

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on  
Wednesday 29 May 2024 at 09:30 via MS Teams**

The composition of the PPC at this hearing was:

**Chair:** Peter Knight

**Present:** **Lay Members Appointed by NHS Lothian**  
Eleanor Blair  
Brian McGregor  
John Niven

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

Vinny Bilon  
John Connolly

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

Barry Chapman

**Observer:** John Innes, PPC Chair  
Katerina Marinitsi (administrative support)

**Secretariat:** Jenna Stone, NHS National Service Scotland

<b>1.</b>	<b>APPLICATION BY GLIMERTON PHARMA LTD</b>
<b>1.1.</b>	There was an application submitted and supporting documents from Gilmerton Pharma Ltd received on 27 February 2023 for inclusion in the pharmaceutical list of a new pharmacy at 1-5 Carter Mews, Edinburgh, EH17 8GS.
<b>1.2.</b>	<b>Submission of Interested Parties</b>
<b>1.3.</b>	The following representations were received timeously: <ul style="list-style-type: none"> <li>(i) Letter dated 30 March 2023 from Matthew Cox, Lloyds Pharmacy (change of ownership to Gilmerton Pharmacy (Gilmerton Healthcare Ltd t/a) with effect from 8 September 2023)</li> <li>(ii) Letter dated 30 March 2023 from Mike Embrey of Right Medicine Pharmacy Ltd</li> </ul>

<b>1.4.</b>	Late representations were received from (i) Letter dated 30 November 2023 from Dawn Owen, NHS Lothian Area Pharmaceutical Committee.
<b>1.5.</b>	The following did not make written representations : (i) Lothian General Practitioners Sub Committee of the Area Medical Committee (ii) Lindsay & Gilmour (The Red Band Chemical Co Ltd t/a) (iii) Gilmerton/Inch Community Council
<b>1.6.</b>	<b>Correspondence from the wider consultation process undertaken</b>
	i) Consultation Analysis Report (CAR) ii) Letter dated 15 May 2024 to Gilmerton Pharmacy / Davide Perella from Sean Black, Lindemann Healthcare, Morningside Manor Nursing Home. iii) Letter dated 20 May 2024 from Simon Gemmell, Fleming Pharmacy. iv) Letter dated 23 May 2024 from Richard Dunn, Gordons Chemists v) Figure 2 – Provided by Gilmerton Pharmacy: google reviews of Gilmerton Pharmacy vi) Figure 3 – Provided by Gilmerton Pharmacy: comments on Ferniehill Neighbours (Facebook) around improvement of service provision from Gilmerton Pharmacy (formerly Lloyds) February 2024 vii) Figure 4 – Provided by Gilmerton Pharmacy: emails to Gilmerton Pharmacy confirming that Ferniehill, Inchpark and Southern Medical Practice Lists are open to new patients viii) Map 1 and 2 – Provided by Gilmerton Pharmacy
<b>2.</b>	<b>The open session convened at 09:30</b>
<b>2.1.</b>	At 09:30 hours on 29 May 2024, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Gilmerton Pharma Ltd (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the

	<p>question for the Committee was whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List”.</p>
<b>3.</b>	<b>Attendance of Parties</b>
3.1.	<p>The Chair welcomed all and introductions were made.</p> <ul style="list-style-type: none"> <li>The Applicant, Gilmerton Pharma Ltd represented by Sean Manson, hereinafter called “The Applicant”. In relation to an enquiry on his role, Mr Manson confirmed he was part of Gilmerton Pharma Ltd, the business behind the application. He was supported by Davide Perella, part of the ownership of Gilmerton Pharma Ltd and owner of the unit on Carter Mews, the premises for the proposed pharmacy.</li> </ul> <p>From the Interested Parties eligible to attend the hearing, present were:</p> <ul style="list-style-type: none"> <li>Right Medicine Pharmacy, Danderhall represented by Mike Embrey, supported by Noel Wicks , a director of Right Medicine Pharmacy; and</li> <li>Gilmerton Pharmacy Ltd represented by Catherine Stitt, Director of Gilmerton Pharmacy, supported by Katie Stitt, contractor representing Gilmerton Pharmacy.</li> </ul> <p>The Chair emphasised that supporting colleagues would not be permitted to formally address the Committee or speak at the Hearing; all oral representations should only be made through the named Applicant and Interested Parties.</p>
3.2.	<p>The Chair sought agreement that the open session could be recorded to support production of the minutes and would be destroyed thereafter. All parties confirmed their agreement.</p>
3.3.	<p>The Chair advised all present that the meeting was convened to determine the application submitted by The Applicant in respect of a proposed new pharmacy at 1-5 Carter Mews, Edinburgh, EH17 8GS. 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</p>

	test as set out in Regulations 5(10) of the 2009 regulations, as amended, which the Chair read out in part:
3.4.	“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 by persons whose names are listed in the Pharmaceutical List...”
3.5.	The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the Applicant were necessary or desirable in order to secure adequate services.
3.6.	The statutory joint consultation had been undertaken to assess the current provision of pharmaceutical services in or to the neighbourhood (and whether it was adequate), in order to establish the level of support of residents in the neighbourhood. The consultation complied with the requirements of Regulation 5A(3)(b). It was presented as a factual Consultation Analysis Report (CAR), which was provided to all parties consulted.
3.7.	The Committee was required to include a summary of the CAR in its published determination and illustrate how it had been taken into account in its determination of the statutory test.
3.8.	When considering adequacy, the Committee would also consider NHS Lothian’s Pharmaceutical Care Plan.
3.9.	The Chair advised that Jenna Stone was independent from the NHS Lothian Health Board, would be present throughout the Hearing, and was solely responsible for taking the minute of the meeting.
3.10.	The Chair advised that Morag McClelland of Central Legal Office (CLO) had been retained as a legal assessor. She would not attend the Hearing, but was available by telephone if legal advice was required, and could be invited to attend the Hearing if required.
3.11.	The Chair acknowledged two observers - John Innes, a recently appointed NHS Lothian PPC Chair, and Katerina Marinitsi, who would

	be in attendance to record the meeting and provide administrative logistical support.
3.12.	The Chair asked all parties for confirmation that these procedures had been understood and were content to proceed. 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.
3.13.	The Chair acknowledged all parties had received the meeting papers. The Chair confirmed that members of the Committee had independently conducted site visits on different days of the week and at different times, in order to understand better the context of this application. Assurance was given that no member of the Committee had any interest in the application.
<b>4.</b>	<b>Submissions</b>
<b>4.1.</b>	<b>The Chair invited The Applicant to speak first in support of the application, who read from a prepared statement</b>
4.2.	I would like to thank the committee for being here today, allowing me to present my case for a new pharmacy within the brand-new large scale settlement south of Gilmerton in the south-east outskirts of Edinburgh. I will try to be concise but there is quite a lot to cover so make apologies for that in advance.
4.3.	To begin I'll give you a quick background about myself. I achieved my Master of Pharmacy degree from Strathclyde University in 2010 and qualified as a pharmacist in 2011.  Since then, I have successfully opened a pharmacy in Bertha Park, taken over a Lloyds Pharmacy on the Isle of Bute, and due to open a new contract in Monkton in South Ayrshire after a very protracted legal battle (I'm sure of which you may have read about in pharmacy and legal magazines of late)
4.4.	Currently, and for the past 10 years, I've been working remotely as a superintendent pharmacist at a large independent pharmacy in Stornoway, whereby I ensure the smooth running of the pharmacy and that it is compliant with the operating regulations set out by the General Pharmaceutical Council.
4.5.	I completed my prescribing qualification at Robert Gordon University in Aberdeen in 2017 and I am registered with the GphC as an independent prescriber. A few years back, I was the pharmacy representative for

	<p>South Ayrshire on the Ayrshire Pharmaceutical Professional Committee and the Strategic Planning Action Group, which is an advisory committee to the Health and Social Care Integrated Joint Board. I also chaired the Area Pharmacy Group.</p>
4.6.	<p>I have a firm understanding of the pathways that pharmacy is taking within the larger multi-disciplinary team. I have experience in successfully running community pharmacies across the country.</p>
4.7.	<p>I want to give a bit of history of the area in which the application is situated.</p> <p>Gilmerton pre-dates the 1600s, whereby vast swathes of land was owned by the Somerville family and then the Kinloch family. Alongside agriculture, the area's population was supported initially by coal mining right up till the 19<sup>th</sup> century when this gave way to limestone mining.</p>
4.8.	<p>Gilmerton once used to have its own council ward (ward 56) within Edinburgh City, which included the communities of Ferniehill and Hyvots. Since 2007, The Local Government Boundary Commission for Scotland amalgamated Gilmerton with the neighbouring town of Liberton to create a Council ward that incorporates Gracemount, Burdiehouse, Southhouse, The Inch and Moredun.</p>
4.9.	<p>Gilmerton South is the result of increased demand for housing within commuting distance to the city. Edinburgh is now the undisputed hub for enterprise within Scotland in Software and Technology, Financial Services and Tourism.</p>
4.10.	<p>It was originally allocated for a smaller site. Open Optimised Developments (commissioned by Mactaggart &amp; Mickel) built a case for increased expansion based on robust grounds of good master planning principles, contextual analysis, and landscape capacity. A successful Planning Permission in Principle application was granted in 2016.</p>
4.11.	<p>Investment into the allocation of housing was part of 2014 Edinburgh Local Development plan to meet business development needs in the area. Gilmerton is now Edinburgh's Health Innovation District, with the Edinburgh Bioquarter becoming a world leading health and science park over 167 acres.</p>
4.12.	<p>The agreement has seen the City of Edinburgh Council joining NHS Lothian, Scottish Enterprise and The University of Edinburgh as official partners, developing a campus-wide approach which involves building</p>

	links between academics, scientists, clinicians, healthcare professionals and entrepreneurs.
4.13.	The site now hosts a community of over 8,000 people who both work and study. The new University of Edinburgh Medical school is also housed in the Chancellor's Building beside the new Royal Infirmary of Edinburgh.
4.14.	Alongside factors which PPCs should consider in making a determination on an application are:- the likely demand for pharmaceutical services in the neighbourhood from both the resident and any transient population. A significant proportion of the workforce will reside within Gilmerton South. However, with the general direction of travel from the transient population off of the City of Edinburgh bypass, they should not be discounted.
4.15.	Digging deeper into population growth, from NHS Lothian's Pharmaceutical Care Service plan, in the next 5 years in Lothian - the population makeup is expected to increase massively, with the largest increase of 30.5% the amount of 85-year-olds compared to 2018. Those aged over 60 years are expected to increase by 19%. Reliance and demand for healthcare services is only trending in one direction.
4.16.	From the same document. <i>"Large new housing developments in all areas will require establishment of new primary care services and associated facilities across Lothian. The projected growth in older adults, including strong growth among adults aged 75 and over, will increase the demand for services and also require increasingly complex support at home from multidisciplinary services. The majority of people over 75 will be on at least one medication and as people get older, they are more at risk from adverse effects of medicines and likely to be on multiple medicines"</i> .
4.17.	Gilmerton South is on the border line between what is classed as City of Edinburgh and Midlothian. The makeup and natural movement of the population is very similar to other commuter settlements south of the City Bypass.
4.18.	All locations within NHS Lothian are currently very well matched to provision per population figures quoted in the Pharmaceutical Care Services Document. The average across the board is 1 pharmacy per 5,014 patients, with both Edinburgh City and Midlothian sitting very close to that average. Although there is no official standard as to the number of people per pharmacy, it should be noted that the average

	Scottish population served per pharmacy is 4,530. NHS Lothian is 10% above the Scottish average.
4.19.	Where this figure becomes more important however, is when the population greatly exceeds this. Since building began in 2019, there have been 1,545 new homes built within the local neighbourhood of Gilmerton South across 5 separate developers. 25% of these homes are affordable in nature, therefore the notion that Gilmerton South is exclusively an affluent community, or will rank very highly in the SIMD tables, is simply not true.
4.20.	The majority are family sized 3-5 bedroom dwellings, which would deduce that the average occupants per household will greatly exceed the Scottish average of 2.1 persons per household. Young families are the largest buyer of the new build market, transacting 30% of all sales. Young couples (who may go on to have families in the future) and established families make up another 45% of new build sales. Therefore, I feel that a number of around 3 persons per household would be a reasonable assumption of occupancy in this area.
4.21.	From the 2011 amended Regulations, in formulating a decision, PPCs should normally consider the known fixed or firm plans for development and/or expansion on new centres of population.
4.22.	This known and current series of house developments has (on its own) brought between 4,600-5,000 people as an effective new centre of population. The population within the proposed neighbourhood was already 2,280 from the 2011 census data.
4.23.	So, at current levels – the population is around 6,880 to 7,280 – which is close to 50% greater than NHS Lothian’s figure of 5,014 patients per pharmacy, and 60% greater than the Scotland-wide figure of 4530. The houses are already built and moves the area significantly past what could be considered reasonable. <ul style="list-style-type: none"> <li>• <b>ADMINISTRATIVE NOTE : C Stitt dropped off the TEAMS call.</b> Once she had been connected and re-admitted to the hearing, and ascertaining what part of the presentation she may have missed, the Applicant re-read his statement from paragraph 4.14.</li> </ul>
4.24.	And the point of this is that the regulations allow provision for the consideration of not only current, but future developments – and Gilmerton South is probably one of the most well- known and unambiguous plans for effectively a brand new community of large number of residents. Pharmacy applications can be granted even if



	<p>the committee feel that in doing so will result in over-provision in the present, however will SECURE adequate provision in the future. This was exactly the case in in a recent pharmacy application granted in Tornagrain near Inverness and echoed by the National Appeal Panel in citing Lord Drummond Young’s verdict in Lloyds Pharmacy Vs National Appeal Panel of 2004.</p>
4.25.	<p>In the outcome of that Judicial Review, Lord Drummond-Young stated <i>“...it is in our opinion proper to have regard to probable future developments for two reasons. First, while the standard of adequacy in a particular neighbourhood will obviously change with time. The relevant neighbourhood may change, for example through the construction of new housing developments or the movement of population out of inner city areas. Likewise changes inevitably occur in pharmaceutical practice and the standard of “adequate” pharmaceutical provision must accordingly develop over time.....Regulation 5(10) uses the word “secure” in relation to the adequate provision of pharmaceutical services. That word seems to us to indicate that the decision maker can look to more than merely achieving a bare present adequacy of pharmaceutical provision. “Secure” suggests it should be possible to maintain a state of adequacy of provision into the future. That indicates that the decision maker must have some regard to future developments in order to ensure that an adequate provision can be maintained....[the PPC] must accordingly reach its conclusion on the adequacy of the existing provision on the basis of what is known at that time together with future developments that can be considered probable rather than speculative...and bear in mind that the critical question at this stage ought to be the adequacy of the existing provision not the adequacy or desirability of some other possible configuration of pharmaceutical services in the neighbourhood.”</i></p>
4.26.	<p>The decision goes on to state that: <i>“the words ‘necessary’ or ‘desirable’ are intended to give some degree of flexibility in the manner in which a shortfall in provision is remedied and if the proposal under consideration does no more than make up the shortfall, that proposal will be always necessary” and that in some cases the proposal may go further and result in a degree of overprovision in which event the word “desirable” will permit the approval of such a proposal. If the (PPC) is satisfied that notwithstanding the overprovision the proposal is still desirable in order to secure adequacy”.</i></p>

4.27.	He further states that the question of whether a proposal is necessary or desirable in order to secure adequate provision is a matter for the PPC as a specialist tribunal.
4.28.	On top of this, and more for just for information - but there is currently constant dialogue going back and forth between the council and local development plan for the allocation of land on the Drum Estate for the building of an additional 2,000 houses, and planning been applied for slightly west of the proposed boundary at Broomhills Road for 400 new homes. These don't constitute firm or fixed plans for development, however with the chronic under-provision of houses in and around the Edinburgh and surrounding areas - they will likely be green lighted in not-too-distant future.
4.29.	Neighbourhoods are defined by the communities who live there, and each will have unique expectations of the services and facilities they need. This will also vary depending on the wider area, including topography and landscape, population density, economic status. An important objective of the 20-minute neighbourhood concept is to better align spatial planning (i.e., what is in an area) with transport planning (transport infrastructure), to make it easier for people to walk, cycle and use public transport. This approach needs to be underpinned by ensuring 20-minute neighbourhoods are designed to be inclusive and equitable. Services and amenities may be shared between neighbourhoods, depending on the density of the area.
4.30.	20-minute neighbourhoods may be difficult to implement in extremely rural villages and public transport options between these villages will be essential. Health services including pharmacy are considered an essential element of a 20-minute neighbourhood. These neighbourhoods are an opportunity for multi partnership involvement to support reductions in inequalities.
4.31.	Looking at the 20-minute Neighbourhoods metric outlined in the Pharmaceutical Care Services Plan (and from the map showing Isochromatic data of the layout of Edinburgh Health & Social Care Partnership areas) Gilmerton South and parts of Ingliston are the only two areas of real heavily populated centres which cannot access their nearest pharmacies within 20 minutes walking.
4.32.	Cycling as a metric is pretty hard to define as to whether it could be an indicator of adequacy, since the road networks in Scotland aren't well suited to cycling, and many people may not be fit enough to ride a bike

	– and cycling in the Scottish winter is probably no-one’s idea of adequate.
4.33.	So that leaves the bus as the other means to fulfil the ambition of having a 20 minute neighbourhood, and the only bus stop which can direct residents to the nearest provision on Ferniehill Road is from the A772 – which would ironically take more time for some residents than simply walking.
4.34.	Houses can’t be endlessly built without provision been given to the services required to support such populations, and primary care services should be provided as part of the normal fabric of people’s lives.
4.35.	The Gilmerton Gateway is the answer to the other services to be expected in such a densely populated area. Planning has been granted for a large scale commercial development in the land adjacent to Gilmerton Road and Gilmerton Station Road. This will become the normal fabric of the residents of Gilmerton South’s lives.
4.36.	This development will contain a 20,000sq/ft foodstore, which LIDL are close to completing a deal for, two medical hubs, three retail units, two café/hot food outlets, 30 start-up business/office units, a 24,000sq/ft hotel and a 6,500sq/ft community hub. A pharmacy should be an integral part of a new community.
4.37.	<u>Neighbourhood</u> The area of Gilmerton South uses main arterial roads in which to define the neighbourhood.
4.38.	The <b>Southern</b> most boundary is the easiest to define, in that the City of Edinburgh Bypass provides a firm-stop for any expansion on the defined neighbourhood past that point.
4.39.	Lasswade Road forms the <b>Western</b> boundary and this includes the Murray’s housing estate, owing to the lack of vehicular through road to Burdiehouse and Kaimes. The natural direction of those residents would be towards South Gilmerton. It also includes the 96 new Miller homes at Lang Loan and 29 Barratt Homes at Lime Grove due to proximity and likely direction of travel.
4.40.	The B701 forms the <b>Northern</b> Boundary from Lasswade Road to Old Dalkeith Road. Parts of the B701 only has pedestrian walkways on

	one side of the road, and it has extensive double yellow lining, hatched crossing and pedestrian lights.
4.41.	The <b>Eastern</b> boundary is the A7, which is one of the main arterial roads into the city leading all the way to Holyrood Park. Much of the land west of this eastern boundary is arable farmland. However, with the of the few farm dwellings that are there, the tracks are more accessible to the A772 where the pharmacy at Gilmerton South will be situated.
4.42.	Therefore, the population is defined by those boundaries, which is one which can comfortably support a pharmacy, not threaten the viability of nearby pharmacies, and one which will require a pharmacy.
4.43.	And the reason that I can be so assertive on the word “require” – is that where can people go for medical provision who live in this area?
4.44.	Ian Murray MP wrote just two weeks ago to the Health Secretary, Neil Gray MSP highlighting that 20,000 people in Edinburgh South cannot register with a GP. You may argue that this is a planning issue, but ultimately, it’s also a product of diminishing numbers of GPs, especially those who are willing to take on their own practices. Danderhall Medical Practice the other side of the A7 (Old Dalkeith Road) actually returned their GP contract back to the board in 2023, and is now administered by Newbattle Medical Practice – Gilmerton is outwith their practice boundaries.
4.45.	<p>Interestingly, up until just two days ago, if you visited the websites of every GP surgery in the vicinity (Ferniehill Medical Centre, Southern Medical Group, Gracemount Medical Practice), and tried to register as a new patient – you were met with all extremely similar responses. At the time, they stated:</p> <p><i>“Please note that due to a considerable increase in the number of new homes in the area, our practice list has increased significantly. We have therefore been forced to take the decision to close our list for the time being, and we are therefore not currently accepting new registrations (with the exception of immediate family members of patients).</i></p> <p><i>We appreciate that this may cause you difficulty in finding a local GP. However, it is important that we are able to care for our patients safely.</i></p>

	<i>NHS Lothian are aware that there is a shortage of available GPs in this area, and have been working on a solution for some time. In the meantime, if you are having difficulty finding a GP, please click on the GP finder link below or you can email”</i>
4.46.	This has now been tweaked slightly in the past two days to admit the registrations of a very limited number of new registrations per week. One can only assume that these practices have had pressure applied on them and will be balancing new registrations with their attritional rate. Since there are no new GPs to my knowledge in the area, it's hard to see how they can all of a sudden care for these patients safely now, when they couldn't before? Is this sustainable with the rate of housebuilding and no new GPs? What are the current wait times for appointments? Are you able to get an appointment for any illness or are appointments reserved for the most complex and severe cases? I'll go on to explain later how I believe this is part of the planning framework - but all-in-all it's a pretty dire situation.
4.47.	What this alarmingly does signify, is that a pharmacy in Gilmerton South would be on the front line of the community health service and a necessary and integral part of a community with not many other options to turn to.
4.48.	However, given 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 (MCR) services, a lot can be done from within pharmacies at value to NHS budgets and taxpayer money. With respect to this potential contract granting, I've been approached already by an IP qualified pharmacist, and come the middle of 2026 all new undergraduates from the m.Pharm degree will be coming out of university as qualified independent prescribers. So, all pharmacies will be able to provide this service, and it will only be ever more pertinent in an area like Gilmerton South where GP access is chronically under resourced.
4.49.	As an adjunct to my own Independent Prescribing qualification, I attended one of the 4 clinical examination skills sessions last month at the Queen Margaret Hospital in Dunfermline, which is a necessary piece of training under the Pharmacy First Plus Service Spec which is due to be completed within 2 years of providing Pharmacy First Plus in the pharmacy.

4.50.	What became quite apparent, was that the focus seems to have hugely shifted towards the training of a treat and triage service based on defined observation characteristics of the patient. There was a lot of emphasis NEWS (National Early Warning Score) and ABCD2 scoring criteria for onward referral of patients.
4.51.	If this is the direction of pharmacy travel in response to GP shortages (when only the sickest patients get to see a GP), then we had better ensure that the provision is in place. This is going to be most acutely felt in areas like Gilmerton South where GP registrations (nevermind appointments) are difficult to come by.
4.52.	<p>What will this new pharmacy offer?</p> <p>The proposed pharmacy is located beside the Co-Op foodstore on Carter Mews, therefore it will be a natural direction of travel for patients. This is not to say that you have to time a foodshop with being unwell, but it will be accessible, visible and in an area that people regularly frequent.</p>
4.53.	The unit is new, modern and will feature two consultation rooms in anticipation of being a service driven pharmacy.
4.54.	As stated in the application form A(1), all the core components of the community pharmacy contract will be provided, and I'll not waste time by reading them all out – however I would like to point out a few additional elements that we are going to provide.
4.55.	Pharmacy First (Plus) will be able to be offered, as I have a verbal agreement with an IP Pharmacist to take up a post at this new pharmacy should it be successfully granted. This is going to be crucially important to an area with chronically poor GP cover, and the pharmacist in question is trained in asthma/COPD and has completed the common clinical conditions framework training. The pharmacy will also be seeking to engage in vaccination services on a private basis for influenza and travel - and would also be happy to take on any NHS seasonal immunisation schedules if required by the board.
4.56.	We will offer core hours of 9am-6pm Monday to Saturday, and 9am-1pm on Saturday with a late-night opening on Thursday evenings until 8pm to allow patients who were potentially working to access face-to-face services. This was highlighted in the CAR as being desirable.

4.57.	We will also be installing a 24-hour collection robot to enable access to medication outwith our opening hours.
4.58.	The pharmacy network must be viable, and applications can only be granted should it be determined that the new contract in question will be viable, but also that the granting of a new contract does not affect the continued viability of the existing network. The fact that every single Lloyds branch was sold in Scotland (none went unsold, and none have closed), it is a clear indicator that all pharmacies in this country are viable if managed correctly. This case is no different.
4.59.	The levels of business required to make a pharmacy sustainable in 2018, was commonly quoted as being around 500 dispensed items per week, or 2,000 dispensed items per month. There is additional emphasis on payments for services under the new payment model, so it may well now be less than 500 per week now. We have a sound business plan which includes the extended opening hours and has been utilised to good effect before and are confident that the pharmacy in this location will exceed 500 items per week. We have also received written confirmation from the Morningside Manor Nursing home that they intend for us to service their three nursing homes shortly after opening. Between the three nursing homes, there was combined capacity of 113 residents, therefore viability of this pharmacy can be assured.
4.60.	Including Liberton Medical Group, there are almost 40,000 prescription items generated from 4 surgeries nearby. Liberton state on their website that their list is closed for registrations owing to the overbuilding of houses and directing people to contact NHS Lothian for a resolution.
4.61.	There are 40,000 prescription items, spread among 4 or 5 pharmacies who pick up from these surgeries as a core part of their businesses – therefore the granting of a new contract isn't going to render the viability as uncertain for any of the surrounding pharmacies.
4.62.	Looking finally towards the CAR, which is a key piece of evidence used in arriving at a decision, it is clear that there are multiple issues faced by the residents of Gilmerton South.
4.63.	Lloyds at Ferniehill Road may now be independently owned and operated as Gilmerton Pharmacy. From all accounts it is operating better than Lloyds did, but this is anecdotal - the comments however contained within the CAR also don't squarely lay the blame at the door

	of a single pharmacy, nor does this change of ownership mean that the fundamental problems in this area have gone away.
4.64.	<p>The problem with capacity across the network in this area is stark, and on page 5 of the document someone states:</p> <p><i>“Having moved to this area approximately 1 year ago [not talking within Covid times] we have had many problems in obtaining prescriptions from pharmacies within the local <b>and wider areas</b>. As a couple who requires more than 15 different medications through prescriptions, we have had problems such as local pharmacies refusing to take prescriptions unless sent directly by GPs, having to wait in queues for over an hour to even hand in prescriptions and then being asked to return hours or even days later to collect items which then requires further long waits in queues...”</i></p> <p>So, there is clearly a problem with the network around the area, as this person has clearly tried a few pharmacies.</p>
4.65.	Moredun Park Road pharmacy, operated by Lindsey & Gilmour, have been stated on page 5 to “... <i>always not taking any more prescriptions</i> ”
4.66.	Gordons Pharmacy in Gracemount “... <i>have wait times of times of 1 hour (P6)</i> ” and “ <i>have typical wait times of an hour and have to return the next day on several occasions (P9)</i> ”
4.67.	Boots at Cameron Toll is mentioned “ <i>has massive queues at their prescription counter</i> ” (P6).
4.68.	So, the idea that there’s a single area of inadequacy simply isn’t true.
4.69.	<p>People are collecting prescriptions and driving <b>outwith</b> the area to have these dispensed, which is a tell-tale indicator of inadequacy. The infrastructure put in place to cope with the level of new houses is wholly inadequate: People are at breaking point as someone points out on page 5. They say:</p> <p><i>“Blatantly obvious significant increase in housing provision by numerous Construction Companies... Existing pharmacies struggling, with lack of capacity, lack of appropriate staffing, security - demographic mix....” (P5)</i></p>
4.70.	Others say:



	<p><i>“House building has exploded in the area and current pharmacies are over-run. This will relieve the pressure especially as more building is still to come” (P6)</i></p> <p><i>“The demand on community pharmacy has increased, especially since pharmacy first started” (P6)</i></p> <p><i>“With new estates, population increased but there isn’t sufficient GPs or pharmacies to accommodate everyone” (P6)</i></p>
4.71.	<p>Another respondent, who has lived in the area since 1991 has never known the pharmacy service to be stretched like it is.</p> <p><i>“The 3 closest pharmacies are absolutely overrun so people are queuing for 30+ minutes, you're sometimes having to wait weeks for prescriptions to be processed”</i></p>
4.72.	<p>Looking at access to pharmacies, some respondents deem the existing facilities to be too far away.</p>
4.73.	<p>West Edge Meadows development is a 20-25 minute walk to the nearest pharmacy with no public transport option. With new builds all around, there is nothing easily accessible for older persons or those with mobility issues.</p>
4.74.	<p>All these issues: accessibility such as distance to existing provision, increased demand (and further expected increase to demand), excessive waiting times, lack of stock availability, multiple journeys, the forced requirement to travel outside the area, the necessity of this contract to relieve pressure on pharmacy services and GPs, too many houses to cope – these themes are strongly evidenced throughout the whole document, and strongly point towards a highly inadequate situation. There are too many comments to list that point to a genuine necessity, sometimes bordering on desperation, for the residents of this area.</p>
4.75.	<p>So, to summarise before taking questions,</p> <p>The population of this area has exploded in recent years past the point whereby the primary care infrastructure cannot support everyone. Registrations at the nearest practices are restricted, never mind getting an appointment with a GP for miles around, and contrary to what might be presented by the interested parties today, the pharmacy network is creaking under the strain of both these elements. The subject of google reviews (which came out via email yesterday) speak highly in favour of Gilmerton Pharmacy. It might be a worthwhile</p>

	exercise for the panel to review the google reviews and comments around Gordons Chemists in Gracemount, to see what's really happening in the area. A new pharmacy in my proposed location will go some way to alleviating this.
4.76.	This pharmacy will be modern and offer Pharmacy First Plus, maximising the offering to the public within this area and dealing with as many of the 'traditional' GP appointments as is possible.
4.77.	The most common themes from the CAR are undeniably the difficulty patients face in relation to business and service levels of the current provision, owing to the fact that the rapid building of housing has been undertaken without being supplied with the required service infrastructure. Respondents are also latching on to the idea (as driven by Scottish Government policy) that pharmacy is the first place to go to in a lot of instances.
4.78.	This pharmacy would be viable and wouldn't impinge on the continued viability of the other pharmacies in the area.
4.79.	Another pharmacy in this area will bring the population per pharmacy ratio closer to the board's average of 5,014, which I think is the least these residents can expect with such limited other options.
4.80.	From the CAR we can see there is a high level of support for a new Pharmacy in Gilmerton South. It is absolutely clear from the public consultation the comments do not relate to convenience but inadequacy of existing services.
4.81.	The population in Lothian is set to age significantly over the next 5 years.
4.82.	Based on the indicative timeline and application tracker on the NHS Lothian website, if a contract is not granted in this area now, then it could be 2030 by the time the next opportunity would be available to remedy that – the population in this neighbourhood cannot wait that long.
4.83.	Given all the reasons above, I believe this contract is necessary and respectfully ask that it should be granted.
4.84.	This ended the presentation by the Applicant
<b>5.</b>	<b>The Chair invited questions from the Interested Parties</b>
<b>5.1.</b>	<b>Mr Mike Embrey of Right Medicine Pharmacy Ltd to The Applicant</b>

5.2.	<p>Mr Embrey asked the Applicant who owned the property and queried if the owner was Gilmerton Pharma.</p> <p>The Applicant confirmed it was owned outright by Davide Perella, and was not a lease.</p>
5.3.	<p>Mr Embrey said that on the Application form it stated that “we” own the property – ie Nick Johnston had completed the form on behalf of Gilmerton Pharma. Mr Embrey asked the Applicant if that seemed misleading, if Gilmerton Pharma did not own the property.</p> <p>The Applicant replied that if one of the Directors of Gilmerton Pharma owned the property, it was not misleading.</p>
5.4.	<p>Mr Embrey asked the Applicant for clarity whether Mr Davide Perella owned the property as an individual, or as a different limited company with a different set of shareholders and interests.</p> <p>The Applicant (after consulting Mr Perella) replied that the property was owned by Equal Share Limited, which was owned by Davide Perella. Equal Share Limited controlled Gilmerton Pharma Limited.</p> <p>Mr Embrey said it was a little misleading in how it had been portrayed in the Application, that Gilmerton Pharma Limited owned the premises, especially in relation to business plans, because if premises were owned as opposed to paying rent to a different company, it would affect the potential business plan.</p>
5.5.	<p>Mr Embrey asked if the Applicant was aware of any complaints to NHS Lothian in relation to any of the pharmacies providing services in and to the neighbourhood.</p> <p>The Applicant replied he was not aware of any. He said there was a mechanism from the Board, where pharmacies were normally required to submit complaints quarterly. However, what happened in practice, people would complain to the pharmacy or the pharmacy head office team, but, in his belief, complaints often did not subsequently reach Health Board level. To answer the question asked, he was not aware of any complaints to NHS Lothian, but it was not to say there had not been complaints. However, the comments in the CAR, and online reviews on google were an indicator of complaints – but they were not going through official channels.</p>
5.6.	<p>Mr Embrey summarised the above, to state that the Applicant was not aware of any complaints to the NHS Lothian Board.</p>

	The Applicant confirmed this was correct.
5.7.	<p>Mr Embrey referred to the CAR and the Applicant’s reference to patients who had difficulty accessing particular medications, sometimes having to make repeat journeys and sometimes had to wait. Mr Embrey asked the Applicant to explain what a Serious Short Protocol (SSP) and a Medicine Supply Alert Notice (MSAN) were.</p> <p>The Applicant replied an SSP was where a particular medicine obtained through a manufacturer was listed as being short, and that unlicensed products could be supplied in that situation (the means of procurement could be sourced). The Applicant cited a recent example of Ispaghula Husk, where an unlicensed product was available. Another current product in short supply related to Salbutamol Nebules.</p>
5.8.	<p>The Applicant asked Mr Embrey to repeat the second part of the question.</p> <p>Mr Embrey acknowledged the Applicant had described it well, that SSPs and MSANs were put in place when there was a serious shortage of a specific medicine, and were becoming more frequent and affected more pharmacies and not just specific contractors. Mr Embrey asked if the Applicant agreed with that.</p> <p>The Applicant replied he did not agree. One of the pharmacies he ran well with stock levels was because they were aware of what was short on the market, and what they needed. So they would check every day and pounce on it when it became available. So a manager could be pro-active with stock, and mitigate a lot of situations with good stock management. The Applicant acknowledged there were times that this would not work –eg people using terbutaline nebulas in place of salbutamol; and for GLP1s - peptide inhibitors – there were liraglutides, Ozempic and Victoza. The clinical pathways were quite well established and in place, and his pharmacy had been able to manage the situation – most people were on Rybelsus tablets. There were pathways that could be used if you were pro-active, but he did not believe a lot of pharmacies were.</p>
5.9.	Mr Embrey acknowledged the Applicant’s point that for some situations, one could work around; SSPs, empowered the pharmacist to provide an alternative product to a patient without the need to consult the prescriber. However, the reality was that there more products than ever which were difficult to obtain and the fact that SSPs and MSANs were in existence were proof. So although there were workarounds, it did not affect the

	<p>industry as a whole, and was hitting the headlines in the UK and comments in the CAR were reflective of that, regardless of how good or bad the underlying pharmacy was.</p> <p>The Applicant acknowledged there was a balance to be struck. If someone was running a multi-national company and had to have an umbrella policy in place, he did not believe it could be as effective as a small operator who was acutely aware of their patient sub-set and what medicines they required, and so could be more proactive. So there was a balance to strike, and he did not totally agree with Mr Embrey.</p>
5.10.	<p>Mr Niven asked for clarity on what the acronyms MSAN stood for.</p> <p>Mr Embrey replied MSAN was Medicine Supply Alert Notice – a formal notice that was sent to all healthcare providers to notify them of a shortage or other supply related issue concerning specific medicines, which were released by the UK Government and Scottish Government, to reflect items that were unobtainable or unavailable, which would impact patients.</p>
5.11.	<p>Mr Embrey asked if there were any multi-national pharmacies in the area.</p> <p>The Applicant replied: Boots.</p>
5.12.	<p>Mr Embrey asked the Applicant if he agreed that all the others were independents or small multiples.</p> <p>The Applicant replied they were not all small, but were independently owned companies.</p>
5.13.	<p>Mr Embrey asked the Applicant if Gilmerton Pharma Ltd have employees.</p> <p>The Applicant replied No.</p>
5.14.	<p>Mr Embrey asked the Applicant if he was a Director or Secretary of Gilmerton Pharma.</p> <p>The Applicant replied that he would be.</p>
5.15.	<p>Mr Embrey asked the Applicant to confirm that he was not currently a director.</p> <p>The Applicant replied he was not at the moment, but he would be.</p>

5.16.	<p>Mr Embrey asked the Applicant to clarify the capacity in which he was representing the company, if he was not an officer or employee of Gilmerton Pharma Ltd, because the guidelines for PPCs were that paid advocates were not permitted.</p> <p>The Applicant replied there was a contract in place, and he was currently a silent partner. He said “we have an equal share and there’s a holding company”.</p>
5.17.	<p>Mr Embrey asked the Applicant if he was going to be rewarded if the application was successful.</p> <p>The Applicant replied he would not.</p>
5.18.	<p>Mr Embrey said it felt like the Applicant was a paid advocate if he was going to be rewarded if the application was successful.</p> <p>The Applicant replied he had a part in Equal Share.</p>
5.19.	<p>Mr Embrey asked the Applicant to clarify this point as he had stated he was not an officer of the company and asked if the Applicant was a shareholder of the company.</p> <p>The Applicant replied he was in the Group.</p> <p>The Applicant asked The Chair for permission to leave to consult with a colleague. The Chair confirmed this was acceptable in order to clarify this point. The Hearing paused for 5 minutes while the Applicant consulted with Mr Davide Perella.</p> <p>The Applicant subsequently returned and confirmed that he was a Director of Gilmerton Pharma Limited. The online position had not been updated, and was effective from last month.</p>
5.20.	<p>Mr Embrey asked the Chair to confirm he was content to accept this because Companies House usually updated their records within 48 hours, although sometimes it was within a couple of hours. He raised concerns of the Applicant’s role and deferred to the Chair whether it was appropriate to continue the Hearing.</p>
5.21.	<p>The Chair acknowledged he would need to take some legal advice from Central Legal Office. The hearing was paused for 10 minutes. When all parties returned, the Chair notified everyone that the CLO representative was going to check the points of detail. It was agreed for</p>

	<p>a further 20 minute break. Colleagues muted microphones but kept cameras on.</p> <p>When the hearing resumed, the Chair noted he was still awaiting advice from CLO and was not prepared to proceed until the position had been clarified.</p>
5.22.	<p>The Applicant said in relation to the question of his directorship in Gilmerton Pharma Ltd, there had been an oversight in notification to Companies House of his appointment. Companies House had been notified that day that he was a Director of Gilmerton Pharma Ltd with effect from 30 April 2024 as the date of appointment.</p> <p>Mr Embrey raised his concern that this was misleading. The Applicant had initially informed the PPC that his Directorship had been actioned a month ago, but was now stating it would be backdated to 30 April 2024. There was a statutory obligation to make any changes with Companies House within 14 days of any changes, so as it was outside that time limit, it was possible it would not be allowed. So the PPC has been given information that has not been actioned.</p> <p>Mr Embrey observed that he was incredulous that the process had been underway for months or years, and the issue had only been raised on the day of the PPC hearing. Mr Embrey acknowledged the amount of work that had been put into the preparation but was concerned how someone could be unaware of Companies House requirements for Directorships, and the legislation around PPCs. It was clear that paid advocates were not permitted. He found it disruptive and could impact both his and the other Interested Party's presentations.</p>
5.23.	<p>The Chair said he would inform CLO about the latest position, and await their advice. He intended to invite a CLO representative to join the Hearing to provide their response to the questions that had been raised.</p> <p>The hearing was paused for 20 minutes.</p> <p>When the hearing restarted the Chair reported that CLO would be joining the call shortly to provide a legal response.</p> <p>Mr Embrey noted that the Companies House website had now updated to show The Applicant as a Director of Gilmerton Pharma Ltd, backdated to 30 April 2024, so, in the view of Mr Embrey, he was now appearing in</p>

	<p>an appropriate capacity. But he emphasised his concern that he had had to ask the question before the Applicant's appointment as a Director of Gilmerton Pharma Ltd had been addressed. Mr Embrey stated that when he had asked the question originally, the Applicant's response had been to clarify with Davide Perella that he was a Director from 30 April 2024 which he had said had been submitted to Companies House, but clearly it had not been, because this had only been actioned when he had been questioned. He was uncomfortable with some of the remarks made by the Applicant in response to the questions. However, as it was now showing that the Applicant was a Director of Gilmerton Pharma backdated to 30 April 2024, he would not argue this point.</p>
5.24.	<p>The Chair said that Mr Embrey's query would be minuted, and asked if all parties were content to proceed, until such time as CLO joined the meeting to provide the clarity that was sought.</p> <p>Mr Embrey confirmed he was content to proceed.</p> <p>The Applicant noted it had been his belief that the notification to Companies House in relation to his Directorship had been enacted, but clearly had not at the time, but was now, and he was content to proceed.</p> <p>Mrs Stitt confirmed she was content to proceed.</p> <p>The Chair said he would continue the meeting, pending the legal advice to come, as there was general agreement to proceed.</p>
5.25.	<p>Mr Embrey asked the Applicant if he knew how many applications that Nick Johnston had lodged previously while working for Mr Perella.</p> <p>The Applicant replied he was only aware of one in Penicuik and assumed Mr Embrey did.</p> <p>Mr Embrey replied he did not, although he was aware there had been a few across Lothian.</p>
5.26.	<p>Mr Embrey noted that during the site visit, he had noticed that the sign on Gilmerton Pharmacy said that they were a family-run business, and was interested about the proposed premises for the new pharmacy, and the application stated it would be an independent family-run business. Mr Embrey asked the Applicant who in the pharmacy would be part of</p>



	<p>the family business, and how could the Applicant make the claim that it would be an independent family-run business,</p> <p>The Applicant replied probably nothing. It looked like it was not going to be the case. After a pause, the Applicant stated that Jennifer – Davide Perella’s wife – was also a Director, which could be the family link.</p>
5.27.	<p>Mr Embrey asked if that was the case for most companies for tax planning purposes.</p> <p>The Applicant replied he was not going to discuss another person’s tax planning affairs.</p>
5.28.	<p>Mr Embrey asked what Mrs Perella’s position was in Gilmerton Pharma Ltd.</p> <p>The Applicant confirmed that Mrs Perella was a Director of the company.</p>
5.29.	<p>John Innes (attending as observer), noted he had to leave the meeting, and thanked the Chair for the opportunity to attend.</p>
5.30.	<p><b>ADMINISTRATIVE NOTE. Mr Sean Manson will be referred to by name between paragraphs 5.30 and 5.35 and The Applicant is Gilmerton Pharma Ltd.</b></p> <p>Morag McClelland from Central Legal Office (CLO) joined the meeting.</p> <p>Ms McClelland said she would narrate the circumstances as she understood it, and the question on which legal advice was sought.</p> <p>Mr Manson had provided oral representation at the Hearing on behalf of Gilmerton Pharma Ltd. Further to those oral representations being made, it was queried by an Interested Party whether Mr Manson was a Director of Gilmerton Pharma Ltd or not. The question was whether it was appropriate for Mr Manson to have provided oral representation if he was not a Director of the Company.</p> <p>Having reviewed the 2009 Regulations, Schedule 3, paragraph 3, there was no requirement for the person providing the oral representation on behalf of the Applicant (Gilmerton Pharma Ltd) to be an official office bearer, so they did not have to be a Company Director in order to provide oral representations at the PPC hearing on behalf of the</p>

	<p>Applicant, so it was irrelevant whether Mr Manson was a Director of the Company or not.</p> <p>Ms McClelland had seen an email from Davide Perella of Gilmerton Pharma Ltd, and understood that he was a company director. Ms McClelland confirmed she had checked the records at Companies House and confirmed Mr Perella was listed as a company director. Mr Perella’s email had confirmed that Mr Sean Manson would represent the interests of the company (Gilmerton Pharma Ltd).</p> <p>Accordingly, Ms McClelland felt it was entirely appropriate for Mr Manson to represent their interests, if they wished. There was one caveat (Schedule 3, paragraph 3, section D) which stated that the PPC would need to satisfy themselves that Mr Manson “... <i>was not appearing in the capacity of counsel, solicitor or paid advocate</i>”.</p> <p>In other words, the PPC should satisfy itself that Mr Manson had not been appointed for the specific purpose – and paid - to attend the Hearing to represent the interests of Gilmerton Pharma Ltd – eg if Mr Manson had not been connected with the pharmacy in any way as an employee or director-in-waiting - which Ms McClelland understood the position to be.</p> <p>In summary, Ms McLelland summarised to say that :</p> <ul style="list-style-type: none"> <li>(i) It was irrelevant if Mr Manson was a company director of Gilmerton Pharma Ltd.</li> <li>(ii) Mr Manson had been nominated by Gilmerton Pharma Ltd to represent their interests</li> <li>(iii) Unless Mr Manson was being paid by Gilmerton Pharma Ltd solely for the purpose of attending the hearing today, it was not relevant.</li> </ul>
5.31.	<p>Mr Embrey noted his enquiry was not just about whether Mr Manson was a director, but whether he was an employee. It was clear from Companies House that, prior to that day, Mr Manson was not shown as an officer of the Gilmerton Pharma Ltd, and that company did not have any employees, so his original enquiry had sought clarity whether Mr Manson was attending the Hearing as a paid advocate or being otherwise rewarded for attending by being given a share of the company if the application was successful. It had not been clear at the time the Hearing had started. Subsequently, due to Mr Embrey’s questions, Mr Perella had added Mr Manson as a Director of Gilmerton Pharma Ltd,</p>

	<p>backdated to 30 April. Mr Embrey felt this should have been undertaken prior to the Hearing, to avoid uncertainty and questions.</p> <p>Ms McClelland reiterated that the Committee had to be satisfied that Mr Manson was not acting as a paid advocate for the Applicant (Gilmerton Pharmacy Ltd) – contained at Schedule 3, paragraph 3, section D of the Regulations.</p> <p>Ms McClelland said that the purpose behind the legislation was to avoid creating a rule where specific people were employed to attend hearings, who became specialists, like a “hack-for-hire”, so that someone was not being hired to represent the interests of the Applicant for different pharmacies.</p>
5.32.	<p>Mr Embrey asked Mr Manson (the Applicant) what his role would be within the new proposed pharmacy</p> <p>Mr Manson confirmed he would be in charge of procurement purchasing if the pharmacy application was approved.</p>
5.33.	<p>Mr Embrey asked if Mr Manson would only hold a role if the pharmacy was granted or whether he currently had a role.</p> <p>Mr Manson replied that Gilmerton Pharma Ltd had been formed specifically for this application.</p>
5.34.	<p>Mr Embrey was content with the response provided by Ms McClelland.</p> <p>Mr Manson also indicated he was content with the response provided by Ms McClelland and reiterated that Companies House was supposed to have been notified. Mr Manson had already stated that he was a director. It had been an oversight, which had been rectified and his director appointment with effect from 30 April 2024 was now showing on the Companies House website.</p> <p>Mr Manson confirmed that he was not a paid advocate and was not legally trained – he was a pharmacist.</p>
5.35.	<p>The Chair pointed out he had asked Mr Manson at the start that he had asked him what his role was during the introductions (where Mr Manson</p>

	<p>had stated he was part of Gilmerton Pharma Ltd – the company behind the application for the new pharmacy). The Chair had understood this to mean that Mr Manson was a director and had proceeded with the hearing on the basis that Mr Manson had been a director.</p> <p>Mr Manson said that he had also been under the impression he had been appointed as a director, but clearly this had not been formally notified to Companies House.</p> <p>In conclusion, the Chair confirmed he was content for the Hearing to proceed.</p>
5.36.	<p>Ms McClelland left the meeting.</p> <p><b>ADMINISTRATIVE NOTE. Hereafter Mr Manson will be referred to as “The Applicant” as noted in paragraph 3.1.</b></p>
5.37.	<p>Mr Embrey had no further questions for the Applicant</p> <p>The Chair invited Mrs Stitt to ask questions to The Applicant.</p>
5.38.	<p><b>Ms Catherine Stitt on behalf of Gilmerton Pharmacy Ltd asked questions to The Applicant</b></p>
5.39.	<p>Mrs Stitt referred to the Applicant’s comment on the Google reviews for Lindsay &amp; Gilmour and asked the Applicant if he agreed that all recent reviews for Lindsay &amp; Gilmour had been excellent.</p> <p>The Applicant replied he had referred to Gracemount (Gordons Chemists).</p>
5.40.	<p>Mrs Stitt referred to the premises at 1-5 Carter Mews and asked the Applicant to confirm his earlier statement that the premises were owned by Equal Share.</p> <p>The Applicant replied confirmed.</p>
5.41.	<p>Mrs Stitt asked if that was the case, why had the premises had a “To-Let” sign for past six months.</p>

	<p>The Applicant replied he was being informed that it was a mistake. It was definitely owned, and should not have a “to let” sign on it.</p>
5.42.	<p>Mrs Stitt said that she had made an enquiry on Friday 24 May, and had emails including the day before (28 May), from Graham and Sibbold, the letting agent name on the sign, who had stated that the property was available for lease and had been sent her details. Mrs Stitt said that up until the day before (28 May) she could have leased the premises, if desired. Mrs Stitt asked how this could be.</p> <p>The Applicant replied he did not know. The property was not formally put to market. It was proposed to check if there was any interest in the property, but not until the pharmacy was approved. As the process took so long, an administrative error had crept in. However, Equal Share owned the property and a lease would not be agreed while the pharmacy application was ongoing.</p>
5.43.	<p>Mrs Stitt said that it was very misleading as the property was on a number of websites. Graham &amp; Sibbold were listed as the agent on the “to-let” sign. The agent she had spoken to had confirmed the rental amount (unstated) and that at the start of the previous week, it was being remarketed at a lower rent, to attract someone into the premises. Mrs Stitt said that this rang alarm bells for her, since the application stated that the Applicant owned the premises and that the premises had been secured, but this was confusing if she could have secured a lease for the premises yesterday.</p> <p>The Applicant replied that she could not have leased the premises. Graham &amp; Sibbold were the agent. He and Mr Perella were not responsible for what Graham Sibbold say, but they would not have agreed on a lease of the property while the pharmacy application was ongoing. The pharmacy premises were owned by Mr Perella, so it made no sense. The Applicant said that Mr Perella would call the agent to check the position.</p>
5.44.	<p>Mrs Stitt stated that an owner was responsible for premises being marketed, and assumed that the premises would not have been marketed at the reduced rate unless Graham &amp; Sibbold had received instructions from the owner.</p> <p>The Applicant replied he could not be sure. Graham &amp; Sibbold could do what they want – it could be a marketing strategy – they could inform the owner that although they had not been able to obtain the market rate,</p>

	<p>they had secured a lower rate. The Applicant noted Mr Perella had multiple properties and had informed him that he was unaware of the property being marketed. The Applicant said it made no sense while the pharmacy application was ongoing.</p>
5.45.	<p>Mrs Stitt said that it was not new - the “to-let” sign had been on the premises for at least the past six months. It was unusual for the owner to be unaware, and awaited more information when Mr Perella was able to respond.</p> <p>See paragraph 6.27</p>
5.46.	<p>In relation to the proposed neighbourhood, Mrs Stitt said that within the Consultation Questionnaire, there was no name for the proposed neighbourhood, and asked the Applicant if he had a name.</p> <p>The Applicant had called it South Gilmerton, but acknowledged that this may evolve through time, and take on a name. Currently it was a series of new-build houses and no typical name had been attributed to the area so far.</p>
5.47.	<p>In relation to the neighbourhood, Mrs Stitt sought clarity on which was correct version that the Applicant was putting forward as there were three versions within the Application and Consultation.</p> <ul style="list-style-type: none"> <li>• Version 1. This was in the introduction on the joint questionnaire. <ul style="list-style-type: none"> <li>o North – Ferniehill Road</li> <li>o East – Old Dalkeith Road and Ferniehill Drive</li> <li>o South – Edinburgh Bypass</li> <li>o West – Lasswade Road</li> </ul> </li> <li>• Version 2. This was on the map that accompanied the questionnaire, which was not the same as the description. <ul style="list-style-type: none"> <li>o North – Ferniehill Drive</li> <li>o East - same</li> <li>o South – same</li> <li>o West – Lasswade Road and the houses to the west of it.</li> </ul> </li> <li>• Version 3 – this was on the application form. <ul style="list-style-type: none"> <li>o North – Ferniehill Road</li> <li>o East – Same</li> <li>o South – same</li> <li>o West – Burdiehouse Road (A701)</li> </ul> </li> </ul>

	<p>Mrs Stitt sought clarity on the boundaries of the Applicant’s proposed neighbourhood.</p> <p>The Applicant responded that in relation to the West boundary, there was a section of houses that he did not believe should belong within his neighbourhood, which were houses south of the B701 (Captain’s Road) and east of Burdiehouse Road that contained the Valley Park Community Centre. The majority of residents there would access the pharmacy in Gracemount (Gordons Chemist). It was a stretch of the imagination to think they would travel to Gilmerton to access a pharmacy. So he had discounted them.</p> <p>It was sometimes difficult to define, in relation to movement of people. Looking at The Murrays housing development which was west of Lasswade Road, there was no vehicular access to get to Burdiehouse Road or the B701, so the flow of people would be towards Gilmerton South, which would be the same for the two new housing developments just north of Lang Loan (96 Miller homes, and 29 Barratt homes). The flow of those people – who would wish to access other services such as a supermarket, would be to head east, up Lasswade Road and access services within Gilmerton. It was difficult to draw on a map with regard to the western boundary.</p> <p>South boundary was the Edinburgh Bypass.</p> <p>East boundary was The Old Dalkeith Road.</p> <p>North boundary. There was some confusion over Ferniehill Drive and Ferniehill Road. Simply - it was the B701 that intersects Ferniehill and Gilmerton. The B701 was the most reasonable northern boundary for the neighbourhood, due to lack of crossing points, parking issues, zig-zag lines, double-yellow lines. There was only one pedestrian walkway on the B701. The B701 was a major road. Heading further west beyond Lasswade Road, it was Gracemount.</p>
5.48.	<p>Mrs Stitt asked the Applicant to confirm it was Version 2.</p> <p>The Applicant confirmed it was.</p> <ul style="list-style-type: none"> <li>• North : Ferniehill Road</li> <li>• East: Old Dalkeith Road,</li> <li>• South : the Edinburgh City bypass and</li> <li>• West : Lasswade Road and the houses to the West of it.</li> </ul>

5.49.	<p>Mrs Stitt reiterated that the various versions of the Applicant’s neighbourhood was very confusing, especially for respondents for the CAR, who would not have known which version of the Applicant’s neighbourhood they were responding to.</p> <p>The Applicant replied that if individuals had answered the Questionnaire, and they felt they were within the neighbourhood, then it was important to them. However, he did not feel it would have that level of importance, and thought, for clarity of the Application, that there were houses in Burdiehouse that probably would not be part of the Gilmerton area. So he was trying to take a sensible approach when deciding the boundaries on the Application.</p>
5.50.	<p>Mrs Stitt referred to the Applicant’s stated opening hours, and acknowledged there was a difference in the opening hours in the Consultation to the Application. Mrs Stitt noted the opening hours stated in the Applicant’s presentation would be :</p> <ul style="list-style-type: none"> <li>• Monday to Friday 9am to 6pm</li> <li>• Thursday late to 8pm</li> <li>• Saturday 9am to 1pm</li> </ul> <p>The Consultation had shown the opening hours as</p> <ul style="list-style-type: none"> <li>• Monday to Friday 9am to 6pm</li> <li>• Saturday 9am to 1pm</li> </ul> <p>The latter was the same in many other pharmacies providing services in or into the neighbourhood. Mrs Stitt asked how the PPC panel could be assured that the Applicant would guarantee to be open until 8pm on Thursday and that it would continue going forward.</p> <p>The Applicant replied that he was looking at track records of what had happened in the past. With regard to his pharmacy at Bertha Park, which had Sunday opening, he had been asked the same question. Four months down the line, they were still opening every Sunday. The Applicant acknowledged it was two hours over and above the core hours in the Pharmaceutical Care Services Plan. This change had been in response to comments from the CAR, as there were a few people looking for a weekly late-opening because they worked during the day. The Applicant acknowledged this was over and above the hours he had stated in his application, but he did not feel this would be of concern, especially when it was just a two hour difference over the whole week.</p>



5.51.	<p>Mrs Stitt asked the Applicant to agree that there was nothing to make the Applicant remain open til 8pm on a Thursday.</p> <p>The Applicant replied this was true of any pharmacy in Scotland who operated hours outwith the core hours set by the Health Board.</p>
5.52.	<p>Mrs Stitt noted this question was really intended to be addressed by Mr Perella as the owner of the pharmacy, to ask if he operated extended hours at any other pharmacies he owned. She noted that up until a short while ago, the Applicant had not been a director, and Bertha Park was not relevant.</p> <p>The Applicant replied the answer was no.</p>
5.53.	<p>Mrs Stitt noted the application form mentioned a local councillor in favour of and supported the Application, along with other businesses, and asked the Applicant if he had any supporting documentation.</p> <p>The Applicant replied no. He had been meant to get a letter. He contacted the Community Council who had said that they had never received the original email and at the time they would have made representations but nothing had been received.</p>
5.54.	<p>Mrs Stitt asked the Applicant if he had any letters of support from GP surgeries, MPs or anyone else.</p> <p>The Applicant replied that such letters of support that were gathered, would only going say one thing. If you asked any MP if they would like another pharmacy, they would write a letter of support. So he was not sure how much weight could be given if they were coerced letters. Of course they would speak favourably, but he did not believe much credence should be given to letters of support.</p> <p>Mrs Stitt expressed her view that it was unusual not to see any letters of support for an Applicant, hence her question.</p>

5.55.	<p>Mrs Stitt referred to the 20 minute neighbourhood and walk time and asked the Applicant how long it would take to walk from her premises at Gilmerton Pharmacy to the proposed site at Carter Mews.</p> <p>The Applicant replied that that was not an important issue. It was about how long it would take people from the South of Gilmerton in the new build estate to walk to the proposed premises or to Gilmerton Pharmacy. From those houses and Lang Loan, it would be half an hour.</p>
5.56.	<p>Mrs Stitt said that had not been her question which she reiterated.</p> <p>The Applicant replied it was not relevant. It was not what they were comparing. They were comparing where people lived south of the pharmacy.</p>
5.57.	<p>Mrs Stitt said that although the Applicant felt it was not relevant, it had been the question she had asked. She had walked between the two points and it had taken her 8 minutes. She had also gone to the Bellways development and walked to the Applicant's premises which had taken 23 minutes, and had also walked from Gilmerton Pharmacy to the Bellways development which had taken 20 minutes, walking along Gilmerton Dykes Road. Mrs Stitt asked the Applicant if he agreed that much of the housing in his neighbourhood was closer to existing pharmacies.</p> <p>The Applicant replied he did not agree. He could see the one that Mrs Stitt referred to, but asked about other developments off Carter Drive.</p>
5.58.	<p>Mrs Stitt acknowledged that Carter Drive was closer to the Applicant but all the existing housing that was built prior to the Gilmerton Road master plan was closer to existing pharmaceutical services.</p> <p>The Applicant acknowledged this was possible, but explained this was the point he was making – that the area had changed massively. Before any of the newer houses had been built, existing pharmacies would have been closer. However, there had been a massive swathe of housing built to the south, which was partly the reason why the current access to pharmaceutical services was inadequate, in his opinion.</p>

5.59.	<p>Mrs Stitt restated that she had demonstrated by walking that it was closer to the existing services than to the Applicant's pharmacy, that is for the new housing that the Applicant had referred to – the Bellway Homes development.</p> <p>The Applicant replied that that was only one development out of five.</p>
5.60.	<p>Mrs Stitt acknowledged this, but the vast majority of housing was closer to the existing services.</p> <p>The Applicant replied OK.</p>
5.61.	<p>Mrs Stitt asked the Applicant if he agreed that 90% of the housing development that had been referred to in the application was already complete.</p> <p>The Applicant accepted that 90% of the developments that were scheduled were complete. However, it did not include the development at Lang Loan, which were not yet occupied, but agreed it would generally be correct.</p>
5.62.	<p>Mrs Stitt noted that in the Applicant's application, it had referred to a 24-hour collection machine, but said that it was not on the plans that he had submitted, and asked where he intended to site the machine.</p> <p>The Applicant replied it was intended to be sited on the front of the building, pending GPHC approval. It was obviously a deregulated area of the pharmacy. It was also in relation to what people need in the area, so it was on the application form.</p>
5.63.	<p>Mrs Stitt said that although it was mentioned in the Application, it was not on the plan.</p> <p>The Applicant replied they would need a rejig from a shopfitting perspective. It would go on the window side, as you look at it, it would be on the right-hand side, and some of the counter space would be condensed. The plan was a first illustrative draft of what the pharmacy would look like, but it would need to be rejigged.</p>
5.64.	<p>Mrs Stitt asked if this meant it would go on the ramp that was currently built at the side of the premises.</p>

	<p>The Applicant replied yes it would be at the very bottom of it. Planning wise they would need to flatten that out, as you could not have people collecting prescriptions on the ramp.</p>
5.65.	<p>Mrs Stitt asked the Applicant who the new proposed Superintendent Pharmacist would be for the Applicant's pharmacy, as some of the information in the Application had not been particular clear and she was seeking clarification.</p> <p>The Applicant replied it would be Gherish Racdum.</p>
5.66.	<p>Mrs Stitt noted this was different to the name on the Application.</p> <p>The Applicant replied that Superintendent Pharmacists would tend to move on and change, through time. At the time an application was submitted, the Superintendent may be an employee who moves on. So the name was not relevant. The Superintendent Pharmacist would be a pharmacist who is registered with the General Pharmaceutical Council. He noted that it was possible to be a Superintendent of more than one business.</p>
5.67.	<p>Mrs Stitt asked the Applicant what his proposed staff structure would be for the pharmacy.</p> <p>The Applicant replied it would be one Full Time, and two Part Time – so two Full Time Equivalent (FTE). It would give continuity of holiday cover and be increased as time went on. But initially it would be - one employed pharmacist; 2 FTE, which could be three members of staff - one full-time, two part-time.</p>
5.68.	<p>Mrs Stitt asked the Applicant if he intended to do deliveries.</p> <p>The Applicant replied it would be a balanced service. The ideal scenario would be that people would visit the pharmacy and get face to face pharmaceutical services. However, some people were unable to do so, so there would be a balanced delivery service provided for them.</p>
5.69.	<p>Mrs Stitt referred to the Applicant's comments on a medical hub and Gilmerton Gateway and asked if the Applicant was aware that NHS Lothian, via the Scottish Government, had suspended all new medical facilities, and that Gilmerton Gateway - which had passed the planning stage a number of years ago - had still not yet broken ground.</p>

	<p>The Applicant said in response to the second part, obviously there was a difficult financial climate at the moment. With regard to the first part of the question, he asked for more clarity on what Mrs Stitt meant by “not approving any new medical facilities”.</p>
5.70.	<p>Ms Still said that her understanding was that unless ground had already been broken – this may have changed recently – NHS Lothian, as directed by Scottish Government, were not permitted to start building any new medical facility.</p> <p>The Applicant asked for any evidence, as he had not read it anywhere.</p>
5.71.	<p>Mrs Stitt said that the NHS Lothian GP sub-committee had issued guidance to all surgeries, detailing information that they could give to patients, and one of the paragraphs explained that they were not allowed to move to new premises. It was also well known that Scottish Government had put a stop to all medical facilities being built, throughout the country. It was likely a symptom of the current cash-strapped environment that the Scottish Government and Local Authorities found themselves in. (Subsequently please refer to paragraph 11.1)</p> <p>The Applicant asked Mrs Stitt if a group of GPs decided to build their own medical facility to offer General Medical Services on an NHS basis, would that mean that they would not be permitted.</p> <p>Ms Still replied that her understanding was that in the current climate, there was no funding available.</p> <p>The Applicant noted the position.</p>
5.72.	<p>Mrs Stitt had no further questions.</p>
5.73.	<p><b>The Chair agreed for a short comfort break. All members kept screens on.</b></p>
6.	<p><b>The Chair invited Questions from the Committee.</b></p>
6.1.	<p><b>Mr Brian McGregor (Lay Member appointed by NHS Lothian) to the Applicant</b></p>

6.2.	<p>Mr McGregor asked the Applicant if he was aware that on his premises, there was a board covering the window areas, and had a big sign saying “Gilmerton Pharmacy” and asked if the Applicant was aware.</p> <p>The Applicant replied it would need to be renamed, as it would not be possible to repeat the name of Gilmerton Pharmacy which they had used when Lloyds Pharmacy was being sold. It was unfortunate, and would have to be renamed.</p>
6.3.	<p>Mr McGregor noted the floor plan that the Applicant had provided and asked for the approximate square footage of the premises.</p> <p>The Applicant replied it was approximately 980 square feet.</p>
6.4.	<p>Mr McGregor asked the Applicant what would happen to the premises if the application was unsuccessful.</p> <p>The Applicant replied that a decision would need to be taken. If the application was unsuccessful, looking at the timeline that NHS Lothian had for pharmacy applications, by the time it had gone through the motions and appeal period, should he wish to re-apply, it would likely not happen until 2030. So in all likelihood, the premises might need to be leased to a different business. However, this would need to be discussed further and a decision made.</p>
6.5.	<p>Mr McGregor referred to the CAR, and the consultation period had been between September and November 2022, when Lloyds had still been in the premises which were now occupied by Gilmerton Pharmacy. Mr McGregor asked the Applicant if he was disappointed in the response level of only 282 responses.</p> <p>The Applicant replied it was a reasonable response level. He knew some village pharmacies that had much more defined neighbourhoods, and it was possible to get responses from just about every household in the area. However, in a city environment where things were more fluid, getting 282 responses was not too bad. There were some comments that that related to Lloyds, but not all. Many comments related to Gordons in Gracemount, which was echoed by some very recent google reviews which showed things were not brilliant there. The Applicant acknowledged that comments that were directed at Lloyds may not hold</p>

	<p>completely true; however, this did not detract from the fact it was a powerful document with regards to the other elements which he had highlighted in his presentation.</p>
6.6.	<p>Mr McGregor asked the Applicant to clarify an earlier point to confirm that he had approached the Community Council to support the application, but had had no response?</p> <p>The Applicant replied that he had not received a response. The Community Council Community had informed him that they had never received the original email. However, there was also possibly a bit of confusion because Gilmerton Pharmacy had taken over the premises owned by Lloyds, and the poster they had up also said Gilmerton Pharmacy, so people had added two-and-two and may have thought it was the same thing. She (the woman from the Community Council) trawled through her emails and realised she had missed the deadline so she could not make any representation, which was unfortunate.</p>
6.7.	<p>Mr McGregor asked the Applicant if he had any other evidential support from other source like GP surgeries, MSPs etc.</p> <p>The Applicant replied he did not pursue this, as he felt they were coerced – “can you email me a letter of support” and if they had agreed - what did it actually mean? So he left the evidence up to the public and anything else people could find on an open source level, rather than him running around to whip up support.</p>
6.8.	<p>Mr McGregor had no further questions.</p>
<b>6.9.</b>	<p><b>Mr John Niven (Lay Member appointed by NHS Lothian) to the Applicant</b></p>
6.10.	<p>Mr Niven asked the Applicant to confirm his staffing levels for the premises</p> <p>The Applicant replied it would be a pharmacist plus three members of staff. One would be full time, and two would be part time, initially.</p>
6.11.	<p>Mr Niven noted that on his site visit, there was a door at the rear of the premises, and access from the footpath area at the rear. However, the plan did not show the door in either the existing or proposed layout. Mr Niven asked the Applicant whether that door needed to be maintained</p>

	<p>for emergency access, egress or delivery purposes, which would affect his layout toward the rear of the shop.</p> <p>The Applicant replied it was an illustrative initial draft plan of the layout of the premises, which would need to be amended. The Applicant confirmed it was a fire door and it was legally required to be kept for escape purposes. It would not be possible to remove it.</p>
6.12.	<p>Mr Niven noted that on the application, the Applicant had stated that he anticipated to be up and running within 2-3 months of an application being granted, and asked the Applicant if this was a viable timescale.</p> <p>The Applicant replied that although it was a bit “punchy”, the reality was that once the Hearing had concluded, and if successful, there was always an appeal period. He noted they were 90% of the way there, and could have confidence to do some of the preparatory work, whilst waiting on the result of any National Appeal Panel Decision. It would certainly be within six months timeframe. Three months was something to aim for – ie when the National Appeal Panel returned their Decision. .</p>
6.13.	<p>Mr Niven referenced the prescription levels of the present pharmacies, and level of prescriptions written by local GP practices, and asked the Applicant what level of prescriptions he would intend to process from the time that he opened – ie within the first few months.</p> <p>The Applicant replied that within the first few months, possibly 1000 a month, would be reasonable number for a new contract. With a new contract there was always a period of time you would have before you broke even. His business plan indicated that they would break even by month 11. They should break even, taking into consideration all the other payments which were not prescription related. For example if they picked up the Care Home contract. Continued viability was not an issue.</p>
6.14.	<p>Mr Niven acknowledged that the Application had been written before Lloyds Pharmacy changed hands, and talked specifically about issues that concerned people. Mr Niven asked what the relevance was of the CAR, given there was a new pharmacy in place, now that COVID was now hopefully behind them.</p>



	<p>The Applicant replied that they were out of COVID by the time of the consultation, by late 2022. Regardless of some of the elements of the CAR, the closing date was 2 December 2022. So COVID was no longer a hugely relevant element that would have contributed to responses.</p> <p>There were also some elements which were just about Lloyds Pharmacy, and if you spoke to anyone, it is better now than when Lloyds were in operation. However there were also many comments about Gordons at Gracemount, Boots at Cameron Toll, Lindsay &amp; Gilmour, not being able to get GP appointments, and registrations issues. A lot in the CAR pointed to inadequacy without putting the blame on one pharmacy. The CAR had relevance and should be considered properly.</p>
6.15.	<p>Mr Niven referred to the letter from Morningside Manor Nursing Home, which had indicated support for the Applicant and an opportunity to supply their three care homes. Mr Niven asked the Applicant where the three care homes were, and if they were within his neighbourhood.</p> <p>The Applicant said that the care homes were not in his neighbourhood. They were all in Edinburgh but did not necessarily need to be within his neighbourhood. He noted that it was fairly common practice with care homes that they took on contracts with certain pharmacy groups.</p>
6.16.	<p>Mr Niven asked the Applicant if he agreed that if the care homes were not within the Applicant's neighbourhood, the PPC, when considering adequacy within the neighbourhood, should not consider the letter from Morningside Manor.</p> <p>The Applicant said the letter from Morningside Manor was not to enable the PPC to consider adequacy, but was shown in order to prove viability. Part of the deliberations of a PPC were whether the pharmacy would be viable. This was an added level of information he had provided to prove it was a viable business. These constituted two separate points.</p>
6.17.	<p>Mr Niven asked the Applicant to confirm his earlier statement regarding which surgery had closed their list. He asked if it was either Ferniehill Surgery or Danderhall Medical Practice .</p> <p>The Applicant asked if this related to a Medical Practice handing back its contract.</p>

	<p>Mr Niven said he knew Danderhall had handed back its contract and that Newbattle Medical Practice were running Danderhall Medical Practice as a satellite facility. But wondered if there was a statement about a surgery closing its list.</p> <p>The Applicant asked if Mr Niven meant Liberton Medical Group</p> <p>Mr Niven acknowledged this.</p>
6.18.	<p>Mr Niven referred to the increased housing in the area and its possible impact on GP list size data. Looking at the figures up to April 2023, as opposed to the previous two years – Ferniehill Surgery numbers were down by 450, and Danderhall was up by approximately the same. There had been no large increase in patients evidenced by the surgery list, and yet new housing developments were being built. Mr Niven asked the Applicant to explain, as these two surgeries would be serving the Applicant’s neighbourhood.</p> <p>The Applicant replied that up to two days ago, if you had looked online at Southern Medical Group, Ferniehill Surgery and Gracemount Medical Practice, they had stated you could not register unless you were a family member of an existing patient, because the amount of people in the new houses had exceeded levels safe for the surgeries to manage. Which is why one may not have seen much of an increase in list size. This was possibly partly also down to the fact that there were no new GPs, to his knowledge. Which was ultimately why not much of a list level movement had been seen. He also assumed that the attrition rate of patients moving away or passing away had been replaced by a limited number of registrations.</p>
6.19.	<p>Mr Niven said that the prescription levels available to the PPC covered the period from October 2022 to September 2023. Ferniehill Surgery had dispensed 62.5k prescriptions, and Danderhall Medical Practice just under 47k.</p> <p>The Applicant noted that this was just two surgeries. There was also Southern Medical Group and two or three other surgeries. He had made the point, it was 40,000 prescription items per month amongst four Medical Practices, which - between four or five pharmacies serving those medical practices – would equate to around 10,000 – maybe less</p>

	<p>– around 8,000 items per month per surgery. Items were certainly stagnant.</p>
6.20.	<p>Mr Niven noted the monthly average number of prescriptions dispensed for Gilmerton Pharmacy, Right Medicine, Danderhall and Lindsay &amp; Gilmour was around 19,000. Figures were up to February 2024.</p> <p>The Applicant responded that this was around 6.5k average between them, which he felt would be reasonable to assume.</p>
6.21.	<p>Mr Niven had no further questions.</p>
<b>6.22.</b>	<p><b>Ms Eleanor Blair (Lay Member appointed by NHS Lothian) to the Applicant</b></p>
6.23.	<p>Ms Blair asked the Applicant if there were existing pharmacies within his neighbourhood boundaries.</p> <p>The Applicant replied there were none within boundaries, but on the northern boundary, on the other side of the road, which would be Gilmerton Pharmacy, which was the closest to the boundary of his neighbourhood.</p>
6.24.	<p>Ms Blair said that on one of her site visits, she had visited the Co-Op, and they had thought that Gilmerton Pharmacy, which already established, were having a second pharmacy, because of the name. She asked the Applicant if he felt he should have changed the name sooner.</p> <p>The Applicant replied possibly it was an option. However, when they had originally applied, and put the poster up, the Lloyds Pharmacy sell off had not happened. Likewise, if he had changed the name he could have been accused in trying to manipulate things, so he left it as it was. It was not ideal, and he acknowledged that patients may have been a bit confused, but confusion would be cleared up when they opened their pharmacy with a different name, and patients would be informed by social media channels.</p>
6.25.	<p>Ms Blair noted that the letter from Morningside Manor had been addressed to Gilmerton Pharmacy (rather than Gilmerton Pharma) – which had only been issued the previous week on 15 May 2024. Ms Blair asked if the Applicant would deliver to the care homes.</p>

	The Applicant confirmed he would.
6.26.	<p>In relation to parking, Ms Blair had made a couple of site visits and on the Monday 27 June, she had been unable to find a parking space. There had been delivery vans in the layby and around the back, which was a small private parking area for residents, which was full. Ms Blair asked if there was an issue with parking.</p> <p>The Applicant said that Ms Blair must have been unlucky since, on the three previous occasions he had visited the site, he had never experienced any challenge with parking. He asked what time of day it had been.</p> <p>Ms Blair replied it was around 11.30am.</p>
6.27.	<p>Ms Blair said that in relation to the lease of the premises, she had also called up someone who had offered could show her around the premises as it was still available to let, and asked for clarity on that point (see paragraph 5.45).</p> <p>The Applicant said that Mr Perella had contacted Graham &amp; Sibbald. He had received an email that said “I confirm we are marketing the unit in Carter Mews on behalf of Equal Share Limited. It is currently being openly marketed. This will allow a client – should the pharmacy application not proceed - to negate any further void periods going forward.” This answer clearly stated that the premises would not be leased if the pharmacy application was successful.</p>
6.28.	<p>Ms Blair enquired who owned the premises.</p> <p>The Applicant confirmed the premises were owned by Equal Share Limited - David Perella owned it.</p>
6.29.	Ms Blair had no further questions.
6.30.	<b>Mr Barry Chapman (Non-Pharmaceutical Contractor Member appointed by NHS Lothian) to the Applicant</b>
6.31.	Mr Chapman asked the Applicant to confirm the detail about his staffing levels within the proposed pharmacy – that there would be one pharmacist in the branch, who would also be an Independent Prescriber.

	<p>The Applicant confirmed that this was correct.</p>
6.32.	<p>Mr Chapman noted that the Applicant had a verbal agreement with the pharmacist, and asked how long this verbal agreement had been in place, and if they were currently a locum pharmacist or an employee pharmacist.</p> <p>The Applicant replied the verbal agreement had been in place about 6-7 months and confirmed the person was currently employed as an employee pharmacist.</p>
6.33.	<p>Mr Chapman asked what notice period the individual might have.</p> <p>The Applicant noted that they were delving into personal situations, but yes they would have a notice period which would be factored in.</p>
6.34.	<p>Mr Chapman asked the Applicant if they would provide Pharmacy First Plus when they had an Independent Prescriber, and asked for plans to cover absences and holidays in order to continue to deliver the service of Pharmacy First Plus.</p> <p>The Applicant confirmed they would provide Pharmacy First Plus. The Applicant was also an Independent Prescriber and could fill a void if required. There was a mandatory 24 ½ hours per week, over a 42 week period of the year. You could split responsibilities. As they would be employed by the pharmacy, he could fill the gap if required.</p>
6.35.	<p>Mr Chapman asked the Applicant if he would continue his role as Superintendent Pharmacist for another company if the application went through.</p> <p>The Applicant said that he would. One could be Superintendent of more than one business – that was legal. The pharmacy in question was a small island pharmacy he had been involved with for over ten years. They needed and trusted him. He confirmed he would continue the arrangement.</p>
6.36.	<p>Mr Chapman had no further questions</p>

7.18	<b>Mr John Connolly (Pharmaceutical Contractor Member) to the Applicant</b>
6.37.	<p>Mr Connolly asked the Applicant about the population size and would like more detail.</p> <p>The Applicant replied the population estimate was between 6880 to 7280.</p>
6.38.	<p>Mr Connolly asked if there was a demographic breakdown in terms of elderly, over 60s, under 16s.</p> <p>The Applicant replied this information was not available because the 2022 census data was not available, and the houses were built after the last census in 2011.</p>
6.39.	<p>Mr Connolly asked the Applicant where he had extrapolated his population data from, and how much came from the census data.</p> <p>The Applicant replied he could confirm 2280 from census data. Housebuilding completion added 1545 more houses. He had used an extrapolation of 3 people per household, based on the fact that most were 3-5 bed houses. The Scottish average of 2.1 people per household would probably not be right and he deemed that an average of 3 people per household was a closer number. Adding these sources together - 3 x 1545, plus census data from 2011 - would give a population of between 6880 to 7280.</p>
6.40.	<p>Mr Connolly referred to the Applicant's earlier statement that the house building was 90% complete for what was currently planned.</p> <p>The Applicant said it had not been his statement – it came from one of the Interested Parties who had stated that figure, and he had simply agreed with that percentage.</p>
6.41.	<p>Mr Connolly referred to Gilmerton Pharmacy and the interaction with the Community Council and that the Applicant had said there had been confusion – that the Community Council had felt that Gilmerton Pharmacy was Gilmerton Pharma, which may be why they had not submitted anything. Mr Connolly asked the Applicant for clarification.</p>

	<p>The Applicant replied it was clear to them (i.e. the Community Council) now, because Mrs Stitt and her team had subsequently been to the Community Council, so they were aware now of who Gilmerton Pharmacy were.</p> <p>However, at the time the request for representation went out – and speaking with the contact at the Community Council – he had been initially informed they had never received the email, and then the contact had subsequently trawled through her emails – this was where the confusion arose.</p>
6.42.	<p>Mr Connolly referred to the Applicant’s earlier statement alluding to confusion in respect of the Community Council not making a submission, that they had also missed the deadline for replying to the Board, and the Applicant had also mentioned potential perceived confusion by the Community Council whether the Gilmerton Pharma and Gilmerton Pharmacy were the same, which was a reason why nothing had been received from the Community Council. Mr Connolly asked the Applicant to confirm.</p> <p>The Applicant replied he had based his comments based on what the Community Council said to him. They had said “we were under the impression that that pharmacy was not happening because Gilmerton Pharmacy had moved into Lloyds”. When the Applicant had queried whether the Community Council had any representation to make before the deadline in order to be able to appear at the Hearing, they had said that they had not received anything.</p>
6.43.	<p>Mr Connolly queried if this meant that that the Community Council were not confused about the two pharmacies - eg one potential pharmacy and one pharmacy being related, in response to them not submitting something.</p> <p>The Applicant replied that he did not know - he had already paraphrased his conversation.</p>
6.44.	<p>Mr Connolly noted that the Applicant had spoken with the Community Council and asked if they had been willing to give any support that the Applicant could submit to demonstrate that they were behind the application, since he had already submitted a letter from Morningside Manor as evidence.</p>

	<p>The Applicant explained this was not possible because the Community Council had missed the deadline. Under the Regulations, as an Interested Party, they would not have been able to submit a letter of support. Letters of support could have come externally from a Councillor or Care Home, but someone nominated as an Interested Party would not have had that ability. They could not have put a letter forward to the PPC.</p>
6.45.	<p>Mr Connolly asked the Applicant if he could have put forward a letter addressed to him from the Community Council, citing their support.</p> <p>The Applicant replied he did not think he would have been able to do so.</p>
6.46.	<p>Mr Connolly asked if the Applicant had any evidence to suggest that the Community Council supported his application.</p> <p>The Applicant said he did not.</p>
6.47.	<p>Mr Connolly noted that the Applicant had referred to general practice several times, and asked what relevance this had in terms of the Regulations and decision that the PPC had to make, as he felt that the points made by the Applicant were two separate issues. Mr Connolly asked the Applicant if he conflated what he perceived as poor general practice provision with a requirement for pharmacy provision.</p> <p>The Applicant replied these were relevant to each other. The Lord Drummond Young case of 2004 had stated that the standard of adequacy could change over time, and what was adequate ten years ago (when everyone could get a GP appointment, and pharmacies were purely based on prescriptions) was a completely different landscape to what was adequate now. More pressure and time was being put on pharmacists to be more clinically trained, to offer more of the “simpler” GP appointments within a pharmacy. It was very relevant- the landscape had changed. If people could not access GPs where else will they go? They will come to pharmacies, so could pharmacies provide an adequate service when demand is exponentially increasing?</p>
6.48.	<p>Mr Connolly was uncertain whether the Applicant was trying to solve an issue related to GP access, or a problem of pharmaceutical access.</p>



	<p>The Applicant replied it was pharmaceutical access, for the reasons explained. What pharmacies did now had completely changed. What Mr Connolly was trying to conflate was that it was nothing to with general practice. The Applicant refuted this and stated that it was related – because they were a multi- disciplinary team. So the adequacy of pharmacy services was inadequate in his opinion.</p>
6.49.	Mr Connolly had no further questions.
6.50.	<b>Mr Vinny Bilon (Pharmaceutical Contractor Member) to the Applicant</b>
6.51.	<p>Mr Bilon said that he was puzzled why they had received a copy of the letter about care home support, since none of the care homes were within his neighbourhood, as they were deciding of a viability of a pharmacy in the neighbourhood. He asked the Applicant if he was concerned his pharmacy would not be viable proposition.</p> <p>The Applicant said he was simply putting forward some hard evidence to prove the pharmacy would be viable. The pharmacy would be viable even if they did not have the care home contract, but it was going to be the Applicant’s word against others. So he had wanted something concrete that proved viability would not be an issue. As he had also put in his presentation, every single Lloyds pharmacy had been sold, and none of them had closed - every pharmacy was viable. It was an extra thing for PPCs to consider, and people played on that, so he was providing credible evidence to prove the Applicant’s pharmacy was viable.</p>
6.52.	<p>Mr Bilon said that in the terms of the Hearing, it was focussing on the area that the Applicant had defined as his neighbourhood, and noted that the Applicant had stated that the care homes were not within the neighbourhood. Mr Bilon asked if the Applicant knew what the current provision of pharmaceutical services for those care homes was.</p> <p>The Applicant stated that he had no information on this.</p>
6.53.	Mr Bilon had no further questions.
6.54.	<b>Mr Peter Knight (Chair) to the Applicant</b>

6.55.	<p>Mr Knight asked the Applicant about the maps. There was some weakness of some of the maps due to the developments that had occurred, particularly in the map that had accompanied the Application. Mr Knight asked for clarity. There was a gap – to the south-west of the proposed pharmacy, although essentially the area was now largely built up, most of the maps had blank space. It was difficult to get a sense of how the population and housing had changed on the map as all the maps were out of date.</p> <p>The Applicant replied it was almost impossible to show clearly and acknowledged that the West boundary had been the most difficult to define. On the road called Lang Loan – there were two housing estates that had been built there. One could not draw a straight line from Burdiehouse Road. He did not think they would be part of the Gilmerton community and would be part of the Gracemount community. So he was presenting the west boundary as Lasswade Road with the inclusion of the Murrays housing development and the two developments on Lang Loan, up to the B701.</p> <p>He felt that these residents - who would access the services in Gilmerton - would feel that they were part of the Gilmerton neighbourhood. Also the developments had a similar type of housing, so people would probably have a lot in common. That was his rationale.</p> <p>The Applicant acknowledged it had been a challenge to draw definitive boundaries within a city scape rather than an isolated village that had hard stop boundaries, such as the south boundary of the City of Edinburgh Bypass which was the easiest to define. The other boundaries had been more challenging, but he felt this represented his neighbourhood.</p>
6.56.	<p>Mr Knight said that his query was in relation to Gilmerton Station Road and asked if that area also had housing developments. There was south farm. Was his geography wrong?</p> <p>The Applicant confirmed it had all been built up.</p>
6.57.	<p>Mr Knight said that on the map, it was all green fields, and while driving around the area, he was not sure if he was looking at the correct area.</p>

	The Applicant confirmed it was a development by Barrett Homes called Gilmerton Heights.
6.58.	Mr Knight had no further questions.
6.59.	The Chair agreed with all parties to take a refreshment break for 30 minutes. The recording continued and cameras were turned off until the hearing resumed.
<b>7.</b>	<b>Interested Parties</b>
<b>7.1.</b>	<b>The Chair invited Mr Mike Embrey from Right Medicine Pharmacy, Danderhall to speak, who read from a prepared statement.</b>
7.2.	Thank you for providing me with the opportunity to present to you today. My name is Mike Embrey and I am a director of Right Medicine Pharmacy Limited, which has owned the pharmacy in Danderhall for over 20 years. We therefore have a long term interest in the local area, including Gilmerton, where we have a small number of patients.
7.3.	I would like to start by reiterating my concerns about whether the property for the proposed pharmacy is in fact already in the possession of the Applicant (Gilmerton Pharma). Form A1 has been completed to state that it is (at Question two), and then in Part 4B the Applicant has clearly written that the property owned “by us”. However, the property continues to be advertised as available to lease. The price has recently been reduced and the agent is continuing to welcome interest.
7.4.	According to accounts filed with Companies House, Gilmerton Pharma Limited does not have any assets so they do not own the property. It's frustrating that this is a simple issue for which clarification could have been provided in advance of today.
7.5.	With regard to the neighbourhood in which the proposed premises sets, I struggle to understand from the paperwork exactly what the Applicant considered to be the neighbourhood boundaries.
7.6.	The northern boundary was said to be Ferniehill Road in their Application, but that leaves about two-thirds of the northern boundary undefined. In the map to support the CAR, Ferniehill Drive was used instead.

7.7.	In the Application, it states that the western boundary is Burdiehouse Road, but then the catchment area map provided with the CAR shows Lasswade Road with houses off the Murrays thrown in.
7.8.	I can see no clear reason why Fernehill Road or Drive would be a neighbourhood boundary and suspect it may simply be to try and exclude pharmacies from the neighbourhood in an attempt to try and strengthen their case.
7.9.	<p>The neighbourhood suggested by Mrs Stitt of Gilmerton Pharmacy that was shared by e-mail on Monday 27 May, seems to be more appropriate. That would put</p> <ul style="list-style-type: none"> <li>• the northern boundary at Ellens Glen Road and Mordunvale Road;</li> <li>• to the east, Old Dalkeith Road;</li> <li>• to the South, the City of Edinburgh Bypass and</li> <li>• to the West, Lasswade Road.</li> </ul> <p>These boundaries fit with my experience of the area, as people within that definition are more likely to consider themselves as neighbours; it contains most of the amenities that a neighbourhood population may expect, and that at some of the boundaries there is a change in the building type, land use or physical boundaries.</p>
7.10.	Interestingly, comments on social media groups for Gilmerton seem to repeatedly reference shops and services throughout that approximate area, which is perhaps a modern day neighbourhood indicator.
7.11.	This neighbourhood contains two pharmacies: Gilmerton Pharmacy and Lindsay & Gilmour, and several pharmacies near the neighbourhood boundaries, including Fleming Pharmacy, Gordons Chemist and ourselves at Danderhall Pharmacy, which all provide pharmaceutical services into the neighbourhood.
7.12.	Gilmerton pharmacy is only 0.3 miles away from the proposed pharmacy. Lindsay & Gilmour Pharmacy is less than a mile away, and our pharmacy in Danderhall and Gordons Chemist are about 1.3 miles away. That means pharmacy services are already available to someone at the proposed premises in just over a 5 minute walk and have a choice of at least four pharmacies within a 5 minute drive.
7.13.	The proposed pharmacy also sits on a bus route, running all the way into Edinburgh with pharmacies to choose from along the way, as well as east/west bus routes also being available.

7.14.	Importantly, for much of the neighbourhood, people are closer to existing pharmacies than they are to the Applicant's proposed site.
7.15.	So are the current pharmacy services adequate? To address this question, let's start with NHS Lothian's most recent Pharmaceutical Care Services Plan. The executive summary states: "...there is good cooperation of pharmaceutical services across NHS Lothian. No unmet need is identified".
7.16.	Looking at the maps in Appendix 1, to support this document, it shows that Edinburgh Health and Social Care Partnership - which includes all the definitions of the neighbourhood being considered today - is particularly well served. It shows that the bulk of the neighbourhood being described can access a pharmacy well within a 20 minute walk, and this is the highest standard in the Plan.
7.17.	Next - Lothian Area Pharmaceutical Committee, which is a statutory committee of Pharmacists to advise the Health Board in matters relating to pharmacy. They considered the Application being heard today and determined that existing provision of pharmacy services in the area is already adequate.
7.18.	The Applicant has not provided any evidence of complaints to NHS Lothian about pharmacies providing services to patients within their defined neighbourhood.
7.19.	And now I'll move on to the Consultation which importantly took place during September, October and November 2022. The Consultation was advertised by large notices at the proposed premises, visible to anyone driving past or accessing the Co-Op. These notices also provided a QR code to provide instant access to the consultation using a smartphone.
7.20.	The applicant claims the neighbourhood is over 7000 which, when put together, means the number of responses is pretty underwhelming and represents only a very small percentage of the population.
7.21.	I would also suggest that the consultation methodology cannot be considered as particularly reliable due to the absence of any kind of identity or geographic verification and no limits to the number of submissions an individual can make.
7.22.	However, I would agree that the majority of respondents to the consultation did highlight problems with the existing pharmacy provision

	and that the service, particularly from the Lloyds pharmacy at the time, was poor. This is no real surprise to anyone involved in pharmacy.
7.23.	The period during which the Consultation was completed was during a well-recognised shortage of pharmacists and also as Lloyds Pharmacy was being wound down for sale. The company already worked on a leaner staffing model than most, but by the end of 2022 , their Head Office teams were virtually non-existent, and any remaining pharmacy staff were trying to do their job without support in almost impossible conditions. Their pharmacies were often run on locums if they could get one at all, and closures were frequent. Patients were rightly upset and annoyed by this, which absolutely comes across in the CAR.
7.24.	But this makes the CAR completely irrelevant to the situation today. Gone are the locums, gone are the skeleton staffing, gone are the long waits, gone are the frequent closures and gone are the complaints.
7.25.	Rather than a failing Lloyds pharmacy at the centre of the neighbourhood, it is now a thriving independent community pharmacy. It is family owned by a well respected and experienced pharmacist, alongside her enthusiastic and capable daughter.
7.26.	What has happened in Gilmerton is not an isolated occurrence. These ex-Lloyds pharmacies across Scotland are also enjoying similar improvements following takeovers by new independent contractors and experienced small multiples.
7.27.	Since the Consultation, the Lindsay & Gilmour Pharmacy in Mordun has also vastly improved. A new pharmacist manager started in November 2022 and substantial extra hours have been added into the staffing teams. There is now an additional counter assistant and two extra dispensers, one of whom recently qualified as an accredited checking technician. Double pharmacist cover has been introduced 3 days per week and the pharmacy manager is due to complete their Independent Prescribing training in early Autumn, supported by the local GP practice.
7.28.	As the Committee will have seen during their site visits, the pharmacy has been refitted to position them for future growth and a 24 hour prescription collection point installed. They have capacity to take on compliance aids where required and offer a well utilised delivery service. All this means is that the pharmacy is now seeing more compliments rather than complaints, and I saw several social media posts recommending the pharmacy and commenting on how good the team are.

7.29.	Once again, I would like to reiterate the comments in the Consultation are about 18 months out of date and simply do not reflect the situation today.
7.30.	In closing, the Applicant has failed to provide any evidence of inadequacy in pharmacy services provided in or to the neighbourhood. Therefore, the application should fail.
7.31.	This ended the presentation by Mr Embrey.
<b>8.</b>	<b>The Chair invited questions from the Applicant to Mr Embrey of Right Medicine Pharmacy.</b>
8.1.	<p>The Applicant asked if Mr Embrey knew how many patients from Gilmerton used his pharmacy in Danderhall.</p> <p>Mr Embrey replied that did not have exact numbers but it was very small, maybe around 30 . There were a few dosette boxes and a few individuals. The main reason for that was because his pharmacy would collect from Ferniehill surgery which is where some patients were registered.</p>
8.2.	<p>The Applicant sought clarity if he had mis-heard Mr Embrey in his presentation stating that his pharmacy in Danderhall was within the Applicant's proposed neighbourhood, or the boundaries put forward by Mrs Stitt.</p> <p>Mr Embrey clarified that he had said within the neighbourhood suggested by Mrs Stitt, which he agreed with, there were two pharmacies in that neighbourhood. Me Embrey believed that was a more appropriate neighbourhood, and had suggested that the neighbourhood put forward by the Applicant had deliberately tried to exclude pharmacies to try and strengthen his case.</p>
8.3.	The Applicant referred to Mr Embrey's presentation in relation to the Pharmaceutical Care Plan where NHS Lothian had not highlighted a need for a pharmacy, and asked if Mr Embrey was aware of any Pharmaceutical Care Plan across Scotland which identified a specific need for a pharmacy.

	<p>Mr Embrey replied he had only read the Plan relevant to the current Hearing so could not comment otherwise.</p>
<p>8.4.</p>	<p>The Applicant noted Mr Embrey’s presentation where he had felt that the response rate to the consultation had been “underwhelming” for the population that he (the Applicant) had earlier defined between 6800 and 7300. The Applicant asked if Mr Embrey knew how many houses had been built between the end of the consultation in December 2022 and the present day.</p> <p>Mr Embrey replied he did not know, but the number of houses built would demonstrate an inadequacy of pharmaceutical services, which is what the Hearing was meant to consider.</p>
<p>8.5.</p>	<p>The Applicant said he would frame his question differently. If the Consultation had been run today, did Mr Embrey feel that the response rate to the CAR would have been higher due to the fact that there were significantly more houses that had been built.</p> <p>Mr Embrey replied that the PPC Committee could only go on the information presented. The CAR was relevant. The Applicant had had an opportunity to provide additional evidence and so far he had failed to bring any evidence. The Applicant had been asked for support from councillors or the community council, but had not provided any evidence.</p> <p>Although it was possible that a Consultation run today could possibly have different results, but the PPC Committee had to deal with the facts that were available to them, and the evidence presented.</p>
<p>8.6.</p>	<p>The Applicant asked if Mr Embrey felt – in his experience - that pharmacies that may historically have had a poor record for service levels, but always seemed to miraculously improve closer to the time of a pharmacy application coming forward.</p> <p>Mr Embrey replied that his experience was that they constantly looked at all their pharmacies to ensure they could suitably serve the patients that used the pharmacies. They were a caring profession and did the best they could in the circumstances available. It could be argued that Lloyds were not very good, but they were now away, and the reality was independent pharmacies were providing services into or to the</p>



	neighbourhood, which were all doing a good job, and wanted to more than the bare minimum – not just to offer an adequate service, but to provide a good service.
8.7.	<p>The Applicant noted that Lindsay &amp; Gilmour had a few pharmacies, and Right Medicine Pharmacy owned over 50 pharmacies, so was it always easy to home in at a local level what the needs of the population were. Running 50 pharmacies was a challenge, so he asked Mr Embrey if it was an easy thing to accomplish.</p> <p>Mr Embrey said that they did not own 50 pharmacies - possibly an aspiration. He took the point that if one was a former pharmacist working in their own pharmacy, they were closer to the population that they served. But all groups have area managers who listened to the teams that were at the forefront every day, doing everything they could to look after patients. The bulk of pharmacists were proud to be doing what they were doing and trying to do it to the best of their ability. There were no complaints about the service on offer.</p>
8.8.	The Applicant had no further questions.
<b>9.</b>	<b>The Chair invited questions from other Interested Parties</b>
<b>9.1.</b>	<b>Mrs Catherine Stitt to Mr Embrey</b>
9.2.	<p>Mrs Stitt asked why Right Medicine Pharmacy in Danderhall had objected to the application.</p> <p>Mr Embrey explained that his reasons were three fold.</p> <ol style="list-style-type: none"> <li>1. The financial situation in community pharmacy was becoming increasingly tough. Costs were going up, and this was exacerbated when new pharmacy contracts were granted as the existing pot was divided between more providers.</li> <li>2. As had been seen elsewhere, when new contracts were granted, the new contractor had to aggressively seek new business from wherever they could, to try and get to a break-even position as quickly as possible. Those aggressive tactics often caused confusion amongst patients, some of whom were elderly, who were targeted to try and move their business and prescriptions. It resulted in additional challenges for existing contractors who were trying to chase missing prescriptions, liaise with surgeries with regard to prescriptions which were not going where they should be. It was additional work and time, when they had enough to do, and should be spending that time looking after patients.</li> </ol>

	<p>3. The legal test for pharmacy applications was important, and wanted to participate when given an opportunity to do so. This was particularly the case where there were a small number of people who had made a number of opportunistic applications using a scatter gun approach. It created a lot of work and stress for the existing contractors.</p>
9.3.	Mrs Stitt had no further questions
<b>10.</b>	<b>The Chair invited questions from the Committee</b>
<b>10.1.</b>	<b>Mr Brian McGregor (Lay Member) had no questions for Mr Embrey.</b>
<b>10.2.</b>	<b>Mr John Niven (Lay Member) to Mr Embrey</b>
10.3.	<p>Mr Niven referred to Mr Embrey's comments that use of locums by pharmacies had "gone" since the Consultation. However, during Mr Niven's site visit in Mr Embrey's pharmacy, he had noted that it was under the supervision of a locum. Lindsay &amp; Gilmour and Gilmerton Pharmacy were also under the supervision of a locum, so disputed Mr Embrey's statement that the use of locums since the consultation was not correct.</p> <p>Mr Embrey replied it was a relief pharmacist rather than a locum pharmacist when Mr Niven had visited the Right Medicine Pharmacy in Danderhall. The relief pharmacist was an employee who moved around to give the managers a day off and cover holidays.</p> <p>Mr Embrey noted however that they did occasionally use locums, but took Mr Niven's point. The point he had been trying to make was that where a pharmacy had previously been run solely on locums, it was now a minority occurrence.</p>
10.4.	<p>Mr Niven asked about prescription levels, and that the average monthly prescriptions had little variation varied from middle July 2022 through to February 2024. For the period July 2022 to December 2022, had a monthly average of 5363, for the period from March 2023 to February 2024 was 5361, so Mr Embrey had the same level of prescriptions over an 18 month period (also noting that there would be some months of variation). Mr Niven asked if Mr Embrey envisaged having capacity within his pharmacy to increase the prescription levels.</p>

	<p>Mr Embrey said yes, they were always looking at how the pharmacies were coping with the workload. There were several levers they could pull if needed. Some pharmacies had moved to “hub and spoke” (an off-site dispensing facility with prescription delivered back to the pharmacy). That could be considered if it was felt it was needed. They could also adjust the opening hours so staff had longer to prepare – or may just ask staff to work later or earlier without adjusting the opening hours. This would enable staff more time to prepare prescriptions if required.</p> <p>There had also been a recent change in legislation which meant that different limited companies could do hub and spoke dispensing, so they would make up prescriptions on your behalf. This would allow wholesalers to do some dispensing. There were innovations and changes which could allow them to build capacity if required.</p>
10.5.	Mr Niven had no further questions.
<b>10.6.</b>	<b>Ms Eleanor Blair (Lay Member) had no questions to for Mr Embrey.</b>
<b>10.7.</b>	<b>Mr Barry Chapman (Non Contract Pharmacist Member) had no questions for Mr Embrey.</b>
<b>10.8.</b>	<b>Mr John Connolly (Contract Pharmacist Member) had no questions for Mr Embrey.</b>
<b>10.9.</b>	<b>Mr Vinny Bilon (Contractor Pharmacist Member) had no questions for Mr Embrey.</b>
<b>10.10.</b>	<b>Mr Peter Knight (Chair) had no questions for Mr Embrey.</b>
11.	<b>The Chair, having noted no further questions from the Panel to Mr Embrey, the Chair invited Mrs Catherine Stitt of Gilmerton Pharmacy Ltd to make her presentation</b>
<b>11.1.</b>	<p>Mrs Stitt first asked if she could respond to a question that had been raised by the Applicant who had asked for evidence from NHS Lothian in relation to paragraph 6.71. The document she had was from NHS Lothian LMC (Local Medical Committee) dated May 2024 which she read out part :</p> <p style="padding-left: 40px;">“unfortunately, Scottish Government has now cancelled all funding for new builds. Scottish Government has also with drawn</p>

	<p>sustainability loans, a scheme to reduce the risk for GPs who own their own buildings.”</p> <p>Mrs Stitt explained she had wished to provide clarity on the earlier discussion (paragraph 5.71).</p>
11.2.	Mrs Stitt read from a prepared statement.
11.3.	<p>As previously mentioned, I am Catherine Stitt, and this is Katie Stitt. We are both pharmacists and directors of Gilmerton Healthcare Limited, trading as Gilmerton Pharmacy. Katie is pharmacy superintendent and the responsible pharmacist.</p> <p>We purchased the pharmacy at 2 Ferniehill Road, Edinburgh from Lloyds almost 9 months ago on 8 September 2023.</p>
11.4.	<p>We would like to start by defining our version of the neighbourhood of Gilmerton. We provided Maps 1 and 2. They are essentially the same, but a different scale.</p> <p>NORTH- Moredunvale Road then Gilmerton Road to join Ellens Glen Road</p> <p>WEST- Lasswade Road</p> <p>EAST- Old Dalkeith Road</p> <p>SOUTH- City of Edinburgh bypass (A720)</p>
11.5.	<p>We have formed our version of the neighbourhood by looking at maps of the area and by asking those who live and work in Gilmerton for their opinion. We have consulted the Gilmerton/Inch Community Council Boundary map and the Liberton/Gilmerton ward map. We have considered the recent hearings for the Burdiehouse application where the PPC deemed the Eastern boundary (for that application) as Lasswade Road which divides Burdiehouse from Gilmerton. Our proposed neighbourhood is a neighbourhood for all purposes. It contains schools, places of worship, a GP surgery, 2 pharmacies, dentist, opticians, supermarkets, library, and a post office. This list of amenities is not exhaustive and those living in the neighbourhood have ease of access to each of them.</p>
11.6.	<p>The applicant has submitted 3 differing versions of the neighbourhood: 2 in the consultation questionnaire, and a 3rd in the application form. In each of the neighbourhoods proposed by the applicant, much of the</p>

	housing within it is closer to either our pharmacy at 2 Ferniehill Road, or to Gordons Pharmacy in Gracemount.
11.7.	Our proposed neighbourhood has 2 pharmacies located within it. These are Gilmerton Pharmacy at 2 Ferniehill Road, and Lindsay and Gilmour Pharmacy at 37 Moredun Park Road. It also has various pharmacies which provide pharmaceutical services into the neighbourhood including Right Medicine Pharmacy in Danderhall, Gordons Chemist at Gracemount Drive, Fleming Pharmacy at Liberton Drive, Omnicare Pharmacy at The Inch, and Boots at Cameron Toll. Boots at Cameron Toll has extended opening hours until 7pm Monday to Friday and is open from 10am until 5pm on Sunday. Several of these pharmacies have a 24/7 prescription collection point for patient convenience. I would refer you to other information we have provided: Letters from Flemings Pharmacy and Gordons Chemist have been included with additional representations which the PPC members and interested parties will have received.
11.8.	At the time of the joint consultation, from July to December 2022, the pharmacy at 2 Ferniehill Road was owned by Lloyds. It is important to acknowledge that the Consultation Analysis Report reflects Lloyds' service at that time. I am sure that all of you here today will be aware of Lloyds shortfalls during this period, not only in Gilmerton, but across the country. This inadequate service provision caused many patients of Lloyds, Gilmerton a great deal of distress and they chose to use the services of other pharmacies nearby. Lloyds, Gilmerton has, in recent years, had a steady decline to a relatively low number of dispensing items. This can be attributed to various factors including unplanned closures and poor provision of pharmaceutical service - a situation that is well documented in comments in the CAR. Since taking over the pharmacy, we have addressed all the well documented inadequacies of our predecessors and have demonstrated a significant reversal in all areas.
11.9.	Firstly, since taking over there has been a pharmacist present each day, without any closures. At Gilmerton Pharmacy, we now have increased opening hours as the pharmacy no longer closes for lunch. We are open from 9am-6pm Monday to Friday and 9am- 1pm on Saturday. Lloyds, Gilmerton did not have a base pharmacist, nor a pharmacist manager in branch for a number of years resulting in lack of consistency and management. Katie is now the full-time responsible pharmacist, allowing for consistency of care, as well as a sense of direction for the team.

11.10.	<p>A notable cause of Lloyds inadequacies was understaffing of branches, and Gilmerton was no exception to this. Since taking over, we have significantly increased staffing levels taking our team to 2 full time dispensers, 2 part time dispensers, 2 part time healthcare assistants and a delivery driver. It is our intention to support one member of staff to become an accuracy checking dispenser in the near future. Our staff have a skill mix that allows them to work in all areas of the pharmacy. Our staffing level allows for a consistent level of service provision during periods of sickness or other absence. Our mix of full and part time members of staff gives flexibility to support the increasing workload we are seeing because of significantly improved service. This staffing model also demonstrates our future capacity for any workload increase.</p>
11.11.	<p>Gilmerton Pharmacy provides all the core services required by the national NHS contract and has signed up to all locally agreed services in NHS Lothian. The pharmacy provides a free prescription collection and delivery service for patients. This is a service we have expanded on since taking over. We now collect from 8 surgeries in total- these are Ferniehill, Southern, Inchpark, Liberton, Gracemount, Braefoot, Craigmillar and Niddrie, where previously Lloyds had only picked up prescriptions from the first 5 surgeries in this list. The latter 3 surgeries we have added to our collection service at the request of our patient population. In terms of these surgeries, it is worthwhile mentioning that we have found each of them a pleasure to work alongside. Our experience of the local surgeries is that patients can get appointments with both GPs and other clinicians with relative ease. We are finding that, when Katie sees a patient and suggests that they should be seen by a local surgery, the patient is usually seen the same day- an exemplary service. We also find that prescription requests are dealt with by our GP colleagues in a timely fashion. It was interesting to note comments from the recent PPC for Burdiehouse which stated that patient lists at Gracemount, Liberton and Ferniehill surgeries were closed, and suggesting that the local surgeries were in crisis.</p> <p>You will see from emails included in the additional information provided by us (which we call Figure 4) that the surgery lists at Ferniehill, Inchpark, Gracemount and Southern are, in fact, currently open to new patients.</p>
11.12.	<p>Katie has recently become an independent prescriber. As of 1st of June 2024, Gilmerton Pharmacy will offer the Pharmacy First Plus service, allowing us to treat a wider spectrum of common clinical conditions.</p>

	<p>During her training, Katie spent time with local prescribers, which has created a great rapport between our 'feeder' surgeries and the pharmacy team. In addition, Katie has provided Pharmacy First training for surgery teams at their request, which we believe has improved suitability of referrals to the pharmacy, and as a result, patient outcomes. We also plan to introduce a travel clinic later this summer. We look forward to continuing this level of integration as the pharmacy progresses on to provide a wider array of services.</p>
11.13.	<p>Lloyds staffing model also affected their ability to offer a delivery service to patients. Shared delivery drivers across branches meant that deliveries at the Gilmerton branch were capped at 8 deliveries only per day, a service which was by no means sufficient for the patient population. Since taking over, we have increased this provision to meet the needs of the population. In addition, we have also increased provision of dosette boxes to patients. These have been started following suitable assessment by our colleagues in primary care. We have taken on many new patients for this service and have capacity for many more.</p>
11.14.	<p>In addition to increased provision of these services, wait times have been reduced from up to 72 hours under Lloyds, to less than 10 minutes at Gilmerton Pharmacy for most walk-in prescriptions.</p>
11.15.	<p>Previously, under Lloyds, there were lots of challenges around stock shortages. This is well documented in the CAR and can be attributed to the company using limited suppliers. We have joined Edinpharm - a buying group for independent pharmacies which uses several wholesalers. In addition to this, we have additional accounts with other suppliers. Except for national shortages, this allows us to source all prescribable items, without difficulty. It is mentioned in the CAR that under Lloyds ownership, patients were making multiple trips to the pharmacy before their prescription was complete. We have increased our stock holding and are reactive to commonly prescribed medicine patterns to ensure that patients can collect their complete prescription on their first visit to Gilmerton Pharmacy. To demonstrate our commitment to obtaining medication for patients, we would like to reference a comment made by a patient on the 'Gilmerton Community' Facebook group from February of this year. This is a closed group and we were not allowed to submit the comments from that along with our additional information. However, it stated: "Gilmerton Pharmacy have been excellent since they took over Lloyds. They've managed to source</p>

	medication for us that's been part of a national shortage since September".
11.16.	The premises at 2 Ferniehill Road are 1641 square feet – a space that, I'm sure you'll agree, is ample for the workings of a modern pharmacy. We have a designated dispensing area for dosette boxes, one consultation room and a designated room for supervision of methadone & buprenorphine. We hope to refit the premises later this year. Included in our plans are intentions to increase the dispensary area and create an additional two consultation spaces (each which comply with DDA regulation). The premises would have a hearing loop and an automatic door. We are also exploring installation of a 24-hour prescription collection machine. If another pharmacy were to open in the area, it would force us to reassess these plans as the financial impact of refitting a pharmacy of this size would be substantial. Free car parking is available outside the pharmacy on both sides of Ferniehill Road. Further car parking is also available a 2 min walk away at Lidl, and in The Faith Mission car park across the road.
11.17.	Gilmerton pharmacy had a General Pharmaceutical Council Inspection in January 2024 at which it met all standards. The previous 2 inspections for Lloyds in March 2022 and then in May 2023 resulted in a 'Standards not all met' assessment and Lloyds having to produce an Improvement Action Plan. For our staff, this was a big thing as they had been present when previously Lloyds had failed their inspections.
11.18.	We cannot talk about our own pharmacy, without recognising the fantastic service offered by neighbouring pharmacies. Feedback from the public on pharmacy services in the area is now very positive. This is demonstrated on the Gilmerton community Facebook page. We were unable to circulate the thread of comments discussing this as it appears on a closed page. In summary, a member of the group asked for recommendations for a local pharmacy. This received 72 replies which were complimentary about all the pharmacies we have mentioned which service the neighbourhood. This discussion took place in February 2024. It provides a snapshot of public opinion regarding local pharmacy services and demonstrates that pharmacy services in (and into) the neighbourhood are adequate.
11.19.	1-5 Carter Mews is located 0.3 miles from Gilmerton Pharmacy- a distance which can be reached in 3 minutes by car and is an 8 minute walk away. Bus routes 3, 29 and 400 connect Carter Mews with Gilmerton Pharmacy, and continue into central Edinburgh. These routes provide 11 buses per hour which travel between Gilmerton Pharmacy



	<p>and the Applicant's proposed site. The west side of the neighbourhood is serviced by the 31 bus route, with 4 buses an hour connecting passengers to Gordons Chemist and Flemings Pharmacy. Buses also run East to West across the neighbourhood. The Co-Op in Carter Mews is located directly next to the Applicant's proposed premises. All other amenities within the Applicants proposed neighbourhood, however, are closer to Gilmerton Pharmacy.</p>
11.20.	<p>The applicant has put forward 2 different versions of the proposed opening hours. The 1st one in the Consultation mirrors the hours that Gilmerton Pharmacy and most other neighbouring pharmacies open. The 2nd version in the application form states an intention to open until 8 pm on a Thursday. As previously mentioned, Boots at Cameron Toll is open till 7pm each weeknight, and 10am- 5pm on Sundays. There are also 24-hour prescription collection machines available at various pharmacies. If the application is granted, there is no guarantee that the applicant will open until 8pm on a Thursday as they only need to be open core hours which are until 6pm.</p>
11.21.	<p>We would now like to address new housing in the area. The Gilmerton Road South Masterplan development is almost complete, with 1374 houses already built over the last 4-5 years. There are 184 houses that are still under construction. Using the recognised factor of 2.4 people per household, this equates to an extra 3300 people who are already accessing pharmaceutical services in and into the neighbourhood. As aforementioned, practice lists of local GP surgeries are open to new patients. This is an indicator that medical services are already coping with the increased population because of the new housing. Pharmacies are providing an exemplary level of service in and into the neighbourhood with the current population level.</p>
11.22.	<p>We hope to have demonstrated to the PPC why the change of ownership to Gilmerton Pharmacy, and vast improvement in service provision as a result, means that the CAR for this application is now irrelevant. As a family run, owner-led pharmacy, we can provide services to the neighbourhood which are adequate. This is corroborated in figures 2 and 3 (Figure 2 is Google reviews of Gilmerton Pharmacy and Figure 3 is an open Facebook group from Ferniehill Neighbours ) which was included for additional information.</p> <p>These comments showcase the public perception of a community and patient focussed service. Gilmerton pharmacy has received no complaints to the health board. The Area Pharmaceutical Committee in their letter to Lothian health board were not supportive of this application</p>

	as they believe that pharmacy provision in the area is adequate. The Applicant has not provided any evidence of support from local councillors, community groups or GP practices.
11.23.	We respectfully request the PPC to reject this application, as the services in and into the neighbourhood are adequate.
11.24.	This concluded the presentation from Mrs Stitt
<b>12.</b>	<b>The Chair invited questions from the Applicant to Mrs Stitt of Gilmerton Pharmacy Ltd</b>
12.1.	<p>The Applicant referred to the document from the Lothian LMC that mentioned Scottish Government had cancelled all grants for new builds and asked Mrs Stitt if this meant that a GP surgery could open and have a new contract if it was a pre-built property.</p> <p>Mrs Stitt replied she did not know. She was not that close to the detail but her understanding was that Scottish Government had withdrawn sustainability loans. This was information she had received from a local surgery who had told her that Scottish Government were not supporting new GP practices, or for GP practices to move from existing premises – in the current climate. Mrs Stitt said she had no further information, other than what she had reported.</p>
12.2.	<p>The Applicant asked if Mrs Stitt was aware if Gordons Pharmacy or Lindsay &amp; Gilmour were part of the Edinpharm buying group.</p> <p>Mrs Stitt said she did not know.</p>
12.3.	<p>The Applicant asked if Gilmerton Pharmacy were seeing requests for hard to source items that were coded for other pharmacies – eg if the prescriptions were not coded for Gilmerton Pharmacy, but patients were obtaining their prescriptions from other pharmacies, to bring to Gilmerton Pharmacy, because they had a better stockholding or were able to source or procure products which were a potential issue for pharmacies such as Gordons Pharmacy and Lindsay &amp; Gilmour who used their own external cascade systems.</p> <p>Mrs Stitt said she had seen prescriptions that had been marked for other pharmacies, as that was where the patient had gone to in the past, but it</p>

	<p>was not necessarily for hard to source items. It was across the board. As people were hearing that Lloyds had changed ownership, they wanted to try the pharmacy again as they were hearing that Gilmerton Pharmacy were providing a good service. So to answer the question, it was not specifically about hard to source items.</p>
12.4.	<p>The Applicant asked if the Gilmerton Pharmacy business was growing.</p> <p>Mrs Stitt confirmed it was.</p>
12.5.	<p>The Applicant referred to Mrs Stitt's quote of a 'recognised factor' of 2.4 people per household, and queried where the 'recognised factor' came from.</p> <p>Mrs Stitt said she had read various pieces of information in preparation for the Hearing, and thought it was from the NHS Lothian Pharmaceutical Care Plan, although she could not be 100% sure. She had seen other factors in other presentations which mentioned 2.1, so she felt 2.4 was being generous.</p>
12.6.	<p>The Applicant said it did not look generous when considering the types of housing being built in the area.</p> <p>Mrs Stitt said she had not seen anything as high as 3. She had used 2.4, erring on the side of caution and had seen 2.1 elsewhere.</p>
12.7.	<p>The Applicant asked if Mrs Stitt knew the proportion of 3 to 5 bedroom houses that had been built, and how many people might generally reside in a house that size.</p> <p>Mrs Stitt said she did not know the proportion, but she also knew that there was affordable housing within each of the developments, but admitted she did not have an idea of what the percentage might be.</p>
12.8.	<p>The Applicant asked Mrs Stitt if she knew the sizes of the affordable housing.</p> <p>Mrs Stitt stated she did not know.</p>

12.9.	<p>The Applicant noted that Mrs Stitt was offering a delivery service and asked if it was a core service.</p> <p>Mrs Stitt acknowledged it was not a core service. However, she was not aware of any pharmacy that did not offer a delivery service. To her knowledge, every pharmacy offered a delivery service, unless the Applicant knew of any.</p> <p>The Applicant said he did not.</p>
12.10.	<p>The Applicant asked if this meant that, since it was not a core service, Mrs Stitt could withdraw a delivery service at any time.</p> <p>Mrs Stitt stated that withdrawing a delivery service was not something she would ever consider.</p>
12.11.	<p>The Applicant asked if Mrs Stitt was aware of recent Google reviews in the past two months for Gordons Pharmacy in Gracemount.</p> <p>Mrs Stitt said she had not looked at them, and acknowledged that earlier in the Hearing she had incorrectly picked up that the reviews had related to Lindsay &amp; Gilmour. She had quickly looked during one of the breaks, but had looked at Lindsay &amp; Gilmour rather than Gordons Pharmacy.</p>
12.12.	<p>The Applicant asked if Mrs Stitt agreed that Gordons Pharmacy did not receive the kind of reviews that Gilmerton Pharmacy had received.</p> <p>Mrs Stitt said she was not aware, but could look later.</p>
12.13.	<p>The Applicant asked if Mrs Stitt viewed the property at 1-5 Carter Mews and offered a ten year lease.</p> <p>Mrs Stitt replied she had not. She had made initial enquiries to find out if it was available and had enquired about the length of a lease and had received a response the day before.</p>
12.14.	<p>The Applicant asked Mrs Stitt what other information she had been told with regard to taking a lease of the premises. During the break, they</p>

	<p>had contacted Graham &amp; Sibbald and had been informed that a lease would only be available if the pharmacy application was unsuccessful.</p> <p>Mrs Stitt replied there was no information on that point in any of the emails she had received, which she was content to share with the Applicant.</p>
12.15.	The Applicant had no further questions.
<b>13.</b>	<b>The Chair invited questions from other Interested Parties</b>
<b>13.1.</b>	<b>Mr Embrey of Right Medicine Pharmacy to Mrs Stitt.</b>
13.2.	<p>Mr Embrey noted that there had been multiple references to Google reviews of Gordons Pharmacy at Gracemount, and asked if it would surprise Mrs Stitt that of the most recent ones, the first three were all 5 star reviews within the past month.</p> <p>Mrs Stitt replied that would not be surprised. The feedback she had received from patients and the general community was that the pharmacies providing services in and to the neighbourhood were all providing a good service, and patients were generally content. This was also reflected in the 72 comments in the closed facebook group. All pharmacies in the area had been mentioned positively several times.</p>
13.3.	<p>Mr Embrey asked if Mrs Stitt felt that the other pharmacies - and particularly Lindsay &amp; Gilmour - had picked up the slack when Lloyds were struggling, and now that Gilmerton Pharmacy had improved the service and won patients back to that pharmacy, things had eased for the other pharmacies.</p> <p>Mrs Stitt said she could not comment on the level of business of other pharmacies, but could comment on patient comments and feedback. When people had gone into her pharmacy, you could clearly see that they had been elsewhere. Lots of people had said that they had left Lloyds because of the poor service over a period of time and had gone to other pharmacies. However because they lived relatively close to Gilmerton Pharmacy and had heard good things, they had wanted to come back to check if the service level had improved.</p>

13.4.	<p>Mr Embrey asked if there were any restrictions on any services that Mrs Stitt currently offered – eg in relation to dosette boxes or a delivery service.</p> <p>Mrs Stitt confirmed there were no restrictions.</p>
13.5.	<p>Mr Embrey asked if Mrs Stitt asked if Gilmerton Pharmacy could cope if the volume increased.</p> <p>Mrs Stitt confirmed there was capacity – they had already significantly increased both and had capacity for further increases if required.</p>
13.6.	<p>Mr Embrey asked Mrs Stitt, as an experienced contractor, for her views on the current financial situation within community pharmacy in relation to the Network needing an emergency loan in January 2023.</p> <p>Mrs Stitt noted she had been a contractor elsewhere in Scotland for 20 years, and the past one-and-a-half years had been the toughest time she had experienced in terms of funding and cash flow. Scottish Government had introduced a new system for the way prescriptions were processed and how the pharmacies were paid. That had resulted in delays to estimated payments, and payments had been clawed back without any warning.</p> <p>On top of that, this year was also going to be challenging, as Scottish Government did not have any money, health boards were not getting an uplift, and by default, pharmacies would not get additional payments.</p> <p>NHS Lothian had locally negotiated services, as did other health boards. As far as she was aware, NHS Lothian had not had any increase in the locally negotiated services for at least 6 or 7 years.</p> <p>In addition there were rising staff costs, etc</p>
13.7.	<p>Mr Embrey said it was always great to receive a 5 star review, but how did one go about becoming a total “bad ass” as suggested by one of the reviews.</p>

	Mrs Stitt said she did not know (but it had created some hilarity in her household). She would take the review as the way it was intended – as a very good review.
13.8.	Mr Embrey had no further questions
<b>14.</b>	<b>The Chair invited questions from the Committee.</b>
<b>14.1.</b>	<b>Mr Brian McGregor (Lay Member) to Mrs Stitt</b>
14.2.	<p>Mr McGregor asked Mrs Stitt about her dispensing figures. The data they had from September 2023 to February 2024 had indicated that there had been around a 40% increase in numbers over that period, noting that Mrs Stitt had taken over the pharmacy from Lloyds in September 2023. Had the figures increased further in the past 3 months since February 2024?</p> <p>Mrs Stitt confirmed they were continuing to grow and in the past couple of months had been as high as 7000/7500.</p>
14.3.	<p>Mr McGregor said that when he had visited Gilmerton Pharmacy. It had looked as if the premises had capacity to expand the business and he asked Mrs Stitt if she agreed.</p> <p>Mrs Stitt confirmed this.</p>
14.4.	<p>Mr McGregor asked Mrs Stitt about her potential staffing levels in terms of expansion of the pharmacy, and asked if that would be an issue.</p> <p>Mrs Stitt replied it would not be an issue. They had taken on more staff and would continue to do so as the business grew. They had also had a number of people approach them for jobs – not just from the surrounding area, but also from other parts of the country. It would not be a problem in terms of having additional staff to meet any future increase in business.</p>
14.5.	Mr McGregor had no further questions
14.6.	<b>Mr John Niven (Lay Member) had no questions to ask Mrs Stitt.</b>
14.7.	<b>Ms Eleanor Blair (Lay Member) to Mrs Stitt.</b>

14.8.	<p>Mrs Blair referenced Mrs Stitt’s potential refit of Gilmerton Pharmacy and asked if it would require the premises to close while the refit was being undertaken.</p> <p>Mrs Stitt said that they had a number of plans, and were still negotiating what the final refit would look like. One of the reasons for not yet making a decision was that she awaited the outcome of the Hearing for a new pharmacy contract, which could affect how they did their refit.</p> <p>It would not be their intention to close during the refit. Speaking to shopfitters, they tended to undertake a refit in stages, so they might move the dispenser to another area in order to allow them to work in that area, and this would therefore still allow the pharmacy to provide a service. Mrs Stitt noted that she was also a contractor elsewhere in Scotland and had completed two pharmacy refits. They had not needed to close those pharmacies as the refit work had been started after the pharmacy closed on Saturday, through over the weekend and had been completed in time for the pharmacies to reopen on the Monday morning. Hopefully it would be the same with Gilmerton Pharmacy.</p>
14.9.	Mrs Blair had no further questions.
14.10.	<b>Mr Barry Chapman (Non Pharmacy Contractor Member) to Mrs Stitt.</b>
14.11.	<p>Mr Chapman noted that Katie Stitt had recently become an Independent Prescriber, and that Mrs Stitt planned to deliver a Pharmacy First Plus service at Gilmerton Pharmacy from 1 June 2024. He asked what Mrs Stitt’s plans were for sustainability to continue to deliver that service in the event that Katie Stitt was absent (holidays etc).</p> <p>Mrs Stitt recognised that they would not be able to provide a Pharmacy First Plus service for the whole time they were open as there would be times that Katie would need to be off. However, she believed the requirement was that Pharmacy First Plus service needed to be provided 42 weeks of the year for 25 hours per week. They were currently interviewing to recruit a post-registration pharmacist who would conduct the secondary part of their training with Gilmerton Pharmacy and would then do their Independent Prescriber training with them. Hopefully some of the locums would also be trained as Independent Prescribers. However, Locums as a group did not get funding for training as Independent Prescribers.</p>



14.12.	<p>Mr Chapman asked if Mrs Stitt's staff model would be for two pharmacists when the business had grown.</p> <p>Mrs Stitt confirmed it would. They would need a 2 pharmacist model for the days that Katie Stitt was doing travel clinics. Up until now, a lot of cover had been through herself (eg when Katie Stitt had been undertaking her Independent Prescriber training). They also used a couple of regular locums that they trusted who provided cover when required.</p>
14.13.	Mr Chapman had no further questions.
14.14.	<b>Mr John Connolly (Contract Pharmacist Member) had no questions to ask Mrs Stitt.</b>
14.15.	<b>Mr Vinny Bilon (Pharmacy Contractor Member) to Mrs Stitt. Mr</b>
14.16.	<p>Mr Bilon asked Mrs Stitt how many consultation rooms she would have if she went ahead with the refit.</p> <p>Mrs Stitt said that currently they had one and a bit (a small one). They were looking to have two new consultation rooms, which would be one of the old ones that was rejigged, and another one. Both would be DDA compliant. So currently there was one plus a small one, and two larger consultation rooms after the refit.</p>
14.17.	Mr Bilon had no further questions.
14.18.	<b>Mr Peter Knight (Chair) to Mrs Stitt</b>
14.19.	<p>In relation to Map 2 where Mrs Stitt had described an alternative neighbourhood to the neighbourhood proposed by the Applicant, Mr Knight asked why Mrs Stitt felt that her alternative neighbourhood was appropriate as it covered quite a large geographical area – would it be reasonable to consider all of it as a single neighbourhood.</p> <p>Mrs Stitt acknowledged she was not from the area, and had only been in Gilmerton a relatively short time. So the process (which she described in her presentation) had been to look at all the maps of the area and to look at all the boundaries. They had also spoken to people who worked</p>

	<p>at the pharmacy and to people who visited the pharmacy to seek their opinions.</p> <p>From what she could gather, Gilmerton had been a village which had grown, and then over time, it had been swallowed up as part of Edinburgh. That village had different parts to it eg Ferniehill, Moredun, Hyvot. She could relate to that as she lived in a village with various areas with named parts. But when she had asked people about what a neighbourhood was, they had felt the neighbourhood in its entirety was Gilmerton.</p>
14.20.	The Chair had no further questions.
<b>14.21.</b>	<b>Further Questions</b>
14.22.	The Chair ascertained from all parties that they had no further questions to Mrs Stitt.
<b>15.</b>	<b>Summing Up</b>
15.1.	The Chair invited all parties to provide a summary, in reverse order, noting that no new information should be provided.
<b>15.2.</b>	<b>The Chair asked for the Mrs Stitt for Gilmerton Pharmacy to sum up.</b>
15.3.	Mrs Stitt said that the Consultation for the Application had taken place in late 2022 when pharmacies were still recovering from Covid-19, and Lloyds in Gilmerton was on its knees due to the upcoming sale of all the Lloyds branches.
15.4.	Moving on 18 months, it was a different picture. Lloyds was now Gilmerton Pharmacy and the other contractors had invested in their businesses.
15.5.	90% of the new houses being built had been completed and the pharmacies in and into the neighbourhood all had capacity. Current services were adequate and Mrs Stitt asked the PPC to reject the application.
<b>15.6.</b>	<b>The Chair asked for Mr Embrey of Right Medicine Ltd in Danderhall to sum up.</b>
15.7.	Mr Embrey said that it had been unfortunate in the lead up to the Hearing that there had been confusion about the neighbourhood

	boundaries, because the Application disagreed with the description in the Consultation, which disagreed with the map.
15.8.	He believed it was also misleading to claim that Gilmerton Pharma owned the premises when it was in fact owned by a different limited company.
15.9.	It was also misleading whether Mr Manson was a director of the company or appearing as a paid advocate. That could easily have been resolved prior to the Hearing.
15.10.	Mr Embrey felt it was had also been misleading that the pharmacy would be family operated when it was a director's limited company (husband and wife).
15.11.	Throughout the hearing, there had been no evidence of inadequacy provided. In fact, pharmacy services being provided in and into the neighbourhood were good.
15.12.	Mr Embrey requested that the Application should be refused.
<b>15.13.</b>	<b>The Chair asked for the Applicant to sum up.</b>
15.14.	The Applicant said that the population in the area had exploded past the point, where he believed, that the primary care infrastructure could support everybody.
15.15.	Evidence had been provided about registration issues with GP practices. MSP Ian Murray had sent a letter to Neil Gray, the Health Secretary, two weeks earlier stating that 20,000 people could not register with a GP practice. The Applicant struggled to see appointment availability would be good in that situation.
15.16.	The Applicant said that if pharmacies were going to have a "treat and triage" model, there would be more and more emphasis placed on pharmacy services, so provision needed to be adequate to match this.
15.17.	The pharmacy model he had put forward would be modern and clinical with two consultation rooms, which would maximise interactions with patients and take up a lot of the traditional GP appointments.
15.18.	The CAR was not defunct and, although the CAR did mention Lloyds pharmacy a lot, it also mentioned other serious inadequacies of other pharmacies in the area: with access, the increased population, and no services had been put in, in order to alleviate that. Respondents to the

	CAR also latched on to the idea that Pharmacy First was the place to go, which is exactly what the Scottish Government want, so it was “driven” by Scottish Government policy.
15.19.	The Applicant had provided evidence – proof of increasing prescription figures from Gilmerton Pharmacy, that a new pharmacy would not impinge on the continued viability of any other pharmacies, and that the new pharmacy would not itself have any viability issues.
15.20.	The very least that residents could expect would be a ratio closer to the NHS Lothian average of patients per pharmacy, instead of being 50% short.
15.21.	The population of Lothian was expected to age significantly over the next five years, and the requirement for pharmaceutical services would change accordingly.
15.22.	Based on NHS Lothian’s policy of processing applications, if they did not do this now, they were looking into 2030 before anything could be remedied.
15.23.	Given all the reasons above, the Applicant believed the contract was necessary and asked the PPC to grant the contract.
<b>16.</b>	<b>Retiral of Parties</b>
16.1.	<p>The Chair invited the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added.</p> <p>The Applicant confirmed he had had a fair hearing within the meeting.</p> <p>Mr Embrey and Mrs Stitt (The Interested Parties) confirmed they had had a fair hearing and Mr Embrey acknowledged his concerns had been documented.</p>
16.2.	<p>Having been assured that all parties were satisfied, the Chair advised that the Committee would:</p> <ul style="list-style-type: none"> <li>• consider the application and representations prior to making a determination,</li> <li>• prepare a written Decision with reasons, and</li> </ul>

	<ul style="list-style-type: none"> <li>issue a copy to all parties as soon as possible. The accompanying letter would also contain details of how to appeal against the Committee’s decision and the time limits involved.</li> </ul> <p>Ms Jenna Stone would remain in order to take minutes.</p>
16.3.	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.
16.4.	The hearing adjourned at 15:17 hours to allow the Committee to deliberate on the written and verbal submissions.
<b>17.</b>	<b>Summary of Consultation Analysis Report (CAR)</b>
<b>17.1.</b>	<b>Introduction</b>
17.2.	NHS Lothian undertook a joint consultation exercise with Gilmerton Pharma Ltd regarding the application for a new pharmacy at 1-5 Carter Mews, Edinburgh, EH17 8GS.
17.3.	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.
<b>17.4.</b>	<b>Method of Engagement to Undertake Consultation</b>
17.5.	The consultation was conducted by placing an advertisement in the Edinburgh Evening News as well as being posted on NHS Lothian’s website. Respondents could respond electronically or request a hard copy.
17.6.	The Consultation Period lasted for 90 working days through to 2 December 2022.
<b>17.7.</b>	<b>Consultation Outcome and Conclusion</b>
17.8.	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. All the respondents' comments were available for discussion and were considered in discussion by the Committee.
17.9.	<b>Summary of Questions and Analysis of Responses</b>
17.10.	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.
17.11.	In total 282 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report
17.12.	Of the 282 responses received, 279 were from individual members of the public. 3 respondents did not clarify if they were responding as individuals or as a group/organisation.
17.13.	A statistical summary of the responses to each of the questions is shown in the table below.

Questions	Positive- Yes / %	Negative – No / %	Don't Know / %	Non Answered
1. Do you think the neighbourhood described is accurate?	260 / 92.9%	8 / 2.9%	12 / 4.3%	2
2. Do you think there are gaps / deficiencies in the existing provision of pharmaceutical services to the neighbourhood?	252 / 90.3%	17 / 6.1%	10 / 3.6%	3
3. Would you consider that you receive your prescriptions in a timely manner using the existing pharmacy services provided to the neighbourhood?	48 / 17.1%	206 / 73.3%	27 / 9.6%	1
4. How often, if at all, would you have to make multiple journeys to receive all of the items from each prescription from the existing pharmacies servicing the neighbourhood?	Never 24 / 8.6%	Sometimes 108 / 38.7%	Don't know 22 / 7.9%	No Answer 3
	Always 39 / 14%	Often 86 / 30.8%		
5. What impact do you think a community pharmacy would have in the neighbourhood?	257 / 91.5%	19 / 6.8%	5 / 1.8%	1
6. What are your views on the pharmaceutical services being proposed by the applicant?	245 / 87.5%	23 / 8.2%	12 / 4.3%	2
7. Do you think there is anything missing from the list of services to be provided?	24 / 8.6%	177 / 63.4%	78 / 28%	3
8. Do you think a community pharmacy in the neighbourhood will work with other NHS health services such as GP practices?	249 / 88.9%	6 / 2.1%	25 / 8.9%	2
9. Do you believe the proposed pharmacy would have a positive or negative impact on existing NHS services?	254 / 91%	2 / 0.7%	23 / 8.2%	3
10. What do you think of the location of the proposed community pharmacy?	252 / 90.3%	18 / 6.5%	9 / 3.2%	3

11. What do you think about the proposed opening hours?	249 / 89.2%	16 / 5.7%	14 / 5%	3
<b>18.</b>	<b>Decision</b>			
18.1.	The Committee, taking account of the evidence submitted during the period of consultation, presented during the hearing and recalling observations from site visits, firstly had to decide the location of the neighbourhood in which the premises (to which the application related) were sited.			
18.2.	<b>Neighbourhood</b>			
18.3.	The Committee noted the neighbourhood as defined by the Applicant. A number of factors should be and were taken into account when defining the neighbourhood, including those resident in it, natural and physical boundaries, general amenities such as schools, shopping areas, the mixture of public and private housing, the provision of parks and other recreational facilities, places of worship, the distances residents had to travel to obtain pharmaceutical and other services and the availability of public transport.			
18.4.	The Committee concluded that the northern boundary of the Applicant's neighbourhood (B701: Gilmerton Dykes Street / Newtoft Street / Ferniehill Road) excluded a number of key local amenities (such as post office, primary school and GP surgeries), and, as such, cast doubt that it could be regarded as a neighbourhood for all purposes. In addition the Committee believed that there was similar housing on both sides of the Applicant's proposed northern boundary. Other amenities which residents would need to access in order for it to be considered as a neighbourhood for all purposes also existed north of the Applicant's northern boundary.			
18.5.	The Committee deemed that a more appropriate northern boundary would be further north to where Lasswade Road intersected Ellen's Glen Road (which was a non-accessible green area on the other side due to the Liberton hospital boundary), where it met the A772 (Gilmerton Road) and along Mordunvale Road (which had a distinct natural boundary with green woodland from the Liberton golf course). Beyond Ellen's Glen Road would be considered to be part of Liberton rather than Gilmerton.			
18.6.	With regard to the new housing to the west of Lasswade Road that the Applicant had included in his neighbourhood, the Committee deemed that this did not naturally fit within Gilmerton. The Committee deemed it was better aligned with Gracemount. The Committee considered that a			

	more appropriate boundary should be Lasswade Road – which divided Gilmerton and Burdiehouse - without including the additional housing that the Applicant had deemed to be within his western neighbourhood boundary.
18.7.	The Committee considered that although residents in the newly built developments at the southern end of the Applicant’s neighbourhood did not currently have local access to some amenities, those amenities were not an exceptional distance away, and people would usually expect to have to travel.
18.8.	The Committee agreed with the Applicant’s East and South boundaries as they were natural and well-defined boundaries.
18.9.	The Committee therefore determined that the appropriate neighbourhood should be the same as that marked on the map provided by Mrs Stitt (Map 2).
18.10.	The boundaries of the Defined Neighbourhood were agreed as North: Ellen’s Glen Road, intersecting with A722, and Mordunvale Road. East A7 - Old Dalkeith Road South A720 – City of Edinburgh By-Pass West Lasswade Road.
18.11.	<b>Adequacy of existing provision of pharmaceutical services and necessity or desirability</b>
18.12.	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.
18.13.	The Committee was mindful that determination of adequacy would be a question applied to the facts and evidence revealed and established, and its conclusion reached would be after exercising appropriate judgement. It gave careful consideration to the evidence it had received from the Applicant and Interested Parties, the CAR responses, the 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.
18.14.	The Committee considered the evidence of a positive impact on pharmaceutical services since Gilmerton Pharmacy had taken over Lloyds Pharmacy on Ferniehill Road, and also noted evidence of improvements to pharmaceutical services provided by Gordons Pharmacy and Lindsay & Gilmour. No significant queues or issues at any pharmacy had been witnessed by the Committee members on their (unannounced) site visits.
18.15.	The Committee deemed that the letter from Morningside Manor to the Applicant (which the Applicant said had indicated viability of his pharmacy) was not relevant to the decision of adequacy as the care homes were outwith the Defined Neighbourhood, and the question related to pharmaceutical services in and into the Defined Neighbourhood.
18.16.	The Committee noted that the two current pharmacies within the Defined Neighbourhood and several on the periphery – all within walking distance - were operating core hours and providing all NHS core services in and to the Defined Neighbourhood. This further enhanced services on offer to the population of the Defined Neighbourhood.
18.17.	The relevancy of the responses in the CAR was considered, and it was noted that the period of the Consultation had been at a time when Lloyds Pharmacy were in the process of closing all their pharmacies. The latest dispensing figures provided from September 2023 to February 2024 had shown a 40% increase since the Lloyds Pharmacy at 2 Ferniehill Road had been taken over by Gilmerton Pharmacy in September 2023.
18.18.	The Committee considered the extensive progress made on new housing developments (90% completeness was referred to in the Hearing), and noted that the existing pharmacies were coping well and were not overwhelmed. No complaints had been received by NHS Lothian.
18.19.	The Committee were cognizant of the NHS Lothian Pharmaceutical Care Services Plan which had stated that “...there is good cooperation of pharmaceutical services across NHS Lothian. No unmet need is identified”.
18.20.	Consideration was given to the issue that the Applicant had raised in relation to inability of patients to register with GP Practices, which he

	had inferred would mean that there would be an increased demand on pharmaceutical services. Evidence had been provided by the Interested Parties that lists were currently open and they were taking on new patients. The existing pharmacies had stated that they were well placed to adequately deliver and deal with any increased demand for pharmaceutical services through Pharmacy First and Pharmacy First Plus.
18.21.	The Committee reviewed the responses in the CAR, taking on board all the comments. The Committee noted the length of time that had passed between the end of the Consultation (December 2022) and the Hearing (29 May 2024), and the changes in the pharmaceutical network ownership that had taken place in the intervening period which coincided with an improving provision of pharmaceutical services.
18.22.	Q1. The Committee disagreed with the Applicant's proposed neighbourhood. The reasons for this and the Committee's Defined Neighbourhood boundaries are outlined above at paragraphs 18.4 to 18.10
18.23.	Q2. The Committee noted the concerns expressed in relation to inadequacy, but evidence heard at the Hearing had shown that most of the issues had subsequently been dealt with, since Gilmerton Pharmacy had taken over the contract at Lloyds; there was evidence that pharmaceutical services at Gordons Pharmacy and Lindsay & Gilmour had also improved. It was also noted that Gilmerton Pharmacy had indicated they had capacity to increase if required, and in fact had a refit planned.
18.24.	Q3. In relation to the question around delays in obtaining prescriptions in a timely manner, the Committee noted no queues or waiting times had been witnessed on the site visits, and evidence had been provided during the Hearing that indicated significant improvement in delivery of pharmaceutical services since the consultation had been conducted. The Committee recognised the change, and acknowledged that existing pharmacies felt they had the capacity to absorb an increase in demand.
18.25.	Q4. In relation to multiple journeys to obtain prescriptions, the Committee noted the circumstances of SSPs and MSANs. The Interested Parties had indicated that they had a full range of wholesalers to source medicines. The change of ownership of Lloyds was also important, as Lloyds had used a single supplier, whilst Gilmerton Pharmacy used a range of suppliers.

	<p>The Committee also acknowledged that there had been an exceptional period of SSPs and MSANs at the time the Consultation had been undertaken, which had created challenges for all pharmacies across the country.</p>
18.26.	<p>Q5. In relation to the question of the impact of a new community pharmacy in the neighbourhood, the Committee deemed a number of responses related to convenience of having a pharmacy “on the doorstep” rather than contributing to overall adequacy of existing pharmaceutical services.</p>
18.27.	<p>Q6. In relation to the pharmaceutical services being provided by the Applicant, it was noted the responses were mostly positive, but also many comments related to convenience.</p>
18.28.	<p>Q7 In relation to the question whether anything was missing, the Committee noted that all NHS core services were already being provided by the existing pharmacies who provided pharmaceutical services in and to the Defined Neighbourhood. The change in ownership from Lloyds to Gilmerton Pharmacy appeared to have resulted in improved delivery of services.</p>
18.29.	<p>Q8. In relation to the question of other services working with the pharmacy, the Committee considered that any pharmacy would reasonably be expected to work with other NHS health services. This had been evidenced from site visits and evidence provided at the Hearing. It was also noted that a number of comments within this question related to issues with general medical services rather than pharmaceutical services. The Committee felt that the availability of GP appointments was not directly relevant to the purpose of the Hearing.</p>
18.30.	<p>Q9. In relation to whether the pharmacy would have a positive or negative impact on existing NHS services, the Committee acknowledged that all core NHS services were being delivered by the existing pharmacies, and they were expanding the services they offered, as one pharmacy was offering Pharmacy First Plus, and another pharmacy noted they planned to offer that service in the future.</p>
18.31.	<p>Q10. In relation to the proposed location of the proposed pharmacy, the Committee noted a number of comments related to convenience (Conversely, one comment had said it would be too close to existing pharmacies). Within the Defined Neighbourhood there were two existing pharmacies that were within a reasonable walking distance and</p>

	were centred around other amenities such as GP surgeries and supermarkets.
18.32.	Q11. In relation to the question on opening hours, all the existing pharmacies offered the core hours. Boots at Cameron Toll was within easy access by car and public transport, offered extended opening hours and was open 7 days per week.
19.	<b>Conclusion</b>
19.1.	<p>Following the withdrawal of B Chapman, V Bilon and J Connolly at 17:15 hours 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, taking account of all the representations made, and the information revealed by the CAR and submitted orally and in writing, the Committee concluded that no evidence had been provided to demonstrate any inadequacy of the existing pharmaceutical services in and to the Defined Neighbourhood.</p> <p>The Committee, for the reasons outlined above, considered that the existing provision of pharmaceutical services in the Defined Neighbourhood is adequate.</p> <p>Accordingly, the decision of the Committee was unanimous that the provision of pharmaceutical services at the premises was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the Defined Neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was rejected. This Decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.</p>
19.2.	The Hearing closed at 1730 hours.

**Signed by**

**Peter Knight  
Chair – Pharmacy Practices Committee**

**Date: 12 June 2024**