

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on
Thursday 23 February 2023 at 0930 hrs via MS Teams**

The composition of the PPC at this hearing was:

Chair: Mr Martin Connor

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

Mr Michael Ash

Ms Eleanor Blair

Mr Brian McGregor

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

Ms Kaye Greig

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

Ms Judie Gajree

Observer: Ms Elizabeth Gordon

Ms Aleisha Hunter, Primary Care Contracts Manager, NHS Lothian

Ms Katerina Marinitsi, Primary Care Contracts Support Officer, NHS Lothian

Secretariat: Ms Tracy Bone, Committee Secretary, NHS National Services Scotland

1. APPLICATION BY MR MOHAMMED YASEEN YOUSAF

1.1 There was an application submitted and supporting documents from the Applicant, Mr Mohammed Yaseen Yousaf, received on 2 September 2022, for inclusion in the pharmaceutical list of a new pharmacy at 1 Saltire Square, Edinburgh EH5 1PR.

1.2 Submission of Interested Parties

1.3 The following documents were received:

- i. Letter dated 7 October 2022 from Lindsay & Gilmour Pharmacy
- ii. Emailed dated 20 September 2022 from the Chair of GP Sub-Committee and Lothian LMC
- iii. Further Supporting Information

- Pharmacy & Prescription Information
- Maps for Tick Pharmacy Application
- List of complaints received by NHS Lothian re service provided by Lindsay & Gilmour for periods 2021/22 and 2022/23

1.4 Correspondence from the wider consultation process undertaken

- 1.5
- i) Consultation Analysis Report (CAR)
 - ii) Consultation Document and completed questionnaires

2 Procedure

- 2.1 At 0930 hours on 23rd February 2023, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Mr Mohammed Yaseen Yousaf (“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 Chairman welcomed all to the meeting and introductions were made. When asked by the Chairman, members confirmed that the hearing papers had been received and considered. When committee members were asked by the Chairman in turn to declare any interest in the application, none were declared.
- 2.3 Members of the Committee had undertaken site visits to 1 Saltire Square, Edinburgh EH5 1PR and the surrounding area. During which the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to schools, sports facilities, community centres, supermarkets, post office, banks and churches had been noted.
- 2.4 The Chairman advised that Ms Tracy Bone was independent from the Health Board and was solely responsible for taking the minute of the meeting.
- 2.5 The Chairman outlined the procedure for the hearing. All Members confirmed an understanding of these procedures.
- 2.6 Having ascertained that all Members understood the procedures, that there were no conflicts of interest or questions from Committee Members the Chairman confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Applicant and Interested Party were invited to enter the hearing.

The open session convened at 0935 hrs

3 Attendance of Parties

- 3.1 The Chairman welcomed all, and introductions were made. The Applicant, Tick Pharmacy represented by Mr Mohammed Yaseen Yousaf. From the Interested Parties eligible to attend the hearing, the following accepted the invitation: Mr Phil Galt representing Lindsay & Gilmour Pharmacy.
- 3.2 The Chairman advised all present that the meeting was convened to determine the application submitted by Tick Pharmacy Ltd in respect of a proposed new pharmacy at 1 Saltire Square, Edinburgh EH5 1PR. The Chairman 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 Chairman read out in part:
- 3.3 “5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located...”
- 3.4 The Chairman confirmed that all had received the hearing papers. It was noted that there had been written representation received from Lothian Area Pharmaceutical Committee but as this had been submitted out with the required timescales had not been accepted for consideration by the Committee.
- 3.5 The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.
- 3.6 The Chairman asked all parties for confirmation that these procedures had been understood. Having ascertained that all parties understood the procedures the Chairman confirmed that the Oral Hearing would be conducted in accordance with the Procedure at Hearings document contained within the papers circulated.
- 3.7 The Chairman confirmed that members of the Committee had independently conducted site visits in order to understand better the issues arising from this application. Assurance was given that no member of the Committee had any interest in the application.
- 3.8 The Chairman asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions

or queries about those procedures and were content to proceed. All confirmed agreement.

4. Submissions

4.1 The Chairman invited Mr Mohammed Yaseen Yousaf, to speak first in support of the application.

4.2 Mr Yousaf read aloud the following pre-prepared statement making alterations as necessary:

4.3 Good morning Ladies and Gentlemen and esteemed members of the Committee. Thank you for inviting me today to present my case to allow a new pharmacy to be granted in the Granton Waterfront neighbourhood.

4.4 Today, I am going to put forward cogent reasons with objective evidence as to why pharmaceutical service provision is inadequate in the neighbourhood, and why this application is both necessary and desirable to secure adequate provision of pharmaceutical services.

4.5 As per the statutory test as set out in Regulation 5(10):

4.6 I would like to define the neighbourhood as follows:

4.7 North – The Firth of Forth

East – Lochinvar Drive

South – West Granton Road

West – Marine Drive

4.8 This is a clearly defined neighbourhood for all intents and purposes, with clear geographical and physical boundaries.

4.9 The neighbourhood has also previously been agreed in PPC hearings in 2010, 2015 and 2019.

4.10 As stated in my application, The Granton Waterfront Prospectus, alongside the Granton Development Framework sets out the vision, opportunity and benefits that will be delivered from this visionary area regeneration. This is the largest regeneration project of its kind in Scotland and will allow the transition towards a greener economy in Edinburgh. It will create a new coastal town, home to around 8,000 people on Edinburgh's waterfront. It will deliver around 3,500 net zero carbon homes, a primary school, a health centre, commercial and cultural space and a new coastal park. These new uses will be supported by new cycling and walking routes and enhanced public transport connections. This will all be geared up to achieving a '20-minute' neighbourhood.

4.11 Indeed, The Pharmaceutical Care Services Plan 2021, states that '20-minute neighbourhoods, Scottish Government and NHS Lothian sustainability objectives should be considered as part of the process in determining where community pharmacies are sited in the future.'

The overall development is also part of the council's drive to deliver 20,000 affordable homes by 2027.

4.12 Construction work has already started at Scotland's largest net-zero housing development in Granton. The start of construction works at the £72 million, 444 home Western Villages project represents a significant milestone for the City of Edinburgh Council in the delivery of the £1.3 billion Granton Waterfront regeneration project. The first residents are expected to move in Autumn 2023.

4.13 Also forming part of the housing-led regeneration project is The Edinburgh Home Demonstrator (EHD) project, which will consist of 75 affordable homes, as well as 4 commercial units at the rear of the former Granton railway station building. Construction of the project started in April 2022.

4.14 Planning has also been approved for another 'net zero' housing development, which is also part of the Granton Waterfront regeneration project. Cruden Building will start work on site in 2023 at Silverlea to deliver 142 new sustainable and affordable homes.

The rest of the housing will be delivered in 4 key phases over the next 15 years between 2024 – 2039.

4.15 The Council will also work in partnership with Cruden to take forward pre-development works including detailed designs for around 750 net-zero homes for sale and rent, commercial space, new and enhanced sustainable transport infrastructure and public realm which will connect the surrounding neighbourhoods with the Waterfront. The first phase of the project will also see the delivery of a new school and medical centre

4.16 A copy of the timeline for the various projects can be found in the Granton Waterfront Prospectus, which was submitted with my application.

The Granton Waterfront also sits within a cluster of neighbourhoods that have historically suffered from socio-economic deprivation: Drylaw, Muirhouse, Pennywell, Pilton, Royston Mains and Wardieburn. These neighbourhoods require a greater than average need for pharmaceutical services.

The neighbourhood comprises primarily of three data zones. The combined population of these three data zones is 3,606. As evidenced earlier, this population is growing both quickly and significantly. There is also a transient population, as a Morrison's supermarket, the Edinburgh College campus, Centrica HQ and a dental practice are located within the neighbourhood.

The Granton Waterfront Development Framework contains a diagram showing the Proposed New Uses, which was also submitted with this application.

4.17 Now, if we look at the:

Adequacy of Existing Services

There are no pharmaceutical services being provided from within the neighbourhood. The Consultation Analysis Report (CAR) corroborates inadequate pharmaceutical service provision in the area.

In September 2019, the Pharmacy Practices Committee (PPC) convened to consider Lindsay & Gilmour's application for the Granton Waterfront area. Previously in 2010 and 2015, applications for this area were also heard by the PPC.

Indeed, it was my application that was heard in 2015, and we have an interested party, Lindsay & Gilmour, who then went on to lodge a subsequent application of their own in 2019 for the same neighbourhood, who are now objecting. So, Lindsay & Gilmour have gone from objecting, to applying to then objecting! We will need to check again this morning whether they have changed their mind!

- 4.18 Undoubtedly, a lot has happened since the last application was heard in 2019. With Covid-19 and its long-lasting legacy, especially with accessing healthcare provision, patients are now even more reliant upon pharmacies and the ever-increasing array of services on offer. GPs are stretched, especially in Northwest Edinburgh, and this has impacted the workload for community pharmacy. There have been changes in pharmaceutical practice, with the advent of Pharmacy First and Pharmacy First Plus.

As I am a Pharmacist Independent Prescriber (PIP) already delivering the Pharmacy First Plus service and with extensive knowledge working as a GP Practice Pharmacist, I would bring a wealth of experience in providing this service within the neighbourhood. This would help to support out of hours services and unscheduled care, especially as I am proposing to open for seven days.

Also, in the past, patients may have accessed pharmaceutical services close to where they worked, but now there is a hybrid model of working, whereby some employees will work remotely from home and the office. Hence, it is vital that patients have access to pharmaceutical services from within their neighbourhood.

- 4.19 As cited in my application, The Northwest Edinburgh Locality Improvement Plan 2017 – 2022 (revised June 2020) states some compelling information:

- 4.20
- In Northwest Edinburgh, primarily in the Forth ward, there are areas which are amongst the most deprived in the city.
 - The Northwest has seen the largest population growth in Edinburgh (10% increase, around 14,000 people), as well as the greatest level of social and affordable housing investment across the city
 - There is also an ageing population, and this has led to significant challenges for health services. The Northwest has more people aged over 65 years than any other locality. Lifestyle choices also place increasing demands on all services. Almost 42% of people in the Northwest have not engaged in any exercise when surveyed. This alone will impact longer term services.
 - In addition to those issues affecting the whole of the Northwest, the areas of Muirhouse, Wester Drylaw, West Pilton, Granton, Royston and Wardieburn (collectively known as North Edinburgh) also have significant social and economic challenges.

- North Edinburgh is recognised as the area where numbers of people experiencing poverty and greater inequality of outcome exceeds that of other areas.

4.21 We know that socio-economic deprivation is linked to ill health, so when this is merged with an ageing population and an increasing population, this will invariably put a great deal of pressure on NHS primary care services, as well as schools and housing.

4.22 Substance misuse is also rife in the neighbourhoods on the cusp of Granton Waterfront. The National Records of Scotland clearly states that drugs misuse deaths, alcohol-specific deaths, avoidable mortality and probable suicides are significantly higher in the most deprived areas compared to the least deprived areas.

Scotland is currently in the midst of a drug-related deaths crisis and community pharmacy can play a vital role in tackling this issue. In Lothian, there has been a reported rise in the injecting of stimulants.

4.23 Therefore, it is an indisputable fact that there are significant healthcare needs for the population of Northwest Edinburgh, and this greatly impacts pharmaceutical service provision. The imminent population increase will make pharmaceutical services inadequate.

4.24 Additionally, when the Women's Health community pharmacy service eventually comes to fruition, with pharmacies providing routine sexual healthcare, I think it will be a great challenge for this to be done effectively within the current network of pharmacies in Northwest Edinburgh, especially in light of the aforementioned reasons.

4.25 Now, if we look at the Consultation Analysis Report (CAR) 22 responses were received electronically.

It must be noted that for the joint consultation, an advert was published in the Edinburgh Evening News and it was posted on NHS Lothian's website. However, for Lindsay and Gilmour's application that was heard by the PPC in 2019, in addition to an advert being placed in the Edinburgh Evening News and a link to the NHS Lothian website, notifications were also placed on the Health Board's Twitter and Facebook pages. This resulted in 22 responses being received, with the overwhelming majority feeling that pharmaceutical services were inadequate.

For the most recent CAR, therefore, without the use of Twitter and Facebook, this has inevitably resulted in a smaller number of people being privy to the consultation.

At the best of times, to come across an advert on the single day it was published in the Edinburgh Evening News' public notices section, without the use of any social media channels, would be a fortuitous occurrence.

4.26 However, there is very much an appetite, and an absolute need for this pharmacy, as both CARs corroborate inadequate pharmaceutical service provision in the area.

Consideration must also be given to the fact that at the time the consultation period ran, the country was in the midst of the worst living crisis seen in decades

4.27 If we look at the results:

72.7% agreed that the neighbourhood described is accurate.

59.1 % agreed that there are gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood.

66.7% agreed that the community pharmacy would have a positive impact in the neighbourhood.

63.6% agreed positively on the pharmaceutical services being proposed.

50% agreed there is nothing missing from the list of services to be provided, with 22.7% not sure.

71.4% agreed that a community pharmacy in the neighbourhood will work with other NHS health services such as GP practices.

59.1% agreed that the pharmacy would have a positive impact on existing NHS services.

63.6% agreed positively about the proposed opening hours.

4.28 The most common themes emanating from the CAR are that the current pharmacies are very busy; there are more houses being built, which will add to the workload of the existing pharmacies, with *“Increased demands and pressures on community pharmacy now; patients should be able to see their pharmacist; Pharmacy First Plus clinic will have a positive impact;”* the new pharmacy *“would help ease the burden of demand for services;”* and opening for seven days will allow a *“good pharmacy first plus clinic.”*

4.29 The latest Scottish Health and Care Experience (HACE) Survey results, this is a postal survey sent to a random sample of people registered with their respective GP, released in May 2022, the results indicate that GP pressures have only increased.

In response to the question: “If you ask to make an appointment with a doctor 3 or more working days in advance, does your GP practice allow you to?”

For Crewe Medical Centre, there was a 69% negative response. The response rate was 19%.

For Muirhouse Medical Group, there was a 71% negative response. The response rate was 16%.

The results are telling, because they indicate the potential impact this will have on local pharmacies (Pharmacy First and Pharmacy First Plus), and the fact that recent response rates for surveys have been low, and note, that this was a postal survey that only garnered 19% and 16% of responses respectively.

Similarly, if one looks at The Scottish census for example, there was 'widespread abstention from this year's census in urban areas,' with the most popular reason being that householders 'were too busy.' This fits in with the low response rate for the CAR.

Even looking at the organisations that were given notice of their right to make written representations within 30 days for this application, the Lothian Area Pharmaceutical Committee even with being in support of this application, did not provide a timeous response. This is a professional organisation, so it is evident to see how difficult it would be for a layperson to engage with an online questionnaire, especially during a cost-of-living crisis, when people are more concerned about whether they have enough fuel in the car, or if they can afford to turn up the heating.

The West Pilton / West Granton Community Council also did not make any written representation at all.

4.30 Moving on, a Freedom of Information (FOI) request in July 2022 resoundingly shows that Lloyds are still unable to cope with demand, despite the fact that they have moved into a new unit since the last application was heard in 2019:

4.31 We can see that there are issues around waiting times and accuracy of dispensing, as well as branch closures.

I believe that this reaffirms the fact that pharmaceutical service provision is inadequate in the area

4.32 Critically, the population in the area is one that exhibits a higher-than-average need for pharmaceutical services. In fact, with the exponential increase in the number of reported complaints, including accuracy of dispensing errors, surely this cannot be allowed to continue, as undoubtedly, patient safety is of paramount importance and is being seriously compromised. This will be further exacerbated by the acute pressures facing the area with the forecasted growth in population.

4.33 The Scottish Index of Multiple Deprivation (SIMD) data looks at the extent to which an area is deprived across seven domains: income, employment, education, health, access to services, crime and housing. In North West Edinburgh, there are some data zones amongst the most deprived in Scotland.

Because of territorial issues and criminality that exists within the neighbourhoods of North Edinburgh, I believe patients will be deterred from venturing into other neighbourhoods to access pharmaceutical services, as evidenced in the application. In fact, just last month, the Daily Record reported that a 'Gangland machete attack horror sees thugs try to hack off victim's hands and feet' in West Pilton.

4.34 Therefore, I think it would be disingenuous to dismiss three attempted murders in as many years, as having no impact on the way the residents feel when leaving their homes.

4.35 Judicial guidance also allows the consideration of developments, including future developments, GP list sizes, changes in pharmaceutical practice and

prescription volume when assessing the adequacy of pharmaceutical service provision.

If you would like me to sight some of the judicial data I will do so.

In my submission, I have demonstrably evidenced definite dates for both starting and completing many of the developments, with timelines. The pattern of pharmacy use has increased significantly and will continue to do so.

4.36 In conclusion, I firmly believe that to meet the increased demand arising from the population growth, extended life expectancy and the consequent increase in multi-morbidities, as well as the growing array of pharmaceutical services being provided, the number of pharmacies cannot remain stagnant. This is especially the case in a new neighbourhood

4.37 I believe this application fulfils all statutory requirements and should be granted, as it is both necessary and desirable to secure adequate pharmaceutical services in the neighbourhood.

4.38 **This concluded the presentation from Mr Yousaf**

5. The Chairman invited questions from the interested party to Mr Yousaf

5.1 Mr Galt enquired how the Applicant would describe the level of activity seen in pharmacies during and since Covid. The Applicant responded by noting levels had increased exponentially and with his experience in GP practices and the default of GP's referring patients to local pharmacy's. Pharmacies have the largest footfall of any healthcare profession. Pharmacies are doing even more now with PGD extensions, advent of Pharmacy First+ and prescribers now able to diagnose and prescribe accordingly - this has been a seismic shift.

5.2 Mr Galt referenced the applicants experience with being within a GP practice and enquired as to any changed of how medical services were provided during COVID. The Applicant responded to note that the days of an open Practice or clinic have gone and replaced very much with a triage system when calling their GP. Often being signposted to see a Pharmacy First as they can deal with common clinical conditions, which resulted in overwhelming surges in demand on not just the primary care medical services and impacted GP's and pharmacies alike

5.3 Mr Galt enquired if this signposting has continued to make it more difficult for patients to get an appointment with their GP post Covid? The Applicant responded that he felt it was dependant on locations. Affluent area response rates are higher and differ significantly for those in deprived areas where with largest population density as more people are generally ill and there is already a surge in demand for services which exacerbates the situation.

5.4 Mr Galt referenced the Applicants comment regarding the increased activity levels in pharmacies in Scotland and enquired how Mr Yousaf felt community pharmacies have performed. The Applicant responded that community pharmacies have been wonderful. Working throughout the pandemic in extremely difficult and fast paced times and many colleagues putting

themselves forward and working to obtain Independent Prescriber qualification. The applicant believes that community pharmacies should be given recognition of this

5.5 Having established that there were no further questions from Mr Philip Galt the Chairman invited questions from the Committee members.

5.6 Mr Brian McGregor (Lay Member) to Mr Mohammed Yaseen Yousaf

5.7 Mr McGregor sought confirmation on neighbourhood population as currently being 3600 and moving to approximately 8000 within the next 15 years. The Applicant confirmed that this was correct, and that the area has already seen a significant population increase.

5.8 Mr McGregor noted the Population Heat Map and the extremely low density within the proposed defined neighbourhood and enquired as to whether the map was accurate. The Applicant references the data zones as access via the Scottish Neighbourhood Statistics website and the three primary data zones identified shows a significant population. There was also noted a transient population also and the applicant added the latest information noted on Edinburgh Council's website for the Western Villages' development noting 350 houses which is likely to equate to 1000 people imminently.

5.9 Mr McGregor noted a plan for another GP surgery by 2025 and enquired if Mr Yousaf had any further information as to this timeframe. The Applicant responded to say he has contacted the Edinburgh Health & Social Care Partnership who confirmed it to be within this timeline and nothing to say that it will not happen as everything else has gone to fruition. Plans for a Primary School and Health Centre have been submitted to the Council. Crewe Medical Practice and Muirhouse Medical Group list sizes are at capacity with one even working from 2 sites. GPs are stretched and the subcommittee are in support of this application.

5.10 Mr McGregor noted reference of Lloyds pharmacy in the application but noted it was not identified in the Map and queried why this was. The Applicant noted that the pharmacy is in McMillan Square and was cited in a previous application and noted here to give a flavour of pharmaceutical services as a whole in this part of North Edinburgh and had been sighted as sub-standard and providing inadequate service.

5.11 Mr McGregor noted the proposed premise location is on a border of one of the most deprived areas of the City as well as one of the least deprived and enquired what kind of challenges the applicant envisaged arising from this. The Applicant responded to say that contractors on the pharmaceutical list are doing a great job and shows a need for this pharmacy and fits within the 20-minute neighbourhood and the growing population significant challenges for this part of North Edinburgh. The Applicant then noted that he felt it was key to provide all core pharmacy services and as a pharmacist prescriber would be proposed to provide the Pharmacy First+ service which would ameliorate the workload for GPs and other contractors therefore enabling this service to provide provision of complimentary service and not to the detriment of the local population.

- 5.12 Mr McGregor noted from the application that proposed pharmacy was to be open 7 days a week and enquired whether prescriptions would be dispensed 7 days also. The Applicant responded that they absolutely would dispense 7 days a week. Outlining the number of prescription items generated and the list size, if looking at the National Average would be 1.5 prescription items per patient per month and enough for everyone. People no longer have to register for Pharmacy First and it open to the whole population. Opening on a Sunday will help unscheduled care services and alleviate the pressures on other pharmacies and GPs, especially at a time where the network has been somewhat destabilised with Lloyds selling off some of their branches – this application would bring stability back as will be owner operated and no issue around staffing due to being a family of pharmacists.
- 5.13 **Ms Eleanor Blair (Lay Member) to Mr Mohammed Yaseen Yousaf**
- 5.14 Ms Blair referenced the plan to prescribe and dispense medicines full time during opening if successful and enquired when the applicant's pharmacist(s) would have a lunch break given that the surrounding areas of Saltire Square are work / business focused and likely to be looking for prescription filling / medicines during their lunchbreak. The Applicant responded that regulations for a 45-hour week allocation for a one hour lunch break and adequate cover will be in place to meet lunch requirements but if demand shows requirement from 1300-1400 hrs then we can amend this in store to accommodate requirements. He also noted that if required, they could remain open as 3 pharmacists in the family and all proposing to work within the proposed premise.
- 5.15 Ms Blair enquired as to when the proposed pharmacy would be completed if successful with this application. The Applicant responded to confirm that the proposed premise was already constructed and the statutory guidelines state upon granting of a successful application to be trading within six months of inclusion in the pharmaceutical list and confirmed it would be within that timeframe.
- 5.16 Ms Blair enquired how long the lease of the proposed premise is. The applicant responded that the lease is for 15 years with the option of extension.
- 5.17 Ms Blair queried the new and proposed housing, and if it was mainly young families. The Applicant responded that it is a mixed 10-year development with private landlords, social housing, young professionals, etc. It is very much the blueprint for urban regeneration in Scotland and also at the heart of this application with local and national objectives around sustainability and Government objectives on what a neighbourhood should look like i.e. 20-minute neighbourhood so needs to be cultural, retail, healthcare measures all included. Taking shape now and crucial thing is that there is going to be an application and questions is when, in the past its been deemed premature. Now its imminent and impacts pharmaceutical service provision and is an exciting time and be involved in their project.
- 5.18 **Mr Michael Ash (Lay Member) to Mr Mohammed Yaseen Yousaf**

- 5.19 Mr Ash referenced the point noted regarding the impact of hybrid working post COVID and how this may impact those specifically as the least disadvantaged areas in the new development. The Applicant responded to say it would depend on what one does for a living. There are pharmacies with vending machines outside to enable medication collection at any time of day or night at their convenience. A business has to be careful about blocking people coming into the pharmacy for a face-to-face interaction as there are no substitutes for these. Post COVID there have been fundamental changes on how businesses trade and become more resilient. Possible office working only a couple of days per week or at home and vice versa. The Applicant noted that he would be happy to extend opening times of the pharmacy to meet the needs of the local community like those with young families longer opening on Thursdays as noted from a comment in the CAR. This is a family run venture and want to ensure that as the population grows we are in place to meet those needs.
- 5.20 Mr Ash referenced the point made on previous applications “why now”. If the population is going to increase in the future, then why is it not more appropriate to do so once the housing exists. As from evidence provided most the population are within ½ mile of the existing pharmacy. The Applicant references The Christie report from 2000 for the responsibility of public sector organisations and the delivery of public sector services. Studies show that pre-emptive approaches garner the best outcomes. Judicial guidance cited that allows looking at developments as mentioned in this application around so many affordable houses being built in North Edinburgh and there is an aging population. This would put demand on services and so we need to be prepared and this is highlighted by the fact that the list size for the medical practices are not capacity - there is going to be a new medical practice. What pharmacies do; the facilities should be to provide more than the GP. Judicial guidance, 2006 Lord McPhail NAP regard for existing provision and list sizes being a record high. Legal tests need to consider future changes and in participant changes to be known to occur in the future and make it desirable now to grant an application. West Villages is a huge development, 450 houses, in an area where services are already stretched.
- 5.21 **Ms Judie Gajree (Non-Contractor Pharmacist) to Mr Mohammed Yaseen Yousaf**
- 5.22 Ms Gajree noted mention in both the Applicants written evidence and verbal presentation that north Edinburgh’s substance misuse issues which was described as “rife” and community pharmacists play a vital role in that. Knowing that they are not core services but enquired why the Applicant decided not to include methadone provisions, buprenorphine supervision and needle exchange in the list of proposes services. The Applicant responded that as a contractor there is an obligation to provide all pharmaceutical services and believe that other providers within the neighbourhood and cusp of Granton Waterfront there are already significant challenges facing contractors and we do not plan to interfere in the handling of this within their own respective neighbourhoods. In the neighbourhood of the proposed premise, it is a mixed 10 year development and we would be concentrating

on other services including Pharmacy First+ as well as other non-commissioned services also.

- 5.23 **Ms Kaye Greig (Contractor Pharmacist) Mr Mohammed Yaseen Yousaf**
- 5.24 Ms Greig referenced the population in the area and enquired how the Applicant saw them using the services and how these would fit into their normal day when it may take them out of your area to access schools, shops, GPs, etc. The Applicant responded that this would previously be a pattern associated with accessing pharmaceutical services and believe that a pharmacy should be located in the heart of a neighbourhood and provide more services than ever. The proposed premises are located within a public square and with effective signage that they would be open 7 days, people would gravitate to the pharmacy instead of relying on remote consultations and online healthcare services. Therefore, encouraging members of the public to visit the Pharmacy for face-to-face consultations.
- 5.25 Ms Greig references the lack of other businesses within the proposed neighbourhood which the public would use i.e. corner shops, convenience store, etc and noted it is currently a very business oriented area at present. The Applicant responded that this is changing. Nearby housing is deep and of significant numbers, Granton station is taking place and trams are also moving into the area. Commercial units are being built. Pre-Covid, to run a viable service you would have to be around other viable shops. Pharmacy First+ is a lucrative service, with £3,000 per month for just providing the service. Signposting will mean gravitation to the area.
- 5.26 Ms Greig enquired for more information regarding the plans for the proposed premise in the location. The Applicant confirmed that engagement has been made with three shop fitters and finalisation of plans is ongoing but will be fully compliant with General Pharmaceutical Council standards and regulations and the Equalities Act. There will be disabled access, hearing loops, consultation room, registered pharmacy services. If the application was to be granted these would be finalised and trading would commence within 6 months. The unit would be glass fronted with double automated doors to aid with access.
- 5.27 Ms Greig references the size of the proposed premise from the application and that it seemed quite small. The Applicant responded to say that 80 square meters equates to approximately 860 square feet and within this you can accommodate a consultation room. Behind the counter will be prescription medicines but is going to be geared towards providing clinical services and not retail items that are not commercially astute.
- 5.28 Ms Greig enquired how the Applicant envisaged clinical working and queried AIP on staff. The Applicant responded that both his sisters are pharmacists in Edinburgh / Lothian, and one is also a prescriber so envisage working around the needs and demands of the community and neighbourhood and amend our systems accordingly i.e. possible appointment system to meet demand if required. Regulations state that only one independent prescriber for the contractor code and this would be the applicant himself during the hours /

working week. As the population grows the business will flourish and can add more services.

- 5.29 Ms Greig noted the Applicant being the Independent Prescriber (IP) with the code and pad in the premises during the week and queried whether this would be Monday – Friday. The Applicant responded that he would be working 40 hours per week as would be running the Pharmacy First+ service. Another Pharmacist would work 30 hours per week and would include regular Saturdays and another pharmacist would work 8 hours per week covering staff holidays and absences. There would be two counter assistants and one dispensing assistant. All Pharmacists and staff will live and work in Edinburgh and he would ensure that all staff are trained and working towards General Pharmaceutical Council approved courses and qualifications for pharmacy support staff.
- 5.30 Ms Greig asked for clarification as to whether there would be no Pharmacy First+ service provided during the weekend when GP's are not accessible. The Applicant responded to ensure that all hours are fulfilled and for the Pharmacy First+ service and would take time off during the week to ensure the needs were met during the weekend and between the other Pharmacists for provision of this service. It is crucial to be providing this to alleviate the workload of the GPs and unscheduled care services and will amend the hours accordingly
- 5.31 Ms Greig references the small number of responses to the CAR and the Applicants reference to previous documentation from other applications within the area and enquired as to whether these should be considered. The Applicant responses by noting that the Health Board has to take into account that in 2019 when there was a CAR for an application, 207 responses were received. The same people likely felt disengaged due to lack of information post CAR consultation period and did not feel the benefit of engaging again for this application. He noted it was a valid point that the Board should note previous hearings and judgement should be considered. Since this time, Covid has hit and the Western Villages are being constructed so the framework for a business care is now a game changer.
- 5.32 Ms Greig enquired whether the Applicant had engaged with the Community Council or any public representatives in the area. The Applicant noted he had spoken with Counsellors but found it difficult to engage with the Community Council and referenced previous applications being made through social media and decided against that for himself and this application. Noting that with marketing for support may have resulted in hundreds of responses but the overall picture is that of an aging population and would impact going forward.
- 5.33 Ms Greig references the Applicants mention of “viability” and in the application documentation noted obvious areas of deprivation which fall out with the proposed Neighbourhood and that West Granton Road is a barrier for access to services. Whilst waiting for new developments to be completed which could be anything up to 15 years, how do you envisage remaining viable with three pharmacists and a slowly rising population. The Applicant referenced that the Morrisons in Granton is in the area already and Phase One is imminent and

already increasing demand. Constructions of 500 homes at Granton need to be provided and the impact for the pharmacy and the negative response from Muirhead at 71% impacts on pharmacy provisions

5.34 Ms Greig sought clarification to her earlier point as to why people should access a service across West Granton Road. The Applicant responded to reference the existing burden in respective neighbourhoods in the Granton Waterfront and respective contactors facing these challenges. 500 homes which will yield 1000 people this needs to be focused on. Emphasis may be made on substance misuse in other areas but these patients also need other core services as well.

5.35 Ms Greig asked for clarity that the Applicant would be providing services to populations that are outside of the proposed neighbourhood. The Applicant disagreed and noted that the contractors already noted on the Pharmacy List are already dealing with significant challenges within their own respective neighbourhoods. The Applicant is seeking to deal solely with own Neighbourhood which will be viable with an additional 1000 people in 2023. An ageing and growing population will meet significant challenges and the Legal Test is that they do not have to be on the list within the Neighbourhood.

5.36 Mr Martin Connor (Chair) to Mr Mohammed Yaseen Yousaf

5.37 Mr Connor asked for clarification on the answer to an earlier question regarding servicing the new population coming in and the not methadone users which are being serviced elsewhere. Higher deprivation area is within your neighbourhood. The Applicant responded that the proposed Pharmacy would be open to all set out in the Equalities Act with no discrimination. Core and non-contract services and data zones do overlap into the proposed Neighbourhood. The shape which Granton Waterfront is taking carbon neutral and tenure development. The applicant will be dealing with patients in the defined areas and will not preclude from their service.

5.38 Mr Connor referenced the Applicant stating the support of the Local Area Pharmacy Committee and sought clarification. The Application responded that they LAPC is supportive of the application but was an untimely response.

5.39 Mr Connor referenced during his site visit, which was undertaken early in a week around 1500 hrs, that parking was residential and very few available slots and enquired how this would impact access to the Pharmacy. The Applicant wished to emphasise the Low carbon area and would be low care ownership with highlighting for walking and cycling. Parking would be available but not solely for pharmacy usage.

5.40 Mr Connor queried whether there was good public transport to the Neighbourhood. The Applicant confirmed that there was good transport including trams in the future.

5.41 Mr Connor enquired whether a delivery service would be provided. The Applicant confirmed that there would be delivery service for those requiring even though it is a non-contracted service.

5.42 **The Chair had no further question for the Applicant but offered the Committee the opportunity to ask additional questions given the information provided**

5.53 Mr McGregor queried the viability of the Business in the short-term if the application was to be successful and sought more information. The Applicant responded by saying that they had big plans as a business and as the population grows the Pharmacy would flourish. Adequate pharmaceutical services and future possibility to relocate once the population is significantly higher as also referenced.

5.54 Mr McGregor sought clarification from Pharmaceutical Committee members on the Panel regarding Methadone and whether this was a core service. Ms Greig and Gajree responded that Methadone is locally dispensed and is a drug to be dispensed like any other. If it falls within the remit of supervision as would be expected from most pharmacies

5.55 Mr Ash returned to the point from the Applicant for being relevant now and persuasive on looking to the future. Guidance rests on services being inadequate in the neighbourhood as being defined now. The Applicant referenced legal rulings for looking at the future, but first responsibility must be determined by need. The Applicant mentioned previously Judicial Guidance it should have been Legal Test that future must be considered and not just at present. From the application, this is a new neighbourhood and blueprint for and government and NHS Lothian sustainability objectives and has to have a 20-minute and decision has to be looked at in the future. The pharmacy will be viable now with the existing population. In response to services being inadequate now, yes in this area, Northwest of Edinburgh, significant older population, older growing population with deprivation services.

5.56 This concluded submission from the Applicant. The Chair called a 10 minute comfort break at 1100 hrs

6. Having ascertained there were no further questions to the Applicant, the Chair invited the Interested Party to make their presentations

6.1 Mr Philip Galt read out the following prepared statement:

6.2 In the first instance I would like to thank the Committee for the opportunity to present at the hearing today on behalf of Lindsay & Gilmour Pharmacy.

6.3 Before I begin, I would like to highlight a potential procedural error in process. Regulation 5 (2C) states

“ that the Board will invite representations from the following groups/ persons:

- its Area Pharmaceutical Committee;
- its Area Medical Committee;
- any person on the Board's Pharmaceutical List whose interests may be significantly affected if the application is approved; and

- any other Health Board whose boundary is within two kilometres of the proposed premises”

- 6.4 I am informed by NHS Lothian that the decision to restrict the consultation radius to 0.5 miles within Edinburgh was made in 2017. I am not aware of when this was agreed or whether there was any formal consultation to approve this change.
- 6.5 If this was the case why was it that with the application in 2019, Lloyds pharmacy, Well Pharmacy and Dears Pharmacy were all given the opportunity to be consulted? All of these pharmacies were situated more than 0.5 miles away from the proposed pharmacy location in that application
- 6.6 Also, in 2014, Lindsay & Gilmour, Lloyds pharmacy and Well Pharmacy (then Co-operative Pharmacy) were given the opportunity to be consulted. Again, all of these pharmacies were situated more than 0.5 miles away from the proposed pharmacy location in that application. This is the same location (and premises) of the current application.
- 6.7 Yet with the current application the Board has failed to consult with Lloyds pharmacy, Well Pharmacy or Dears Pharmacy
- 6.8 The Panel must also 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
- 6.9 I am concerned by the failure of the Board to consult with those currently on the pharmaceutical list (Lloyds pharmacy, Well Pharmacy and Dears Pharmacy) despite the consultation process being carried out on previous occasions. Should the application be approved, this would adversely impact the provision of pharmaceutical services across a wider area than the neighbourhood under consideration.
- 6.10 We believe that this application fails to satisfy the regulatory test as it is neither necessary nor desirable to secure adequate pharmaceutical services in the neighbourhood. The regulatory test is adequacy and it is our view that residents of the proposed neighbourhood have access to pharmaceutical services from several pharmacies adjacent to the proposed neighbourhood.
- 6.11 Neighbourhood
- 6.12 We define the neighbourhood as being the same as agreed by the Edinburgh LDP as North the Firth of Forth East, East as Lochinvar Drive, South - West as Granton Road and West as Marine Drive.
- 6.13 The neighbourhood is still not fully developed, and the demographic profile is one of a working and transient population. The population has better health and are younger according to the 2011 census than Scotland as whole. The index of Multiple Deprivation across the neighbourhood does not illustrate any significant deprivation in the neighbourhood. None of the areas are in the lowest in Scotland

- 6.14 Pharmaceutical Services can be provided to a neighbourhood from Pharmacies situated out with that neighbourhood and this is the case with this application. This neighbourhood is adequately being served by four community pharmacies all within 1 mile (two are located close to existing medical centres and the others in a community setting) and no less than a further six community pharmacies within a 2 mile distance. There are no physical or geographical barriers between the proposed site and the existing pharmacy locations which are all within 1 mile.
- 6.15 The NHS Lothian Pharmaceutical Care Plan states that the majority of the Edinburgh population has access to a pharmacy in 20 minutes of walking. This is no different in the proposed neighbourhood even though pharmaceutical services are provided from out with the defined neighbourhood. There are three pharmacies all within 1 mile of the proposed site and these are easily accessible within 20 minutes of walking or cycle, and within 5-8 minutes by car or public transport.
- 6.16 Adequacy of Services
- 6.17 The Applicant completed a Joint Consultation Exercise in support of the application. We would like to make note of the extremely low response rate for the consultation. Of the 22 responses in response to Question 2 – “Do you think there are any gaps or deficiencies in the existing provision of pharmaceutical services to the neighbourhood?” only 13 respondents said yes. At the previous PPC hearing in 2019 “the committee noted that the response rate was one of the lowest they had seen” – and this was with 207 responses.
- 6.18 The Regulations state that an applicant “must establish the level of public support of the residents in the neighbourhood to which the application relates”, given the significantly low response rate it is evident that there is very little public support from the residents of the proposed neighbourhood. We contend that this must be because existing contractors already provide a more than adequate level of pharmaceutical services to the Applicant’s proposed neighbourhood.
- 6.19 The neighbourhood redevelopment has been in planning stages for some years, and housing growth has been slow. The impact of COVID and the recent economic downturn has meant further delays and we expect any significant housing development to be at least another 10-15 years.
- 6.20 The Panel must consider what the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood are. There are currently four pharmacies who are all meeting the pharmaceutical needs of the residents of the Applicant’s proposed neighbourhood.
- 6.21 The Applicant has provided no evidence of inadequacy in the current level of provision of pharmaceutical services and there would appear to be very little public support for this application. It is evident that residents have no difficulties accessing pharmaceutical services.

- 6.22 Summary
- 6.23 In summary, we believe there is no evidence of inadequacy of the provision of pharmaceutical services to residents of the proposed neighbourhood currently.
- 6.24 The most recent iteration of NHS Lothian's Pharmaceutical Care Services Plan makes no reference for a need for a community pharmacy in the Applicant's proposed neighbourhood and indeed there have been no complaints to the Health Board regarding existing service provision and accessibility as far as we are aware
- 6.25 The panel will be aware that in 2019 Lindsay & Gilmour made an application for a pharmacy contract within this neighbourhood and was unsuccessful.
- 6.26 The panel will also be aware that the current applicant made a similar application in 2014, at the same location, which was also unsuccessful
- 6.27 In our opinion there have been no significant changes in the neighbourhood since the previous decision of the Pharmacy Practices Committee in 2019.
- 6.28 We 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.
- 6.29 This concluded the representation from Mr Galt.
- 6.30 **The Chair invited Mr Yousaf to question Mr Galt**
- 6.31 Mr Yousaf referenced Mr Galt's comment regarding no significant changes within the Neighbourhood and queried what would constitute as a significant change. Mr Galt responded to clarify he was referring to the level of building works to be undertaken were still in their planning phase since last application in 2019.
- 6.32 Mr Yousaf referenced the construction work of Western Villages of 450 houses and will yield 1000 people as not being a significant milestone. Mr Galt responded stating that there was no evidence to demonstrate that these extra residents have not been being met by existing pharmacies serving the neighbourhood both during and post Covid.
- 6.33 Mr Yousaf requested Mr Galt's thought in relation to the Lindsay and Gilmour 2019 Application using FOI data regarding the provision of service provided by Lloyds Pharmacy as being inadequate and his use of this same information for today's application highlighting Lloyds are still unable to cope with demand. Mr Galt responded that it was ultimately for the PPC to decide whether there are any inadequacies or not.
- 6.34 Mr Yousaf queried whether in the eyes of Mr Galt a fully development neighbourhood would be likely 15 years away once all the development was complete. Mr Galt responded that as he is neither a construction expert nor planning developer, he would be unable to answer this query as to what the

needs of any potential neighbourhood would be. However, any decision for adequacy or not would be evidence based and noted here and now in not in 5-15 years' time.

- 6.35 Mr Yousaf enquired how many pharmacists are in Lindsay & Gilmour's Crewe Road branch pharmacy. Mr Galt responded that 1 full time pharmacist and 3 days of double cover.
- 6.36 Mr Yousaf enquired whether Pharmacy First+ was being delivered within the Lindsay & Gilmour's Crewe Road branch pharmacy. Mr Galt confirmed that Pharmacy First+ service is not delivered at this branch.
- 6.37 Mr McGregor (Lay Member) raised the point to be addressed on the Procedural point raised by Mr Galt regarding the ½ mile radius and the exclusion of other pharmacies within that area for this application.
- 6.38 Mr Connor noted he was not in position in 2019 but understood that it is up to the Board to determine what area they survey and for inner city areas they have this now at ½ mile radius which may or may not have been the case in 2019. In recent PPC that the Chair had attended, the radius was set at ½ mile and this is what we have been informed of and are working to today.
- 6.39 If this is indeed noted as being an error by the Board then this will be highlighted in the minutes and could be open for appeal. At this time, I ask that Mr Galt's point is acknowledged but we move on and deal with the papers and situation to hand.
- 6.40 **The Chair then invited questions from the Committee to Mr Galt.**
- 6.41 **Mr McGregor (Lay Member) to Mr Galt**
- 6.42 Mr McGregor noted from papers available to the PPC that there are no complaints on file for Lindsay & Gilmour Pharmacy. Mr Galt confirmed that he was not aware of any/
- 6.43 Mr McGregor referenced the CAR and members of the public's comments regarding long waiting time and queues outside the pharmacy in the rain and asked for any responses. Mr Galt responded that during Covid and post Covid it was not uncommon due to Government imposed social distancing and limited numbers permitted to be instore to have these issues. These are resolving not just within Lindsay & Gilmour Pharmacy but every pharmacy in the whole of Scotland. Unlike GP colleagues who essentially closed their doors, pharmacies remained open and our team across our Group have performed exceptionally well through Covid and continue to do so.
- 6.44 Mr McGregor noted dispensing figures provided to the PPC up to July 2022 as being fairly stable at around 11,000 per month and enquired whether this has changed in any way since. Mr Galt confirmed it has been stable and went on to note that the pharmacy had a complete refit in 2020 prior to Covid but was still completed that year which effectively doubled the space available for dispensing so there are no issues with capacity at this pharmacy.

- 6.45 **Ms Blair (Lay Member) was invited to question Mr Galt but this was declined**
- 6.46 **Mr Ash (Lay Member) to Mr Galt**
- 6.47 Mr Ash enquired whether there were any plans to include Pharmacy First+ service at Lindsey & Gilmour Pharmacy. Mr Galt responded that they are planning to offer this service and a number of pharmacists are undertaking the independent prescriber training and they will be looking to roll this out when possible. He went on to note that Pharmacy First+ is not a core service but that they offer Pharmacy First and do so very successfully. And as a business are keen to extend the include the prescribing element.
- 6.48 Mr Ash referenced the Applicants point about not just the future population but demographic changes also and wishes to raise this around work practices during Covid and queried if Mr Galt would like to comment. Mr Galt responded to note that they had no seen any change in demands of the demographics during covid other than an increase in deliveries which still remains around 80 per day and still has capacity.
- 6.49 **Ms Gajree (Non-Contractor Pharmacist Member) was invited to question Mr Galt but this was declined**
- 6.50 **Ms Greig (Contractor Pharmacy Member) to Mr Galt**
- 6.51 Ms Greig requested more information around activities during Covid and how they impacted Lindsay & Gilmour. Mr Galt responded to note the challenges that they and all Pharmacy's encountered at the start of Covid; marked increase in capacity at the pharmacy and therefore challenges impacted with the start of Covid, a refit to enable 2 consultation rooms and did a lot of work with NHS loading in 2021. Lindsay & Gilmour were involved in a small pilot of 20 pharmacies in Scotland selected based on demographics needs of a particular cohort for Covid vaccine delivery and 5500 were issued in total across the 20 pharmacies showing our team working exceptionally well. They got involved with the Winter Vaccine 2022 campaign (Flu and Covid) and had 330 appointments at the pharmacy over a 5 week period. The refit has enables us to have the clinical space to deliver these services.
- 6.52 **Mr Connor (Chair) to Mr Galt**
- 6.53 Mr Connor noted as the closest pharmacy to the proposed neighbourhood, whether there was an idea of the throughput from that area to Lindsay & Gilmour. Mr Galt responded that he did not have that type of information to hand but wished to highlight that with earlier applications in 2010 by Lloyds and 2014 by the Applicant that there may have been some notes of inadequacies in the area. The application in 2019 by Lindsay & Gilmour was purely to test the views of the PPC as with it is today if it is determined any inadequacy. As the closest to the area, we would want to be the one to provide service as we are a business after all and the view of the PPC in 2019 was that there was indeed no inadequacy in the area and that continues to be the case today.

- 6.54 **The Chair had no further question for Mr Galt but offered Members the opportunity to ask additional questions given the information provided**
- 6.55 **Mr Galt to Mr Yousaf**
- 6.56 Mr Galt enquired whether the Applicant had applied for any other Pharmacy Contracts recently or currently. The Applicant noted that between the period of 2000 and 2015 he had submitted many applications for pharmacy contract all turned down by PPC's in the past.
- 6.57 Mr Galt then asked the Applicant if he had a current application for Muirhouse. The Applicant confirmed that a current application was open for Muirhouse one of the most deprived neighbourhoods of Scotland.
- 6.58 There were no further questions from Members
- 6.59 The Chair asked all parties to sum up in reverse order starting with **Mr Galt for Lindsay & Gilmour Pharmacy**

7 Summing Up

- 7.1 Interested party
- 7.2 As stated, we are concerned that there's been no attempt to consult with other pharmacy contractors within the area and we believe that there has been no significant change to the services and the provision in the neighbourhood as it stands. And as such we believe that the evidence the applicant has provided no evidence of inadequacy and the current level of provision of pharmaceutical services.
- 7.3 And we would ask the panel to refuse this application, as it's neither necessary nor desirable in order to secure the other Cooper vision of services in the neighbourhood in which the premises are located.
- 7.4 **The Chair asked Mr Mohammed Yaseen Yousaf for Tick Pharmacy to sum up**
- 7.5 Applicant
- 7.6 So to begin, I'd like to say that from day one, I'll be providing pharmacy first plus service, and are ready to get that implemented and I think that that is the way forward. And indeed, NHS Lothian is keen to see the increase in the number of independent prescribers and I think that will be very, very important. But I think based on Mr. Galt's logic there, consulting other pharmacy contractors believe it just showed that the feeling of pharmaceutical service provision as a whole in Northwest Edinburgh where we can see that Lloyds pharmacy is wholly inadequate and that has been corroborated by the Freedom of Information request, with you know complaints and accuracy checking errors.

- 7.7 If we look at pharmacy service provision as a whole in the in the area it is inadequate and in light of more probable facts it looks likely. They continued to be that case.
- 7.8 Today, I believe I have demonstrated with great precision that pharmaceutical service provision is inadequate in the neighbourhood, and the need for a new pharmacy is both necessary and desirable to secure adequate pharmaceutical services. As I alluded to earlier, the Lothian Area Pharmaceutical Committee, despite not providing a timely response, the majority of Members did not object to this application
- 7.9 The Lothian General Practitioners Sub-Committee of the Area Medical Committee “have no objections to this and crucially they would welcome new services for the new area described.”
- 7.10 So that just shows you that the impact on the number of people are having a General Medical services in the areas and of course that impacts community pharmacy.
- 7.11 Decisions on location and provision of pharmacy services should have regard to the Government’s and Health Board policies on sustainable development. The Pharmaceutical Care Services Plan 2021, for example, clearly states that “20-minute neighbourhoods and sustainability objectives should be considered as part of the process in determining where community pharmacies are sited in the future.”
- 7.12 I think this is really important because ultimately in Edinburgh, you know we have a fantastic transport system, well-lit roads, etc. So really in Edinburgh nobody’s any more than 5 minutes away from the pharmacy, you know, but we need to be sensible here. We need to look at developments and the fact that 20-minute neighbourhoods and sustainability objectives should be at the core of that decision now.
- 7.13 The Council’s drive to deliver 20,000 affordable homes by 2027, there is going to be a significant burden placed on pharmacy contractors. I have highlighted that the Northwest has seen the largest population growth in Edinburgh, and has seen the greatest level of social and affordable housing investment across the city
- 7.14 Now consider where Granton Waterfront is located and the neighbourhoods on the cusp. There is already a great demand for pharmaceutical services from within these neighbourhoods, in particular, with record numbers of substance misuse patients. I have provided incontrovertible proof regarding the fact that in this part of Northwest Edinburgh, we have a growing population, as well as an ageing population, so this will invariably result in multi-morbidities, poly-pharmacy related issues, as well as significant social and economic challenges facing these neighbourhoods
- 7.15 We know that GP pressures have only increased, as evidenced in the latest Scottish Health and Care Experience (HACE) Survey results released last year. GP practice list sizes for both Crewe Medical Centre and Muirhouse Medical Group are at capacity, with the latter operating from two sites which

as been ongoing since 2019. This will be further exacerbated by the population increase, thereby putting more pressure on GPs and community pharmacy contractors. A new health centre will be opening during phase one of the development.

- 7.16 Pharmacies should now be woven into the fabric of any community, especially as pharmacies are doing more than ever. Pharmacy First Plus clinics are the way forward and I would argue that every community should have a prescriber located within it. Indeed, NHS Lothian is keen to see the expansion of the number of qualified Pharmacist Independent Prescribers.
- 7.17 This will ease the pressure on general medical services, including the Lothian Unscheduled Care Service (LUCS).
- 7.18 As a prescriber, I am also proposing to implement the Pharmacy First Plus clinic, so instead of competing with any fellow contractors, I will in fact be a complementary pharmacy business to others on the pharmaceutical list.
- 7.19 The opening of this pharmacy will in no way affect the commercial viability of any other contractor to such an extent that it will render them unable to provide all core pharmaceutical services.
- 7.20 Importantly, I also think a distinction needs to be made between providing core pharmaceutical services and providing other non-commissioned services. Every business should have a resilience plan. Part of this is to have a number of different revenue streams. However, what can happen and we see this within some of the pharmacy chains, contractors lose focus of their contractual obligation to provide core pharmaceutical services. I can assure you today that I will not renege on any of my contractual obligations.
- 7.21 I hope you concur with my findings and unanimously agree with having a new pharmacy contract established in the neighbourhood, as a pragmatic and responsible approach must be adopted here, because there will be an even greater demand for pharmaceutical services over time, and as such, the pattern of service provision must adapt accordingly.
- 7.22 Thank you very much indeed for your time.

8 Retiral of Parties

- 8.1 The Chairman 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 Chairman advised that the Committee would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared, and a copy issued to all parties as soon as possible. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.
- 8.2 The Chairman advised the Applicant and Interested Party that it was in their interest to remain available until the Committee had completed its private

deliberations. This was in case the open session was reconvened should the Committee require further factual or legal advice in which case, the hearing would be reconvened, and the parties would be invited to come back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.

- 8.3 The hearing adjourned at 1148 hours to allow the Committee to deliberate on the written and verbal submissions.

9 Supplementary Information

Following consideration of the oral evidence, the Committee noted:

- i. That they had independently undertaken a site visit of 1 Saltire Square, Edinburgh EH5 1PR and the surrounding area noting the location of the proposed premises, the pharmacies, general medical practices and the facilities and amenities within.
- ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and GP surgeries within North Edinburgh and the surrounding area.
- iii. Dispensing statistics of the Community Pharmacies in North Edinburgh,
- iv. Report on Pharmaceutical Services provided by existing pharmaceutical contractors to the neighbourhood

The application and supporting documentation including the Consultation Analysis Report provided by the Applicant.

10 Summary of Consultation Analysis Report (CAR)

10.1 Introduction

- 10.2 NHS Lothian undertook a joint consultation exercise with Tick Pharmacy Ltd regarding the application for a new pharmacy within 1 Saltire Square, Edinburgh EH5 1PR.

- 10.3 The purpose of the consultation was to seek views of local people who may be affected by this or use the pharmacy at its proposed new location. The consultation also aimed to gauge local opinion on whether people felt access to pharmacy services in the area was adequate.

10.4 Method of Engagement to Undertake Consultation

- 10.5 The consultation was conducted by placing an advertisement in the Edinburgh Evening News; notifications being placed on the Health Board Twitter and Facebook pages; a link to the consultation document on NHS Lothian website (www.nhsllothian.scot); hard copies of the questionnaire were available and could be requested by telephone. Respondents could reply electronically via Jisc Questionnaire or by returning the hardcopy questionnaire.

- 10.6 The Consultation Period lasted for 90 working days and ran from 1st February 2022 until 7th June 2022.

10.7 Summary of Questions and Analysis of Responses

10.8 Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; perceived gaps/deficiencies in existing services; wider impact; impact on other NHS services and optional questions on respondents' addresses and circumstances.

Question	Response Count			Response Percent %		
	Yes	No	Don't Know	Yes	No	Don't Know
1 Do you think the neighbourhood described is accurate	16	5	1	72.7	22.7	4.5
2 Do you think there are gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood?	13	9	0	59.1	40.9	0
3 What impact do you think a community pharmacy would have in the neighborhood	14	6	1	66.7	28.6	4.8
4 What are your views on the pharmaceutical services being proposed by the applicant?	14	7	1	63.6	31.8	4.5
5 Do you think there is anything missing from the list of services to be provided?	6	11	5	27.3	50	22.7
6 Do you think a community pharmacy in the neighborhood will work with other NHS health services such as GP practices	15	5	1	71.4	23.8	4.8
7 Do you believe the proposed pharmacy would have a positive or negative impact on existing NHS services	13	6	3	59.1	27.3	13.6
8 What do you think about the proposed opening hours	14	4	4	63.6	18.2	18.2

10.9 In total 22 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.

10.10 From the responses 20 were identified as individual responses and 2 responded on behalf of a group/organisation.

10.11 Consultation Outcome and Conclusion

10.12 The use of JISC Questionnaire allowed views to be recorded and displayed within the full Consultation Analysis Report in a clear and logical manner for interpretation.

11 Decision

11.1 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.

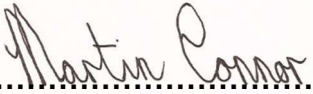
The Committee noted and took cognisance of the NHS Lothian Plan for Pharmaceutical Care Services Delivered by Community Pharmacy 2021.

11.2 Neighbourhood

- 11.3 The Committee noted the neighbourhood as defined by the Applicant and the view of the Interested Party and that it should be a neighbourhood for all purposes. A number of factors were taken into account when defining the neighbourhood, including those residents in it, 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, the distances residents had to travel to obtain pharmaceutical and other services and also the availability of public transport and parking.
- 11.4 The Committee agreed that the neighbourhood as defined by the Applicant accurately reflects the area and is noted as follows:
- North: Firth of Forth
East: Lochinvar Drive
South: West Granton Road
West: Marine Drive
- No contention of the definition of Neighbourhood was noted and Committee noted and agreed the Boundary.
- 11.5 The Committee agreed that within this area there was a significant residential population. The area lacked amenities of the nature that would be expected within a neighbourhood.
- The Committee did however recognise that a “neighbourhood for all purposes” as described within the initial guidance to the regulations, had changed over time, given the significant lack of amenities such as shops, banks, schools within the area.
- 11.6 **Adequacy of existing provision of pharmaceutical services and necessity or desirability**
- 11.7 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.
- 11.8 The committee noted there was no pharmacy within the neighbourhood and the location of the one existing pharmacy is in Granton. The committee noted that both the applicant and the interested party agreed that three other pharmacies within a mile of the neighbourhood also provided services into the neighbourhood.
- 11.9 The PPC considered the CAR. They noted that the level of responses were low but also noted that many of the respondents had chosen to provide additional narrative as part of their submission. From these, the PPC considered that the responses were personalised and made independently given the range of opinions expressed and vocabulary used.
- 11.10 The Committee noted that the level of responses was lower than normal for this type of exercise perhaps due to previous applications and resulting CARs

- for this Neighbourhood since 2010 and questionnaire lethargy resulting due to this. The committee noted that there were a few comments on difficulty in accessing services but most of the comments were around the convenience and extra services above the core that the new pharmacy would bring.
- 11.11 The Committee noted the lack of community engagement by the Applicant in the highlighting of the Application both via social media, Community Council and local businesses to encourage a higher response level.
- 11.12 The existing pharmacy serving the proposed neighbourhood provides all core services. It was noted during the representations by Lindsay & Gilmour Pharmacy that they offer a free delivery service. Patients could have a private consultation with a pharmacist.
- 11.13 The Committee noted that the applicant put a heavy weighting on the need to take in to account future development including a new GP Practice as well as the present situation.
- 11.14 The Committee noted that development to date had not seen a significant rise in prescriptions with the figures for Lyndsay and Gilmour remaining stable during 2022. The committee also noted that there had been no complaints against Lyndsay and Gilmour in the reports received.
- 11.15 The Committee noted that the increase in population due to the new Development did not significantly impact the current provision of pharmaceutical services.
- 11.16 The committee noted that although development was underway the development would take fifteen years to mature with most of the houses being built after 2025.
- 11.17 **In accordance with the statutory procedure Ms Kaye Greig (Contractor Pharmacist Member) and Ms Judie Gajree (Non-Contractor Pharmacist Member) left the hearing at this point.**
- 11.18 **The Committee concluded that there was no evidence provided to demonstrate any inadequacy of the existing pharmaceutical services to the defined neighbourhood.**
- 11.19 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.
- 11.20 Accordingly, the decision of the Committee was unanimous that the provision of pharmaceutical services at the premises was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was rejected. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.

The meeting closed at 1338 hrs.

Signed: 

[Chair name]
Chair – Pharmacy Practices Committee

Date: 8 March 2023