



Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Tuesday 26th September 2023 at 0930 hrs via MS Teams

The composition of the PPC at this hearing was:

Chair: William McQueen

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

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

Kaye Greig
Vinny Bilon

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

Judie Gajree

Observer: Chris Freeland, (Contractor Pharmacist) NHS Lothian
Ellen Jo Fowler, (Lead Pharmacist) NHS Lothian
Katerina Marinitsi (Contractors Support Officer) NHS Lothian

Secretariat: Nicole Smith, NHS National Service Scotland

1.	APPLICATION BY TPB Partnership LLP
1.1	There was an application submitted and supporting documents from TPB Partnership LLP received on 11 th April 2023, for inclusion in the pharmaceutical list of a new pharmacy at 269 High Street, Linlithgow, EH49 7EP.
1.2	Submission of Interested Parties
1.3	The following documents were received: <ul style="list-style-type: none">i. Letter dated 18 May 2023 from Mr Matthew Cox of Lloyds Pharmacy Ltd.ii. Letter dated 12 May 2023 from Mrs Joanne Watson of Boots UK Ltd.iii. Letter dated 7th June 2023 from Mr Chris Cook of the Linlithgow and Linlithgow Bridge Community Council.

1.4	Correspondence from the wider consultation process undertaken
	<ul style="list-style-type: none"> i) Consultation Analysis Report (CAR) ii) Letter dated 13 September 2022 from Fiona Hyslop MSP iii) Email dated 6 April 2023 from Councillor Pauline Orr of West Lothian Council iv) Letter dated 10 May 2023 from Dr Stewart Box of Linlithgow Group Medical Practice v) Emailed received from patients (10) to NHS Lothian directly with views of pharmacy provision in Linlithgow. vi) Letter dated 23 August 2022 from Martyn Day MP for Linlithgow & East Falkirk Constituency, House of Commons vii) Letter dated 20 April 2023 from Councillor Tom Conn of West Lothian Council
2.	Procedure
2.1	At 0930 hours on 26 th September 2023, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by TPB Partnership LLP (“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 to the meeting and introductions were made. When asked by the Chair, members confirmed that the hearing papers had been received and considered. When committee members were asked by the Chair in turn to declare any interest in the application, none were declared.
2.3	Members of the Committee had undertaken independent site visits to 269 High Street, Linlithgow, EH49 7EP 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 Chair advised that Nicole Smith was independent from the Health Board and was solely responsible for taking the minute of the meeting.
2.5	The Chair 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 Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes

	contained within the papers circulated. The Applicant was invited to enter the hearing.
	The open session convened at 0930 hrs
3.	Attendance of Parties
3.1	The Chair welcomed all and introductions were made. The Applicant, TPB Partnership LLP represented by Mr Martin Green and supported by Mr Tom Byrne. From the Interested Parties eligible to attend the hearing, LP North Sixteen Limited represented by Mr Tom Arnott and supported by Mr Mahyar Nickkho-Amiry, Boots UK Ltd represented by Mr Scott Jamieson and supported by Mrs Emma Robb, and the Linlithgow and Linlithgow Bridge Community Council represented by Mr Graeme Grant and supported by Mr Chris Cook.
3.2	The Chair advised all present that the meeting was convened to determine the application submitted by TPB Partnership LLP in respect of a proposed new pharmacy at 269 High Street, Linlithgow, EH49 7EP. The Chair confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended, which the Chair read out in part:
3.3	“5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located...”
3.4	The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.
3.5	The Chair asked all parties for confirmation that these procedures had been understood. Having ascertained that all parties understood the procedures the Chair confirmed that the Oral Hearing would be conducted in accordance with the Procedure at Hearings document contained within the papers circulated.
3.6	The Chair confirmed that members of the Committee had independently conducted site visits in order to understand better the issues arising from this application. Assurance was given that no member of the Committee had any interest in the application.

3.7	The Chair asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement.
4.	Preliminaries
4.1	<p>The Chair noted that the recent change in ownership of the Lloyds Pharmacy close to the medical centre in Linlithgow added complexity to this case. Legal advice had been sought on the following three matters, and it had been shared in full, in writing, with interested parties in advance of the Hearing:</p> <ul style="list-style-type: none"> • Given the change of ownership of Lloyds Pharmacy since the date of the application and deadline for submissions from interested parties, who should be entitled to appear as representation? <ul style="list-style-type: none"> ○ The owner of the premises as of the date of the hearing should be the party to “stand in the shoes” of the original party making representations at the time of the application (Lloyds). At the date of the Hearing the company which owned the former Lloyds Pharmacy was LP North Sixteen Limited and it had nominated Mr Arnott as its representative. • How should the Committee consider the matter of adequacy of pharmaceutical services in and into the neighbourhood when one pharmacy had changed ownership and was commonly understood to be in the process of changing ownership again to an ultimate operator of the premises? <ul style="list-style-type: none"> ○ The Committee should take into consideration probable near-future changes that could impact the provision of services in the area when determining the matter of adequacy of pharmaceutical services in the neighbourhood. • How should the Committee deal with the aspects of potential challenge to the ability of the applicant to secure access to the premises if approval were to be given today? <ul style="list-style-type: none"> ○ Following site visits undertaken by PPC members in recent days, an issue concerning the lease of the proposed premises was raised by NHS Lothian with the applicant, written assurances had been received and the Committee was content to proceed with the hearing on the basis of the material received from the applicant.
5.	Submission
5.1	The Chair invited Mr Martin Green, to speak first in support of the application.
5.2	Good morning, the TPB Partnership is grateful to have the opportunity to be able to present its case that a new pharmacy, at 269 High Street Linlithgow, EH49 7ER, is both necessary and desirable to secure adequate provision of services to the neighbourhood of Linlithgow.
5.3	We believe it is important to recognise that our application was initiated on 1 st November 2019, almost 4 years ago and that the significant inadequacies that existed at that time have worsened further.

<p>5.4</p>	<p>I will now define the neighbourhood;</p> <ul style="list-style-type: none"> • To the North: the M9 motorway; • To the South: a horizontal line from the southern boundary of Linlithgow golf club to its intersection with the Kingscavill / Ochiltree Castle Road to the east and the Claud Burn to the west; • To The West: The River Avon from its intersection with the M9 to its intersection with the Claud Burn. The Claud Burn south until its intersection with the southern boundary line of Linlithgow Golf Club; • To the East: A vertical extension of the Kingscavill / Ochiltree Castle Road north to its intersection with the M9.
<p>5.5</p>	<p>We believe that Linlithgow is easily identifiable as a neighbourhood. The neighbourhood is clearly delineated and bounded by open green fields on its Northern, Southern, Eastern and Western boundaries.</p>
<p>5.6</p>	<p>Linlithgow is an ancient town, it lies in the Central Belt on an historic route between Edinburgh and Falkirk beside Linlithgow Loch. The town is situated approximately 20 miles (32 km) west of Edinburgh and 35 miles from Glasgow.</p>
<p>5.7</p>	<p>Linlithgow gained its royal status as a burgh in 1388 and was, prior to the pandemic, considered to be a commuter town for both Edinburgh and Glasgow, with many families attracted to settle here due the quality of schooling, quality of housing, transport linkages, the surrounding environment and its' amenities.</p>
<p>5.8</p>	<p>The town underwent significant development in the 1990s and now has a population of approximately 13,500 with the Linlithgow ward having a population of approximately 17,500. As of 12th September 2023, there were 15,717 patients registered with the GP practice in the town. Would suggest this is a minimum or conservative representation of number of patients accessing health services in the town.</p>
<p>5.9</p>	<p>Linlithgow has five primary schools (Linlithgow Bridge, Linlithgow, St Joseph's, Low Port and Springfield), one secondary school (Linlithgow Academy), three existing supermarkets (Sainsbury's, Aldi's and Tesco's) and a Marks and Spencer's food hall scheduled to open at the turn of the year.</p>
<p>5.10</p>	<p>The Stockbridge retail park in the town has a large B&M store selling food, gardens supplies, DIY and household items. The retail park also includes a "Pets are Us" and a recently opened Pure Gym.</p>
<p>5.11</p>	<p>There is a recently extended sports centre in the town with a swimming pool and new cycle track.</p>
<p>5.12</p>	<p>The high street contains a comprehensive range of retail businesses including book shops, specialist delis, butchers, bakers, hairdressers, barbers, nail salons, vape shop, travel agents, specialist DIY shops, cafes, and fast-food outlets.</p>

5.13	Linlithgow has a post office. Linlithgow also has a bank, not many other towns of this size have that. There are four restaurants in the town, five if you include the golf club. There are four garages offering a full range of car servicing and repairs. Linlithgow has four opticians. Linlithgow has four dental surgeries with 17 dentists. There are two care homes and two sheltered housing facilities in Linlithgow.
5.14	A large health centre housing the Linlithgow Group Medical Practice with doctors, nurses, physios and pharmacists. The practice currently has ten partners, one salaried GP and three GPST3 doctors and nine doctors in their final year of GP training. There are three practice nurses, one of whom is a nurse prescriber. There is a district nursing team based in the health centre, one of whom is a nurse prescriber. The practice also has a pharmacotherapy pharmacist, who is an independent prescriber doing five sessions a week and two pharmacy technicians who do eight sessions between them. There are two pharmacies in the town.
5.15	In short, the residents of Linlithgow have no requirement to leave the neighbourhood to access services. Their day to day, and other living requirements, are more than met by the businesses in the neighbourhood, with the glaring exception of pharmacy services.
5.16	The town is one of the biggest generators of online deliveries on a per capita basis in the UK; further demonstrating people do not leave the town to access services.
5.17	Linlithgow is seeing increasing numbers of tourists visiting the town and the Linlithgow and Linlithgow Bridge town council is actively engaged in further developing Linlithgow as a tourist destination.
5.18	The new Marks and Spencer's food hall and Pure Gym will undoubtedly draw more people from surrounding neighbourhoods to Linlithgow. These developments will place even further demands on the currently inadequate pharmacy services.
5.19	In the course of our presentation, we will provide overwhelming and irrefutable evidence of the inadequacy of current services and that the only remedy to this situation is to grant this contract application.
5.20	We have copies of the proposed premises layout for the committee to consider if they are not included in your pack. You will see that we will have a consultation room to allow us to develop the delivery of pharmaceutical services fit for patient centred care in the 21 st century supporting the increasing demand on access to primary care services.
5.21	The premises will comply with all requirements regarding disabled access, including off street entry and will have an automatic power assisted door. The premises will also meet the standards required by the General Pharmaceutical Council for registration. In addition, the premises also benefits from dedicated parking facilities immediately outside the proposed pharmacy. Additional parking is also available close by at the health centre and the loch side carparks.
5.22	We will install a medication locker, subject to the relevant planning approvals, to allow patients 24/7 access to pick up their medicines.

5.23	The TPB partnership LLP has secured the lease for these premises subject to a successful outcome of this application. A letter confirming the owners will lease us the property on contract award has been provided. These premises are the third set of premises that we have had to secure, with the associated costs, during the duration of this application, demonstrating our commitment to the town and its residents to address the inadequate service provision, which has existed for quite some time.
5.24	The pharmacy will provide the full range of NHS services to the population including the Acute and Chronic medication services, pharmacy first and pharmacy first plus service and the Public Health Services of smoking cessation, emergency hormonal contraception. The pharmacy will also provide all locally negotiated services, where invited to do so. We would also wish to offer independent prescribing clinics to support patient centred care within the community setting.
5.25	The pharmacy will deliver pharmaceutical care in line with the Scottish Government “Achieving Excellence in Pharmaceutical Care” strategy. The aim of this strategy is to increase access to community pharmacy and for community pharmacy to be the first port of call for managing self-limiting illnesses and supporting the management of stable long-term conditions.
5.26	We would also intend to have our pharmacy work with the Health and Social Care Partnership to develop new roles and partnership working to contribute to the provision of primary care.
5.27	A prescription collection and delivery service will also be provided to meet the needs of the Linlithgow population.
5.28	<p>We have provided the PPC with collated housing statistics for the Linlithgow and Linlithgow Bridge Community Council area contained within the Linlithgow: A Plan for the Future 2020–35, a copy of which has also been provided. The housing statistics are in three parts:</p> <ul style="list-style-type: none"> • From 1997 to 2018 exactly 500 houses were built. • Those in the 2018 Local Development Plan which have been built, are underway or have planning permission but not started yet. (238) • Those in the 2018 Local Development Plan without planning permission although two have been applied for. (563)
5.29	While figures for the next five years have not yet been finalised, due to a delay in updating the West Lothian Development Plan it is anticipated that an additional 500 houses will be built.
5.30	West Lothian Council have recently reviewed their previous justification for Linlithgow being designated an area of restraint and after considering the infrastructure requirements and all relevant environmental considerations in the town, concluded that there is scope to allow for further development within the town. Consequently, the ‘area of restraint’ designation previously applied to Linlithgow was removed. Land at Linlithgow has been identified for release for development in order

	to address housing needs and demand following a sequential approach to development. The Council have, however, stated that housing development can only proceed once secondary school capacity is available.
5.31	Linlithgow and Linlithgow Bridge Community Council confirm that there is significant pressure for more housing development in Linlithgow and no shortage of developers wishing to capitalise on the demand. The previous lack of educational capacity has long been cited by West Lothian Council as the reason to restrict development. The opening of two secondary schools and a primary school in Winchburgh in the last year has provided capacity in the Linlithgow schools, which had previously been a barrier to development.
5.32	In the last two years 40 houses have been completed at the Queenswood development at the eastern edge of Linlithgow and 60 houses are currently being built at Preston Glade towards the southern boundary of Linlithgow.
5.33	Wilcoxholm farm and Brughmuir development would bring in excess of 500 additional houses to Linlithgow should they proceed.
5.34	Planning has been submitted for a new 60 bed care home and additional 18 two-bedroom flats by Morrison Community Care Group. This development would place additional demand on the existing pharmacy services, which cannot currently cope.
5.35	It is highly probable that there will be further development within the neighbourhood of Linlithgow in the next couple of years.
5.36	Evidence of the longstanding inadequacy of services to the neighbourhood can be seen in the complaints that have been made about the services dating back to 2016/17. Two FOI requests to NHS Lothian, copies of which are in your papers, from December 2019 and from earlier this year showed that there were complaints regarding Pharmacy services in Linlithgow as follows; <ul style="list-style-type: none"> • 2016/17 - 6 Lloyds • 2917/18 - 22 Lloyds • 2018/19 – 33 Lloyds • 2020/21 - 8 Lloyds • 2021/22 – 47 Lloyds & 4 Boots
5.37	We would ask the PPC to consider where else they have seen these number of complaints over a five-year period.
5.38	In their response to this FOI NHS Lothian also stated that they do not accept (or record against specific services) any complaints made directly to them in relation to any independent contractor. NHS Lothian do not forward these complaints to the relevant organisation but instruct the complainer to do that. The complaint figures reported are self-reported by the contractor. Therefore, the true extent of the number of complaints is unknown. We wonder, with an approach such as this, how the Pharmaceutical Care Service Plan takes account of these issues.

5.39	At the time of our FOI enquiry the complaints data for 2022/23 had not yet been finalised and was not provided. We believe that data is now available the PPC may have had access to those updated figures.
5.40	We are aware of a number of Linlithgow residents who have written to NHS Lothian since the 2021/22 complaints data was provided and believe there to have been a further increase in complaints.
5.41	The number of complaints that have been received since 2016 clearly demonstrate a long-standing issue with inadequacy that neither of the current contractors have addressed resulting in further deterioration of services.
5.42	We provided the PPC with links to the Public Health Scotland website that details contractor activity and stated we would refer to dispensing and core service information relating to the pharmacies in Linlithgow as well as other pharmacies that could be considered to provide services into the neighbourhood. The PPC will also have access to prescribing and dispensing activity by the GP practice and pharmacies in the town.
5.43	These figures show the items dispensed by each of the current pharmacies in Linlithgow (table in submitted statement). In 2022 there were an average of 16,000 items per month dispensed between the two pharmacies in Linlithgow.
5.44	The table in submitted statement details the number of forms and items generated by the Linlithgow Health Centre from 2019 to 2022. Figures obtained from a FOI request to NHS Lothian. In 2022 the pharmacies in Linlithgow, between them, dispensed 189,867 items, but the surgery generated 217,088 items. Therefore, 27,221 items were dispensed elsewhere.
5.45	The table in submitted statement contains data on items prescribed by the Linlithgow medical practice but dispensed in Winchburgh. Data again obtained from FOI to NHS Lothian. A number of respondents quoted in the CAR stated that they had to travel to Winchburgh to access pharmaceutical services. The 2022 figure for paid forms equates to 15 forms per day based on six day opening.
5.46	The table in submitted statement details eMAS and Pharmacy First Items for Lloyds and Boots in Linlithgow from the period 2017 to 2022. These clearly demonstrate that these services were not being appropriately provided in the neighbourhood by both current pharmacies. eMAS and Pharmacy First activity of both contractors in Linlithgow is approximately a half of national the average. This further demonstrates the inadequacy of the services in terms of access to additional services. The pharmacies are so overwhelmed attempting to simply dispense medicines they are failing to offer additional services as required by the neighbourhood.
5.47	The table in the submitted statement contains information on dispensed Items in destination pharmacies in Glasgow and Edinburgh that people could reasonably have accessed for pharmaceutical services before working from home became part of normal life. The significant reduction in items being dispensed in these “destination” type pharmacies in city centres is entirely reflective of the changes in population movements following the pandemic. These figures provide further

	evidence of people continuing to work from home and not accessing services in city centres, close to where they used to work, but now accessing these services at their working from home location. This change in population movement combined with an ageing population has stretched local services beyond their capacity.
5.48	The latest population statistics for West Lothian (National Records Scotland), indicates the area's population stood at 183,820 in June 2020, the ninth highest population Scotland. In the 10 years previous, the population in the local area had grown 19.5%, the second highest increase of all the local authorities in Scotland and two and a half times that of the Scottish average (7.6%). Further increases in the local population are also projected, with a 5.9% increase predicted by 2028, three times the increase of the national average. The population is predicted to grow primarily by net migration into the area (4.9% rise, supplemented with births exceeding deaths by 0.8%). It is noted that there is projected to be approximately 12,000 new homes built in the West Lothian area by 2027. Data from National Records of Scotland (NRS) also indicates that the male and female population in West Lothian is projected to increase by 6% and 5.7% respectively. There are differences in the population projections by age, as outlined in Table 1 in submitted statement.
5.49	In Linlithgow almost 33% of the population are in the age range 45-64, as this cohort of the population ages they will place even greater demands on health care services that are already overstretched.
5.50	Linlithgow has the longest life expectancy of any town in West Lothian, and it is reasonable to predict that the demand for access to services will be even greater in Linlithgow, as the population ages, than other areas of West Lothian.
5.51	The long-term condition prevalence data for Linlithgow data, below, was provided by the practice manager at the Linlithgow Group Medical Practice and shows that Linlithgow has a higher prevalence of certain conditions than the national average. <ul style="list-style-type: none"> • Asthma – 1077 (6.85%) (6.3% nationally) • AF – 356 (2.27%) (2.6% nationally) • CHD – 515 (3.28%) • CKD – 459 (3.01%) (3.2% nationally) • COPD – 241 (1.53%) (1.9% nationally) • Dementia – 113 (0.72%) • Diabetes – 732 (4.66%) • Epilepsy – 92 (0.59%) • Heart Failure – 127 (0.81%) • Hypertension – 2178 (13.86%) (13.9% Nationally) • Hypothyroid – 525 (3.34%) • Stroke / TIA – 355 (2.26%)
5.52	We have provided responses from NHS Lothian and NHS Forth Valley to a FOI request for details of pharmacy closures in the Board areas that would provide services into the Linlithgow neighbourhood.

5.53	For the period 1 st Jan- 2021 to 23 rd March 2023, in NHS Lothian, there were 505 instances of a branch of Boots being closed when they should have been open and 544 instances for Lloyds Pharmacy.
5.54	The figures for NHS Forth Valley for the period 01 st April 2020 to 01 st July 2023 were 323 for Lloyds and 96 for Boots.
5.55	Data provided to us as part of the FOI provides the reasons for the closures and these include closing as a safe pharmaceutical service could not be provided. We would suggest that is irrefutable evidence of inadequacy.
5.56	In addition, there have been further episodes of closure of Lloyds in Linlithgow (e.g., Monday 12 th September from 1.00 pm to 4.00 pm) further to the reduced hours of operation of that pharmacy since June.
5.57	Boots in Linlithgow implemented a closure between 1.00 pm and 2.00 pm approximately two years ago, due to staff shortages and that position remains today.
5.58	In short, during a continued period of unprecedented demand for pharmaceutical services the response of Boots and Lloyds was to reduce the hours of access to pharmaceutical services in the town.
5.59	The PPC has also been provided with an FOI response from NHS Lothian regarding communication between the Board and Lloyds Pharmacy UK in relation to pharmacy services in Linlithgow. Among the various emails from Lloyds informing NHS Lothian of closure of their Linlithgow pharmacy the email of June 13 th is particularly concerning. The pharmacy manager contact HS Lothian to request that they truncate their operating hours by three hours a day. Opening an hour later, closing for a one-hour lunch and closing an hour earlier. This request is made because the manager says they cannot operate safely. This arrangement has now been in place for three months. This pharmacy does not open for its contracted hours as it cannot operate safely. When it is open it refuses to dispense prescriptions on the day they are presented and when it does 2-to-3 hour waits can be expected. The pharmacy and parent company cannot remedy these inadequacies. The other pharmacy in the town is then completely overwhelmed leading to huge queues, long waits, stock issues, multiple visits to have a prescription supplied in full and little to no prospect of accessing additional services. This is an inadequacy that can only be remedied by granting this application.
5.60	Linlithgow is relatively well serviced by public transport.
5.61	Linlithgow has a rail station on the main Edinburgh to Glasgow Queen Street line with two trains per hour stopping at Linlithgow in both directions. A further two trains per hour call at Linlithgow, in both directions, on the Edinburgh to Glasgow (low level) line. There are also two trains per hour that call at Linlithgow, in both directions, on the Edinburgh to Dunblane line.
5.62	A report in the Glasgow Herald from March 2023 stated that rail passenger numbers were 40% less than their pre-pandemic figures. This provides further evidence of the

	changes in population movement following the pandemic, where most people continue to work from home, for at least part of the week.
5.63	<p>Linlithgow is also relatively well served with bus links, with the following services operating:</p> <ul style="list-style-type: none"> • 31 – Livingston to Bathgate via Linlithgow • 449 – Bathgate to Linlithgow and Boness • F1 – Maddiston to Linlithgow • F45 – Linlithgow local service • F49 – Linlithgow to Boness • L1 – Linlithgow local service • X38 – Stirling to Edinburgh via Linlithgow
5.64	<p>Since the pandemic there have been reductions in the number of buses available during the day due to people travelling less and working from home. Linlithgow did also have two express services to Edinburgh. These services were suspended during the first wave of the pandemic and have not been re-initiated due to change in demand. Further demonstrating changes in the population movement with more people working from home.</p>
5.65	<p>Transport links are good and car ownership in Linlithgow is high with 40% of households have one car and a further 40% of households have two or more cars.</p>
5.66	<p>In order to gauge the neighbourhood residents' thoughts on current services and requirement for additional services our partnership engaged with the LLBCC, elected representatives of the neighbourhood and other primary care service providers. We were taken aback by the unanimity of local representatives and other primary care service providers that there were serious deficiencies in current services and their overwhelming support for the requirement for additional services.</p>
5.67	<p>In the meeting papers provided to you there will be letters of support from the following:</p> <ul style="list-style-type: none"> • Sally Pattle – Lib Dem Councillor for Linlithgow. Ms Pattle comments on the poor service and long queues experienced in both the pharmacies. Ms Pattle owns the bookshop a few doors to the east of Boots in the High Street and comments on the large queues out into the street from Boots. • Tom Conn - Labour Councillor for Linlithgow. Mr Conn comments on repeated problems with not being able to have his family's prescriptions dispensed in Linlithgow and having to go elsewhere to. Mr Conn recognises he is in a fortunate position and is able to do this, but a large number of his constituents are not. Mr Conn fully supports our application and recognises the need for a new pharmacy to secure adequacy. • Pauline Orr – SNP councillor for Linlithgow. Ms Orr also fully supports our application and recognises the requirement for a new pharmacy to secure adequacy. Mrs Orr paints a depressing and distressing picture of the current services in the town from a personal perspective as well as from her constituent's perspective. Mrs Orr and her daughter are both type 1 diabetics

	<p>and have other co morbid conditions. They report significant challenges in accessing the medicines and devices they require to keep them safe and well. There is no doubt that their safety has been compromised due to the challenges they have faced.</p> <ul style="list-style-type: none"> • Fiona Hyslop – SNP MSP for Linlithgow. Ms Hyslop also recognises the requirement for a new pharmacy to secure adequacy of services to the neighbourhood and fully supports our application. Ms Hyslop is aware of the problems her constituents have in accessing services, with long queues and the pharmacies in the town being unable to supply certain medicines. • Mr Martyn Day – SNP MP for Linlithgow. While health is a devolved portfolio to Holyrood Mr Day has been made aware of the issues in Linlithgow regarding inadequate pharmacy services and fully supports our application to establish a new pharmacy to secure adequacy. • The Drs and Practice Management Staff at Linlithgow Group Practice. The level of support from the local GPs and the practice management staff has been astounding. The GP practice could not be more supportive of our application constantly asking where it is in the process and when will we be able to open to provide support. The GP practice, completely of their own volition, placed the link to the joint consultation on their Facebook page and told patients to respond as the current pharmacies in the town were under increasing pressure. However, the letter of support for our application signed, on behalf of the Linlithgow Group Practice, by Dr Box clearly details the inadequacies of the current pharmacy service, and worse, describes how due to these inadequacies they actually increase the GPs and practice staff workloads, when they should do the opposite. • Linlithgow and Linlithgow Bridge Community Council - The LLBCC fully support our application and have provided numerous examples of inadequacy of services that have consistently impacted upon the lives of the community. LLBCC are clear that it is essential that this contract application be granted to secure adequacy of service. • Various Letters from Residents of Linlithgow - Letter from gentleman who is a pilot and whose wife suffers seizures following a brain tumour and meningitis. Wife could not access medicines, 7-week delay. He had to arrange to pick these up from Netherlands on a flight he was piloting. He cannot get access to GP services has to access in Netherlands or else would be unable to work as a pilot. • Lady who while pregnant was the subject of a significant dispensing error.
<p>5.68</p>	<p>Should any further evidence of inadequacy, which can only be remedied by granting this application, be required, the CAR provides overwhelming and irrefutable evidence that is the case.</p>
<p>5.69</p>	<p>A FOI request to NHS Lothian, of which you all have a copy, confirms that the joint consultation undertaken by the TPB Partnership LLP and NHS Lothian regarding the Linlithgow application, has generated the biggest response ever received for a new pharmacy application. The response from 709 individuals and organisations is even</p>

	more remarkable when you consider that this consultation immediately followed a previous one, which was discounted due to an error in the neighbourhood definition.
5.70	For a population of 13,500 a sample size of 635 is required to have a confidence level of 99% that the real value is +/- 5% of the surveyed value. For a population of 17,500 a sample size of 642 is required to have a confidence level of 99% that the real value is +/- 5% of the surveyed value. The sample size for the CAR was 709 so the responses can be regarded as properly representative of the views of residents.
5.71	<p>Do you think the neighbourhood described is accurate?</p> <ul style="list-style-type: none"> • 631 respondents from 709 agreed with the neighbourhood (89.6%). • 39 respondents of 709 disagreed with the neighbourhood (5.6%). The majority of which though the neighbourhood defined was too small.
5.72	<p>Do you think there are gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood?</p> <ul style="list-style-type: none"> • An astonishing 669 respondents of the 709 stated there were gaps / deficiencies in existing pharmaceutical services (94.9%). I will remind the PPC that the response of 709 means we can be 99% certain that the response is +/-5% of the reported value. • When asked to 'Please Explain your answer', there were 545 comments. A majority of around 97% agreed there were gaps / deficiencies in existing provision. These are outlined in the CAR and focus on inadequate provisions at present, lack of stock, existing facilities being too far away, insufficient opening hours, views on current providers, inadequate competition, increased demand, excessive wait times, parking problems and home delivery. • A small number (almost 3%) disagreed with Question 2, were unclear or expressed concerns.
5.73	<p>What impact do you think a community pharmacy would have in the neighbourhood?</p> <ul style="list-style-type: none"> • 681 respondents of 709 thought a new pharmacy would have a positive impact in the neighbourhood (96.7%). • Only 3 respondents of 709 thought the pharmacy would have a negative effect. • Comments focused on the local community, more accessible services, quicker service times, easing the pressure on other services, competition etc.
5.74	<p>What are your views on the pharmaceutical services being proposed by the applicant?</p> <ul style="list-style-type: none"> • 666 respondents of 709 responded positively to the proposed services (94.6%). • Only 12 respondents of the 709 expressed a negative view (1.7%).
5.75	Do you think there is anything missing from the list of services to be provided?

	<ul style="list-style-type: none"> • 425 respondents of 709 thought there was nothing missing from the services to be provided (60.6%). • 41 respondents of the 709 did think something was missing (5.9%). • 235 respondents of 709 did not know if anything was missing (33.5%). • When asked to 'Please Explain your answer', 180 commented with about 53% of the respondents replying that nothing is missing. These can be found in the CAR.
5.76	<p>Do you think a community pharmacy in the neighbourhood will work with other NHS health services such as GP practices?</p> <ul style="list-style-type: none"> • 665 of 709 respondents thought the pharmacy would work with other NHS services such as GPs (94.6%). • Only 4 of 709 respondents thought the pharmacy would not work with other NHS services.
5.77	<p>Do you believe the proposed pharmacy would have a positive or negative impact on existing NHS services?</p> <ul style="list-style-type: none"> • 673 respondents of 709 believed the proposed pharmacy would have a positive impact on existing NHS services (95.6%). • 7 respondents of 709 believed the proposed pharmacy would have a negative impact on existing NHS services (1.0%).
5.78	<p>What do you think of the location of the proposed community pharmacy?</p> <ul style="list-style-type: none"> • 518 of 709 respondents had a positive opinion regarding the location of the proposed pharmacy (74.6%). • 31 respondents of 709 had a negative opinion of the proposed location (4.5%).
5.79	<p>What do you think about the proposed opening hours?</p> <ul style="list-style-type: none"> • 641 of 709 respondents had a positive opinion of the proposed opening hours (92.0%). • 31 of 709 respondents had a negative opinion of the proposed opening hours (4.4%).
5.80	<p>The following words appear in the comments made by respondents and again further demonstrate the inadequacy of the services provided by the current pharmacies; service (217 – overwhelming majority regarding poor service), long queues (31), waits (37), out of stock (10), overwhelmed, pharmacist (30 – majority regarding too busy, cannot speak to them, more are required), inadequate or not adequate (16), chaotic, disorganized, abysmal, terrible and shocking are words that also appear in the CAR.</p>
5.81	<p>In short, the CAR paints a damning picture of long-standing inadequacy within the neighbourhood.</p>
5.82	<p>We have provided the PPC with a comprehensive library of photographic evidence that fully corroborates and substantiates the evidence of long-standing inadequacy previously presented.</p>

5.83	We believe that the body of evidence presented provides overwhelming and irrefutable evidence of inadequacy that can only be remedied by granting this application, and that it is, therefore, both necessary and desirable.
5.84	The photographic evidence shows that long queues, at both pharmacies are the norm. The long queues equate to excessive waiting times, stock control issues as well as being unable to access the pharmacist for advice and additional services. We would refer the PPC to comments in the CAR and emails to NHS Lothian stating patients feel they cannot speak to the pharmacist in confidence with such large queues, if they can speak to the pharmacist at all.
5.85	We have also provided the PPC with photographs of signs placed in the Windows and doors of the Lloyds Pharmacy in Linlithgow stating that walk-in prescriptions will not be accepted, that due to staff shortages the pharmacy will reduce its opening hours and that the pharmacy is operating a restricted access policy.
5.86	We have also provided photographs of signs in Boots the Chemist, Linlithgow, informing patients that due to increasing workload there will be a requirement to increase the time for repeat prescriptions to be available from four to five days. We have also provided photographs of notices placed in the doors stating that the pharmacy will close from 1.00 PM to 2.00PM and 1:00 pm to 1.30 pm due to staff shortages.
5.87	We have photographic evidence of the queues at both pharmacies around midday on September 15 th the queue at Lloyds was 6 deep and the queue at Boots was 18 deep. In addition, Boots again had stock boxes left unattended in their sales floor blocking access and egress to the consultation room. We have further photographic evidence of these issues still being apparent throughout the week commencing 18 th September 2023.
5.88	We have also provided a video clip from November 2021 clearly showing Lloyd's pharmacy in Linlithgow refusing to provide the AMS service they are contractually obliged to. This was not the first time this behaviour had been witnessed and been taking place for a considerable time before the date of the video.
5.89	<p>Other Supporting Material</p> <ul style="list-style-type: none"> • Supporting document 1 - letter of support from Councillor Pattle, previously referred to. Ms Pattle owns the Bookshop a few doors to the east of Boots and comments on the large queues and the pharmacy is overwhelmed. • Supporting document 2a – copy of response from NHS Lothian to FOI regarding pharmacy closures. • Supporting document 2b – details of pharmacies that were closed when should have been open in NHS Lothian for period 1/1/21 to 31/3/23. • Supporting document 3 – copy of response from NHS Lothian to FOI regarding biggest responses to pharmacy joint consultations and details of complaints received regarding pharmacy services in Linlithgow. • Supporting document 5 – extract of housing development for Linlithgow contained in Linlithgow Plan for Future.

- Supporting document 6 – letter of support for the proposed pharmacy from Fiona Hyslop MSP. Ms Hyslop has taken a keen interest in our application as she is aware of the issues in accessing services in the neighbourhood. Ms Hyslop has also written several letters to NHS Lothian’s Chief Executive regarding delays in the application process.
- Supporting document 7 – copy of response from NHS Lothian in relation to a FOI requesting they share guidance provided by the CLO in relation to responsibility for defining neighbourhoods in pharmacy applications.
- Supporting document 8 – Letter of support for the proposed pharmacy from Martyn Day MP.
- Supporting document 9 – copy on minute from LLBCC meeting confirming their unanimous support for the proposed pharmacy.
- Supporting document 10 – copy of response from NHS Lothian in relation to FOI requesting details of dispensing activity in Linlithgow by Boots and Lloyds.
- Supporting document 11 – NHS Lothian Primary Care Premises – Strategic Overview.
- Supporting document 12 – PCSP for 2021.
- Supporting document 13 – PCSP 2019.
- Supporting document 14 – Linlithgow: A Plan for the Future 2020 – 35.
- Supporting document 15 – letter of support from Councillor Tom Conn, speaks from personal experience of being unable to access medicines in Linlithgow and having to travel elsewhere. Recognises many of his constituents cannot do that.
- Supporting document 16 – Response from NHS Lothian to FOI requesting details of number of forms and items produced by Linlithgow Health Centre GPs from 2019 to 2022 along with details if items being dispensed in Winchburgh that were prescribed in Linlithgow.
- Supporting document 17a & 17b – Letter of support from Councillor Pauline Orr on behalf of herself, her family and her constituents. Letter details the issues Mrs Orr has experienced accessing the medicines and devices she and her daughter require to keep them safe and well.
- Supporting document 18a & 18b – letter of support for proposed pharmacy from LLBCC.
- Supporting document 19 – Proposed plan of pharmacy.
- Supporting document 20 – A letter from the GPs and practice management staff at Linlithgow Group Medical Practice detailing the longstanding issues experienced by their patients in trying to access pharmaceutical services. The letter also states that the pharmacies in the town are not supporting other primary care services and in fact, are adding to their workload.
- Supporting document 22– A photo of a Facebook post by the GP surgery urging the population of the town to complete the joint consultation as the current pharmacies are under increasing pressure and struggling. The GP practice placed this notice on their Facebook page unsolicited.

	<ul style="list-style-type: none"> • Supporting documents 23 – 27 – Various photos of the queues at the pharmacies in Linlithgow, showing services are overwhelmed and cannot cope. These huge queues occur even though Boots and Lloyds send a considerable portion of items to be dispensed off site. • Document 28 – A list of pharmacies closed when they should have been open in NHS Forth Valley. This demonstrates the challenges patients would have if they were trying to access pharmaceutical services outside the neighbourhood. • Document 29 – Various photographs providing evidence of large queues to access pharmaceutical services at both pharmacies in Linlithgow over a considerable time period. This provides further evidence of inadequacy, Photographs of signs saying core services will not be provided at one of the pharmacies. Photos of signs saying the pharmacy’s operating hours are being cut due to staff shortages and increased workload, at bot pharmacies in the town. Photos of contradictory signs in the same window re opening times, which is indicative of being overwhelmed and unable to cope. Photos of stock boxes left unattended on the shop floor blocking access to the consultation room. • Photos of off-site dispensed prescription items being inappropriately stored under the counter. • Supporting document 30a and 30b – Details of FOI request made to NHS Lothian and the response provided. We would draw the PPC’s attention to the email communication of June 13th 2023 - a request to shorten contracted hours because the pharmacy is overwhelmed and cannot operate safely. Those restricted hours are still in place. • Supporting document 31 – copy of Facebook post on the Real Linlithgow Facebook Page informing the residents of progress with the application following several enquiries. The post has 151 likes and 49 comments, overwhelmingly in support of the new pharmacy and expressing outrage at the current contractors objecting. • Supporting document 32 – Letter from planning secretary of LLBCC with details of two polls run by LLBCC regarding support for a new pharmacy. Over 98% positive support for the pharmacy in both polls. The poll on the Real Linlithgow Facebook page had 729 responses. • Supporting documents 33-35 Details of the GPhC inspection of Lloyds in Linlithgow where standards were not met. Details of corrective action plan and subsequent re-inspection. These demonstrate long standing issues of unsafe practice. Also even when the corrective action plan was achieved and signed off at subsequent inspection this pharmacy could still not cope.
<p>5.90</p>	<p>The IJB strategic plan for West Lothian recognises that contracted service provision of the core pharmaceutical services of Pharmacy First, Pharmacy First Plus and CMS can enhance General Practice capacity.</p>

5.91	CPS estimate that 40% of GP appointments could be dealt with in a community pharmacy with many of these being addressed through the core Pharmacy First, Pharmacy First Plus and CMS services.
5.92	It is our position that the current pharmacies in Linlithgow have failed to deliver these services that support other primary care services, and in particular relieve pressures on GP services. This is clearly evidenced by the letter of support from the GPs and practice staff at the Linlithgow Health Centre and the pharmacy first / eMAS figures for the current pharmacies.
5.93	In addition, the current pharmacies cannot provide adequate and timely core service of CMS and AMS, as evidenced by long queues, long waits, issues with stock control and multiple visits to have prescriptions completely fulfilled.
5.94	It is our position that additional pharmacy services are required now to manage the impact of the increased demand for access to primary care that has arisen from the changes in population movement following the pandemic along with an increasingly aged population.
5.95	We believe this position is supported by the decision of Lothian PPC to grant a contract on 17 th October 2017 in Mid Calder, in part, on the basis that the PPC agreed that given the changing priorities for primary care, pharmacies were now highlighted as a potential first port of call for minor illnesses.
5.96	We believe that we have provided the PPC with overwhelming and irrefutable evidence of longstanding inadequacy which can only be remedied by granting this contract application, as it is the only means to secure adequate provision of pharmaceutical services to neighbourhood.
5.97	Should the PPC have any doubt regarding the necessity then the issue of desirability can be considered and as Lord Drummond Young stated in his judgement of Lloyds' Pharmacy vs National Appeal Panel June 2004. "If the proposal under consideration does no more than make up for the shortfall, that proposal will obviously be necessary to secure adequate provision of pharmaceutical services in the neighbourhood. In some cases, however, the proposal may go further, and result in a degree of over-provision. The use of the word "desirable" is in our view intended to permit the approval of such a proposal, if the decision maker is satisfied that, notwithstanding the over provision, the proposal is still desirable to secure adequacy."
5.98	I would contend that should the PPC not conclude that this application is necessary it would, in our opinion, certainly be desirable.
5.99	We are very clear that the basis of our application is that the two pharmacies in Linlithgow have failed to provide an adequate service for a considerable number of years, as evidenced by the complaints, eMAS and Pharmacy First data along with the CAR, letters of support, emails of lived experience and GPs comments. The neighbourhood now requires another pharmacy to secure adequate service provision. We would also draw the PPC's attention to another salient point from Lord Drummond Young's judgement "The decision-maker must also bear in mind that the

	critical question at this stage of its reasoning is the adequacy of the existing provision, not the adequacy or desirability of some other possible configuration of pharmaceutical services in the neighbourhood.”
5.100	For all of these stated reasons I believe this pharmacy application is necessary and desirable to secure adequate provision within the neighbourhood and should be granted.
6.	The Chair invited questions from the Interested Parties
6.1	Mr Scott Jamieson (Boots UK Ltd) to Mr Martin Green
6.2	Mr Jamieson asked Mr Green if his pharmacy would be DDA compliant. Mr Green confirmed it would be.
6.3	Mr Jamieson asked Mr Green to confirm if the access to the front door of the building was via a step up. Mr Green noted that a ramp will be put in place.
6.4	Mr Jamieson asked if the proposed ramp would hinder pedestrians walking on the pavement outside of the premises. Mr Green confirmed that it would not if it runs along the side of the building rather than directly out from the front door.
6.5	Mr Jamieson referred to Mr Green’s plans and the inclusion of a collection robot, and asked Mr Green if he already had the planning permissions in place. Mr Green confirmed that planning permission would still need to be sought assuming the approval of the application.
6.6	Mr Jamieson asked Mr Green to confirm the number of housing developments and new homes that are not already built but which have been granted planning permissions in the neighbourhood. Mr Green confirmed that since 2018, approval has been given for 238 new houses of which some are built, some are underway, and some are still to be built but could not confirm the exact proportion of each.
6.7	Mr Jamieson referred to Mr Green’s previous mention of new schools in Winchburgh and asked if there are any new housing developments planned there. Mr Green noted that yes, there were quite significant housing developments planned in Winchburgh.
6.8	Mr Jamieson asked Mr Green to clarify if self-reported complaints to health boards by community pharmacies was a requirement for all community pharmacies to do in Scotland. Mr Green noted that it is a requirement, yes.
6.9	Mr Jamieson asked Mr Green if he was aware that Boots has hubs in Falkirk and Whitburn that supply dosette boxes and other services to the rest of Linlithgow. Mr Green noted that he is unaware of the fine details but is aware dosette boxes are done offsite to service Linlithgow. He also noted that he was aware there was a long wait for those boxes.
6.10	Mr Jamieson asked Mr Green to clarify how up to date his information is on the activity of the Boots city centre pharmacy discussed. Mr Green noted that the figures are complete from 2022, with the figures for 2023 not yet available.

6.11	Mr Jamieson asked Mr Green if it would surprise him to know that the pharmacies, including Boots, with most significant growth in Scotland in 2023 are all locations available in city centres. Mr Green noted that from the 2022 figure it would seem there was significant room for improvement but that he was not aware of the specific statistic.
6.12	Mr Jamieson asked Mr Green if he would agree that in affluent areas more patients in community pharmacies are happy to pay for products than access them for free through NHS services. Mr Green noted he had difficulty answering that question, but agreed to an extent noting his uncertainty of how significant an impact that would have on numbers through Pharmacy First.
6.13	Mr Jamieson asked if Mr Green could clarify if the closures he discussed previously were for full days or part days. Mr Green confirmed the closure figures contained those of both full days and partial closures. Mr Jamieson then asked specifically if this could even include a pharmacist showing up minutes late to their shift. Mr Green noted he thought it would be odd to report such a closure, but it could be possible.
6.14	Mr Jamieson asked Mr Green to clarify if the pharmaceutical scheme in NHS Lothian allows pharmacies to close for up to one hour in the day for lunch. Mr Green confirmed that it does, yes.
6.15	Mr Jamieson asked for Mr Green to clarify the time period of when the photographs presented as evidence were taken. Mr Green confirmed the dates are all included in the files but that they spanned from 2021 to 2023 to demonstrate what he perceives to be a long-standing problem. Mr Jamieson then asked if that means some of the lines outside of the pharmacy could have related to Covid lockdown and restrictions in place during that period. Mr Green noted that could be the case during Covid but that those lockdown restrictions have been lifted for some time now.
6.16	Mr Jamieson asked Mr Green if he was aware that the Linlithgow medical practice requests a three-to-four-day turnaround for any repeat prescription requests from patients. Mr Green said he has been advised that the practice asks to allow for 72 hours but that they are frequently ready in 48.
6.17	Mr Tom Arnott (LP North Sixteen Limited) to Mr Martin Green
6.18	Mr Arnott asked Mr Green if he thinks that Dear's Pharmacy, as an independent contractor, will offer a better service than Lloyds. Mr Green noted he did not know, but that he assumed Mr Arnott was implying that with a new provider the services from the currently existing Lloyd's pharmacy will improve. He reiterated that the case he is making today is that the inadequacies in services are a longstanding issue and not just recent. The statistics he shared were not to prove whether or not Boots or Lloyds were good or bad providers but simply prove they are overwhelmed in Linlithgow and suggest an additional provider would help with that overwhelm. Mr Arnott then asked why the existing pharmacies would be overwhelmed once fully staffed. Mr Green referred to comments in the CAR and noted it would be disappointing if the pharmacies existing in Linlithgow knew they were understaffed for this length of time without remedying that issue.

6.19	Mr Arnott noted that Dear's currently have 12 pharmacies, 11 of which have Independent Prescribers who can operate Pharmacy First and asked Mr Green if he thought that was a good thing. Mr Green confirmed that Pharmacy First is good to have in any pharmacy.
6.20	Mr Arnott asked Mr Green if he was aware that Dear's have never closed one of their pharmacies. Mr Green said he was unaware of that.
6.21	Mr Arnott asked Mr Green if he was aware Dear's have no waiting list for dosette boxes in any of their pharmacies. Mr Green noted he was unaware of the relevance of these questions when Dear's don't currently own the Lloyds pharmacy but that he was happy to accept these facts.
6.22	Mr Arnott asked Mr Green what core services are currently not being provided by the existing contractors, noting he is not asking about the level of the service. Mr Green noted that for AMS, if patients can't access their medicines the same day they are prescribed, he would leave it up to the panel to decide if that service is properly being provided or not. He also noted that in the month of June 2022, Lloyds only prescribed three items under Pharmacy First in the 25 days it was open.
6.23	Mr Arnott asked Mr Green if delivery of prescriptions was a core service. Mr Green confirmed that it is not.
6.24	In regard to the Patients Right Act, Mr Arnott asked Mr Green if every pharmacy in Scotland must report complaints to their health boards regardless of whether it was settled or not. Mr Green confirmed that is correct. Mr Arnott asked that if a contractor is reporting their complaints correctly that it could lead to a higher number recorded by the health board even if they have been settled. Mr Green agreed that is possible with the self-reporting, yes.
6.25	Mr Arnott asked Mr Green if he would agree that from 2019 to 2022, the items in Linlithgow have only grown by 3.39%, which is not an enormous growth. Mr Green agreed that it was likely in line with the national average at the time.
6.26	Mr Arnott asked Mr Green about the items he mentioned being dispensed outside of Linlithgow when prescribed by the Linlithgow practice, and asked if that would be due to Edinburgh and Glasgow commuters rather than inadequate service provision. Mr Green did not agree, stating that the movements of patients have changed since the pandemic and many are looking to access services closer to their home and therefore the prescriptions being filled outside of Linlithgow is unusual and local residents did complain about it.
6.27	Mr Arnott asked Mr Green if he was aware that the health boards have given permission for Lloyds to operate the hours they currently have. Mr Green noted that he is aware that permission was given, but that Lloyds and Boots have to be aware of the needs of the local community and the responses of both in the town to reduce their hours and access to services. This could be mitigated if short term but have been ongoing for a long time.

6.28	Mr Arnott asked Mr Green if he would agree that Lloyds has been going through a difficult period with staffing issues and that, had things been normal, many of the sited issues would be rectified? Mr Green didn't disagree but reiterated that the difficulties in Linlithgow date back until 2019. Mr Arnott asked if they could be in response to the pandemic. Mr Green didn't agree, noting issues for the past four years.
6.29	Mr Arnott asked Mr Green how many PPCs he has attended where there were no letters of support from MPs, MSPs and local councillors. Mr Green confirmed the number was very few, but that the level of support he has received from MSPs, and elected representatives is significant.
6.30	Mr Arnott asked Mr Green if he was aware that Dear's utilise seven different suppliers to help with drug shortages. Mr Green noted he has no knowledge of how Dear's operates and is unsure of the relevance of the question.
6.31	Mr Arnott asked Mr Green how many pharmacies are in Dalgety Bay. Mr Green noted he believed there to be one. Mr Arnott then asked Mr Green if he knew the population of Dalgety Bay and if he would be surprised to know it was 9,760. Mr Green noted that he didn't know. Mr Arnott asked Mr Green how it was that one service can adequately service the population of Dalgety Bay? Mr Green noted he thought that was unusual but that the existing pharmacy must be doing a fine job. Mr Arnott asked Mr Green how he felt a population of 13,000 requires more than two pharmacies in light of his information. Mr Green noted that the needs of populations differ, and that the community representations from Linlithgow suggest the service provision is not as adequate in these other places described.
6.32	Mr Arnott asked Mr Green if he would agree based on demographics that the population of Linlithgow is mostly affluent and healthy. Mr Green noted that he would agree Linlithgow is not deprived and that car ownership is high and there are good transport links.
6.33	Mr Arnott asked Mr Green about the finances of running a pharmacy between 2004 and 2023 and if he would agree that it is much harder to make a profit now than it was in 2004. Mr Green noted that was a very long time period and noted the global sum of financial envelope available to community pharmacies in that timeframe more than doubled. He agreed a difficult period in 2022/23 but that was not the case for the years prior.
6.34	Mr Graeme Grant (Linlithgow and Linlithgow Bridge Community Council) to Mr Martin Green
6.35	Mr Grant asked Mr Green what plans he has around weekend opening for his proposed pharmacy. Mr Green noted he is committed to opening from 8:30 am on Saturday mornings to 6 pm and would consider opening on a Sunday should the demand arise.
6.36	Mr Grant asked Mr Green if he know how many pharmacies there are in Bo'ness, with a population the same size as Linlithgow. Mr Green estimated three, which Mr Grant confirmed was correct.

6.37	Mr Grant asked Mr Green about his knowledge of the local area. Mr Green noted he is from Glasgow and his business partner is a local Linlithgow resident with very good knowledge of the area and confirmed his application has been built on the basis of a strong local knowledge. Given this, Mr Grant asked Mr Green what he would suggest the view is of people in the community to have to travel to obtain a service that, in their view, could and should be provided locally at an acceptable level. Mr Green confirmed that the majority of the population likely shared the same frustrations as his business partner.
7.	The Chair invited questions from the Committee
7.1	Mr Mike Ash (Lay Member appointed by NHS Lothian) to Mr Martin Green
7.2	Mr Ash asked Mr Green to say a bit more about why he believes an independent contractor is an improvement over a chain. Mr Green clarified that he didn't actually make that comment but if it was made it came through the CAR as volunteered by a local resident. He clarified he would not want to speak bad of his colleagues but finds his ability as an independent contractor to react in local situations is perhaps quicker than a more corporate structure can but clarified once more those comments weren't necessarily his.
7.3	Mr Ash referred to the figures Mr Green gave about closure rates, some of which did take place over the Covid period, and asked if there was any further information about whether there were more closures outside of the Covid period. Mr Green confirmed that the most recent closure for approximately half a day at the Lloyds pharmacy occurred only earlier in September.
7.4	Mr Brian McGregor (Lay Member appointed by NHS Lothian) to Mr Martin Green
7.5	Mr McGregor asked Mr Green if he could deliver a reasonable service from the proposed premises which totals 528 square feet. Mr Green confirmed he could, and that the vast majority of the space would be dedicated to dispensary or consultation with little for retail space.
7.6	Mr McGregor asked Mr Green if he has investigated into the planning permission required for the collection robot. Mr Green confirmed he has not yet, but noted he has a number of collection points across a different group of pharmacies that he operates himself and have not experienced difficulty with having those permissions granted so he is not anticipating any major issues for this one either.
7.7	Mr McGregor referred to the letters from the owners of the premises that confirms Mr Green would have access to those within one month of any application being granted, and that the application states Mr Green would be comfortable opening within six months of the application being granted, and asked Mr Green if he felt this timescale was reasonable. Mr Green confirmed he felt it was and also that he was happy to open prior to the planning permission for the robot being granted.
7.8	Mr McGregor noted that it was stated the application process started four years ago and asked if it was during the Covid period that things were put in suspension

	effectively. Mr Green admitted that the original submitted definition of the neighbourhood was incorrect so the application had to be withdrawn and resubmitted.
7.9	Mr McGregor referred to Mr Green's proposed opening hours of 8:30 am to 6 pm Monday through Saturday, as well as his willingness to trial Sunday openings as well, and asked him if he planned for a pharmacist to be on the premises at all times. Mr Green confirmed that was the plan, yes. Mr McGregor asked if Pharmacy First Plus will be available for all of those opening hours. Mr Green noted the intention was for that, yes, but that would require two independent prescribers. Mr McGregor then asked what starting staffing levels Mr Green anticipated having across the premises at opening. Mr Green confirmed he could start operation with one pharmacist full time and one part time to supplement a full-time equivalent pharmacist service every day. He also anticipates two members of support staff between the chemist counter and dispensary. Staffing will increase appropriately with demand.
7.10	Mr McGregor asked what Mr Green's current view of the potential adequacy of services in the area once Lloyds is taken over. Mr Green confirmed he still firmly believes that both pharmacies in Linlithgow will be overwhelmed and reiterated that the longstanding issues have not just occurred over the last couple of months but date back years.
7.11	Mr John Niven (Lay Member appointed by NHS Lothian) to Mr Martin Green
7.12	Mr Niven asked Mr Green what facility is there for staff in his proposed premises in terms of breaks etc., and if there was a designated area away from the workspace. Mr Green confirmed that there is no designated staff room within the premises. Mr Niven asked if that meant customers coming to receive service from the counter will be able to see the staff having their break in full view. Mr Green said that would not necessarily be the case but that there is no dedicated area for staff breaks, noting this is not unlike the situation in many pharmacies.
7.13	Mr Niven asked Mr Green about the intended capacity of the collection robot in terms of scripts and capability. Mr Green noted that these robots come in different sizes, but that he is looking for one of the smaller ones that can easily handle 100 prescription packages a day.
7.14	Mr Niven asked Mr Green what he anticipated the level of prescriptions would be at the time of opening. Mr Green noted that he has opened new contract pharmacies before and while it is difficult to anticipate from Day 1 how things will roll out there would be growth incrementally and he anticipates dispensing 6,000 plus items within 12 to 24 months.
7.15	Mr Niven asked Mr Green if he would be offering dosette boxes as a part of the service and if they would be dispensed locally. Mr Green confirmed yes on both accounts.
7.16	Mr Niven noted that since undertaking the CAR, there has been the situation in which the Lloyds premises is changing hands and asked Mr Green that, if that were to go ahead, if he anticipates that having an adverse effect on his business. Mr Green

	confirmed that the changing of hands is not yet certain and, even if it were to do so, the issues within Linlithgow are longstanding and don't relate exclusive to one pharmacy. While the change in ownership might slightly impact the current situation, the main point and driving force of the application made in 2019 was the inadequacy of services between two locations in Linlithgow and occurred before any hint of Lloyds changing hands.
7.17	Mr Niven referred to the photos and video sent by Mr Green and asked if the member of staff who was videoed in Lloyds was aware that was taking place. Mr Green confirmed that they were not aware or informed of this.
7.18	Mr Vinny Bilon (Pharmaceutical Contractor Member) to Mr Martin Green
7.19	Mr Bilon asked Mr Green to confirm that a pharmacist would be employed from Day 1 if this application is granted. Mr Green confirmed that he has several to choose from so one will definitely be in from the start.
7.20	Mr Bilon asked if Mr Green has someone prepared to cover hours for a full time equivalent when the pharmacist is off. Mr Green confirmed this cover would be provided by a resource from within his own group.
7.21	Mr Bilon asked if Pharmacy First Plus will be ready to be provided early on. Mr Green confirmed that it would be his preference to select an Independent Prescriber to work in the pharmacy from the start, so yes.
7.22	Ms Judie Gajree (Non-Contractor Pharmaceutical Member) to Mr Martin Green
7.23	Ms Gajree noted that the letter from the owners and asked if they indicated a minimum period of the lease. Mr Green confirmed they have not yet had that conversation but that he expected it to be in the region of 15 to 20 years.
7.24	Ms Gajree asked Mr Green if he was confident that he could provide the level of service that would not result in queues forming outside during busy periods if most of the premises is being used for dispensing. Mr Green noted that it would come down to the turnaround time, but would be aided by staffing levels, efficiency and the collection point, pointing patients to that machine where possible.
7.25	Mr Gajree asked if providing a delivery service would happen six days a week and if it would cover the whole of the defined neighbourhood. Mr Green confirmed yes to both, and that it would also include the wider Linlithgow area. Ms Gajree then asked about the employment of the delivery driver. Mr Green noted his preference would be to employ three part time drivers to cover those hours rotationally.
7.26	Ms Kaye Greig (Pharmaceutical Contractor Member) to Mr Martin Green
7.27	Ms Greig referred to the submissions earlier in the year that said Thomas Burns was going to be the RP and asked if this is no longer the case. Mr Green confirmed that Thomas Burns can be the RP, though hard to say if that would be every day. He noted the expectation would be to fill the position with another pharmacist but for completeness of the application Thomas was put down. He is not currently an

	Independent Prescriber, and it is hoped that the full-time position will be filled with an Independent Prescriber.
7.28	Ms Greig asked about the lack of staffing area, and asked Mr Green if he expects pharmacists to take breaks during the day and where he expects them to do that. Mr Green noted that pharmacists can have their break in the consultation room, the dispensary, or even leave the premises if they chose to do so though most decide to stay and are accessible for questions if necessary.
7.29	Ms Greig asked Mr Green about parking around his premises and asked if he thought the numbers he had cited referring to Winchburgh chose to go there for parking reasons. Mr Green noted that it was his understanding that the move towards Winchburgh is because of them experiencing long waits and not necessarily parking.
7.30	Ms Greig referenced complaints noted and enquired whether any steps by Boots or Lloyds had been taken to address these. Mr Green responded that he was not privy to pharmacy internal matters but outward signs that he could see was that both providers had decreased opening hours at lunch time and Lloyds also in the evening. Long queues still remain at both premises suggesting continued lack of staff numbers.
7.31	Ms Greig referenced Mr Arnott's query regarding system pressures and staffing as to how staff may have felt, and impact caused by them being recorded and photographed. Mr Green responded that he did not believe that the staff were aware of this taking place.
7.32	Ms Greig referenced the current prescription items per month (approx. 16,000) across existing providers and enquired how this would reflect if a third pharmacy was added in terms of business viability, staffing, etc. Mr Green responded that the 16,000 figure was between the two pharmacies (Boots and Lloyds). The health centre itself dispensing more than this figure. Also, 12.5% of prescriptions are moving out of town. Engaging in service delivery and operating Pharmacy First and Pharmacy First Plus are significant income streams.
7.33	Ms Greig reiterated her query regarding impact on existing providers' staffing levels. Mr Green responded that in his opinion both existing providers are overwhelmed with prescription dispensing and not business with Pharmacy First and we would be seeking to relieve the pressure to these contractors and benefit the residents by having a third pharmacy available to them providing Pharmacy First to treat them rather than the supply solely of medicines.
7.34	Mr William McQueen (Chair) to Mr Martin Green
7.35	Mr McQueen enquired what the Applicant's expectations were regarding parking at 269 High Street site. Mr Green responded to say that on the same side of Main Street to the proposed premise there is on street parking available approx. 100 yards away and noted that one of the main car parks in the town was located across the road behind the retail units and noted this was not a long walk. He went on to confirm that parking was immediately available outside of the proposed premise.

7.36	Mr McQueen enquired if the “immediate parking situation” was the same as that of Boots. Mr Green responded that he was not sure but did believe that Boots location was affected by a pedestrian crossing with 50 yard no parking areas on each side.
7.38	Mr McQueen referenced the services and staffing at Linlithgow Group Medical Practice during the Applicant’s presentation and enquired what impact this would have on the activity volume for a community pharmacy in the town. Mr Green responded that he included the information to provider perspective in terms of resources available in the healthcare itself and the context of the number of medical practitioners available but that only two pharmacies were located in the town. Mr Green went on to clarify that in regard to the impact, pharmacotherapy would be managing long term conditions and reviewing patient’s medications. There were elements of prescribing in this but it does not appear to have an impact on prescription volume local or nationally at this time.
7.39	Mr McQueen noted comments around a third pharmacy and possible over provision of service and risk of failure and enquired if Mr Green had anything to add regarding this. Mr Green responded to note that what has become clear is that dispensing prescription volumes seems to be all current pharmacies do and little by way of pharmacists giving advice or provide Pharmacy First or Pharmacy First Plus services. Adding another pharmacy will significantly increase the ability to embrace service delivery rather than just the supply of prescriptions - where Mr Green believes the focus should be.
8.	Interested Party
8.1	The Chair invited Mr Scott Jamieson from Boots Ltd to speak.
8.2	We disagree with the neighbourhood defined by the applicant.
8.3	It is of note that the applicant’s neighbourhood includes some of the hamlets outside of Linlithgow town but excludes others. It also appears to use the M9 as a northern border, which appears to be dividing the northern part of the town.
8.4	However, should the panel agree wholly or in part with the applicant and we are not suggesting that they should, the panel will be aware of the need to consider services to the neighbourhood from pharmacies out with.
8.5	<p>Our proposed neighbourhood (map included in submitted presentation to Board):</p> <ul style="list-style-type: none"> • Northern boundary – Extends just beyond the M9, to include areas known as Airngarth Hill and Bonnytounside • Southern Boundary – Lines the developed residential areas to the south from A706 across to St Michael’s Hospital and then follows the rail line to the edge of town • West – Follows the River Avon around the area known as Linlithgow Bridge and down the B8029 to where it joins the A706 • East – From where the A803 meets the M9 down to where railway line

8.6	Our neighbourhood includes data zones as below (table in submitted presentation to Board). Population – 13,561 in our proposed Neighbourhood, which is for all intents and purposes, is what is classed as Linlithgow North / Bridge / majority South. The most northern data zone is S01013452, we have included this to include the housing area to the east of Linlithgow, near Burghmuir.
8.7	People move freely around Linlithgow town and will utilise the facilities within it, including the supermarkets and GP Surgery. There are no barriers to access which would not allow people to access Linlithgow town and Linlithgow is known for being a commuter town to Edinburgh, 20 miles to the west.
8.8	Linlithgow demographics: SIMD (Scottish Index of Multiple of Deprivation) shows that many areas of Linlithgow are ranked as some of the least deprived (output areas) in Scotland. There are no areas highlighted as the most deprived in Scotland
8.9	Population: We understand the population of our neighbourhood to be approximately 13,561. 2 pharmacies are located within Linlithgow itself. One is operated by us, Boots UK LTD and one currently being operated by Lloyds. Two pharmacies have been serving the population of Linlithgow for many years without the need for a further operator.
8.10	Car ownership: Levels of car ownership in our neighbourhood are higher than the national average. 44% of households have access to a vehicle. Significantly higher is the number of households having access to two or more vehicles. This is 40%.
8.11	Home ownership: Levels of home ownership in are significantly higher than the national average. 78.3% of households are owner occupied (with or without a mortgage), the national average being 62%. 10.7% are rented from the council or social landlords, the remainder being privately rented
8.12	General Health: Levels of general health are also higher than 87.5% of residents rating their health as good or very good and only 3.4% rating their general health as bad or very bad. 85.4% of the population in our neighbourhood live without a long-term health issue or disability that limits their day-to-day activities in any way, which is higher than the national average.
8.13	Housing Developments in the Linlithgow area <ul style="list-style-type: none"> • There are no planned new housing developments. All those planned completed before 2020 Extract from the Improvement Service in collaboration with national records of Scotland (sub council area population projection) below, clearly states that for Linlithgow it is expected to see a projected population increase of 730 - 5% between 2018 and 2030 (table in submitted presentation to Board).
8.14	The census data for our neighbourhood (Linlithgow) does not reflect the averages for Scotland as a whole. The area considers itself to be healthier, more residents have access to a vehicle and home ownership is greater.

	<p>In addition to the pharmaceutical service provision in the neighbourhood, there are also a number of pharmacies within the wider area of Bo'ness and Whitburn that are within a reasonable travelling time for any patient wishing to use them.</p> <p>Given the demographics of the area (commuters, professionals) residents may also access pharmacies in the wider area where they go to work or regularly shop.</p> <p>New housing is very limited in Linlithgow but are unlikely to change the demographics of the area. This is reflected in the total projected increase in population of the Linlithgow ward from 2018-2030, which is 730.</p> <p>The existing pharmacies have met already any needs arising from recent developments and have the capacity to meet any future needs arising from new housing developments.</p>
<p>8.15</p>	<p>Existing services provided in and to the neighbourhood: There are currently 2 pharmacies within Linlithgow.</p> <p>The existing Boots / other closest pharmacy is located 600 metres from the proposed pharmacy, and an 8 minutes' walk. The proposed location is on the opposite side of the High Street from the GP practice, Boots is located on same side.</p> <p>Our pharmacy on (nearest) the High Street in Linlithgow provide the following services:</p> <ul style="list-style-type: none"> • Pharmacy First; • Pharmacy First Plus; • Medicines Care and Review Service. <p><u>Public Health Services</u></p> <ul style="list-style-type: none"> • EHC and BC; • Stop Smoking Service; • Unscheduled Care Service; • Gluten Free Food Service; • Ostomy. <p><u>Local Negotiated Services</u></p> <ul style="list-style-type: none"> • Substance Use Service; • Hepatitis C treatment; • Sharps waste disposal; • Palliative care service; • Macmillan trained Pharmacist in store.
<p>8.16</p>	<p>Delivery: We offer a delivery service out of our pharmacy in Linlithgow which is free of charge to patients.</p> <p>We deliver every day, Monday to Friday and this was increased from a 3 day a week service to meet demand.</p>
<p>8.17</p>	<p>Our pharmacy is open 9 - 5.30 pm Monday to Saturday.</p>

8.18	DDS – provided out of Whitburn, this is a well-established service.
8.19	Staffing: Our pharmacy is fully staffed and there are no vacancies at present.
8.20	<p>Additional information: Our current premises have:</p> <ul style="list-style-type: none"> ○ A Consultation room, which offers privacy to patients; ○ A Hearing Loop; ○ Automatic doors using a push button; ○ A Ramp is not required to access our premises - we are fully DDA compliant. <p>There is a Bus stop a short distance from our pharmacy.</p> <p>We have a really good relationship with the GP surgery and are in regular contact with them.</p>
8.21	Complaints: Given the Lloyds situation and patients experiencing difficulty accessing services, it is of note that Boots only reported 1 complaint to the Board in the past 18 months.
8.22	<p>The current pharmacy provides all services.</p> <p>Our pharmacy on the same street as the proposed location and is only 600 metres away from proposed site.</p> <p>Boots only received 1 complaint to the Health Board in the last 18 months.</p>
8.23	<p>Existing pharmacies in the wider area:</p> <ul style="list-style-type: none"> • The Committee will be aware of services provided to the neighbourhood from pharmacies out with and that these should also be taken into consideration when assessing the adequacy of the existing services provided to the neighbourhood. <p>The Committee should not restrict themselves to considering the existing services physically located in the neighbourhood only.</p> <p>The next nearest pharmacies are in Boness and Whitburn where patients will find choice of providers - Boots, Well and Rowland (took over the Lloyds recently)</p> <ul style="list-style-type: none"> • The existing pharmacies in Linlithgow are currently providing access to services six days a week. <p>The existing pharmacies provide core, national and locally negotiated services (Details of which patients can find on NHS Inform, the pharmacy’s own website, in printed material available in the pharmacy (leaflets etc) and the Pharmaceutical List).</p>
8.24	<p>Access to the existing pharmacies:</p> <p>By Car</p> <ul style="list-style-type: none"> • Patients wishing to access services by car will have a choice of pharmacies from which to do so. • The closest car park is at the Tesco Supermarket, a few minutes’ walk away where you can park for 2 hours. • There is also a Long Stay Car Park next to Tesco which is free.

8.25	<p>Public Transport: Linlithgow’s local service – L1 runs every hour on a circular between 09:15 and 15:15, Monday to Friday and up to 13:15 on Saturday. With up to 50 stops in the town. Boots Pharmacy on the High Street is within a minute walk of three bus stops: Cross (near), after Cross and after Station Road and Cross (route map and timetable included in presentation submitted to Board).</p>
8.26	<p>The existing pharmacies are reasonably accessible from the neighbourhood, whether a patient is travelling on foot, by car or by public transport.</p> <p>The current pharmacies provide all services.</p> <p>Free parking is available near to the existing pharmacies.</p> <p>Free delivery services are provided by existing pharmacies.</p>
8.27	<p>Viability</p> <ul style="list-style-type: none"> • The two pharmacies in Linlithgow each dispense about 50% of the items that are generated from the GP surgery, approximately 2100 which is easily achievable, and each deliver a good service level. The number of items generated from the surgery has remained consistent over the past couple of years; • When Lloyds has been operating efficiently, there were no issues, the current provision was operating well, and no issues have been flagged. Linlithgow has had 2 pharmacies serving the population for 30 years without issue. <p>The Linlithgow Surgery has confirmed their average weekly prescribing figures are 4352.</p> <p>This table (included in the presentation to Board) shows the monthly item numbers generated from Linlithgow group medical practice, between April 2021 and March 2023 (24 months). The data is from Public Health Scotland Prescribed and Dispensed data for April 2021 to March 2023: Prescribed and Dispensed - Datasets - Scottish Health and Social Care Open Data (nhs.scot)</p> <ul style="list-style-type: none"> • The item numbers originating from the Linlithgow medical practice have not increased or changed during the past 2 years. If a third pharmacy were to go on to open in Linlithgow, these items will be distributed between 3 pharmacies, going from approx. 2150 per pharmacy (existing provision, 2 pharmacies) to approx. 1400 per pharmacy (3 pharmacies); • If an additional pharmacy were to open in Linlithgow, it would “dilute” the dispensing numbers in the existing pharmacies. This means that the existing resource could be compromised and if a reduction in pharmacy staff had to be made, service levels could drop. For example, it is unlikely that we would be able to introduce additional pharmacist cover to support Pharmacy First Plus for a business dispensing 1400 items per week.
8.28	<p>If the pharmacy goes on to open it will destabilise the existing provision.</p> <p>A reduction in staff and services likely.</p> <p>Additional cost to the NHS.</p>

8.29	<p>The CAR Report and representations: Adjustments have been made – we have gotten busier and to improve patient experience, operational improvements have been made. There has been an Increase in retrieval area – making it more efficient.</p> <p>We have taken the decision to reduce our retail offer to increase and improve our dispensary and patient experience and we are continuing to look at how we can improve our offer to patients and the service we provide.</p> <p>We started using DSP in our pharmacy 1 year ago – we dispense 2200 items per week and send 50% the DSP.</p>
8.30	We have made significant improvements to the pharmacy and continue to look at ways to improve our patient offer.
8.31	We essentially disagree with the neighbourhood defined by the applicant and suggest it is the boundaries of the area we have defined.
8.32	The census data for our neighbourhood /Linlithgow does not reflect the averages for Scotland as a whole. Linlithgow is amongst the least deprived areas of Scotland, residents consider themselves to be healthier and more residents have access to one or more cars and home ownership is greater than the Scottish averages.
8.33	Given the demographics of the area (commuters, professionals) residents may also access pharmacies in the wider area where they go to work or regularly shop.
8.34	New housing is very limited in Linlithgow but are unlikely to change the demographics of the area. This is reflected in the total projected increase in population of the Linlithgow ward from 2018-2030, which is 730.
8.35	The existing pharmacies have met already any needs arising from recent developments and have the capacity to meet any future needs arising from new housing developments.
8.36	Our pharmacy is on the same street as the proposed location and is only 600 metres away from proposed site and there is an existing contractor directly opposite the proposed site.
8.37	Given the recent increase in items, Boots have only received one complaint to the Health Board in the last 18 months which related to a product that was nationally unavailable.
8.38	As previously discussed, we regularly receive positive feedback from our patients.
8.39	We have made significant improvements to the pharmacy and continue to look at ways to improve our patient offer.
8.40	The items produced from the GP practice haven't significantly changed over the last two years and two contractors can adequately support this volume (approx. 2100 each).

8.41	The existing pharmacies are reasonably accessible from the neighbourhood, whether a patient is travelling on foot, by car or by public transport.
8.42	Free parking is available near to the existing pharmacies.
8.43	Free delivery services are provided by existing pharmacies.
8.44	If the pharmacy goes on to open it is likely to destabilise the existing provision. For example, could mean a reduction in staff and service levels.
8.45	We would like to remind the panel that if granting an additional pharmacy contract, it will have additional cost to the NHS.
8.46	In conclusion, we submit the existing pharmaceutical services provided to the neighbourhood are adequate and urge the Committee to refuse this application.
9.	The Chair invited questions from the Applicant
9.1	Mr Martin Green (Applicant) to Mr Scott Jamieson
9.2	Mr Green enquired if Boots agreed that the neighbourhood was much the same as the town of Linlithgow. Mr Jamieson responded that it was there or thereabouts, and Boots has used data zones but similar population statistics.
9.3	Mr Green referenced the responses in consultation analysis report and enquired how Boots thinks this reflects on current service provision within Linlithgow. Mr Jamieson responded that operational difficulties experienced with Lloyds has had a significant impact on the town; once you have two contractors who are fully up and running they can more than adequately handle the volume of prescription items coming out of the practice and support NHS service delivery.
9.4	Mr Green referenced comments in the CAR regarding waiting times and queues and enquired what the status was. Mr Jamieson responded due to operators experiencing difficulties it does put extra pressure on us. To be really fair the team within Boots, they deal very efficiently with the queues, regularly receiving positive feedback from customers on a weekly basis. He went on to note that over the last 18 months Boots only had one complaint reported to the Board and it was not related to ques.
9.5	Mr Green enquired if staffing levels have been increased to help with increased demand? Mr Jamieson responded that Boots have introduced an offsite dispensary to take considerable business done outside and returned to the pharmacy.
9.6	Mr Green noted earlier comment in order to cope with increased demand the path chosen was to direct more volume off-site and not increase people on the ground within the pharmacy itself. He went on to enquire whether any positive outcomes have been seen from this. Mr Jamieson responded that significantly outcomes have been noted and the team would feedback results enabling reduction of queues quickly as well as increasing the layout and size of dispensary to cope.

9.7	Mr Green referenced a report in the CAR of an individual having to wait more than an hour to speak with a pharmacist and enquired if this was common. Mr Jamieson responded that it was indeed not normal and following personal time spent instore himself, Mr Jamieson notes a wait of a maximum of ten to fifteen minutes only could be experienced.
9.8	Mr Green noted in Boots presentation dispensing of 10,000 items per month and enquired if this was accurate. Mr Jamieson responded that it was.
9.9	Mr Green enquired if this was seen by Boots as being a busy pharmacy. Mr Jamieson responded that it was not seen as unusually busy.
9.10	Mr Green referenced statistics provided for Pharmacy First from January to December 2022 as being less than half the National average within Boots and enquired how this could be explained? Mr Jamieson responded that a couple of things could be noted, it is an affluent location where many people prefer to buy product directly instead of via Pharmacy First but it is always offered.
9.11	Mr Green enquired how Boots would respond to comments made by the medical practice that their workload has increased due to lack of Pharmacy First service being offered. Mr Jamieson responded that he was only able to provide personal opinions but noted Boots work closely with the practice and offer Pharmacy First but it is the patient's choice as to whether or not they access the free NHS service.
9.12	Mr Green noted his presumption that Boots would have seen an increase in footfall as a result of the difficulties Lloyds is experiencing. He went on to enquire if Lloyds were currently providing an adequate service to patients in Linlithgow from Boots' perspective. Mr Jamieson responded that he would leave that for those in attendance today to answer. He then went on to say that if they are experiencing significant operational issues then having two established contractors can adequately support the prescription volume and help patients access pharmacy services and Lloyd's contract is due to be sold on imminently.
9.13	Mr Green recognised issues experienced in Linlithgow are not acute in nature, unlike problems with Lloyds but extend over several years. Mr Jamieson responded that the evidence in front of us does not suggest this and enquired what evidence there was to suggest a problem in 2019?
9.14	Mr Green went on to note an acute increase in demand for services and presumed off the back of Lloyds having to exit from the market and with their reduced opening times, and he enquired whether Boots would have considered expanding to increase demand. Mr Jamieson responded to note that it was an interesting challenge and referenced the NHS Health Board Pharmaceutical Schemes allowing a pharmacy to close for up to one hour in the middle of the day to allow lunch for pharmacists. Boots' position was and is that it is entirely the pharmacist's choice whether or not they choose to do so and we respect their decision.
9.15	Mr Green referenced Acute Medication Services delivery as being a core service and enquired whether Boots are delivering that service if it can't be offered in a timely manner. Mr Jamieson responded that Boots can and have delivered the service in

	a timely manner and that turn-around time for acute prescriptions would be 15 minutes.
9.16	Mr Green referenced comments from the Practice Manager at Linlithgow Group Medical Practice stating an eight week wait for dosette boxes and enquired if this was a misconception. Mr Jamieson responded that Boots have availability in Bathgate and Falkirk High Street so this is 100% a misconception on the Practice Manager's behalf.
9.17	Mr Green enquired whether Mr Jamieson was aware of the hours the Linlithgow Group Medical Practice operates. Mr Jamieson responded that he believed they were open until 6 pm.
9.18	Mr Green enquired if there were any provision from the pharmacies within Linlithgow for patients who might present late in the day in the practice. Mr Jamieson responded that Lloyds are open until 6 pm, so the issue would be to continue those hours. Dears will also be open until 6 pm. He went on to state that as part of NHS Lothian pharmaceutical scheme Boots fulfil the requirements for core hours.
9.19	Mr Green noted that he understood Lloyds had reduced their opening times until 5 pm and enquired if Boots responded to this by extending their hours. Mr Jamieson responded that the balance Boots must deliver is that we look after our staff as well and staff have seen significant increase in business. We want to make sure we have the right working requirement for them. This may sound like a small change, but a lot of our pharmacists are working mums, nurseries often close at 6 pm, and if parents can't get to that nursery that's a reason for them not to work in community pharmacy. This is a fine balance to achieve here to ensure you look after your staff who offer pharmaceutical services during core hours as requested by the NHS.
10.	The Chair invited questions from other Interested Parties.
10.1	Mr Tom Arnott (LP North Sixteen Limited) to Mr Scott Jamieson
10.2	Mr Arnott enquired if Mr Jamieson would describe Linlithgow as being an affluent, healthy, and mobile population. Mr Jamieson confirmed that he did.
10.3	Mr Arnott enquired if Boots were to lose 33% of your business what result would that have on your pharmacy in Linlithgow. Mr Jamieson responded that they would have to look at staffing levels accordingly and reduce to fit the new level of business.
10.4	Mr Arnott enquired if Boots had a pharmacy that has double pharmacist cover four days a week would that make it easier to provide Pharmacy First and home visit services. Mr Jamieson responded that absolutely it would but their biggest risk with the introduction of Pharmacy First was the investment in that extra pharmacist cover to free them up to be available to provide walk in support for patients seeking services.
10.5	Mr Arnott enquired if Dears were to come in with four days of double pharmacists cover that would be beneficial to the community. Mr Jamieson responded that it would make a significant difference. He went on to note that his colleague Ms Robb was also getting certified in ACT.

10.6	Mr Arnott enquired if Boots were to lose a third of its items would it still warrant Ms Robb to have an ACT. Mr Jamieson responded that it would unfortunately not.
11.	The Chair invited questions from other Interested Parties.
11.1	Mr Graeme Grant (Linlithgow & Linlithgow Bridge Community Council) to Mr Scott Jamieson
11.2	Mr Grant noted a significant increase in the volume of scripts recently for Boots and how they have obviously survived for many years before that increase. So the suggestion that they would have a problem with a decrease is questionable. Mr Jamieson responded that if you introduce a new contractor then the level of decrease would impact on service levels. He went on to note that Boots have not had to experience this previous because there are only two contractors.
11.3	Mr Grant noted that Boots had increased recently but had previous lower volume of prescriptions and still functioned satisfactorily. Mr Jamieson responded that previously it was not to the level of what would occur with a new contractor.
11.4	Mr Grant noted a lot of focus on affluence in the area and was not entirely convinced on what relevance that has or if it is a true representation of Linlithgow. If you look at the statistics for the area surrounding the High Street, you will find it is one of the most deprived areas in Scotland and noted that he thought a huge proportion of the population was being ignored. Mr Jamieson responded that he was taking information from Scottish Index of Multiple Deprivation.
11.5	Mr Grant noted that there were a lot of “what ifs” regarding future services would look like. He went on to enquired why Boots think the service is needing improvement that have not been considered in the decades that Boots have been trading in Linlithgow. Mr Jamieson responded that a list of required improvements was made recently including the increased size for dispensary.
11.6	Mr Grant reference comments about out-of-town provision and enquired if outsourcing services was Boots preferred option. Mr Jamieson responded that for certain services it was. He went on to offer, if looking at complaints then Boots can provide a much-improved service level when dealt with a specialist centre.
11.7	Mr Grant enquired what was best to be outsourced. Mr Jamieson responded that would be Compliance packs and care home services.
12.	The Chair invited questions from the Committee.
12.1	Mr Mike Ash (Lay Member) to Mr Scott Jamieson
12.2	Mr Ash enquired that if the application was rejected and there remained just the two pharmacies, putting extra pressure on staff within those who could decide if ways of working or opening times needed to change and to what extent Boots would respond to the additional pressures. Mr Jamieson responded that there are two different periods, here and now where Lloyds is in distress and in that situation, we do have to be mindful to maintain the staff we have and look after them to the best of our ability. Once you have two fully operational contractors in town and you talk about

	ongoing demand and how it will increase over the years, we certainly wouldn't leave it for staff to decide but would have a consultation with staff if we were looking at plans to increase opening hours in the future.
12.3	Mr Brian McGregor (Lay Member) to Mr Scott Jamieson
12.4	Mr McGregor wished to clarify that Boots current opening hours in Linlithgow was 0900 until 1730 hrs and closed for an hour for lunch. Mr Jamieson confirmed that that was correct.
12.5	Mr McGregor noted that the Applicant was proposing two additional hours for their opening times. Mr Jamieson responded that that was correct and that there was nothing stopping the applicant from reducing those hours post hearing.
12.6	Mr McGregor enquired if viability of Boots at this time does not justify extending their hours. Mr Jamieson responded that this was something for Boots to look at and noted that staff have been under pressure and Boots have introduced measures to support them. Mr Jamieson went on to note that he believed they are in a very different world and planning to wait and see how the business plays out once Dears buys Lloyds and service levels improve. Boots will realistically lose a level of business but noted it is hard to make longer term decisions at present due to various variables.
12.7	Mr McGregor enquired what the prospect was for Boots to use automation in the future. Mr Jamieson noted that automation was not part of Boots' strategy and that is why they introduced off-site dispensaries.
12.8	Mr McGregor enquired why automation was not considered by Boots. Mr Jamieson responded that having introduced collection points in certain location but feedback from patients was mixed and it was deemed as not being a conclusive business case.
12.9	Mr John Niven (Lay Member) to Mr Scott Jamieson but this was declined
12.10	Mr Vinny Bilon (Contract Pharmacist Member) to Mr Scott Jamieson
12.11	Mr Bilon noted that the base pharmacist was currently undertaking their Independent Prescriber course and enquired if this was a one year's course. Mr Jamieson confirmed that it was.
12.12	Mr Bilon enquired as to when the Boots Linlithgow would be able to offer this service. Mr Jamieson responded that it would be introduced within the next six to nine months.
12.13	Mr Bilon enquired if extra resources would have to be implemented to enable the pharmacist to use this qualification. Mr Jamieson noted that Boots would like to offer this and that it should not be an issue given only two contractors in the town.
12.14	Mr Bilon enquired what the turnaround time was for those items to be prescribed off-site. Mr Jamieson responded that within 48 hours and a text would be sent to patients when their items were ready to be collected.

12.15	Ms Judie Gajree (Non-Pharmacy Contractor Member) to Mr Scott Jamieson but this was declined.
12.16	Ms Kaye Greig (Contract Pharmacist Member) to Mr Scott Jamieson
12.17	Ms Greig enquired when the offsite dispensing system was introduced for Boots in Linlithgow. Mr Jamieson responded that it was a year ago due to the impact of the challenges associated with Lloyds.
12.18	Ms Greig enquired what response Boots would provide regarding the increased capacity in store. Mr Jamieson responded that it had taken a significant amount of dispensing workload out of the pharmacy thereby enabling the team to focus on providing NHS services to patients and reduction of queues. He went on to note primarily efficiency gains and service development.
12.19	Ms Greig enquired if Boots has had any recent closures. Mr Jamieson that there had been very few and none recently.
12.20	Ms Greig noted that staff retention was a common problem across pharmacies just now and enquired what Boots' turnover of staff was and how established are the team in Linlithgow. Mr Jamieson responded that there were no issues with staff turnover and that the team at Linlithgow either lived in the town or the surrounding areas and had been with Boots long term.
12.21	Mr William McQueen (Chair) to Mr Scott Jamieson
12.22	Mr McQueen asked for clarification on the differences in definition of neighbourhoods between Boots and the Applicant. Mr Jamieson responded to note that the Applicants neighbourhood has two straight lines to their southern and easterly boundary. Boots have used the data zones which does not provide neat lines but believe they match the town of Linlithgow more accurately.
12.23	Mr McQueen asked for this to be adopted into words for the Panel given that they do not have a data zone map available to them. Mr Jamieson responded that he would refer to the definition against the two straight lines as being: The East: from where the A803 meet the M9 down to rear wheel Lane. The West: follow the river around the area known as Linlithgow Bridge and down to B8029 where it joins the A706 The South: the brown dry lines - the developed residential areas to the south from A706 across the Saint Michael's Hospital and then follow the real lane to the edge of town The North: Data zone 4 which extends to the north of the M9 into a rural area taking into housing areas to the east of Linlithgow.
12.24	Mr McQueen noted that the Manager of Linlithgow Medical Centre told him that she had worked there for over 30 years alongside 14 clinicians and other staff long established and experienced and that their view is that pharmacy services have been inadequate for many years and that an ageing population with co-morbidities meant inevitably that prescription numbers would rise and that there would be more

	<p>demand. Mr McQueen requested comment from Boots regarding this. Mr Jamieson responded to say that most GP surgeries would be supportive of new pharmacy contractor applications and that it was disappointing that although Boots are in regular contact with the surgery they had not expressed any concerns directly. Boots in Linlithgow is fully staffed to the level of business that is there just now and this generates their up to date salary models. The introduction of the offsite pharmacy is an efficiency gain. Boots in Linlithgow is over invested in staff technically from our perspective and hopefully that helps understand what we are doing to support the team.</p> <p>Mr Jamieson went on to note in terms of service level provided, they have patients weekly accessing NHS Pharmacy First; Public Health services; Smoking Cessation; substance abuse and gluten free service which are all provided and to a significant number proportionate to level of business that we have.</p>
12.25	Mr McQueen enquired how Boots would respond to having more capacity within the town to be able to adjust. Mr Jamieson respond that compliance packs are not an NHS Service, and that Boots go over and above by having specialist hubs in Whitburn and Falkirk High Street with their dedicated teams who are in regular contact with patients and surgeries.
12.26	The Chair, having noted no further questions from the Panel to Mr Jamieson called a 10-minute comfort break and the meeting resumed at 1340 hrs.
13.	The Chair invited Mr Tom Arnott the nominee of current owners LP North Sixteen Limited to speak.
13.1	I would like to thank the Panel for allowing me to speak today.
13.2	<p>The Applicant's reason for making this application seems to be that the Pharmaceutical Services provided by current Contractors is inadequate.</p> <p>Firstly, as the Panel is aware Lloyds Pharmacy are in the process of selling the Linlithgow Pharmacy and completion is expected by the end of this month.</p>
13.3	I cannot contest the Applicant's comments about the current service levels in Lloyds Pharmacy Linlithgow. However, the new owners Dears Pharmacy will be working to achieve an increased service level that will no doubt improve the provision of Pharmaceutical Care to the residents of Linlithgow. I am sure that all the Financial Models used by Dears are based on there being only 2 Pharmacies in Linlithgow and the granting of a further Contract could affect the finances of Dears Pharmacy and would certainly have an adverse effect on the existing Boots Pharmacy.
13.4	I have spoken with Dears and discussed their Plans. They have already recruited 2 Pharmacists who will work together on 4 Days per week.
13.5	<p>Laura Eaglesham is an Independent Prescriber so Pharmacy First Plus will be available from Day One and Katrina Wilkie is in the process of starting her Independent Prescribing Course</p> <p>Laura lives in Linlithgow so regardless of any weather issues the Pharmacy will open.</p>

	<p>Laura and Katrina have experience of working together in the Lloyds Pharmacy in Linlithgow and provided an excellent service during their time together a time when GP relationships were excellent and there were no operational Issues.</p>
13.6	<p>Dears have already recruited an ACT (Accredited Checking Technician)</p> <ul style="list-style-type: none"> • 4 Full Time equivalent Dispensers • 2 Full Time equivalent Counter Assistants • 1 Full Time Delivery Driver <p>They also have Off Site Dispensing Facilities so there will never be any capacity issues.</p> <p>Plans are in place to refit the Pharmacy and they also intend to have a 24/7 collection box facility.</p>
13.7	<p>Dears Pharmacy already work closely with Lothian Health Board and are active in supporting the Health Board in any trial services as required.</p>
13.8	<p>Dears are proud of their record of never having a Pharmacy closure and all Pharmacies are supported by an Area Development Manager who is a pharmacist and also a Cluster Manager.</p>
13.9	<p>They have also spoken with the local GPs who are delighted they are taking over the Pharmacy. All these plans and actions are in place based on there being two pharmacies in Linlithgow.</p>
13.10	<p>There was a recent PPC for Bathgate at which the Panel recognised that there would be a vast improvement from the current position under Lloyds management and I am positive this will be the case in Linlithgow and any inadequacies in service will be very quickly rectified.</p>
13.11	<p>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.</p>
13.12	<p>Linlithgow has a population of 13,862 in 2011 the population was 13,462 an increase of only 400 residents in 10 years.</p>
13.13	<p>The Applicant states that 2 Pharmacies cannot supply an adequate service to a population of 13,862 an average of 6,931 patients per pharmacy: this is not true, an example being Dalgety Bay population 9,760 served adequately by one Rowlands Pharmacy.</p>
13.14	<p>The Applicant has produced examples of poor service from the 2 existing Pharmacies, some of which, such as recording a staff member without their consent is dubious and I am not sure if it is even legal to video an individual without their consent, and although I cannot dispute that recently Lloyds Pharmacy has experienced operational difficulties much of the evidence provided by the Applicant refers to periods of time when all Pharmacies were experiencing the same operational issues created by the Pandemic and at a time when there was a shortage</p>

	of Pharmacists, Pharmacy is still going through a difficult period and the granting of unnecessary Contracts will only exacerbate the current issues facing Pharmacy.
13.15	There is currently a critical shortage of Community Pharmacists and Pharmacy Staff. Pharmacists are now on the Government's list of Professions where there are shortages and recruitment issues.
13.16	Community Pharmacy Scotland have requested that Health Boards stop recruiting Pharmacists and Technicians from Community Pharmacy: over the past three to four years almost 600 Pharmacists and 300 Pharmacy Technicians have been recruited into General Practice. The granting of this unnecessary Contract would only exacerbate this shortage.
13.17	The SIMD (Scottish Index of Multiple Deprivation) of which there are 6,976 Data zones with 1 being the most deprived and 6976 the least, highlights the Affluence and general Good Health of the residents of Linlithgow: of the 19 Data zones that represent the population 13 are in the top 20% of all Data zones for the whole of Scotland. None are in the bottom 30% for the whole of Scotland and these figures are reflected in the Health Statistics for Linlithgow.
13.18	As regards Income, yet again none are in the bottom 30% for the whole of Scotland and 10 are in the Top 20% for the whole of Scotland. Irrefutable evidence that the residents of Linlithgow are generally affluent, healthy and mobile.
13.19	The Applicant's proposed Opening Hours offer no more accessibility than those currently offered by existing Contractors.
13.20	The Applicant states that there has been a high response to the CAR. This is not true and there are many examples of far greater responses. The Applicant has received 709 responses from a population of 13,862; that is 5.1% and only 668 4.8% thought current services were inadequate. A 5.1% response rate is quite low. There have been many CAR surveys that exceed the Applicant's response rate such as: Ferniegair 51.0%; Monkton 22.7%; Townhill 21.1%; Pumpherston 21.0%; Fenwick 17.0%; Blackburn 12.9%; Moffat 10.0%; Aberlady 9.6%; Mid Calder 9.5%; Bishopton 9.0%; Pitmedden 8.8%; Burntisland 6.7%; South Queensferry 6.4%; Glenrothes (Collydean) 7.8%
13.21	It is also interesting in the CAR that there a number of comments regarding the location of the proposed Pharmacy which state that any new pharmacy should be situated to the west of Linlithgow and Linlithgow Bridge.
13.22	The Applicant has provided letters of support from Local Councillors, MSPs and an MP. I have only ever attended one PPC hearing where such letters were not provided as the individual cannot be seen to not be supporting their potential voters regardless of the circumstances.
13.23	The Applicant has provided various evidence regarding closures in Lothian. One details 1,407 Closures or part closures between the 1 st January 2021 and the 23 rd

	March 2023, as far as I can see only seven of the 1,407 relate to the Lloyds Pharmacy in Linlithgow and none were full day closures.
13.24	The Applicant has provided detail of complaints against Lloyds Pharmacy and Boots. I am not sure the nature of these complaints as this is not provided, however I do wonder if the Applicant is aware of the Patient Rights Act which states that all complaints must be notified to the Health Board regardless of whether or not the complaint was dealt with and actions taken to rectify at the time.
13.25	This is basically self-reporting, and all pharmacies should be following this procedure. Within Lloyds Pharmacy following this procedure was adhered to and still is. Community Pharmacy Scotland have also pointed out that the cost of a new Pharmacy to the Health Board is between £30,000 and £50,000. The Applicant must also be aware that the Lothian Pharmaceutical Care Services Plan makes no mention of a need for a Pharmacy in his proposed neighbourhood.
13.26	The Panel must take account as to whether the granting of an application would adversely impact on the security and sustainable provision of exiting NHS primary medical and pharmaceutical services in the area concerned.
13.27	The new owner of the existing Lloyds Pharmacy will undoubtedly make vast and immediate improvements in the level of pharmaceutical care offered to the residents of Linlithgow and I hope the PPC will take this into account as they did recently in Bathgate.
13.28	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.
14.	The Chair invited questions from the Applicant
14.1	Mr Martin Green (Applicant) to Mr Tom Arnott
14.2	Mr Green enquired whether Mr Jamieson was aware of any Pharmaceutical Care Service plans that identify specific needs. Mr Arnott responded that NHS Borders are quite clear in their need for a further pharmacy so yes, a Pharmaceutical Care Services Plan does name it. Would not say it was common, but it has happened where the health board feels strongly enough that there is a need.
14.3	Mr Green enquired if these Plans mentioned unmet needs. Mr Arnott confirmed that they do not but there are exceptions.
14.4	Mr Green referenced Lloyds' response to the CAR that it was not viewed as a large as it represented approximately five percent of the population. Mr Green enquired if Mr Arnott was aware that if there is a five percent response rate that does make it significant by Board standards. Mr Arnott responded to state that this was among the lower return that he has seen and only 4.1% of the population say there was a need.
14.5	Mr Green enquired if the CAR responses were not representative of the community of Linlithgow's views. Mr Arnott responded that it was representatives of the view of

	those responsive to the CAR and usually affluent areas have higher responses due to having access to technology etc. Mr Arnott reiterated that in his opinion, this was low.
14.6	Mr Green enquired about views of Linlithgow and Linlithgow Bridge Community Council. Mr Arnott responded that this was a representation of some of the community but if there was to be another pharmacy in Linlithgow, most would prefer it be situated in the West and not on the High Street.
14.7	Mr Green enquired why so many people who responded to the CAR noted inadequacies or deficiencies within the current service provision. Mr Arnott responded that he had noted that Lloyds currently and in the last 18 months had not been operationally sound.
14.8	Mr Green enquired if issues noted by the Community predated the 18 months. Mr Arnott responded that the major operational issues in Linlithgow likely started around the time of the Pandemic and that he did not accept any major operational issues prior to 2019.
14.9	Mr Green enquired if agreement could be reached that the issues dated back approximately four years. Mr Arnott responded that he did not agree and that Covid's last lockdown in 2021 meant it was just under two years. 18 months of that is with rumours of Lloyds being sold so this was not as long term as was made out.
14.10	Mr Green noted that with Lloyds having difficulties this would lead to patients not being able to access their prescriptions on the day required. Mr Arnott confirmed that it was not ideal but that it was happening.
14.11	Mr Green noted that levels of Pharmacy First in Lloyds were very low and noted one month's dispensing was only three items and enquired if this meant that the service was unavailable. Mr Arnott responded that it would suggest that it was available but not at the level Lloyds would want. He went on to say that Dears has one of the highest Pharmacy First levels in all of Scotland.
14.12	Mr Green enquired if with the operational difficulties experienced at Lloyds whether this meant they were in breach of their Terms of Service. Mr Arnott responded that this was not the case and the current reduction in hours had been agreed by the Health Board and no action has been taken against Lloyds.
14.13	Mr Green enquired around availability and delivery of service. Mr Arnott responded that if Mr Green was referring to the recording which he undertook with a member of staff that it was not clear what service was being requested but also reiterated that he was unsure if it was legal and could be considered as part of the hearing without consent.
14.14	Mr Green referenced statistics of the number of Pharmacy First and it appearing that had not been available for several days over several months in 2022 asked whether Mr Arnott would be surprised to hear there was a sign saying "no walk-ins" displayed on a regular basis. Mr Arnott responded that it would surprise him but this was

	perhaps on a Monday when the pharmacist was not in and the staff perhaps forgot to record the Pharmacy First service due to pressing issues.
14.15	Mr Green referenced the acute medication service, also known as walk in prescriptions, where patients have presented at the GP and obtained a prescription for filling at the pharmacy and enquired if Mr Arnott would agree to the acute medication service definition. Mr Arnott agreed that acute medication service is also a walk in prescription and even though 80% of all prescriptions are repeat prescriptions, 20% could and can be walk ins.
15.	The Chair invited questions from other Interested Parties.
15.1	Mr Scott Jamieson (Boots) to Mr Tom Arnott
15.2	Mr Jamieson enquired if staff were aware that they were being recorded by the Applicant and that it had been circulated. Mr Arnott responded that staff at Lloyds were absolutely not aware of the recording and that they had considered contacting Lloyds Legal Department, but it was noted as being underhanded and unsavoury tactics on behalf of the Applicant.
15.3	Mr Jamieson referenced prescription item levels between Boots and Lloyds historically being around 1800 items per week and enquired if this was “particularly busy”. Mr Arnott responded that no, it was not busy; he knew of many busier pharmacies.
15.4	Mr Jamieson noted that if today’s pharmacy application was to be granted and assume items will be split three ways, we would each be doing around 1200 items per week as well as associated services. He went on to enquire if Mr Arnott had a view on impact upon Dears for staffing. Mr Arnott responded that there would not be double pharmacist cover and service levels would not be as good as it would be under the current plan.
15.5	Mr Jamieson sought clarification as to when the operational issues started to arise in Lloyds. Mr Arnott responded that Covid was the beginning of it especially the first and second lockdowns. There was then not a lot of time between the second lockdown and rumours around being Lloyds being sold and as a result there was no time to recover from the lockdowns. Mr Arnott added that the issues were well past 2020 and nearer the end of April 2021.
16.	The Chair invited questions from other Interested Parties.
16.1	Mr Graeme Grant (Linlithgow & Linlithgow Bridge Community Council) to Mr Tom Arnott
16.2	Mr Grant enquired if Mr Arnott had any idea of the likelihood of what will happen at the month end regarding the sale of Lloyds. Mr Arnott responded that his expectation was that the sale was imminent and previous issues regarding lease was in the process of being resolved. Mr Arnott went on to note that Dears had already completed on eleven or twelve pharmacies and would be very surprised if the Lloyds in Linlithgow completion did not happen very quickly.

16.3	Mr Grant referenced how views may be different and depending on the outcome of this hearing whether the delay in handover would still go ahead. Mr Arnott responded that this had nothing to do with the delay regarding the hearing here today.
16.4	Mr Grant enquired if the licensing of three pharmacies would result in continued service as described. Mr Arnott responded that it would not and there would not be double pharmacist cover provided four days a week nor employ as many dispensing colleagues or have requirement for an ACT; the currently proposed staffing levels by Dears were exceptional.
17.	The Chair invited questions from the Committee.
17.1	Mr Mike Ash (Lay Member) to Mr Tom Arnott
17.2	Mr Ash sought reassurance that the level of service mentioned in other branches would categorically be offered at the same level as described. Mr Arnott responded that he had spoken with the owner of Dears Pharmacy who had given categorical assurance that if and when they take over the Lloyds Pharmacy, the levels in the pharmacy will be better than anything the residents of Linlithgow had ever had.
17.3	Mr Ash enquired if this level of service would be as good or superior to those in other branches at present. Mr Arnott responded that he had visited a few branches of Dears Pharmacy and their staffing level in comparison to Lloyds was far greater.
17.4	Mr Brian McGregor (Lay Member) to Mr Tom Arnott
17.5	Mr McGregor enquired if Dears would still open if this application today is granted. Mr Arnott confirmed that it would still open but not operate at the pharmacy staffing levels described.
17.6	Mr McGregor noted that with the takeover of Lloyds being imminent and discussion and investigations provided the date was noted as being 31 st October and enquired whether the takeover date was set in stone. Mr Arnott responded that this would be the very latest date that it would happen. He went on to note that contractually there was a legal obligation on Dears' part. There was a signed contract and a signed non-refundable deposit. If the lease issues, which involved West Lothian Council are through sooner then it will complete sooner.
17.7	Mr McGregor noted that the existing pharmacist was finishing their employ with Lloyds first week of October and enquired whether the branch would be staffed until the end of October. Mr Arnott confirmed that it would be and that the current pharmacist is a non-pharmacist manager but that Lloyds have enough resource and Dears will assist with this until the sale is complete.
17.8	Mr John Niven (Lay Member) to Mr Tom Arnott but this was declined
17.6	Mr Vinny Bilon (Contractor Pharmacy Member) to Mr Tom Arnott but this was declined.

17.7	Ms Judie Gajree (Non-Contractor Pharmacy Member to Mr Tom Arnott but this was declined
17.8	Ms Kaye Greig (Contractor Pharmacy Member) to Mr Tom Arnott
17.9	Ms Greig referenced earlier discussions around staffing levels and what these may look like but enquired if Mr Arnott could comment on what the refit of the Lloyds branch may look like. Mr Arnott noted that the basics for the refit would include a second consultation room; 24/7 prescription locker; modernised dispensary and a separate treatment room for substance misuse.
17.10	Mr William McQueen (Chair) to Mr Tom Arnott
17.11	Mr McQueen reflected on his visit to the Lloyds branch recently and Mr Arnott's comment that staff may be departing early October. He reported that the Practice Manager had been in the role for 5 years and was moving to another job but she had said that a third pharmacy was required in Linlithgow. She had added that there had been no contact from Dears in respect of existing staff and had been advised that there would be no contact until the contract was completed. He invited comment on these aspects. Mr Arnott reiterated that it was a non-pharmacist Pharmacy manager who was leaving, and that Dears have been into Lloyds Linlithgow twice to reassure staff of what was happening. He went on to note that in regard to another pharmacy, that would be based on Lloyds staffing levels in the pharmacy.
17.12	Mr McQueen enquired how the refit of the Lloyds Pharmacy would fix the issues or queues into the street especially going into Winter. Mr Arnott responded to say that part of the refit was to redesign the large space currently behind the current staff area which would improve service levels and cut down on waiting times.
18.	The Chair invited Mr Graeme Grant from Linlithgow & Linlithgow Bridge Community Council to speak.
18.1	I will be brief, as we have already covered a great deal of facts, figures and opinions.
18.2	Thanks to you and Mr Arnott and Mr Jamieson. Mr Arnott in particular - can't be an easy situation to talk about with Lloyds.
18.3	In terms of Community Council, I am here to represent the community council and the views of the people of Linlithgow in an unbiased manner.
18.4	We did put out a questionnaire through social media related to this application. Received a lot of responses to that, about 600-700, virtually all very positive and in favour of the application and that reflects the kind of long-standing feeling that we have in Linlithgow about the quality of services received from pharmacies in the town.
18.5	We don't recognise a lot of what was said about the quality of service that we have been receiving and think I would say that it's the long standing settled view of the

	community that the service offered by the two current providers is inadequate in terms of what would be considered an acceptable level of service.
18.6	<p>Beyond that I would like to read out a few communications related to this process. First, a letter from Linlithgow Group Medical Practice (circulated to the Committee via the Board papers) that I think from our perspective is in line with the general feedback we've had:</p> <p>"Friends, family, people who have come along to community council meetings. Very long-standing feeling that the service has been poor, and that more competition would improve that service.</p> <p>We welcome the takeover of Lloyds by somebody who are more competent. We don't think that answers all the questions that we have had. Been going on for so long that the community has lost confidence in the provision we had and I don't think the community would accept some of what we heard today as an answer to our current problems."</p>
18.7	We would also dispute a lot of the things along the lines of the services I would expect that the easing of burden on prescription side would improve the overall service. Touched on in the letter from the GP surgery is that there is a far broader base to the services that we should be receiving and we're simply not getting that at the moment.
18.8	What may or may not happen subject to a takeover is impossible to predict. Also, we are slightly uncomfortable with the idea that a pharmacy that exists is being taken over by a completely different company and there is no formal submission related to that or services that might be available after that.
18.9	In terms of commuting, I work in Edinburgh normally and used to be five days a week commuting. You were lucky if you could get on a train at Linlithgow station. I took it only yesterday morning and there were only 4 people. In my experience, I think as a town it has a lot of white-collar workers and I think they are the people that are working from home now and while there will have been some returning to work, I don't think it will impact on this town like it has elsewhere.
18.10	We are largely happy with area-based description and population numbers are very similar between the two. If you go past the canal bridge one side of town you might find people who go to Winchburgh for prescriptions etc. Don't see people going east or north to fill prescriptions. To the south it gets quite complicated.
18.11	Whatever the means we would welcome an improved service, that's fundamentally true, the whole town is desperate for this. I don't think the community council has ever experienced discussion round a topic where there was more interest from the community. The feedback we've had is that a prospect of a third pharmacy is being greeted with enormous excitement. We have had some communications to the Community Council, the Committee has heard enough about the issues, and I am not going to go through them again. Mr Arnott himself has accepted them.
19.	The Chair invited questions from the Applicant

19.1	Mr Martin Green (Applicant) to Mr Graeme Grant
19.2	Mr Green noted that he had first made his application in 2019 pre-dating Covid due to awareness of inadequacies of service provision at that time. He enquired when, as a resident, Mr Grant had started to be aware of issues with regards inadequacy of services. Mr Grant responded that he would be hard pushed to remember an exact date as it was so long ago. However, he went on to say that Lloyds had been providing poor service for a long, long time in the view of most people.
19.3	Mr Green referenced representations from Lloyds and Boots. Mr Arnott accepting that on occasions in recent times services being inadequate but there is another pharmacy, Boots, which has been trying to bear the brunt of that and when questioned Mr Jamieson acknowledged that they haven't extended their opening times or increased their staffing levels but have diverted some of their workload off site. He enquired whether this change had worked and improved waiting times? Mr Grant responded that the changes implemented by Boots have not made a difference and commented that a lot of these developments being discussed are very recent. A few times I've gone in and just left due to the queue in the shop. So, if asking on a personal basis, no I don't think so. My perception is there are still unacceptable delays.
19.4	Mr Green noted both pharmacies close for lunch and neither align with the opening times of the medical centre and enquired if that issue presents any particular problems. Mr Grant responded that he thought it was odd but noted that people do have to take their lunch.
19.5	Mr Green noted representations made that suggest that there is a change of ownership that hasn't happened yet and may happen within the Lloyds pharmacy and enquired whether this provides absolute reassurance that it will resolve the long-standing problems faced by the people of Linlithgow. Mr Grant responded that he did not believe this would resolve the issues and "talk is cheap" and does not change his view of the situation. Another concern is that Lloyds, as an organisation is being taken over: companies take others over to make a profit rather than deliver a good service. The big concern is that it may or may not work..
19.6	Mr Green enquired if Mr Grant would you have more confidence that the issues around the pharmaceutical services in Linlithgow would be addressed and resolved with an additional pharmacy rather than just the takeover of Lloyds. Mr Grant responded that competition is always good and would expect to see improved services and that it would very much be to the community's benefit which is all we're interested in.
20.	The Chair invited questions from other Interested Parties.
20.1	Mr Scott Jamieson (Boots) to Mr Graeme Grant but this was declined
21.	The Chair invited questions from other Interested Parties.
21.1	Mr Tom Arnott (Lloyds) to Mr Graeme Grant

21.2	Mr Arnott apologised for the poor service provided by Lloyds recently. Mr Arnott went on to note that the Pharmacist for Dears in Linlithgow (Laura) has already ordered her independent prescriber pad to enable Pharmacy First Plus delivery from day 1 and enquired if this would set the minds of the people of Linlithgow at rest. Mr Grant responded that we couldn't help but say yes to anything along the lines of an improved service is welcome. However, he stood by what was said as a representative of the Community Council, we have to stay in touch with what the views of the community are but thought Linlithgow has gone so long with two providers in the town with things fundamentally progressively deteriorating that he felt it was past the point of redemption in the short term. There was a strong community view, there was bitterness and the outsourcing of work by Boots had not helped.
21.3	Mr Arnott noted that Dears would be open from 0830 – 1800 hrs with no lunch time closures and that it was a family-owned business. Mr Grant responded that he was not aware and had had no information regarding the organisation before now.
21.4	Mr Arnott enquired if Mr Grant had ever visited a Dears Pharmacy. Mr Grant responded that he had never heard of them.
22.	The Chair invited questions from the Committee.
22.1	Mr Mike Ash (Lay Member) to Mr Graeme Grant
22.2	Mr Ash enquired whether, when members of the Community Council discussed issues, they also discussed the solution of changing the way existing pharmacies worked. Mr Grant responded that no discussion for solutions were had in the Community Council as it involved two pharmacies and that the situation had existed in the town for decades and that the people of Linlithgow felt that if things were to improve regarding existing services it would have done so before now.
22.3	Mr Ash enquired of the Community Council had a view regarding the location of the proposed new pharmacy. Mr Grant responded that they had no view whatsoever and that the focus was in and around the Town centre.
22.4	Mr Brian McGregor (Lay Member) to Mr Graeme Grant but this was declined
22.5	Mr John Niven (Lay Member) to Mr Graeme Grant but this was declined
22.6	Ms Judie Gajree (Non-Contractor Pharmacist Member) to Mr Graeme Grant but this was declined
22.7	Ms Kaye Greig (Contractor Pharmacist Member) to Mr Graeme Grant
22.8	Ms Greig enquired if the issues at the pharmacies was discussed at any Community Council meeting prior to the new pharmacy application being raised. Mr Grant referred to earlier discussion point that the first application was made a number of years ago and he has not sat on the Council since before that date. He did go on to note that it had been discussed at great length at every Community Council meeting since then and remains a very hot topic.

22.9	Ms Greig enquired if the Community Council had ever approached either of the current providers to raise their concerns. Mr Grant responded that they had not.
22.10	Ms Greig referenced the earlier discussions regarding the impact if a third contract was granted and that staffing level and level of investment would be reduced and enquired what Mr Grant's opinion might be regarding this for any impact on employment, etc. Mr Grant responded that he did not think that would be the case. His personal view was that a lot of talk about number of prescriptions being written but the number filled within the town is likely to increase and his view would be that there are so many other services looking to be moved into that kind of area that there is a massive opportunity there to make money. The small size of Boots and Lloyds limits what they can do, most of their retail products could be obtained at Tesco and a third pharmacy would offer great opportunities.
22.11	Mr Vinny Bilon (Contractor Pharmacist Member) to Mr Graeme Grant
22.12	Mr Bilon enquired if Mr Grant's view which he was conveying today accurately represents the views of the whole community or a large percentage. Mr Grant responded that he conveyed the views of a large section of the community. He would and could provide an example : there had been an issue with the brewer and the local hotel bar that we had last year. I was the Chair of the Community Council at the time (deputy Chair now) and came under immense pressure within the town at that point to come out in favour of retaining the name of the bar. In particular, the brewer wanted to change it to the extent that I was getting some quite unpleasant emails from people and I resisted that for quite a period of time because I am absolutely of a mind that the Community Council is there to represent the views of all of the Community and not just some vocal segment.
22.13	Mr Bilon enquired in Mr Grant's and the Community Council's opinion were the issues there before Covid or roughly around that time. Mr Grant responded that he believed in regard to Lloyds, it has been a very long-standing issue.
23.	Summing Up
23.1	The Chair asked for the Interested Party Mr Graeme Grant for Linlithgow and Linlithgow Bridge Community Council to sum up.
23.2	It is implicitly clear the community would like to see this licence approved. From our perspective, things can only get better and as much as I respect what has been said today from existing providers of services, they have had a long time and we are still uncomfortable with what we are receiving. Therefore, we suggest the only way forward really is to bring some additional competition and another provider into the community. We also believe there is space for that and as the Community is constantly under pressure from planners then the likelihood of developments taking place over coming years is very high.
24.	The Chair asked for the Interested Party Mr Tom Arnott of LP Sixteen Limited to sum up

24.1	At the recent PPC for Bathgate where panel recognised a vast improvement under new management of Lloyds and I am confident this will be the case in Linlithgow.
24.2	Dears Pharmacy have already recruited two pharmacists and full-time equivalent dispensers and counter assistants and drivers to give six days a week service.
24.3	The Pharmacist going into Dears is already an independent prescriber, from day one there will be Pharmacy First Plus - to me it's a no brainer. Two pharmacists will allow for home visits, etc. but the levels of services will increase dramatically. The Applicant must be aware the Pharmaceutical Care Plan makes no mention of needing another pharmacy.
24.4	The Panel must consider if granting the application will impact on services already in the area concerned. Dears taking over will make immediate and vast improvements and I hope this is taken into account like it was in Bathgate.
24.5	I therefore ask the panel to refuse this application as it is neither necessary nor desirable.
25.	The Chair asked for the Interested Party Mr Scott Jamieson for Boots to sum up
25.1	Census data from 2011 and Scottish Index of Multiple Deprivation shows us factually that Linlithgow is among the least deprived areas of Scotland.
25.2	Residents consider themselves healthier and there is a high level of home and car ownership compared to the rest of Scotland.
25.3	New housing has mostly finished building in Linlithgow and is unlikely to change the projected demographics of the area.
25.4	During last 18 months Boots have only had one complaint that they reported to the health board.
25.5	The Pharmacy is fully staffed to the level of business we currently have, in fact over invested due to now off-site work. We have made improvements to the layout and will continue to look at other improvements we can make.
25.6	For me though, what tells us the health need of the population is the prescription items that are being generated from Linlithgow Medical Practice. This is an average of only 4300 items per week but 85% of those items are dispensed in Linlithgow and some go to Falkirk and Whitburn in specialist hubs that take a portion. Two contracts, 1800 items per week. Average in Scotland is 1500 so slightly busier than the average. Two fully operational pharmacy contractors are more than capable of managing that business. If granted and there is a third contractor all that will do is lower that volume and that would impact staffing levels accordingly.
25.7	Therefore, I respectfully ask the panel to refuse the application.
26.	The Chair asked for the Applicant Mr Martin Green to sum up.

26.1	It is incumbent upon the applicant to demonstrate and adequacy in service provision in their defined neighbourhood and I would respectfully suggest that we, TPB Partnership, have achieved that this afternoon, providing overwhelming evidence of inadequacy in the neighbourhood of Linlithgow.
26.2	Through a long list of complaints dating back to 2016 and 2017. Many emails of lived experience of the service by the neighbourhood population, letter of support from the Community Council, local Councillors' MPs and MPs, the CAR, photos of long queues at both pharmacies dating back several years and as most recent as the current month, the local GP stating that current services are overwhelmed and can't cope. They don't support other primary care services and worse still, add to the GP workload, the evidence as presented from the Community Council this afternoon. And evident of EMS CMS and Pharmacy First not being adequately provided from the current contractors. If, at least on certain days, even if there are being offered at all. We even have one of the contractors accepting their own service has been inadequate.
26.3	I would suggest to the panel that it is not credible to suggest that the magnitude of long-standing inadequacy in Linlithgow can simply be resolved by changing the contractor code and name above the door of one of the two pharmacies in the town. If indeed the transfer actually completes as it has not yet.
26.4	I would suggest and urge the panel to elect for the certainty of improvement and grant this application this afternoon. Thank you
27.	Retiral of Parties
27.1	The Chair invited the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. Mr Martin Green (Applicant) confirmed he had had a fair hearing within the meeting and otherwise that he had received a fair hearing. Mr Scott Jamieson of Boots; Mr Tom Arnott of Lloyds and Mr Graeme Grant of Linlithgow & Linlithgow Bridge Community Council (Interested Parties) confirmed they had had a fair hearing. Having been advised that all parties were satisfied, the Chair advised that the Committee consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared, and a copy issued to all parties as soon as possible. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.
27.2	The Chair advised the Applicant and Interested Parties that it was in their interest to remain available until the Committee had completed its private deliberations. This was in case the open session had to be reconvened should the Committee require further factual or legal advice, in which case, the parties would be invited to come back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation
27.3	The hearing adjourned at 1525 hours to allow the Committee to deliberate on the written and verbal submissions.

28.	Summary of Consultation Analysis Report (CAR)			
28.1	Introduction			
28.2	NHS Lothian undertook a joint consultation exercise with TPB Partnership LLP regarding the application for a new pharmacy within 269 High Street, Linlithgow, EH49 7EP.			
28.3	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.			
28.4	Method of Engagement to Undertake Consultation			
28.5	The consultation was conducted by placing an advertisement in the West Lothian Courier as well as being posted on NHS Lothian's website. Respondents could respond electronically or request a hard copy.			
28.6	The Consultation Period lasted for 90 working days through to 14 th February 2023.			
28.7	Summary of Questions and Analysis of Responses			
28.8	Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; perceived gaps/deficiencies in existing services; wider impact; impact on other NHS services and optional questions on respondents' addresses and circumstances.			
Questions	Positive- Yes / %	Negative – No / %	Don't Know / %	Non Answered
1. Do you think the neighbourhood described is accurate?	631 / 89.6%	39 / 5.6%	34 / 4.8%	5
2. Do you think there are gaps / deficiencies in the existing provision of pharmaceutical services to the neighbourhood	668 / 94.9%	22 / 3.1%	14 / 2.0%	5
3. What impact do you think a community pharmacy would have in the neighbourhood?	681 / 96.7%	8 / 1.2%	15 / 2.1%	5
4. What are your views on the pharmaceutical services being proposed by the applicant?	666 / 94.6%	12 / 1.7%	26 / 3.7%	5
5. Do you think there is anything missing from the list of services to be provided?	41 / 5.9%	425 / 60.6%	235 / 33.5%	8
6. Do you think a community pharmacy in the neighbourhood will work with other NHS health services such as GP practices?	665 / 94.6%	4 / 0.6%	34 / 4.8%	6
7. Do you believe the proposed pharmacy would have a positive or negative impact on existing NHS services?	673 / 95.6%	7 / 1.0%	24 / 3.4%	5
8. What do you think of the location of the proposed community pharmacy?	518 / 74.7%	31 / 4.5%	144 / 20.8%	16
9. What do you think about the proposed opening hours?	641 / 92%	31 / 4.4%	25 / 3.6%	12
28.9	In total 709 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report			

28.10	Of the 709 responses, 691 were submitted by individuals and two were submitted from a group or organisation. 16 respondents did not clarify.
28.11	Consultation Outcome and Conclusion
28.12	The use of Jisc, a website that hosts online surveys, allowed views to be recorded and displayed within the full Consultation Analysis Report in a clear and logical manner for interpretation.
29.	Decision
29.1	The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.
29.2	Neighbourhood
29.3	There was a wide consensus amongst interested parties that Linlithgow was a distinct identifiable community being a market town, geographically separate from neighbouring towns and villages, with the range of retail, community and public services that a town of its size (population circa 13500) would normally expect to offer. The vast majority of the 709 respondents to the CAR supported the definition of the neighbourhood proposed by the applicant. A small number suggested that some of the settlements outside the boundary drawn by the applicant constituted part of the neighbourhood of Linlithgow.
29.4	One interested party disagreed with the neighbourhood defined by the applicant. He noted that the applicant's neighbourhood included some of the hamlets outside the town but excluded others and he proposed that the neighbourhood be defined as the area covered by SIMD data zones (as identified in 2011) S01013435 to S01013452 inclusive, which extended north of the M9 but not quite as far east and south as the area proposed by the applicant. All parties agreed that there was very little difference in population numbers covered by the alternative definitions.
29.5	As a commuter town to bigger population centres such as Edinburgh and Glasgow, there is new housing development proceeding and proposed on the fringes of Linlithgow, and there are outlying villages – such Kingscavil, Whitecross, Bridgend and Philpstoun whose residents may look to Linlithgow for some services but might equally look to other neighbouring towns such as Bo'ness, Bathgate or Polmont. In particular, the PPC considered that the motorway to the north of the town was a significant physical barrier and that settlements in the data zones located to the north of the M9 motorway were less likely to use Linlithgow as their service centre. The PPC concluded there was no material difference in the populations covered by the alternative definitions which would affect its consideration of "adequacy of service" and they preferred the boundary definition of the neighbourhood suggested by the applicant. The applicant's definition identified and used distinct geographical features such as the M9 motorway, water courses, and the golf course boundary to the south, and sought to include all of the contiguous built up area of the town along

	with a margin of surrounding farmland. This designation was capable of more simple definition in respect of physical features than the perimeters of the data zones
29.6	<p>The Committee accordingly determined that the neighbourhood as:</p> <p>North: M9 motorway;</p> <p>East: A vertical extension north to the M9 of a line from the intersection of the Haugh Burn and the Kingscavil / Ochiltree Castle Road;</p> <p>South: A horizontal line from the southern boundary of Linlithgow Golf Club eastwards to its intersection with the Kingscavil / Ochiltree Castle Road, and westwards to its intersection with the Claud Burn;</p> <p>West: River Avon from its intersection with the M9 in the north to its intersection with the Claud Burn in the south.</p>
29.7	Adequacy of existing provision of pharmaceutical services and necessity or desirability
29.8	Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services to that neighbourhood and, if the Committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.
29.9	The Committee recognised that this case was unusual in that one of the existing two pharmacies in the neighbourhood – the one closest to the Linlithgow GP premises - had recently been the subject of ownership transfer from its longstanding owner (Lloyds) to a new owner, LP North Sixteen Limited, understood to be a holding company within the same group as the original owner and was – the PPC were advised – in process of being sold to a different company (Dears), one which currently owned and operated a number of pharmacies in central Scotland and had, the PPC were advised, already purchased a number of other Lloyds Pharmacies in recent months. The sale to the proposed new owner, the PPC were advised, had been due to complete on 12 September 2023 (before the hearing date) but had been delayed and the PPC was advised that it was proposed to be completed in October 2023. The TPB Partnership LLP had submitted the current application for inclusion in the Pharmaceutical List on 11 April 2023.
29.10	The Committee recognised that the current situation presented awkwardness for its consideration of adequacy of provision of pharmaceutical services in and into the neighbourhood because the existing service provider did not intend to continue to deliver pharmacy services in Linlithgow, but there was not certain knowledge available as to the date of switch to a new provider nor of the range or quality of service a new provider would in practice deliver. The PPC had sought and obtained written legal advice and shared that advice with parties in advance of the hearing, about how it should approach its consideration of adequacy in the light of this unusual situation.
29.11	The Committee was mindful that determination of adequacy would be a question applied to the facts and evidence revealed and established, and its conclusion reached would be after exercising appropriate judgement. It gave careful

	<p>consideration to the evidence it had received from the applicant, the CAR responses, the interested parties, the Linlithgow Medical Centre and its PPC member visits to the site; and it heard expert advice from contractor and non-contractor pharmacist members of the panel about the issues identified in the hearing and their knowledge of equivalent service delivery matters elsewhere in Scotland, including experience of the proposed ultimate operator of the current Lloyds Pharmacy adjacent to the GP premises.</p>
29.12	<p>The following paragraphs set out key elements of the PPC’s consideration of adequacy.</p>
29.13	<p>The applicant argued that the CAR demonstrated that this application had received a very high number of supporting representations during the consultation period; with a response rate that was statistically significant at a confidence level which meant the responses could be relied upon as an accurate reflection of community views. That number was higher than had been received in similar exercises in the towns of Bathgate and Whitburn, the former of which had a larger population than Linlithgow and the latter a similar population level. One interested party averred that other CAR consultations in across Scotland had received much higher absolute numbers and higher proportions in relation to neighbourhood populations. The PPC concluded that the level of response had been significant and accepted that the strong sentiment of the vast majority of the Linlithgow CAR responses and other representations was that current pharmacy service provision in Linlithgow was inadequate and had been inadequate for a considerable time. In particular, the PPC concluded that the complaints were valid in terms of queueing time to be attended to at the counters of the two pharmacies, which at times – and observed when PPC members had visited the sites – involved queueing outside the door into the street, particularly unpleasant in inclement weather; and the waiting times for prescriptions to be delivered. Respondents had noted, and parties at the Hearing concurred, that customers were told to come back on a later day to collect prescriptions which had been advised would be ready, or (at Lloyds) to seek assistance at the Boots pharmacy in Linlithgow as the items they sought were not in stock. The PPC noted that a number of individual responses to the CAR gave powerful and specific detail as to the effects upon their family of unavailability of necessary items and of mistakes made in prescriptions issued. Testimonies of the representatives with long experience on the Community Council and as employees of the Linlithgow Medical Centre, allied to the written representations, were persuasive for the PPC that issues of poor service delivery quality were very long standing and pre-dated the advent of both the Covid-19 pandemic and rumours or news of Lloyds decision to sell its UK pharmacies.</p>
29.14	<p>The Committee noted the very high level of support in the CAR, other representations and by the Community Council for the services proposed to be offered by the new pharmacy. The PPC noted that such sentiments were almost invariably the case when new pharmacy applications were made. However, in the present case it led to discussion about the figures demonstrating low levels of access to or take up of Pharmacy First at the two Linlithgow pharmacies. Existing providers argued that this was due to Linlithgow having a wealthy and healthy population compared to other communities in West Lothian and Scotland: affluent patients would be happy to purchase items out of their own pocket rather than have the taxpayer meet the cost – that was why Pharmacy First uptake was low. The PPC</p>

	<p>were sceptical that this was a complete or convincing explanation. They favoured the analysis which held that existing pharmacies did not promote this service strongly because they were overwhelmed by, and not adjusting to, the volume of prescription caseload presenting daily; and that the sight of queues and assessment of likely queueing times and assumed impact on stressed and stretched staff if customers were to press for Pharmacy First access, was a significant deterrent. As a consequence, burdens on the Linlithgow Medical Centre were higher and a prominent Scottish Government policy central to improving healthcare nationally was not being delivered satisfactorily in Linlithgow.</p>
29.15	<p>The Committee noted that Lloyds was concurrently displaying a notice saying “This pharmacy is undergoing a change of ownership. Services and opening hours will continue as normal during this change” alongside one which contradicted this and listed “New Temporary opening hours as of 15/06/2023”. These hours entailed opening at 0930 instead of 0830; closing at 1630 instead of 1800 (closing at 1600 on Saturdays); and closing from 1300-1400. The PPC noted that this change of hours was agreed by NHS Lothian on 14 June 2023 in response to an email from the Lloyds Practice Manager which stated “I have several weeks coming up where there is only one person working in dispensary and one member of staff on counter ... with that amount of staff it is becoming impossible to keep up with the amount of work we have coming in. I have contacted my regional manager with no reply and no answer from our head office. As we are only working with locums as well feel it is now an unsafe way of working”. The PPC noted that during site visits the Lloyds Pharmacy manager (who had worked in that pharmacy for 5 years) had said and that she thought the neighbourhood needed an additional pharmacy. The representative for LP North Sixteen Limited (current owners of the Lloyds Pharmacy) accepted that this pharmacy had suffered particular difficulties during the Covid pandemic and subsequently as a consequence of Lloyds’ decision to dispose of its UK pharmacies which meant that it had been unable to recruit permanent pharmacists or to secure enough dispensers and trained staff, which had led to significant deterioration in service quality.</p>
29.16	<p>The Committee noted that the Linlithgow Group Medical Practice had 14 general practitioners and a practice management team with many years of first hand experience of working in that medical centre in the middle of the town. They supported the application for a new pharmacy unreservedly. They reported that there had been a tenfold increase in the number of items being prescribed during a time when there had been no increase in pharmacy provision. They noted that the increase in the numbers of elderly people in Linlithgow, and the ageing demographic already meant that more patients were suffering from increased frailty and co-morbidities, and this pattern would continue. Allied to the Covid related rise in home working this meant that demand would rise further. Their concerns about the quality and adequacy of current pharmacy delivery were of long waits to hand in and collect prescriptions, misplacement of prescriptions, issues of stock control, the inability of the pharmacy adjacent to the surgery to supply and dispense same day prescriptions due to workload volumes and inadequate staff capacity. As a consequence, matters which might be resolved through pharmacy provision or by access to Pharmacy First or Pharmacy First Plus were referred back to the surgery for resolution, diminishing the efficiency of the NHS primary care services. Capacity to meet demand for dosette boxes within the 2 existing Pharmacies was inadequate and as a consequence the</p>

	Medical Centre had to use 5 out of town suppliers, which was unsatisfactory especially when changes to medicines make-up needed to be made at short notice.
29.17	The Committee noted that Boots Pharmacy had itself posted a notice in its premises stating “Prescription Collection Service. Due to an increase in the number of requests for prescriptions from Linlithgow Medical Practice, the turnaround time has increased from 3 to 4 working days from the day of order at the surgery. Please note that any special requests may take longer for the GP practice to process.” This also admitted to the diminution in service to patients in Linlithgow and the PPC concluded this was exacerbated for Linlithgow customers by the deteriorating level of service offered by the reduced hours, limited ability to supply all requirements, and inadequate staffing at Lloyds.
29.18	The Committee noted that the Boots’ representative’s view that demand at its premises had increased because of patients moving to them on account of the unreliability of service at Lloyds but that future prescription volumes would be manageable, by settling back to an earlier balance between the two pharmacies, if the takeover by Dears was concluded and the new owner put in place sufficient competent, qualified and experienced staff to deliver service of suitable quality.
29.19	The Boots representative explained that his firm’s policy was to set budgets for staffing levels at its pharmacies in relation to the number of prescriptions handled. In Linlithgow the volume increase (due to poor service at Lloyds) had led them to put work assembling dosette boxes off site to Falkirk and Whitburn, but the company had chosen not to make the expected commensurate reduction in staff in recognition of the pressures on the branch. PPC members were not persuaded that this was an adequate response, from a large nationwide provider of pharmacy services, in the face of volumes which the two pharmacies’ representatives argued had been shown to be capable of being handled efficiently by one or two pharmacies in towns elsewhere in Scotland, appropriately staffed and using technology to good effect. Furthermore, in response to the applicant’s Freedom of Information request to NHS Lothian, the PPC noted that there was an almost tenfold increase in prescriptions, from 760 in 2019 to 7276 in 2022, dispensed from a pharmacy in Winchburgh, out with the Linlithgow defined neighbourhood, which had originated from Linlithgow Health Centre. The PPC concluded that it was likely that this afforded some further evidence of deterioration in existing pharmacy service quality in Linlithgow
29.20	Representatives of the two existing pharmacies made the point that existing conditions would be rapidly improved when the takeover of the Lloyds pharmacy was concluded. The intended successor, Dears, had a strong track record: they had never experienced a pharmacy closure; they had traditionally higher levels of staffing than Lloyds; they had already completed purchases of several Lloyds pharmacies elsewhere and introduced rapid improvements; they had already identified two pharmacists with experience of working in Linlithgow, and one of them already qualified as an independent prescriber; they would bring in 4 counter dispensing staff; they would re-fit the exiting premises to create a bigger dispensing area and more space for waiting customers inside the shop. It was the case that the sale had intended to be concluded in September, but issues concerning transfer of a long-term lease requiring approval of West Lothian Council, needed to be resolved. This

	was expected to happen by the end of October. The purchaser had paid a 20% non-refundable deposit.
29.21	The Committee has to have regard to the obligation to “secure” adequate provision of pharmaceutical services. That requires, in the view of the PPC, consideration of the position on the ground at the time of the hearing but also to have regard to probable developments into the proximate short-term future. The PPC took the view that the evidence presented pointed towards an increased population in Linlithgow, and an ageing demographic, with the growing proportion of elderly residents likely to have increased demand for medical and pharmaceutical services. The PPC therefore considered what would be the situation in circumstances where (1) the Lloyds Pharmacy closed without replacement; (2) Lloyds continued under new ownership but with existing levels of service; and (3) a new owner moved swiftly to deliver improved levels of service from Lloyds existing premises.
29.22	Under scenarios (1) and (2) the PPC concluded that levels of pharmaceutical service into the Linlithgow neighbourhood would categorically fall well short of adequate.
29.23	Under scenario (3) the assessment was much more nuanced and difficult, given that the prospective new owner was considered to have an established track record elsewhere. There had been strong representations that it would provide a better service than Lloyds – which all parties and the PPC accepted would not be difficult. As the takeover had not yet happened in Linlithgow, the PPC identified one difference (there were others) from the recent Bathgate case, where an application had been refused, in that the PPC was able to see that the new owner of a former Lloyds pharmacy there had established a track record at the time of the Hearing. The two current providers in Linlithgow also argued that to introduce a third would inevitably cause the approximately 17000-18000 prescriptions per month to be divided between three practices rather than two, causing reduced income to the incumbents which would mean that neither Boots nor (the successor to) Lloyds would be able to invest as fully as they otherwise would in staff numbers and premises; and that would in turn not be to the advantage of the Linlithgow Medical Centre. They argued that the PPC was bound to take this aspect into account before reaching its decision. The PPC was not convinced by this argument. It placed weight on the fact that across towns in Scotland of similar size there were many variations in numbers of pharmacies operating and the volume of prescription business that kept them profitable. Local circumstances and needs varied. No simple formula could or should be applied. The PPC took the view that currently under-provided Pharmacy First and Pharmacy First Plus services, allied to the possibility of re-patriating prescription volumes currently done outside the town (for example some of those done in Winchburgh) to Linlithgow would give sufficient volume to three pharmacies.
29.24	Consideration was given to location and size of facilities of the proposed new pharmacy. Of those offering a positive or negative view as regards location in the CAR responses, 94% were positive. The location was within 100 metres of the Medical Centre and the Lloyds Pharmacy premises. Whilst that meant it was not at the western end of the town, as some respondents would have preferred, it allowed that patients emerging from the Medical Centre would have a choice of two pharmacies very close by the building which patients generally had to attend before

	<p>seeking to have their prescription scripts fulfilled. By contrast the Boots pharmacy was some 600 metres to the east (an 8-10 minute walk) which made it less convenient for elderly, or disabled patients and parents of young children without access to a vehicle. Parking was available on street adjacent to the applicant's proposed premises, and also on the opposite side of the road; it was available in the nearby Lochside Car Park which has disability spaces, and also serves Lloyds. The PPC noted that this was closer than the distance from Boots to the Tesco Car Park, which was part of its offering given that on street parking in the High St adjacent to Boots was usually occupied. Size of the proposed premises was small, and the PPC considered a larger premises would have been more desirable, but the proposal to use a wall mounted external "robot" dispenser would assist in serving patients who did not need a personal encounter. Proposed opening hours held the promise of cover which matched the opening hours of the Medical Centre, which the existing providers currently did not.</p>
29.25	<p>As they examined the circumstances of current service provision and provision in the near future the PPC were mindful of the legal advice they had sought, which recognised that "whilst it was justifiable to explore reasonable outcomes in submissions received, the PPC should only give weight to what can be said to be probable and having a sufficiently near-future impact on adequacy to remain relevant to their considerations".</p>
29.26	<p>The Committee considered a range of possible outcomes and fully recognised the difficulty they faced in estimating levels of service and their quality which the likely new provider would deliver in the weeks or months ahead, and how this allied to the efforts of the other incumbent provider would match against the requirement for adequate provision. The consideration was finely balanced. Ultimately, the PPC were not able to ascribe sufficient certainty to the representations by opponents of the application as would allow the PPC to be confident it could ensure adequate provision in the Linlithgow neighbourhood in the future. The PPC made the judgement that the deficiencies in current service across both pharmacies were demonstrably significant and had been of long-standing persistence, that the physical size of the pharmacy next to the Medical Centre would constrain its ability to cope comfortably with its share of current and expected volumes of demand in Linlithgow, and as a consequence that under this third scenario also pharmacy services in the neighbourhood would be found inadequate.</p>
30.	Conclusion
30.1	<p>Following the withdrawal of Ms Gajree, Ms Greig 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 concluded, unanimously, that existing provision of pharmaceutical services in Linlithgow is inadequate. The PPC has consequently to determine whether it is necessary or desirable to approve the application before it.</p>
30.2	<p>The PPC considered the location of the proposed pharmacy, its size and proposed layout, and the services proposed in the application. The location on the High St is some 100 metres from the Medical Centre, which is similar to the distance between the Medical Centre and the existing Lloyds Pharmacy. Parking provision, as</p>

	described above, is adequate and proximity to the GP Medical Centre is good. Although the size of the premises is smaller than the two existing pharmacies, the addition of this new provision would afford patients emerging from the Medical Centre a choice of two locations, and would be likely to significantly reduce the necessity of patients queuing outside pharmacy premises.
30.3	Taking account of all the representations made, and the information revealed by the CAR and submitted orally and in writing the Committee determines that it is necessary and desirable to approve the application by TPB Ltd for admission to the Pharmaceutical List.
30.4	The Hearing closed at 1735 hrs

Signed by

William McQueen

Chair – Pharmacy Practices Committee

Date: 11 October 2023