

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on
Wednesday 28th August 2024 at time via MS Teams**

The composition of the PPC at this hearing was:

Chair: Martin Connor

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

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

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

Secretariat: Tracy Bone of NHS National Service Scotland

1.	APPLICATION BY CALDERWOOD PHARMACY PARTNERSHIP LTD.
1.1.	There was an application submitted and supporting documents from Calderwood Pharmacy Partnership Ltd received on 01 June 2023 for inclusion in the pharmaceutical list of a new pharmacy at Unit 3, Calderwood Village Square, Calderwood, EH53 0GU.
1.2.	Submission of Interested Parties.
1.3.	The following documents were received: <ul style="list-style-type: none"> i. Email dated 23 June 2023 from Iain Morrison / Lothian General Practitioners Sub-Committee of the Area Medical Committee ii. Letter dated 12 July 2023 from Philip C Galt / Lindsay & Gilmour Chemist (The Red Band Chemical Company Ltd) iii. Email dated 10 July 2023 from Fergal Coffey / Kirknewton Pharmacy (F & F Coffey Ltd) iv. Email dated 03 July 2023 from Christopher Freeland / Omnicare Pharmacy Ltd v. Letter dated 10 July 2023 from Jo Severn / Boots UK Ltd vi. Letter dated 26 June 2023 from Matthew Cox / Lloyds Pharmacy Ltd

	vii. Email dated 22 June 2023 from John Connolly / Ladywell Pharmacy (Deans Healthcare Ltd)
1.4.	Correspondence from the wider consultation process undertaken.
	<p>i) Consultation Analysis Report (CAR)</p> <p>ii) Dispensing Figures (October 2023 – March 2024), Prescription Figures (April 2023 – March 2024) Pharmacy Profiles, Temporary Pharmacy Closures (2023-2024), and Complaints (2021-22, 2022-23) for 10 pharmacies:</p> <ul style="list-style-type: none"> • Lindsay & Gilmour Chemist, PPD2227 • Kirknewton Pharmacy (F & F Coffey Ltd t/a), PPD2543 • Omincare Pharmacy Ltd, PPD 2600 • Boots UK Ltd, PPD2308 • Boots UK Ltd, PPD2021 • Ratho Pharmacy (Lunn Pharmacy Ltd t/a), PPD2552 • Rowlands Pharmacy, PPD2594 • Ladywell Pharmacy, PPD2520 • Healthful Pharmacy Dedridge (now ANAM Healthcare Ltd t/a), PPD2581 • Boots UK Ltd, PPD2035 <p>iii) Map showing the location of the proposed pharmacy and current pharmaceutical providers and GP practices within a 3.5 mile radius.</p> <p>iv) Map of SIMD 2020 quintiles of most and least deprived areas, compared to the proposed pharmacy, current pharmaceutical providers and GP practices within a 3.5 mile radius.</p> <p>v) Census Population Heatmap from September 2022, in relation to the proposed pharmacy, current pharmaceutical providers and GP practices within a 3.5 mile radius.</p>
2.	Procedure.
2.1.	<p>At 09:30 hours on 28th August 2024, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Calderwood Pharmacy Partnership (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List”.</p>

2.2.	The Chair welcomed all to the meeting and introductions were made. When asked by the Chair, members confirmed that the hearing papers had been received and considered. When committee members were asked by the Chair in turn to declare any interest in the application, none were declared.
2.3.	Members of the Committee had undertaken independent site visits to Unit 3, Calderwood Village Square, Calderwood, EH53 0GU and the surrounding area. During which the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to schools, mini-markets, post offices, banks and churches had been noted.
2.4.	The Chair advised that Tracy Bone was independent from the Health Board and was solely responsible for taking the minute of the meeting.
2.5.	The Chair outlined the procedure for the hearing. All Members confirmed an understanding of these procedures.
2.6.	Having ascertained that all Members understood the procedures, that there were no conflicts of interest or questions from Committee Members the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Applicant was invited to enter the hearing.
The open session convened at 09:36 hrs.	
3.	Attendance of Parties.
3.1.	<p>The Chair welcomed all, and introductions were made. The Applicant, Calderwood Pharmacy Partnership represented by Mr Khezer Farooq and accompanied by business partner Mr Harvie Baker-Flanagan.</p> <p>From the Interested Parties eligible to attend the hearing, present were:</p> <p>Boots UK Ltd represented by Ms Colette Kennett and supported by Gillian Burns;</p> <p>Omnicare represented by Mr Chris Freeland;</p> <p>Kirknewton Pharmacy represented by Fergal Coffey;</p> <p>Lindsay & Gilmour Chemist represented by Ms Tanusia Sudhakaran;</p> <p>Ladywell Pharmacy represented by Mr John Connolly;</p> <p>Healthful Pharmacy represented by Mr Labeeq Hussain and supported by Mr Jawaad Hussain;</p> <p>Rowlands Pharmacy represented by Mr Dane Winterburn and supported by Ms Wendy Cathcart</p>
3.2.	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 Unit 3, Calderwood Village Square, Calderwood, EH53 0GU. The Chair confirmed to all parties present that the decision of the Committee would be

	based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended, which the Chair read out in part:
3.3.	“5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located...”
3.4.	The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.
3.5.	The Chair asked all parties for confirmation that these procedures had been understood. Having ascertained that all parties understood the procedures the Chair confirmed that the Oral Hearing would be conducted in accordance with the Procedure at Hearings document contained within the papers circulated.
3.6.	The Chair confirmed that members of the Committee had independently conducted site visits in order to understand better the issues arising from this application. Assurance was given that no member of the Committee had any interest in the application.
3.7.	The Chair asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement.
4.	Preliminaries.
4.1.	The Chair referred to a PowerPoint presentation that the Applicant sent in to support his submission late in the evening of 16 th July 2024. The Chair noted that this presentation was a visual representation of all of the information that has previously been circulated to the Committee and therefore, given the lack of time members would have had to review the presentation, decided it should not be used or shared on the screen during the Applicant’s speech. The Chair did agree the Applicant could utilise the presentation as an aide to remember his talking points and agreed that it could be circulated to the Committee after the hearing. the Applicant noted he understood the reasoning behind the decision.
5.	Submission.

5.1.	The Chair invited the Applicant to speak first in support of the application.
5.2.	Mr Farooq read from a pre-prepared statement making adjustments as required.
5.3.	I'd like to thank everyone here today for allowing me to present our case for a new community pharmacy to be established in Calderwood, West Lothian.
5.4.	Both myself and my colleague Harvie here have both been qualified as pharmacists for around 8 years and have worked for various pharmacies and companies. We have seen a huge change in the community pharmacy landscape over the last few years. The COVID-19 pandemic brought unprecedented strain upon all healthcare services but particularly pharmacies. Things have not recovered since, and we are seeing more and more patients struggling to see their GPs and being referred to their pharmacist for solutions to their problems. The Pharmacy First Service has been very successful since its introduction but there is no denying that it has massively increased the workload of pharmacists and their dispensary teams. The post-COVID landscape has, I feel, cemented community pharmacy's vital role in providing the healthcare our population needs, now more than ever with many local services stretched to bursting point.
5.5.	Last year we managed to acquire our first pharmacy business by purchasing an ex-Lloyds branch in Glasgow. Over the last year we have transformed the business and the feedback we have had from the local residents and GP practices has been overwhelmingly positive. We are regularly praised on our waiting times (usually less than 10 minutes) and high levels of customer service. We intend to carry this ethos over to Calderwood.
5.6.	Now, this application is unlike many other applications you may have come across, in that it is for exactly this kind of neighbourhood that the regulations apply. This application is unusual in that it is impossible to ignore the sheer size and scale of development and the number of residents already living in the area, making it the ideal candidate for a new pharmacy contract to be granted - this can be seen in the huge number of respondents to the joint consultation, in which 543 residents responded. As the panel will have seen from their site visit this is no ordinary new housing development. Calderwood Village falls within one of the Core Development Areas for West Lothian council and is one of the largest new developments in central Scotland. I will cover this in more detail shortly.
5.7.	In this presentation I will describe our neighborhood and provide some information on the demographics of the area. I will then proceed to outline why we believe the current pharmaceutical provision within our neighborhood is inadequate with reference to the CAR. I will try to keep this brief, as I'm sure everyone in attendance today will have had a chance to read through the CAR and it's support of our application, particularly the comments made regarding the inadequacy of current services. Finally, I will present the plans for our new pharmacy and explain how we intend to ensure adequate provision of

	pharmaceutical services within our neighborhood for both its current and future residents.
5.8.	I would also like to point out before I begin, that I am not here to bad mouth the local Lindsay & Gilmour branch (I have always had a great working relationship with the company). I feel that would be unprofessional and a disservice to the hard-working staff in East Calder - but from experiencing the workload first hand as a regular locum for Lindsay & Gilmour, I know the services are stretched, and have now fallen below what would be deemed as adequate.
5.9.	<p>Firstly, I'd like to talk about the demographic of West Lothian, as a whole as an important hub in central Scotland.</p> <p>An important point to start with, is that the average number of patients per pharmacy in West Lothian is 5,485, the highest in Scotland. This is over 1000 more than the Scottish average of 4530 which equates to more than 22% above the average. While I appreciate there is not a defined maximum number of the population that may be serviced by one pharmacy, this statistic highlights that there is a general under-provision of pharmacy services across West Lothian. This concerning statistic was even highlighted by the PPC during the decision-making process in the Mid-Calder pharmacy hearing where it was stated that:</p> <p><i>"The figures raised concerns of inadequacy and therefore the need for further pharmaceutical services in West Lothian."</i></p> <p>This is despite West Lothian having some of the largest housing developments currently under construction in Scotland. A report to the council's Education Executive explained that West Lothian is expected to grow by around 900 homes each year for the next decade, due to developments in area. This means services will become more stretched over time.</p>
5.10.	<p>Scotland's average population growth has generally been concentrated in the older age groups with people aged 65 to 79 increasing by 8.5% and those aged over 80 increasing by 20% across Scotland. However, in West Lothian, the increase has been more substantial. 32.5% of the population is aged 65 to 79 and has seen an almost 31% increase in the population aged over 80. And from the West Lothian Local Development Plan (LDP) I quote:</p> <p><i>"An aging population will have implications for health and social care provision."</i></p> <p>Now, West Lothian's population is set to keep growing at a higher rate than the Scottish average for the 32 council areas. This increase, along with the ageing population, are even mentioned in the NHS Lothian PCSP where it states:</p> <p><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 particularly strong growth among adults aged 75 and over, will increase the demand for access to primary care services."</i> It also goes on to say: <i>"The projection of an increasing and ageing population in Lothian and the aspiration for community pharmacies to be a first port of call for many service users suggest that further growth in volumes will occur in future years."</i></p> <p>And as I mentioned, this applies even more so to West Lothian.</p>

5.11.	The West Lothian LDP outlines, Calderwood Village is part of one of the main Core Development Areas or CDAs in West Lothian. Unlike other new housing developments, that can sometimes be halted by planning issues or financial issues etc, CDAs are heavily supported by the council to bring homes, jobs, education and services into a specified area and means that around 25% of housing allocation has to be for affordable housing.
5.12.	<p>The Scottish Government's 'National Planning Framework 4' outlines the intention to promote local living through '20-minute neighborhoods. The goal is to reduce car travel as much as possible and, as such, 'provide access to the majority of daily needs within a 20-minute walk or cycle from home. This is again, also mentioned in NHS Lothian's PCSP where it states:</p> <p><i>"In 2021 the Scottish Government undertook consultation on the Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development and identified the need for action on patient travel. It requires all NHS Scotland bodies to take action to reduce the carbon emissions resulting from travel associated with their activities, including staff and patient travel. Efforts should include actions to reduce the need for travel."</i></p> <p>It is then also highlighted again in the PCSP's recommendation Summary, Point 3, where it states:</p> <p><i>" With 20-minute neighbourhoods, Scottish Government and NHS Lothian sustainability objectives, should be considered as part of the process in determining where community pharmacies are sited in the future."</i></p> <p>And this has been highlighted by PPC panels in numerous previous hearings, in various health boards.</p>
5.13.	Now moving onto our neighbourhood, Calderwood specifically. The neighbourhood defined in this application incorporates the Calderwood Village development in its entirety plus the vacant land to the North for which there are plans for further building as part of future phases of the project. Currently around 1600 houses have been built and are occupied. Once all housebuilding is completed the neighbourhood will have approximately 2300 homes.
5.14.	<p>The boundaries specified for the sake of this application are as follows:</p> <p>North: The River Almond until it passes by Linwater Caravan Park</p> <p>East: The field to the East of Sandilands Road</p> <p>South: The B7015 from NCR75 until it meets the A71</p> <p>West: The green space surrounding the NCR75.</p>
5.15.	These are the rational boundaries that border the entire development and its amenities and this match the boundaries that Stirling Developments have displayed on the Calderwood website for the development. 95% of respondents to the CAR agreed with our definition of the neighbourhood as well as the Community Council.
5.16.	Calderwood is a very large and fairly new development which can be considered a neighbourhood in its own right. The lead developers, Stirling

	<p>Developments, use words such as ‘village’, ‘community’ and ‘neighbourhood’ on the Calderwood website showing that it is fully intended to be its own neighbourhood and has been designed to be (and I quote):</p> <p>‘a Scottish exemplar, setting the tone for delivering the best new communities of tomorrow’.</p> <p>The panel will have noticed that even the signs at the entrance of the Calderwood development say: "A new village by Stirling Developments". The project has also been designed with Scottish Government climate targets and the ‘20-minute neighbourhood’ guidelines in mind. Once completed, Calderwood will be one of the largest developments of its kind in Central Scotland.</p>
<p>5.17.</p>	<p>As I mentioned earlier, because Calderwood is a CDA, many facilities and amenities are planned for the neighbourhood. You will have seen from the brochure we provided and the information on the Calderwood website, there are plans to construct a village centre with several amenities that you would expect to find in a self-sustaining neighbourhood such as: a supermarket, a gastropub / restaurant, a nursery, offices and retail units for independent businesses. They have also planned for (quote from brochure):</p> <p>‘adequate dedicated parking, adjacent to the square’ including multiple disabled spaces’.</p> <p>The impressive new Calderwood Primary School and Calderwood nursery have already been constructed and the primary school is now to be extended further, after (quote from West Lothian Council):</p> <p><i>‘the number of school-aged children in the growing development rose significantly and above historical trends’.</i></p> <p>The other primary schools in the local area have also had to be extended, with East Calder Primary moving to a brand new, larger building and St Paul’s Primary also due to be extended as written about in the local newspaper, which stated:</p> <p><i>"The project will deliver additional and enhanced facilities for the school to help meet demands of a rapidly growing population".</i></p> <p>The successful Calderwood Cafe is already operational and provides a social hub for members of the community alongside the community garden.</p>
<p>5.18.</p>	<p>The most recent West Lothian LDP mentions the need ‘to develop infrastructure and amenities within new developments.’ While some of these amenities are yet to be constructed, I’m sure everyone can appreciate that these are a necessity rather than optional. As said before, as CDA it’s a matter of when, not if.</p> <p>Under Section 75 of the Town and Country Planning (Scotland) Act 1997, developers are obliged to provide or contribute towards providing appropriate infrastructure for the local population. As the committee will have seen from their site visit, East Calder and the surrounding areas offer little in the way of amenities and certainly noncapable of supporting the huge increase in population at Calderwood. The East Calder and District Community Council</p>

	<p>highlighted to us several times that they have received lots of negative feedback from their community regarding the lack of local amenities in relation to the population size/growth, so they are eager for the amenities within Calderwood to be completed. So much so that they have been in regular contact with both the council and the developers to get these amenities established as soon as possible.</p> <p>As specified in the West Lothian Local Development Plan, land has also been earmarked for the development of a secondary school to provide education to the young people of Calderwood and East Calder.</p>
5.19.	<p>Obtaining exact statistics for the Calderwood development is difficult as it is split across two data zones (S01013298 and S01013292). The data zones were created for the 2011 census and thus are outdated. They will likely be revised in future to reflect the changing landscape.</p> <p>The population of these two zones in 2021 was 3821 (statistics.gov.scot) and this will have risen significantly since then, as more houses were completed and occupied. I realise that these zones include a small portion of East Calder and the small outlying settlement of Wilkieston but the effect on the overall population estimate would be minimal.</p>
5.20.	<p>I would like to point out that, while we don't consider East Calder to be part of our neighbourhood, the 2021 overall population estimate for all the East Calder data zones was 7202. Considering East Calder currently only has one community pharmacy, this would leave the area with a population per pharmacy that is around 60% above the national average which, again, indicates a general lack of service provision.</p>
5.21.	<p>The two Calderwood datazones rank in the 2nd and 3rd deciles for the geographic access domain on the Scottish Index for Multiple Deprivation (SIMD), meaning Calderwood falls in the lowest 20-30% when compared to the rest of the country. So, while the interested parties today may argue that the population in our neighbourhood is likely to be affluent, this data highlights that access to basic public services and amenities in the area needs to be improved. Furthermore, a massive influx of cars in these already small, neighbouring town centres will make access to these services even more difficult.</p>
5.22.	<p>There are many other housing developments currently under construction throughout the East Calder area, in addition to the Calderwood Village. Although areas such as Raw holdings and The Camps Industrial estate are also part of the Calderwood CDAs master plan, the boundaries of the planning applications for Raw Holdings and Calderwood are separate. The unprecedented volume of housing development was cited as a cause for concern in both the Kirknewton and Mid-Calder pharmacy applications, despite it being outwith their defined neighbourhood. Calderwood Village will have around 2300 homes when the project is completed in the coming years. A representative from Stirling Developments recently informed us that there are currently around 1600 completed and occupied homes. The national average household size is 2.11 (National Records of Scotland, 2022), meaning that at least 3,376 residents already live in Calderwood and using this average indicates that the eventual population of Calderwood is likely to be at least</p>

	<p>4853. However, the panel will have noted on their site visit that the development predominantly consists of 3, 4 and 5-bedroom houses so the population per household will almost certainly far exceed this average and realistically be over 6000 as a conservative estimate. This would suggest the current population is likely closer to 5000 and means the population of our neighbourhood is already significantly higher than both Mid-Calder and Kirknewton who have both had new contracts granted in recent years.</p>
5.23.	<p>The population of Calderwood by itself would be enough to justify the establishment of a new pharmacy but I would also like to reference the other housebuilding projects which the panel will have noticed on their visit, that are currently happening in the surrounding areas which are going to place even greater pressure on the already strained local NHS services.</p>
5.24.	<p>As you will see on inspection of the West Lothian Council Housing Land Audit 2023, there are numerous other housing projects of various sizes being constructed across the East Calder area. These include the ongoing developments at Raw Holdings which consist of the large Merchant's Gait development by Persimmon Homes with planning for 253 homes, Mansefield Lea by Cala Homes for 263 homes and Wellwater Grove by Cruden Homes for 41 homes. The newly approved development at Oakbank Road will also include 90 houses. In total, planning has been approved for an additional 706 homes in and around East Calder. 45 homes have also been approved for neighbouring Wilkieston.</p>
5.25.	<p>When considering this application, I kindly ask the PPC to consider the likely future population of Calderwood and its surrounding areas. As specified in the Legal Test, there is a requirement to consider future housing developments and the impact these will have on local services. As further phases of Calderwood are completed, the pressure on the single local pharmacy and GP practice in East Calder are likely to reach breaking point.</p>
5.26.	<p>There are numerous examples of new pharmacy applications being granted in areas of large scale housing development such as: Bertha Park (Perth), Kinnaird Village (Larbert), Tornagrain (Highlands) and the application by GaelPharm in Inverness where the PPC stated:</p> <p><i>"it was satisfied that the provision of pharmaceutical services at the premises of the Applicant was not necessary at the current point in time but that it was desirable in order to secure the adequacy of provision of pharmaceutical services into the future, within the neighbourhood".</i></p> <p>There are also NAP decisions that mirror this such as Lord Macphail:</p> <p><i>Rowlands v National Appeal Panel regarding Bonnyrigg 2006;</i></p> <p><i>Lois Pharmacy Limited v National Appeal Panel 2004 relating to the requirement to consider probable future developments which may have an effect on existing services and may make it desirable to grant an application.</i></p> <p>Similarly in the NAPs decision for the application in Bishopton, they stated</p>

	<p><i>"It is well established that the PPC is required to consider not just whether the existing services are adequate at the time of the application but whether existing services will be adequate in light of anticipated future developments."</i></p> <p>I could go on and on, but I am trying to highlight the fact, that it is for areas such as Calderwood that the regulations exist.</p>
5.27.	<p>While I appreciate that we are here today to discuss the adequacy of pharmaceutical service provision within neighbourhood, I feel it is necessary to mention the sole medical practice that services the area also. East Calder Medical Practice now has a patient list size of around 16,000 making it one of the largest practices in West Lothian by list size. The practice manager, Thanos, informed us at our meeting on the 30th of April this year, that this number continues to grow at a rate of approximately 1000 new patients per year as a result of all the new houses being constructed. This, again, highlights the exploding population in Calderwood and the surrounding areas. The building they operate in is old and no longer fit for purpose and there are plans to build a new health centre adjacent to the current site, but these have been put on hold indefinitely due to NHS funds being pulled.</p>
5.28.	<p>With the GP Practice being full it will be very difficult for patients to obtain appointments as the GP practice. My colleague Harvie, who will be the full-time pharmacist, is a qualified independent prescriber and has been providing the Pharmacy First Plus Service for a few years now. I also intend to enroll on the IP course in the near future. If our application is granted, we intend to work closely with East Calder Medical Practice to help alleviate the burden on their GPs and other staff by providing the enhanced Pharmacy First Plus Service in the heart of our community. And again this is something that the panel noted in a recent hearing in Rosewell for a pharmacy application, where they stated:</p> <p><i>"The Committee noted that this application would have been strengthened had the Applicant been qualified to provide and proposing to provide the new Pharmacy First Plus offering."</i></p>
5.29.	<p>The inadequacy of the current provision of pharmaceutical services in Calderwood can be split into two parts: access and capacity.</p>
5.30.	<p>The village and neighbourhood of Calderwood does not currently have a community pharmacy within it. Therefore, all residents must travel outwith the neighbourhood to access a pharmacy. The ability of Calderwood residents to access pharmacies in the local areas is impaired for several reasons, the first being walking accessibility.</p>
5.31.	<p>There are 3 pharmacies within 3 miles of our neighbourhood:</p> <p>Lindsay & Gilmour East Calder – 1.3 miles (which if walking would take at least a 50-minute round trip)</p> <p>Kirknewton Pharmacy – 2.1 miles (walking = a 1 hour 35-minute round trip)</p> <p>Mid Calder Pharmacy – 2.2 miles (walking = a 1 hour 30-minute round trip)</p>

<p>5.32.</p>	<p>These distances and times were calculated using Google Maps for a healthy individual, from Calderwood Primary School as this is at the heart of the Calderwood community and beside our proposed premises. You will see that these all fall well outside the Scottish Government's 20-minute target.</p> <p>I think we can agree that it would be deemed unreasonable to expect someone to walk the best part of an hour or more, just to access pharmaceutical services, especially to Mid Calder or Kirknewton. The journey to Mid Calder involves a long walk on narrow, uneven pavements, along the increasingly busy B7015. The only footpath across the bridge is poorly lit in places and does not permit pram or wheelchair access as it is very narrow, making it a dangerous journey for vulnerable patients.</p>
<p>5.33.</p>	<p>The walk to Kirknewton Pharmacy is treacherous, as it also involves narrow / uneven pavements and crossing the busy A71 road where there are no traffic signals. This was actually highlighted by the APC in relation to the Kirknewton Pharmacy application as traversing this road was considered problematic. If you chose to walk towards Wilkieston instead of through The Camps, there are no pavements at all for most of the journey. These journeys with a pram, young children or a wheelchair would be near enough impossible, deeming access to services inadequate. This is something Mr. Coffey admits several times in his pharmacy hearing, stating that it would be unreasonable for Kirknewton residents to have to make this journey to access services in East Calder, so the same would surely apply to the residents of Calderwood travelling in the other direction. As a result, the only pharmacy that could be realistically walked to from our neighbourhood is Lindsay & Gilmour, but as mentioned, would involve nearly a 1 hour round trip. There were an overwhelming number of comments regarding residents difficulty in accessing pharmacy services but I will highlight a couple:</p> <p><i>'It is a long walk from Calderwood to the existing pharmacy in East Calder, particularly from the newly built houses to the east, and parking is impossible for people with limited mobility'.</i></p> <p><i>'As explained in Q2, the nearest pharmacy is in the village of East Calder - it is not easy for residents of the newbuild development of Calderwood to walk to, without driving'.</i></p> <p><i>'The current local pharmacies are far to walk from Calderwood especially if you are unwell. There is no, or very little parking available'.</i></p>
<p>5.34.</p>	<p>Interested parties may argue that cycling would be an option. While I agree that cycling would be a faster way to travel and would have a reduced environmental impact, the panel need to consider what the result of a large increase in bicycle usage in the neighbourhood and surrounding areas would be. East Calder, Mid Calder and Kirknewton have inadequate bicycle storage facilities meaning that a bicycle would have to be left outside while the patient visited the pharmacy. This would be considered a safety hazard, and the bicycles would also be at risk of theft. Realistically, unwell patients or people with small children would likely not cycle to access healthcare services anyway.</p>

5.35.

Besides using a car, the only other way to travel from our neighbourhood to an existing pharmacy would be by bus. Calderwood and East Calder are currently linked by the Lothian Country X27 and X40 services. I have selected a sample of bus times from these timetables to show the inadequacies with this mode of transport. The times are spread throughout the working day to display that the issues exist no matter the time of travel. The times selected are representative of the entire daily timetable:

Time	Leaves Calderwood	Arrives East Calder	Leaves East Calder (1)	Next Leaves East Calder (2)	Realistic Round-Trip Duration
AM	09:10	09:16	09:15 (of course missed)	09:55	51 minutes
NOON	12:19	12:25	12:35 (10 minutes later)	13:15	Just over 1hr
PM	16:26	16:32	16:38 (6 minutes later)	17:18	58 minutes

You will notice from the times I have just specified, after arriving in East Calder, the patient would only have a matter of **minutes** in which to access the pharmacy and return to the bus stop to catch the next bus back the other way. If the patient required a consultation with the pharmacist or had to wait for a prescription, then they would realistically have to wait for the following bus meaning the round trip would take around an hour no matter the time of day. And this is to the closest pharmacy - travelling to any other pharmacies further afield would result in extremely unreasonable travel times if using public transport - especially if a patient had to make repeated trips to collect balances for example. As a result, expecting a large portion of the neighbourhood's residents to access their local pharmacy via bus is unfeasible and, as a result, renders access to services inadequate. The elderly and Mothers with pushchairs also struggle to get on and off buses so asking them to travel this way to access a pharmacy would be unfair.

5.36.

Now to driving. The panel, upon their visit of East Calder, Kirknewton and Mid-Calder, will no doubt have noticed the issues with access and how small these little village centres are - now imagine an influx of thousands of additional residents driving into these areas to access services. You will have noticed that the Main Streets are very narrow, with cars parked on either side of the main road. In East Calder, the small space to the rear of the Lindsay & Gilmour branch which is intended for staff parking is often fully blocked off by large trucks bringing deliveries into the convenience store next door, as the shops all share that space. Having attended numerous community council meetings over the last three and a half years, nearly every meeting involved discussions about the parking issues getting progressively worse. This was mirrored in our meeting with the East Calder practice manager, Thanos, who raised concerns that their car park was completely full most days, during working hours,

	<p>although I would like to highlight that this car park is over 100 meters away from the Lindsay & Gilmour pharmacy and the spaces at the front of the health centre are for staff and disabled health centre patients only. The number of parking-related complaints submitted to the council, which were circulated before this hearing, as well as the numerous comments in the CAR relating to problems with parking and access as a whole, also highlight this issue. There were 283 comments, with about 85% stating they had issues with access when using the current pharmaceutical services in the area. From them, almost 44% identified parking as the main issue. So there is very little in the way of designated car parks and as mentioned, on-street parking is also very limited. Especially if one is disabled or with dependents such as small children. One comment stated:</p> <p><i>'Too far to walk and never any parking. Kirknewton and mid Calder is even worse. Small narrow roads with no parking and too far to walk.'</i></p> <p>Another resident simply commented:</p> <p><i>'Parking is horrendous for both Kirknewton and East Calder pharmacy.'</i></p> <p>I can't help but agree with this. With regards to Kirknewton specifically, the main route requires driving over a railway crossing. This barrier is often jammed or closed so access is even more hindered. After a FOI request to West Lothian Council, we were given the following response:</p> <p><i>"Kirknewton Railway Level Crossing has had numerous types of work carried out on it, 186 times over the last 10 years, according to the information we have detailed in the Scottish Road Works Register."</i></p> <p>This alone is a literal barrier to access.</p>
<p>5.37.</p>	<p>Parking in Mid Calder is equally difficult. These neighbourhoods were just not designed to accommodate the large volumes of vehicles that are now present due to new housing developments and the resulting population increase. The road outside the Omnicare pharmacy has limited parking on both sides of the narrow road, and this was fully occupied every time we visited. Looking to the future, there is simply no way a large number of Calderwood's residents could or should be expected to consider this their 'local' pharmacy.</p>
<p>5.38.</p>	<p>It is unreasonable to expect that residents of a village the size of Calderwood with the amenities it will have, would need to travel to small towns such as Mid-Calder or Kirknewton, simply to access a pharmacy anyway, when it is likely a journey they would not otherwise need to make. Again, I encourage the expert panel today to think about the affect this mass influx of people will have on these small high streets with their narrow roads and limited parking, especially if one is disabled - if you cannot even park near the current pharmacies to access them, this would already deem the services inadequate.</p>
<p>5.39.</p>	<p>As for the other interested parties present today, to expect Calderwood residents to routinely travel these sorts of distances to access their local pharmacy is unacceptable in such a developed area. I would like to highlight these distances (by car travel) to the committee as follows:</p> <p>Boots, Craigshill - 3.5 miles</p>

	<p>Boots, Broxburn - 6.8 miles</p> <p>Boots, Almondvale - 4.2 miles where parking charges also apply</p> <p>Rowlands Pharmacy Howden H/C - 4.8 miles</p> <p>Rowlands Pharmacy, Broxburn - 6.3 miles</p> <p>Ratho Pharmacy - 4 miles</p> <p>Ladywell Pharmacy - 4.9 miles</p> <p>Healthful Pharmacy, Dedridge - 4.3 miles</p>
5.40.	<p>I would like to remind everyone today that we aren't considering a rural village in the highlands. This is the central belt of Scotland with an exploding population. It is not reasonable to expect patients to travel several miles to access a pharmacy, in a neighbourhood they would otherwise have little reason to travel to. It may be argued that some Calderwood residents will currently travel into Livingston for shopping etc but since the COVID-19 pandemic, people's daily habits have changed and an increasing number of people now have their shopping delivered to their homes, rather than travelling to town centres. Furthermore, to expect them to travel these distances when potentially unwell or with sick children or relatives is unfair, directly contradicts Scottish Government policy and deems the services inadequate due to the difficulty of access.</p>
5.41.	<p>The interested parties today may argue that the residents within our neighbourhood are fairly affluent with high car ownership, suggesting they may access pharmacy services near a place of work for example. However, data published in the 2020 NHS PCSP highlighted some interesting statistics. (Quote)</p> <p><i>"Data showed that 47% of respondents travelled by car and 42% walked. The majority (83%) started and ended their journey at home with only 8% travelling from their place of work" It also goes on to say "Results from the 2005/6 community pharmacy customer satisfaction project carried out in NHS Lothian showed that 59% of customers chose the pharmacy they were visiting because they lived close by, 28% because of the quality of service and only 4% because they worked nearby."</i></p>
5.42.	<p>Especially when one is unwell or caring for someone who is ill or vulnerable, this shows the vast majority of people will use pharmacy services close to home.</p> <p>Even more so again, since the introduction of Pharmacy First, which I would like to note as one of the four core services, and although it is not feasible to have a pharmacy in every area in the Country, we already know people are struggling with accessing services out with our neighbourhood.</p>
5.43.	<p>We already know that Lindsay & Gilmour in East Calder is not Disability Discrimination Act (DDA) compliant from comments made by the Chair in the Mid-Calder hearing and nothing has or can be done to rectify this. The PPC stated:</p>

	<p><i>"The Chair acknowledged his role as the Disability Spokesperson for the City of Edinburgh Council and noted that DDA compliance included consideration of the external route into the premises and internal space within the premises for wheelchairs to turn, and sufficient seating for people who needed to sit. The Chair acknowledged he had visited the Lindsay & Gilmour premises and emphasised that although the pharmacy had an electric door, the access to the premises was hindered by it being so close to a pelican crossing immediately outside the front door. Therefore, although there was an electric door, it did not fully meet the DDA compliance requirements due to the challenge of access for the route into the premises."</i></p> <p>This is also an issue due to the limited amount of space within the very small premises at L&G in East Calder. One comment from the CAR stated:</p> <p><i>"Kirknewton and East Calder are small towns with heavy traffic and it is very difficult to find parking near either pharmacy. Also as someone who had a wheelchair, 0 disabled spaces nearby."</i></p> <p><i>"No parking near it. My mum is in a wheelchair so when i take her the nearest car park is all stones as the only 2 disabled spaces always taken."</i></p>
<p>5.44.</p>	<p>Mr Coffey has made some great improvements to his shop recently, especially in terms of disabled access, and I'm sure this has been very beneficial for the residents of Kirknewton - However due to the problems with access just highlighted, this will not make much of a difference to the residents of Calderwood.</p>
<p>5.45.</p>	<p>Omnicare Pharmacy in Mid Calder does have a ramp for wheelchair access, but it is short and steep, so I'd be interested to know whether it meets the required standards for disabled access. There are also no designated disabled parking spaces outside or anywhere near the pharmacy.</p>
<p>5.46.</p>	<p>Now to the current service provision and capacity issues. There was an overwhelming number of responses in the CAR with regards to Lindsay & Gilmour being at capacity and unable to cope with the increasing demand as well as issues with the size of the premises and I will pick only one comment which I feel summarizes this:</p> <p><i>"It simply does not have the capacity to serve the volume of people in the area despite trying their best."</i></p>
<p>5.47.</p>	<p>I would like to reiterate that I am not here to undermine the hard work of the staff in the pharmacy. But having worked in East Calder myself many times as a locum, the store can often be days behind with prescriptions, with baskets covering most work spaces and even the floor. The branch also does not deal with or dispense any MDS blister packs on-site as customers are referred to their West Calder branch, simply because there is no space in the shop. Although I know Lindsay and Gilmour have an off-site blister pack hub in their West Calder branch, where many of their MDS packs are made for all their branches across Scotland, it is highly unusual for no MDS packs to be made on site at all. Other L&G branches I have worked in also send some of their dosette boxes to get made there but hardly any others I know of don't make</p>

	<p>ANY on-site at all, unless there are issues with space and capacity. The PPC correctly stated in the hearing for Blackburn Pharmacy that:</p> <p><i>"The Committee considered the comments in the CAR about the provision of blister pack dispensers, which Boots has filled at two central locations. It was felt that there would be benefit in having this service provided on site which was being offered by the applicant".</i></p> <p>Which I totally agree with. Even more unusual is that a shop that doesn't assemble any dosette boxes on-site is still managing to dispense close to 8500 items per month from regular surgery prescriptions alone. Another concern amongst residents, mentioned many times in the CAR, was long wait times which also suggests the pharmacy is struggling to cope:</p> <p><i>'I feel there is very long wait times due to the increasing population in the area. I have personally had to wait exceptionally long at times for prescriptions which can be extremely frustrating.'</i></p> <p><i>'The pharmacy in East Calder says to allow 48 hours to receive a prescription, but the wait is now over a week.'</i></p> <p>There were several comments similar to this. It was actually reiterated by Carl John, the local MP at the recent community council meeting in August, where he also stated he regularly has to wait over a week for his prescriptions.</p> <p><i>'Always extensive queues outside when I go to pick up my prescription. The existing pharmacy in East Calder is too small to cater for Calderwood and East Calder.'</i></p>
<p>5.48.</p>	<p>Which leads me onto the other issue of space.</p> <p>The panel will have noticed that the shop in EC is very small with no prospect of extension because of the shops at either side. This issue has been worsened by the installation of their new 24/7 prescription collection robot. As mentioned in several comments within the CAR, even post COVID, people still often need to queue up outside due to the extremely small waiting area. L&G as a company can try to resolve these issues as much as possible by recruiting more staff for example, but the issue of capacity due to lack of space will always remain. And despite having a small consultation room, there were still worrying comments of confidentiality issues within the CAR due to the small front space.</p> <p><i>"There are often long queues onto the street for the nearest pharmacy. I also have felt there are delays in processing my prescription. As the staff are so busy they (quite understandably) don't have time to discuss concerns fully. As the existing pharmacy is often busy, it does not allow privacy for personal discussions (although there is a side room). I therefore travel to another pharmacy further afield."</i></p> <p>One comment also stated: Important quote to highlight issues in service:</p> <p><i>Been told by East Calder medical centre to use Kirknewton pharmacy as East Calder main pharmacy has big delays and can't cope.</i></p> <p>This comment alone highlights the inadequacy in services.</p>

5.49.	Regarding the provision of services, it is often argued by interested parties that the 4 core NHS services are being provided and that, therefore, the provision is adequate. While I don't doubt that all of the contractors here today provide the 4 core services (as they are legally obliged to), the ability of service users to access these services and the quality of their provision must be considered by the PPC. As previously mentioned, if patients struggle to access the services due to parking issues or long waiting times then this would deem the service inadequate.
5.50.	Now you will see from the supporting documents we submitted, that we received correspondence from the Calderwood developer that Lindsay & Gilmour also initially obtained one of the retail units in the village centre. This begs the question of why they would attempt to obtain such a premises? I would argue they had the same opinion as us, that a large village such as Calderwood would benefit from a new pharmacy. Therefore, any argument that they present today is undoubtedly in direct contradiction to their original views.
5.51.	Without going into too much detail, as I have referenced some of the CAR throughout this presentation, I would like to quickly summarise the findings of the CAR. The response rate of 543 was impressive and suggests that the local population feel strongly about the application. Considering the current population of Calderwood is likely to be around 5000 (As mentioned, due to the size and quantity of houses already built), this represents a response rate of above 10%.
5.52.	<ul style="list-style-type: none"> • As mentioned earlier, 95% of respondents agreed with the neighbourhood boundaries described in the application. • Over half (50.7%) felt they do not currently receive their prescriptions in a timely manner, with comments stating issues around long waiting times, prescription delays, poor stock levels, poor customer service and delayed deliveries. There were 312 comments. And almost 63% stated they do not receive their prescription in a timely manner. Several of the responses also mention that they feel the need to travel further afield to access pharmacy services, suggesting provision of local services is inadequate. One of the several comments in this regard, I feel summarizes the point perfectly. It states: <i>“Current pharmacy in East Calder can have very slow service. Prescriptions are often not ready despite them having received the prescription from the local practice three or four days earlier, so I normally aim to place repeat prescription requests with the practice about a week before it is required. Even when going to collect a prescription, the wait can be up to half an hour.”</i> • 81% believe there are gaps/deficiencies in the current provision, with concerns that the current services can't cope with the ever-increasing population. There were 327 comments. About 90% of the respondents stated there were gaps/deficiencies in the existing provision. Prescription delays (sometimes up to a week as mentioned earlier) are also considered to be unacceptable. One comment stated:

"Time to prepare prescriptions is excessive. Prescriptions are often incorrectly made up. Facilities are physically small with room for only 3-4 people. Parking is challenging. The responsible pharmacist is often unavailable. Over counter stock is often lacking."

- 54% highlighted issues surrounding the access of local pharmaceutical services. Parking is seen as the main issue with the long walking distance also a problem. Several responses also mentioned even getting in the door at the East Calder pharmacy can be an issue as the queue often extends out onto the street during busy spells.

"Parking is limited as it is on East Calder Main Street and it is too far to walk to get there without a car. Often this causes traffic issues in the village."

"They are too busy usually to answer any questions they really are rushing you out the door to deal with the queue."

"Hard to get to other than by car, I am a carer for my mother (who has Alzheimer's) and currently this would involve a lengthy walk (about 2 miles) in each direction or using a bus service that only runs every 40 minutes."

- Overwhelmingly, 96% believe a new pharmacy would have a positive effect on the neighbourhood as it would be at the heart of the community and would improve access and reduce the burden on the other local services.

"Calderwood is an entirely new entity with a large populace in a rural area so it needs the new amenities to ensure it is not a burden on the existing amenities in the surrounding area."

"Large amount of new houses and potential patients requiring pharmacy. Existing facility likely to be overwhelmed given the size of development. Excellent to see proactive approach to providing services."

- Again, 96% had positive views on our proposed application, referencing a wide range of services, long opening times and Pharmacy First Plus Service provision.
- 94% approved of the proposed location and opening hours.

"Calderwood is a large estate with lots of children, and it would be helpful to parents to have one with better opening time and not as busy as the village one."

"Local and in walking distance for all residents. It is in the heart of the community and will form part of a key series of local services."

- 91% agreed that the new pharmacy would work alongside other NHS services such as the GP surgery to improve health outcomes for patients and 94% believed this would have a positive impact.
- Finally, a massive **96%** of all respondents support our proposal for a new pharmacy in Calderwood.

5.53.	I'm sure the committee will agree that this was an overwhelmingly positive response from the community and that the residents of Calderwood are clearly unhappy with the current service provision.
5.54.	<p>You will have noticed our application was also supported in writing by a number of parties that know the area best. A number of the local MSPs and one of the GP partners at East Calder Medical Practice, who also happens to live in East Calder, all feel there is a need to increase and improve the current level of provision. East Calder & District community council were also massively in favour of the proposal. Unfortunately, due to an admin oversight, the council Chair Chris Davidson was unable to attend today to voice his support in person although he was very eager to attend. The Area Medical Committee also supported this application and agreed that current services are likely to put under significant further strain as the population increases and urged proactivity with regards to establishing new service provision.</p> <p>I would like to provide the following quote from the NAP decision on the Rosewell Pharmacy application in 2021 regarding the relevance of local MP opinions:</p> <p><i>"It is appropriate for the PPC to have regard to the views of MPs as reflecting the views and interests of the community they represent" (Rosewell NAP decision).</i></p>
5.55.	Now that I have explained why the current provision is inadequate and will only continue to deteriorate as the population grows further, I would like to provide you with our proposal.
5.56.	<p>We intend to establish a new pharmacy in the heart of Calderwood. As mentioned earlier, there are concrete plans to build a village centre with a variety of amenities as well as affordable housing in the very near future and we have agreed a lease on one of the commercial units. Due to circumstances outwith our control, construction has not yet commenced on the site. Construction was due to start at the beginning of 2024 but the latest update from the developers is that this has been delayed to 2025 but, as I am trying to be as transparent as possible to the panel, we have not been given an exact date. In an attempt to resolve the inadequacies in current pharmaceutical provision as soon as possible and having had such great support for our application, we decided to be proactive and find an alternative solution.</p> <p>So, while we wait for construction to begin, we have an arrangement with the developer to install a temporary premises from which to operate from, on the exact site stated in our application. While not ideal, this type of arrangement has been used before in many instances across the country, such as:</p> <ul style="list-style-type: none"> • TLC Pharmacy in Inverkip; • Boots in Craigshill; • Ladywell Pharmacy (which all operated out of a Portakabin for many months). <p>We have already received quotes from companies which specialize in such temporary structures who have extensive experience in providing these</p>

	<p>services to pharmacies specifically. The temporary unit will be fully GPhC compliant, have disabled access and a consultation room as well as having all necessary utilities such as water, electricity and secure internet access. I would actually argue that the unit will be better equipped and more functional than many brick-and-mortar pharmacies out there.</p>
5.57.	<p>We will have extended opening times to match the needs of our community. As we are in such close proximity to the local school, we will open at 0830 am to allow parents to visit before school starts if they have any concerns about their children. As Calderwood is likely to have a large working population, we also intend to stay open later so these residents have the chance to access our services in the early evening. We will have twice daily prescription collections from the local GP surgery in East Calder and we will also open all day on a Saturday when the village centre will likely be at its busiest.</p>
5.58.	<p>We intend to offer all 4 core NHS services plus a wide variety of both NHS and private enhanced services, including but not limited to:</p> <ul style="list-style-type: none"> • Pharmacy First Plus • Flu Vaccinations • Travel Vaccines • Gluten Free Foods Service • M.D.S/Compliance Aids • Health Checks (eg. BP, cholesterol, glucose) • Weight Management • Ear Health Clinic with Wax Microsuction (TympaHealth) • Private PGDs (strep throat, period delay etc) • Palliative Care Provision (if health board requires) • Free prescription Delivery Service <p>As I mentioned, Harvie is a qualified and experienced independent prescriber and will be offering independent prescribing services from the pharmacy. The surgery that Harvie currently works alongside have found his services to be invaluable and I have no doubt he will be a huge asset to the community of Calderwood if this application is granted.</p>
5.59.	<p>Our application will remedy the inadequacies mentioned earlier in the following ways:</p> <p>Access - adequate car parking will be available close by with designated disabled spaces (as specified in the plans submitted to West Lothian Council). The pharmacy will be fully DDA compliant as is required by law for all new buildings. The location is at the heart of the neighbourhood and within reasonable walking distance for all residents.</p> <p>Service - we will be appropriately staffed and design the pharmacy in way that promotes safe and efficient working. Waiting times will be kept to a minimum and will never normally be more than 5-10 minutes, as is the case with our current business. Stock levels will be closely monitored and audited to reduce balances and minimise the need for patients to require multiple trips to the pharmacy. Again, having a prescriber on site will also help with this as alternative treatment for items which are out of stock will not necessarily need</p>

	<p>to be referred back to the GPs. Our pharmacy will also help to share the prescription burden with the other local pharmacy and improve the service level for all local patients. We intend to fully utilise Harvie's prescribing abilities to reduce the strain on the local GP practice and improve patient journeys and outcomes.</p>
5.60.	<p>A quick word on viability as this forms part of the Legal Test. There is no question that the current pharmacies in the area would remain viable if this application was to be granted. The pharmacy in East Calder was established and viable long before the Calderwood development came about and posts above average prescription numbers so this would be unlikely to change, if anything they stand to benefit from the other new developments mentioned in the area. In the case of Kirknewton and Mid Calder, the applicants specified in their applications that they do not consider any part of the Calderwood development to fall within their neighbourhood, indicating that they believe Calderwood to be a separate neighbourhood. We anticipate that the vast majority of our patients will reside in the Calderwood community meaning this will have a minimal effect on these other pharmacies. The other pharmacies who have representatives present today likely receive such a small percentage of their business from our neighbourhood due to the distances involved, that viability will be of no concern. In short, these pharmacies are currently considered to be viable and the level of business they receive from within their own neighbourhoods is unlikely to be affected by this application.</p>
5.61.	<p>Before I conclude, I would just like to draw attention to some recent hearings as I believe some of the content is particularly relevant to this meeting today. I appreciate that the PPC must consider each application independently, so I include the following references purely to implore the PPC to maintain consistency with regards to their decision making.</p>
5.62.	<p>First, I would like to mention the Mid Calder application. Although a great addition for the residents of Mid-Calder, it does little to benefit our neighbourhood at all as the problems of access apply also to Mid Calder. Residents would essentially need to travel past the existing pharmacy in East Calder, which would be a journey they would unlikely make otherwise. If anything, the granting of the Mid Calder application supports our case. If Mid Calder's population deserve a pharmacy, then a village the size of Calderwood with an even bigger population than Mid Calder, definitely requires its own pharmaceutical services as it would be unfair to expect our population of around 5000 people to go out with their village, where their kids go to school, where there will be shops, cafes and numerous other amenities, just to access pharmaceutical services.</p>
5.63.	<p>In the 2021 Mid Calder PPC hearing, the applicant stated that it is 'relatively unusual to have a neighbourhood without a pharmacy'. He also questions 'why the people of Kirknewton would be entitled to a pharmacy in their town and people of Mid Calder not?'. Surely if this case can be successfully made for Mid Calder then there is no question that this application today holds the same merit?</p>

	<p>He mentions that he also feels it is unacceptable to expect residents of a neighbourhood to travel to an adjacent neighbourhood just to access a pharmacy when they would otherwise have no reason to make this journey. He also feels it is unfair to expect anyone to have to use a bus just to get to a pharmacy. And I completely agree.</p>
5.64.	<p>In his 2021 hearing, he states that the COVID-19 pandemic showed us that the only services we truly need to live our daily lives is a food shop and a pharmacy. Therefore, with plans for a supermarket to be constructed in the Calderwood village centre, the opening of a community pharmacy within the neighbourhood would provide the only other vital service, according to this observation.</p> <p>In the 2017 Mid Calder PPC hearing, the applicant draws specific attention to the issues with parking in East Calder and how this negatively affects the ability for Mid Calder residents to access the local pharmacy. As the parking situation has not improved in East Calder or in Mid-Calder for that matter, surely the same difficulties will be experienced by residents of Calderwood?</p> <p>In arriving at their decision regarding the Mid Calder application in 2021, the PPC stated that:</p> <p><i>'Mid Calder now had a necessary right to pharmaceutical services as described in the Scottish Government's commitment to 'increasing access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of stable long-term conditions'.</i></p> <p>Surely it is only fair to apply the same assessment to the community in Calderwood.</p> <p>The PPC also had concerns that space in the pharmacy at East Calder may be inadequate for the growing population. As little has changed in this regard, these concerns remain well-founded.</p>
5.65.	<p>I'd like to thank everyone for their patience today as I appreciate this is quite a lengthy application with a lot of information to consider.</p>
5.66.	<p>In conclusion, I feel that the neighbourhood of Calderwood is an ideal candidate for a new pharmacy. The development is of a substantial size and is a neighbourhood in its own right. There are currently amenities such as a primary school and cafe and there will be several others in the near future once the village centre is established.</p> <p>Calderwood is still a relatively new development and, in time, will contain all the amenities required for it to comply with the Scottish Government's '20-minute neighbourhood' strategy.</p>
5.67.	<p>While the population of Calderwood is likely to be fairly affluent, the geographical access statistics are poor and there are a high number of families with children.</p> <p>The current pharmaceutical provision in the neighbourhood is inadequate due to significant issues surrounding access and waiting times at the local pharmacy in East Calder. The roads and layout of East Calder and the surrounding villages were not designed to cope with the huge increase in</p>

	population due to the large number of houses being built. Additionally, expecting residents of Calderwood to travel even further afield to the likes of Livingston or Broxburn to access a pharmacy on a regular basis is impractical and unfair, especially if they do not have access to a car.
5.68.	Establishing a new pharmacy in Calderwood would remove these inadequacies for residents as it will be within reasonable walking distance for the entire population and fully DDA compliant. There will also be ample parking with designated disabled spaces. Its operation would also undeniably relieve the pressure on the existing services by sharing the workload and providing prescribing services via the Pharmacy First Plus Service.
5.69.	The support this application received via the CAR, from local MSPs, the medical practice and the community council cannot be ignored, and the majority of CAR responses confirm inadequacy in current service provision.
5.70.	Finally, I feel it necessary to labour the point that future developments must be taken into account as part of the Legal Test. Even if somehow the committee were to decide that the current services were adequate, I request that they consider if this is sustainable given the likely final population of Calderwood and all of the other housebuilding that is currently occurring in the local area.
5.71.	Therefore, we feel this application passes the Legal Test in that it is undoubtedly desirable, if not necessary, to secure adequate pharmaceutical provision both now and into the future as the local population continues to increase and the pressure placed on local healthcare services becomes even more critical. Thank you very much for your time everyone.
5.72.	This ended the presentation by the Applicant.
6.	The Chair invited questions from the Interested Parties.
6.1.	Ms Sudhakaran (Lindsay & Gilmour Pharmacy) to the Applicant
6.2.	Ms Sudhakaran asked for confirmation if the CAR concluded in March 2023. Mr Farooq confirmed that that was correct.
6.3.	Ms Sudhakaran enquired when the Applicant last worked as a locum for Lindsay & Gilmour East Calder. Mr Farooq responded that he believed it was May 2023.
6.4.	Ms Sudhakaran noted that it was over one year since the Applicant was last in the L&G East Calder branch and enquired if the Applicant was aware of any changes that have been put in place to improve service provision since. Mr Farooq responded that he heard that an ACD checking technician was going to be added to the team.
6.5.	Ms Sudhakaran enquired whether the applicant's assessment of the Lindsay & Gilmour's current service level was outdated. Mr Farooq responded that he

	had not been there for a number of months that he was unaware of changes implemented.
6.6.	Ms Sudhakaran enquired if the Applicant was aware of Lindsay & Gilmour providing a free delivery service to resident of Calderwood. Mr Farooq confirmed that he was aware of this service.
6.7.	Ms Sudhakaran sought clarification from the Applicant who noted in his statement that the Lindsay & Gilmour premise was not DDA compliant despite many wheelchair and pram users using the entrance button as well as consultation room. Mr Farooq responded that it was highlighted in a previous PPC who's Chair was a spokesperson for Edinburgh Council's Disability and investment noted in that hearing was his own personal observation during the site visit.
6.8.	Ms Sudhakaran, having noted the significant increase in the number of houses already built, enquired how the increase in population had impacted the prescribing trends in East Calder Medical Practice. Mr Farooq responded that he did not have and prescribing figure information to hand and noted that his comment on the perceived trends in his presentation was based on the meeting with the Practice Manager in April 2024 where they provided that approximately 1000 new patients per year trying to register with the practice.
6.9.	Ms Sudhakaran reflected the likely considerable cost involved in setting up the portacabin and enquired how many items the Applicants foresaw as being expected for the business to remain viable. Mr Farooq responded to state that he disagreed with Ms Sudhakaran's presumption and noted that the quotation received from the PortaPharmacy company was around £2200 per month, less than expected rental on a normal premise. Mr Farooq went on to note that the cost is minimal in term of prescribing figures and estimated, with a population to be around 5000 and Lothian's average item per person being 14.3 per year, then the expectation would be approximate 5006 items per month and the business plan reflects this.
6.10.	Ms Sudhakaran had no further questions.
6.11.	Mr Freeland (Omnicare Pharmacy) to the Applicant.
6.12.	Mr Freeland referenced the Applicants number of expected items and the population within the proposed neighbourhood as being affluent and enquired if Mr Farooq expected to do as many prescriptions item (5000 or 6000) per month. Mr Farooq responded that with Pharmacy First and Pharmacy First Plus resulting in more consultations, regardless of the population being affluent or deprived, this kind of argument is outdated due to common ailments such as UTI's and skin infections where people come directly to their pharmacy which is more along a service-based model instead of number of items per month.
6.13.	Mr Freeland enquired whether the health differences between Mid-Calder and the proposed neighbourhoods' demographics would be the same. Mr Farooq responded that he believed that population health and derivation was a dated

	argument and believed, in terms of the population which was much greater than Mid-Calder would justify the factor.
6.14.	Mr Freeland stated that the population of Mid-Calder was approximately 4000 and enquired whether the Applicant was aware of any formal complaints to the Health Board in terms of adequacy in the current services. Mr Farooq responded that he was not aware of any complaints for Omnicare not Lindsay & Gilmour. However, believe there were some complaints for Boots over the last few years but noted he did not have these to hand.
6.15.	Mr Freeland enquired what core services Omnicare, Lindsay & Gilmour or Kirknewton and other pharmacies further afield were not providing. Mr Farooq responded that he was not aware of any lacking core services due to a pharmacy contract being granted to legally provide all core services but went on to state it was whether people were able to access these.
6.16.	Mr Freeland referenced Q4 in the CAR regarding access: <i>“Do you have any issues with access when using the current pharmaceutical services in the area”</i> and noted that 40% answered “No”, they did not have any problems with access. Mr Freeland then noted in the Applicants presentation issues with access and enquired if the Applicant expected this to be higher. Mr Farooq responses he did not but suggested that the majority still had issues and 54% was a significant portion of the large population.
6.17.	Mr Freeland noted the Applicants referenced walking to Kirknewton which he did not feel was reasonable but noted a bus service to their pharmacy which also passed Lindsay & Gilmour branch and enquired why a 30-minute service was not adequate. Mr Farooq responded to note that it would be over a one hour return journey for someone who was vulnerable was not acceptable not even taking into account that any wait in pharmacy would have to be less than six minutes to be able to catch the return service which is unrealistic deeming that to be inadequate.
6.18.	Mr Freeland enquired whether patients would not access other amenities in West Calder. Mr Farooq responded that once the Village Square was build resulting in a Village with all amenities in place, there would be no reason to access small towns.
6.19.	Mr Freeland enquired about patients requiring access to the GP surgery. Mr Farooq noted again that they would have consulting rooms as well as prescribing service but noted as the GP practice was not being considered at this hearing and solely pharmaceutical services.
6.20.	Mr Freeland noting access, enquired if the Applicant agreed that there was a high car ownership (at least one or two per household) within the proposed neighbourhood. Mr Farooq agreed that car ownership was high but did not have the exact statistics due to census data ongoing.
6.21.	Mr Freeland noting access enquired if the Applicant felt that using a car to get to East Calder, Mid-Calder or Kirknewton was easy for most people. Mr Farooq responded that it was not an issue about being able to drive but with small

	children or disabilities there are no / very lacking parking available within these small towns close to pharmacies for the growing population.
6.22.	Mr Freeland noted that car parking facilities at East Calder surgery was significant. Mr Farooq noted that parking is generally full 90% of the day which the practice manager confirmed and stated that it was for use of patients and staff. Mr Farooq continued to note that the lack of parking was a regular agenda item at Community Council meetings.
6.23.	Mr Freeland enquired if the Applicant was aware that Mid-Calder has a free car parking facility, close to the Omnicare Pharmacy, as you come into the village on the left-hand side. Mr Farooq responded that he was not aware of that.
6.24.	Mr Freeland enquired if when meeting with the Practice Manager any mention was made of timescales for prescriptions / repeat prescription to be processed. Mr Farooq that he did not have this information to hand.
6.25.	Mr Freeland referenced from the Applicants presentation delays in prescriptions which resulted in repeated trips to a pharmacy of up to five days and enquired if this could be the reason for some prescriptions taking longer to get ready. Mr Farooq responded to state that comments in the CAR noted it was not related to when the health centre released the prescription to the pharmacy days prior and had still not been fulfilled.
6.26.	Mr Freeland enquired if the Applicant was aware of stock issues which could impact on timescales for prescriptions being issued. Mr Farooq responded that he was aware of some national shortages but as an independent contractor, would have access to more suppliers and by also having a prescriber on board could minimise some delays to patients by making substitutions without having to refer patients back to GPs for alternative medication.
6.27.	Mr Freeland referenced preparation of premises / securing of premise and enquired when consideration was made in terms of the temporary unit and planning permission. Mr Farooq responded that preparation for the temporary unit was started some time ago and was in touch with the Council as well as the company providing the site. He noted that everything has been in place or clarified for the temporary premise. Mr Farooq when on to note that planning permission could be as short as a week as only the master plan has been granted on site and in terms of getting up and running is already in place or clarified to go.
6.28.	Mr Freeland enquired whether planning permission had been approved. Mr Farooq responded that it had and noted it was some years ago now and went on to note that the “detail” phase was being reviewed at present.
6.29.	Mr Freeland had no further questions.
6.30.	Mr John Connolly (Deans Pharmacy) to the Applicant.

6.31.	Mr Connolly referenced that a master plan had been approved but noted detailed planning for the site had not yet been agreed despite being applied for in 2022 and enquired whether this was the Applicants understanding. Mr Farooq responded that he was not sure when planning was originally submitted but assumed that was the result of the delays in work commencing this year.
6.32.	Mr Connolly noted from his own experience that detailed planning permission was required prior to commencement of any development. He enquired if the Applicant has any indication of when this may be granted. Mr Farooq responded that the information provided by the developers was that it would be early 2025 but no exact date had been given.
6.33.	Mr Connolly enquired if the Applicant was concerned that no date had been provided. Mr Farooq responded that it was frustrating as they have been in talks with the developers for around four years now and have now requested the temporary unit / PortaPharmacy for consideration in the meantime.
6.34.	Mr Connolly enquired if the temporary unit would be located on the exact location where the planned premise is located, show on the shared documentation as an “X” where Unit 3 will be. Mr Farooq responded that that was the case, within a metre or two and noted that a temporary sales office for the housing developer was in situ located right next to the proposed unit which the developers have confirmed and noted that planning permission had been required and granted within three months for the temporary sales site due to landscaping and parking facilities having to be established.
6.35.	Mr Connolly, referring to the map submitted prior to the hearing enquired if the temporary units were within the red boundary indicated in the fields. Mr Farooq confirmed that they are within the red boundary as marked.
6.36.	Mr Connolly enquired that if the temporary units were cited where the unit was to be constructed then how could construction take place or be completed. Mr Farooq responded that this would be for consideration in the future to temporarily relocate potentially further down the road to allow construction to commence.
6.37.	Mr Connolly enquired what assurance the Applicant had for adequate access to the temporary site. Mr Farooq responded that it would be considered as a minor relocation and would be unlikely to be refused by the General Pharmaceutical Council (GPhC).
6.38.	Mr Connolly enquired what assurances the Applicant had for adequate access to the temporary site from the developers. Mr Farooq responded that it would be considered as a minor relocation and unlikely to be refused but noted that it would be something they would have to consider in the future and discussed with the developer.
6.39.	Mr Connolly enquired if the relocation would be within the red boundary as previous referenced. Mr Farooq responded to confirm that it would be

	<p>somewhere on the Village Square, but exact location would have to be confirmed.</p>
6.40.	<p>Mr Connolly noted that he had contacted a builder with over 30-years' experience to enquire whether a temporary unit / pharmacy could conduct business in / around a construction site of the scale and size outlined for Calderwood and enquired if the Applicant had fully considered the proposed temporary premise not being relocated. Mr Farooq responded that they were only able to go on discussions had with the developers and landowners who assured them that it would not be an issue.</p>
6.41.	<p>Mr Connolly referenced the Applicants early comments around planning not having been granted after two years and enquired if it was conceivable, given the explosion or construction costs and the majority of the proposed site would be for affordable housing, that the project may no longer be financially viable for the developer. Mr Farooq responded that as the site is a Core Development Area which the Council have established in the local development plan that facilities and amenities will be going in at the Village Square. Therefore, it was a 'when not if' situation given the sheer size and location of the project.</p>
6.42.	<p>Mr Connolly reiterated his query around the financial viability of the current planning application in terms of social housing, which he noted since the plans had been developed, costed and lodged, that build costs have increased by 30–40% noting that social housing does not bring builders' profit. He reiterated his query as to whether it was going to be financially viable for the developer who may have to re-assess the planning enquired if the Applicant was concerned. Mr Farooq responded that he was not concerned as there have been no indication of this being the case and his main concern was the retail units and amenities being installed.</p>
6.43.	<p>Mr Connolly referenced the papers shared ahead of the hearing and his own site visit that it did not appear to have any gas / water on site and enquired when this would be rectified. Mr Farooq responded that as building had not yet commenced, he was unaware when this would be rectified noting that the company in question is very experienced and as previously clarified, if required, could run remotely without direct access to power / water mains with no limitation to pharmacy service provided.</p>
6.44.	<p>Mr Connolly, on referencing the drawing provided by the Applicant in relation to the PortaPharmacy, enquired where staff would be expected to take breaks / go to the toilet. Mr Farooq responded that rest breaks could be taken in a small area at the rear but admitted that no toilets were situated within the unit and would be seeking Portaloo access for staff.</p>
6.45.	<p>Mr Connolly enquired what facilities would be considered for patients with medical conditions who require access to toilets would be addressed. Mr Farooq responded that he was unsure at this point, but it was not a requirement in the legal test but suggested potential use of staff toilets.</p>

6.46.	Mr Connolly enquired whether toilet facilities would be disability access approved. Mr Farooq responded that he did not know but suggested that it was not relevant.
6.47.	Mr Connolly referenced drawings provided for the proposed temporary premise and noted it seem small especially the consultation room with furniture would not accommodate turning circle for wheelchair users and enquired if this had been confirmed. Mr Farooq responded that the permanent proposed premise would be fully DDA compliant but noted that the temporary unit would not be as other pharmacies in the area were not.
6.48.	Mr Connolly referenced the Applicant having worked as a locum in Lindsay & Gilmour East Calder in May 2023 whilst actively pursuing an application and enquired if this could be considered as a breach of professional ethics. Mr Farooq responded that he did not consider this a breach and noted he conducted himself in a professional manner regardless of where he was posted.
6.49.	Mr Connolly enquired if it was conceivable that being a locum pharmacist could affect the running of a pharmacy negatively on a day that you sited. Mr Farooq responded that it was unfair to question his professionalism and no he did not agree with the suggestion. Noting GPhC regulations ensure conduct in a professional manner.
6.50.	Mr Connolly enquired if the Applicant informed Lindsay & Gilmour that they were actively seeking to open a pharmacy in direct competition. Mr Farooq responded that he had not and was not legally obligated to do so.
6.51.	Mr Connolly sought confirmation that the Applicant was aware that Pharmacy First and Pharmacy First Plus were not part of core services and therefore did not form part of the legal test. Mr Farooq responded stating Pharmacy First was a general service at present but expected that Pharmacy First Plus would be in coming years.
6.52.	Mr Connolly had no further questions.
6.53.	Mr Dane Winterburn (Rowland Pharmacy) to the Applicant.
6.54.	Mr Winterburn enquired how the Applicant would be able to meet GPhC standards for the registered premises. Mr Farooq responded that the GPhC regularly inspect pharmacies and fully expected this to be the case here for the proposed premise and the company providing the temporary unit (PortaPharmacy) have a lot of experience and was sure it would be fully GPhc compliant.
6.55.	Mr Winterburn enquired whether the Applicant had any floorplans for the permanent Unit. Mr Farooq responded that there were currently no detailed plans due to delays with planning as previously stated.

6.56.	Mr Winterburn referenced the size of the proposed unit as being 82 square metres and suggested that this was relatively small for a pharmacy. Mr Farooq responded that he disagreed and suggested it was larger than existing pharmacies in East Calder.
6.57.	Mr Winterburn enquired if the Applicant would offer delivery services outwith his defined neighbourhood. Mr Farooq responds that should the need arise then he would not refuse anyone in need of healthcare to be delivered.
6.58.	Mr Winterburn enquired if this would be actively sought by the Applicant outwith the proposed neighbourhood. Mr Farooq responded to note that he would not actively seek this due to the large population within the neighbourhood but noted that if a patient required it, then he would not refuse the service.
6.59.	Mr Winterburn enquired what innovation did the Applicant propose to utilise in relation to their pharmaceutical provision. Mr Farooq responded that there were no plans at this time.
6.60.	Mr Winterburn had no further questions.
6.61.	Mr Labeeq Hussain (Healthful Pharmacy) to the Applicant.
6.62.	Mr Hussain referenced the comment made in his presentation that the Practice Manager noted a requirement for another pharmacy and enquired whether they had mentioned that Healthful had approached them on numerous occasions to offer services. Mr Farooq responded that this was not mentioned but noted that a Partner at the GP was in support of this application.
6.63.	Mr Hussain had no further questions.
6.64.	Mr Fergal Coffey (Kirknewton Pharmacy) to the Applicant.
6.65.	Mr Coffey enquired if it would be fair to say that Sterling Developments would have a financial interest if the pharmacy contract was awarded today. Mr Farooq responded that no, Sterling Developments have no investment in this application.
6.66.	Mr Coffey enquired if Sterling Developments would gain rent at the proposed unit or temporary piece of land. Mr Farooq responded that he did not believe it would be any more or less than from others leasing the units.
6.67.	Mr Coffey enquired that if a temporary measure / location was agreed by Sterling Developments then what are the risks of other services not being installed at the specified area. Mr Farooq responded that he would disagree as they don't have anything to stand to benefit from this application if it were granted.
6.68.	Mr Coffey noted references to the 'masterplan' and enquired if this was recently produced by Sterling Developments or one that West Lothian Council has

	approved. Mr Farooq responded that this had been approved by West Lothian Council quite some time ago.
6.69.	Mr Coffey noted from the West Lothian Council Planning portal, planning permission in principle was agreed for a mixed-use development to residential areas in 2013 but noted that a master plan approval for the Calderwood development was missing from the portal. Mr Farooq responded that as far as he was aware the plan had been with the developer for some time and the master plan have been approved due to be included in the Core Development Area for West Lothian Council who have been heavily involved since the beginning and noted as far as he was aware, the master plan had been granted but confirmed that it was the detailed planning stage is currently being coordinated.
6.70.	Mr Coffey sought confirmation that the detailed planning had been applied for in November 2022. Mr Farooq confirmed this.
6.71.	Mr Coffey enquired what the Applicant believed as to why this plan had not been granted. Mr Farooq responded that he did not know and had not received any detailed information including this from the developer.
6.72.	Mr Coffey enquired whether that was a concern to the Applicant as a potential contractor not having this information. Mr Farooq responded that he was not concerned as he has had discussions with the Community Council, local MPs and the developers on a number of occasions and noted that the amenities would be being installed but just a question of when, not if. He did note frustrations for the early 2024 construction delays being moved to early 2025.
6.73.	Mr Coffey queried timescales and referenced the Applicant noting that they had been contemplating a temporary pharmacy for some time. Mr Coffey enquired when the Applicant realised that, if granted, the building would not be completed within 6 months. Mr Farooq responded that he had been in regular contact with the Developer throughout 2024 but has been unsuccessful in obtaining a straight answer. Therefore, with the hearing originally scheduled between May – August, the Applicant pushed the Developers for a temporary solution over the last month due to the fact that the development could have begun before this hearing today.
6.74.	Mr Coffey enquired if the Health Board had contacted the Applicant to seek assurances over the site. Mr Farooq confirmed that no contact from the Board has been received regarding this but noted that today's Chair did contact the Applicant directly last week seeking clarification of the site which the Applicant provided correspondence copies of exchanges between the Council as well as the PortaPharmacy company.
6.75.	Mr Coffey enquired when the Applicant contacted the Council's Planning Officer regarding the proposed portacabin. Mr Farooq responded that he made contact a couple of weeks ago seeking clarification due to lack of familiarity for requirements of a portacabin being used as a temporary premise.

6.76.	Mr Coffey enquired what information the Applicant was able to share with the Planning Officer. Mr Farooq responded to note that the Planning Officer was very aware of the site and the status and details thereof and noted that the discussion was directed mainly to timescales of a temporary solution which was when assurance was given that it could be provided within a couple of months.
6.77.	Mr Coffey enquired if the Applicant shared the same information with the Planning Officer as he had to the Committee that the temporary pharmacy would be directly in the same spot where Unit 3 was due to be built. Mr Farooq confirmed that this was the case and added that Robertson Homes have a temporary sales office in situ which received planning permission within three months despite needing landscaping and parking to be established.
6.78.	Mr Coffey enquired if the Robertson Homes temporary marketing suite was located on the other side of Nethershiel Lane from the proposed premise site. Mr Farooq responded to reference the site plan which had been submitted and noted that Unit one, current location of the Robertson Homes marketing suite, and Unit three, in the corner, are only a few metres apparent on the same side of Nethershiel Lane.
6.79.	Mr Coffey enquired as to why information had only just been received this week regarding the PortaPharmacy, if everything was planned and in discussion for weeks as the Applicant noted. Mr Farooq responded to state that the request for information had only been received from the Chair last week (Thursday) so only had a couple of days to compile the information. The Applicant went on to note that he had planned for the information to be included in his presentation.
6.80.	Mr Coffey sought confirmation that the Chair had contacted the Applicant seeking assurances over the proposed premise. Mr Farooq responded to confirm that the Chair made contact following their site visit on August 22 nd seeking clarification for the proposed premise.
6.81.	Mr Coffey enquired where road access would be for the proposed temporary site. Mr Farooq responded that Nethershiel Road is the access point for site and also where the temporary car park is located for Robertson Homes marketing suite.
6.82.	Mr Coffey enquired where site access would be once construction of Calderwood Square commenced. Mr Farooq was not aware of this information other than assurances from Stirling Developers that access would not be an issue.
6.83.	Mr Coffey referenced the Applicants proposed neighbourhood in their presentation and enquired if he was aware of the difference between Calderwood Core Development area and Calderwood Village. Mr Farooq responded that he was aware and noted highlighted references to this in his presentation that although part of the core development plan called Calderwood Village, the boundaries for Raw Holdings were separate.

6.84.	Mr Coffey noting the Applicants response to the previous question enquired why the B7015, also known as Main Street, was referenced for the southern boundary of the proposed neighbourhood. Mr Farooq responded that as noted in supporting documentation provided for this hearing, that this was the exact boundary that Stirling Developers as well as the Community Council agreed upon.
6.85.	Mr Coffey sought confirmation that the information had been taken directly from the marketing literature produced by Stirling Developments. Mr Farooq confirmed this information noting also agreement by the Community Council and 95% of the correspondents.
6.86.	Mr Coffey enquired as to which point the B7015 Main Street changes from an arterial route running through the centre of East Calder to a boundary for a different neighbourhood. Mr Farooq referenced map drawings provided and noted in his presentation that it is until the Western boundary of the NC 75 begins.
6.87.	Mr Coffey enquired as to why a cycle path is noted as being a boundary for a neighbourhood. Mr Farooq responded to note that the change was evident should you drive down the B7015 Main Street and its roundabouts the developments on the right-hand side of the road stops and the old section of East Calder begins as noted by the differences in housing for the separate neighbourhood.
6.88.	Mr Coffey noted that Calderwood was located on the right-hand side of the road but enquired whether there were not also new housing developments on the left-hand side also. Mr Farooq confirm that this was correct but noted that Raw Holdings was not part of Calderwood Village.
6.89.	Mr Coffey enquired why the Applicant considered these being separate neighbourhoods when they are directly across the road from each other and suggested this may be down to the marketing materials produced by Stirling Developments. Mr Farooq responded noting that the Developers knew the area best and therefore the boundaries for Calderwood Village were different going on to note that the Core Development Area master plan incorporated Kirknewton Park and Ride which the Applicant did not consider part of their neighbourhood.
6.90.	Mr Coffey enquired if the Applicant considered the B7015 Main Street as being the main boundary through East Calder. Mr Farooq agreed.
6.91.	Mr Coffey noted references to the 20-minute neighbourhood for residents being able to access service in the Applicants presentation and enquired how many residents from the Applicants defined neighbourhood were able to walk to the Lindsay & Gilmour on Main Street within this time. Mr Farooq responded that he did not have access to exact numbers but noted that from the centre of the proposed neighbourhood which would be a distance of 1.3 miles it would take around 30 minutes to reach the Lindsay & Gilmour premise via foot.

6.92.	Mr Coffey having noted residents in the Western end of the proposed neighbourhood, around Calderwood Café, one of the first parts of the development completed and only 0.6 miles from the proposed premise as well as 0.6 miles from Lindsay & Gilmour on Main Street, East Calder enquired if the Applicant would agree that resident could access both sites within 20-minutes. Mr Farooq responded that possibly some residents could be able but noted that the Legal Test is for a neighbourhood as a whole being able to access services.
6.93.	Mr Coffey having noted in the Applicants presentation a plan for a secondary school in Calderwood enquired where this would be constructed. Mr Farooq responded that it would be south of the proposed boundary therefore closer to the Raw Holdings development.
6.94.	Mr Coffey sought clarification that the planned secondary school would be to the South of B7015 Main Street and therefore outwith the Applicants defined neighbourhood. Mr Farooq confirmed this.
6.95.	Mr Coffey noting reference to SIMD data and geographic access to service enquired if the Applicant was aware of which access to services the ranking referenced. Mr Farooq responded that he assumed it would be all services required for day-to-day living.
6.96.	Mr Coffey having noted that SIMD access to service default access was to: primary school, secondary school, post office, GP surgery and a petrol station then enquired what secondary school catchment the proposed neighbourhood would be in. Mr Farooq responded they presumed Broxburn.
6.97.	Mr Coffey having confirmed that the catchment secondary school for the proposed neighbourhood was West Calder which was 8 miles / 20-minute drive suggested that SIMD geographic access to service was expectant of residents need to travel. Mr Farooq responded to note information of data zones in his presentation being outdated and difficult to calculate and noted an expectation for these to soon be changed.
6.98.	Mr Coffey enquired if SIMD data for geographic access to service calculations meant that travel by car or bus was a requirement given high school students needing to travel far outwith to access a high school. Mr Farooq noted he was unsure of what exact services were required and would need to review this himself.
6.99.	Mr Coffey referencing the Applicants presentation regarding pedestrian access across the A71 enquired if they were aware that West Lothian Council were installing pedestrian lights by the exist to Camps Industrial Estate. Mr Farooq responded that he was not aware of this.
6.100.	Mr Coffey noted that 543 responded had been received from the consultation and enquired how the Applicant promoted this. Mr Farooq responded that it has been pre-agreed by the healthboard as being included in the local paper,

	website, Community Council's social media, fliers made and distributed to local business and within Community and Partnership centres.
6.101.	Mr Coffey having noted that the Consultation period ran from December 2022 to March 2023 enquired if the Applicant knew how many responses had been received in January, February and March of 2023. Mr Farooq responded that he did not have that information to hand.
6.102.	Mr Coffey enquired if the Applicant knew how many respondents were residents of the proposed neighbourhood. Mr Farooq responded that the process as agreed with the Health Board and the flyers etc being circulated within the area expected that the majority were residents from the local area.
6.103.	Mr Coffey noted reference that Mr Baker-Flanagan current Independent Prescriber providing Pharmacy First Plus services within the Applicants Glasgow branch and expected to be the full-time manager at the proposed premise if the application were successful. Mr Farooq confirmed that this was correct.
6.104.	Mr Coffey enquired if the application is successful, and Mr Baker-Flanagan become the full-time pharmacist in Calderwood would that mean that that service will not be provided for the Glasgow pharmacy. Mr Farooq responded that it would be more beneficial for residents of Calderwood due the patient lists required access to pharmacy then at current location in Glasgow.
6.105.	Mr Coffey enquired why the Applicant felt it would be more beneficial. Mr Farooq responded that he felt there would be a higher need for pharmacy service within the proposed neighbourhood than that in Glasgow.
6.106.	Mr Coffey noted reference to Mr Baker-Flanagan (Harvey) as an Independent Prescriber being able to provide alternatives due to shortages or medication and enquired if the Applicant was aware that that was not part of Pharmacy First Plus service. Mr Farooq responded that by having an Independent Prescriber on-board, they have the power to do this.
6.107.	Mr Coffey enquired if the GP had assessed and prescribed an item for a patient then the Pharmacist, using an NHS Prescribing pad, prescribed an alternative, would this be without a full consultation taking place with the patient. Mr Farooq responded that it would be a case-by-case basis but as noted in their presentation that some instances do occur and on occasion would have to refer prescriptions back to the GP.
6.108.	Mr Coffey sought clarification whether the independent prescribing Pharmacist would routinely change a medicine without seeing the patient first. Mr Farooq confirmed that this would not be the case routinely.
6.109.	Mr Coffey enquired if the Community Council responded to the joint consultation. Mr Farooq responded that they did and noted that they advertised it on their social media.

6.110.	Mr Coffey noted that a written response had not been received to the Committee within the consultation period. Mr Farooq responded that no response was received within 30 days to enable participation in this hearing due to an email address to contact Mr Chris Davidson, Head of the Community Council no longer being in use or accessible.
6.111.	Mr Coffey enquired if the Community Council being referenced was that of East Calder Community Council which was a different area as defined by the Applicant. Mr Farooq confirm that it was but noted that when the Community Council was established almost 50 years ago, predated new developments in the area. Mr Farooq noted that at a recent meeting (6 th August 2024) of the Community Council this had been highlighted and was minute'd that existing boundaries were to be reviewed in 2025.
6.112.	Mr Coffey noted the Applicants Freedom of Information (FOI) request to West Lothian Council regarding the rail crossing at Kirknewton noting the barriers requiring numerous repairs, 186 times over ten years, and enquired if the FOI response also mentioned the number of times it had been stuck. Mr Farooq responded that if work was being undertaken on the crossing, then it would be indicative of the crossing being closed or inaccessible to vehicles.
6.113.	Mr Coffey enquired if the Applicant though that regular maintenance of the crossing would stop access to Kirknewton. Mr Farooq responded that if a level crossing was having work carrier out then it would be inaccessible to the town / area.
6.114.	Mr Coffey referenced dosette boxes / blister packs at Lindsay & Gilmour East Calder branch from the Applicants presentation and enquired if the Applicant was aware that dosette / blister packs were not NHS contacted service. Mr Farooq confirmed that he was aware.
6.115.	Mr Coffey had no further questions.
6.116.	A comfort break was called to proceedings and the hearing resumed at 1200 hrs.
6.117.	The Chair invited Ms Colette Kennett (Boots) to question the Applicant, but this was declined.
7.	The Chair invited Questions from the Committee to the Applicant.
7.1.	Mr Mike Ash (Lay Member appointed by NHS Lothian) to the Applicant.
7.2.	Mr Ash enquired which services proposed to be delivered in the final pharmacy once built would not be able to be provided within the Applicants temporary solution. Mr Farooq responded that no services would not be provided in the temporary unit.

7.3.	Mr Ash enquired if the service in the temporary unit would include a Consulting Room. Mr Farooq confirmed that a Consultation room would be included.
7.4.	Mr Ash enquired if the adequacy of service of the temporary premise would be the same, in terms of security, as that of the permanent location. Mr Farooq noted that the temporary unit would be a steel shipping container which is fully secure.
7.5.	Mr John Niven (Lay Member appointed by NHS Lothian) to the Applicant.
7.6.	Mr Niven referenced Form A (1) – Application for Inclusion in the Pharmaceutical List to Provide Pharmaceutical Service and sought clarification of the situation noted in Questions 2.(b) ii – already in our possession (lease or ownership) which the applicant indicated “Yes”. Mr Farooq responded that Heads of Terms had been agreed and signed with the developers.
7.7.	Mr Niven reflected given the previous response from the Applicant that answering “Yes” to having possession was not factual due to Heads of Agreement being non-binary. Mr Farooq responded that now understanding that Heads of Terms and a lease are two separate things noted that no indication has been received from the Developer to not delivering on these terms both for the premise when constructed and the temporary solution noted.
7.8.	Mr Niven, noting own experience regarding contractor boundary secure areas and the inability for trading within this area due to insurance reasons, enquired if the Developers had made the Applicant aware of how close the temporary unit could be to the proposed site of Unit 3. Mr Farooq responded that no confirmation has been received regarding relocation of site once construction has commenced.
7.9.	Mr Niven enquired whether the Applicant would be considering installation of an automatic dispensing robot at the permanent premise if the Application was granted. Mr Farooq responded that would initially not be considered unless the need arose.
7.10.	Mr Niven enquired what staffing levels within the temporary unit would be daily. Mr Farooq responded one full-time pharmacist, one full time counter assistant, one full time dispense as well as a delivery driver.
7.11.	Mr Brian McGregor (Lay Member appointed by NHS Lothian) to the Applicant.
7.12.	Mr McGregor noted the size of the proposed permanent unit as being 883 square feet (82 square metres) and enquired what the size was of the temporary unit was. Mr Farooq noted submitted papers of the unit being a 40-foot container and believed it to be 29.28 square metres (315 square feet).
7.13.	Mr McGregor enquired what the width of the temporary unit would be. Mr Farooq responded that it was 2.44 meters (8 foot).

7.14.	Mr McGregor noted from the Applicants' presentation that the proposed neighbourhood covered Calderwood Village Development and enquired why East Calder Village was not included. Mr Farooq responded that East Calder Village was a neighbourhood in its own right with its own primary school and Village Square. Mr Farooq again noted regular discussions at Community Council meetings noting the requirements for boundaries to be re-drawn.
7.15.	Mr McGregor having noted the Applicants references to a Neighbourhood for all Purposes mentioned through the presentation enquired if at this stage in the development, whether it could be classed as such given the lack of shipping facilities, libraries, GP practice, etc currently. Mr Farooq responded to note that although the Village Square was yet to be built, once it is, noting the references in the master plan of the core development area then he believed it would be.
7.16.	Mr Barry Chapman (Pharmaceutical Non-Contractor Member appointed by NHS Lothian) to the Applicant.
7.17.	Mr Chapman noting staffing as identified previously as Mr Baker-Flanagan as the independent prescribing pharmacist, a dispenser, counter assistant and delivery driver, how the Applicant envisaged covering any absences, holiday's etc. Mr Farooq responded that staff from their Glasgow branch would be available and also noted that the Supervisor there was aware of this application and was willing to help. Regarding pharmacist cover it was noted that this would be either the Applicant himself or locums would be sought.
7.18.	Mr Chapman enquired if the noted staffing profile would change when the proposed permanent premise was accessible. Mr Farooq responded that this would be under review as the business grows.
7.19.	Mr Chapman noted that dosette boxes or monitor dosage systems (MDS) though not core contract services suggested that healthcare professionals in West Lothian noted a lack of pharmacies able to delivery these to patients and went on to enquire if the Applicant plans to deliver and monitor dosage systems to patients. Mr Farooq confirmed that he would be offering this service due to a large portion of the population relying on these compliance aids.
7.20.	Mr Chapman enquired if the Applicant would have space in the temporary facility to deliver these from setup. Mr Farooq responded that they would be included from day one of opening and envisaged it only continuing to grow out of the temporary space once the development is complete.
7.21.	Mr Mike Embrey (Pharmaceutical Contractor Member appointed by NHS Lothian) to the Applicant.
7.22.	Mr Embrey enquired if the Applicant had written agreement in place from the Developers regarding a temporary unit on the land. Mr Farooq confirmed that written agreement along with a temporary heads of terms had been received the evening prior to the hearing following the request from the Chair.

7.23.	Mr Embrey referenced earlier comments of requirements to relocate when construction commences on site and enquired if the heads of terms note this eventuality. Mr Farooq responded that this is not currently included in the heads of terms and remains a verbal agreement at this stage.
7.24.	Mr Embrey noted the rent for the PortaPharmacy as being £2200 per month and enquired what the rent would be for use of the land. Mr Farooq responded that as far as he was aware, the rent would be the equivalent to expected rent of £25,000 per annum (temporary or permanent facility).
7.25.	Mr Embrey having noted rents (lands as well as PortaPharmacy) totalling approximately £4200-£4500 excluding utilities and limited retail space within the temporary pharmacy enquired where the Applicant expected to break event and if funds were available to cover until this point. Mr Farooq responded that the costs as described were less than currently being paid for the Applicant Glasgow branch and financially stable for the foreseeable future of the application is granted.
7.26.	Mr Embrey enquired how long would it be for the Applicant to break even in their business plan. Mr Farooq noted he did not have an executed business plan to hand for this hearing but suggest it would be within one year.
7.27.	Mr Embrey enquired, if notification of the application being successful, what would happen next and how long would each stage take. Mr Farooq responded that they have spoken with West Lothian Council and planning for use of a portacabin would take a maximum of two months then delivery and erection of cabin could be within days resulting in pharmacy being up and running within three months.
7.28.	Mr Embrey having noted the requirements for panel members to undertake site visits as part of the application process suggested the Applicant should have provided information regarding a temporary premise. Mr Farooq responded that it was originally part of their presentation but having been contacted by the Chair prior to the Hearing requesting supporting evidence, this left little time to submit written confirmation.
7.29.	Mr Embrey enquired if the Applicant was aware of any slow-in in development in the area. Mr Farooq responded that the Developers were still working to 200 homes a year as included in their projections. The only delay of note was that for Calderwood Village Square.
7.30.	Mr Embrey noted the lack of development around commercial premises during his site visit and had contact Mr Tom Foster, Site Agent whose details were included in the Applicants submission documentation. Mr Foster noted during discussion that funding of social properties were not meeting the cost of builds at present resulting in a slow-down and enquired if the Applicant was aware of this. Mr Farooq responded that he was unaware of this.
7.31.	Mr Martin Connor (PPC Chair appointed by NHS Lothian) to the Applicant.

7.32.	Mr Connor noting that residents have to travel outside of the area to do their main shopping, etc enquired if a supermarket was to be part of the Village Square Development and if so, how large was it expected to be. Mr Farooq responded that the supermarket, which heads of terms had been agreed with Sainsburys, and a restaurant would take up the two largest units but was unaware of specific sizes of these.
7.33.	The Chair, having no further questions invited any additional questions from Interested Parties or Committee. None were taken.
8.	Interested Party
8.1.	The Chair invited Ms Tanusia Sudhakaran from Lindsay & Gilmour Pharmacy to speak.
8.2.	I would like to thank the committee for allowing me the opportunity to represent Lindsay & Gilmour with regards to the application for a new NHS pharmaceutical contract at Unit 3, Calderwood Village Square.
8.3.	I would like to object to this application on the grounds that it is neither necessary nor desirable to secure adequate provision of pharmaceutical services to the neighbourhood.
8.4.	<p>Firstly, I disagree with the neighbourhood as defined by Mr Farooq. I would define the neighbourhood as also including East Calder with the following boundaries:</p> <p>Northern boundary is The River Almond to Mid Calder</p> <p>Western boundary is the green space around Oakbank down to A71</p> <p>Southern boundary is Oakbank A71 to the junction where it meets B7015</p> <p>Eastern boundary would be the junction of A71 to B7015 north to Linwater Caravan Park.</p>
8.5.	It can be seen from the individual builder's website the area of Calderwood is being marketed as being part of East Calder. For example, Robertson Homes say that "The newly established Calderwood Village champions life both inside and outside the home with being a stone's throw from local amenities while being surrounded by the beautiful Almondell and Calderwood Country Park.
8.6.	East Calder has everything you could want in a small, friendly community, including convenience stores, GP and dental surgeries, a sports centre and a number of eating places". As you can see, this builder has considered Calderwood to be part of East Calder. We agree with this description because in order to access most of these amenities, residents would have to leave Calderwood estate and travel to other parts of East Calder.
8.7.	As per the legal test, we are now considering the adequacy of current service provision in and to the neighbourhood. In the neighbourhood, within a 1-mile radius, there is Lindsay & Gilmour East Calder. Within a 2-mile radius,

	<p>providing service to the neighbourhood, there is Omnicare at Mid Calder, Kirknewton Pharmacy and Boots Craigshill. Also providing service to the neighbourhood, within a 3-mile radius, we have Ladywell Pharmacy, Rowlands at Houston Health Centre, Omnicare in Uphall, Boots at Almondvale Centre & Murieston Pharmacy.</p> <p>There are pharmacies within this that operate extended hours, Sundays and public holiday opening.</p> <p>All of these pharmacies provide the core contractual services that Mr Farooq states he would provide. In addition, they all offer a vast range of private services. All these pharmacies are accessible by bus or car for residents living in newly constructed Calderwood Estate.</p> <p>Calderwood is serviced by two bus routes the X27 and X40 which provides transport to the pharmacies located in East Calder village, Mid Calder and Livingston. The developer has advertised a shuttle bus service that runs to Kirknewton for access to train links. The X27 runs every 15 to 30 minutes depending on the time of the day. The X27 provides direct access to L&G East Calder (5 mins), Omnicare Mid Calder (9 mins), Boots Almondvale (21 mins) and Boots Craigshill (28 mins) from Calderwood Estate. In addition, the X40 also runs every hour and provide direct access to L&G East Calder (5 mins), Omnicare (8 mins) and Boots Almondvale (22 mins). Lindsay and Gilmour is the closest pharmacy to Calderwood which can be accessed by a short car or bus journey of only 5 minutes. You can also walk to Lindsay & Gilmour East Calder in 17 minutes from the centre of Calderwood Estate.</p>
<p>8.8.</p>	<p>Next, we consider the service provided by Lindsay and Gilmour within the neighbourhood. The CAR was conducted between the 5th of December 2022 to 5th of March 2023. The response to this CAR highlights that service provision from L&G at this time did not meet patient expectations, however I would like to address the changes and improvements we have made since then. There has been a significant change in senior leadership in L&G which has brought with it a more proactive and supportive approach. Since May 2023, the following changes have been made:</p> <ul style="list-style-type: none"> ○ We have installed a new 24/7 collection robot to accommodate for patients who aren't able to collect their prescriptions within the opening hours of our pharmacy. ○ We have supported the development of a Trainee Pharmacist and enrolled two colleagues onto our technicians programme. ○ We have a VBM hub to support with the dispensing of blister packs and an original pack offsite hub. Both of which remove volume from the pharmacy. ○ We have since grown our relief dispenser pool which provides additional support during holidays or colleagues absence period. Our new business model also allows us to review the staff resource profile regularly to respond to increases in dispensing volume.
<p>8.9.</p>	<p>These changed allow our new pharmacist manager to focus on the development of the team, increasing the quality of service being provided to patients. The investments we have made in technologies means that we have no limits to capacity and can easily cope with the growth of the population in East Calder. When we look at the trends of our business, in 2014, we dispensed</p>

	98,000 items, since then Kirknewton Pharmacy and Mid Calder Pharmacy have both opened. Naturally we saw a reduction in the number of dispensed items following the opening of these pharmacies. Recent data shows our dispensing volume in 2023 was back to 98,000. This shows that we have capacity in the pharmacy as we delivered this volume historically without the aid of offsite dispensing.
8.10.	Our pharmacy offers a full range of pharmaceutical services including the core services such as Pharmacy First, the Public Health Service, the Acute Medication Service (AMS) and Medicines Care & Review (MCR). We offer a free delivery service to patients in the neighbourhood and our delivery drivers also collect prescriptions from the local surgeries. This service has been in operation for a number of years, making our driver a familiar face around the area. Our pharmacist has had years of experience working in community pharmacy and has developed good relationships with both the patients and the local GPs. This experience gives us confidence that any new services can be easily rolled out.
8.11.	Since these changes have been introduced, we have had no complaints about waiting times or accessibility to the pharmacy. The systems we have introduced to support the team in the pharmacy ensures that capacity is not a concern. This can be seen through recent increases in items volume and excellent engagement with Pharmacy First. We are confident that our patients currently receive a high level of care, and we expect this continue in the future.
8.12.	From the SIMD data (2020), it can be seen that the residents of Calderwood estate are in decile 7 & 8, with only 5% unemployment rates and the residents are below the Scottish average for health issues such as drugs, alcohol and depression. In addition, based on the cost of the private houses being built, we would argue that the new residents to the neighbourhood would have a positive impact on measures of deprivation. This indicates that there will a lower requirement for access to pharmaceutical care.
8.13.	We believe that we have shown that there is no inadequacy in the existing services. Whilst a case can always be made for 'desirability', it should not be confused with 'convenience'.
8.14.	Based on the evidence that I have presented, I would urge you to reject this application. This is on the grounds that the application does not meet the criteria for being necessary or desirable to secure adequate provision of pharmaceutical services to the population of East Calder.
8.15.	This ended the presentation by Ms Sudhakaran of Lindsay & Gilmour Pharmacy.
9.	The Chair invited questions from the Applicant.
9.1.	The Applicant to Ms Sudhakaran (Lindsay & Gilmour Pharmacy).

9.2.	Mr Farooq referenced Ms Sudhakaran note around the areas being affluent and enquired if treatments of Pharmacy First such as UTI, impetigo etc are not just limited to deprived neighbourhoods. Ms Sudhakaran responded that reference to additional services i.e. Methadone would normally trend from deprived area.
9.3.	Mr Farooq enquired if agreement could be reached that areas of deprivation were no longer solely use pharmacy service regularly. Ms Sudhakaran responded that she believed that pharmacy usage was more common in deprived areas than affluent and noted that these services were being well met currently from the Lindsay & Gilmour pharmacy.
9.4.	Mr Farooq referenced comments in the CAR which suggested issues around capacity as well as space in Lindsay & Gilmour. Ms Sudhakaran responded to note that the CAR concluded in March 2023 and in May 2023 L&G made a number of changes including installation of a collection robot, offsite dispensing for East Calder which removed the volume from the pharmacy enabling prescription turnaround of 24 hours resulting in less wait time for patients.
9.5.	Mr Farooq in referencing comments in the CAR enquired whether any assurances could be provided that service in L&G would not return to pre-March 2023 service once this application concluded. Ms Sudhakaran responded that the changes implemented were not the result of the CAR as it was noted that installation of a collections robot for those outwith working hours was required and offsite prescription dispensing enabled increases in pharmacy capacity with relief dispensing pools enabling increased productivity.
9.6.	Mr Farooq referenced bus services being noted and enquired if a one-hour round trip via public transport for an unwell person was acceptable. Ms Sudhakaran responded that if a patient was unable to make the trip, then a delivery service could be offered.
9.7.	Mr Farooq enquired if all core services could be effectively provided via delivery service. Ms Sudhakaran responded that it could depend on a patients needs following assessment but East Calder has double cover pharmacist who if required could do house calls.
9.8.	Mr Farooq enquired if any pharmacist had undertaken any house calls. Ms Sudhakaran responded that they had not but noted a system was in place to support this within L&G.
9.9.	Mr Farooq enquired how often pharmacist double cover was in operation in East Calder. Ms Sudhakaran responded three times per week.
9.10.	Mr Farooq referencing access and enquired if the levels of available parking in East Calder could accommodate an increase in population once development have completed. Ms Sudhakaran responded that parking is a patients decision noting availability at the GP Surgery as well as at the year of the L&G premise. Ms Sudhakaran went on to note that if patients were struggling to park or unable

	to do so in working hours then home delivery service was possible as was the delivery robot.
9.11.	Mr Farooq noted from presentation reference of walking time from the centre of Calderwood Village to the L&G Pharmacy taking 17 minutes and enquired how this was calculated. Ms Sudhakaran responded that it was obtained from Google Maps via Calderwood Road.
9.12.	Mr Farooq enquired what percentage of L&G patients were residents of Calderwood. Ms Sudhakaran responded that she did not have that information to hand.
9.13.	Mr Farooq enquired how many deliveries the L&G Driver did. Ms Sudhakaran responded that there was not an average for this but expected it to be around 40-50 deliveries.
9.14.	Mr Farooq noted during his time at L&G East Calder that there were two delivery drivers and enquired why it is now one. Ms Sudhakaran responded that one driver left and has not been actively replaced and staffing was regularly reviewed, and capacity was noted as not being an issue.
9.15.	Mr Farooq noted the installation of a 24/7 robot and enquired how patients were consulted correctly regarding medication. Ms Sudhakaran responded that if a patient was on a repeat prescription and wished for their medication to be distributed / stored via the robot then that was not an issue. For new patients or any patients requiring counselling then it would not be included in the collection robot until the pharmacist had contact them.
9.16.	Mr Farooq enquired if the robot was able to store any / all medication a patient may require. Ms Sudhakaran responded that controlled drugs / chilled items or liquid antibiotics were not able to be stored / dispensed with the robot.
9.17.	Mr Farooq suggested that once Calderwood Village Square was completed, and amenities opened this would result in residents having less reason to travel to East Calder for services. Ms Sudhakaran responded that residents would still require access GP and dental surgeries and students attending secondary school in West Calder would all have to leave Calderwood to access these services.
9.18.	Mr Farooq referenced in his presentation that L&G tried to obtain a unit within the Calderwood Development and enquired as to why this was. Ms Sudhakaran responded that this happened before she joined the company but had been informed that the Developer had contacted Lindsay & Gilmour directly, but the Managing Director deemed it unnecessary due to investment in existing premises and services.
9.19.	Mr Farooq enquired if a population increase of around 6,000 would have a detrimental impact on traffic and parking issues in East Calder. Ms Sudhakaran that it may do if public transport was not used.

9.20.	Mr Farooq has no further questions.
10.	The Chair invited questions from other Interested Parties.
10.1.	30.
10.2.	Mr Labeeq Hussain (Healthful Pharmacy) to Ms Sudhakaran but this was declined
10.3.	Mr Fergal Coffey (Kirknewton Pharmacy) to Ms Sudhakaran.
10.4.	Mr Coffey enquired if the 24/7 collection robot had reduced the level of queuing. Ms Sudhakaran confirmed it has.
10.5.	Mr Coffey noted references to off-site dispensing and asked for clarification if this included acute items. Ms Sudhakaran confirmed that acute items and urgent care requirements are dispensed in pharmacy and noted that repeat prescription were sent offsite once received from the GP Surgery.
10.6.	Mr Coffey enquired if there was a figure for the number of prescriptions currently being sent offsite. Ms Sudhakaran responded that 40% of prescriptions are included in this due to trials in East Calder but increased capacity is taking place each week.
10.7.	Mr Coffey noted repeat prescription covering 90% prescription volume through community pharmacies enquired is this had increased the capacity at Lindsay & Gilmour. Ms Sudhakaran confirmed that it had.
10.8.	Mr Coffey had no further questions.
10.9.	Ms Colette Kennett (Boots UK Ltd) to Ms Sudhakaran but this was declined.
10.10.	Mr John Connolly (Ladywell Pharmacy) to Ms Sudhakaran.
10.11.	Mr Connolly enquired whether the team at Lindsay & Gilmour felt that the service had improved at East Calder due to the changes made. Ms Sudhakaran confirmed they did.
10.12.	Mr Connolly enquired if L&G had capacity to deal with increase in population going forward. Ms Sudhakaran responded to confirm that this was the case.
10.13.	Mr Connolly had no further questions.
10.14.	Mr Chris Freeland (Omnicare Pharmacy) to Ms Sudhakaran.
10.15.	Mr Freeland enquired what staffing levels, in terms of pharmacists, were in place at Lindsay & Gilmour East Calder Monday - Friday. Ms Sudhakaran responded that there are three pharmacists, one is our regular pharmacist

	manager and then they have double cover for additional support which is normally three days per week.
10.16.	Mr Freeland enquired if a significant rise in prescription numbers over the last few years since the Calderwood Development including any change in demographics. Ms Sudhakaran responded that they had not, noting in her presentation that in 2014 the provided around 98,000 items and now with the new and ongoing developments remain around this number. Ms Sudhakaran went on to note that in 2014 East Calder medical practice did around 140,000 items and in 2023 it was 157,000 items but with other pharmacies around the area, any growth can be addressed.
10.17.	Mr Freeland enquired if capacity could meet demand going forward. Ms Sudhakaran confirmed that this was the case.
10.18.	Mr Freeland referenced an earlier question around parking and enquired if given the good bus service which was close to the premise could be considered preferable. Ms Sudhakaran responded that if patients were unable to walk or travel by bus then they can access the delivery service.
10.19.	Mr Freeland had no further questions.
11.	The Chair invited questions from the Committee.
11.1.	Mr Mike Ash (Lay Member appointed by NHS Lothian) to Ms Sudhakaran but this was declined.
11.2.	Mr John Niven (Lay Member appointed by NHS Lothian) to Ms Sudhakaran.
11.3.	Mr Niven referenced procedure introduced in pharmacy, including the 24/7 robot, to reduce ques at premise, noting from person visits over the last few months, noted ques remained and asked if it would be possible to demonstrate to the Panel improvements in services. Ms Sudhakaran responded to note that some patients prefer to wait for prescriptions as acute medicines cannot be collected from the robot. More work could be done to advertise the benefits of the 24/7 collection robot, but ques had reduced previously.
11.4.	Mr Niven enquired as to what effect granting of a new pharmacy contract in Calderwood would have on the Lindsay & Gilmour business model. Ms Sudhakaran noted that the Applicant from their presentation were hoping to do around 5006 items which would result in three quarters of L&Gs current 9000 items and if that were the case, then Lindsay & Gilmour would be unlikely to remain viable if the contact were to be granted.
11.5.	Mr Niven had no further questions.
11.6.	Mr Brian McGregor (Lay Member appointed by NHS Lothian) to Ms Sudhakaran.

11.7.	Mr McGregor enquired if the current Lindsay & Gilmour premise had capacity to expand. Ms Sudhakaran responded that she was unsure of a physical expansion due to both units next to them were already occupied.
11.8.	Mr McGregor enquired if Lindsay & Gilmour had considered taking out other premises in East Calder. Ms Sudhakaran responded that this was not a consideration at present.
11.9.	Mr McGregor had no further questions.
11.10.	Mr Barry Chapman (Pharmaceutical Non-Contractor Member appointed by NHS Lothian) to Ms Sudhakaran.
11.11.	Mr Chapman enquired how many dosette were currently dispensed from East Calder either in pharmacy or off-site. Ms Sudhakaran responded that ten patients a week get dispensed in East Calder via their hub in West Calder.
11.12.	Mr Chapman enquired what the process was for patients or GPs requesting dosette inclusion for East Caldre. Ms Sudhakaran responded that previously East Calder pharmacy used to refer to West Calder Health Centre for dispensing there but noted that some patients were not receiving the service required. Now, any client approaching the team requesting blister packs are now asked if it would be required for collection by patients or delivery to them.
11.13.	Mr Chapman noted that 10 dosettes per week was a relatively low number and enquired if this was due to capacity. Ms Sudhakaran responded that this had been historical and since the start of 2024 had started taking more on as their own patients.
11.14.	Mr Chapman enquired if East Calder GP Practice were to refer patient to the L&G East Calder branch for medicine dispensing weekly via dosette, would you be able to deliver this service. Ms Sudhakaran confirmed that this was the case.
11.15.	Mr Chapman had no further questions.
11.16.	Mr Mike Embrey (Pharmaceutical Contractor Member appointed by NHS Lothian) to Ms Sudhakaran.
11.17.	Mr Embrey wished to clear up any confusion and noted that the panel has access to dispensing figures for L&G East Calder, by querying my moving volume off-site did prescriptions still go through East Calder Pharmacy. Ms Sudhakaran confirm that they remain patients of East Calder pharmacy and either collect direct from the pharmacy or via direct delivery, depending on the patient's preference.
11.18.	Mr Embrey had no further questions.
11.19.	The Chair invited any additional questions for Ms Sudhakaran.

11.20.	Mr Farooq (Applicant) to Ms Sudhakaran.
11.21.	Mr Farooq referenced previous responded regarding off-site dispensing and sought clarification that if a patient required dosette packs, would it physically be made up in East Calder i.e. onsite. Ms Sudhakaran responded that as this was not required currently but noted that if a patient required controlled drug which is not able to be prescribed offsite, then those would be made up in pharmacy at East Calder where there is space and capacity.
11.22.	Mr Farooq referenced comments in the CAR of queues outside the Pharmacy and enquired if Ms Sudhakaran agreed that this was unacceptable for someone who is unwell. Ms Sudhakaran responded that ques had reduced but noted that at certain times of day the pharmacy can be busier. Ms Sudhakaran also noted that patients could call the pharmacy in advance to let the team know that they were looking to collect items to request the prescription be done.
11.23.	Mr Farooq enquired if ques formed due to lack of space in Pharmacy. Ms Sudhakaran noted that Lindsay & Gilmour may have a smaller shop front for patients to wait in but noted this did not affect capacity.
11.24.	Mr Farooq referenced prescribing figures for East Calder and sought confirmation that changes in population may be due to access to Pharmacy First referrals and limitations for GP appointments. Ms Sudhakaran responded to note that L&G have been providing Pharmacy First services to all patients living in the area.
11.25.	Mr Farooq had no further questions.
11.26.	Mr John Niven (Lay Member appointed by NHS Lothian) to Ms Sudhakaran.
11.27.	Mr Nivel sought to clarify that hub dispensing of dosette boxes that those prescriptions were transmitted electronically to the hub for processing and then delivered to the Pharmacy for patient collection resulting in the patient remaining under East Calder Pharmacy. Ms Sudhakaran confirmed that though this was not the case previously, it is now the situation for East Calder patients.
11.28.	Mr Niven had no further questions.
12.	The Chair invited Mr Chris Freeland (Omnicare Pharmacy) to speak.
12.1.	Good afternoon and thank you everyone. I would like to thank the Committee first for all listening to the objections to this application and appreciate there has been a lot to get through and there has already been a lot mentioned this morning already and I will try not to overlap what has already been covered.
12.2.	I am here today to represent Omnicare Pharmacy in Mid Calder.

12.3.	When looking at adequacy in an application like this, the legal test clearly states that you consider adequacy based on contractors located within the neighbourhood, as well as those who are not, but who nevertheless provide service to the neighbourhood in terms of the premises, or the proposed premise.
12.4.	I would suggest the applicant has only considered a temporary portacabin pharmacy at the last minute. This has been demonstrated from discussions today and looking at emails submitted late to the Committee without any dates on them. They Applicant should have had at least had planning approved for the temporary site or a process started, in my opinion.
12.5.	The Applicant has stated in his application that his neighbourhood excluded East Calder and other housing development south of the B7015. I would contest that he should be included in the neighbourhood as the A71 was more a natural boundary to the South and Lynn House Water to the West.
12.6.	I would suggest the resident of Calderwood would travel out with as a limited amenities at present and even still when development goes ahead, the commercial develop still will not be enough for residents to spend most of their time there.
12.7.	When you look at it, you have one pharmacy located a short distance from Calderwood Development which is Lindsay & Gilmour. You have us in Mid Calder and the F&F in Kirknewton. These are all within easy reach, either by walking, more so to Lindsay & Gilmour, but by bus and car you can reach local pharmacies but also several pharmacies her today that are further afield but still residents within Calderwood development, the neighbourhood would access them in Central Livingston because of shopping, where a Boots is also located.
12.8.	When looking at the demographics of the Calderwood Development SIMD data has limited statistics due to the relative infancy of the development. However, the data does suggest an above average ranking in terms of employment, health, education and income. Infact, income is ranked eight out of ten, where ten is the highest. So, I would consider this to be an affluent area in good health.
12.9.	Scottish Census data also reveals Calderwood tenure to be 80% owned outright or with a mortgage and 40% of households have access to one car and 50% access to two cars. You can see this as you drive around the Calderwood Development.
12.10.	<p>It is not a neighbourhood that has poor health, demographics and heavy burden on health services, this can be demonstrated in an insignificant increase of prescription numbers across all local pharmacies over the years.</p> <p>I am sure that other pharmacies have not seen significant rises. I am also sure Lindsay & Gilmour have just mentioned that in their presentation.</p>

<p>12.11.</p>	<p>In terms of the pharmacy services provider Omnicare Pharmacy, we have been open for two years now and provide pharmacy services from, 0900 – 1800 hrs Monday to Friday and from 0900 - 1300 hrs on a Saturday.</p> <p>We provide all contracted NHS Pharmacy Services as well as locally negotiated services and travel clinics.</p> <p>Our manager has been with us since he started his pharmacy career and is working towards independent prescribing qualifications which will allow him to provide Pharmacy First Plus next year (2025).</p> <p>We have fully trained staff who are able to support the local community and surrounding neighbourhoods.</p> <p>We do not have queues out the door and have capacity to support more patients and higher prescription volume.</p> <p>The staff actively use Pharmacy First to support patients and I have seen prescription number grow from patients in Mid Calder and surrounding neighbourhoods over the last two years.</p> <p>We service six Care Homes which is why the prescription numbers probably look a bit higher on paper. However, a number of those will be closing due to the restructuring of adult services within West Lothian.</p> <p>The Pharmacy provided a deliver service to Mid Calder and surrounding areas, such as East Calder and Calderwood development, this is obviously not part of the pharmacy contract, but it is available to all housebound patients and there has been a significant uptake from residents within the Calderwood Development for deliveries.</p>
<p>12.12.</p>	<p>The CAR has been used as part of the application as you would expect, and it is positive for additional pharmacy service.</p> <p>It is interesting that Question two, asks if the source of those who completed the CAR received prescriptions in a timely manner, nearly 40% did state they received them in a timely manner.</p>
<p>12.13.</p>	<p>We are all aware of issues with delays at GP surgeries which are now taking five days for the prescription to be turned around. Stock issues are UK wide, so it is difficult to determine all the remaining responded what caused the delays and how much the delays were the actual fault of the local pharmacies.</p>
<p>12.14.</p>	<p>Similarly, question four, which asks if they have any issues with access when using confidential services in the area. 40% said they did not and the remaining quoted issues such as walking time. 20 minutes in my opinion is not a barrier to access and pharmacy services, especially from Calderwood Development which is a fairly affluent and probably healthy neighbourhood.</p> <p>The bus service was also brought up as a barrier. However, the timetable shows a service every 30 minutes from Calderwood development to Main Street, East Calder which then goes on to Mid Calder and then into the centre where many do their shopping and have further access to pharmacy services.</p>

	<p>Additionally, to this, and I mentioned previously, car ownership is significantly high especially with households having access to more than one car.</p>
12.15.	<p>Parking was mentioned to be an issue. However, this is a widespread problem and not just for this area. With more and more households using cars, this is to be expected.</p> <p>I haven't noticed any issues parking at branch in Mid Calder. The spaces are both main roads and a car park in the centre of the village, close to the pharmacy and shops. East Calder also had significant parking at the surgery.</p> <p>The questions within the CAR that asked general questions such as, do you want a pharmacy? Do you agree with the opening hours? Do you agree with the proposed location? Would this have a positive impact as you would expect, yes.</p> <p>However, when asked about access to pharmacy services and receiving prescriptions in a timely manner, it is not unanimous and in my opinion the issues identified can be argued in the way the legal test also asked the question of viability, and not only do I think a new pharmacy in the Calderwood Development would be unviable due to the demographics of the populations, our new pharmacy in mid Calder would ultimately be affected with the opening of a new pharmacy within two miles.</p> <p>The legal test section 5.95.10 states both the viability of the applicant's business as well as existing service providers must be taken into consideration, demographics, and size of the application in its neighbourhood does not make this a viable pharmacy. The vast majority of residents, work out of the neighbourhood and therefore use services out with which would not change equally patients living out with the neighbourhood are unlikely to use a pharmacy in the Calderwood development as there are a number surrounding the neighbourhood and they are going out with the areas to access this pharmacy.</p>
12.16.	<p>More importantly, however, with a new pharmacy and we call the short distance aware, the legal test states an application must be refused if the granting of an application negatively effects on those who already provide a service.</p> <p>This would certainly happen if this application were to be granted and dispensing around 3000 items to local patients and neighbouring patients as the rest are made up of care home residents, serving care homes and not guaranteed as they frequently move to other pharmacies or close like those plans through West Lothian.</p>
12.17.	<p>I would suggest that the Applicants proposed pharmacy would dispense probably similar numbers because of the mix in demographics between Mid Calder and Calderwood development, so there would be very little difference between what we dispense and what they would dispense.</p> <p>We currently have capacity to keep up with any patients in Mid Calder or the surrounding area.</p>

	<p>However, if a new contract were to be granted then all pharmacies would certainly not be sorry if two pharmacies could not co-exist and therefore may affect pharmaceutical services in the area.</p>
12.18.	<p>So, in conclusion, all local pharmacies provide an adequate pharmacy service. Does the legal test state the needs to be excellent, no it does not. It only has to be adequate.</p> <p>All core services are provided as well as additional local services.</p> <p>There are no capacity issues and patients wanting to access pharmacy services as far as I am aware, there are no complaints to the health board regarding existing services.</p> <p>Patients of Calderwood Development are above ambition in all aspects of health, employment, income and access to services.</p> <p>They can walk, drive or take a bus to access pharmacies at any local pharmacy or further afield due to the normal daily routine or work or shopping.</p>
12.19.	<p>Therefore, it is neither necessary nor desirable to grant this application in order to secure the adequate provision of pharmacy services.</p>
12.20.	<p>This ended the presentation by Mr Freeland of Omnicare Pharmacy.</p>
13.	<p>The Chair invited questions from the Applicant.</p>
13.1.	<p>Mr Farooq referenced viability and enquired if the current population was large enough to fund a pharmacy. Mr Freeland responded that he did not agree with the demographics of the Applicants population.</p>
13.2.	<p>Mr Farooq noted that demographics were changing and enquired if, regardless of affluency, whether access to a pharmacy for common ailments was increasing. Mr Freeland responded that the proposed neighbourhood residents were moving out with to access amenities, including pharmacies offering the Pharmacy First Service and an application cannot be based solely on this. Mr Freeland went on to state that the suggested prescription items from the Applicant was unrealistic given the health of the area and transport link to access services and amenities in Central Livingston and the to the West.</p>
13.4.	<p>Mr Farooq enquired if 6000 residents would have a detrimental effect on traffic and parking in small villages. Mr Freeland responded to again note good bus service and that people can walk to access pharmacy service but if they preferred to drive to access pharmacy services then parking is not an issue in Mid Calder but was unable to comment regarding Kirknewton. Parking in East Calder can be intermittent but parking at the GP surgery is possible due to the number of spaces and people are not parking there all day.</p>
13.5.	<p>Mr Farooq enquired if there were any allocated disabled spaces near Omnicare Pharmacy. Mr Freeland responded that he was not aware of any.</p>

13.6.	Mr Farooq referenced question two in the CAR regarding access of service where 40% did not agree and enquired with 50% of the population, 2500 people, a significant number were unhappy with current services. Mr Freeland responded that a higher % would be stating poor access to service and negative responses.
13.7.	Mr Farooq referenced the CAR and that most people would support a new application but queried if this would be the case if people were happy with current services would they not support their local pharmacy if the service were adequate. Mr Freeland responded that people want a pharmacy as close to them as possible.
13.8.	Mr Farooq noted that Calderwood was outside Omnicare's neighbourhood and suggest it would have little to no impact on viability of their service and enquired if that had changed. Mr Freeland responded that it was more regarding two pharmacies co-existing within a two-mile radius and having noted prescription numbers that those pharmacies could survive in terms of viability.
13.9.	Mr Farooq enquired if Mr Freeland was aware of any pharmacies in Scotland who had closed. Mr Freeland responded that pharmacies do not close.
13.10.	Mr Farooq had no further questions.
14.1.	Ms Sudhakaran (Lindsay & Gilmour Pharmacy) to Mr Freeland.
14.2.	Ms Sudhakaran enquired if this application was granted, how staffing numbers at Omnicare would be affected. Mr Freeland responded that staffing would have to be reassessed and possibly reduced noting currently having two to three dispensers and reduction of this would impact negatively on the pharmacy.
14.3.	Ms Sudhakaran had no further questions.
14.4.	Mr Connolly (Ladywell Pharmacy) to Mr Freeland.
14.5.	Mr Connolly enquired if Pharmacy First payments sustained a pharmacy business or was income derived in pharmacy from dispensing and dispensing of prescriptions. Mr Freeland responded that dispensing prescriptions far out wade the payments for Pharmacy First service which would not sustain a pharmacy alone.
14.6.	Mr Connolly noting the increase in Pharmacy First consultation enquired if funding for these was fixed or open-ended budget. Mr Freeland responded that it was from a fixed budget and was originally £6 per consultation but is now £3 and will reduce further as the uptake in service increases.
14.7.	Mr Connolly enquired if The Council would have undertaken detailed analysis of roads and parking requirements into account for any planning consent prior

	to deciding on a master plan. Mr Freeland confirmed that the Council would have had to taken these into consideration prior to agreeing a master plan.
14.8	Mr Connolly had no further questions.
14.9.	Mr Winterburn (Rowlands Pharmacy) to Mr Freeland but this was declined.
14.10.	Mr Hussain (Healthful Pharmacy) to Mr Freeland but this was declined.
14.11.	Mr Coffey (Kirknewton Pharmacy) to Mr Freeland but this was declined.
14.12.	Ms Kennett (Boots UK Ltd) to Mr Freeland but this was declined.
15.	The Chair invited Questions from the Committee to Mr Freeland.
15.1.	Mr Ash (Lay Member appointed by NHS Lothian) to Mr Freeland but this was declined.
15.2.	Mr Niven (Lay Member appointed by NHS Lothian) to Mr Freeland but this was declined.
15.3	Mr McGregor (Lay Member appointed by NHS Lothian) to Mr Freeland but this was declined.
15.4.	Mr Chapman (Pharmaceutical Non-Contract Member appointed by NHS Lothian) to Mr Freeland.
15.5.	Mr Chapman enquired when you extract care home items from Omnicare's monthly average, how many items would be dispensed to the local community. Mr Freeland responded that would be around 3000 items.
15.6.	Mr Chapman enquired how many dosette boxes does Mid Calder branch currently dispense. Mr Freeland responded that in the two years that Omnicare have been in Mid Calder they provide 100-120 dosette boxes.
15.7.	Mr Chapman enquired if there was capacity to provide more if required. Mr Freeland confirmed that there was capacity and did not reject requests for these from the local GP surgeries.
15.8.	Mr Chapman had no further questions.
15.9.	Mr Embrey (Pharmaceutical Contract Member appointed by NHS Lothian) to Mr Freeland.
15.10.	Mr Embrey enquired if Omnicare provided delivery service into Calderwood. Mr Freeland confirmed that they did to housebound patients.
15.11.	Mr Embrey enquired if this was limited to housebound patients. Mr Freeland confirmed that it was currently for housebound patients or those unable to get to a pharmacy but could be taken on a case-by-case basis as required.

15.12.	Mr Embrey had no further questions.
15.13.	The Chair invited additional questions.
15.14.	Mr Farooq (Applicant) to Mr Freeland.
15.15.	Mr Farooq noted 3000 items for the local community and enquired how many of those were for Calderwood. Mr Freeland noted that due to postcodes being unable to breakdown specific areas, he did not have details for this to hand.
15.16.	Mr Farooq enquired how many deliveries were made into Calderwood. Mr Freeland responded it was a low number, perhaps one or two.
15.17.	With no further questions, the Chair called a comfort break and the hearing reconvened at 1325 hrs.
16.	The Chair invited Mr John Connolly (Ladywell Pharmacy) to speak.
16.1.	I am going to try and bizarrely stay away from neighbourhood, inadequacy and stuff like that I as I think that will probably be done to death a little bit and I do not want to keep everyone here longer than we need to be.
16.2.	The only think I would say in the neighbourhood is I would concur with what Mr Freeland has said previously and that as much as I probably feel the need to in the neighbourhood.
16.3.	In terms of why we are actually here today, I think these are things about the whole that does concern me that I think we need to minute and it is something that the Board need to look at in terms of their due diligence about what a competent application is and because I think we find ourselves in the unfortunate position where there is an awful lot of uncertainty and no guarantees at all and knowing how hard these committees are to put together, I think it is quite an unfortunate situation that we find ourselves in. I think was probably avoidable if matters had been addressed earlier.
16.4.	I appreciate the opinion of the CLO but as I said earlier, it is the opinion of a lawyer. It is not law, but judicial guidance and any appeals panel or subsequent judicial review may potentially take a different view on that.
16.5.	In terms of what brough this forward the Applicant does not have a lease. He does not even have a lease on the premises that are proposed to be built. The Applicant merely had a Heads of Terms which are not legally binding and in pretty much every point I am going to discuss here, I don't see any way that the Committee, even were they to decide that there was inadequacy, I don't see how there is any way that the Committee can secure adequate access to pharmaceutical services. Heads of Terms are not legally binding; no lease is in place; very last-minute submissions;

	<p>Potential proposal to put some sort of temporary structure down, which we have no real detail on.</p> <p>There is no legally binding agreement to allow the applicant to put a temporary premise, a temporary pharmacy on that land, and as I was probably straining a bit as Mike rained me in in my questioning, taking this to experienced developers, there tell me that it could not be achieved to build that proposal out with the red boundary whilst accommodating temporary accommodation.</p>
16.6.	<p>So again, unable to secure and I think it is unfortunately that the email that the applicant sent and was screenshotted had the dates cut off. I think because you know when we talk about the nine-month extension that can be afforded, the Regulations state that it is due to circumstances out with the person's control and which should not have reasonably been anticipated at the date of application.</p>
16.7.	<p>Clearly at the date of application there was no detailed planning permission in place for the site. We have heard that the agent for the developer is saying that there is an issue around funding and as I was talking about under question, which with my concern and suspicion looking at this, as somebody that has worked with developers and agents in the past, funding for social housing, we know that the Government are in the worst financial position and probably all of our lifetimes and I have real doubts that this development can be realised and therefore if you were to decide that there is inadequacy and adequacy of service could be secured, the temporary unit, whilst that measures 12 metres by 2.44 metres externally it is somewhat less internally having had my scale ruler out so it more likely 11.7 metres by 2.15 metres which gives you an internal square metre of just over 25 metres squared which for people like me who prefers to work in square foot is 227 square feet.</p> <p>I have operated a pharmacy from a portacabin before. It is challenging, extremely challenging and the one I operated from was significantly bigger than this and a good question whether it could be at all would be aspects of the pharmacy contract could be delivered from the proposed unit that the applicant is showing us.</p>
16.8.	<p>Furthermore, there is no staffing, welfare areas and no toilets as well as having to get planning permission. You will also have to go through building control and building control will require them to have sufficient measures in place, which again throws further doubt if the applicant had been aware of this and been in discussions about this for quite some time. I must question why that has not been addressed.</p> <p>Why an actual planning application has not been brought forward with a proper legally binding agreement in place to be able to deal with it. It does to me, seem like that only reason we have any sort of idea around the temporary unit is because the Chair reached out to the applicant last week for clarity obviously after people did the site visits and realised that there was nothing there. So, excuse me, I have massive concerns around this, the fact that we are even hearing an application with nothing, in my opinion to allow someone to pick a patch of grass and say "Oh, don't worry, I'll get planning permission." You can get temporary planning permission within a couple of months and that is how</p>

	<p>we determine hearings, I just don't think it is a sensible or safe way to carry out the legal test in this process.</p>
16.9.	<p>I also have some concerns around the CAR. NHS Lothian, from my experience, supporting someone to apply for a pharmacy, when I attended a pre-application meeting to given them guidance, NHS Lothian advised that the CAR and how the process would be carried out and the fact that there would be IP tracking to ensure the integrity of the CAR to make sure that there were multiple entries coming from the same IP address. They would also have those entries time stamped to look for spikes and part of the requirement of undertaking the consultation because it is a joint consultation that the Applicant an the Board are responsible for is that the applicant who I was assisting would notify the Board when they spoke to Community Groups or anything they undertook so that they could monitor for spikes and responses again to ensure that it was a safe CAR and a robust CAR.</p> <p>It was Mr Coffey who pointed out that none of the data was available and I don't quite know where the process has gone wrong and why it has changed, but that to me, certainly raises doubts about the CAR. About the robustness of the process, not about anything that the applicant has done but just in general as an exercise which I think is flawed in that regard.</p>
16.10.	<p>The other thing I would like to say is that the CAR itself, because of the delays that we have, the CARs are outdated. The landscape now is massively different to what the landscape was when the CAR was undertaken and therefore, and it is for the panel to decide, how much weight they place on that and then the evidence that they have seen through site visits, on evidence that they have heard today to determine how much weight they place on the CAR based on the fact that what we are hearing and what I think we are all experiencing in the areas is an improvement in pharmaceutical services of that period of time.</p>
16.11.	<p>I know that Lindsay & Gilmour have undergone massive changes in terms of their Superintendent structure and leadership and guidance and I do believe there has been big improvements there and I think that plays a massive part in terms of what the CAR would actually look like now if we were dealing with a CAR that was held within the timeframe that the regulations actually specify.</p> <p>We should be dealing with application we know has really significant challenges, so I do have sympathy for the Applicant. I have been in the position before and have been messed about by developers and its hard work.</p> <p>However, my sympathy is limited by the fact that it's absolutely evident that there was no proposed of this happening and I appreciate they have tried to put something together in a hurry, but what they have just cannot secure anything. The is absolutely no certainty, no guarantee and as I say, for that reasons alone not only do I believe that application should not be granted. I do not believe that we should be sitting here today. But that is not the fault of anyone on this panel or indeed in this room necessarily.</p>
16.12.	<p>Thank you for your time and happy to take questions.</p>

16.13.	This ended the presentation by Mr Connolly of Ladywell Pharmacy.
17.	The Chair invited questions from the Applicant.
17.1.	The Applicant to Mr Connolly of Ladywell Pharmacy.
17.2.	Mr Farooq enquired how long Mr Connolly operated out of a portacabin for. Mr Connolly responded that it was back in 2008 or 2009 and was unsure of the exact amount of time but noted it was a significant period and was due to an arson attack. Mr Connolly noted that it was a portacabin and that pharmacies were a different thing back then and noted that had it been today, he would have needed two portacabins of the size they had back then to be able to function and noted it would still not be ideal.
17.3.	Mr Farooq referenced conversation Mr Connolly had with the Developer noting funding issues and enquired if this was specifically just for the affordable housing. Mr Connolly responded that it was not and noted when looking at the development and looked in planning not just retail but social housing also and it was looking to be two years to build it out and the money involved for that level of housing was significant. Councils are using private developers to fill the gap in housing. Spoke to Housing Associations and other organisations and developers of affordable housing which is grinding to a halt. Mr Connolly went on to note that for a planning application to still be sitting unresolved for so long, something must be significantly is wrong.
17.4.	Mr Farooq noted reference to two years to build something like this and enquired where this was obtained from. Mr Connolly responded that it was from personal experience but noted also querying with a friend who is in construction for over 30 years had also suggested this timeline.
17.5.	Mr Farooq enquired if there was awareness of how Core Development Areas worked within Councils and their investment within these. Mr Connolly responded that funding is not coming from the Council. The impacts Section 75 to delivery certain things, schools, contribution to graveyard and for every housing unit, provision of affordable housing units either building or financial contribution. Section 75 conditions aren't met then Councils can seek to impose sanctions to force developers' hands.
17.6.	Mr Farooq asked for clarification that if a suggested completion date in 2028 for completion of the whole development was Mr Connolly suggesting that 2300 homes build would have no other amenities installed. Mr Connolly responded that homebuilding may grind to a halt, no planning permission, no lease, nothing to hold over the developers to give you anything including no access road. Mr Connolly noted his sympathies for the Applicant but believed there were no prospect in his opinion of this development materialising.
17.7.	Mr Farooq enquired how often Heads of Terms do not result in a legally binding lease. Mr Connolly responded that in his experience, lots of times and noted that Heads of terms were not worth the paper they were written on.

17.8.	Mr Farooq noted that the Panel had sought legal advice from the CLO who had disagreed with Mr Connolly's comments. Mr Connolly responded that the CLO would have been asked a specific question by the Chair and could be narrow part of the regulation. Noting that the CLO are lawyers that advise different parts of government on various things, and somethings Courts rule against them and it's a legal option and another lawyer could decide differently.
17.9.	The Chair interjected to note that legal advice queried was not around legalities of Heads of Terms.
17.10.	Mr Farooq had no further questions.
18.	The Chair invited questions from other Interested Parties.
18.1.	Ms Sudhakaran (Lindsay & Gilmour Pharmacy) to Mr Connolly but this was declined.
18.2.	Mr Freeland (Omnicare Pharmacy) to Mr Connolly.
18.3.	Mr Freeland noted that the situation with Ladywell was different as the application was granted with an address and premise which was contracted. Mr Connolly confirmed that this was the case and although the premise was undergoing renovation at the time, once the application was granted the fire occurred and had to approach the Board for an alternative solution.
18.4.	Mr Freeland had no further questions.
18.5.	Mr Winterburn (Rowlands Pharmacy) to Mr Connolly but this was declined.
18.6.	Mr Hussain (Healthful Pharmacy) to Mr Connolly but this was declined.
18.7.	Mr Coffey (Kirknewton Pharmacy) to Mr Connolly.
18.8.	Mr Coffey enquired how the previous use of a portacabin has been permitted through the regulations. Mr Connolly responded that at the point of application and granting of this, the proposed Ladywell premise had been constructed and was being modernised and no one could foresee an arson attack on that premise and an alternative solution had to be sought.
18.9.	Mr Coffey enquired in Mr Connolly's opinion of the Applicant would have been able to foresee that construction would not be completed within the designated six months if application was successful. Mr Connolly responded that the date of the application was 1 st June 2023 and that in his opinion the Applicant should have realised that the timeline could not be met.
18.10.	Mr Coffey enquired, given the experience of Mr Connolly, if he was aware of any precedence of an application being granted for a temporary premise. Mr Connolly responded that he was not aware of such a circumstance.

18.11.	Mr Coffey had no further questions.
18.12.	Ms Kennett (Boots UK Ltd) to Mr Connolly but this was declined.
19.	The Chair invited questions from the Committee to Mr Connolly.
19.1.	Mr Mike Ash (Lay Member appointed by NHS Lothian) to Mr Connolly.
19.2.	Mr Ash noted his previous question to the Applicant of services not being provided at temporary solution and nothing was noted. Mr Ash then referenced in Mr Connolly's statement that not all services could be provided and enquired what evidence Mr Connolly had to make this statement. Mr Connolly responded that based on size, 227 square feet internally, it would not be possible to provide effective consultation in a consultation room of the size noted in the plan for a disabled patient safely. Going on to note in his view as a pharmacy and Superintendent pharmacist, do not feel confident that safe services could be provided in that square foot and premise.
19.3.	Mr Ash enquired given the temporary nature of the building what other services could be curtailed from being offered. Mr Connolly responded that dispensing layout, noting top side of units for storage and the other side units with a bench with that on the "L" shape return would be pharmacist checking area, would be unlikely to be an area which would enable safe dispensing of prescriptions not to mention how dosette boxes, CD Cabinet and Fridges would be addressed within the temporary structure.
19.4.	Mr Ash had no further questions.
19.5.	Mr John Niven (Lay Member appointed by NHS Lothian) to Mr Connolly but this was declined.
19.6.	Mr Brian McGregor (Lay Member appointed by NHS Lothian) to Mr Connolly but this was declined.
19.7.	Mr Barry Chapman (Pharmaceutical Non-Contact Member appointed by NHS Lothian) to Mr Connolly.
19.8.	Mr Chapman noted his focus on Mr Connolly's pharmacy as one of the furthest away geographically and enquired if viability of his business would be affected. Mr Connolly responded that he did not believe so.
19.9.	Mr Chapman enquired what staffing was at Ladywell Pharmacy. Mr Connolly responded that they had a Pharmacy manager who worked five days per week. Three days a week double cover pharmacist. Two ACTs, five dispensers, 2 counter assistants during the week, two delivery drivers and on Saturday's a dispenser and a pharmacy student. Mr Connolly also noted a 24/7 dispensing robot, dosettes were build offsite in a hub for 350 patients with capacity for more. Noted also dosettes on site for acute and controlled drug prescribing.
19.10.	Mr Chapman enquired if Ladywell delivered into Calderwood. Mr Connolly was not aware of any patients in Calderwood but noted that if there was a

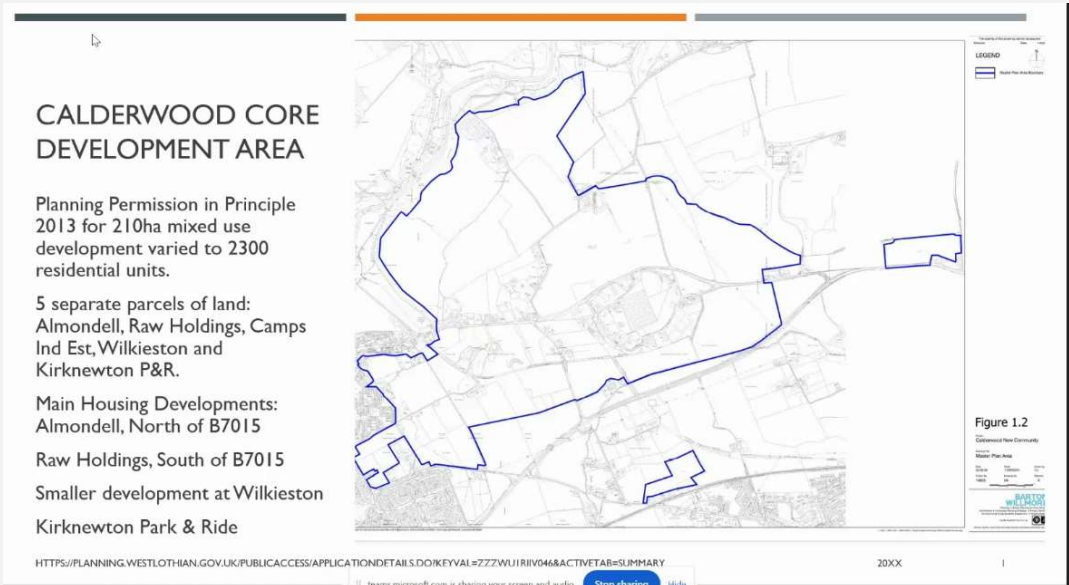
	requirement it could be addressed but believed that needs were being met by pharmacies closer to hand.
19.11.	Mr Chapman referenced the substantial distance from the proposed premise enquired if there were any core or non-core services which Ladywell and its team were unable to deliver. Mr Connolly responded no, Ladywell had capacity for all services to meet patients' needs.
19.12.	Mr Chapman had no further questions.
19.13.	Mr Mike Embrey (Pharmaceutical Contact Member appointed by NHS Lothian) to Mr Connolly.
19.14.	Mr Embrey enquired, if the Application was granted, what steps and timeline would be involved to have a temporary unit on sit and providing pharmaceutical services to patients. Mr Connolly responded that first he would have to have a concrete agreement in place with certainly also of agreed planning; would not consider putting a structure onsite only to have to move it again for various reasons of disruption and lastly possibility of remaining in / at temporary structure indefinitely. All of which don't include access to power, water, security, parking, ramps and actual stocking of such as unit with lack of storage.
19.15.	Mr Embrey had no further questions.
19.16.	The Chair invited additional questions to Mr Connolly.
19.17.	Mr Farooq (Applicant) to Mr Connolly.
19.18.	Mr Farooq reference comments around CD counter cabinet and layout and noted that PortaPharmacy units were fully approved by the General Pharmaceutical Council (GPhC) and enquired if the GPhC felt it was OK then there should be no concerns for operating out of one. Mr Connolly responded that in his experience the GPhC did not rubber stamp temporary premises / approvals but inspected premises and presumed that these would be no different.
19.19.	Mr Farooq enquired what services would be unable to be provided in the proposes temporary unit due to safety concerns. Mr Connolly responded safe in terms of space to operate a clean, uncluttered dispensary, side by side dispensing of dosette, of methadone supervision, disabled access limitations blocking patient access.
19.20.	Mr Farooq had no further questions.
19.21.	The Chair called a break for lunch for the hearing to reconvene at 1440 hrs.
20.	The Chair invited Mr Dale Winterburn (Rowlands Pharmacy) to speak.
20.1.	Thank you for allowing me to represent Rowlands Pharmacy today.

	Having reviewed the application, CAR responded and demographic data we do not believe that this requirement for a new pharmacy, or that a contact, is necessary or desirable.
20.2.	We know that it has already been covered but we also do not agree with the defined neighbourhood and suggest that East Calder also forms part of the same neighbourhood.
20.3.	<p>Most if not all the residents on the new estate have access to a vehicle.</p> <p>Judging by the high price point driveways, a number of cars seen during the site visit, these residents say that they will have to travel to access local services for their weekly food shop, clothing, GP and leisure facilities as well as places of worship.</p> <p>Rowlands pharmacy believe that the application is premature at best.</p>
20.4.	<p>As attendees here today may be aware, we took ownership of 34 former Lloyds branches in Scotland over the last 12 months, two of which are close to this site.</p> <p>It is inappropriate to tell you that due to the circumstances leading up to the exit of Lloyd's pharmacy from the market, the new pharmacies have required a lot of support and investment to support the business and by extension, the local populations in which they serve.</p> <p>In each of these sites, we have increased our staffing, hours, included independent prescribing pharmacists and invested in the local area by refreshing the pharmacies and posting local community open days.</p>
20.5.	We aim to improve patient safety and increase service and service provision by utilising our central lightest painting up to dispense medications and original bags as well as compliance aids.
20.6.	After twelve months, we have a seen as vast improvement in service provision as well as a dramatic increase in dispensing volumes which only reflects the hard work and determination of our teams because they are providing good pharmaceutical services within the area and there is further scope to go further.
20.7.	As the return of our investment continues, we will of course continue to innovate ways to support the local population, drive NHS and private services, introduce prescription collection machines, look at additional delivery options and further utilise technology to support patient outcomes.
20.8.	I now invite any questions you may have.
20.9.	This ended the presentation by Mr Winterburn of Rowlands Pharmacy.
21.	The Chair invited questions from the Applicant.
21.1.	The Applicant to Mr Winterburn (Rowlands Pharmacy).

21.2.	Mr Farooq enquired how far away the nearest Rowlands Pharmacy was to the proposed premise. Mr Winterburn responded stating that it was 4.8 miles.
21.3.	Mr Farooq enquired if it was unreasonable to expect patients to travel this length of time to access a pharmacy. Mr Winterburn responded that he believed people already living in Calderwood accept the need to travel.
21.4.	Mr Farooq enquired if once Calderwood Village Square was completed there would be less need to travel 4.8 miles. Mr Winterburn responded that residents may not travel to Rowlands due to other pharmacies being closer to them.
21.5.	Mr Farooq enquired if Mr Winterburn was aware of the number of residents using the Rowland Pharmacy were residents of Calderwood. Mr Winterburn responded that he did not have that information.
21.6.	Mr Farooq had no further questions.
22.	The Chair invited questions from Interested Parties, but this was declined by all.
23.	The Chair invited questions from the Committee.
23.1.	Mr Mike Ash (Lay Member appointed by NHS Lothian) to Mr Winterburn but this was declined.
23.2.	Mr John Niven (Lay Member appointed by NHS Lothian) to Mr Winterburn.
23.3.	Mr Niven, noting from a previous site visit, that one Rowlands Pharmacy was fully operated by locums and enquired if this was still the case. Mr Winterburn responded to confirm that the branch in Howden is still being covered by self employed / locum pharmacists and a situation they are working on to remedy.
23.4.	Mr Niven had no further questions.
23.5.	Mr Brian McGregor (Lay Member appointed by NHS Lothian) to Mr Winterburn but this was declined.
23.6.	Mr Barry Chapman (Pharmaceutical Non-Contract Member appointed by NHS Lothian) to Mr Winterburn.
23.7.	Mr Chapman enquired what staffing was at the two Rowland Pharmacies. Mr Winterburn responded that they have one full time independent prescriber, a counter assistant and we use relief ACPs two days a week at Broxburn and as previously mentioned Howdens runs on locums and have employed a fulltime ACP.
23.8.	Mr Chapman enquired if Rowlands in Broxburn had capacity for core and non-core services. Mr Winterburn confirmed that there was capacity for all services.

23.9.	Mr Chapman enquired if Rowland in Howden had capacity for core and non-core services. Mr Winterburn responded that there was capacity but noted that the only one lacking would be independent prescribing.
23.10.	Mr Chapman, referencing MDS specifically enquired if there was capacity at these sites at present. Mr Winterburn responded to confirm that MDS were automated at both sites for the majority of cases and there was capacity to take on additional MDS patients at both sites also.
23.11.	Mr Chapman had no further questions.
23.12.	Mr Mike Embrey (Pharmaceutical Contract Member appointed by NHS Lothian) to Mr Winterburn but this was declined.
23.13.	The Chair invited additional questions to Mr Winterburn but this was declined.
24.	The Chair invited Mr Labeeq Hussain (Healthful Pharmacy) to speak.
24.1.	I am the pharmacist at Healthful Pharmacy in Deadridge.
24.2.	Since taking over the business from Lloyds last year, we have been in close contact with all GP Surgeries across Livingston to let them know that we can take on new patients. We can do, MDS; Dosette boxes, etc. etc. and can deliver to anyone that needs it.
24.3.	We pride ourselves on having waiting times of less than five minutes for patient walk ins.
24.4.	Anyone who uses our pharmacy always tell us how happy there are with the services we offer and how quickly they rate us.
24.5.	Being a new contractor, we have bene trying to build up the business for quite some time and we have always got more space to take on more patients.
24.6.	We believe that a new contract in the area is not needed because we are already struggle with this and having to get new patients.
24.7.	We have plenty of capacity and we have not been able to take on new patients because the surgeries are saying that there is no need for us to come onto the scene because there is already everybody being served but other pharmacies.
24.8.	Thank you.
24.9.	This ended the presentation by Mr Labeeq Hussain of Healthful Pharmacy.
25.	The Chair invited questions from the Applicant.
25.1.	The Applicant to Mr Hussain (Healthful Pharmacy).

25.2.	Mr Farooq referenced mention that a GP practise saying that there was no need for any additional pharmacies and noted Dr Ian MacLeod who is GP Partner at East Calder surgery has been supportive of not only this application but another in Pumpherston. Mr Hussain responded that although he had not spoken directly to Dr MacLeod, he had spoken with the Area Manager on a number of occasions letting them know Healthful Pharmacy are able to accommodate new patients.
25.3.	Mr Farooq had no further questions.
26.	The Chair invited questions from Interested Parties, but this was declined by all.
27.	The Chair invited questions from the Committee.
27.1.	Mr Mike Ash (Lay Member appointed by NHS Lothian) to Mr Hussain but this was declined.
27.2.	Mr John Niven (Lay Member appointed by NHS Lothian) to Mr Hussain but this was declined.
27.3.	Mr Brian McGregor (Lay Member appointed by NHS Lothian) to Mr Hussain but this was declined.
27.4.	Mr Barry Chapman (Pharmaceutical Non-Contract Member appointed by NHS Lothian) to Mr Hussain.
27.5.	Mr Chapman enquired what staffing levels were at Dedridge Pharmacy. Mr Hussain responded that there was one pharmacist, six days per week and three dispensers.
27.6.	Mr Chapman enquired if a delivery service was provided. Mr Hussain confirmed that they did provide delivery services.
27.7.	Mr Chapman had no further questions.
27.8.	Mr Mike Embrey (Pharmaceutical Contract Member appointed by NHS Lothian) to Mr Hussain but this was declined.
27.9.	There were no additional further questions for Mr Hussain.
28.	The Chair invited Mr Fergal Coffey (Kirknewton Pharmacy) to speak.
28.1.	Mr Coffey noted that he had submitted some slides of maps as part of his presentation which the Chair agreed could be shared on screen incase any participants had not had a chance to review these.
28.2.	Thank you very much for hearing our objections to this application.

28.3.	I am not going to labour the points that have already been made too much but suffice to say that we agree entirely with the representation from Lindsay & Gilmour, as well as from Omnicare and particularly from John Connolly.
28.4.	Regarding the premises which we do not feel can adequately secure access to pharmaceutical service.
28.5.	I am going to focus my attention on two aspects of this application, namely the neighbourhood and the CAR.
28.6.	I am Fergal Coffey and I am the Managing Director of F&F Coffey Ltd who operates as Kirknewton Pharmacy.
28.7.	In relation to the neighbourhood, it is out opinion that the Applicant is in the neighbourhood of East Calder in its entirety and that the neighbourhood defined by the applicant can not be defined as a separate neighbourhood.
28.8.	<p>We believe the Applicant has fabricated non-existent boundaries to their proposes neighbourhood in order to exclude the pharmacy contractors based on Main Street in East Calder.</p> <p>The Southern boundary of the B7015 Main Street cannot be considered a natural boundary and if the Committee accept this then they must also accept that the Grapes Public House and East Calder Post Office are in different neighbourhoods despite being directly across the road from each other.</p>
28.9.	<p>Not only is this our opinion but it is the option of West Lothian Council who granted planning permission in principle for the Calderwood Development in 2011.</p> <p>To demonstrate this, we will look at the Core Development Area (CDA) plans that have been approved by the Council.</p>
28.10.	<p>In 2009 West Lothian local plan identified the area highlighted in Blue as the Calderwood Core Development Area (CDA).</p> 

	<p>The CDA which is 210 hectares of land suitable for mixed-use developments and up to 2300 residential units.</p> <p>You will notice that the B7015 Main Street runs right through the heart of the corner with CDA.</p> <p>The land is divided into five separate areas:</p> <ul style="list-style-type: none"> ➤ Almondell to the North of the B7015; ➤ Raw Holdings to the South of the B7015; ➤ The Camp's Industrial Estate; ➤ Wilkieston which is a smaller land units to the east; ➤ Kirknewton Park and Ride development at Kirknewton train station. <p>New Developments have taken place in the past decade in all of these areas except for the current Kirknewton Park and Ride.</p>
<p>28.11.</p>	<p>So the Almondell parcel of land to the North of Main Street is managed and developed by Stirling Developments and encompasses the majority of the neighbourhood proposed by the Applicant.</p> <p>Stirling Developments have chosen to market these developments on the Calderwood.co.uk website, where the Applicant appears to have gathered much of the information submitted to the Committee.</p>
<p>28.12.</p>	<p>To the South of the Main Street is the Raw Holdings parcel of land, which is also Stirling Developers, this area of land is currently being built on by Persimmon, CALA and Cruden and runs South as far as the A71 and West until it meets the Mansfield area of East Calder and has planning capacity for 550 homes and in the CDA as well as new East Calder High School.</p> <p>The Local Development plan highlights this area as being specifically important, quoting:</p> <div data-bbox="336 1323 1382 1899" style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">IS CALDERWOOD A SEPARATE NEIGHBOURHOOD?</p> <p>Paragraph 7.89 of the West Lothian Local Plan 2009 (when Planning Permission was first applied for): <i>The Calderwood allocations comprise the Almondell mixed use allocation to the north of the B7015 and the Raw Holdings West mixed use allocations closer to East Calder. The Raw Holdings West allocation is a key area which will require very careful consideration by the council.... The key objective for the Raw Holdings West allocation is to ensure that the existing community at East Calder and the Almondell allocation are fully integrated through appropriate higher density, well designed development, with good footpath, cycleway, public transport, and road links.</i></p> <p>West Lothian Local Plan 2009 https://www.westlothian.gov.uk/article/44177/Superseded-West-Lothian-Local-Plan-2009-WLLP</p> <p style="text-align: right;">4</p> </div>
<p>28.13.</p>	<p>As you can see from the planning involved, the Calderwood CDA comprises of a larger areas of land suggesting by the Applicants proposed neighbourhood</p>

	and planning has been granted with the aim of integrating these new development within the existing community in East Calder.
28.14.	<p>We believe that the Committee should put adequate weight in the Council approved plans as opposed to the marketing information from the developers of the Almondell site.</p> <p>As the Committee will be aware, Lord Nimmo Smith gave the opinion on that neighbourhood as the word is ordinarily understood, has connotations of vicinity and nearness.</p>
28.15.	You can not doubt the allocation of land North of the B7015 is near to that South of the B7015 and similarly near to East Calder.
28.16.	<p>The Second area that we would like to focus on is a joint consultation carried out between the Applicant and NHS Lothian.</p> <p>We were intrigued as to some of the responses and the response rate received by the consultation and submitted a Freedom of Information request (FOI) to NHS Lothian for the raw data including unique response IDs for each response plus time and date stamps. The company that hosted the consultation advises on their website that this information is available from the data controllers.</p> <p>Unfortunately, we received the following response from NHS Lothian:</p> <p>“along with the raw data that was distributed to members of the committee, NHS Lothian use the Jisc platform to create the joint consultation and collate responses. The platform has been recently upgraded and Jisc Version 2, which was used to create the caller questionnaire is no longer available. This means that we no longer have access to the unique response ID numbers and to the date and time stamps. We therefore do not hold the information in the format requested.”</p>
28.17.	<p>With regards to the consultation, not only were 286 of the 543 responses anonymous, nor do we know if these people live in the proposed neighbourhood. But due to the corruption of the raw data, we cannot attribute any of these responses to any individual.</p> <p>We would question whether the Board and the Applicant are happy to stand over the report given that it didn't contain all or is missing part of the raw data. We suggest the Committee bear this in mind when considered how much weight to give to the comments in the CAR.</p>
28.18.	So, looking at our own pharmacy in Kirknewton, which is just 2.1 miles away from the proposed premises. We have a couple of point to raise in relation to the Application.
28.19.	Firstly, I would like to thank the Applicants for their FOI request to West Lothian Council, which highlighted the only issue raised with parking on Main Street and Kirknewton relates to Sunday League football matches which are obviously when out pharmacy is closed.

	Locals will know there is ample parking at Kirknewton Pharmacy in the car park through the laneway directly across from the pharmacy and this does include dedicated disabled parking spaces.
28.20.	I would like to highlight that the Applicant never received an answer from Network Rail as to their question of the number of times the level crossing at Kirknewton had been closed or not working. The reply that was received says numerous types of work have been carried out 186 times in 10 years but does not detail if this is repairs or regular maintenance.
28.21.	Looking at the Community Council Group, it appears like it has been stuck three times this year, which is unfortunate but can hardly be considered and as a major barrier to access if the barrier is stuck, then there is till access to our pharmacy up Laden Road which is actually the most direct route for some of the residents of the Eastern end of the applicant's proposed neighbourhood.
28.22.	<p>With relation to Kirknewton Pharmacy, we have invested a six-figure sum in the past year to refill our pharmacy and allow us to be able to offer an increased range of services. The Pharmacy Manager, Scott, is also an independent prescriber and runs a Pharmacy First Plus service.</p> <p>We have recently trained a member of staff as a pharmacy technician and our other technician has just been signed off as an ACT. This upscaling has increased our dispensing capacity, and we can accommodate a much higher volume of prescriptions should it be required.</p> <p>We have no waiting list for dosette boxes or instalment dispensing.</p>
28.23.	<p>We have tried to ascertain how many patients we have in the new houses in Calderwood CDA. However, we have no way of doing this as their addresses are all East Calder and our postcode does not differentiate between different areas of East Calder, and address at Calderwood Road still comes under East Calder.</p> <p>We recently undertook an audit of our deliveries to see where we deliver to most. Just 8% of our deliveries go to the new houses in the area described by the Applicant.</p> <p>Either this indicated a low pharmaceutical need from this area, or the patients have no issue in accessing our pharmacy in Kirknewton.</p>
28.24.	I will happily answer any questions.
28.25.	This ended the presentation by Mr Fergal Coffey of Kirknewton Pharmacy.
29.	The Chair invited questions from the Applicant.
29.1.	The Applicant to Mr Coffey (Kirknewton Pharmacy).
29.2.	Mr Farooq enquired if Mr Coffey was aware that the boundaries of the Calderwood Core Development Area master plan and the Calderwood Village boundary are two different things. Mr Coffey confirmed that he was aware of this noted the map provided had been agreed by West Lothian Council as

	opposed to Stirling Development who are trying to sell houses in that area of land.
29.3.	Mr Farooq reiterated that the boundaries are two different things – the CDA master plan and then Calderwood Village boundaries – two different things. Mr Coffey responded that he would not refer to it as the Village boundaries but would agree that there are two different things, and the Committee needs to put weight in the boundaries as outlined by West Lothian Council as opposed to those produced by Stirling Developments.
29.4.	Mr Farooq enquired if Mr Coffey was aware that 95% of residents confirmed the boundaries and has been agreed by the Community Council also. Mr Coffey responded to note that there was an interesting response in the CAR where a responder noted: “It looks like the boundaries described are accurate to the map, but as far as I am aware, there wasn’t actually a map in the CAR or provided with it. So I kind of a little but unsure about that aspect of things.”
29.5.	Mr Farooq enquired if agreement could be noted that the consultation process is pre-agreed with the Health Board in terms of the CAR in exactly the same way. Mr Coffey confirmed that he agreed.
29.6.	Mr Farooq sought assurance that the views of residents should not be disregarded simply because they have chosen to submit anonymously or because you cannot get the raw data. Mr Coffey responded that it was unclear as to whether these were views of residents. 286 anonymous responses where we have no idea if these people are resident in the defined neighbourhood.
29.7.	Mr Farooq referenced that it was not a requirement in CAR responses that health Boards do not require contact details or personal information for respondents. Mr Coffey responded that the Applicant had requested this information in question 14 of the CAR.
29.8.	Mr Farooq enquired what reason residents of Calderwood would have for visiting Kirknewton pharmacy. Mr Coffey responded that he did not have an answer for this.
29.9.	Mr Farooq referenced pictures shared of the car park and enquired where in relation to the pharmacy this was located. Mr Coffey responded that the image was taken from the disabled ramp outside the Kirknewton Pharmacy and there is a laneway directly across the road which leads to the car park.
29.10.	Mr Farooq enquired if this was resident only parking for those around Smithy Brae. Mr Coffey responded no note that there are no parking restrictions for it.
29.11.	Mr Farooq enquired how many spaces were in the parking area as well as any disabled access. Mr Coffey responded that there were approximately 15 spaces and 1 is designated for disabled.

29.12.	Mr Farooq enquired if Mr Coffey was aware that the designated disabled bay is an advisory disabled bay meaning anyone could park there. Mr Coffey confirmed that he was aware of this.
29.13.	Mr Farooq noting the images provided and that the majority of spaces were occupied enquired if there was enough parking to include resident of Calderwood. Mr Coffey responded to note that although it is a small village there have been no issues for patients trying to park to access the pharmacy.
29.14.	Mr Farooq enquired if Mr Coffey knew how many new homes were planned for Kirknewton. Mr Coffey responded that Kirknewton had ongoing developments, but the build was slow but was unaware of how many had been completed.
29.15.	Mr Farooq had no further questions.
30.	The Chair invited questions from the Interested Parties.
30.1.	Ms Sudhakaran (Lindsay & Gilmour Pharmacy) to Mr Coffey.
30.2.	Ms Sudhakaran enquired if there was capacity to accommodate growth in the population in Kirknewton. Mr Coffey responded to confirm that there was capacity noting a refit in pharmacy and reorganisation of how they operated given their premises being quite small but have made the most of the space available. Mr Coffey went on to note that Kirknewton Pharmacy is 2.5 times larger than the temporary premise which the Applicant is proposing.
30.3.	Ms Sudhakaran had no further questions.
30.4.	Mr Chris Freeland (Omnicare Pharmacy) to Mr Coffey but this was declined.
30.5.	Mr John Connolly (Ladywell Pharmacy) to Mr Coffey but this was declined.
30.6.	Mr Dane Winterburn (Rowlands Pharmacy) to Mr Coffey but this was declined.
30.7.	Mr Labeeq Hussain (Healthful Pharmacy) to Mr Coffey but this was declined.
30.8.	Ms Colette Kennett (Boots UK Ltd) to Mr Coffey but this was declined.
31.	The Chair invited questions from the Committee to Mr Coffey but this was declined by all.
32.	The Chair invited Ms Colette Kennett (Boots UK Ltd) to speak.
32.1.	Thank you very much for your time today to allow me to represent Boots. I will try to keep it as short as I can because I know that we have probably went through quite a lot of detail already. So I will summarise the points from our perspective in terms of Boots.

32.2.	We would agree with Mr Freeland's statement that the neighbourhood should include East Calder and we also support Mr Connolly's concerns around the viability of the new contract and providing service and lack of planning permission and building plans that are in place at the moment.
32.3.	We believe that the current and new housing developments are likely to increase the affluence of the neighbourhoods. Therefore, levels of cars, home ownership and health are also likely to increase in the area.
32.4.	Given the demographics of the area, residents are likely to access pharmacies in the wider area where they go to work or regularly shop and carry out their day-to-day activities.
32.5.	All existing pharmacies already provide access to NHS Pharmacy Services and have already made any needs arising from recent developments and have capacity to meet any further requirements.
32.6.	We submit that the existing pharmacies provide an adequate level of pharmaceutical services to residents of the neighbourhood.
32.7.	There is no evidence to suggest that the existing level of service provision is not meeting current patient needs or will not be able to do so in the future.
32.8.	The existing pharmacies are reasonably accessible from the neighbourhood, especially by car or public transport.
32.9.	In terms of Boots, we believe that we have adequate parking facilities near to the pharmacy and we also offer deliver services and dosette box services, which have been mentioned through the day today.
32.10.	In conclusion, we submit that the application is neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood and therefore respectfully urge the Committee to refuse the application.
32.11.	This ended the presentation by Ms Colette Kennett of Boots UK Ltd.
33.	The Chair invited questions from the Applicant.
33.1.	The Applicant to Ms Kennett (Boots UK Ltd).
33.2.	Mr Farooq enquired as to how long the Boots Craigshill branch operated from a Portacabin for. Ms Kennett noted that the context for the temporary relocation was due to a fire in the Livingston Mall where the Boots Craigshill was located in August 2019, return to the original unit was not possible until November 2020 due to restrictions imposed by Covid.
33.3.	Mr Farooq enquired is Boots were successful in maintaining continuity of service and patient care from the Portacabin. Ms Kennett responded to note

	that due to Covid restrictions imposed, pharmacy services were very different from today. Ms Kennett noted that she had not worked within the portacabin but had seen images and reflected that as Mr Connolly has described previously, it was two cabins put together and was of a significant size enabling delivery of services required at that time.
33.4.	Mr Farooq enquired if there were parking charges imposed at Boots Almondvale. Ms Kennett confirmed that there was a charge which is £0.50 per hour. Ms Kennett noted a different customer base due to this location being a destination area in the middle of the town centre where people dwell longer due to large retail shops and leisure facilities within the complex than those who solely require access to pharmaceutical services.
33.5.	Mr Farooq had no further questions.
34.	The Chair invited questions from the Interested Parties to Ms Kennett but this was declined by all.
35.	The Chair invited questions from the Committee to Ms Kennett.
35.1.	Mr Mike Ash (Lay Member appointed by NHS Lothian) to Ms Kennett but this was declined.
35.2.	Mr John Niven (Lay Member appointed by NHS Lothian) to Ms Kennett.
35.3.	Mr Niven enquired if the two temporary units were fully standalone facilities with their own welfare within the confines of the premises. Ms Kennett responded from the information she has been provided due to not being with Boots at the time that they were standalone units in an adjacent car park with full amenities but noted that toilet facilities were not part of the portacabin but portaloo's (male and female) were accessible for staff out with the units.
35.4.	Mr Niven had no further questions.
35.5.	Mr Brian McGregor (Lay Member appointed by NHS Lothian) to Ms Kennett but this was declined.
35.6.	Mr Barry Chapman (Pharmaceutical Non-Contractor Member appointed by NHS Lothian) to Ms Kennett.
35.7.	Mr Chapman enquired should a healthcare professional be looking to get medicines dispensed in MDS, is there capacity in all or any of the Boots branches in the area. Ms Kennett responded that they have capacity and as other contractors here today offer a hybrid approach to dosette boxes. That being should a patient were looking to collect their dosette box every week from branch then it would be dispensed within that store. However, if a patient was looking for their dosette to be delivered, then due to having a local store where there is our centralised dispensing hub who would dispense and then deliver to the patient.

35.8.	Mr Chapman enquired how many wholesalers Boots use at their branches. Ms Kennett responded that Boots have a predominant wholesaler that they use but do have access to others also and any supply issues can be addressed to our pharmacy support office to aid in stock gathering.
35.9.	Mr Chapman enquired if it may be the case that Boots had higher levels of medication shortages due to reliance on a single wholesaler. Ms Kennett responded that this may have been the case historically but due to changes in processes and consulting with other suppliers and contractors to work together to enable patients' needs being met, this should no longer be a barrier. Ms Kennett did note that was out with National Shortages of medicines which all contractors are aware of.
35.10.	Mr Chapman had no further questions.
35.11.	Mr Mike Embrey (Pharmaceutical Contractor Member appointed by NHS Lothian) to Ms Kennett but this was declined.
36.	Summaries
36.1.	The Chair invited participants to sum up representation in reverse order.
36.2.	The Chair invited Ms Colette Kennett of Boots UK Ltd to sum up.
36.3.	Given that I have just spoken, I am sure everything I have said is fresh in everyone's mind. We really feel that this application is neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood and therefore respectfully urge the Committee to refuse the application.
36.4.	The Chair invited Mr Fergal Coffey of Kirknewton Pharmacy to sum up.
36.5.	<p>We believe that this pharmacy application and the evidence that has been presented to us, should it be granted, does not and cannot secure adequate access to pharmaceutical services because there is just too many uncertainties around the premise and temporary premise:</p> <ul style="list-style-type: none"> ○ there is no planning applied for ○ dubious road access ○ would have to rely on outdoor portaloos ○ may need to be moved and given what we have heard, it may need to be moved on several occasions ○ We would question the size of the temporary unit due to no area for storage not only of stock but sharps and waste medicines ○ No assurance from the Applicant that any of these arrangements could take place except for emails discussing phonedines <p>In terms of the neighbourhood, as we have already said, it is not a neighbourhood in its own right and relies heavily on marketing material produced by Stirling Developments and West Lothian Council's vision to this</p>

	<p>development as being integrated with East Calder, where residents need to go to to access things like GP's, libraries, post offices, hairdressers, pubs etc.</p> <p>East Calder is the neighbourhood. The applicant has not provided any evident of the demographics for the entirety of East Calder. We would also question the viability of this application and the applicants have described overheads on paying the portacabin rent and also land rent on the site they propose that would amount to approx. £54,000 per year for every year they are in a portacabin.</p> <p>Noting earlier questions and comments around funding for social housing and delays regarding this, we would question whether Calderwood Square will ever be built and has the applicant allowed sufficient monies to cover this cost for an indefinite period of time?</p> <p>Going back to points raised regarding the premises and the building, there is no certainty if the Calderwood Square development will be built and if so when. Will the rest of the Calderwood core development area housing proposal continue and given that the amenities within the Section 75 may or may not be met. This is everything we have to say.</p>
36.6.	The Chair invited Mr Labeeq Hussain of Healthful Pharmacy to sum up.
36.7.	We believe that the pharmacy application should not be approved because there is no need for it. We have plenty of space for new patients and dosette boxes which have been highlighted multiple times. We are able to provide an have capacity for any increase required.
36.8.	The Chair invited Mr Dane Winterburn of Rowlands Pharmacy to sum up.
36.9.	We do not believe that this contract is necessary or desirable given everything that we have covered today it is very premature at best. We would urge the committee not to grant this application.
36.10.	The Chair invited Mr John Connolly of Ladywell Pharmacy to sum up.
36.11.	<p>Thanks to Khez and Harvie as it is never particularly pleasant when you are an applicant and there is a number of interested parties trying to discredit you, so I think you have done it in really good faith. However, I feel it has been a good and robust hearing but with that being said:</p> <ul style="list-style-type: none"> ○ There is no planning permission granted for either premise. ○ It is a long-term development and there is doubt over whether they can actually materialise at all. ○ The Applicant does not have any legal agreements in place to enable assurance that they could deliver what they are proposing to deliver. <p>Therefore, they cannot secure adequate access to pharmaceutical services. There is no evidence to suggest that is the case and I am respectfully ask that the committee reject this application.</p>

36.12.	The Chair invited Mr Chris Freeland of Omnicare Pharmacy to sum up.
36.13.	<p>I think there is just too much ambiguity here in the premises for this application. I do not think there has been enough preparation in terms of securing the premises. We have already been given evidence of this.</p> <p>I believe also the neighbourhood is in fact inaccurate.</p> <p>A pharmacy generally does not close because of this robust process. However, if it were to be granted it would put significant financial pressure on our pharmacy in Mid Calder. Therefore, I would urge the panel to reject this application.</p>
36.14.	The Chair invited Ms Tanusia Sudhakaran of Lindsay & Gilmour Pharmacy to sum up.
36.15.	<p>Just to summarise, we disagree with the neighbourhood as defined by the applicant as we consider Calderwood to be part of Eat Calder.</p> <p>There are nine pharmacies within a three-mile radius that currently provides the service in and into the neighbourhood that can be easily accessed by car or bus to our pharmacy.</p> <p>Lindsay & Gilmour can also be accessed by foot, and we believe that we have shown that we have got capacity to continue growing, to continue to support the growing population of East Calder and will continue to provide more than adequate service levels.</p> <p>The Applicant had not worked as a pharmacist in our pharmacy since May 2023 and a lot of positive changes have been made since then.</p> <p>Mr Farooq also mentioned that they are projecting to do around 5,000 – 6,000 items per month, which is around 75% of our items which will make us unviable if the application was to be granted.</p> <p>Therefore, we respectfully urge the Committee to refuse this application.</p>
36.16.	The Chair asked the Applicant, Mr Khezer Farooq of Calderwood Pharmacy Partnership to sum up.
36.17.	<p>First of all I would like to thank everyone here today and know it has been a really long day. I will try my best to keep this as concise as possible and so in summary.</p> <p>The sheer size and scale of development in the area are hard to ignore and the massively increasing population do and certainly well deemed the current services inadequate. This is based upon the CAR and the results.</p> <p>There is currently no pharmacy within our neighbourhood and our residents need to travel long distances out with simply taxis, pharmaceutical services, although all core services are currently provided, this does not automatically deem the current services adequate.</p> <p>When, not if, when the Calderwood Village Square is completed, it will certainly have all the amenities to consider it as a self-sustaining neighbourhood, although the interested parties argue that the pharmaceutical services can be</p>

provided to a neighbourhood by pharmacies out with the neighbourhood, there must come a point at which the population of a neighbourhood reaches a size where it no longer becomes reasonable to expect that population to undertake unreasonable travel times to reach a pharmacy in an adjacent neighbourhood already at bursting point.

I have already mentioned the difficulty with access when driving into the village, so I will not expand on that much further and the panel have the CAR in front of them, which highlights these issues.

We do not consider a one hour round trip either walking or on public transport adequate, an adequate means of access to a pharmacy, especially when the NHS Lothian Pharmaceutical Care Service Plan specifically highlights the need to take the 20-minute neighbourhood into consideration.

I would like to point out that delivery service is not a core service so it can be removed at any time, and it is also not an effective way to deliver the actual core services, especially since the introduction of Pharmacy First.

The current services are inadequate due to the troubles of access to all pharmacies as well as the issues of space and capacity and despite the discussions around planning today, 1600 homes are already occupied. This will be further exacerbated with exploding populations, estimated to be well over 6,000 upon completion.

Since first submitting an application around three years ago, we have received an overwhelming amount of support from the residents of the local area, as can be seen in the CAR results and comments within it. As well as support from all the local MPs the unwavering support of the Community Council, as well as the local GP who all highlighted issues with the growing population and the inability of current services to cope. In terms of the CAR credibility which has been mentioned today a few times the panel actually quoted regarding this, a CAR which states that although it is possible that they are made residents from out with the neighbourhood that responded, the population of the neighbourhood may change. This is not sufficient to undermine the ability of the CAR to reflect the level of support in the neighbourhood for the application therefore highlighting supposed faults. The CAR always had and still does form part of the legal test and consideration for the panel and there is nothing to suggest that there has been any error whatsoever in terms of the process of the CAR with it being carried out in exactly the same manner as any other consultation process for a new pharmacy.

The representatives from local pharmacy's have claimed that they have capacity to cope with increasing population, but I would argue that any pharmacy contractor opposing a new application would make the same claims and an attempt to prevent the contract being granted.

The changes in process of Lindsay & Gilmour have implemented have done little in the way of improving access as queues still regularly form outside the store as has been noted in the panels site visits.

From what Ms Sudhakaran said in terms of 75% of the business getting taken from the in terms of items, that suggests that 75% of their volume comes from Calderwood, which I would suggest is not realistic.

	<p>There has also been concerns with regards the use of the temporary premises which we wait for the permanent premise to be built. Now I agree the situation is not ideal, but I would like to reassure the panel that we have permission to use the temporary premises and we will apply for a temporary minor relocation when construction of the main village commences.</p> <p>We have been assured by the developer that relocating to a nearby site will not be an issue and temporary relocation has been granted in many other instances in the past as we have spoken about today having been in constant communication for the best part of four years with the developers, the Council, local MPs and the Community Council.</p> <p>We have been given absolutely no indication that the Village Square will not be completed or that they will redact the Heads of Terms allowing us to operate in a temporary or permanent capacity and the entity temporary premises as mentioned is fully GPhC compliant, comes with access and had independent portable with access to water, electricity and internet which do not require connection to the mains.</p> <p>Finally, I would like to mention the regulations as well as the numerous PPC hearing that allude to this. It is essential to consider new developments and increasing populations when considering new pharmacy applications and Calderwood is a perfect example. This is also highlighted in NHS Lothians Pharmaceutical Care Service Plan and so as for these reasons, we believe it is both necessary and desirable for this application to be granted.</p>
37.	Retiral of Parties
37.1.	<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. Ms Tanusia Sudhakaran, Mr Chris Freeland, Mr John Connolly, Mr Dane Winterburn, Mr Labeeq Hussain, Mr Fergal Coffey, Ms Colette Kennett and Mr Khezer Farooq confirmed they had had a fair hearing. Having been advised that all parties were satisfied, the Chair advised that the Committee consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared, and a copy issued to all parties as soon as possible. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.</p>
37.2.	<p>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</p>
37.3.	<p>The hearing adjourned at 1537 hours to allow the Committee to deliberate on the written and verbal submissions.</p>
38.	Summary of Consultation Analysis Report (CAR)

38.1.	Introduction
38.2.	NHS Lothian undertook a joint consultation exercise with Calderwood Pharmacy regarding the application for a new pharmacy at Unit 3, Calderwood Village Square, Calderwood, EH53 0GU.
38.3.	The purpose of the consultation was to assess the current provision of Pharmaceutical Services in the neighbourhood and whether it is adequate; and to establish the level of support from the local public.
38.4.	Method of Engagement to Undertake Consultation
38.5.	The consultation was conducted by placing an advertisement in the West Lothian Courier as well as being posted on NHS Lothian's website. Respondents could respond electronically or request a hard copy.
38.6.	The Consultation Period lasted for 90 working days from 1 December 2022 through to 05 March 2023.
38.7.	Summary of Questions and Analysis of Responses
38.8.	Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; perceived gaps/deficiencies in existing services; wider impact; impact on other NHS services and optional questions on respondents' addresses and circumstances.

Questions	Positive- Yes / %	Negative – No / %	Don't Know / %	Non Answered
1. Do you think the neighbourhood described is accurate?	520 / 95.8%	10 / 1.8%	13 / 2.4%	0
2. Do you regularly receive your prescriptions in a timely manner using the existing Pharmacy services into the neighbourhood?	202 / 37.4%	274 / 50.7%	64 / 11%	3
3. Do you think there are gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood?	442 / 81.4%	45 / 8.3%	56 / 10.3%	0
4. Do you have any issues with access when using the current pharmaceutical services in the area?	295 / 54.3%	218 / 40.1%	30 / 5.5%	1
5. What impact do you think a community pharmacy would have in the neighbourhood?	523 / 96.5%	8 / 1.5%	11 / 2%	1
6. What are your views on the pharmaceutical services being proposed by the applicant?	523 / 96.7%	14 / 2.6%	4 / 0.7%	2
7. Do you think there is anything missing from the list of services to be provided?	34 / 6.3%	385 / 71.4%	120 / 22.3%	4
8. Do you think a community pharmacy in the neighbourhood will work with other NHS health services such as GP Practices?	496 / 91.3%	12 / 2.2%	35 / 6.4%	0
9. Do you believe the proposed pharmacy would have a positive or negative impact on existing NHS services?	509 / 94.1%	12 / 2.2%	20 / 3.7%	2
10. What do you think of the location of the proposed community pharmacy?	512 / 94.5%	11 / 2%	19 / 3.5%	1
11. What do you think about the proposed opening hours?	518 / 95.6%	12 / 2.2%	12 / 2.2%	1
12. Do you support the proposal?	521 / 96.3%	16 / 3%	4 / 0.7%	2

38.9.	In total 543 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.
38.10.	Of the 543 responses, 540 were submitted by individuals, one was submitted from a group/organisation and two respondents did not clarify if they were an individual or a group/organisation.
38.11.	Consultation Outcome and Conclusion
38.12.	The use of Jisc, a website that hosts online surveys, allowed views to be recorded and displayed within the full Consultation Analysis Report in a clear and logical manner for interpretation.
39.	Decision
39.1.	The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.
39.2.	Neighbourhood
39.3.	Discussion
39.4.	The Committee acknowledged that the village of Calderwood which the Applicant had defined as his neighbourhood was still being constructed and developed and therefore lacked a level of infrastructure other than a convenience store. This meant that residents would need to travel outwith the Applicant's neighbourhood in order access services such as GP surgeries and a secondary school and retail shops. This meant that the neighbourhood (as defined by the Applicant) was not a viable neighbourhood and not fit for all purposes.
39.5.	The Committee noted that the Applicant's neighbourhood was very small and excluded the nearest pharmacy in East Calder (Lindsay & Gilmour which was just over a 1 mile away).
39.6.	The Committee noted the proposed revised western boundary that had been suggested by Lindsay and Gilmour and agreed that the area of East Calder should therefore be included within the neighbourhood boundaries, as this contained a number of key facilities and services which residents of the area would need to visit in order to access services that were not within the neighbourhood defined by the Applicant.
39.7.	The Committee felt that the East and part of the North boundary were appropriate. However, the North boundary needed to be extended further across, and the West boundary needed to be extended further west to include East Calder. The South boundary also needed to be extended south from the B7015 to the A71.

39.8.	<p>The Agreed Boundaries were</p> <p>North: The River Almond by Linwater Caravan Park to Mid Calder (B8046 Pumpherston Road)</p> <p>Western: From the B8046, across the green space around Oakbank down to A71</p> <p>Southern: Oakbank by the A71 to the junction where it meets B7015</p> <p>Eastern: Junction of A71 to B7015 north to Linwater Caravan Park.</p>
39.9.	<p>Adequacy of existing provision of pharmaceutical services and necessity or desirability</p>
39.10.	<p>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.</p>
39.11.	<p>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, the CAR responses, the interested parties, the Medical Practices, its PPC member visits to the site; and it heard expert advice from contractor and non-contractor pharmacist members of the panel about the issues identified in the hearing and their knowledge of equivalent service delivery matters elsewhere in Scotland.</p>
39.12.	<p>The Committee acknowledged that the response rate of 543 responses to the Consultation was a reasonably good response.</p>
39.13.	<p>The Committee noted the summary of the CAR in the Minutes.</p>
39.14.	<p>The Committee considered the assertion put forward by Mr Coffey that a number of responses to the Consultation could have been from the same individual. The Committee acknowledged that people outside the area could respond, and, to their knowledge, it had not be possible to identify the individual respondents from the raw data due to the issue noted by Health Board regarding the Jisc system upgrade. The Committee acknowledged that the CAR had its limitations and should be taken at face value.</p>
39.15.	<p>The Committee acknowledged there were a number of negative responses within the CAR in relation to the current pharmaceutical service provision. Although there had been a number of issues and complaints raised, it was noted that no formal complaints had been received in relation to the three closest pharmacies, particularly Lindsay & Gilmour which had had parking and queueing issues.</p>
39.16.	<p>The Committee discussed their site visits. Committee members had individually visited the pharmacies at different times and on different days of the week. Some Committee members had travelled by bus in order to check the service,</p>

	and they felt that the frequency and time of the bus service was adequate. A number of Committee Members had experienced parking challenges around the Lindsay & Gilmour premises, but no real parking challenges at the other pharmacies visited.
39.17.	On the site visits, the Committee had seen that although there were queues in Lindsay and Gilmour on occasion, the other pharmacies were relatively queue free. The on-duty pharmacist in Lindsay and Gilmour had deemed that the queue size was manageable.
39.18.	The Committee also noted that the CAR had been conducted over a year ago and since that time, Lindsay & Gilmour had made changes to help reduce pressure such as introducing a prescription dispensing machine, and the CAR was therefore no longer reflective of the current position of pharmaceutical services provided.
39.19.	It was noted that all seven of the pharmacies provided a delivery service, and the Committee acknowledged that this was not a core service.
39.20.	In relation to future developments to be taken into consideration, the Committee noted the Applicant's statement that around 1600 homes had already been built, and once all the house building had been completed, this would mean the area would have approximately 2300 homes. The Applicant had also stated that planning approval had been received for a further 706 homes in the East Calder area. This could mean a significant level of increase in pharmaceutical services, in the area, particularly on Lindsay & Gilmour in East Calder.
39.21.	The Committee noted that from the 1600 homes already built, there did not seem to have been much of an impact on the level of prescriptions. The Committee considered the demographic of the likely residents of the new homes being built, and felt it was likely to be a younger, healthier population, rather than a more elderly more frail population who often had increased needs of pharmaceutical services.
39.22.	Under the Guidance (Section 7.1), the Committee had to "...consider the future and, in particular, changes which it is known will occur in the future". The Committee deemed that there was sufficient doubt whether all the additional 706 homes referred to by the Applicant would be built. The documentation by the developer had indicated their intention to build a maximum of 200 homes per annum. On that basis, it would be almost 3.5 years before that was completely if the maximum of homes were built per year. Also, considerable concern had been raised in relation to finance of several elements of the development. So it was quite possible that the minimum of 3.5 years to complete the house building could be extended, and therefore it was not certain that all 706 homes would be built within a reasonable timescale.
39.23.	The committee noted that the applicant did have local support in particular from local politicians who felt more pharmaceutical services would be helpful. It was noted that Mr Hussain of Healthful Pharmacy had approached the GP Surgeries and offered services into the area, but the responses received had

	been that this was not required, which might indicate that there was no additional need.
39.24.	The Committee noted the statement by Mr Freeland of Omnicare in Mid Calder that although Omnicare currently serviced six Care Homes, a number would be closing due to restructuring of adult services within West Lothian. This would give Omnicare additional capacity to provide pharmaceutical services into the neighbourhood.
39.25.	The Committee considered the Applicant's viability, noting his aim of having between 5000-6000 prescriptions per month which was deemed to be very high for a new pharmacy. It was noted that Omnicare, once the prescriptions for the care homes had been removed, they anticipated that their prescription level would be around 3,000 per month. Residents were used to going outwith the Applicant's neighbourhood for other regular services they needed to access, so may not wish to change their current service provider. The Committee noted that the Applicant's premises would be a temporary portacabin, so it may not be clear it was a pharmacy, and also it may not offer the regular retail items that other pharmacies would have. Therefore, the Committee felt it would take the Applicant much longer to reach the prescription numbers that he expected to reach. There were also the operating costs to consider, which would impact the Applicant's viability. If the Applicant had 5,000 - 6,000 prescriptions per month, this would also negatively impact the viability of the existing pharmaceutical providers.
39.26.	It was acknowledged that the current level of development of the housing development was not yet fully completed.
39.27.	The Committee considered the NHS Lothian Area Pharmaceutical Services Care Plan. The Committee acknowledged that when the housing developments in the area had been completed, it would be deemed a 20-minute neighbourhood. However, the housing and retail developments had not yet been completed, and some areas had not even started being developed, so it could not be considered a neighbourhood for all purposes.
39.28.	Car usage was an aspiration within the Area Pharmaceutical Plan, but there was a good bus service, so it was not essential. Although residents currently needed to travel to access services, this was feasible by both car and public transport (bus).
38.29.	It was also noted that the NHS Lothian Area Pharmaceutical Services Care Plan had not identified any gaps in service provision.
39.30.	The Applicant had mentioned that the number of patients per pharmacy was higher than usual in West Lothian, which did not of itself indicate that the service was inadequate.
39.31.	The Committee considered that although the pharmaceutical services provided in and into the Applicant's Neighbourhood the Applicant were not ideal, they were not inadequate.

40.	Conclusion
40.1.	Following the withdrawal of Mr Barry Chapman and Mr Mike Embrey in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, The Committee concludes that existing provision of pharmaceutical services within the Defined Neighbourhood are adequate.
40.2.	The PPC considered the location of the proposed pharmacy, its size and proposed layout, and the services proposed in the application.
40.3.	Taking account of all the representations made, and the information revealed by the CAR and submitted orally and in writing the Committee determined that pharmaceutical services in and to the Defined Neighbourhood were adequate and rejected the application by Calderwood Pharmacy Partnership for admission to the Pharmaceutical List.
40.4.	The Hearing closed at 1626 hrs

Signed by the Chair

NAME: **Mr Martin Connor**
Chair – Pharmacy Practices Committee

Date: **13th September 2024**