



PRIMARY CARE CONTRACTOR ORGANISATION

PHARMACY PRACTICES COMMITTEE

Application by Dr Abdul Wahid Mohammad (trading as NZO Ltd) of 71 Bridgend Park, Bathgate EH48 2AD, for inclusion in the pharmaceutical list in respect of the premises, 11 East Main Street, Blackburn, EH47 7QU.

The Pharmacy Practices Committee met at 11.30am on 28 October 2010 in Bathgate Primary Care Centre, Whitburn Road, Bathgate, EH48 2SS to consider the above application in accordance with the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009. Due to procedural issues this meeting had to be adjourned (please see paragraphs 1-19 below).

A reconvened meeting was arranged and the Pharmacy Practices Committee met at 11.00am on 16 February 2011 in Pentland House, 47 Robb's Loan, Edinburgh, EH14 1TY to re-consider the above application in accordance with the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 (please see paragraphs 20 - 165 below).

Decision of the Pharmacy Practices Committee

The decision of the Committee was that the provision of pharmaceutical services at the premises was neither necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the pharmaceutical list and that accordingly the application was refused.

28 OCTOBER 2010 – ADJOURNED HEARING

Pharmacy Practices Committee

Jack Aitchson	(Chair)
Peter Jones	(Non-contractor Pharmacist)
Kaye Devlin	(Contractor Pharmacist)
Ian Melville	(Lay member)
Patricia Eason	(Lay member)

Lynda Campbell (Administrator to the Pharmacy Practices Committee)
(accompanied by Susan Summers)

1. The Committee convened to consider an application for inclusion in the pharmaceutical list, dated 5 April 2010, by Dr Abdul Wahid Mohammad (trading as NZO Ltd) in respect of the premises, 11 East Main Street, Blackburn, EH47 7QU. A copy of the application had been circulated in advance to the Committee and the parties.
2. Written representations had been received from Charles Tait, Boots UK Ltd; Lothian Area Pharmaceutical Committee; Charlotte Green, Lloyds Pharmacy Ltd; Dara O'Malley, Omnicare Ltd; Lindsay and Gilmour Pharmacy; NHS Lanarkshire Pharmaceutical Committee and NHS Lanarkshire Medical Committee. The applicant and the interested parties were entitled to comment on the representations received. Further comments were received from NHS Lanarkshire Area

Medical Committee and the applicant. Copies of the written representations had been circulated in advance to the Committee and the parties.

3. Correspondence had been received from Alison Kerr, Chairperson, Blackburn Community Council. Neither this person nor the Blackburn Community Council had any statutory right to make oral representations on this matter. However the correspondence was made available to the Committee for information only.
4. Late additional written representations were received from the applicant. These were circulated to the Committee and interested parties prior to the hearing.
5. On the morning of the hearing, a principal copy of a Testimonial Statement was presented to the Chairman, purely for the information of the Committee. A copy of this document had been included in the late additional papers previously circulated to the Committee and interested parties. However, in the copy document, the name of the person providing the Testimonial Statement had been blanked out. The person's name had not been blanked out in the principal copy lodged on the morning of the hearing.
6. The Committee had before them, maps of the area surrounding the proposed premises detailing the location of the nearest pharmacies and GP surgeries, deprivation categories and population density. They had details of the numbers of prescriptions dispensed during the months January 2010 – June 2010 by the pharmacies nearest to the proposed premises and the number of prescriptions they had dispensed that were issued from the GP surgeries closest to the premises during the months January 2010 – March 2010. The Committee were also provided with "Pharmacy Profiles" of the nearest pharmacies detailing opening hours, premises facilities and services offered.
7. Prior to the meeting the Committee undertook a site visit. The Committee noted the location of the proposed premises, the pharmacies nearest to the proposed premises, the nearest GP surgeries, the facilities in the area, and the neighbourhood as defined by the applicant.
8. Under paragraph 5(10) of the Regulations, the Committee was required to decide 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."
9. It had been confirmed prior to the meeting that the members present, did not have an interest to declare.
10. The Committee agreed to invite the applicant Dr Abdul Wahid Mohammad (trading as NZO Ltd) and those who were present who had made written representations to attend before them. They were:
 - Dr Abdul Wahid Mohammad, representing the applicant
 - Asad Mohammad, assisting in the presentation of the application
 - Charles Tait, representing Boots UK Ltd
 - Chris Freeman representing Omnicare Pharmacy Ltd
11. The Chairman explained the procedure that would be followed.
12. The procedure adopted by the Committee was that the applicant would make an opening submission to the Committee, which would be followed by an opportunity for the objectors and the Committee to ask questions. The objectors would then be given the opportunity to make their oral representations and the applicant and the Committee would then ask the objectors, questions. The parties would then be given an opportunity to sum up.

13. Prior to the applicant being invited to proceed with his opening submission, the Chairman asked the representative from Boots UK Ltd whether it was his intention to raise any objections to the Testimonial Statement provided by the applicant. Mr Tait from Boots UK Ltd advised that he objected to the Testimonial Statement submitted by the applicant and circulated to interested parties on 22 October 2010. His objection related to the fact that in the Testimonial Statement, the individual's name had been blanked out. Mr Tait went on to state that as the person providing this Testimonial Statement was not identified, he could not determine the significance of the statement. He further stated that the Testimonial Statement in the form that he had been given, did not allow him to assess the weight and relevance of the statement.
14. The Chairman sought comment from Dr Mohammad, representing the applicants. Dr Mohammad advised that he did not want the person who had provided the Testimonial Statement to be named. He went on to state that the Testimonial Statement was there in case any interested party contested the areas of difficulty raised in Dr Mohammad's presentation.
15. The Chairman asked the applicant if he was willing to reveal the name of the person who had given the Testimonial Statement. The applicant advised that he was not prepared to do this. The Chairman went on to ask the applicant if he was prepared to withdraw the Testimonial Statement. The applicant advised that he was not.
16. At this point the Chairman asked the two interested parties to leave the room while he spoke to the applicant regarding the Testimonial Statement.
17. The Chairman took this opportunity to ask the applicant again if he would withdraw the Testimonial Statement or name the person. The applicant refused.
18. The Chairman then resumed the hearing with both interested parties present. The Chairman advised that there would be a short adjournment of the hearing so that advice could be sought on this matter.
19. Shortly thereafter the meeting was reconvened and on the advice of the Primary Care Contract Manager, the Chairman again asked the applicant if he was willing to withdraw the Testimonial Statement. It was noted that the applicant was not willing to do so. The applicant however confirmed that he would name the person who had provided the Testimonial Statement. The Chairman advised that as it would not be possible for the applicant to confirm that he had authority to name to the person, the meeting could not proceed at this point and accordingly the hearing was adjourned to a new date to be afterwards fixed.

16 FEBRUARY 2011 – RECONVENED HEARING

Pharmacy Practices Committee

Jack Aitchson	(Chair)
Peter Jones	(Non-contractor Pharmacist)
Kaye Devlin	(Contractor Pharmacist)
Ian Melville	(Lay member)
Patricia Eason	(Lay member)

Ranald Macdonald, Legal Adviser to the Board
Lynda Campbell (Administrator to the Pharmacy Practices Committee)

(accompanied by Susan Summers)

20. The Committee reconvened to consider an application for inclusion in the pharmaceutical list, dated 5 April 2010, by Dr Abdul Wahid Mohammad (trading as NZO Ltd) in respect of the premises at 11 East Main Street, Blackburn, EH47 7QU. A copy of the application had been circulated in advance to the Committee and the parties.
21. The Committee had before them all the papers mentioned in paragraphs 2, 3, 4, 5 and 6 mentioned above.
22. The Committee were provided with a copy of a further Testimonial Statement that had been submitted following the hearing on 28 October 2010. This statement was made by Mr Asad Mohammad and it confirmed his agreement to his name being revealed as the person who had made the earlier anonymous Testimonial Statement on 20 October 2010. The Committee advised that they would allow both these documents to be given consideration and confirmed that they could be circulated to the parties prior to the hearing commencing.
23. Under paragraph 5(10) of the Regulations the Committee was required to decide 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.”
24. It had been confirmed prior to the meeting that the members present did not have an interest to declare.
25. The Committee agreed to invite the applicant Dr Abdul Wahid Mohammad (trading as NZO Ltd) and those who were present who had made written representations to attend before them. They were:

Dr Abdul Wahid Mohammad, representing the applicant
Asad Mohammad, assisting in the presentation of the application
Charles Tait, representing Boots UK Ltd, David Henderson assisting in the presentation
Dara O'Malley representing Omnicare Pharmacy Ltd

26. The Chairman explained the procedure that would be followed.
27. The procedure adopted by the Committee was that the applicant would make an opening submission to the Committee, which would be followed by an opportunity for the objectors and the Committee to ask questions. The objectors would then be given the opportunity to make their oral representations and the applicant and the Committee would then ask the objectors, questions. The parties would then be given an opportunity to sum up.

Neighbourhood - Applicant

28. The Committee noted that the applicant, Mr Mohammad, defined the neighbourhood as:

Northern Boundary, the A89 between the roundabout which converges with the B792 and the roundabout which converges with the A779.

To the East: from the A89 along the A779 to the roundabout which converges with the A705.

To the South: travelling along the A705 towards Redhouse Road continuing on through Seafield Road, East Main Street, West Main Street and onto Main Street to the point where the road allows access onto the A801.

Western Boundary: from the junction of the A705 and A801 travelling along the A801 to the roundabout which converges with the A7066 then travelling along the A7066 to the exit onto the B792 and travelling northerly to the point where the road meets the A89.

29. The applicant clarified in his oral submission that each of the boundaries have been chosen for ease of access and the ability to travel by foot with ease and without reasonable prospect of danger. The applicant stated that he felt it was reasonable to say that an individual should be able to easily travel by foot across a fair distance to visit his neighbour. He had included Seafield as it is possible to walk there via the A705 on the left hand side up to the end of Seafield. A small path still exists which would take the individual to A705 up to Starlaw Road. The walkway at this point disappears and it would be difficult for an individual to cross any further at this point without the aid of a vehicle. The applicant further stated that he had not used the M8 as a major boundary to the north because there is a major walkway over the M8 from Blackburn with a path over one metre wide. Dr Mohammad stated that Blackburn residents regularly use this walkway to access Tesco and it is also a major cycle path.
30. The applicant advised also that the above boundary definition showed a more realistic neighbourhood to that which he had originally defined in his application namely "The railway lines from Bathgate to Edinburgh (north); Breich to Kirknewton (south), perpendicular to the A71; and the boundary starting from Murieston (south) to Deans (north)"

Neighbourhood – objectors

31. Dara O'Malley, Omnicare Pharmacy Ltd, defined the neighbourhood as the town of Blackburn and village of Seafield.
32. Mr O'Malley clarified in his oral submission that the neighbourhood could be defined as from the east side of East Whitburn (not including), down to the M8 along the A801, moving east along M8 as far as the footpath that heads south through Easter Inch Moss. The footpath then runs east and then south again towards the A705. Then following Deans Burn to the Almond River, running west along Almond River to where it crosses A705 then along A705 to the junction again with the A801.
33. Mr Tait, Boots UK Ltd, defined the neighbourhood as Blackburn, which is south of the M8 and surrounded by open countryside.

Adequacy of existing pharmaceutical services and necessity or desirability - applicant

34. Dr Mohammad submitted to the Committee that currently in Blackburn there is only one pharmacy, located in the Mill shopping centre and that is Alliance Boots, 7-9 Sycamore Walk. The nearest pharmacies to this are located approximately 2.6 miles to the west in Whitburn, 2.3 miles north of Blackburn in Bathgate. To the east of Blackburn the nearest pharmacy is Deans Pharmacy which is approximately 4.5 miles away in Deans, Livingston. In the southerly direction from Blackburn the nearest pharmacy is approximately 2.5 miles away in Stoneyburn.
35. Dr Mohammad advised that Alliance Boots offer one delivery to the local area and only to certain patients. He advised that the pharmacy is supposed to offer all standard services such as the minor ailment service, acute medication service, addiction services, public health services: smoking cessation and emergency hormonal contraception. The applicant stated that these services are also offered in the surrounding areas.

36. Dr Mohammad advised that patients from Seafield also use Alliance Boots, as this would be their nearest and easiest service to access. He advised the Committee that patients who have the luxury of their own transport, possibly use Bathgate, Whitburn and Livingston. He also pointed out that Deans Pharmacy provide a collection and delivery service to Blackburn once a day and to the GP surgery with some stock orders.
37. Dr Mohammad advised that the current population in Blackburn has risen from 4,740 in mid 2003 (www.statistics.gov.uk–table 3– mid– 2003 population estimates) to 6,161 (West Lothian Locality Plan 2008-2011 for Whitburn and Blackburn). He informed the Committee that it could be argued that this is an estimated figure, however, Ashgrove Medical Practice’s list size is greater than this (6,412 as at October 2010 and currently over 6,500) indicating that this is a true or under representation of Blackburn’s population. Dr Mohammad advised that there are currently five new housing developments being built close to the north of Blackburn in Westergrove. The developers are Wimpey Homes, Strathclyde Homes, Barratt, Persimmon Homes and Charles Church Homes. He advised all five developers in total have built or are in the process of building nearly 500 homes on the site. The applicant advised that if you take the average number of people per household to be 2.6, then this would take the population up to around 7,461. Dr Mohammad acknowledged that some of these homes are currently empty, but pointed out that with the Bathgate to Airdrie rail link now completed and running, the result in the population of Blackburn and surrounding areas will be a further increase.
38. Dr Mohammad made reference to an article from the West Lothian Herald and Post printed in July. He advised that in this article NHS Lothian had itself expressed concerns over funding because of the population boom in West Lothian. He further advised that this point is being expressed to highlight population increases within the area.
39. The applicant advised that West Lothian has identified the need for an additional councillor to service needs.
40. Dr Mohammad informed the Committee that the Ashgrove Medical Group’s practice population has increased from 5,380 (January 1999) to 6,412 (January 2010) and is now currently 6,502 (October 2010).
41. Dr Mohammad stated that in the Blackburn area there are five schools: St Kentigern’s RC Academy; Our Lady of Lourdes RC Primary School; Pinewood Special School; Seafield Primary School; Blackburn Primary School; and Murrayfield Primary School. He went on to advise that a primary school has also just been built to service the new Westergrove housing development. Dr Mohammad stated that this will lead to increased numbers of children and parents possibly wishing to utilise the minor ailment service or acquiring access to pharmaceutical services.
42. Dr Mohammad advised that Blackburn and the surrounding areas have an SIMD rating of between 1 - 4. He stated that it is shown that of the deprived households with SIMD of 1 only 34% have the use of a car. He further stated that according to a West Lothian 2008 population estimate breakdown, approximately 1,000 people in Blackburn are situated within the over 60/65 plus bracket (according to ISD figures, Ashgrove Medical Practice figures are over 1000). The elderly in Blackburn have shown to correlate with high levels of deprivation and low levels of income. With the current economic climate and budget cuts across Britain, this level of deprivation and low income is predicted to increase.
43. Dr Mohammad advised the Committee that the Alliance Pharmacy is located close to Blackburn Health Centre – Ashgrove Medical Practice (within a few minutes walk from the pharmacy). He advised that a recent audit (February 2010 – March 2010) showed that the minimum waiting time

for a prescription item ranged from a minimum of 30 minutes to a maximum of 1.5 hours with an average of approximately 45 minutes. He stated that this is also supported by a marketing survey conducted in May 2010 where the average waiting time out of 151 patrons of the pharmacy was found to be around 33 minutes. Dr Mohammad advised that when patients of the current service provider were asked about the time taken to provide their prescription 101 out of 151 were not satisfied with the time taken to obtain a prescription. He went on to state that 120 patrons out of 151 thought that the stock and medical supplies were inadequate. He stated that looking at the CPUS figures for this pharmacy from August 2008 to May 2010 and the additional paperwork provided by him, it can be seen that over a twenty one month period, only two patients were seen for smoking cessation services, thirty one prescriptions for EHC were written and no Chlamydia treatments were carried out in that time. Dr Mohammad acknowledged that as of 1 October 2010 the funding for this service had ceased and the other services will run until March but went on to say that it clearly shows that this pharmacy is not fulfilling the terms of its contract and not providing adequate provision, especially since the main priority outlined in West Lothian Council's Locality Plan for Blackburn and Whitburn was tackling the level of teenage pregnancies. He stated that statistics have shown that there are 9-18 teenage pregnancies on an annual basis for Blackburn ward. Further this priority is not being tackled through the Public Health Service supposed to be offered within the area.

44. Dr Mohammad stated that the current facilities are cramped and small. During busy times it would be impossible for a disabled individual utilising a wheelchair to access the pharmacy as there is inadequate space to manoeuvre a chair with the pharmacy full of standing people. The existing consulting room would have difficulty accommodating a disabled individual according to the new DDA requirements. This point has been emphasised by the local Community Council due to the high number of frail elderly population and disabled people who cannot access the pharmacy.
45. The applicant advised that on top of not adequately providing services to the community, the pharmacy has its own internal issues as discussed previously. According to the local Community Council, large numbers of complaints have been made to Boots but then no action had been taken. As the result some residents supplied the applicant with complaints to be forwarded on to the Health Board directly. Dr Mohammad advised that these can be seen in the additional papers supplied in May.
46. The applicant advised that approximately 300 Blackburn residents have signed a petition in support of additional pharmaceutical services to the population of Blackburn. Additionally, he advised that a further 180 residents have signed a separate petition as they feel the service provided by Boots is wholly inadequate and these could be regarded as individual complaints of sorts. Further individual members of the Community Council have also expressed their concern.
47. Dr Mohammad suggested that if a patient were to choose another pharmacy to obtain their prescription, using bus services of which there is an average of two per hour either to Livingston or Whitburn, it would take an average of 1.5 hours to make a return trip to obtain prescription items or services from another pharmacy in Whitburn or Blackburn. Considerably longer if travelling to Livingston. Dr Mohammad stated that the costs would approximately be £3 to £5 in bus fares. He also stated that if a healthy adult was to walk to the nearest pharmacy, it would take them an average of 55 minutes if walking to Whitburn or Bathgate, one way.
48. Dr Mohammad advised that if considering services located outwith the neighbourhood in Livingston, the nearest pharmacy is approximately 4.5 miles away. He advised that currently this pharmacy offers a once daily collection and delivery service to some residents. How many residents of the 6,500 strong population this pharmacy caters for is unclear. Other pharmaceutical service provision by pharmacies in Bathgate to the locality of Blackburn is either extremely limited or non existent.

49. Dr Mohammad went on to advise that this application for additional provision of pharmaceutical services is necessary and if not deemed necessary then is most definitely desirable. He stated that the service provision from the current single pharmacy in the area is at the moment failing to meet demand due to these population increases and lack of resources (which mainly includes a deficiency of space and therefore stock). The waiting times are above average and the complaints from the population are vast. This also means that any support required from community pharmacy to aid in meeting Health Board HEAT targets for indicators such as coronary heart disease and smoking cessation for this area are unlikely to be supported adequately.
50. Dr Mohammad advised that the proposed opening hours for the pharmacy at 11 East Main Street are: Monday - Friday 9.00am to (now 8.00pm) with lunch 12.30pm to 1.30pm and Saturday 9am to 6.00pm with lunch 1.30pm to 2.30pm. He advised that Alliance Pharmacy closes at 6.00pm on weekdays and 5.30pm on Saturdays. He further stated that they propose to open later than most pharmacies in the neighbourhood to provide extra service provision to those patients coming back to the area after work or commuting from Edinburgh and in the future from Glasgow. He stated that they plan to run a collection and delivery service every day including Saturday, three times a day (morning 9.30am, lunch 1.30pm and evening 6.00pm) to all patients who use the pharmacy. The frequency of the delivery service is aimed at improving access to pharmaceutical services for all in this and surrounding areas. Currently Alliance Pharmacy, as stated before, only delivers to certain patients and offer one regular delivery per day. Also, currently the only late opening pharmacy close to this location is Morrisons Pharmacy in Deans which opens to 8.00pm.
51. Dr Mohammad advised that the services offered will include all standard services as part of the Scottish Community Pharmacy Contract. Additional services will include coronary heart disease and diabetes screening. Family planning services, medication review services and now INR monitoring services as currently being piloted in Fife. Dr Mohammad stated that this pharmacy as envisioned in the Right Medicine published in 2002, will be a healthy living centre running with the ethos of pharmaceutical care. He went on to advise that the pharmacy will offer retail sale of P and GSL medications. No other items will be sold. All remaining floor space will be used to make room for two patient consultation rooms, a patient information booth and adequate seating for elderly, disabled and mobility impaired patients. Their premises will be fully compliant with the Disability Discrimination Act 1995. Dr Mohammad acknowledge that the DDA requirements have now changed and they plan to fully comply with these and have wider doorways in the pharmacy and more open space for wheelchair users so that they can manoeuvre their chairs 360°. He stated that all new door openings would have to be 838mm wide minimum. All new passageways would have to be 1220mm wide minimum. Consultation rooms would allow complete 360° turning space for wheelchair access. Shop front door would allow easy access and exit as there is no step into the shop.
52. Dr Mohammad advised that as far as could be seen from site visits and talking to the local pharmacists in pharmacies, the only pharmacy in the area equipped to deal with a disabled person wishing to have a private consultation is Dunamis Pharmacy in Boghall. All other consultation rooms are too small to accommodate a wheelchair in the fashion just described.
53. Dr Mohammad stated that a dedicated website will also be set up for patients to have direct contact with the pharmacist for any queries they may have. He went on to suggest that this will allow efficient use of pharmacist's time and appropriate sign posting or medical supply to be made. Further, this website will also have functionality for the acute medication service and minor ailment service.
54. Dr Mohammad advised that a register of house bound patients in the area will be kept and regular visits (every three months) would be made if a patient wishes to ensure to safe and efficient use of

- medicines. He advised that this register will be made in collaboration with the local surgery and any visits in partnership with local GPs to ensure seamless care of the patient.
55. Dr Mohammad advised that a new pilot for emergency out of hours supply of medicines will also be carried out.
 56. Dr Mohammad stated that to tackle the rise in teenage pregnancies, a drop-in service will also be offered to advise teenagers on sexual health in the area. He advised that plans would be made to liaise with local schools and West Lothian Council to try and address this issue through provision of service through the pharmacy.
 57. Dr Mohammad advised that another pharmacy in this area would be viable and would have no adverse impact on the current pharmacy in the locality. Dr Mohammad made reference to samples of numbers of pharmacies and population given in the papers that he had submitted for the Committee. He also made reference to the bad press received for example in relation to smoking cessation and stated that it is their aim to tackle this.
 58. In answer to a question from Mr O'Malley, the applicant advised that his definition of neighbourhood did not incorporate Bathgate. He advised that the neighbourhood goes beyond the M8 as there is a major walkway.
 59. In answer to Mr O'Malley's question, the applicant advised that a motorway is a good boundary but only if there is no way to cross it and there is in this instance.
 60. In answer to Mr O'Malley's question, the applicant advised that a motorway would normally be a boundary perhaps but not in this case.
 61. In answer to Mr O'Malley's question as to whether shutting for an hour for lunch is a complete service, the applicant advised that it is. He went on to say that he is Muslim and needs to pray at this time.
 62. In answer to Mr O'Malley's question, the applicant advised that it was correct to state that if someone visited the pharmacy at 1.30pm, they would have to wait for 1 hour.
 63. In answer to Mr O'Malley's question, the applicant confirmed that delivery is not a core service but they would offer it.
 64. In answer to Mr O'Malley's question regarding a Herald and Post article relating to pharmacies, the applicant advised that he was not aware of the number of pharmacies that opened. Mr O'Malley confirmed, five.
 65. In answer to Mr O'Malley's question regarding EHC figures, the applicant advised an average of 2-3 per day.
 66. In answer to Mr O'Malley's question, the applicant advised that he backed up the statement above from ISD figures.
 67. In answer to Mr O'Malley's question as to who carried out the audit of waiting time, the applicant advised that it was done by a responsible pharmacist at the time.
 68. In answer to Mr O'Malley's question, the applicant advised that the audit was not independent and the pharmacist who carried it out was in attendance at the hearing today. However another audit was commissioned by an independent company.

69. In answer to Mr O'Malley's question, the applicant advised that there were only two direct buses from Blackburn per hour.
70. In answer to Mr O'Malley's statement that buses to Bathgate and one to Whitburn were one every 30 minutes, another three every sixty minutes, the applicant advised that these were not direct buses. The average is two per sixty minutes.
71. In answer to Mr O'Malley's question, the applicant advised that he did not agree that at peak times there were buses through Blackburn every fifteen minutes. He went on to state that he had waited for buses and did not find this.
72. In answer to Mr O'Malley's question, the applicant agreed that the new rail link is not in the proposed neighbourhood.
73. In answer to Mr O'Malley's question, the applicant advised that the housing developments are in the neighbourhood. He went on to state that they are outside of Bathgate and encompassed in Blackburn. Further they are still slightly north of the motorway.
74. In answer to Mr O'Malley's statement that deliveries are not a core part of the NHS service and the suggestion that the applicant had emphasised delivery service on a Saturday, Dr Mohammad advised that there was no particular emphasis made in his presentation, he merely stated the services he would be providing.
75. In answer to Mr O'Malley's question, the applicant advised that he was not aware of any changes in waiting hours or stock issues. He further advised that as far as he was aware the situation was the same and most patients now go elsewhere.
76. Mr O'Malley stated that he had spoken the day before to the surgery and stock issues had now been resolved.
77. In answer to a question from Mr Tait, the applicant advised that the distance from one side of the neighbourhood to the other would be approximately 1½ miles.
78. In answer to a question from Mr Tait, the applicant advised that it would perhaps not be normal for a middle aged / older resident to walk this distance.
79. In answer to Mr Tait's statement that DDA compliance at Boots premises reflects on the design at the time of building the premises, Dr Mohammad pointed out that it is difficult now for wheelchair access.
80. In answer to Mr Tait's question regarding low levels of EHC, the applicant advised that he did not accept that people may be embarrassed to go to their local pharmacies.
81. In answer to Mr Tait's question, the applicant accepted that another reason for the non provision for EHC at the premises was that the service was not offered by the pharmacist who had worked there on the grounds of religious reasons.
82. In answer to a question from the Committee, the applicant advised that he hadn't stated that smoking cessation wasn't available but had said that only two were recorded over a twenty one month period. Dr Mohammad added that a staff member had advised him that the pharmacy did not offer smoking cessation

83. In answer to a question from the Committee, the applicant advised that if there was no funding available by NHS for additional services, they would provide a pilot scheme and then approach NHS. Patients would not be charged for these services.
84. In response to questions from the Committee, Dr Mohammad advised that he had not stated that CMS would be offered but Acute M S would be. He added that an electronic website is being discussed with IT designers and it would be hoped that advice could be given by email in conjunction with the minor ailment service. He agreed that there would be legal implications but that this was being worked on.
85. In answer to the Committee's question as to why the applicant had taken in the northern boundary as north of the railway line and not the A7066, Dr Mohammad advised that they had included this part because residents could get to it by a footpath using a walkway.
86. In answer to the Committee's question, Dr Mohammad confirmed that the proposed pharmacy is close to the southern boundary.
87. In answer to the Committee's question, Dr Mohammad agreed that some areas of the neighbourhood are closer to other pharmacies.
88. In answer to the Committee's question, Dr Mohammad advised that the population figure for the neighbourhood is the Blackburn ward which would incorporate areas not yet fully populated due to the new housing development.
89. In answer to the Committee's question, Dr Mohammad advised that both petitions were left in the same place and the population could sign both or only one.
90. In answer to the Committee's question as to whether the increase in housing population has resulted in any discussions regarding increasing or expanding the GP practice, Dr Mohammad advised that he believed that the GPs were looking at a new site which was hoped would be a health centre.
91. In answer to the Committee's question, Dr Mohammad advised that he had asked the public about their complaints and he had been told that they had heard nothing from Boots. Dr Mohammad went on to state that they had offered to pass the complaints on to the Health Board because they were concerned. He also stated that complaints had been made to Jim Swan, Labour Councillor, regarding waiting times mainly at Seafield.
92. In answer to the Committee's question, Dr Mohammad advised that a phlebotomist would not be employed for the INR service. Dr Mohammad advised that he will deal with this service himself and that the bloods will be dealt with in the pharmacy as the relevant equipment would be there.
93. In answer to the Committee's question regarding the amount of extra services and how these will be funded, Dr Mohammad advised that it is not expensive if planned in a proper manner. He stated that he has experience of this in England. He would run pilots and show clinical outcomes and perhaps then the NHS will agree to fund. In the event that they do, not he will self fund. Dr Mohammad stated that there is a change in the pharmacy role. It would be his intention to address prevention rather than cure. Prevention is a lot cheaper.
94. In answer to the Committee's question, Dr Mohammad stated that they would perhaps employ advisers but not for nutrition, as he could do this himself.
95. In answer to the Committee's question, Dr Mohammad advised that the population of the

proposed neighbourhood is 6,412 as per the West Lothian population report. He went on to state that according to ISD, the GP practice population is over 6,500. Dr Mohammad stated that he did not look at individual data zones for the population.

96. In answer to the Committee's question, Dr Mohammad advised that there were no planning issues for the proposed premises which are a new build and they could be open within two to three months.
97. In answer to the Committee's question regarding how to improve stock issues, Dr Mohammad advised that they have close links to independent distributors in England which would mean that common articles of stock could be supplied. Any items that had manufacturing problems would affect supply to all pharmacies
98. In answer to the Committee's question, Dr Mohammad advised that they would employ one ACT, two dispensers, two counter assistants and possibly two pharmacists on two days per week. He stated that this would cover demand for all services proposed.
99. In answer to the Committee's question, Dr Mohammad confirmed that he is stating inadequacies for the pharmacies are waiting times, accessibility and stock issues.

Adequacy of existing pharmaceutical services a necessity or desirability –objectors

100. Mr Tait, representing Boots UK Ltd, advised the Committee that Blackburn had an SIMD ranking of 959 – 2,284. He suggested that the vast majority is more deprived than surrounding areas, such as Armadale and Whitburn.
101. Mr Tait advised that the population of Blackburn, using datazones, is 4,280 (2001 figures) and mid year 2009 is 4,527. This incorporates some of the new housing but not that on the other side of the motorway.
102. Mr Tait advised that there is a pharmacy in the centre of the neighbourhood situated next to the shopping area. He went on to advise that the pharmacy provides all core services. In the past there had been a need to redirect patients to the next nearest pharmacy as the pharmacist would not provide certain services for religious reasons.
103. Mr Tait stated that their pharmacy had had problems over the last two years. This was due to the fact that there was no manager and so locums had been used. The problems identified that there was not a big collection service and as they had 80% walk-in patients, their waiting times were longer. Additionally problems arose because staff were not familiar with the automated stock supply service. Mr Tait went on to state that they now employ a manager at the premises and he is up to date with all systems used and he has a good relationship with local GPs. Additionally staffing levels are now adequate.
104. Mr Tait advised that Boots now provide an adequate service for the population of Blackburn, however, Blackburn residents will access pharmacies in other areas because of lack of shops and other services in Blackburn. For example the population will go to Bathgate and Livingston.
105. Mr Tait stated that the earlier complaints received were due to using locums who allowed some services to decrease. He went on to advise that the issues have now been fully addressed to an adequate level and Boots are working towards a superior service.
106. Mr Tait concluded by stating that the current level within and to Blackburn is adequate.

107. In answer to Dr Mohammad's question Mr Tait advised that in addition to locums running the premises for a year, there had been some other staff changes. He went on to advise that automated ordering had been introduced at the same time that they lost their manager.
108. In answer to the Dr Mohammad's question Mr Tait advised that there was an 80% walk-in. He went on to state that there had been a collection issue but this has now been resolved.
109. In answer to Dr Mohammad's suggestion that at a recent Community Council meeting it had been suggested that the situation was worse than before and no pharmacist had been available during the bad weather. Mr Tait advised that this was incorrect. The shop was always open. It may not have had the same person but a pharmacist was there.
110. In answer to Dr Mohammad's statement that he had been called because the pharmacy was closed, Mr Tait advised that it may have been but it did open.
111. In answer to Dr Mohammad's question, Mr Tait advised that in deprived areas smoking cessation did not have a high take up. He went on to state that Boots now provide this service and he agreed that pharmacists should provide all core services.
112. In answer to the Committee's question, Mr Tait advised that his neighbourhood boundaries are North: the motorway; East Whitburn; the main road that goes on to the motorway towards Bathgate; and Croftmalloch/Raveston in the South.
113. In answer to the question from the Committee, Mr Tait advised that the catchment area is Blackburn. There are not many prescriptions from outside Blackburn.
114. In answer to the Committee's question, Mr Tait advised that the new manager took up his post in mid-October. Mr Tait also acknowledged that this was around the time of the last hearing. He went on to state that the new manager had taken over from the relief manager. Further, they now have the person that they wanted to take over the premises and the transfer had had to take time for the employee to be taken from their premises in Grangemouth.
115. In answer to the Committee's question, Mr Tait confirmed that the manager who had been on the premises at the time of the PPC site visit, is no longer there.
116. In answer to the question from the Committee, Mr Tait advised that changes had been made to the internal space. It was no longer as cluttered. There was now better utilisation of space and uncluttered work space. He confirmed the consultation room is clear. He further advised that the pharmacy is now run in a professional corporate manner. He did however acknowledge that work is still to be done, for example collection service figures need to be moved upwards.
117. In answer to the Committee's question, Mr Tait advised that when there is a stock problem you can get it from another shop or from a different source. However stock in and out practices had not been happening. There were also difficulties with some particular stocks and they were looking at using other wholesalers. Further there had been issues with bad weather.
118. In answer to the Committee's question, Mr Tait advised that they had not been invited to attend any meeting with the Community Council to explain problems and give solutions but they would be happy to go if asked.
119. In answer to the Committee's question, Mr Tait advised that there is now a significant improvement in waiting times. The waiting time is now around ten minutes. However, there are

of course exceptions if a lot of people come into the shop at once with say ten prescriptions items each. However the service is nothing like what it was described before.

120. In answer to the Committee's question, Mr Tait advised that the Committee would have seen the changes to the pharmacy which now has a better working environment for staff and patients.
121. In answer to the question from Dr Mohammad, Mr Tait confirmed the new manager is leaving at the end of March. However a new manager / pharmacist of the same calibre as the existing one and was also a local pharmacist, will be taking over.
122. In answer to the question from Dr Mohammad, Mr Tait advised that the population figures had been obtained from the Scottish Neighbourhood Statistics – population of Blackburn for datazones.
123. Mr O'Malley, representing Omnicare Pharmacy Ltd, stated in his oral presentation that the current estimate of population for Blackburn is 5500.
124. Mr O'Malley submitted that Alliance Pharmacy located at Mill Shopping Centre offers a collection and delivery service. He went on to advise that this pharmacy also offers all services under the new pharmacy contract such as minor ailment scheme and public health services and the chronic medication service.
125. Mr O'Malley advised that Deans Pharmacy is located 4 miles (11 minutes drive) from the medical practice and provides a twice daily collection and delivery service for the people of Blackburn. This twice a day service is not only available to the housebound and elderly patients but to anyone in Blackburn.
126. Mr O'Malley advised that they have three vans providing this service working until 7.00pm every night and they regularly take phoned in and faxed emergency prescriptions from the surgery up until 6.00pm.
127. Mr O'Malley stated that the surgery had the day before, confirmed to him that they know they can phone Deans Pharmacy at any time.
128. Mr O'Malley stated that considering the service offered by both Alliance and Deans, he believed the people of Blackburn and Seafield are more than adequately served in terms of the pharmaceutical services.
129. Mr O'Malley made reference to a statement from a locum regarding issues in the shop. He stated that he would like to question this particular locum's motives for such a submission. He stated that they firstly talk about waiting times and stock levels but perhaps they should question their own contribution to these issues. As a locum and a responsible pharmacist involved they should be ensuring stock is ordered and prescriptions are turned around in an appropriate manner. There is no pharmacy that does not have internal issues such as staff quarrelling and such admission should be ignored. Mr O'Malley further stated that in the applicant's submission, he mentions that a permanent pharmacist arrived at the end of March and thereafter there is no mention of any further issues. It appears that Alliance/Boots have addressed the issues referred to.
130. Mr O'Malley went on to make reference to the supporting documentation from the Ashgrove Practice which stated that there were sixteen verbal complaints regarding stock issues. Mr O'Malley went on to state that they do not have figures regarding how many of these issues were dealt with by Deans and how many were left unresolved. He pointed out that there will always be

some problems that will not be the fault of the suppliers where manufacturing issues will be the cause.

131. Mr O'Malley submitted that the applicant states that the intention is to develop a "pharmacy teaching practice". However, this is of no significance to an application for a new pharmacy contract and he struggles to see where this fits in to the necessary and desirable test.
132. Mr O'Malley noted that the applicant stated in his submission that the delivery service offered by Deans was good but was not a "NHS service" and could not be taken into consideration. He went on to state that he feels that this shows a lack of understanding of the role of a local pharmacy as this service is extremely significant to the elderly population. Further Mr O'Malley stated that the applicant describes services such as "walk-in clinics, training centres, etc". However, he is quite sure that if you spoke to the elderly in the community that a good delivery service is far more important to them.
133. Mr O'Malley pointed out that the applicant is proposing to close for an hour at lunch. He stated that this is hardly a comprehensive service as it means that the applicant would be creating waiting times of their own.
134. Mr O'Malley made reference to the applicant's other supporting documentation regarding a public health service which shows numbers of EHC, Chlamydia etc but pointed out that there are no other figures to compare this to. He further stated that these figures are not that different to national averages. Statistics vary depending on the demographic position of the neighbourhood.
135. Mr O'Malley submitted that the housing developments mentioned by the applicant are not in the neighbourhood and therefore should not be taken into account. Additionally, the rail link is north of the motorway and not significant to Seafield and Blackburn.
136. Mr O'Malley submitted that supporting evidence such as those submitted from the West Lothian Courier are generic and cover West Lothian as a whole. They are not specific to Blackburn. Indeed West Lothian has a growing population, however there have been five new pharmacies opened in the past few years, that more than compensate for growth in population.
137. Mr O'Malley submitted that supporting documentation regarding Airdrie – Bathgate rail link is insignificant. The station will not be in the designated neighbourhood and will have a negligible effect on the population of Blackburn.
138. In conclusion, Mr O'Malley stated that taking into consideration all that he had said he believes this application has not demonstrated an inadequacy of pharmaceutical services and should therefore fail.
139. In answer to Dr Mohammad's question relating to the link between Ashgrove Medical Practice with Deans and whether such a link should not change if the practice moves, Mr O'Malley advised that he was not sure. The Committee clarified that the practices can choose to keep patients on.
140. In answer to Dr Mohammad's question, Mr O'Malley advised that his population figure of 5,500 was obtained from the West Lothian Government website and he did not agree with the applicant's numbers.
141. In answer to Dr Mohammad's question, Mr O'Malley advised that his pharmacy is open until 6.00pm.

142. In answer to Dr Mohammad's question, Mr O'Malley advised that there is no need for a pharmacy to be open until 8.00pm.
143. In answer to Dr Mohammad's question, Mr O'Malley advised that since November 2010 their once daily delivery service has now changed and can sometimes be three times a day.
144. In answer to Dr Mohammad's question, Mr O'Malley confirmed that the change to the delivery service had not been made at the time of the previous hearing but he pointed out that they had always put on a delivery service in the evening if required.
145. In answer to Dr Mohammad's question, Mr O'Malley advised that in his own opinion Boots would have made improvements regardless of the application currently being considered.
146. In answer to a question from the Committee, Mr O'Malley advised that he did not know the catchment area for the GP practice at Ashgrove but he could confirm that the opening times were 9.00am – 6.00pm.
147. In answer to a question from the Committee, Mr O'Malley advised that Seafield would be judged part of the Ashgrove practice. However some people in Seafield will utilise Deans.
148. In answer to a question from the Committee, Mr O'Malley advised that he could not confirm the percentage of prescriptions in the neighbourhood. However he could confirm that they do a considerable amount of deliveries and these would be in the region of thirty to forty per day in Blackburn.
149. In answer to a question from the Committee, Mr O'Malley confirmed that Blackburn residents do visit his pharmacy. He believes they mostly travel by car and confirmed there was no direct bus service.
150. In answer to a question from the Committee, Mr O'Malley confirmed that they have provided domiciliary visits to Blackburn, for example to provide a palliative care service, check medicines and provide review of dosette boxes.

Summing Up

151. Mr Tait of Boots UK Ltd summed up by making the following points:
 - 1 year ago, Boots in Blackburn was in terrible shape. It has now improved and will continue to do so.
 - There is adequate service provision within the neighbourhood.
 - There is a leakage of patients to other areas and therefore the provision in and outwith the area add up to an adequate provision.
152. Mr O'Malley of Omnicare Pharmacy Ltd summed up by making the following points:
 - Pharmaceutical service provision to Blackburn and Seafield is more than adequate.
 - Housebound patients have pharmacies offering delivery services.
 - There is one local pharmacy with plenty of car parking and is DDA compliant.

- The granting of the application could have a detrimental effect on the existing services and would strongly argue that the contract is neither necessary or desirable to secure adequate pharmaceutical services.
- During the recent severe weather, the delivery service from Deans did not miss one day and no patient suffered.

153. Dr Mohammad of NZO Ltd summed up by making the following points:

- Accepts the neighbourhood as North: M8; South: A705 to River Almond; West: A801; and, East: A779 (encompassing Seafield).
- Another Councillor is being appointed to address the population rise as well as new housing developments.
- The Bathgate rail link will mean more people and residential homes will be more accessible and cheaper.
- The current service is inadequate for the current population.
- There may be a new manager at the Boots premises but the problems are ongoing and they still do not address the inadequacies of service.
- The proposed pharmacy is near a main central point with parking.
- The new pharmacy would be more patient focussed and the Community Council are in support of the application because of need.
- If there was another pharmacy within the neighbourhood, it would support the population in times of need.
- The population has increased significantly, and a pharmacy is required to meet the demands of the rising population.
- There is definitely further need for a new pharmacy and a better service.

Decision

Neighbourhood

154. Having considered the evidence presented to it, the Committee's observations from the maps before it and the site visit previously undertaken, the Committee had to decide the question of the neighbourhood in which the premises, to which the application related, were located.

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

- To the North: M8 (physical boundary)
- To the South: River Almond (incorporating Seafield) To the East: the A779 from the M8 down to the River Almond
- To the West: the A801 at the roundabout underneath the M8 transverse over the River Almond down to joining the A705

The Committee considered that the neighbourhood as defined, formed a distinct community, comprising the town of Blackburn, with the normal facilities which you would find in such an area. The boundaries were either natural or man made.

Adequacy of existing provision of pharmaceutical services and necessity or desirability

156. Having reached that decision the Committee then required to consider the adequacy of existing pharmaceutical services in that neighbourhood, and whether the granting of the application was necessary or desirable in order to ensure adequate provision of pharmaceutical services in that neighbourhood.
157. The Committee noted that within the neighbourhood as defined by the Committee, there was one pharmacy. It was agreed that that this pharmacy, together with the pharmacies located immediately outwith the neighbourhood, provided a comprehensive range of pharmaceutical services, including core NHS services and supplementary services. The Committee considered that the level of existing services provided satisfactory access to pharmaceutical services within the neighbourhood. The Committee therefore considered that the existing pharmaceutical services were adequate
158. The Committee agreed with the population figures of approximately 4527, as provided by the Scottish Neighbourhood Statistics and quoted by Mr Tait from Boots UK Ltd. The Committee noted that there is a sufficient, frequent bus service within the neighbourhood. The Committee noted that the location of the new premises is on the periphery of Blackburn and on a busy road. Also it is at the bottom of a hill from the main population of the neighbourhood. The Committee noted that the existing pharmacy is located in the centre of the main population and in close proximity to the GP practice and shopping area. The Committee recognised that up to November 2010 service provision had been problematic. However, Boots have now improved the service to a level of adequacy in conjunction with other existing services such as Deans Pharmacy which has an extensive delivery service..
159. The Committee was satisfied that no evidence had been produced by the applicant, or had been made available to the Committee via another source, which demonstrated that the services currently provided to the neighbourhood, were inadequate.
160. Having regard to the overall services provided by the existing contractors within the vicinity of the proposed pharmacy, the number of prescriptions dispensed by those contractors in the preceding 12 months, and the level of service provided by those contractors to the neighbourhood, the Committee agreed that the neighbourhood was currently adequately served.
161. At this stage the contractor pharmacist left the meeting and the vote was taken.
162. The Committee agreed unanimously from the information made available that the existing pharmaceutical services in the neighbourhood were adequate.
163. Accordingly, the Committee agreed that the provision of pharmaceutical services at the premises was neither necessary nor desirable to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the pharmaceutical list.

164. In these circumstances, it was the Committee's unanimous decision that the application should be refused.

Signed **JACK AITCHISON**

Date **25/2/11**

Jack Aitchison, Chair
Pharmacy Practices Committee