions.

6.4. **Questions from Ms Houston (Rosewell & District Community Council) to the Applicant**

6.4.1. Ms Houston had no questions for the Applicant.

6.5. **Questions from Mr Niven (Lay Member) to the Applicant**

6.5.1. Mr Niven asked if the Applicant had any information on where the population of Rosewell accessed GP services. Mr Ahmed believed most Rosewell residents used the surgeries in Bonnyrigg.

6.5.2. Mr Ahmed was asked to state the volume of prescriptions anticipated at the new pharmacy in the initial stages after opening. Mr Ahmed hoped to dispense an average of 2500-2600+items per month.

6.5.3. Mr Niven asked if these prescriptions would come from one or other of the existing pharmacies. Mr Ahmed thought there would be a few prescriptions from all existing pharmacies though most significantly from Cohen's in Bonnyrigg

6.5.4. Given the Applicant's answer to a previous question that most people in Rosewell accessed GP services in Bonnyrigg, if this was the case, Mr Niven was interested to know why these prescriptions would be dispensed in Roslin. Mr Ahmed believed Roslin Pharmacy serviced Rosewell with pick-ups and deliveries so anticipated that there would be a small proportion of prescriptions from Roslin Pharmacy diverted to Rosewell though not as great as that from the Bonnyrigg pharmacies.

6.5.5. When asked by Mr Niven, it was confirmed that Mr Ahmed would be based full time as the manager in Rosewell.

6.5.6. Mr Niven asked where Mr Ahmed intended to live. Mr Ahmed had already looked at potential accommodation in both Edinburgh and Rosewell.

6.5.7. Mr Niven also wanted to know where the family members intending to take up positions in the new pharmacy were going to live. Mr Ahmed stated that the family was close and so would also relocate and potentially all go together.

6.5.8. Mr Niven had no further questions for Mr Ahmed.

6.6. **Questions from Mr Howard(Lay Member) to the Applicant**

6.6.1. Mr Howard had no questions.

6.7. **Questions from Ms Garven(non-contractor pharmacist) to the Applicant**

6.7.1. Ms Garven was interested to know whether Mr Ahmed had the independent prescribing qualification. Mr Ahmed did not have this qualification but was strongly considering it for next year.

6.7.2. Ms Garven asked for more detail about the plan in relation to the space available for renting out. Mr Ahmed had spoken briefly to one or two healthcare practitioners – chiropodist, podiatrist and a nurse – raising awareness that this space was available for use. The pharmacy was spacious and already had two consulting rooms constructed.

6.7.3. Ms Garven sought reassurance that this would not impact on the pharmaceutical care Mr Ahmed was able to deliver and asked if there would always be a consulting room available for use by the pharmacist. Mr Ahmed confirmed that one room would always be available as a consulting room and the second rented out.

6.7.4. Ms Garven enquired whether the dispensers that had agreed to work in the proposed pharmacy were already qualified and about Mr Ahmed's experience of training and developing staff. Mr Ahmed had trained potentially up to five dispensing assistants in the Fenwick pharmacy; four were qualified and one was about to sit the exam. The two dispensers for the new pharmacy were already qualified enabling legal and safe dispensing from day one.

6.7.5. Ms Garven had no further questions.

6.8. **Questions from Mr Bilon (contractor pharmacist) to the Applicant**

6.8.1. Mr Ahmed was asked how to deal with a housebound patient living on the outskirts of the neighbourhood needing an antibiotic. The business model to be used in the new pharmacy would enable the dispensers to deliver the antibiotic to the resident.

6.8.2. Mr Bilon went on to ask how a resident needing a pharmacist's advice under Pharmacy First, perhaps needing an antibiotic, would be handled. Ideally Mr Ahmed would like a face-to-face consultation as that was how such services were supposed to be run. In an extreme case and the individual couldn't get to the pharmacy, Mr Ahmed was prepared to make a house call after work especially if the residence was local to the village.

- 6.8.3. Mr Bilon asked whether there were any tools available to the pharmacist that would assist in such instances enabling a consultation from the pharmacy. Mr Ahmed sought clarification on what Mr Bilon meant whether consultations would be over the phone or videoconference. Mr Bilon mentioned NHS Near Me which had been available since last June. Mr Ahmed had not used this tool personally, it was considered initially but many of the elderly weren't able to use a video link and its use wasn't popular in the Fenwick area. Mr Bilon stated that this tool was available for use both by Mr Ahmed and pharmacists in the surrounding area. Mr Ahmed underlined that fact that from experience elderly folk were not too keen on using that tool but recognised it was a tool that was available to be used.
- 6.8.4. Mr Bilon enquired about the village population at the time the CAR was carried out. Mr Ahmed explained that the CAR was carried out in 2019 and the population at that time would have been around 2200 as much of the new housing hadn't yet been built. That figure had been determined from websites and discussions with the Rosewell Development Trust Director.
- 6.8.5. Mr Bilon asked to be reminded how many responses had been received during the consultation. Mr Ahmed confirmed that there were 220 responses.
- 6.8.6. Mr Bilon asked if 220 responses represented the opinion of the neighbourhood. Although most were individual responses, Mr Ahmed was of the opinion that such responses represented the view of the household rather than one person. Based on three people per household then the response to the consultation would be 660 which equated to one third of the population at that time. Mr Ahmed considered this to be a good response.
- 6.8.7. Mr Bilon asked if it had been possible to determine how many of those respondents lived in the neighbourhood in question. Mr Ahmed had looked at that but had been unable to ascertain this from the information available.
- 6.8.8. Although there had been many positive comments in the CAR, there were a significant number of negative comments about the supply of methadone. Mr Ahmed was asked how provision of this important service would be tackled at the proposed pharmacy. Mr Ahmed highlighted that this was always a sensitive issue but would be offered if there was a need. In terms of tackling its provision, Mr Ahmed had access to the consultation room to provide this service more discreetly if required.
- 6.8.9. As Mr Ahmed was to be the pharmacist in Rosewell if the application was granted, Mr Bilon asked what was to happen to management of the Fenwick pharmacy. Mr Ahmed said that there was a new manager lined up to take over the Fenwick pharmacy if

this application was successful.

6.8.10. As a point of clarity, Mr Bilon wondered whether the application for a new pharmacy in Mid Calder had actually been granted. Mr Ahmed understood that it had. Mr Bilon, on speaking to the Mid Calder Applicant had been told that the application had been referred back to the PPC by the National Appeal Panel. As comparisons had been made with Mid Calder in the Applicant's statement, Mr Bilon said it was important for the exact position to be known by the Committee. The Chair intervened at this point and asked for confirmation of the position with the Mid Calder application from Ms Hunter or Ms Livingstone. Ms Hunter confirmed that the information was available on the NHS Lothian website and that there had been hearings in respect of premises at Mid Calder. There had been three hearings, all had been granted by the PPC but appeals had been lodged to the National Appeal Panel on each occasion. The Chair asked if that meant there was an appeal decision outstanding. Ms Hunter confirmed the latest appeal had been remitted back to the Health Board for the Committee to action. Both Mr Ahmed and Mr Bilon were content with that information.

6.8.11. Mr Bilon had no further questions.

6.9. **Questions from the Chair to the Applicant**

6.9.1. a The Chair asked for Mr Ahmed's reasoning for the boundary on the Eastern side through fields, a golf course and roads. Residents had been consulted after Mr Ahmed had first defined the provisional neighbourhood as the village of Rosewell specifically. Those voicing objections stated that there were many farms in the surrounding area within the Rosewell school catchment area and outlying areas which depended on the amenities in Rosewell village. Mr Ahmed referred to the boundaries of the Rosewell & District Community Council which were even more expansive but Mr Ahmed had decided to keep the neighbourhood as close to Rosewell village as possible including those outlying areas that felt part of Rosewell.

6.9.2. The Chair checked the logic to the boundary going in part through fields to include those farms and outlying properties where the children were sent to Rosewell schools. Mr Ahmed agreed that the boundary was chosen by looking for a physical or geographical boundary that would encompass those outlying families that felt part of the neighbourhood. The boundaries chosen were the closest that could be found and was a good balance between including outlying families and having a physical boundary.

6.9.3. The Committee had already heard that the Applicant thought most people in Rosewell obtained pharmaceutical services from Bonnyrigg. The Chair explained that the committee had been given access to prescription figures which included information for

Lloyds in Straiton and Newtongrange so asked whether there was any expectation that residents in the proposed neighbourhood would receive services from the Straiton or Newtongrange pharmacies. It was Mr Ahmed's opinion formed from consultation with the locals and the internal consultation carried out by the Rosewell Development Trust which covered questions about accessing pharmacy services that the majority of folk would visit the pharmacies in Bonnyrigg for their health needs and that's where this information had been extrapolated from. Mr Ahmed admitted not to having access to statistical dispensing information in drawing this conclusion.

6.9.4. For comparative purposes, the Chair asked about the dispensing volume at the Applicant's current pharmacy in Fenwick. Mr Ahmed stated that the Fenwick pharmacy was currently dispensing a maximum of 3200 items per month with an average of 2600 items per month. The Applicant went on to say that the population of Fenwick when making that application was 1600 and there had not been significant development in the area since. It was similar to Rosewell in that there were no GP surgeries or other pharmacies in the neighbourhood, other pharmacies were delivering into Fenwick and it was still dispensing an average of 2600 items per month.

6.9.5. The Chair had no further questions.

6.10. The Chair invited further questions for the Applicant from committee members or Interested Parties based on the previous discussion.

6.10.1. **Additional Questions from Mr Niven (Lay Member) to the Applicant**

6.10.1.1. Mr Niven queried whether the area of 1300 square feet was the total area including staff facilities and consultation rooms or whether it was just the dispensing area. Mr Ahmed confirmed that 1300 square feet was the gross area including staff facilities, consultation rooms, dispensing and sales area.

6.10.1.2. Mr Niven therefore asked what area was to be allocated to dispensing and sales. Mr Ahmed estimated around 1000 square feet.

6.10.1.3. When asked if the proposed pharmacy was to close at lunchtime, Mr Ahmed said it would remain open.

6.10.1.4. With that being the case and with only one pharmacist on the premises, Mr Niven asked how breaks were to be covered for people bringing in prescriptions at short notice. Mr Ahmed stated that the model was similar to that which had been in use in Fenwick during the last 2.5 years. The pharmacist would take breaks but would stay on the premises in order to be available for

consultations or to dispense prescriptions if required.

6.10.1.5. This concluded further questioning by Mr Niven.

6.10.2. **Additional Questions from Mr Bilon(contractor pharmacist) to the Applicant**

6.10.2.1. Mr Bilon enquired how much business came from out with the neighbourhood defined when applying for the current contract at the Fenwick pharmacy. The majority of business related to the defined neighbourhood. Mr Ahmed did not have precise information but estimated 300-400 items out of 3000 items.

6.10.2.2. Mr Bilon asked how Pharmacy First had been embraced at the Fenwick Pharmacy and whether the number of consultations had exceeded the payment threshold. Mr Ahmed stated that the threshold was 100 consultations per month and had managed to exceed that in the last couple of months.

6.10.2.3. Mr Bilon referred to the latest information published which in June 2021 there had been 40 or 50 items dispensed as a result but no real consultations or referrals. Mr Ahmed was asked whether this was because there was not much need. Mr Ahmed said that wasn't the case and was usually fully booked each day with people seeking consultations prior to arriving at the pharmacy. Mr Ahmed said that initially not all consultations were being logged as there was only one computer terminal in the pharmacy. There were now two terminals in the Fenwick pharmacy and over the last few months had been capturing all consultations and regularly exceeding the threshold. It took a few months to get the most effective method for the pharmacy and change the model. This would not occur at Rosewell as the business model included several pharmacy terminals from day one.

6.10.3. **Further Questions from Mr Arnott (Lloyds Pharmacy) to the Applicant**

6.10.3.1. Mr Arnott asked how often the average person needed to visit the pharmacy. Mr Ahmed said it varied having several customers that came into the Fenwick pharmacy several times a day and others only once per month. Adding that with the current difficulties in obtaining GP appointments, more people were visiting the local pharmacy. Mr Arnott stated that visiting a pharmacy wasn't a regular occurrence for the majority of the population. Mr Ahmed disagreed.

6.10.3.2. Mr Arnott noted that the Applicant might live in Rosewell or might live in Edinburgh and asked why Mr Ahmed wouldn't live in Rosewell. Mr Ahmed said that where to live was a personal choice and that the family members that would relocate to work in the pharmacy were happy with either location. It was not too much of a commute to travel from Edinburgh to Rosewell.

6.10.3.3. Mr Arnott quoted from the Strathesk Medical Practice website “please allow at least one week between requesting and collecting your prescription not including weekends and bank holidays. Special prescriptions that are not on your repeat list may take longer.” Mr Ahmed was asked if that would explain the post about prescriptions taking 10 days at Cohen’s Chemist. Mr Ahmed said that the Facebook post seen in the last few days that had already been read out stated that prescriptions at Cohen’s pharmacy were taking 7-10 days. Mr Arnott suggested that it appeared that the cause of the delay at Cohen’s was because the surgery was taking 5-7 days. As that notice hadn’t been seen, Mr Ahmed declined to comment.

6.10.3.4. This concluded further questioning by Mr Arnott.

6.10.4. **Having established that there were no further questions from the either the Interested Parties or Committee Members, the Chair invited the submission from Mr Arnott.**

7. **Interested Parties’ Submissions**

7.1. **Mr Arnott on behalf of Lloyds Pharmacy Ltd**

7.1.1. Mr Arnott read out the following prepared statement making revisions as necessary:

7.1.2. “I would like to thank the Panel for allowing me to speak today.

7.1.3. The Applicant’s reason for making this application seems to be that the Pharmaceutical Services provided by current Contractors is inadequate only because there are no Pharmacy Premises in his definition of the neighbourhood.

7.1.4. There are, as the Panel is aware, numerous examples from Pharmacy Practice Committee Hearings and numerous National Appeal Panel Hearings that adequate Pharmaceutical Services can be provided to a neighbourhood from Pharmacies situated out with that neighbourhood and this is the case in this in Rosewell.

7.1.5. Indeed the Panel will see from The Advice and Guidance for those Attending the Pharmacy Practices Committee they must consider what are the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood.

7.1.6. There is a Pharmacy in Roslin 2.5 miles from the Applicants proposed site. Roslin has a population of 1,660 and I am sure relies heavily on serving the residents of Rosewell (population 1,566). That is a total of 3226. The average residents per pharmacy in West [nb: sic, the Committee assumed Mr Arnott intended to say Mid] Lothian is 5400.

7.1.7. There are a further three Pharmacies within three miles of the Applicant’s proposed site, all situated in Bonnyrigg. There are also

three Pharmacies in Loanhead. Residents of Rosewell can also access Pharmaceutical services in Dalkeith, Newtongrange, Gorebridge and Penicuik .

- 7.1.8. The residents of Rosewell on a regular basis utilise Services outwith the Applicant's proposed neighbourhood. There are no supermarkets in Rosewell, there is no bank, there is no secondary school. On visiting Rosewell (and I may have missed one or two), there appeared to be two small Convenience Stores, two Hair Dressers (one of which was closed), a Barbers and Vins Café, I could find nothing else. I was also struck by the number of vehicles on Carnethie Street and driving around Rosewell it appears that many residents have access to a vehicle during the day.
- 7.1.9. The following is taken from the NHS (PHARMACEUTICAL SERVICES) (SCOTLAND) REGULATIONS AS AMENDED):
- 7.1.10. Should the panel deem the existing service inadequate but also consider the Applicant's business not likely to be viable, and therefore not securing adequate provision of pharmaceutical services, the Application should be refused.
- 7.1.11. I have grave doubts as to whether a Pharmacy in Rosewell would be viable and I also doubt whether the Pharmacy in Roslin would survive, with its current high level of service, should this contract be granted
- 7.1.12. The Panel must take account as to whether the granting of an Application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.
- 7.1.13. Residents of Rosewell on a regular basis travel out with the neighbourhood to access services such as banks, supermarkets and indeed pharmacy services. There is no secondary school in Rosewell.
- 7.1.14. The Scottish Index of Multiple Deprivation figures show that Rosewell has a lower percentage of those aged over 65 than the average in Midlothian or indeed Scotland.
- 7.1.15. Although Delivery is not a Core Service, all Contractors offer this service for anyone who is housebound, and I cannot see how, if someone is housebound, and requires delivery, the granting of this Contract would help them.
- 7.1.16. All existing Pharmacies offer all Core Services and Lloyds Pharmacies are fully engaged with, Pharmacy First, AMS and CMS.
- 7.1.17. Convenience is not a reason for granting a pharmacy contract and indeed, the Applicant has shown no inadequacies in current

Service Provision.

- 7.1.18. The Applicant in support of his application has carried out a Consultation Exercise.
- 7.1.19. Many of those responding mention convenience and many mention poor public transport and this includes the many letters of support that I read out earlier. I wonder if the Local Councillors and MPs have sought to rectify the bus situation. The average number of patients per Pharmacy in West [sic, the Committee assumed Mr Arnott was referring to Midlothian] Lothian is 5,485, currently the Pharmacy in Roslin services a combined population of 3,226. Undoubtedly it would be nice if every small village in Scotland had a Pharmacy however convenience is not a reason for granting a pharmacy contract.
- 7.1.20. Only 220 responses were submitted in response to the CAR – that's only 14.0% but if you believe the Applicant's figures that the population is 2200 it is only 10% and an even smaller number responded to the question "Are there any Gaps or Deficiencies in the existing provision of Pharmaceutical Services". That was down at only 11.6%.
- 7.1.21. The Panel must consider what are the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood.
- 7.1.22. Should the panel deem the existing service inadequate but also consider the Applicant's business not likely to be viable, and therefore not securing adequate provision of pharmaceutical services, the Application should be refused.
- 7.1.23. The viability of existing service providers is also relevant in this context. If granting the application would affect viability of those who currently provide a service in the neighbourhood, then it may be that granting the application would have a negative effect upon those services in the neighbourhood. Such an application may be refused. Similarly, if the granting of an application would have a detrimental effect upon the provision of services in the neighbourhood for some other reason, then refusal may be justifiable.
- 7.1.24. Having examined the NHS Lothian Pharmaceutical Care Services Plan 2020, I can see no reference to there being a need for a Pharmacy in the Applicant's proposed neighbourhood and indeed there have been no complaints to the Health Board regarding existing service provision.
- 7.1.25. I would therefore ask the Panel to refuse this application as it is neither necessary nor desirable in order to secure the adequate provision of Pharmaceutical Services in the neighbourhood in which the premises are located. Thank you."

- 7.1.26. This concluded the representation from Mr Arnott.
- 7.2. At this point, Ms Hunter pointed out that consent should have been obtained at the start of the meeting from all present in order to record the discussion. When asked by the Chair, no objections were made to recording the meeting for the purposes of preparing the minute. Assurance was provided that the recordings would be destroyed once the minute had been agreed by the Committee.
- 7.3. **The Chair invited the Applicant to question Mr Arnott**
- 7.3.1. Mr Ahmed asked if Mr Arnott agreed with the statement that in certain instances, delivery services to a village could not be deemed to provide an adequate pharmaceutical service and that at times there would be an absolute need for a pharmacy in the village. Mr Arnott thought Mr Ahmed had missed the point being made that if someone was housebound the distance to the pharmacy was of no consequence. Adding that it was not practical for every small village in Scotland to have a pharmacy.
- 7.3.2. Mr Ahmed went on to ask if it was practical to offer a delivery service to every resident in Rosewell because existing pharmacies can't be accessed on foot and the public transport service was poor. Mr Arnott responded that the vast majority of prescriptions were repeat and delivered by all contractors that serviced Rosewell.
- 7.3.3. Mr Ahmed enquired where Mr Arnott obtained information that the population of Rosewell was 1500. Mr Arnott found this in the SIMD figures, the same place as the health figure information and the information that related to 2020. Mr Arnott would accept a population in the defined neighbourhood of 1800 or even that there were 3000 as per the estimate by Moray Simon, Chair of the Rosewell & District Community Council but would not accept that there were 4500 people in Rosewell in the next year or two. Mr Ahmed went on to explain that the current population was based on those additional houses already constructed and occupied and had been confirmed as 3300 by the Director of the Rosewell Development Trust.
- 7.3.4. Mr Ahmed asked if Mr Arnott was denying the fact that there had been hundreds of houses already constructed and occupied pushing the population to the 3000 mark with 1000 houses pending construction. Mr Arnott did not recognise this as a fair assessment of the population because there were many cases e.g. the Bulyeon Road development in South Queensferry which had been granted planning permission for 800 houses seven years ago and not one had been built. Even putting the new developments to one side, when asked, Mr Arnott didn't agree that the current population was pushing 3000. Mr Arnott stated that Mr Ahmed didn't agree with the Scottish Government figures that average occupancy was 2.1 citing it as 4 which was almost double. Mr Arnott therefore did not accept the information provided by Mr Ahmed regarding the population of

the neighbourhood.

- 7.3.5. Reference had been made by Mr Arnott that there was no secondary school in the neighbourhood. Mr Ahmed asked if Mr Arnott was aware that the two primary schools had reached full capacity and had to be expanded. These then reached full capacity again and so there were plans for these schools to be expanded further. Mr Arnott questioned whether this was because young affluent families were moving into the new properties that had been built in Rosewell. Mr Arnott wasn't aware of the school expansion but said it was to be expected as the houses for sale were £344k for three bedrooms and nearly £400k for a four bedroomed property. Mr Ahmed made the point that there was a fair amount of social housing integrated within the estate. Mr Ahmed had highlighted the situation with the expanding primary schools as Mr Arnott had mentioned the lack of secondary school in the area. Mr Arnott said there wasn't just no secondary school but no supermarket or bank so people had to regularly leave the neighbourhood anyway. Mr Arnott and the Applicant disagreed with the amenities available in the neighbourhood as many listed by the Applicant couldn't be found by Mr Arnott.
- 7.3.6. At this point the Chair interjected as the questioning had turned into a debate on information interpretation and asked that Mr Ahmed return to asking questions of Mr Arnott about his presentation.
- 7.3.7. Mr Ahmed noted that Mr Arnott had said there was no bank in the village and asked if Mr Arnott was aware there was a cash machine on the outside of the community store. Mr Arnott agreed this would be useful for residents but questioned whether a cash machine replaced bank services. This was not what Mr Ahmed had said. Mr Arnott apologised stating that perhaps what should have been said was there was no bank but there was a cash machine.
- 7.3.8. Mr Ahmed referred to the many letters of support received from Councillors, MPs, MSPs and the Rosewell Development Trust and asked if Mr Arnott agreed that these reflected the need for a pharmacy in the village and whether it was an unfair assessment to cherry pick statements relating to convenience. Mr Arnott had attended many PPC hearings over the years and had only attended one where there were not letters of support from MPs, MSPs, Councillors and the Community Council. Adding that it was not in the interest of these individuals not to ask for a pharmacy in a community where people's votes would be sought at a later date. Mr Arnott did not cherry pick the letters but read out statements which the Applicant had chosen to disagree with that many see it as a convenience.
- 7.3.9. Mr Ahmed quoted the dispensing statistics from existing pharmacies in the area – one pharmacy was touching 15000 items per month, another touching 12000 items per month, Lloyds 6560 and also Rowlands. Mr Arnott had said there was a possibility that the

viability of other pharmacies would be affected should the application be granted. Mr Arnott was asked if taking 500 items away from each of the existing pharmacies would jeopardise the income generated by existing pharmacies and given the developments in the area if that would not only be replenished but increase pharmacy income going forward. Mr Arnott stressed the point made that Roslin in its current format of having two pharmacists most days if not every day, two delivery vans and other staff then if some of its business was lost to the Rosewell Pharmacy that would change how it operated.

7.3.10. Mr Ahmed suggested that if there was a risk to the viability of the business, Roslin Pharmacy would have waited until the outcome of this application was known before investing in the pharmacy. Mr Ahmed continued that Roslin was hopefully fairly secure especially with the new developments lined up in the area. Mr Arnott was asked to comment as to whether this was a fair assessment. Mr Arnott referred to the regulations which stated that the committee would need to consider whether the existing pharmacy would be able to continue at its current service level. Mr Arnott added that if in excess of 3000 items could be generated from a village the size of Fenwick then it was unlikely Mr Ahmed would be sticking to the definition of the neighbourhood for business. Mr Ahmed said that had already been answered in a previous question posed by Mr Bilon.

7.3.11. Mr Arnott was asked whether the Lloyds Pharmacy delivered every day including a Saturday and if deliveries were made to everyone. There was no formal delivery service on a Saturday but assurance was provided that members of staff would make that delivery if there was an urgent need. Mr Arnott highlighted that this applied to most pharmacy contractors in Scotland. Mr Ahmed had asked this question because on 26 April a call had been made to Lloyds Pharmacy and asked if it would deliver on a Saturday if there was an urgent need and was told it didn't make deliveries on a Saturday. Mr Arnott reiterated that there was no formal delivery service on a Saturday and asked how the urgent need had been expressed and to whom did Mr Ahmed speak. Mr Ahmed was unable to provide a name.

7.3.12. The Chair interjected and reminded both that in this point in the proceedings Mr Ahmed should be asking questions and Mr Arnott responding.

7.3.13. The Applicant had no further questions.

7.4. **The Chair invited Mr Counce(Cohen's Chemist) to question Mr Arnott.**

7.4.1. Mr Counce had no questions.

7.5. **The Chair invited Ms Lamont (Roslin Pharmacy) to question Mr**

Arnott

7.5.1. Ms Lamont had no questions.

7.6. The Chair invited Ms Houston (Rosewell & District Community Council) to question Mr Arnott

7.6.1. Ms Houston had no questions.

7.7. Questions from Mr Niven (Lay Member) to Mr Arnott

7.7.1. Mr Niven made reference to the site visit that had been made on Wednesday 22 September 2021, the visit was late in the afternoon and the premises were quiet but had been informed by staff that it had been very busy during the day. There were issues expressed by staff about difficulties in supply and that Lloyds used two pharmaceutical wholesalers. Mr Arnott was asked whether the supply difficulties were a national situation or a local issue. Mr Arnott understood there were no major supply issues in recent months and expected any shortages to be national as Lloyds was able to obtain medicines from two wholesalers. .

7.7.2. Mr Niven asked for Mr Arnott's understanding of the average time patients would have prescriptions fulfilled at Lloyds Pharmacy, Bonnyrigg as a walk-in. Mr Arnott quoted an average wait of 10-12 minutes.

7.7.3. Mr Niven asked if Mr Arnott would be surprised to learn that Committee members were advised that people had been asked to wait 60 minutes or to come back on a relatively regular basis. Mr Arnott would be very surprised if this was occurring on a regular basis adding that there were always times when the waiting time would go up. Mr Arnott was sitting with the Regional Manager for the Bonnyrigg Pharmacy who was unaware of such issues.

7.7.4. Mr Arnott was asked for information on issues with staffing levels and maintaining staffing levels in Lloyds Pharmacy, Bonnyrigg. Mr Arnott stated that there were 159 staff hours in Bonnyrigg. It had not been affected by the reduction in staffing levels affecting other Lloyds pharmacies but maintained its staffing level.

7.7.5. Mr Arnott was invited to respond to comments made to the Panel during the site visit that lack of staff and difficulties with supply were an issue in Lloyds in Bonnyrigg. Mr Arnott was extremely surprised as there had been no cut in hours in that pharmacy.

7.7.6. Mr Niven had no further questions.

7.8. Questions from Mr Howard (Lay Member) to Mr Arnott.

7.8.1. Mr Howard had no questions.

7.9. Questions from Ms Garven (non-contractor pharmacist) to Mr

Arnott

- 7.9.1. Ms Garven noted that it had been established that most people in Rosewell had access to a car, so asked about car parking facilities at Lloyds in Bonnyrigg. Mr Arnott admitted that parking outside the pharmacy was quite difficult but there was parking to the rear of possibly 30-40 spaces but couldn't honestly say.
- 7.9.2. Ms Garven asked how many pharmacists worked in Lloyds Bonnyrigg. Mr Arnott said there was one pharmacist and a full-time Accredited Checking Technician (ACT).
- 7.9.3. Ms Garven asked whether it was possible for new patients to obtain dosettecompliance aids or whether there was a temporary ban. Mr Arnott stated that there was not a waiting list but Bonnyrigg Pharmacy also made use of the off-site assembling process so there would never be an issue with capacity.
- 7.9.4. Ms Garven referred to the previous discussion that the Lloyds in Newtongrange was available for use by residents of the neighbourhood defined by the Applicant and asked if there had been any closures affecting that pharmacy. Mr Arnott was not aware of any closures affecting that pharmacy and that it was open 6 days per week.
- 7.9.5. MsGarven had no further questions.
- 7.10. **Questions from Mr Bilon (contractor pharmacist) to Mr Arnott**
- 7.10.1. Mr Bilon asked for clarification about the reason for the unexpected closure of Lloyds Bonnyrigg pharmacy. Mr Arnott said it was because the pharmacist became unwell. The pharmacy therefore closed for a short time and re-opened at 1:30pm.
- 7.10.2. Mr Arnott was asked to clarify the delivery situation by Lloyds to the defined neighbourhood. Lloyds delivered as and when required but, like most pharmacies, it was mostly community dosettes that were being delivered. There was a full-time delivery driver. It was not just Lloyds but the pharmacy profession as a whole would make urgent deliveries on the way home if required or a member of pharmacy staff.
- 7.10.3. When asked if there had ever been a time when Lloyds could not deliver a service to the neighbourhood, Mr Arnott was not aware of such an occasion.
- 7.10.4. Mr Bilon asked if there had ever been any complaints about the service received from Lloyds Pharmacy. Not to the knowledge of Mr Arnott or the Regional Manager. Mr Arnott stated that all complaints were logged and there had been no major incidents at all.
- Mr Bilon had no further questions.

7.11. **Questions from the Chair to Mr Arnott**

- 7.11.1. The Chair asked if Mr Arnott agreed that the boundaries proposed by Mr Ahmed correctly defined the neighbourhood. Mr Arnott did not feel strongly enough to disagree with the neighbourhood proposed by the Applicant.
- 7.11.2. Mr Arnott was asked which Lloyds Pharmacies served the residents of Rosewell. Mr Arnott stated that it was mostly Lloyds in Bonnyrigg but there was evidence that these residents used all Lloyds Pharmacies in the area.
- 7.11.3. The Chair asked if the pharmacy in Bonnyrigg provided patient consultations on request and if that was a significant part of the activity of that community pharmacy. Mr Arnott noted that consultations were a part of the activity of every pharmacy. Sometimes consultations with the pharmacist were used more than others but it was available should any member of the public need it.
- 7.11.4. The Chair was interested to know whether the number of consultations was growing because of Pharmacy First or COVID-19 with people not getting an appointment with GPs as easily. Mr Arnott said that COVID had actually reduced the number of face-to-face consultations within the pharmacies. At some Lloyds pharmacies (although not in Bonnyrigg), the only contact with the patient was when prescriptions are collected.
- 7.11.5. Mr Arnott confirmed, when asked by the Chair, that all Lloyds Pharmacies had consultation rooms to discuss issues with the pharmacist in private.
- 7.11.6. The Chair referred to the monthly dispensing figures provided to the Committee and asked Mr Arnott to confirm the trend in the Lloyds Pharmacy, Bonnyrigg in the last five months. Mr Arnott thought that dispensing figures were probably declining as dispensing figures for Scotland as a whole were either static or going down and there had been no significant growth in Lloyds, Bonnyrigg. From the information provided to the Committee, the Chair noted that across all seven pharmacies within a three-mile radius of the proposed pharmacy, dispensing had grown 13.9%. Mr Arnott when advised by the Regional Manager confirmed that wasn't the case in Bonnyrigg.
- 7.11.7. Mr Arnott was asked if the number of pharmacists working in Lloyds Bonnyrigg had been increased. Mr Arnott reiterated that staffing levels in Lloyds Bonnyrigg had remained static and the pharmacy had a full-time Accredited Checking Technician as well as the pharmacist.
- 7.11.8. The Chair referred to the unannounced site visit during which a conversation had taken place with the qualified locum pharmacist working in the pharmacy on that day during which the Chair had

been informed that the hours which qualified pharmacists working for Lloyds had been cut, that demand across the area was increasing and that there would be benefit to having new pharmacy in Rosewell. Mr Arnott was asked to comment on the view of the locum pharmacist. Mr Arnott would not have expected a locum pharmacist to know about the local issues in Lloyds Pharmacy in Bonnyrigg and questioned where the locum lived and level of knowledge of the area. Mr Arnott expressed disappointment at the position in which the locum pharmacist had put themselves, repeated that there had been no staff cuts in Bonnyrigg Lloyds Pharmacy and there were no capacity issues. Mr Arnott asked the panel to disregard the view of the locum pharmacist about Lloyds Pharmacy in Bonnyrigg as there was some doubt about local knowledge.

- 7.11.9. The Chair noted that Mr Arnott had mentioned car ownership in the area and had referred to the NHS Lothian Pharmaceutical Care Services Plan in 2020 which documented research which had shown that 86% of the population lived within 20 minutes travelling time of a pharmacy and 44% were within 10 minutes. When asked if Mr Arnott would agree that Rosewell was an outlier in relation to these numbers, Mr Arnott thought that for the 17% without a car, 20 minutes by bus was reasonable for Rosewell residents but if travelling by car, would be able to access services within 10 minutes or less. The Chair highlighted that not everyone had access to a car during the times of day when pharmacies were open. The survey also showed that the average distance of travel to a pharmacy was 0.8 miles which was much less than for Rosewell. Mr Arnott pointed out that this figure included cities such as Glasgow, Edinburgh, Dundee and Aberdeen adding that 2.4 miles to a pharmacy did not appear to be excessive although acknowledging that it would be more difficult for people with mobility issues.
- 7.11.10. The Chair had no further questions.
- 7.12. The Chair then asked if any of the parties in attendance had any further questions for Mr Arnott on the basis of the exchanges heard.
- 7.12.1. **Further Questions from Mr Ahmed (the Applicant) to Mr Arnott**
- 7.12.1.1. Mr Arnott was asked about the shortages occasionally faced by Lloyds specifically whether Mr Arnott agreed that independent contractors had access to many more wholesalers and so were more readily able to source stock for patients. Mr Arnott stated that there had not been a major shortage of any drugs of late; two and a half years ago there was a major problem. Lloyds had previously used only one supplier but now used two and if other special items were required then these would be ordered. If there was a national shortage then it made no difference how many wholesalers a pharmacy could access. Mr Ahmed asked if Mr Arnott would be surprised to know that recently Fenwick Pharmacy had seen many patients that were unable to obtain items from Lloyds. Mr Arnott

expressed amazement questioning how these patients knew about Fenwick Pharmacy and that items were available there. Mr Ahmed assured the Committee that this was fact.

- 7.12.1.2. Mr Ahmed referred to Mr Arnott's earlier response that a locum pharmacist wasn't in a good position to comment on issues relating to the Lloyds Pharmacy in Bonnyrigg. Mr Ahmed was a locum pharmacist and had never lived or worked in Fenwick but saw a need for one in that village and was granted a pharmacy contract. Mr Arnott was therefore asked if it may be the case that a locum pharmacist may have good knowledge or idea about which area may need a pharmacy. Mr Arnott stated that the locum could well know that but equally could be a friend of the Applicant. Mr Arnott very much doubted that a locum pharmacist would have the local knowledge to pass those comments. If the comments made had been a fair reflection of the situation, then Mr Arnott would have expected to have been inundated with customer complaints.
- 7.12.1.3. Given that the trend in dispensing volumes had increased overall in pharmacies within the area but Lloyds Pharmacy, Bonnyrigg had gone against that trend, Mr Ahmed asked whether this was a reflection of the service that was being provided by that pharmacy. Mr Arnott disagreed and wondered what else was happening locally. Mr Arnott didn't currently have that knowledge not personally living or working in Rosewell.
- 7.12.1.4. Mr Ahmed had no additional questions for Mr Arnott.
- 7.13. Having ascertained that there were no further questions for Mr Arnott, the Chair invited Mr Counce to make a submission on behalf of Cohen's Chemist.
- 7.14. At this point there was a five-minute comfort break and the hearing resumed at 1pm. The Chair had received assurance that the meeting could run on past the time originally allocated without any issues.
- 7.15. **Presentation from Mr Counce (Cohen's Chemist)**
- 7.15.1. Mr Councethanked the panel for enabling this presentation reading aloud the following pre-prepared statement making adjustments as necessary:
- 7.15.2. "The way I have tried to look at this really is how the PPC panel would normally consider the need for a new pharmacy contractand comes under a few different parts:
- 7.15.3. The pattern of natural communities and the normal pattern of travel:
- 7.15.4. → We've already discussed the population of Rosewell and there have been various disputes in terms of what the actual population is but I'm working on the basis of 1800. From the statistics that we have and we've seen on Google we

consider it to be fairly affluent with high car ownership. In effect there's only 21% of Rosewell residents have no access to a car and therefore 79% have access to one or more vehicles.

- 7.15.5. → In general, Rosewell, we feel, is quite rural and there is very little in the way of retail shops in the village. There is a small local convenience store, chip shop, a couple of hairdressers. Most recently the Rosewell community hub has created a few different types of areas for people to meet, there's a crafts room, activity rooms, soft play area and that sort of thing, a cafe. That generally means that Rosewell residents would need to travel outside of the village to access any sort of healthcare, a doctor, dentist etc and also for any sort of services and their weekly shopping. Residents living in more remote locations would generally expect to travel for any sort of purchase or service whether, healthcare, leisure, shopping, food and others. 53%, from what we see, travel to work on a daily basis with 35% of this population travelling at least 5km again demonstrating that residents of Rosewell are used to and perfectly happy to be travelling out on a daily basis as part of their normal day to day life.
- 7.15.6. → 87% of the population are under the age of 65 and therefore there isn't a high percentage of residents that would be considered to be elderly in Rosewell hence being housebound or having the inability to travel.
- 7.15.7. → Each neighbouring town to Rosewell with a GP surgery has at least one pharmacy within the vicinity of that GP surgery.
- 7.15.8. → The majority of Rosewell residents are registered with a GP in Bonnyrigg, Roslin or surrounding surgeries so therefore would expect to travel to those locations in any case for appointments to see the GP. The catchment areas for these surrounding GP surgeries generally cover off the surrounding villages. So generally accepting patients from the neighbouring villages can register with a GP locally.
- 7.15.9. The number and location of existing pharmacies, range of Services and their hours of service that they provide:
- 7.15.10. → Within a 3 mile radius of the proposed site there are seven other pharmacies. This includes a mixture of independents and multiples being 1 independent (Roslin Pharmacy) 5 multiples (3 Lloyds and 2 Rowlands) and 1 medium sized family company (Cohens Chemist). This indicates plenty of choice for patients.
- 7.15.11. → From these 7 pharmacies all are open every weekday and on a Saturday, with only 3 open half day Saturday and 4 open all day Saturday. As we understand it one of these pharmacies, Lloyds in Sainsbury's in Straiton is open until 10pm weekday

evenings, until 9pm on a Saturday and all day Sunday until 7pm.

- 7.15.12. → The proposed opening hours of the Applicant was initially 9am – 5:30pm but has been extended to 6pm Monday to Friday and 9am to 1pm Saturday. That's not really providing anything over and above what is currently being provided.
- 7.15.13. → The services being offered by the Applicant, again, are nothing new or innovative or anything that's specifically been suggested as a need for Rosewell.
- 7.15.14. → The majority of the surrounding pharmacies offer a free prescription collection and delivery service. Certainly Roslin Pharmacy and Cohens Chemist deliver to Rosewell. Cohens and Roslin both deliver also to the surrounding villages so Bonnyrigg, Lasswade, Dalkeith, Loanhead, Carrington, Gorebridge and Mayfield to name a few. Both companies have invested in company vehicles. The service is offered certainly from Roslin from 8.30am to 6pm and also on a full time basis from Cohen's. Roslin also deliver on a Saturday morning if requested or in an emergency.
- 7.15.15. Local demography especially the presence of any group which makes above average use of Primary care services and seasonal trends:
- 7.15.16. → As we've mentioned, Rosewell has a population of 1,800 residents which fall significantly below the average population serviced by a pharmacy in Scotland of 4,500. Even although there was planning that was approved as we've discussed in Rosewell some of these houses have been developed and there's others that will be developed potentially in the future. This isn't always a given that these homes once planning has been approved will be developed.
- 7.15.17. → It is understandable that most people would like to have access to a pharmacy that was within a short walk of their home, however, this is not sustainable, and it is not the policy intention of the regulations. Most people would like a pharmacy or access to a pharmacy on every street corner.
- 7.15.18. Ease of access to a pharmacy should be a factor for consideration. Distances, especially distances from doctors' surgeries to pharmacies:
- 7.15.19. → As we've already mentioned each neighbouring town to Rosewell with a surgery has at least one pharmacy within the vicinity. Most rural villages would usually not expect to have all the healthcare facilities on the doorstep and would expect to travel some distance to meet these requirements.
- 7.15.20. → For any new housing that is built, particularly in this case where there is lots of three and four bedroomed houses, these are generally taken up by younger professionals and

couples acquire these dwellings who usually have access to vehicles and usually travel out of the village for their normal day to day life whether working, accessing services shopping etc.

- 7.15.21. → We've mentioned there are regular bus services between the local villages and these run roughly every 20 minutes.
- 7.15.22. Evidence of local deficiency in the service e.g. complaints:
- 7.15.23. → From what we are aware of, we've not seen any complaints at Cohens or surrounding pharmacies. Whether that's via the service offered by the pharmacy or delivery service that's currently provided.
- 7.15.24. In conclusion we strongly advise the panel to reject this application for a new pharmacy contract. We feel there is no justification or more importantly need for the community of Rosewell to have a pharmacy. There are lots of rural villages in Scotland that do not have a pharmacy or require a pharmacy. In reality everybody would love to have a pharmacy on their doorstep in the event they need to utilise their services but the practicalities of this are not justified.
- 7.15.25. This concluded the representation from Mr Caunce.
- 7.16. **The Chair invited the Applicant to question Mr Caunce.**
- 7.16.1. Mr Ahmed asked whether patients of Cohen's Chemist had access to a consultation room and if so whether it was patient friendly. Mr Caunce explained that the consultation room was opposite the pharmacy, the pharmacy shared the same access as the health centre and there was a room to the right hand side of the main door. As far as Mr Caunce was aware, access to the consultation room was wheelchair friendly; there were no steps but wasn't able to confirm that door width was suitable for wheelchair users. Mr Ahmed noted that some local residents had raised concerns about Cohen's Chemist due to the size of the premises, privacy and difficulties for wheelchair users but hadn't visited the pharmacy himself.
- 7.16.2. Mr Ahmed asked Mr Caunce to clarify the information concerning deliveries from Cohen's Chemist. Mr Caunce confirmed that Cohen's had a full time delivery driver and made deliveries Monday to Friday. Roslin Chemist made deliveries on a Saturday. It was not Cohen's company policy to refuse a delivery. Mr Caunce was disappointed if that was not consistent with the response received when Mr Ahmed called Cohen's pharmacy.
- 7.16.3. On that note, if a housebound patient was in urgent need of medication on a Saturday, Mr Ahmed asked if Cohen's would be able to accommodate that request. Mr Caunce confirmed that it would.

- 7.16.4. Reference was made to the 1000 houses that had been granted planning permission and were being constructed in Bonnyrigg. Mr Ahmed asked what impact this would have on the pharmacy itself, which appeared to be struggling in light of the posts, the size of the premises and the parking situation. Mr Counce reminded the Applicant that there were three pharmacies in Bonnyrigg so any additional prescriptions or request for services would be spread out amongst all three pharmacies. From Cohen's perspective, the number of prescription items dispensed had reduced in recent months. Mr Counce had looked at this information for all pharmacies within a five-mile radius of the proposed site January-June 2020 compared with the same period in 2021, and there's been no increase in items dispensed as a whole. Mr Counce offered an explanation for the Cohen's reduction which was thought to be a result of access issues during COVID and had subsequently been resolved. Going back to the original question, Mr Counce stated that there was capacity to accommodate Cohen's share of any increase in demand for prescription items from this new development.
- 7.16.5. Mr Ahmed sought clarification on the statistical information provided during the course of this hearing that the trend in dispensing volumes provided by Mr Counce had gone down when the Applicant had thought the Chair had stated there had been growth. Mr Counce corrected the Applicant that overall dispensing volumes in all pharmacies within a five-mile radius of the proposed pharmacy site were static. The time periods used to determine the information available to the Chair and Mr Counce may have differed. Mr Ahmed accepted that there were many ways to present and interpret statistics.
- 7.16.6. Mr Counce was asked whether it may still be the case that despite existing pharmacies providing the full range of pharmaceutical services, a village could have inadequate provision because of a lack of local access especially with the Scottish Government shift to the pharmacy being the first port of call for healthcare assistance in a community. Mr Counce did not consider there to be a lack of local access. Patients without a vehicle had chosen to live rurally but at the same time there was a bus service and a delivery service provided by surrounding pharmacies. Mr Counce said it went back to the issue of whether a pharmacy was required on every street corner when there simply wasn't a requirement, especially considering the cost to NHS Scotland, issues with viability and other factors. Mr Ahmed did not think it appropriate to base the decision solely on the cost to NHS Scotland when local residents felt deprived of the same level of pharmaceutical service as other neighbourhoods but recognised it was not for the Applicant to decide.
- 7.16.7. Mr Ahmed made reference to the 2011 census statistics which showed 53% of the population in the defined neighbourhood had access to one vehicle and thought it reasonable to assume that if

one parent took the car to work then [when added to those without a vehicle], 63% would not have access to a car or van, then to add to that a 90 minute journey on public transport. Mr Caunce was asked if that was quite a high number of people left without access to a pharmaceutical service. Mr Caunce did not really agree with the statement because using that reasoning, if the population didn't have access to two or more cars/vans then a new pharmacy was justified.

7.16.8. The Applicant had no further questions for Mr Caunce.

7.17. **The Chair invited Mr Arnott (Lloyds Pharmacy) to question Mr Caunce**

7.17.1. Mr Arnott asked if Mr Caunce agreed that the majority of residents travelled out-with Rosewell on a regular basis to access services including pharmaceutical services. Mr Caunce agreed.

7.17.2. Mr Caunce was then invited to agree with Mr Arnott that there was a higher percentage of car ownership in Rosewell than in the rest of Scotland. Mr Caunce also agreed with this statement adding that this was likely to increase given the type of housing being built and therefore affluency in the area.

7.17.3. When all the relevant deprivation codes for Rosewell were taken into account, Mr Arnott asked if Mr Caunce agreed that the residents were in generally good health compared to the population of Scotland. Mr Caunce agreed.

7.17.4. When asked, Mr Caunce also agreed that in terms of opening hours, the Applicant was not offering hours in excess of those already available at pharmacies in the area. Mr Caunce added that this point had been made in Cohen's statement.

7.17.5. Mr Arnott had no further questions for Mr Caunce.

7.18. **The Chair invited Ms Lamont (Roslin Pharmacy) to question Mr Caunce**

7.18.1. Ms Lamont had no questions.

7.18.2. **The Chair invited Ms Houston (Rosewell & District Community Council) to question Mr Caunce**

7.18.3. Ms Houston had no questions.

7.19. **Questions from Mr Niven (Lay Member) to Mr Caunce**

7.19.1. Mr Niven referred to the prescription figures for the period July 2020 to June 2021 and stated that Cohen's was of the order of 164,000. Mr Caunce was asked if, on that basis, Cohen's business would be compromised by a new pharmacy in Rosewell. Mr Caunce said it would be compromised from the perspective of investment particularly as it had two pharmacists sometimes three as well as an

ACT and a delivery vehicle. Mr Niven made the point that the Applicant had estimated annual prescribing figures of 30,000 which would be taken from all pharmacies in the area and questioned the impact this would have on Cohen's pharmacy. Mr Caunce said it was guesswork at this stage on the part of the Applicant.

- 7.19.2. On the day of the site visit, Mr Niven explained that the premises were not entered because there was a queue out the door and round the corner. This was around 4:30pm in the afternoon. Mr Niven asked if this was a regular occurrence at Cohen's Chemist and how long patients had to wait for a walk-in prescription. In terms of the queue, Mr Caunce stated that this had been an issue since COVID started and that the queue could well be the queue for the surgery. Mr Caunce said that there were two queues one for the surgery and one for the pharmacy. From observations on the day Mr Niven disagreed with this suggestion highlighting that the queue was for the pharmacy. To answer the second part of the question, Cohen's aimed to turn walk-in prescriptions round in 10-15 minutes.
- 7.19.3. Mr Niven had been told when speaking to people during a walk around the area, that the waiting time for a prescription at Cohen's Chemist was 1-2 hours on a regular basis. Mr Niven asked if this was a reasonable statement. Mr Caunce did not think this statement was reasonable and said it wasn't the usual situation for Cohen's,
- 7.20. **The Chair invited questions from Mr Howard (Lay Member) to Mr Caunce**
- 7.20.1. Mr Howard had no questions.
- 7.21. **The Chair invited questions from Ms Garven (non-contractor pharmacist) to Mr Caunce**
- 7.21.1. Thinking about Rosewell residents travelling by car to Cohen's Chemist, Ms Garven noted that the car park was shared with the medical practices and said it was quite busy at the time of the site visit last Wednesday. Ms Garven therefore asked how Mr Caunce found parking at the pharmacy. Mr Caunce acknowledged that the carpark was busy but had not found it a problem. There was on street parking available in addition to the carpark.
- 7.21.2. Ms Garven asked about the staffing level of pharmacists at Cohen's Chemist. Mr Caunce said there were two pharmacists all the time and sometimes there were three. There was an Accredited Checking Technician on site as well.
- 7.21.3. Ms Garven asked if the wait time for a repeat item was 7-10 days and whether the post on the Strathesk Medical Practice Facebook page was accurate. Mr Caunce was not aware of this waiting time and said that repeat prescriptions would certainly be turned around in a couple of days.

- 7.21.4. Reference was made to dosette boxes and trays. Ms Garven asked if Cohen's Chemist could take on more of these if required. Mr Caunce confirmed that Cohen's Chemist provided this service and did not limit the number of patients for which dosette boxes were produced.
- 7.21.5. Although the population was vastly different between Rosewell and Bonnyrigg there were some similarities in demographics e.g. the population over 65 in Rosewell was 15% compared with 18% in Bonnyrigg. Ms Garven asked if Mr Caunce thought it fair to say there were affluent young families in Bonnyrigg as well and it was a similar population. Mr Caunce had not looked at the statistics for Bonnyrigg so was unable to comment. Ms Garven explained that a comment had been made that the population of Rosewell was healthier than the rest of Scotland so if that was being said about Rosewell it also applied to Bonnyrigg.
- 7.21.6. Ms Garven asked if Mr Caunce would agree that there was still a pharmaceutical need for young families and commuters not just those over 65. Mr Caunce agreed and had not said there was no need but a reduced need because it was a healthier population. Mr Caunce reiterated that over the last 18 months there had been no change in the volume of items dispensed from pharmacies within 5-7 miles of the proposed site.
- 7.22. **The Chair invited Mr Bilon(contractor pharmacist) to question Mr Caunce**
- 7.22.1. Mr Bilon asked if there had been any increase in the current time taken by GP practices to generate prescriptions compared with pre-COVID. Mr Caunce was not in a position to answer that question for Bonnyrigg specifically but had not been aware that the time between a patient ordering a prescription and it being generated had increased.
- 7.22.2. Mr Bilon asked about Mr Caunce's workload and whether it had remained the same during the pandemic. Mr Caunce said it had generally been the same. The only change during the COVID period was that early in the pandemic another member of staff had been employed to marshal the queues for the pharmacy and GP surgeries.
- 7.22.3. Mr Bilon had not seen a queue when carrying out a site visit although others on the panel had but was interested to know whether social distancing was still being implemented within Cohen's Chemist. Mr Caunce said that social distancing was being used as far as possible but it was a small shop area so that was possibly the reason for the queue on that particular day. Mr Caunce would like to think that queue was dealt with fairly quickly.
- 7.22.4. Mr Bilon asked about staffing levels and roles in Cohen's Chemist. Mr Caunce had already mentioned the pharmacists and ACT but in

addition to that there were 300 staff hours for counter staff and dispensers some working full-time others part time within the pharmacy. There was a full-time driver as well.

7.22.5. Mr Bilon asked if there had been any noticeable increase in work being passed onto the pharmacy from GP practices in terms of referrals or consultations. Mr Caunce had not noticed this.

7.22.6. Mr Bilon asked about the developments going on in Bonnyrigg and what population increase this was expected to bring to the area. Mr Caunce hadn't really known much about the developments until this hearing when it was mentioned that 1000 houses were being built in Bonnyrigg's periphery. It was the opinion of Mr Caunce that three pharmacies in Bonnyrigg itself and others in the surrounding area would be able to pick up any additional need for pharmaceutical services and dispensing of prescriptions.

7.22.7. Mr Bilon had no further questions.

7.23. **The Chair asked questions of Mr Caunce**

7.23.1. The Chair asked if the boundaries defined by the Applicant correctly defined the neighbourhood. Mr Caunce had no real objection to it but didn't know where the developments were located so wondered whether the boundary going across fields was to encompass this potential population.

7.23.2. Reference had been made by Mr Caunce to consultations being carried out at the pharmacy. The Chair sought clarification that the consultation room was not actually inside the pharmacy but across the corridor. Mr Caunce stated that it was next to the main door.

7.23.3. The Chair wanted to know whether consultations were a growing part of Cohen's business and whether Mr Caunce was qualified to offer Pharmacy First Plus. Mr Caunce did not have access to figures about the number of consultations but as a company, Cohen's Chemist were keen to develop any services required which involved increasing staffing levels.

7.23.4. The Chair asked if Mr Caunce had a sense of whether consultations were increasing because of difficulty seeing GPs or because of COVID. Mr Caunce stated that the general consensus from pharmacies was that there had been a bigger requirement for consultations.

7.23.5. Mr Caunce was asked about the pattern of dispensing figure trends over the last five months at Cohen's. Mr Caunce had information enabling comparison of dispensing figures for the first six months of last year with with year. Cohen's Chemist were on average 917 items on average down per month. This was not in accordance with the figures available to the Chair which showed that from March 2021 to the end of August 2021 items dispensed at Cohen's had

increased 14.6% which was an upward trend.

7.23.6. The Chair asked if staff hours had increased. Mr Counce confirmed that staff hours had not increased especially as items dispensed had gone down this year. However as the pharmacy in Bonnyrigg was the only one in Scotland, it was overstaffed anyway.

7.23.7. The Chair sought clarification of what had just been said that if demand went up, it would meet that additional capacity from either the existing 300 staff hours or bring in extra staff. The Chair also wanted to know how quality of service would be maintained if there were more staff in the tight premises and confined space. Mr Counce stated that dispensing could be centralised using head office which had not been used at Bonnyrigg. Staffing hours would follow the trend in prescription items dispensed. Cohen's Chemist would always have a buffer by keeping the pharmacy overstaffed because it was difficult for cover or relief to be provided when the pharmacy in Bonnyrigg was the only Cohen's pharmacy in Scotland. Locums could also be used if required but extra staff were kept at Cohen's regardless.

7.23.8. The Chair quoted from the NHS Lothian Pharmaceutical Care Services Plan section on travel time which mentioned a community pharmacy customer satisfaction project that showed that "59% of customers chose the pharmacy they were visiting because they lived close by, 28% because of the quality of service and only 4% because they worked nearby". This illustrated the link to residency and using a pharmacy, so those car ownership figures with people travelling to work and other facilities, that was not enabling Rosewell residents to be as happy as other communities in Scotland that lived in close proximity to a pharmacy. Mr Counce was asked if this was fair comment. In the context of the survey perhaps but Mr Counce stated that it came back to the argument of whether every village required a pharmacy.

7.23.9. The Chair had no further questions.

7.24. **In light of the previous discussion, the Chair invited all parties present to ask Mr Counce any further questions.**

7.24.1. **Further Questions from the Applicant to Mr Counce**

7.24.2. Mr Ahmed sought clarification about the consultation room at Cohen's Chemist as to whether it was within the pharmacy premises or out-with those premises. Mr Counce confirmed that the consultation room was within the registered pharmacy premises.

7.24.3. Mr Ahmed had no additional questions.

7.24.4. The Chair, having ascertained that there were no further questions for Mr Counce invited Ms Lamont to make a statement on behalf of Roslin Pharmacy.

- 7.25. **Presentation from Ms Lamont of Roslin Pharmacy**
- 7.25.1. Ms Lamont read aloud the following pre-prepared statement making adjustments as necessary:
- 7.25.2. “Thanks for allowing me to make my presentation in person, albeit through video link. As I am sure you have all read my written submission I do not intend to go over those points again.
- 7.25.3. I am a director and superintendent pharmacist at Roslin Pharmacy which is an independent pharmacy adjacent to Roslin Medical Practice.
- 7.25.4. The medical practice is the core provider of healthcare for the areas of Roslin, Bilston and Rosewell. Medical, pharmaceutical, optometry and chiropody services are all provided from there.
- 7.25.5. In general, the population of Rosewell travel out of their neighbourhood for all these services as they do for supermarkets and many other amenities. This can be seen with the high level of car ownership in the town. For example, I drove up Shiell Hall Grove in Rosewell last week at around 12.15. There were 52 houses in this typical street in the new housing area of the village. There were 30 cars parked outside. People buying these houses clearly do so on the understanding that they will have to be mobile.
- 7.25.6. At Roslin Pharmacy we offer a full range of pharmaceutical services including flu vaccines, Pharmacy First etc. We have a private area as well as a large consultation room to facilitate these services. We are also considering a partial refit which would result in a second consultation room, however plans for this are on hold pending the outcome of today’s meeting.
- 7.25.7. We currently offer a prescription ordering, collection and delivery service to all our patients including the residents of Rosewell. Also, like most other pharmacies, we have adapted our ways of working to cope with the challenges we have faced during the pandemic. We have enrolled in the Near Me video consultation service allowing patients to have a consultation via video link. Pharmacists have, of course, always been available to speak to on the phone but we now do much more in the way of telephone consultations. Our two pharmacist model allows us to be very efficient at this. For people using public transport, there are links from Rosewell not only to Roslin but to Bonnyrigg and Penicuik which gives access to at least 6 other pharmacies.
- 7.25.8. We have been more than adequately meeting the needs of the residents of Rosewell even during what has been the most challenging time in community pharmacy. We have actively adjusted our services to meet these needs. For example, we extended our Saturday opening hours and we have increased our delivery driver hours. We now have two delivery vans out from 9am

until 6pm, Monday to Friday. This allows us to deliver regular repeats, dosette boxes etc but also emergency or urgent prescriptions which are dispensed straight away and sent out that same day.

- 7.25.9. Whilst it might be convenient to have a pharmacy in Rosewell or indeed every neighbourhood in Scotland, this is obviously not really viable. The population of Rosewell is small and many are used to travelling for work, shops and leisure. It is a community with little local business or industry which draws people in so no additional need for services is created during business hours i.e. the Applicant's proposed opening hours. I would contend that the current service provision more than adequately meets their needs.
- 7.25.10. I believe there are no gaps in the provision of pharmaceutical services at this time and the application should be denied. Thank you"
- 7.25.11. This concluded the presentation from Ms Lamont
- 7.26. **The Chair invited the Applicant to question Ms Lamont**
- 7.26.1. Mr Ahmed asked if there was a great demand from residents of Rosewell for the delivery service from Roslin Pharmacy. Ms Lamont stated that there was and that deliveries were made every day to Rosewell.
- 7.26.2. Mr Ahmed sought agreement to the statement that as an independent contractor with more access to wholesalers, Roslin Pharmacy was better equipped to deal with any shortages than Lloyds. Ms Lamont agreed that was potentially the case adding that there had not been a huge issue with shortages recently. Ms Lamont had not experienced customers coming to Roslin Pharmacy stating that medicines could not be obtained elsewhere.
- 7.26.3. Ms Lamont was asked if it was a fair statement to say that the residents of Rosewell could not really access Roslin Pharmacy on public transport or by foot. Ms Lamont advised that one customer walked to Roslin Pharmacy three times a week from Rosewell but the average person wouldn't want to walk. People could drive and there was a bus service.
- 7.26.4. Mr Ahmed asked for confirmation that there was no direct bus service from Rosewell to Roslin. Ms Lamont agreed that bus travel was via Bonnyrigg.
- 7.26.5. Mr Ahmed asked if it was fair to say that the Roslin Glen Road wasn't the best road to be travelling with your own transport due to problems with landslides and flooding or in bad weather conditions. Ms Lamont hadn't experienced many problems with that road and had a couple of members of staff that drove using that road. The road was closed at the moment but was due to reopen in two

weeks.

7.26.6. Mr Ahmed asked if Ms Lamont had been aware of this pending application when improvements were made to Roslin Pharmacy. Ms Lamont was aware but investments were made to provide good service to customers.

7.26.7. Ms Lamont was asked to comment on the assumption that the viability of Roslin Pharmacy would not be jeopardised if this pharmacy application was granted. Ms Lamont said that at the moment, Roslin Pharmacy was serving a significant proportion of the population of Rosewell so thought it would have a significant impact on business.

7.26.8. Mr Ahmed questioned that investment was made knowing business may be impacted by a new pharmacy in Rosewell. Ms Lamont explained that the pharmacy was reacting to COVID and had made investment to maintain high service levels.

7.26.9. The Applicant had no further questions.

7.27. **The Chair invited Mr Arnott (Lloyds Pharmacy) to question Ms Lamont**

7.27.1. Mr Arnott highlighted the excellent service provided at Roslin Pharmacy and acknowledged the significant investment that had been made. Mr Arnott asked whether Roslin Pharmacy would be able to maintain current staffing levels if a new pharmacy opened in Rosewell and the pharmacy lost e.g. 10% of business. Ms Lamont said it would not.

7.27.2. Mr Arnott had no further questions.

7.28. **The Chair invited Mr Counce (Cohen's Chemist) to question Ms Lamont**

7.28.1. Mr Counce had no questions.

7.29. **The Chair invited Ms Houston (Rosewell & District Community Council) to question Ms Lamont**

7.29.1. As a resident of Rosewell, Ms Houston used Roslin Pharmacy and had to wait days and days for a prescription and liked to think that if there was a pharmacy in Rosewell, medication would be received quicker. In the event that this pharmacy application was granted, Ms Houston asked if it wasn't appropriate for Ms Lamont to lose business for the convenience of Rosewell residents. Ms Lamont responded that the currently turnaround for repeat prescriptions at Roslin Pharmacy was two working days and depending on the point in the day the medication was prepared it would either go that day or the next working day. Ms Houston continued that at the moment GPs were taking four working days to generate a prescription and with two days at the pharmacy to be fulfilled that was six days to

receive a prescription. Ms Lamont stressed that pharmacists had no control over the time GPs were taking to generate prescriptions and did not think two days to turnaround prescriptions was unreasonable.

7.30. **The Chair invited Mr Niven (Lay Member) to question Ms Lamont**

7.30.1. Mr Niven asked whether the Roslin Medical Practice was the primary practice for those living in Rosewell. Ms Lamont thought that Roslin was the main practice used by residents although there were people registered with practices in Bonnyrigg and Penicuik. Ms Lamont didn't have actual figures but thought about half of Rosewell residents were registered with the Roslin Practice.

7.31. **The Chair invited Mr Howard(Lay Member) to question Ms Lamont**

7.31.1. Mr Howard had no questions.

7.32. **The Chair invited Ms Garven (non-contractor pharmacist) to question Ms Lamont**

7.32.1. Ms Garven noted from the site visit that there was more availability in Roslin than Bonnyrigg in terms of parking and asked if there had ever been any issue for patients regarding parking. Ms Lamont was not aware of any parking issues.

7.32.2. Ms Garven asked for clarification on the hours worked by the second pharmacist. Ms Lamont said that at the moment it was four days per week. The pharmacy currently had three permanent pharmacists – in addition to Ms Lamont there were two permanent contractor pharmacists that covered different days.

7.32.3. Ms Garven asked if there was an ACT on top of that. Ms Lamont confirmed that there was no ACT but Roslin Pharmacy did have a checking assistant.

7.32.4. The route to Roslin Pharmacy from Rosewell had been discussed. Assurance was sought by Ms Garven that there was an alternative route to Roslin from Rosewell going round the Glen which took a bit longer. Ms Lamont said there was.

7.32.5. Ms Garven was interested to know whether there had been occasion over winter when the alternative route wasn't suitable for the delivery driver either and whether deliveries had continued to be made in bad weather. Ms Lamont stated that the drivers were out even during the snow and deliveries were made as normal.

7.32.6. Ms Garven requested an insight into the reasoning behind the increase in prescription figures at Roslin Pharmacy and whether this was a result of developments in the Roslin area. Ms Lamont thought this was the case as new addresses in the Roslin area had appeared for prescriptions.

7.32.7. Ms Garven had no other questions.

7.33. **The Chair invited Mr Bilon (contractor pharmacist) to question Ms Lamont**

7.33.1. Ms Lamont was asked whether there was much development going on around Roslin Pharmacy. Ms Lamont stated that in terms of housing there were a few new developments – one right next to the pharmacy which had been completed and occupied and another one or two also popping up.

7.33.2. Mr Bilon asked how pharmacy service had been impacted and whether Roslin Pharmacy had managed to react to that. Ms Lamont thought that was one of the things that was done pretty well as Roslin Pharmacy was proactive rather than reactive. Future needs were constantly assessed and work levels monitored. .

7.33.3. Mr Bilon asked whether there had been any obvious signs of dissatisfaction from any quarters – patients, surgeries etc. Ms Lamont said that the pharmacy worked mainly with Roslin surgery and had a very good working relationship..

7.33.4. Mr Bilon asked how the waiting time for prescriptions generated by GPs had changed during the pandemic. Ms Lamont noted that the surgeries were currently under a bit of pressure to produce repeat prescriptions and when requesting prescriptions currently had to wait a bit longer now than pre-COVID. Ms Lamont agreed that pharmacy turnaround time for a patient hadn't really been affected but the pharmacy was waiting longer to get the prescriptions from the surgeries. Ms Lamont said that pharmacy turnaround time fluctuated but averaged at two working days.

7.33.5. Mr Bilon had no further questions

7.34. **The Chair asked questions of Ms Lamont**

7.34.1. The Chair asked if Ms Lamont agreed with the boundaries proposed by the Applicant for the proposed neighbourhood. Ms Lamont did not have any specific objections.

7.34.2. The Chair wondered what proportion of Roslin Pharmacy prescriptions were for Rosewell residents. Ms Lamont did not have accurate information in this regard.

7.34.3. When asked, Ms Lamont confirmed that Roslin Pharmacy had a private consulting room.

7.34.4. The Chair asked if the number of requests for consultations was going up because of Pharmacy First, Pharmacy First Plus or COVID. The pharmacist had always been available to consult with patients but Ms Lamont was more aware of consultations now that all were recorded.

- 7.34.5. Reference was made to the list size at Roslin Medical Practice which had increased by 10%. The Chair asked about dispensing trends over the last five months at the pharmacy as a result. Ms Lamont said that there had been a steady increase over the last five months.
- 7.34.6. The Chair referred to an answer given to a previous question that staff numbers could not be maintained if the pharmacy opened in Rosewell and asked whether it would affect the viability of the pharmacy. Ms Lamont confirmed the pharmacy would stay open but the Superintendent Pharmacist had a responsibility to the staff employed in the pharmacy.
- 7.34.7. The Chair had no further questions.
- 7.35. Having ascertained that there no further questions from the parties present in light of the discussion with Ms Lamont, the Chair invited Ms Houston to present.
- 7.36. **Presentation from Ms Houston of Rosewell & District Community Council**
- 7.36.1. Ms Houston read out the following pre-prepared statement
- 7.36.2. "I am one of the affluent residents of Rosewell and am speaking today on behalf of the Rosewell & District Community Council. We wish to support Light Pharmacy's application for inclusion in the Pharmaceutical list, because we understand the importance of the service that this pharmacy could offer to our Community by giving access (not convenient access) access to a health professional in an accessible health-care facility.
- 7.36.3. Over the last few years Rosewell has had intense house building with no infrastructure to support the current and additional dwellings, which makes it necessary to travel to Roslin, Bonnyrigg or Dalkeith but as you've stated 99% of people in Rosewell own a car – that's just not true – just to access a pharmacy.
- 7.36.4. The public is actively encouraged to access pharmacies as a first point of contact to decrease strain on other areas within the health-care system.
- 7.36.5. We therefore feel it would be beneficial to have a community pharmacy here in Rosewell. Thank you."
- 7.36.6. This concluded the representation from Ms Houston.
- 7.37. **The Chair invited the Applicant to question Ms Houston**
- 7.37.1. Mr Ahmed asked what kind of support there was likely to be if a new pharmacy was granted in Rosewell. Ms Houston expected full support for the new pharmacy adding that the people of Rosewell felt neglected, there was no medical practice in Rosewell and

contrary to the information heard today it did have an ageing population. There were young affluent people coming in but all needed access to a pharmacy with a consulting room. Ms Houston had no objection to a pharmacy opening and spoke on behalf of the Community Council which fully supported this application.

7.37.2. Mr Ahmed sought Ms Houston's opinion regarding the impact of the new developments on GP surgeries and the pharmacies currently used by residents. Ms Houston was a patient of Roslin Surgery and was unable to get a face-to-face appointment with a GP. Those that came to the Community Council meetings on a monthly basis had difficulty accessing Bonnyrigg GPs, Dalkeith GPs, even Penicuik GPs so to be able to obtain healthcare at a pharmacy within walking distance would be advantageous.

7.37.3. Mr Ahmed asked if Ms Houston agreed that the Roslin Glen Road and even the alternative route to Roslin which was a B road were problematic and not the easiest roads to travel especially for the elderly, those with poor health or the disabled. As already established, Ms Houston stated that there was no direct bus route from Rosewell to Roslin. Ms Houston personally walked to the surgery and pharmacy in Roslin, but the alternative route via Loanhead and Lasswade was about 3 miles. Elderly people from Rosewell in their 70s and 80s were getting a bus to Bonnyrigg then back out to Roslin and it was a massive undertaking and it was dangerous. Roslin Glen was a dangerous road to walk as there were so many issues such as the vegetation overtaking the pavements. Ms Houston was fit and healthy so able to walk but others were not.

7.37.4. Reference had been made to existing pharmacies delivering into the neighbourhood, Ms Ahmed asked whether the Community Council had ever been approached by these pharmacies to discuss concerns. Ms Houston stated no, never.

7.37.5. The Applicant had no further questions.

7.38. **The Chair invited Mr Arnott to question Ms Houston**

7.38.1. Mr Arnott asked if Ms Houston had ever contacted the existing pharmacies about issues in Rosewell. [REDACTED]

[REDACTED] Ms Houston's experience of the GPs and pharmacy in Bonnyrigg was a bad one. It was apparent to Ms Houston from listening to residents that attended the community council meetings, that all had experienced problems at Bonnyrigg. The waiting times at Bonnyrigg were shocking. While waiting at the bus stop in Bonnyrigg, Ms Houston had seen a notice in the pharmacy window which said it would take 7-10 days to dispense prescriptions. Ms Houston thought this unacceptable.

- 7.38.2. Mr Arnott asked if that time period was because the surgery wasn't getting the prescriptions to the pharmacies for between 5 and 7 working days. Ms Houston did not know. Mr Arnott was not aware of many pharmacies that would take 7-10 days to dispense a prescription and thought the notice could possibly have been worded better as the GPs were under strain.
- 7.38.3. Mr Arnott wondered why only 10% of the population bothered to respond to the consultation if a pharmacy was so desperately needed. Ms Houston did not think everyone was desperate for a pharmacy and would have preferred an Asda to the community hub. Ms Houston considered the consultation response poor reflecting the apathy of the residents particularly to accepting change.
- 7.38.4. Mr Arnott had no further questions.
- 7.39. **The Chair invited Mr Counce (Cohen's Chemist) to question Ms Houston.**
- 7.39.1. Mr Counce had no questions.
- 7.40. **The Chair invited Ms Lamont (Roslin Pharmacy) to question Ms Houston**
- 7.40.1. Ms Lamont had no questions.
- 7.41. **The Chair invited Mr Niven (Lay Member) to question Ms Houston**
- 7.41.1. Reference had been made to the reliability of the buses servicing Rosewell. Mr Niven asked about the personal experience of Ms Houston in relation to the bus service and its punctuality. Before moving to Rosewell, 3 years ago, Ms Houston looked into Rosewell bus services and was delighted to find the 49 bus went to Fort Kinnaird but in reality it took about 1.5 hours which wasn't an option. Ms Houston estimated the journey time to Bonnyrigg from Rosewell as a maximum 20-30 minutes. It wasn't so much the service that was the issue but the type of people relying on the buses, the disabled and elderly, as the buses weren't easy to get on or off. Ms Houston recounted issues in assisting an 83 year old lady onto the bus to Bonnyrigg in order to visit the GP surgery. Ms Houston stated that the bus service was unreliable and as a community council member knew that Lothian Region Transport had been contacted on a number of occasions.
- 7.41.2. Mr Niven had no further questions
- 7.42. **The Chair invited Mr Howard (Lay Member) to question Ms Houston**
- 7.42.1. Mr Howard had no questions.

- 7.43. **The Chair invited questions from Ms Garven (non-contractor pharmacist) to Ms Houston**
- 7.43.1. Ms Garven had no questions but thanked Ms Houston for attending as a resident's opinion was valued by the committee.
- 7.44. **Questions from Mr Bilon (contractor pharmacist) to Ms Houston**
- 7.44.1.1. Mr Bilon had no questions.
- 7.45. **Questions from the Chair to Ms Houston**
- 7.45.1. The Chair asked whether the Applicant had the boundary right and how this differed from that defined by the Rosewell & District Community Council. Ms Houston did not think the Applicant had defined the boundary correctly. The boundary went up the A6094 to Drummond Moor where the Penicuik boundary took over. There were a lot of rural farms in that area and Ms Houston had personal experience of how rural these properties were when delivering the Rosewell calendar. The [Applicant's] boundary was over by the Cat & Dog home for Rosewell but Drummond Moor was the boundary on this side.
- 7.45.2. The Chair enquired whether the Community Council had ever received any complaints about the existing pharmaceutical services in the area. Ms Houston said there had been no official complaints made to the Community Council only verbal complaints at Committee meetings. All were very grateful for the services available between Roslin, Bonnyrigg and Dalkeith but it would be great to have a pharmacy on the doorstep.
- 7.45.3. The Chair had no further questions.
- 7.45.4. Having ascertained that there were no further questions from any of the parties present for Ms Houston, the Chair intimated the end of the Interested Parties presentations.
- 7.46. There was a short comfort break from 2:20-2:30pm
- 8. Summing Up**
- 8.1. The Chair tasked all parties to sum up briefly.
- 8.2. **Mr Arnott on behalf of Lloyds Pharmacy Ltd**
- 8.2.1. Mr Arnott read out the following statement
- 8.2.2. "The Applicant today has presented a lot of facts and figures, most of which have been disputed and used a lot of hearsay about service levels with no real evidence. I'd like to clarify for the Panel that on their visit to the Lloyds Pharmacy in Bonnyrigg, the locum

pharmacist was not a Lloyds employee, in fact it was the first time that she had ever been in that pharmacy and she actually lives in Glasgow and so has no local knowledge at all. It is not a Lloyds Pharmacist and not a true reflection of the staffing levels in Lloyds Pharmacy in Bonnyrigg.

- 8.2.3. It is obvious that the residents of Rosewell travel out-with the neighbourhood on a regular basis to access services which includes pharmaceutical services.
- 8.2.4. It is a fact that they have a lower percentage of those aged 65 than Midlothian or indeed Scotland.
- 8.2.5. The Applicant is not offering any opening hours that are any greater than those already available and in fact are less in some cases.
- 8.2.6. Facts show that the residents of Rosewell have generally good health. The Applicant, in using facts and figures, had missed out 54% of the population of Rosewell in the figures he was quoting.
- 8.2.7. I could tell him what the population of Fenwick is, however, I won't bother. So, in summary the NHS Pharmaceutical Regulations in Scotland state the viability of existing service providers is also relevant in this context. If granting a pharmaceutical application would affect the viability of those who currently provide a service in the neighbourhood then it may be that granting the application would have a negative effect upon services in the neighbourhood as a whole, such an application may be refused. Similarly, if the granting of an application would have a detrimental effect upon the provision of services in the neighbourhood for some other reason, then refusal may be justifiable.
- 8.2.8. I would therefore ask the Panel to refuse this application as it is neither necessary nor desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood in which the premises are located. Thank you."

8.3. **Mr Counce on behalf of Cohen's Chemist**

- 8.3.1. Mr Counce stated that without going over old ground, Cohen's were not aware of any complaints about its or any of the other existing pharmacies about the delivery service or any other services provided.
- 8.3.2. There had been much hearsay heard today but nothing really factual.
- 8.3.3. There had been many issues mentioned regarding GPs either at a personal level or more widely. There was lots of pressure on the GPs but Mr Counce did not want that to be confused with the need for a pharmacy in a particular area. Both those points needed to be separated out.

- 8.3.4. In conclusion, Cohen's Chemist strongly ask the Panel to reject the application for this new pharmacy contract as there was no justification or more importantly, it was neither necessary nor desirable for the community of Rosewell for the requirement of a pharmacy. Thank you.
- 8.4. **Ms Lamont on behalf of Roslin Pharmacy**
Ms Lamont read out the following statement:
- 8.4.1. "While it would be convenient to have a pharmacy in every village in Scotland, pharmaceutical personnel are a finite resource and the government acknowledges that this is not possible.
- 8.4.2. The people who have moved to Rosewell have already accepted the need to travel to access medical services and the pharmaceutical services in neighbouring areas are adequate and a new pharmacy is not necessary or desirable. Thank you"
- 8.5. **Ms Houston on behalf of Rosewell & District Community Council**
- 8.5.1. Ms Houston speaking on behalf of the Community Council and the population of Rosewell which was around 1946, we all support the pharmacy application.
- 8.6. **The Applicant**
- 8.6.1. Mr Ahmed read out the following summary:
- 8.6.2. "In summary, Rosewell's population was on an exponential increase and would continue to grow rapidly as a result of all the major recent, current and future developments.
- 8.6.3. The residents which include an ever growing elderly population cannot be left to access barriers to pharmacy services.
- 8.6.4. There is no question about existing pharmaceutical services within the village being adequate as there are none. Residents had to travel several miles outside the neighbourhood to visit a pharmacy.
- 8.6.5. I have also given significant evidence of inadequacies of services from out-with the village. These include no pharmacy being accessible by foot, there's no direct bus service to one of the pharmacies, and to the others the journey involving unreliable bus services is very timely and costly. Personal transport involves a round trip journey of around five miles and for many who don't own or have access to a car, this is not even an option.
- 8.6.6. Delivery services from some of the other pharmacies is limited and sometimes doesn't even include Saturday deliveries. From what I was told during my phone calls some of the pharmacies weren't delivering to everyone.

- 8.6.7. Bonnyrigg town centre is extremely congested and despite the presence of car parks it is often difficult to find parking spaces due to the high volume of traffic.
- 8.6.8. While the exact reason is unclear, a pharmacy had to close for half a day while another as a ten day turnaround for the dispensing of routine prescriptions and potentially from what has been heard today 1-2 hour waiting times for the dispensing of prescriptions.
- 8.6.9. In order to carry out services in the manner that they should, face-to-face interaction is essential and that is why a delivery service cannot be expected to replace a full pharmaceutical service
- 8.6.10. As mentioned today, the population does not have to be the most deprived or consist of the most elderly to have basic health needs. Everyone has them.
- 8.6.11. With all the developments, the increase in GP surgery lists and the fact that recent figures now show an increase in dispensing figures for most if not all pharmacies, this should help maintain the viability of all pharmacies.
- 8.6.12. There has been mention of a lot of hearsay but I have given dates and times of exactly when I called the pharmacies to ascertain some of the information I have presented today.
- 8.6.13. During questioning, some of the pharmacies mentioned that there was a great demand for a delivery service. This in itself confirms that there is difficulty with local access and secondly creates another problem as this service can only really deliver a prescription and not the whole range of services.
- 8.6.14. Patients will be able to collect their medicines anytime throughout the day and not have to rely on a delivery service.
- 8.6.15. The public consultation reflected an extremely high level of support for the pharmacy for every single question that was asked.
- 8.6.16. All three local councillors, MSPs and at least two MPs as well as the Rosewell Development Trust realised the critical need and have therefore also strongly backed the application for a new pharmacy. Very significantly today, the Community Council, who have no commercial interest also agreed that there is a real need and have given their full support.
- 8.6.17. In conclusion, the absence of any medical or full time pharmaceutical provision in the area and the inability of some pharmacies to provide core services in a timely manner clearly highlights the inadequacies that currently exist. The access and difficulties to reach other pharmacies many miles away underlines the necessity and desirability of a pharmacy at the heart of the community.”

9. Retiral of Parties

- 9.1. The Chair thanked all parties present for participating in the hearing and explained that shortly the Applicant, Interested Parties and observers would be asked to leave the meeting whilst the Committee undertook its private deliberations. All were advised that the Committee Secretary would be present during those deliberations for the purpose of producing the minute but would not participate in the discussion. The Committee may take legal advice from the Central Legal Office (CLO). In the event that CLO advice was required, a full open session would be convened and the Applicant and Interested Parties invited to join the meeting. The Chair asked the Applicant and Interested Parties to leave contact details with Ms Livingstone for this purpose.
- 9.2. The Pharmacy Practice Committee would consider the application, the evidence and the representations heard today in order to make a determination. A written decision with reasons was to be prepared, and a copy sent to the Applicant and all Interested Parties as soon as possible. Details of how to appeal against the decision of the Committee would be included in the letter together with the time limit involved. The Chair explained that the parties would not be informed of the decision until the full written judgement was available because the time limit for appeals ran from the date of that notification.
- 9.3. The Chair then invited each of the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. Having been advised that all parties were satisfied, the Applicant, Interested Parties and Observers left the meeting.
- 9.4. The hearing adjourned for 20 minutes for refreshment and reconvened at 3:05pm

10. Supplementary Information

- 10.1. Following consideration of the oral evidence, the Committee noted:
- i. That they had jointly undertaken a site visit of Unit 1, Rosewell Community Hub, Gorton Road, Rosewell, Mid Lothian, EH24 9AB and the surrounding area noting the location of the proposed premises, the pharmacies, general medical practices and the facilities and amenities within.
 - ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and GP surgeries in the surrounding area of Rosewell.
 - iii. NHS Lothian Pharmaceutical Care Services Plan 2020
 - iv. Map showing SIMD 2020 Scotland quintiles by datazone 2011 dated 9 September 2021
 - v. Population Density Map based on CHI 2020-1 dated 9 September 2021

- vi. Dispensing figures, prescribing figures and pharmacy services
- vii. Photographs of Rosewell Steading, Carnethie Street, Gorton Street and Carnethie Street/Gorton Street junction
- viii. Letter dated 27 January 2020 from Colin Beattie MSP, Midlothian North and Musselburgh
- ix. Letter dated 28 January 2020 from Councillor Kelly Parry, Midlothian West
- x. Letter dated 29 January 2020 from Councillor Russell Imrie, Midlothian West
- xi. Letter dated 29 January 2020 from Owen Thompson MP, Midlothian
- xii. Letter undated from Councillor Pauline Winchester, Midlothian West
- xiii. Letter undated from Marie Marsden, Rosewell Development Trust
- xiv. Letter dated 31 March 2021 from Mr Matthew Cox on behalf of the Lloyds Pharmacy
- xv. Letter dated 9 March 2020 and updated March 2021 from Ms Lorna Lamont on behalf of Roslin Pharmacy
- xvi. Letter dated 19 March 2020 from Mr Colin Counce on behalf of Cohens Group
- xvii. Letter dated 8 April 2021 from Moray Simon on behalf of Rosewell & District Community Council

11. **Summary of Consultation Analysis Report (CAR)**

11.1. Introduction

11.1.1. NHS Lothian undertook a joint consultation exercise with Mr Ashfaq Ahmed regarding the application for a new pharmacy at Unit 1, Rosewell Community Hub, Gorton Road, Rosewell, Midlothian, EH24 9AB.

11.1.2. The purpose of the consultation was to assess the current provision of Pharmaceutical Services in/to the neighbourhood, determine whether it was adequate; and to establish the level of support from the local public.

11.1.3. Method of Engagement to Undertake Consultation

11.1.4. The consultation was conducted by placing an advertisement in the Midlothian Advertiser. The link to SurveyMonkey to complete the questionnaire was posted on NHS Lothian's website, Facebook page and Twitter account. Respondents could either respond electronically or could request a hard copy. Hard copies of the questionnaire were available on request

11.1.5. The Consultation Period lasted for 90 working days, the final day for responses being 21 November 2019.

11.1.6. Summary of Questions and Analysis of Responses

11.1.7. Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; perceived gaps/deficiencies in existing services; wider impact; impact on other NHS services and optional questions on respondents' response as individuals or from organisations.

Question	Response Percent			Response Count			Skipped
	Yes/ Positive	No/ Negative	Don't know	Yes/ Positive	No/ Negative	Don't know	
1. Do you think the neighbourhood described is accurate	92.5	2.3	3.3	200	5	7	5
2. Do you think there are gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood?	83.3	11.0	3.8	175	23	8	9
3. What impact do you think a community pharmacy would have in the neighbourhood?	90.6	5.2	2.8	193	11	6	6
4. What are your views on the pharmaceutical services being proposed by the Applicant?	90.1	5.6	2.4	192	12	5	6
5. Do you think there is anything missing from the list of services to be provided?	8.2	70.1	19.3	17	145	40	12
6. Do you think a community pharmacy in the neighbourhood will work with other NHS health services such as GP practices	83.0	6.1	8.5	176	13	18	7
7. Do you believe the proposed pharmacy would have a positive or negative impact on existing NHS services?	87.6	5.7	5.7	184	12	12	9
8. What do you think about the location of the proposed pharmacy?	91.6	6.5	2.3	196	14	5	5
9. What do you think of the proposed opening hours?	87.3	6.1	4.7	186	13	10	6
10. Please indicate if you are responding as an individual or organisation	No summary provided						

11.1.8. In total, 220 responses were received, 219 electronic and 1 paper. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.

11.2. Consultation Outcome and Conclusion

11.2.1. The challenge of the consultation was to reach as many Interested

Parties as possible, to give them the opportunity to state their views. The Committee noted that the relative number of responses to the consultation against the population numbers in Rosewell could be seen as indicating the strength of local interest in establishing a pharmacy in the neighbourhood, observed that the Community Council representative had described the response rate as poor, but reflected that the differing estimates of current population proffered by the Applicant and the interested parties made it difficult to draw any firm conclusion. Official figures from the upcoming 2022 Census would provide a more sound factual basis for analysis of the survey response rate in relation to population size.

12. **Decision**

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

12.2. **Neighbourhood**

12.3. The Committee noted the neighbourhood as defined by the Applicant, which had been supported by the vast majority of respondents to the CAR, and had not been disputed by opponents of the application in the oral hearing; and they noted the view of the Community Council that in respect of the eastern boundary the neighbourhood should encompass Drummond Moor. A number of factors were taken into account when defining the neighbourhood, including the size and cohesion of the population resident in it, the extent of the built up area, the natural and physical boundaries, general amenities such as schools/shopping areas, the mixture of public and private housing, the provision of parks and other recreational facilities.

12.4. The Committee agreed that the neighbourhood should be defined as follows:

North- A6094

East–Rosewell Road then the unnamed road running South East parallel to the East of Ferguson park until intersection with the Dalhousie Burn

South- from the above intersection follow unnamed road South then all the way West until the intersection with A6094

West- A6094

12.5. This road network was used to define the neighbourhood because it provided a distinct physical boundary between Rosewell and the neighbouring villages whilst encompassing the residents of outlying properties which were more proximate to the built up area of Rosewell than other communities and were likely to consider themselves part of the Rosewell community. The Committee decided not to use the eastern extremity of Drummond Moor as the boundary because the small number of additional remote properties thereby encompassed might be more likely to look to

Newtongrange or other communities as their local neighbourhood.

- 12.6. All the pharmacy Interested Parties agreed with the neighbourhood defined by the Applicant and 93.5% of respondents to question 1 of the CAR agreed the neighbourhood described was accurate.
- 12.7. Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services to that neighbourhood and, if the committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.
- 12.8. The Committee acknowledged that there were currently no pharmacy or other medical facilities physically situated within the neighbourhood. All pharmaceutical services had therefore to be obtained out with the neighbourhood or delivered into the neighbourhood from existing providers located outside the Rosewell neighbourhood boundary. There were five medical practices and seven pharmacies all within a radius of three miles of the proposed pharmacy. Although 82% of respondents to question 2 of the CAR indicated there were gaps/deficiencies in existing services, many of the comments related to the lack of a pharmacy in the neighbourhood. The committee concluded that these comments were indicative of convenience rather than any inadequacy of existing services. Convenience had also been specifically mentioned in letters of support for the application from Moray Simon, Rosewell & District Community Council, and Owen Thompson MP.
- 12.9. The CAR showed that 70.1% did not think there were any services missing from those proposed by the Applicant. Of the 8.1% of respondents who indicated that services were missing, comments included the absence of a GP practice, travel clinic, dairy free foods, ear syringing and palliative care services. A palliative care service was a locally negotiated service available from Lloyds Pharmacy in Straiton. The Committee had heard evidence that all core services were currently provided at the existing pharmacies and the new pharmacy was not bringing any service to the area which was not already available. The Committee noted that this application would have been strengthened had the Applicant been qualified to provide and proposing to provide the new Pharmacy First Plus offering which would have enabled patients with common acute clinical conditions out with the scope of NHS Pharmacy First Scotland to be treated at the pharmacy rather than in another professional healthcare setting. This would have been especially beneficial when there was no medical practice in the neighbourhood. The Committee noted that the latest information available in the public domain on Pharmacy First consultations at the Applicant's current pharmacy in Fenwick showed that the number of consultations had not broken the payment threshold during any month up to June 2021. The Applicant had attributed this to having only one terminal in the pharmacy until recently and not being able to log all consultations that had taken place and he asserted that this threshold had been broken in recent months. However, it was the view of the

Committee that in Fenwick Pharmacy, with an average of 2600 items per month being dispensed, the Applicant should have had time and capacity to spend with patients and to log all consultations that had taken place. This did not support the proposition that the Applicant would focus on growing this aspect of the business should the pharmacy in Rosewell be granted.

- 12.10. The Committee was advised by its Pharmacist members that the prescription model in the average pharmacy was 80% repeat prescriptions and 20% acute prescriptions. The information provided by Applicant from his informal poll obtained by telephone about prescription deliveries conflicted with that provided by the Bonnyrigg pharmacy representatives to the effect that all pharmacies did and would make deliveries to anyone in the neighbourhood. There was therefore no need for residents to travel to any existing pharmacy to obtain repeat prescriptions as all pharmacies delivered to the neighbourhood even although deliveries were not a core service. The Applicant had made a point about Lloyds Pharmacy not delivering on a Saturday. Evidence had been heard that whilst it was true that Lloyds Pharmacy would not carry out routine deliveries on a Saturday, a delivery would be made by a staff member in an emergency situation. The Committee appreciated that Saturday deliveries were not standard practice.
- 12.11. The majority of patients requiring an acute prescription would receive it from a medical practice especially for any condition not covered by Pharmacy First or Pharmacy First Plus. Pre-covid this would have necessitated a visit to one of the medical practices in the surrounding area where pharmacies were also located. However, the way in which GPs engaged with patients had changed during the pandemic and the majority of consultations were now carried out either by telephone or videoconference. Any prescription issued as a result could be collected by the patient's preferred pharmacy for collection by or delivery to the patient. Evidence was presented that pharmacists also had a tool available, NHS Near Me, to enable visual examinations of patients electronically from the pharmacy whilst the patient remained at home. Nevertheless, the Committee recognised that there was still a small group of patients for which this option was not suitable. The Applicant had confirmed that house calls would be made to any housebound patient seeking advice that required an examination where there were no other options.
- 12.12. Although 87.3% of responses in the CAR considered the opening hours of the proposed pharmacy favourable (9am-6pm, Monday to Friday and 9am-1pm on Saturday), its opening hours were actually shorter than all other existing pharmacies in the surrounding area except Lloyds at Newtongrange which closed 30 minutes earlier during the week. Those with longer opening hours than the proposed pharmacy in Rosewell were as follows:
- Roslin Pharmacy opened 30 minutes earlier on weekdays,
 - Rowlands in Loanhead opened 15 minutes earlier on weekdays and all Saturday afternoon,

- Lloyds in Bonnyrigg was open on Saturday afternoon,
- Cohen's opened 30 minutes earlier and 30 minutes later during the week,
- Lloyds at Straiton opened 60 minutes earlier and four hours later during the week, 30 minutes earlier and until 9pm on a Saturday as well as all day Sunday

This demonstrated that there was good access to pharmaceutical services in terms of opening hours for the population of the proposed neighbourhood. The Committee noted that in the situation where there were no other medical services located in the Rosewell neighbourhood, it would have been beneficial and the application may have been stronger had the Applicant planned to open late at least one night per week and, or, proposed hours extended beyond those of neighbouring pharmacies.

12.13. Difficulties accessing existing services on foot or via public transport had been thoroughly aired. It was noted that some of this discussion was based on hearsay rather than fact. Although it was fact that Roslin Pharmacy was not directly accessible by bus as there was no direct route from Rosewell for the reasons given above, the need for patients to visit a pharmacy to access its services had reduced.

12.14. The Committee noted that the residents of Rosewell had to go out-with the proposed neighbourhood for food shopping (unless deliveries had been arranged) and most other services. It had been asserted by the Community Council that many residents would have preferred a supermarket than a community hub with a pharmacy in the village. There was evidence that residents of Rosewell moved to the area knowing the facilities available and expected to travel for day-to-day living, work and leisure. This was reflected in the level of car ownership with only 23% in the 2011 census not having access to a vehicle (the most up to date figure being 17.3%). The Applicant had stated that the 2011 census had indicated that 39.8% of households had one car or van and this had increased in recent years to 48.9%. The Applicant had made the assumption that in all of these households, one parent would take the vehicle out-with the neighbourhood for work leaving those left behind without access to personal transport. There was no evidence presented to confirm that this was the case. The Applicant drew attention to the Government's ambitions for "20 minute neighbourhoods", outlined in its Programme for Government 2020-21 and National Planning Statement, with an aspiration of creating neighbourhoods in which healthcare services could be accessed within a 20 minute walk. The Committee – in considering the application - were obliged to have reference to the current NHS Lothian Provision of Pharmaceutical Care Services Delivered by Community Pharmacy Plan. The Committee observed that the current Plan, dated 2020, in its section 3.2.3 entitled "Travel time" referred to national research in relation to 20 minute travelling time to pharmacies and 2005-06 research carried out in NHS Lothian, but set down no specific policy objective as regards mode of transport or sustainability impacts of travel to medical or pharmaceutical

services in Lothian.

- 12.15. There was considerable disagreement about the current and future population of Rosewell. The Applicant stated that the population mid 2019 was 1900, would be close to 3200 by the end of 2022 and with future developments, was expected to reach 4500 based on 4 people per household in newly occupied properties. Other evidence referring to Scottish Statistics reported average household size of 2.1. In the absence of agreed, definitive or up to date statistics about the precise population of the neighbourhood – likely to be available next year from the 2022 national Census – and the numbers, timing of completion and occupation of new build housing in the neighbourhood and surrounding areas the Committee was not able to reach a clear determination of the current or projected population of the neighbourhood as defined by the Applicant. Although the Applicant had stated that the figure for the national average number of patients per pharmacy was 4320, a key issue for the Committee was how many of the population were of an age group and health circumstances that they would be likely to place significant additional demand upon pharmaceutical services in relation to existing supply and capacity. There had been no information presented in this regard. Evidence had been heard that levels of demand for services had been affected by Covid, were returning to pre-Covid levels and that existing pharmacies had capacity to meet expected increase in future demand.
- 12.16. There had been discussion about the post that had appeared on Strathesk Medical Practice's Facebook page stating that Cohen's were taking 7-10 days to turnaround non-urgent prescriptions. Mr Caunce did not recognise this statement as a true reflection of the situation at Cohen's Chemist. Mr Arnott had suggested that the delay in dispensing prescriptions was a result of the GP practice and read out a statement confirming this fact from Strathesk Medical Practice website "please allow at least one week between requesting and collecting your prescription not including weekends and bank holidays. Special prescriptions that are not on your repeat list may take longer." Ms Lamont also confirmed that it was currently taking Roslin Medical Practice four working days to generate a prescription. The Committee concluded that there was some doubt about the cause of the the delays and the element of elapsed time which was appropriately attributable to the GP surgery as opposed to Cohen's Chemist.
- 12.17. Concern had been expressed about the queues at Cohen's Chemist. Contrary to the suggestion by Mr Caunce that the lengthy queue may have been for the GP surgery rather than the pharmacy, this was not the case at the time of a site visit as the Committee's lay members had asked those standing in the queue and confirmation received that the queue was for Cohen's Chemist. It was apparent from site visits that these queues were not a permanent feature at the pharmacy as there had been no queue witnessed when other members of the Committee had visited. Although it had been reported to the Committee that patients regularly had to wait 1-2 hours for a prescription to be fulfilled at Cohen's, there had been no formal complaints made about the service

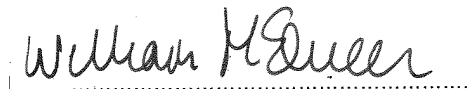
provided by Cohen's Chemist or about any other pharmacy in the area. The queue may have looked worse than at any of the other pharmacies because of Cohen's small premises and Covid spacing measures. In any event, should there have been evidence that the pharmaceutical service provided by one pharmacy was inadequate, this would not of itself have meant that pharmaceutical services to the neighbourhood as defined by the Applicant were inadequate because there were another six pharmacies from within a three-mile radius.

- 12.18. The Applicant had argued that independent pharmacies, having access to more wholesalers, were in a better position to deal with medication shortages. Ms Lamont said that this was potentially the case but as had been pointed out by Mr Arnott if there was a national shortage then items would not be available to any pharmacy. Evidence had been heard that shortages of medication were no longer an issue for pharmacies. If this situation was to occur again then there were already independent pharmacies in the area from which patients could access prescription medication.
- 12.19. There was no doubt that the Community Hub facility was an ideal premise for a pharmacy and that its location was a good one, in the heart of the community. This was confirmed by the CAR with 91.6% agreeing. It would offer local accessible facilities in an attractive community hub building. The CAR also demonstrated that there was strong support for the services to be offered (90.1%), that the impact the pharmacy would have on the community would be positive (90.6%), that it would work well with other NHS services (83%) and that it would have a positive impact on existing NHS services (87.6%). The Committee agreed with these conclusions – the proposed pharmacy had the physical capacity to offer consulting space for other associated healthcare service providers if demand existed. The Committee did not believe that the number of prescriptions likely to be dispensed in a Rosewell pharmacy would impact upon the viability of the pharmacies in Roslin (12000 items per month in recent months) or Bonnyrigg (a total of 25000 per month). The Committee were satisfied that the premises proposed, its location and the parking facilities available in Rosewell would have provided very good accessibility. Car parking was available at Roslin Pharmacy and parking facilities were available in proximity to the Bonnyrigg Pharmacies, which were also accessible by public transport on a direct route from Rosewell. According to the Statutory Test current services in and into the relevant neighbourhood needed to be demonstrated and determined as inadequate before the necessity or desirability of establishing the new services to be provided by the applicant was considered by the panel.
- 12.20. Following the withdrawal of Ms Garven and Mr Bilon in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, the Committee, for the reasons set out above, considered that the pharmaceutical service into the neighbourhood to be adequate.

12.21.

Accordingly, the decision of the Committee was that the provision of pharmaceutical services at the premises was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was rejected. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.

The meeting closed at 17:22



Signed:

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Mr William McQueen CBE
Chair – Pharmacy Practices Committee

25 October 2021

Date:

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