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Nathan Ware
Governance & Corporate Records Manager
Assynt House
Beechwood Park
Inverness
IV2 3BW

Our ref: PharmList – Helensburgh Pharmacy
Date: 19th September 2025

Dear Nathan Ware,

**NHS HIGHLAND PHARMACY PRACTICES COMMITTEE
HEARING TO CONSIDER THE APPLICATION BY Muaz Jamil and Daniel Frame, 1-3 East
King Street, Helensburgh G84 7QQ.**

In accordance with Schedule 3, Regulation 5(10) of the National Health Service (Pharmaceutical Services)(Scotland) Regulations 2009, as amended, NHS Highland convened a Pharmacy Practices Committee **3rd September 2025** to hear the application from **Muaz Jamil and Daniel Frame** to provide general pharmaceutical services at **1-3 East King Street, Helensburgh G84 7QQ**.

The Committee, having heard and considered all the evidence presented, unanimously agreed to **NOT GRANT** the application.

Yours sincerely,

Eleanor Rose

Community Pharmacy Business Manager to the Pharmacy Practices Committee

Enc.

Minute Report



Headquarters: Assynt House, Beechwood Park, INVERNESS IV2 3BW

Chair: Srah Compton-Bishop
Chief Executive: Fiona Davies

Minutes of the Helensburgh PPC Hearing

Wednesday 3rd September, 2025

PANEL MEMBERS

Karen Leach	Chair (Non-Executive Director NHSH)
Mark Sutherland-Fisher	Lay Member
Ian Gibson	Lay Member
Susan Paterson	Contractor Pharmacist
Catriona Sinclair	Contractor Pharmacist
Catriona Brodie	Non-contractor Pharmacist
Gayle MacDonald	Non-contractor Pharmacist

IN ATTENDANCE

Fiona Clark	Minute Taker
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OBSERVERS

Fiona Macfarlane	Associate Director of Pharmacy (Community Pharmacy) & CD Governance
Eleanor Rose	Community Pharmacy Business Manager
Claire Fortey	Senior Administrative Assistant

INTERESTED PARTIES

Muaz Jamil/Daniel Frame	Applicants
Malcolm Mathieson	APC
Cameron Foy/Elizabeth Lambert	Helensburgh Community Council
Martin Green	M & D Green Community Pharmacy
Scott Jamieson/Stuart Mcbean	Boots Community Pharmacy
Mark Dickinson/Claire Cunningham	Rowlands Community Pharmacy
Ubayd Ali/Hamad Khalid	Cardross Community Pharmacy

1. Chairman's Address

The Chair welcomed everyone in person and on Teams to Assynt House, Inverness, introduced herself as non-executive director of NHS Highland for the purposes of this PPC Hearing for an application for a pharmacy at 1-3 East King Street, Helensburgh. G84 7QQ.

The Chair explained that she was also a member of the IDB, Argyll & Bute and a resident of Argyll & Bute, making everyone aware of that. For assessment of conflict-of-interest advice was sought from CLO and also, I have provided the objective test and see no reason as to why I cannot continue as chair for this meeting. Therefore, no issue with chairing this meeting. The panel and Board members introduced themselves to those present.

The Chair drew attention to the advice document in the folder which was sent in advance. Remember every party will only contribute through one identified person which. At the request of the applicant several supporting letters and emails were received and asked to be considered prior to the Hearing. These documents came to us after the CAR otherwise would have been included in that document. They were circulated to the parties and panel on 29th August and please check everyone has received and read these documents and had time to consider.

M & D Green received a zip file, one of which would not load correctly. APC received but had not gone to full APC. All others received. MD asked if he would like some time to read the missing file but declined. He wanted to make a request that communicating through email ensures the information is sent, doesn't ensure the information is received. All information pre-covid used to be sent in writing, covid changed all of that and were allowed to communicate by email but had encountered several issues at several Hearings when information had not been correctly received because it was sent by email. He made a plea that there is a return to sending copies of information by Recorded Delivery to ensure receipt of the applicant's information. The Chair advised this request would be relayed.

The applicant mentioned that they had a PowerPoint presentation towards the end of the presentation.

2. Applicant Presentation

Applicant -

Good morning everyone. Firstly, my name is Muaz, and I'd like to thank everyone in attendance today for allowing me to present the case to highlight that this application is both necessary and desirable to secure adequate provision of pharmacy services in the neighbourhood.

I am accompanied today by my best friend Daniel. Both Daniel and I are prescribing pharmacists and have experience working in various pharmacies across Scotland.

Daniel has worked in Helensburgh when the area was serviced by four pharmacies so that gave us first-hand understanding of the pressures experienced in the area.

I will frame this presentation around the legal test and begin by outlining our neighbourhood for this application. I will then proceed with information around the background of Helensburgh and highlight key demographic insights that shape the healthcare needs of the area. I will then present clear evidence, drawing on the Consultation Analysis Report which I will refer to as the CAR, statistical data, and letters of support. This will demonstrate why the current pharmaceutical provision in the neighbourhood is inadequate. Finally, I will outline our plans for Helensburgh pharmacy and explain how granting this application is both necessary and desirable to secure adequate provision of high quality pharmaceutical services, both now and into the future.

So firstly, the neighbourhood –

To the North – Where Sinclair Street meets Luss Road where we have physical boundaries of the Helensburgh reservoir to the left and the Helensburgh Golf course to the right.

To the West – Where Rhu Road higher meets Rhu Road lower.

To the East – The Alder gate development which is open fields from the A814

To the South – The A814 running along the waterfront.

Our neighbourhood is a very simple one to define due to the natural physical boundaries and 97% of people in the CAR agree with this. Helensburgh is a neighbourhood for all purposes, the bank, the post office, places of worship and supermarkets. These are all markers of this. People are drawn into this area, and residents don't need to leave for any purpose.

Helensburgh is the largest settlement in Argyll & Bute, home to a population of 14,127. Helensburgh neighbours Rhu, a village of around 1,900 people who use Helensburgh's amenities and access pharmacy services.

From a socio-economic point of view, Helensburgh's population is very mixed. Vivien Dance, a long-time resident puts it best in her letter of support – she says, "Helensburgh is a town with a very mixed population, with areas of deprivation and affluence". She also points out that our population is "more on the mature side" and the data actually supports this. Between 2002 and 2021, the number of residents aged 65 and over in Helensburgh and Lomond rose by 44%. Today 25.5% of Helensburgh's population is over 65. That is well above the Scottish average of 20%. Another 23% are aged 50 to 64, again higher than the national figure of 21.5%. These aren't just numbers, they represent people in the community, many of whom live with chronic health conditions and depend on regular medication.

Now, in terms of affluence, Vivian's knowledge of the area is also confirmed by the Scottish Index of Multiple Deprivation (SIMD) 2020 which identifies three data zones within Helensburgh that fall within the 20% most deprived areas in Scotland. This deprivation, when combined with an ageing population who are more reliant on pharmacy services, reveals a community with deeply embedded healthcare challenges. In such an area, services should be supported, not reduced.

Another key factor driving the growing demand for healthcare services in Helensburgh, is the ongoing expansion of it's population. Contributing to this, is the increase in naval personnel and their families. By 2030 it's estimated that 1,700 naval personnel and their families are expected as part of the Faslane expansion. 639 new naval housing have been approved in November 2024 and scheduled for completion by March 2026. This will place further pressure on already stretched local services. This anticipated growth underscores the urgent need to enhance access to pharmaceutical care, ensuring that all residents – both current and new can receive adequate support within their own community.

Today, Helensburgh is designated as part of the Helensburgh and Lomond Growth Area in the local development plan in that it's reflecting it's appeal as a place where people want to live, work and raise families. This is more than a planning designation, it's a reality supported by sustained housing growth. Examples include: 83 new homes at Duchess Gait completed in 2021, the Alder Gate development bringing 107 new homes completed in 2024 and the upcoming transformation of the Helensburgh Golf Course site where 300 homes are planned, 25% of which will be affordable housing.

The council have acknowledged that Helensburgh is a priority settlement for housing, citing high levels of need and demand. Councillor Robin Currie, Leader of Argyll & Bute Council at the time

stated that there is a pressing requirement for new housing developments in the area. Recent plans support this as the Lochside Press reports the council are planning to bring 1,800 to 3,600 homes to the area.

With all this growth, the pressure on local healthcare service is increasing rapidly.

Helensburgh is serviced by two GP practices. The Victoria Integrated Care Centre in Helensburgh offers outpatient services across 19 specialties. This is an indicator of the complex health needs of the neighbourhood which implies pharmaceutical demand is present. The town is also served by four Dental Practices, four Opticians and four Care Homes, and before the Boots closure, Helensburgh was served by four pharmacies.

For more than 20 years Helensburgh was served by four pharmacies. But, today, this is no longer the case. In November 2023, Boots made a commercial decision to close the Boots pharmacy on 47-49 Sinclair Street. Despite the town's growing and ageing population, despite the influx of military families, despite the clear and mounting evidence of current and future demand, the healthcare infrastructure in Helensburgh is weakening and the lack of adequate pharmacy provision has caused huge challenges for residents, and it has created barriers to access pharmacy services across the town. Jackie Baillie, the local MSP and Shadow Health Secretary has given her full support for this application given the concerns raised from her constituents about this lack of provision.

In an already expanding area, the Boots closure leads to further deterioration of the service residents receive and we can see examples of the impact this reduction has had on real people's lives. Daniel and I spoke to recovery volunteers Catherine and William at the Welcome in Recovery Group. They shared powerful stories of how gaps in pharmacy services have affected their health, lives and daily recovery.

One major concern was the loss of the needle exchange service, previously run by the small Boots branch that closed. When it shut, no replacement was put in place by other pharmacies. People began to share needles and used syringes started appearing on the streets and even the beach. Just like other services lost with the closure, there was no contingency plan made. Inadequate pharmaceutical services in such an area are a genuine risk to community well-being.

It is stated in the NHS Highland Pharmaceutical Care Services Plan that in view of recent pharmacy closures, the unmet need for additional community pharmacy provision may be required to be considered. Now I'd like to highlight that it is highly unusual for the Health Board to directly mention the potential need for a new pharmacy. The CAR responses support this statement in the Care Services Plan as the negative consequences specifically due to the Boots closure are mentioned over 200 times within the CAR.

The impact of the closure is undeniable. We hear it in the voices captured in the CAR, and we see it in the growing body of evidence – from heartfelt letters of support to professional endorsements showing that this closure was not in the public's interest, and it led to inadequacies in pharmacy services, damaging the local healthcare and neighbourhood.

In her letter of support, Sarah McCarthy, Practice Manager of 2020 Opticians, describes the strain on remaining services and delays in accessing care.

In her letter of support from Millig Medical Practice, Carole-Anne McIlroy highlights her awareness of the pressures since the closure and the resulting impact this has had to the General Practice.

It is not common for healthcare professionals to support pharmacy applications but as we begin to understand the depth of service gaps, we quickly realise why they are so vocal.

Five months after the closure in April 2024, the Community Advertiser published a powerful article describing the aftermath, and I quote – “chaos”. Now, this was not an exaggeration. The disruption caused by the closure continues to reverberate across Helensburgh to this very day. The scale of public concern is clearly reflected in the CAR, with over 1,000 individuals taking the time to complete the questionnaire. On top of this, we have received twenty letters of support. These accounts highlight a clear and immediate consequence – the closure didn’t just remove a building; it removed vital capacity and that loss is being felt every day by people who depend on these services.

I will proceed by now addressing the core services in Helensburgh. Firstly, the Pharmacy First service. In terms of accessing this service, the CAR repeatedly reveals how difficult it can be to obtain appropriate pharmacy advice, treatment and referrals.

Over 100 responses in the CAR highlight how difficult it has become to speak with a member of staff, with repeated mentions of teams being “too busy” or “run off their feet” or simply “unavailable”. How can health interventions and Pharmacy First be delivered when patients cannot even speak to a healthcare professional? Several residents even shared that they are encouraged to purchase medicines over the counter rather than receive a Pharmacy First consultation. Some report they are unable to access smoking cessation support as they are told the pharmacy is too busy, others are wrongly informed that they are actually ineligible for the service.

It is clear that overstretched services have caused huge barriers to care.

One resident states in the CAR – “speaking to a pharmacist is almost impossible unless you’re prepared for a long wait and then to feel that you’re taking up their time because they are too busy”.

The Pharmacy First services in Helensburgh are proven to be inadequate due to overwhelming workloads in the remaining pharmacies. Despite having two of the busiest pharmacies in NHS Highland for prescriptions their Pharmacy First output is contrastingly low.

In most recent published figures from March, M & D Green ranked tenth in the NHS Highland for Pharmacy First delivery while Boots ranked 22nd. Rowlands, well to fairly assess Rowlands, we compared them with pharmacies dispensing around 3-4,000 items in NHS Highland. Out of 23 pharmacies for Pharmacy First delivery, Rowlands ranked 20th. But here is what’s crucial to understand :

The pre-cursor to Pharmacy First was a service called Minor Ailments. It had limited eligibility criteria unlike Pharmacy First, which is available to everyone living in Scotland. In 2020, under the Minor Ailments Service, pharmacies in Helensburgh were performing significantly better despite this limited eligibility criteria. M & D Green (Gordons at the time) was third highest for service delivery in NHS Highland while the two Boots pharmacies ranked fourth and the now closed Boots 7th highest.

Rowlands, when compared to the same pharmacies as before ranked tenth. So, in comparison, Pharmacy First usage has dropped considerably in the area, despite the wider eligibility. So how is it, that under a limited service, pharmacies were doing more and now with Pharmacy First open to everyone, they’re doing less?

The key issue here is capacity. At the time of the Minor Ailments Service, Helensburgh was serviced by four pharmacies. This caused workload to be better distributed, allowing pharmacists time for consultations and treatment. Since the Boots closure, the three remaining pharmacies are overstretched and struggling to meet the growing demand. While the number of residents

are increasing, along with their needs, they have lost one entire pharmacy in the neighbourhood and that's one fewer team providing this vital frontline care. That loss is on top of the fact that all three remaining pharmacies have actually reduced their output due to capacity issues. This is not a reflection of poor staff or effort but a reflection of a system that is under strain.

Newcomers to the area especially highlight these inequalities within the neighbourhood when they're compared to their previous pharmacies. One newcomer shares: "Recently moved to the area from Glasgow and the pharmacy services here are noticeably inadequate. The waiting times at the pharmacy are much longer and I have been to all three so I can decide who I should use as my primary pharmacy. Compared to my old pharmacy, you need to wait longer, and you are encouraged to buy things over the counter rather than getting it on the Minor Ailments Service".

This widespread issue across all three pharmacies shows us that the service is not being adequately provided, it's not from lack of need or training but because pharmacies simply don't have capacity at the moment.

The CAR also reveals serious concerns when it comes to confidentiality during consultations. 80% of residents believe there is not adequate space to discuss confidential matters with close to 100 written responses sharing their concerns. The public's concerns about privacy are so great, many actually avoid using the pharmacies in the neighbourhood for consultations altogether. And, as we read the CAR, we begin to understand why this is the case. M & D Green in the pharmacy doesn't have a consultation room in their pharmacy. Instead, there is an exposed corner. You can clearly hear the consultation and even see who is inside. At Boots, the pressure of workload means that consultations often happen on the shop floor, where conversations can be overheard. This scenario is reported in the CAR several times. And, at Rowlands, even when the consultation room is used, patients have reported that you can still hear everything from outside the room because the consultation room is not closed at the top, it doesn't have a closed roof.

The only pharmacy in Helensburgh that had a private functional consultation room, and used consistently, was the Boots on 47 Sinclair Street. And that's the very one that was shut down.

How can vital services like Pharmacy First and Emergency Hormonal Contraception be delivered effectively under the current conditions?

Now let's think about what's happening locally here. Young women feeling anxious or distressed about where to access EHC, individuals struggling to quit smoking, patients trying to manage long-term conditions without timely confidential support – these are not rare scenarios but they're daily realities in an overstretched system. We can see from the CAR that females need to carefully plan where and when to access EHC to avoid being overheard during what should be a confidential private consultation. Delayed or inaccessible care leads to poorer health outcomes and greater pressure on the wider NHS services.

We also see inadequacies of pharmacy services in Helensburgh extend into another core service – unscheduled care service where we will move on to now. This core service is designed to provide emergency supplies of medication when a prescription has not come through in time and it helps people avoid dangerous treatment gaps. But based on multiple accounts in the CAR, this safety net is failing. Patients describe being denied essential medication for long-term conditions like heart disease, hypertension. In some cases, patients felt forced to ration their medication just to get by.

The CAR reveals a consistent pattern where patients are unable to access emergency medication and that's likely because pharmacy teams are under so much pressure managing routine dispensing they simply do not have the capacity to process urgent supply supplies. In

Helensburgh, access to unscheduled care through local pharmacies is unreliable and inconsistently delivered. This poses a very real risk to the health and safety of residents, and it's the residents in Helensburgh that are feeling this effect.

Now moving on to AMS Service. Dispensing acute prescriptions is one of the most fundamental pillars of community pharmacy and losing a pharmacy in the area has placed immense strain on each of the pharmacies and their staff, and it has rendered this service inadequate. In the CAR when talking about staff, pressure, strain and stress are common words used. The Boots closure has caused immense workload for all and in turn has failed the systems. Waiting times have increased so much that they have been mentioned over 200 times in the CAR.

The reduction to just three pharmacies has led to a collapse of pharmaceutical services in the neighbourhood. Overwhelming evidence points to a widespread unacceptable wait times with patients often waiting 40 minutes in line, only to be told their prescription isn't ready. In the CAR, one resident shared their experience of collecting emergency antibiotics from Boots. They said they waited 30-40 minutes with the pharmacist then requesting that they returned later to collect. This patient now leaves the area altogether for their prescription. This is simply unacceptable. Such queues have been reported in the CAR and to this day, six months on they persist.

At this point, the applicant was going to share an image on screen, however, MD objected as this he deemed was new evidence. The applicant agreed to explain the image he would have shared.

Such queues have been reported in the CAR which concluded in March and to this day, six months on they still persist. After residents were told of the Hearing on 6th August would be slightly postponed, they began to send us in images of queues in the pharmacies and it really highlights inadequacies so we could see queues from Boots pharmacy with 10, 15, 20 people standing in a line. That is also represented in the CAR. It proves that the pharmacies are not coping under this pressure. In M & D Green queues are so large they extend out the door and on to the street. For over a year, there was a notice on the window directing patients which way to queue on the street and that is noted in the letter from Vivian. Now, this notice has been removed. So, have the queues in the street stopped? Well, we can see that they haven't.

In the images that we had they are now queues on either side. All removal of the sign has done is to confuse people as to what side of the street they should stand on. I really sympathise with the pharmacy staff, who are doing their best under this immense pressure. Unfortunately, their management, present today, will seek to present a narrative that doesn't actually reflect the reality on the ground. This helps no one. Patients will see no improvement and the community will continue to suffer from substandard NHS services.

Beyond long waiting times, residents are often forced to make multiple trips just to collect a single prescription. It's a common and deeply frustrating issue. Patients arrive only to be told the GP hasn't sent the prescription. They go back to the practice, where staff confirm it has been sent to the community pharmacy. They return to the pharmacy, queue again in these long queues and may still leave empty-handed. This back-and-forth place pressure on GP practices and causes real distress to patients, many of whom just urgently need their medication. To be clear, we understand that sometimes multiple trips are unavoidable, medications need to be ordered, and stock availability does vary. That's reasonable. But what we're seeing in Helensburgh goes far beyond that. The CAR shows this is a widespread and systematic pattern across all three pharmacies in Helensburgh. Elderly residents with limited mobility are queuing and returning repeatedly. Patients with young children are juggling multiple visit's just to get basic medication. This is not a working service. This is a breakdown. And when people can't access their prescriptions reliably, that is a fundamental failure of the core service – one we cannot afford to ignore.

The lack of blister pack availability in Helensburgh is another persistent issue. This is a locally negotiated service that underpins AMS which is vital for many to manage medication independently. Elaine from Helensburgh & Lomon Carers and Katrine from Jean's Bothy both highlight this in their letters of support, describing a clear and local shortage, and the impact on vulnerable individuals. They note that a new pharmacy could help address this unmet need and improve safe, consistent medication management. When someone needs a dosette box but can't get one, that's not a small issue – it's a failure of the AMS and a sign of inadequate capacity. Simply put, if a person can't reliably take their medication, how can we say the AMS service is delivering properly with proper care?

Dispensing errors are a recurring theme in the CAR, and they are mentioned 29 times. These represent one of the most serious risks in pharmacy. While human error can never be eliminated entirely, the situation in Helensburgh shows a concerning trend. Since the closure of Boots on Sinclair Street, the remaining pharmacies have been under unsustainable pressure, and that pressure is reflected in dispensing mistakes.

In April 2024, a local pensioner spoke publicly about the repeated prescription errors; eleven months later residents are still reporting similar experience as seen from the CAR. These are not isolated signs or isolated issues, they are signs of a system under strain, with increased prescription volumes and reduced capacity. We asked Boots for comments regarding dispensing errors and discovered that Boots on Sinclair Street reported zero errors in 2023. In 2024, after the closure, that figure rose to 15.

To be clear, this is not a question of staff competence, but of capacity and pressure. With services overstretched, mistakes have become more likely. This raises important questions about patient safety, and it is reflected in the fact that some residents now avoid local pharmacies due to safety concerns.

Despite Helensburgh being such a focal point in Argyll & Bute, the inadequacies of current pharmacy provision in Helensburgh forces residents to travel well outside their own community to access core services. This raises a critical question for the PPC – what constitutes a reasonable and acceptable distance for someone to travel in order to access essential medication.

Today, people in Helensburgh are making round trips of over 8.5 miles just to reach a pharmacy in Cardross. One respondent states: "I live in sheltered housing in Helensburgh, yet I am having to use Cardross pharmacy for my medication. This is because all the local pharmacies are under so much pressure. I'd love to be able to use a pharmacy locally, but this is just not possible currently".

This isn't just a one-off. The CAR responses show that many residents are forced to leave their neighbourhood just to access basic pharmacy services. So, I ask the panel – is it reasonable to travel over 8.5 miles just for essential care? Especially those without cars – taking buses or trains, incurring extra costs, and adding to the environmental impact?

But it gets worse. The pressure in Helensburgh is so severe that even Cardross Pharmacy can't address the inadequacies. People are now travelling a 15-mile round trip to the Davidsons Chemist in Garelochhead. One respondent puts it plainly – "I don't often get prescriptions but when I do, I go to Garelochhead. The pharmacies in Helensburgh are too busy and I don't feel it's safe".

A pharmacy assistant from Garelochhead confirmed in the CAR that many Helensburgh residents rely on the pharmacy in Garelochhead.

Arlene Love, the former Practice Manager at Garelochhead Medical Centre, completed the CAR on the Practice's behalf. She wrote that this pharmacy is "welcomed and much needed" because "local pharmacies can't cope with the demand".

This is the reality of the pharmaceutical services in Helensburgh. Yet today, we'll hear from others claiming the current service is "adequate".

However, adequacy of services can be simply disproved as remarkably, there is another pharmacy that is servicing the area in an attempt to address the inadequacies of the pharmacies in Helensburgh. This pharmacy isn't ten or even twenty miles away. This pharmacy is 40 miles away from Helensburgh. Inveraray Pharmacy is making an 80-mile round trip to deliver hundreds of prescriptions to Helensburgh residents in an attempt to enable patients to receive the care they so desperately need.

There is mention of Inveraray Pharmacy around 30 times in the CAR. It is a stark reflection of the system's failure that a pharmacy requiring a two hour round trip is intervening to address deficiencies in Helensburgh. In the CAR one resident simply puts "If a pharmacy as far away as Inveraray is having to help out, there's clearly issues with the current pharmacies". This powerfully highlights the immediate need for intervention to support the pharmacies of Helensburgh and to enable access to adequate pharmacy services for the residents.

Despite pharmacies out with the neighbourhood trying their best to help with inadequacies, the complex needs of the neighbourhood is unfortunately still not being adequately met. The CAR provides undeniable evidence of the consequences, and this is not a case of isolate dissatisfaction – it is a picture of systemic strain.

The closure is mentioned over 200 times. The word pressure appears 134 times. Chaos appears ten times in the CAR, issue 68 times, problem appears 44 times and mistake twelve times. Most tellingly, statements that the pharmacies need help are mentioned around 200 times.

This isn't just language – it's the voice of a community under strain. Granting this application is the only way to secure adequate access of pharmacy services.

Now, having established the clear need in Helensburgh, we do need to consider how approving this application will impact the viability of the existing pharmacies. Some may argue that Helensburgh cannot support an additional pharmacy and that existing providers, particularly Rowlands, would be at risk. But this is not supported by evidence. Prescription demand has been rising year on year. Since 2021, monthly prescriptions from Millig and McLachlan practices alone have increased by over 4,000 items; that's enough to support a new pharmacy in it'self but despite this, the town has lost a pharmacy, not gained one.

For over two decades, Helensburgh successfully operated with four pharmacies. NHS Highland's own data reveals that M & D Green is the busiest pharmacy in the entire Health Board with Boots also being one of the busiest, this shows the huge demand in the area.

So, concerns about Rowlands Pharmacy and Rowland's viability are misplaced. Their dispensing volume, around 3,500 items per month, has remained stable for over a decade, even after the Boots closure. This is largely because Rowlands is already operating at capacity and relies on an off-site dispensing hub, which residents report causes multi day delays. The CAR includes numerous complaints about these delays, with carers also affected due to late MAR charts and medication. Additionally, the location of Rowlands limit's it's footfall as residents report difficulty accessing it.

Our proposed pharmacy is located closer to the former Boots site. This will relieve pressure from M & D Green and Boots which will improve access and help retain prescriptions that are currently

leaving the area. Let's not forget, Rowlands along with the other contractors operated sustainably when four pharmacies existed in the town for over 20 years. The claim that this application threatens viability is not supported by facts.

Approving this application will transform how residents access pharmacy services. Our unit, located just off busy Sinclair Street, is within walking distance of the practice and benefit's from free on-site parking. Patients will enter through a welcoming entrance with a wide ramp – making the pharmacy fully accessible to all. Inside, it will be bright and comfortable with space designed to accommodate everyone. At it's centre will be a fully private consultation room – a calm, confidential space where patients can receive care without fear of being overheard.

We will be open from 8.00 am to 6.00 pm, matching the GP hours. This means no more patients waiting 45 minutes after a morning appointment, and working people will finally have access to pharmacy services. The pharmacy will be run by both Daniel and I, giving residents immediate access to a prescribing pharmacist, alongside all core pharmacy services.

With the approval of this application, patient-centred care will be returned to Helensburgh. The needs of every patient will be heard and addressed, whether that means collecting medication in a timely manner, receiving an urgent supply when medicines have run out, accessing treatment through Pharmacy First Plus, or even obtaining advice as a carer. Our pharmacy will ensure reliable access to all core services. It will directly address each of the inadequacies and ease the pressure currently placed on the town's remaining pharmacies. Our aim is to restore balance across local pharmacy services, relieving the excessive workload so that collectively we can deliver safe, accessible and effective community care once again.

We believe we have provided the PPC with irrefutable evidence that the service in Helensburgh is inadequate. The only remedy to these inadequacies I have mentioned today is the approval of this application which 90% of residents support. Residents have actually made it clear that this application is necessary and desirable with even just last night before we went to sleep, we received a message from a Mrs. Macniven. She said "the sooner the better. All the pharmacies in Helensburgh are so busy, we definitely need this and look forward to you opening".

I would like to thank everyone for their patience this morning. I appreciate this is quite a lengthy presentation with a lot of information to consider.

Thank you very much.

End of presentation.

3. Questions from IPs/Panel

M & D Green – You finished off your presentation there referring to your premises. Can I just check with you – do you own the premises?

Applicant – We don't currently own the premises, but we have an agreement, a legal agreement.

M & D Green – It currently looks like a newsagent. You mentioned in your application that you intend to refit the premises. Have you applied for planning permission? Building warrant?

Applicant – We have had an architect out and they have had a look at the building, and they are confident that we could get the area transformed as a pharmacy.

M & D Green – In your application you state that when you complete your refit you will be fully compliant with the Equalities Act. Can you tell me what you mean by that?

Applicant – Ensuring access for all. At the moment, there is a step into the shop. We will be installing a ramp. We will also have a consultation room. The shop fitters and architect we had out were confident we would be compliant with this.

M & D Green – We will start with your ramp. Where is your ramp going to be?

Applicant – There is a pavement outside the shop which is about 10 ft wide.

M & D Green – Do you think you will gain planning permission to put a ramp on to the pavement?

Applicant – We have contacted the council, and the council are more than happy to look at this.

M & D Green – Have you submitted a planning application to put a ramp outside your premises on to the pavement.

Applicant – When we contacted the council, they said this would need to go in once we gained approval of the application. At the moment this has not been submitted but have been in contact with the council who are more than happy that this will be absolutely fine. We also contacted the council regarding disabled access, and the council are happy to put a disabled bay outside the pharmacy as well once the application has been granted.

M & D Green – Do you know the dimensions of a disabled toilet?

Applicant – I'm not sure in a pharmacy.

M & D Green – Do you have a disabled toilet in the building at the moment and is it DDA compliant?

Applicant – It is not accessible for patients at the moment.

M & D Green – Is it DDA compliant?

Applicant – The shopfitters who came out along with the architect are confident we will comply with the DDA.

M & D Green – Do you have a consultation room in the building at the moment?

Applicant – There is space for a consultation room. We actually had the plans which were going to be on the screen today, but we were not able to show them so, yes,

M & D Green – You have a picture, a computer-generated image of the pharmacy on your Facebook page. Will your pharmacy actually look like that?

Applicant – The computer-generated image was from a sketch artist. It was just a rough sketch of the pharmacy.

M & D Green – So, it's not going to look like that?

Applicant – We're not sure as we still have to get the architect image. It might look like that; it might not look like that.

M & D Green – It looks quite open-plan. It looks large. It has a double front door at the front of the building. Apparently, the building has a supporting wall. How do you plan to remove that?

Applicant – It's just a generated image so it doesn't necessarily mean it will look like this.

M & D Green – You refer to this wide opening in your presentation as if it's a feature to the access of the pharmacy but there is a supporting wall exactly where you are proposing to put that door.

Applicant – The supporting wall has a glass window to the left and so it will still have a wide opening.

M & D Green – That is just a computer-generated image, it might not look like that?

Applicant – Yes.

M & D Green – Do you think that is misleading in any way?

Applicant – I don't believe so because we never mentioned that it was going to be like that. Structures change as the process happens. We just wanted to give a visual of how the pharmacy may look.

M & D Green – Are the premises large?

Applicant – It is large.

M & D Green – Can I ask what the square footage is?

Applicant – It's 60 metres square.

M & D Green – Do you consider that to be a large pharmacy?

Applicant – The premises are a good size. 645 square feet. I have actually worked in pharmacies that are smaller.

M & D Green – That is not the question – do you consider that to be a large pharmacy?

Applicant – I'm not sure how you define a large pharmacy. Pharmacies come in many different sizes and it's functional for that.

M & D Green – They do come in many different sizes, they come in small, medium and large. Do you consider that to be a large pharmacy?

Applicant – I consider it to be functional.

M & D Green – You have been very active in the area promoting the pharmacy, or the proposed pharmacy should I say. Did you meet with a number of community groups?

Applicant – In the CAR there was a list of who we met with. We wanted to make the consultation widely known, we wanted to meet with a number of people so they could share their experiences. We wanted to have as many people as possible have their voice heard.

M & D Green – Did you invite any of the Interested Parties to this meeting?

Applicant – They were public meetings.

M & D Green – Were the Interested Parties advised as to when those meetings might be so they could attend.

Applicant – The meetings were told to the Health Board, and they were all public meetings so anybody could attend.

M & D Green – Are you sure the Health Board were notified of when you were meeting with these groups.

Applicant – I am not sure, but they were all public. We were invited to Parish halls and anybody come in and have a chat.

M & D Green – In any event were there any Interested Parties at any of those meetings.

Applicant – Not that I recall but the meetings weren't held by us personally, we were just attending them as applicants.

M & D Green – Is there a risk then that these meetings did not have a particularly balanced approach?

Applicant – Really it was just about raising awareness and directing people to have their opinions shared. Whether that was Yes, they wanted a pharmacy or No, they didn't think another pharmacy was needed. It was all about awareness.

M & D Green – Did you encourage them to make responses?

Applicant – We directed people to the questionnaire where they could have their voices heard.

M & D Green – If your application is granted; you have chosen an unusual location for your premises. It is probably closer to the Health Centre than anybody else's existing pharmacy. Do you expect that your pharmacy will be busy?

Applicant – We expect, because of the strains in Helensburgh is so great at the moment, we expect there to be patients will come to us so that they can receive an adequate service and what that will do is allow the others in the area to provide adequate service as well, lifting that strain

M & D Green – That's not what I asked. Do you expect your pharmacy to be busy?

Applicant – Do you want the numbers we think we will do?

M & D Green – That would do it.

Applicant – We think the numbers we will achieve will be about four to five thousand items per month, that is roughly the same as the old Boots was doing or five to five and a half thousand. Around that number.

M & D Green – You will be the closest to the Health Centre and you think you will do four or five thousand items?

Applicant – Being the closest pharmacy doesn't necessarily mean we will be the busiest.

M & D Green – It's currently what drives it.

Applicant – From my experience I wouldn't say so. There are pharmacies I have worked in which are very close to a Health Centre and they are not as busy as those out with. It's mostly prescriptions now rather than walk-in footfall.

M & D Green – If your application is granted do you think that will have an impact on the existing pharmacy provision in town in terms of their revenue?

Applicant – I think it will have a positive impact to the pharmacies because it will lift the strain currently placed on the current pharmacies with the repeat prescriptions which are getting processed. What that will do, it will give time for the pharmacies to provide adequate service and also provide the Pharmacy First service appropriately as well. At the moment, we can see consultations are not being done in the pharmacies, and referrals are not being done so once this strain on repeat prescriptions are removed then pharmacies will have more time to offer Pharmacy First service and that in turn will help with revenue.

M & D Green – You made reference to Pharmacy First there, do you know the average number of consultations of Pharmacy First in Scotland?

Applicant – I'm not aware.

M & D Green – You made lots of comments about Pharmacy First in your presentation so it might be helpful if you knew what an average pharmacy did for Pharmacy First.

Applicant – We have a list just not the calculation of what is the average.

M & D Green – You made the comments about Pharmacy First in the area without knowing.

Applicant – The Pharmacy First comments were on the items.

Chair – Sorry, can I interrupt, you need to ask questions, there are a lot of sweeping statements. Thank you.

M & D Green – Can I ask with the information provided late on Friday night about a newspaper article. I was a bit confused about the date. When was it from?

Applicant – It was from April 2024.

M & D Green – About a year and a half ago. That clears it up. Thank you. You made reference to having difficult accessing unscheduled care. Where is your evidence of that?

Applicant – It's in the CAR. Patients had submitted the questionnaire having said they were unable to access the service.

M & D Green – The 2020 Opticians made some comments to support your application, problems with patients accessing stock. Why would you think they would never think to approach a pharmacy. I haven't been approached by any of the Opticians. Why would that be?

Applicant – They are actually next door to the Boots pharmacy so a lot of the patients when they come out of the Opticians they go into Boots for convenience. They just walk round the next door down.

M & D Green – I mean in a professional capacity. A fellow professional experiencing difficulties with another professional. Why would they not, as a respect as a professional responsibility to go and speak to other professionals.

Chair – I don't think that would be a question you could answer. I think you would need to approach the Opticians.

M & D Green – The location of your pharmacy, the centre of town, it's not that far from any of the existing pharmacies, how far do you think you are?

Applicant – From Boots, 800 meters.

M & D Green – How long would it take you to walk?

Applicant – About a minute from the Boots on Sinclair Street.

M & D Green – How long would it take you to walk from Boots to Rowlands?

Applicant – Depends on mobility. Possibly four to five minutes.

M & D Green – How long from my pharmacy? Another minute?

Applicant – I'm not sure.

M & D Green – If you are a patient and you have a prescription in your hand and you walk into Boots and you see a queue, what would prevent you from walking round the corner, the two minutes' walk to Rowlands?

Applicant – With patients, all we can go with is what is noted in the CAR and patients are saying that it is hard to access Rowlands because of the distance, especially if they have problems with mobility. The other thing was because Rowlands have the off-site HUB stock levels are not the best which is reported in the CAR so patients tend not to use that pharmacy if they cannot get their prescription filled.

M & D Green – If I was a patient and I wanted to access Pharmacy First in Boots and there was a queue, again it's a two-minute walk to Rowlands, what would put me off?

Applicant – This is a comment in the CAR which says, "I am disabled and require walking aids, there have been days when I had to visit my pharmacy which is Boots, I have been unable to get parked close enough to manage the walk".

M & D Green – Do you see any impediment that for a patient presenting in Boots with a prescription or wanting to access Pharmacy First making the two minutes' walk round to Rowlands. Can you see any impediment?

Applicant – I don't think it's a two minute walk though because I have walked in Helensburgh many times to go to Boots and Rowlands and do not see that is an accurate representation, also, it does depend on the mobility as well and if one pharmacy has an enormous queue why should that patient be forced out of that pharmacy to go to another pharmacy. That highlights the sheer inadequacies if a patient leaves that pharmacy to go to another one and if Boots do not have the stock they would have to go to another pharmacy. This highlights the inadequacies that we have spoken about today.

M & D Green – No more questions madam Chair.

Chair – So we will move on to questions from Boots.

Boots – Do you and your business partner own any other pharmacies?

Applicant – We are part owners of two other pharmacies.

Boots – Do you mind me asking where they are?

Applicant – Falkirk and Stirling.

Boots – Are you superintendent of any of these pharmacies?

Applicant – I'm superintendent of both.

Boots – You said in your presentation that both yourself and your business partner would be working full-time in the pharmacy in Helensburgh. Any concerns about your other pharmacy in Falkirk, how you would manage that given the geographical distance?

Applicant – We currently have a part-time pharmacist and two pharmacists willing to come onboard with us full-time if the application is granted so that will allow us to work in Helensburgh.

Boots – You would work in Helensburgh and the pharmacists you would employ would work in Falkirk and Stirling?

Applicant – Yes.

Boots – Are there any other contract applications in Highland or any other Health Board at this precise moment in time?

Applicant – Not at the moment.

Boots – I'm a little confused on the viability part. You mentioned to Martin that your expectation would be around four to five thousand prescription item volume per month. Is that correct?

Applicant – Yes.

Boots – My understanding is that Rowlands is around three to three and a half thousand items.

Applicant – It fluctuates between four and four and a half thousand.

Boots – Would you say that was a very small volume prescription pharmacy already in Rowlands.

Applicant – Historically, when there were four pharmacies over twenty years, that was what their volume was. It has been that historically in the past twenty years.

Boots – Again, just asking the question, would you agree that that is a very low volume prescription items in Scotland.

Applicant – In NHS Highland there are twenty-two pharmacies that are doing less than four thousand items so albeit on the low side, it is not out with the norm, some are lower.

Boots – As Martin mentioned, you will be the closest pharmacy to the GP surgery and the distance between yourself, and Rowlands would be what?

Applicant – So just in terms of the fact we would be the closest to GP surgery, it does depend on where you park as well. The GP practice has underground parking ...

Boots – The question was just around the distance between yourself and Rowlands, what distance is that?

Applicant – Sorry, I was just highlighting the fact that ...

Boots – That wasn't the question though.

Applicant – Sorry, the distance between myself and Rowlands. Was that the question?

Boots – Yes.

Applicant – I'm not sure exactly what that distance is. If someone was to walk that, an elderly person, I would say it was a lot, yes.

Boots – Given it's a very short distance, if we say that, between your pharmacy and Rowlands, just curious how are you going to take four to five thousand prescriptions items a month and not impact the viability of Rowlands.

Applicant – Rowlands has been around three to three and a half thousand items a year and that is when they were four pharmacies in the area. Now there are three, their numbers haven't actually fluctuated but because of our distance to the other sites, our numbers will come from M & D Green pharmacy and also Boots pharmacy as well as the numbers that have been leaving the area so in combination that will allow pressures being lifted from M & D Green and Boots and also the numbers that have left neighbourhood when they come back to the neighbourhood.

Boots – Your patients you claim will only come from M & D Green and Boots?

Applicant – That is what we are projecting because historically that is what has happened when there were four pharmacies in the town.

Boots – Would it surprise you, the Optician which is next to us has never raised any concern with us around stock?

Applicant – I'm not sure about that.

Boots – Would you agree that Helensburgh is amongst the least deprived areas in Scotland?

Applicant – I would disagree with that.

Boots – Based on SIMD data you would disagree with that?

Applicant – There are three data zones in Helensburgh with 20% most deprived areas.

Boots – What would you say as a town, by comparison to other towns in Scotland it is one of the least deprived.

Applicant – It is the least deprived as a town but with very mixed areas of population and areas of deprivation as well.

Boots – You mentioned about the naval personnel and families. Where do the naval personnel and families access their healthcare?

Applicant – They can access healthcare in Faslane, however, the families also uses the town's facilities; if naval personnel were in town, they would access the facilities.

Boots – You spoke about needle exchange service. Again, I was a little confused on that. So, from what I heard in your presentation, the only pharmacy providing needle exchange service in the town was the Boots pharmacy which closed and once that closed there was no needle exchange provision in Helensburgh. Is that what the presentation said?

Applicant – Yes, that's right.

Boots – Who is responsible for making sure a community pharmacy within a population has access to needle exchange. Who makes that decision?

Applicant – I believe that is the Health Board which makes that decision.

Boots – So, the Health Board are responsible for making sure pharmacy provides that. I know that provision has been put in place so would it surprise you that this was transferred to the Boots store in Helensburgh, when the one closed, that was transferred to the other Boots store.

Applicant – According to the Health & Social Care Partnership it says that this was not transferred to the Boots store and when we understand what people are saying in the CAR and when they are sharing experiences ...

Boots – Are you saying there are no needle exchange services in Helensburgh?

Applicant – From the accounts that we have heard and from the NHS Highland website that is correct. People are saying they cannot access needle exchange.

Boots – Again, just a little confused about consultation room. If I'm correct you said in your presentation something about the only appropriate consultation room being in the Boots which was closed. Is that what you said?

Applicant – No, not the only appropriate consultation room, the only premises that had a consultation space which was used consistently was the Boots in 47-49 Sinclair Street.

Boots – What's your evidence on that? What point are you making?

Applicant – In the questionnaire, in the consultation analysis report there are many mentions of consultation rooms not being used in Boots and they have shared their experiences in the questionnaire, and they told us in the questionnaire what was happening in the Boots and they are showing rashes on the shop floor and what not.

Boots – I would make you aware that Boots made considerable investment in the Boots store in Helensburgh and there is a new consultation room.

Applicant – I am aware of that and that has been done. However, unfortunately it is still not being used and that is because the pharmacist is so busy with queues of 10-15 people makes it difficult and I am assuming it is very difficult for the staff to take that person into the consultation room, spend time with them in the consultation room.

Boots – You have made a lot of comments about queues and service provision. Do you know how many complaints were raised with NHS Highland about Boots pharmacy in the last year?

Applicant – I believe NHS Highland do not retain complaints.

Boots – It's public information. Do you know how many complaints?

Applicant – No, I don't.

Boots – You spoke about EHC. Again, I was a bit confused about this. What evidence do you have that there are any concerns from the public around access to EHC?

Applicant – That's from the CAR.

Boots – What was the comment in the CAR related to EHC?

Applicant – “More services following an approachable sexual health services that’s responsible”.

Boots – Another point of confusion – you spoke about blister pack service being a local NHS service. Is that correct?

Applicant – Yes, a locally negotiated service.

Boots – For blister packs?

Applicant – No, it’s the medicines compliance needs assessment.

Boots – What would a patient receive under that service?

Applicant – Medicines compliance needs service. They will receive a consultation to ascertain if a blister pack is appropriate for them.

Boots – So, you are saying there is an NHS service which provides blister packs to patients?

Applicant – No, the locally negotiated service is the care needs assessment and there is a questionnaire for the patient to ascertain if a blister pack is required for that patient.

Boots – Would it surprise you that we met with Carol-Ann from the GP surgery just two weeks ago and she raised absolutely no concerns with us around patients accessing medication or NHS services and in fact was very complimentary about the work we do?

Applicant – That is surprising because in the letters of support which we received as well as the information in the CAR.

Boots – I know we have spoken quite a bit about the size of your premises, but can I ask why we didn’t get a layout plan?

Applicant – Sorry, I had a layout plan and that was meant to be shown visually today.

Boots – That completes my questions Chair. Thank you.

Chair – Can we now move on to questions from APC please.

APC – You mentioned the growing population and the Faslane at Rhu and Shandon. Is there any particular reason why you didn’t include them within the boundary?

Applicant – Yes. So, Rhu could be considered a boundary within its own right. When we made the neighbourhood, the actual physical boundaries we also considered the community council’s boundaries as well.

APC – One of the things we have frequently discussed is around challenges of staff, locums. How do you envision getting around that. You said you both plan working there but there will be significant training of staff so how are you going to deal with that?

Applicant - During the time this questionnaire has been running we have been approached by a few members of the public saying that they would wish to work with us if this application is granted.

APC – No more questions Chair. Thank you.

Chair – Moving to our people on Teams. Cardross Pharmacy.

Cardross – I understand this service is not a core service but there was a point made in the presentation so I would just like to clarify it. You guys are prescribing pharmacists; do you offer Pharmacy First Plus service in your other pharmacies?

Applicant – Yes, we do.

Cardross – The pharmacist who you are hoping to employ if this is granted, are they prescribing pharmacists?

Applicant – Yes.

Cardross – You are obviously hoping to offer Pharmacy First Plus in your new pharmacy?

Applicant – Yes.

Cardross – You also that Daniel had locumed when there was four pharmacies in Helensburgh. Have either of you locumed recently when the old Boots shut down?

Applicant – No. The mention of Daniel was in 2023.

Cardross – You mentioned Faslane and the expansion to Faslane, but you have not included that in the boundary so do you expect service from these patients?

Applicant – From Faslane, Rhu and Shandon people use the amenities in Helensburgh so we would expect them to use the service.

Cardross – You would agree, most likely they would use Garelochhead which is closer to Faslane would you say?

Applicant – Those in Rhu and Shandon use Helensburgh amenities.

Cardross – OK, but it's not within your proposed boundary that you are proposing to serve?

Applicant – No, that's correct but that doesn't exclude them from using the services.

Cardross – No, of course. You also made note of the golf course. Were you aware that application had actually been rejected?

Applicant – I have actually seen that the application was rejected. I believe sometimes that can happen with site, but another developer is looking to take over, which is quite common for new sites but at the same time, this application is not relying on new housing but just wanted to mention that Helensburgh is an area which is constantly developing.

Cardross – You have noted that people are drawn into Helensburgh for a number of reasons and the population was increasing but were you aware that over the last twenty years there has actually been a decrease in population of around 8% in comparison to Scotland, where there has been an increase of around 8%?

Applicant – So, the figure you are referring to is Helensburgh and Lomond. The figures were are looking at are just Helensburgh.

Cardross – You were saying there was a percentage increase in Helensburgh?

Applicant – When we looked at the census data, in 2001 in comparison to the data now, the numbers have remained very stable with, I believe, a reduction of 1% but as we look at the percentage of the increase in size of the practice, that prescription volume has increased. Also, the 2023 census of 14,127 people does include those who have moved into the area with the new development.

Cardross – You made note to an ageing population. An ageing population usually falls hand in hand with long-term condition prevalence. Were you aware that Helensburgh as a locality it's self actually has a much lower long-term condition prevalence in terms of national statistics?

Applicant – I have the national statistics here as well. Would you be able to tell me what the difference is?

Cardross – It's a difference of around 10%. So, 14-17% less long-term condition prevalence in comparison to Scotland.

Applicant – I don't have the data to hand but we can look at the numbers of Mallig and other Helensburgh practices and we can clearly see that the numbers are increasing year on year. From 2021 they have increased by 4,000.

Cardross – I have had a look at the open data from Public Health Scotland, the numbers to me seem relatively stagnant over the last five years. Where are you pulling that data from showing that there has been an increase?

Applicant – The data is from Pharmdata.

Cardross – The data that I am looking at is from Public Health Scotland, I think that is probably a bit more accurate actually showing perhaps a 2% increase of items over the last five years so I would say that is not a significant increase. Would you agree with that?

Applicant – As I said, our data is from Pharmdata, I cannot speak for your data as I have not looked at that.

Cardross – You also mentioned about how a lot of people are using services out with Helensburgh, travelling to Cardross, going to Inveraray and you have noted that from your CAR responses. Are you aware that the patients receiving care from Inveraray are actually transitioning back to Helensburgh and Cardross since the change of ownerships?

Applicant – Copy that.

Cardross – That's all from me thank you.

Chair – Thank you so moving on to Rowlands please.

Rowlands – Thank you for the opportunity to ask these questions. Quite a lot of my questions have already been addressed by some of the other interested members. Very quick question going back to the floor plans of your unit. If you have not submitted any floor plans, how do you think the committee can understand the unit in question is actually fit for purpose and capable of delivering the full range of contracted services that you are saying you are going to be delivering?

Applicant – The floor plans were meant to be shown today, and I was hoping to present them.

Rowlands – Would you say that submitting the floor plans would have been your priority considering the size of the unit?

Applicant – What are the concerns with the unit size, especially with having the architects and also shop fitters in who are very confident we could get it converted from a newsagent to a pharmacy?

Chair – Sorry to interrupt. Would it be helpful to show the floor plans since that is a question which has been raised

M & D Green – I cannot understand how my colleague left this to the eleventh hour not to sure this. It's one thing looking at them, it's another thing seeing detail in them, in particular.

Boots – Given how small the premises are, it's a major point.

Chair – Shall we carry on with your questions. While we get those printed, we will carry on with questions and come back to that one.

Rowlands – Whilst you were in the market for finding a suitable unit was there a more suitable unit available at the time of the application that did not leapfrog all our pharmacies within Helensburgh, one of more suitable size?

Applicant – I don't believe we have an issue with the size of our unit. We liked the locality of the unit, it's just off the busy Sinclair St, easy access, on-street parking, set of lights that people can use to cross to the unit, and in our eyes was very perfect. The old Boots unit was already occupied by Cancer Research I believe.

Rowlands – You referred to the on-street parking there. Can you just describe the parking in more detail with specifications to where the yellow lines are, the loading bays are only and obviously the availability of parking spaces with regards to cars parked there throughout the day because of current residents?

Applicant – Right outside the shop just beside the pavement there are cars parked there. Across the road there are double yellow lines although these lines are historic, and you can actually park there. The double yellow lines go all along East King Street and you can see that cars are actually parked on East King Street every time you visit Helensburgh that is the case. The council just haven't removed these lines yet.

Rowlands – Would you say, advising the panel that you have suitable parking but that involves parking on a double yellow line is a responsible thing to do?

Applicant – The double yellow line is historic.

Rowlands – But it is still there, it is still on the road.

Applicant – Correct, the people from the community know this, that they can park there and there are many in the CAR who highlight that parking is actually very adequate and it's an adequate unit as well.

Rowlands – From my experience of living in Helensburgh for 18 years, the parking wardens around Helensburgh are very aggressive and I think they would be nervous. Do you think it is a responsible thing to do to ask people to park on a double yellow line that is still painted on the road and has not been removed by the council?

Applicant – On the other side of East King St after Sinclair St, there are a row of lines which has always been used for parking. There is parking on that same street as well, which doesn't have any double yellow lines.

Rowlands – So that would involve crossing a pedestrian crossing at the second busiest junction in Helensburgh, is that correct?

Applicant – No, just directly outside the unit there is a set of lights, and you can use the lights to cross the road.

Rowlands – What specific area within Helensburgh are you referring to as being deprived? Do you know the names of these areas?

Applicant – There are three, two in the northeast.

Rowlands – And what are the names of these areas?

Applicant – I do not have the specific SMID codes for them at the moment.

Rowlands – You say that Colgrain and Churchill were mentioned in the areas? These are in the northeast.

Applicant – I don't believe so.

Rowlands – You don't believe so?

Applicant – I would need to check; I'm not 100% sure of the SMID codes.

Rowlands – Colgrain would be around Drumfork Road, Armstrong Road and Collins Road and Churchill area would be around Kent Drive, Cambertown Court, Hardy Hill that area.

Applicant – Sorry, are these to the northeast of Helensburgh?

Rowlands – Yes.

Applicant – I don't have the specific codes so I cannot look at the data zones.

Rowlands – You specifically refer to the northeast as an area of concern for deprivation. Can you tell me how many military personnel and housing is within that area.

Applicant – I am unsure of that.

Rowlands – Are you aware that Inveraray Pharmacy canvassed all accessible local towns, it was not just Helensburgh?

Applicant – Yes, I am aware of that. They had massive uptake in Helensburgh due to the inadequacies.

Rowlands – OK, that's not what you implied in your speech. I would like to know where you have evidence of lack of use of the consultation's rooms, specifically within Rowlands Pharmacy?

Applicant – In the CAR there is a question which is answered – I don't think it's the lack of use of the consultation room, it's when consultations are in the room, conversations can be heard out with.

Rowlands – I thought in the previous question there was a lack of use of the consultation room.

Applicant – That was the Boots Pharmacy.

Rowlands – Was that just specific to Boots Pharmacy?

Applicant – Yes

Rowlands – How many staff do you think you would need to consider to employ in a pharmacy considering all the services that you will be undertaking?

Applicant – Daniel and I will be working in the pharmacy; we will have two dispensers and a front counter.

Rowlands – So is that three additional staff?

Applicant – Yes

Rowlands – Wonderful. During the Facebook campaign in encouraging people in filling out the CAR report, you continually stated that you were going to have zero waiting times. Can you tell me what that means please?

Applicant – Daniel and I currently do it in the pharmacy we are working in now. What that means is when someone hands in a prescription, they get it dispensed there and then, and we have good stock levels and patients don't need to come back. We are more efficient with our systems, efficient with queues, efficient with dispensing.

Rowlands – When you are putting this on a Facebook or advertising this, and then asking people to complete the CAR, can you tell me what the public interpretation of zero waiting times would be?

Applicant – That you can walk into a pharmacy, hand a prescription over, receive that prescription and not need to come back or queue which is what we currently do in our other pharmacies.

Rowlands – Do you consider dispensing prescriptions is currently the main income in a community pharmacy?

Applicant – Yes

Rowlands – Would you say that any impact on the number of prescriptions being dispensed in a pharmacy could result in the viability of that pharmacy.

Applicant – We could see historically from over twenty years, four pharmacies in Helensburgh were viable.

Rowlands – I understand that but the opening a new contract in Helensburgh is no way to guarantee the numbers that will be specifically coming out of each pharmacy with the number of prescriptions. Would you be able to estimate the loss of prescriptions from each of the pharmacies?

Applicant – The estimation we have is from Boots Pharmacy and M & D Green Pharmacy and that will give us around four to four and a half thousand items, which will relieve the pressure. There will be no uptake from Rowlands because historically that's the case.

Rowlands – So your pharmacy being within 2.4 miles of Rowlands Pharmacy, you don't believe that Rowlands Pharmacy will lose any prescriptions with the opening of a new pharmacy and this new contract.

Applicant – I cannot say definitively that there won't be any prescriptions, there may be a few to relieve pressure but a pharmacy has never had to close due to a new pharmacy application and we can see that in the twenty years that Helensburgh was serviced by four pharmacies, the numbers from Rowlands have been very stable.

Rowlands – Do you intend to offer a delivery service to the local community?

Applicant – Yes, we do.

Rowlands – Going back to the parking issue near your pharmacy do you think this may be a problem and cause disruption at this busy junction?

Applicant – I don't believe parking is a major issue as discussed and also previously I mentioned that we have contacted the council regarding a disabled bay, and they are more than happy to arrange this once the application is approved.

Rowlands – That's all of the questions I have at the moment. Thank you very much.

Chair – Are people content that we now have the layout, can share it on screen and around the room before we bring the Community Council in? If there are any specific questions about the layout we can go back to them. Would that be fair?

M & D Green – Would we have an opportunity to ask questions?

Chair – Yes, that should have been sent with the other information.

M & D Green – Does it have dimensions?

No response.

Chair to Applicant – Would you just talk us through this?

Applicant – Yes, this was provided to us from the architect. You can see the entrance, retail space, there is a corridor which has an advice hatch, for advice or supervision of medicine. You can see the dispensary and checking bench. At the moment the shop is the first section of this diagram so that is accessible to the public. As you go through the back you actually see the size which is quite substantial.

Chair – So, where the retail desk is and then that is the shop?

Applicant – Yes and the rest is the back.

Chair – Is everyone happy they have had a chance to look? I see this is a bit of a veering but I think it important everyone has an opportunity to ask questions. For the purpose of the Minute, it would be useful to go back to our Interested Parties in the order in which we started the questions with specific regard to the layout, not additional questions. Is that acceptable to everyone? We will then return to the Community Council for your questions including any about the layout.

There was agreement in the room and on screen.

M & D Green – You referred to the unit there as being substantial. I notice there isn't a scale on it but I am making the assumption that it is the size that you said when you answered the question earlier, it being approx. 600 square feet. For clarity, in your opinion, that is substantial?

Applicant – It is an adequate size for a pharmacy yes.

M & D Green – Adequate or substantial?

Applicant – We would be able to work in here absolutely fine so it's adequate.

M & D Green – You made reference in your presentation to the ease of access and on the image on your Facebook page it shows a computer generated image of the pharmacy with a double gated door in the middle of the pharmacy and in that image the floor has clearly been raised and this column which is right bang in the middle at the front of your drawing there has been removed. So, the image that you presented on your Facebook page would appear not to look anything like that. Would you not agree?

Applicant – Yes. The Facebook image was just an image on Facebook, it was never mentioned that the pharmacy would look like this, or this is the definitive picture of it, it was just an image produced by an artwork person.

M & D Green – Is the door shown in this drawing the existing door which is currently hanging in the newsagents?

Applicant – At the moment I believe it is.

M & D Green – Do you know what width that is?

Applicant – No, I do not have that.

M & D Green – You said in your application that following your refit the premises would be fully DDA compliant, and we potentially have a significant issue with the first hurdle, which is the front door. Do you know what size that is?

Applicant – With the shop fitters and architect coming out we are fully confident it will be fully DDA compliant. I do not have that measurement to hand, but they were certainly very confident.

M & D Green – So this drawing isn't to scale then? That door may not represent the size.

Applicant – I'm not sure of the size of the scale, this is just what I have received from the architect.

M & D Green – Going back again to your claim that this will be fully DDA compliant, can we look at the toilet and I will ask again, do you know what dimensions a DDA toilet needs to be and is that compliant?

Applicant – I do not have the specific dimensions.

M & D Green – If I helped you. At a minimum the toilet has to have a 1.5 metre square turning circle to allow access for a wheelchair and the doorway needs to be a minimum of 900 mm wide to allow a wheelchair to access. Is that toilet DDA compliant?

Applicant – The shopfitters were absolutely confident that the entire pharmacy ...

M & D Green – That looks to me like the existing toilet, it doesn't look like a toilet the shopfitters are creating for you. Is that the case?

Applicant – So it is the existing toilet, that's right but when the shop fitters came in, they were very confident.

M & D Green – You mentioned about a ramp, but you haven't included a ramp on this drawing. This drawing would appear, unless I am reading it incorrectly, to still have the existing floor in which requires a step up. Is that the case?

Applicant – Yes. This is just the drawing of the premise not outside on the pavement.

M & D Green – No more questions from me Chair.

Chair – Any questions from yourself Scott with regards to the layout.

Boots – The size of the 24-hour collection point looks small. Is that accurate?

Applicant – On speaking to the shop fitters who have fitted many of them, this was drawn up in conjunction with the architect ...

Boots – It's tricky without the scale to be honest. Just looking at it, it looks small to me. You mention about compliance aids packs in your presentation, the dispensary looks rather small to me and just for the benefit of the panel or lay members on the panel. Those prescriptions would come in for a month or 4 weeks. You'd make one week, and you normally deliver a week. So, you've got store 3 weeks essentially in the pharmacy. Do you have any concerns about the number of patients you can actually support with compliance aid packs given the constraints of the size of the dispensary?

Applicant – No, the ceiling is very high so there is storage space in the pharmacy.

Boots – Again, just in terms of the layout and how people will actually walk around, where would your pharmacist be predominantly, how would they get round to the consultation room, provision of substance use, those kinds of things which will happen on a daily basis. How would that work?

Applicant – You can see that the checking bench is facing the entrance so that predominantly where the pharmacist will be checking in. Of course, there will be two of us so one will be as the checking desk and the other at the dispensary dealing with patients.

Boots – No further questions from me Chair.

Chair – Thank you very much. Malcolm, any questions from you on the layout?

APC – You mentioned queues in your presentation is the retail point and the till at the door, do you envision that would cause any problem?

Applicant – No, the main reason for the queues at the moment is the pressures that the pharmacies are under. With the approval of this application issues will be lifted and pharmacies will be able to provide their service.

APC – No further questions Chair.

Chair – Thank you. Can we go back to Cardross?

Cardross – Just on the basis of the advice hatch, you made a note a few times about how you run the risk of having the consultation in an open space. Would you not say you are putting yourself in the same position here with an advice hatch?

Applicant – We can have a door which leads into that corridor and then you have the advice hatch there.

Cardross – Where would this door be sorry?

Applicant – The door could be at the start of the entrance to the corridor. Also, this is just for administration purposes, we could have the advice hatch elsewhere there is a perfectly large consultation space where we can have consultations.

Cardross – OK. Your robot, does that include space behind to block off, putting items in the robot for confidentiality purposes. Does that include that in the plans here?

Applicant – Yes.

Cardross – Would you envisage more than one staff member being on lunch at any one time because it is a very small staff room, the fridge opens out, there is not even much space to eat there. Would you say that was an adequate size for a staff room?

Applicant – I have worked in many pharmacies that have staff rooms of that size, and smaller as well so I would say it is adequate, and staff could always leave for lunch as well or have lunch in the consultation room if the consultation room is not getting used.

Cardross – But for now, you would say that would only take one or two people?

Applicant – At the moment, looking at that staff room right now, one or two people, yes.

Cardross – Nothing else from me. Thank you.

Rowlands – Yes, thank you I do have a couple of questions here. It's really about the safety of the dispensing of the MDS boxes. Obviously, you have provided them previously in the past, with you offering this service in this pharmacy and mentioning it during your advertising campaign, I am presuming that you are going to be making up a number of these boxes. How much room is allocated to the storage of these boxes and is that going to be at height as in one of the previous questions.

Applicant – There will be shelving put in place and they are high ceilings as well, that allows for a good storage space, and the number of dosette boxes which we do will depend on the needs of the patient as well.

Rowlands – OK, so my second question is regarding your claim for zero waiting times in relation to the amount of storage room you have in this pharmacy for stock. During your canvassing campaign and Facebook posts, one person actually commented how can you guarantee zero waiting time, and I will quote your answer here – “Hi, name of the patient, we currently have zero waiting times at a pharmacy we currently work at, and we do this with efficient systems being in place and very healthy stock levels”. Could you tell me the amount of stock you think you will be holding within this pharmacy?

Applicant – I don't know the exact amount of stock we would be holding but like I said, a healthy amount to adequately provide the service.

Rowlands – And you think you will be able to hold enough stock within this pharmacy to guarantee a very efficient service, immediate dispensing and not have any balances, like it has been reported in the CAR report from other pharmacies?

Applicant – Absolutely and also balances are natural as well, but it is about limiting these, and we are confident we can do that.

Rowlands – OK, I have asked enough questions for now, that's fine thank you.

Chair – Thank you very much. So, we will move on to Community Council, Helensburgh. I'm not sure which one of you is presenting or asking questions and obviously to include any in relation to the layout but your other general questions as well, thank you.

CC – Hi, my name is Cameron. Elizabeth is secretary of our Community Council. Just while you have the layout up – we don't currently have a robot service for collecting prescriptions so could you explain how that would work, I don't think it is anything any of us have experienced before?

Applicant – It's a 24-hour collection service. What happens is when the prescription is loaded into the robot the patient would receive a text message on their 'phone with a code. That code can be used 24 hours a day. The patient will put this on outside on the screen and the robot will dispense it out of the shelf.

CC – So is that something you would have to sign up for in advance?

Applicant – Yes, we wouldn't automatically put them in the robot, we would speak to patients and those who would like them in the robot, we would sign them up for it.

CC – Just generally, we are very focused about what is happening in and around Helensburgh. The two of you have been in Helensburgh quite a lot recently finding out some of the issues the community have been experiencing but I just wanted to know what your experiences are in other areas, how does the pharmacy service in Helensburgh compare to Falkirk, Stirling and other places you have worked?

Applicant – From all the evidence that we have presented Cameron, we can see that the pharmacy services in Helensburgh are inadequate, across every core service, patients are struggling to speak to a member of staff because they are so busy, waiting times are so long they extend into a queue at the door, the inadequacies in Helensburgh I haven't actually seen anywhere else I have worked.

CC – That's all I have to ask at the moment.

Chair – Thank you very much. We will move on to questions from the panel. Does anyone have anything else from the room or from the teams they would like to ask before we move on.

M & D Green – I do have a question in relation to the floor plans is that ok?

Chair – I am being advised no and that may be my error so my apologies.

M & D Green – No problem I will just bring it up later.

Chair – Now we will ask for questions from the panel. We will start with me. Some of my questions have been answered as we have gone through. I just wondered if had a calculation of the amount of prescriptions that are leaving the area? You talked about the amount of prescriptions being picked up by other providers, Inveraray and everywhere else. Of the total prescriptions do you have a sense of what that amount.

Applicant – Yes, roughly around 700 to 1,000 items leaving the area.

Chair – What does that mean in total?

Applicant – So there are about 1000 prescription items a month that are leaving the area would go to these other pharmacies out with the area. And then in Helensburgh, Millig, Glasgow practise roughly dispensing 33,000 items and also Cardross patients as well registered to that practise.

Chair – Thank you, that was my only question. Ian, can I come to you.

IG – Can I just clarify the services you propose to provide that are not currently available. I picked up I think an earlier opening time? and a question was asked about delivery, there were questions about adequacy or inadequacy of Pharmacy First. Is there anything apart from the opening times which are different from what is being provided by the other pharmacies either in the town itself or Cardross.

Applicant – When we look at the Argyll & Bute Social Care Partnership, we can see that no pharmacies at the moment provide Pharmacy First Plus. We are both prescribers so we would be offering that service. Also, we would be looking at opening at 8.00 am, all the other pharmacies open at 9.00 am. The GP practice opens at 8.00 am so we would like to mirror them so when patients are requiring to get in before work they can get into the pharmacy as well.

IG – That was my only question.

Chair – If we could move to Mark, please who is on Teams.

MF – Obviously we have heard reference to people using pharmacies out with the area. Assuming someone has not got access immediately to a car, I know there is a train station in Cardross, is there a regular bus service that goes from Helensburgh through Cardross?

Applicant – There is a train service and there is a bus service, but I think the bus service is quite irregular.

MF – Do you happen to know what the cost of a train fare or a bus fare from Helensburgh to Cardross is.

Applicant – I don't have that to hand, no.

MF – Is there is direct public transport connection for example between Helensburgh and Inveraray or any of the other outlying pharmacies?

Applicant – There is not one from Helensburgh to Inveraray. Helensburgh to Garelochhead I think there is potentially one available and Cardross.

MF – Thank you, that's all I want to ask.

Chair – Moving to Catriona Brodie on Teams.

CB – I do have a question in regard to your current ownership of the building. You mention that you currently have agreement in place to take on the building. Can you clarify, will that be leaseholder or ownership.

Applicant – It's leasehold.

CB – Do you have a legal agreement in place with a renewing and repairing lease with permission to carry out the changes to the layout of the building as you suggest?

Applicant – Yes

CB – So you have that as confirmation currently.

Applicant – Yes, correct.

CB – Have you submitted to A & B council for pre-planning advice on your plans?

Applicant – So, pre-planning advice hasn't been submitted. I contacted the council, and they said once the application was granted then I should put the planning application in.

CB – Were you aware A & B council allow you to put in plans in advance so you can get their advice on the disability act and accessibility?

Applicant – No, I wasn't aware of that, it is really good to know. When I contacted the council, I was advised to wait until the application was approved. That's really good information to have.

CB – My last question relates to the accessibility of the property. I have personal knowledge of some of the regulations and looking at the picture on the front of the property, I think you would probably need a ramp which is about 2.5 metres long. Have you sought permission from the building next door because you would only need to go in one direction otherwise you would be blocking the collection point and the front door to the flat. Have you sought permission from the building next door in regard to the access?

Applicant – We have spoken to the son next door and also the Cargorm, which is after the close. We have good relationships with them as well. Formal permission to have this we don't have but I don't think that will be any issue.

CB – That's me, no further questions thank you.

Chair – So moving on to Susan Paterson who is also on Teams.

SP – I know the application is based on core services but are there any other private services that you are thinking you might offer to the people of Helensburgh?

Applicant – So, in terms of private services, our main focus has been core services, private services would be driven by patients that would request them, ear syringing is one of them when we would be able to remove earwax, that is a common one with the elderly population.

SP – Thank you.

Chair – Moving to Catriona Sinclair.

CS – I'm quite intrigued by your zero-waiting time. What is your priority when you receive a prescription from a patient?

Applicant – So, when a patient gets a prescription to a pharmacy, that becomes our priority and because there is two of us in the pharmacy, we don't envisage any issue getting that prescription dispensed, made up and checked.

CS – There are going to be two pharmacists at all times?

Applicant – Yes, that is correct.

CS – As well as two dispensers?

Applicant - Yes, that is correct

CS – And a delivery driver and a front counter person.

Applicant – Yes. The way we may hire may change depending on the uptake as well but yes that would be the plan.

CS – You are going to be nearest the surgery so I am going to be making an assumption there will be a fair amount of walk-in prescriptions for acutes so it is not uncommon, you will agree, for someone to walk in with three or four items. How long will they have to wait for these three or four items?

Applicant – This happens quite commonly where I work at the moment in Falkirk. We are actually beside three practices and get a lot of walk in prescriptions. Chest infection is very common, antibiotic and some steroids so with efficient systems in place, zero waiting, that prescription will be dispensed there and then, labelled there and then, checked there and then, clinical checks undertaken as well so Daniel and I are confident we can do that like we do in Falkirk and Stirling.

CS – How long do you think patients will wait?

Applicant – A few minutes.

CS – Your priority is speed?

Applicant – No, our priority isn't speed, it's efficiency so the relevant checks will be made of course on the PMR, checking for interactions so that may take longer but it's all about efficiency, not having patients have to come back and queue again so we will have a quick service and an efficient service as well.

CS – So am I right in saying someone will have to wait five/ten minutes to get that.

Applicant – If we need that time to do the relevant checks then yes that is correct.

CS – Thank you very much.

Chair – Gayle, your questions.

GM – I have one or two things written down, but I'm mostly concerned about staffing. As you know in a pharmacy you have to be trained, recruitment. Do you think there will be a delay delivering some of the services like Pharmacy First Plus given that you may have to take some time to train your dispensers and counter assistants which will take away from that initial, trying to get everybody in with the zero-waiting time?

Applicant – Some of the people who contacted us regarding a job at our pharmacy they actually already are dispensers, they just left the profession, and they were keen to come back if this application was granted. Of course, we will need to train our staff as well to make sure they are up to date with the current guidance and what the difference is between Pharmacy First and Pharmacy First Plus. We do not envisage that would hinder or cause any delays.

GM – Just another question, it was just around those mentioned in the CAR where patients are having to make extra trips for balances, there are times when we do unfortunately need to hold an item, but I just wonder about your stockholding. Do you have greater access to many wholesalers. We do sometimes have those rare high-cost items which we don't keep on the shelf so how would you work around supporting patients with those?

Applicant – We have eight to ten wholesalers so that ensures we would be able to access stock. Also, we have spoken to a few of the wholesalers who have told us that they receive twice daily deliveries in Helensburgh to ensure we can get stock efficiently.

Chair – one or two further questions as my prerogative

IG – What area are you proposing to deliver to?

Applicant – The Helensburgh area and also Rhu if required.

Chair – Thank you. Mine might not be quite so simple. Back to staffing, you talked about having yourselves as both pharmacists. How will that work for planned and unplanned leave?

Applicant – From the pharmacists that we have had, we will be able to use them as cover. We have a friend who is locuming at the moment so we can draw on them too.

The Hearing broke for a 15-minute lunchbreak.

Chair – We will move to the section of the Hearing which is where the Interested Parties present and I remind you that we are recording this for the purpose of the Minute on Teams. If I can invite Martin from M & D Green to give his presentation and then we will follow that with questions from the applicant, Interested Parties and panel. Thank you.

Presentation by M & D Green

Thank you Chair. I would like to begin by considering the neighbourhood and statistics relating to that neighbourhood. I'm not going to go through and redefine it again, but I do agree with the neighbourhood as defined in the Consultation Analysis Report, which effectively defines the town of Helensburgh. The population estimate for Helensburgh as presented in the CAR and according to the 2022 national records for Scotland is shown as 13,230. When I go on-line and check other records, e.g. the general records for Scotland, it has the census figure slightly different, the 2022 census figure is slightly higher at 14,127. That same record and on the same page on-line quotes the population at 2001 as 14,700 and 2011 at 14,220. So, over the past twenty years the population in Helensburgh has been relatively static but decreasing very slightly. The reduction in population over a twenty-year period being just over 4%. These records break the population down by age structure and without digging into deep detail, if we were to consider the population from 1-27 as young people it's 18%, those of working age between 18 and 64 is 56% and over 65, as the applicant has already mentioned is 25%. The percentage of young people in Helensburgh is slightly below the national average, the percentage of working age is pretty much bang on average for Scotland and those over 65 is slightly higher. So, the population in Helensburgh is in-line with national averages, slightly fewer younger people and slightly more aged over 65. Using the statistics from the Scottish Index of Multiple Deprivation which drags small areas of Scotland by deprivation uses a number of domains to define this ranking, these include income, employment, education, health, access to services, crime and housing. Ranking 1 is the most deprived data zone in Scotland and it goes all the way up to 6,976, which would then be the least deprived data zone in Scotland. Helensburgh is quite a big neighbourhood and is defined by twenty data zones. Breaking these data zones down there are 13 data zones which accounts for 65% of the population of Helensburgh within the top 40% of data zones with regards to deprivation and only three within the bottom 20. Statistics would suggest that Helensburgh has a relatively stable population of largely working aged people with most of that population in the top 40% by deprivation. More appropriately, Helensburgh is actually an affluent town. This isn't surprising as Helensburgh's history recognises the arrival of the Helensburgh/Dumbarton/Glasgow railway line as the catalyst for it's population growth in the mid-19th century. Helensburgh is an affluent commuter town. Most of the people in Helensburgh are of working age and the transport links with the central belt in Glasgow are strong. Not surprising that some prescriptions may go out with Helensburgh to be fulfilled as so does a lot of the

population. Population works and commutes and many people will take their prescription with them and fulfil them close to their place of work.

Currently, Helensburgh is provided by three pharmacies, ourselves, Boots and Rowlands. All within the town centre and all within about 200 yards of each other. This provides a pharmacy for every 4,000 of population, which in my opinion and experience is about right. I would estimate that a population of about 4,000 is required to sustain an average pharmacy. Introducing a fourth pharmacy pushes this figure down to 3,300 per pharmacy, which delivers less than average volume to sustain these pharmacies, assuming an equal distribution, which I suspect, will have been a factor in the closure of one of the Boots branches.

M & D Green acquired the entire share capital of D. Shannon-Stewart Ltd, the trading company of Gordons Chemist, Scotland on the 1st March. For the purpose of this application, the timing of the acquisition has not been helpful as the public consultation concluded only six days after completion and respondents will not have had the opportunity to experience the changes implemented and planned by ourselves as new owners. On acquisition Gordons Chemist was managed by a full-time pharmacist supported by regular locums Monday to Friday and always operated with two pharmacists. M & D Green have appointed a second full-time pharmacist to do away with the locum element and provide continuity of care and consistency with regular pharmacists. Emma, the newly appointed pharmacist is a prescriber. She became a prescriber in April and has received her prescription pad in August of this year. So Pharmacy First Plus is being delivered from the M & D Green pharmacy in Helensburgh from August. Catriona, the pharmacist who has always been resident in the pharmacy has enlisted on her prescribing training and commences in September. With a fair wind, she intends to support her portfolio around April time next year. The pharmacy is now also registered with NES as a training site and hosts a foundation year pharmacist. This foundation year pharmacist will be completing their prescribing training through their foundation year, and again assuming all goes well and passes her exams, she will complete her prescribing qualification in August of next year. So, a year from now, assuming everyone continues with their learning and passes their exams, there will be three prescribers in the M & D Green Pharmacy, Helensburgh.

Currently having two pharmacists in the pharmacy allows for staggered lunchbreaks to ensure there is a pharmacist available throughout the opening hours of the pharmacy. On taking over the business, all staff achievements have been assessed since the acquisition and further development planned to produce two ACTs to assist the two regular pharmacists who are there just now. All staff are encouraged and supported to receive and maintain the highest learning opportunities to get to their designated role. This regular enhanced staffing capacity will allow the pharmacist time to dedicate to patient advice and consultations. Once the Pharmacy First Plus activity funding is established later this year, pharmacist backfill will be provided to allow our prescriber dedicated consultation time for both walk in patients and those booking consultation appointments on the website or through the M & D Green App. M & D Green have also introduced a dedicated delivery van and driver to support those patients that have difficulty attending the pharmacy. This comprehensive delivery service is advertised on our digital media screens in the pharmacy, on information leaflets available at the counter and through an extensive leaflet drop of the entire area. Premises space has become a critical factor in delivering the evolving pharmacy contract in Scotland and Gordons Chemist were experiencing constraints at their premises at 52 Sinclair St. As such, they acquired by lease the adjacent premises at 52a Sinclair St. However, the two units are separated by a close, accessing residential property above. To combine the unit's, require the construction of an extension to the rear of both units to a former courtyard. This required careful design, planning permission and a building warrant. All of which Gordons Chemist attained. However, due to the considerable cost involved and their intention to exit the market they had not progressed with this work. Despite M & D Green only taking over on the 1st of March this year, that work is now complete. The extension is already built and just awaiting its completion certificate. This connects the two unit's, extending the footprint of the pharmacy from 807 square feet to 1,603 square feet. It approximately trebled the size of the

dispensary, increasing the workbench from 6 meters to over 18 meters, introduced a storage room for bulk buying stock and provides a fully compliant consultation room, and two dedicated treatment rooms to support consulting and prescribing services through the NHS contract and an extended range of private services.

The next stage of this work requires a further planning application which is submitted. It also requires a building warrant. The building warrant cannot be applied for until such time as the completion certificate is received for the extension. That will progress and the building warrant and planning system permitted that work will be completed around the turn of this year. The planning application which has been submitted for the next stage of the work also seeks permission to locate a 24/7 collection robot accessed through the rear of the premises where we currently have a large blocked out window. Permission will be required for this facility, but our architect does not foresee any particular issues. We have also replaced the pharmacy PMR system, introducing two additional workspaces, doubling capacity and significantly increasing connection speed with e-pharmacy. An issue largely unknown to the public but a significant problem affecting many pharmacies currently. In addition to the PMR system the Gordons EPOS system is being replaced with an integrated system which allows the PMR and delivery of NHS services, principally Pharmacy First to be accessed and delivered from the front counter. This has yet to be implemented but it is scheduled for installation in September this month.

The M & D Green App is being made available for all patients to download to order repeat medication, request a collection or delivery and book an appointment for a pharmacy service. The App is currently being re-built and due to be launched again in September and October. Most patients share their mobile number with us and receive text messages when their prescription will be ready and will soon be able to request a collection from the 24/7 collection point. All of this investment in extending service provision and increasing capacity requires significant up-front and ongoing financial commitment. If a new pharmacy contract was to be introduced to Helensburgh and particular a contract located so close to our existing premises and so close to the Health Centre, I would envisage our income would reduce to the extent that we would need to cut our costs. In running a business, particularly pharmacy, there are so many fixed costs and there are few costs that make a difference you can actually reduce unfortunately is staff. If a new contract is granted so close to our location, the first cost I will need to consider reducing is our staff costs. And the most likely, I would have to reduce the number of pharmacists that I employ at that site, severely limiting our capacity for consultation services and diluting their offering at the time.

I would like to consider what has probably prompted this application and that is the closure of Boots. In recent years Helensburgh has seen closure of one of the two Boots in town. Until fairly recently pharmacy closures were largely unheard of in Scotland. We have Control of Entry Regulations, introduced in 1987 and governed by the Regulations, the NHS Pharmaceutical Services Scotland Regulations. Prior to 1987 a prospective pharmacy did not need to consider the legal test we apply today, did not need to establish current pharmacy provision in an identified neighbourhood was inadequate and that a proposed pharmacy was either necessary or desirable to address that inadequacy. The four pharmacies that did exist in Helensburgh were established before 1987 and have never been subject to this legal test. Pre-1987 contractors could open anywhere and would compete to gain close proximity to sources of revenue, principally prescription volume and the concept of leapfrogging was common as pharmacies would try to locate as close as possible to GP practices causing clustering of pharmacies around surgeries. Control of Entry was not just established to control the number of pharmacies but also to promote the rational distribution of pharmacies, preventing clustering and encouraging prospective applicants to locate in the heart of communities to improve access. It is necessary for Health Boards to be able to control pharmacy numbers as each additional pharmacy brings additional cost to the NHS and it is necessary for Health Boards to control the location of those pharmacies.

NHS financial resources have never been as stretched as they have in recent years with no imminent prospect of improvement. Operating costs – people costs in particular have increased beyond belief, increasing by 60% in the last five years. Health Boards will see this in their own budgets; pharmacy contractors are no different. Where we are fortunate in Scotland is the Scottish government has continued to increase pharmacy funding year on year. This investment is not enough to keep pace with increasing costs. Pharmacy owners have to look at all ways to introduce efficiency into working practices to maintain service level and secure service provision, and progression going forward. This will involve introducing technology in the form of robots, digitising processes using websites, Apps and other digital platforms, centralising dispensing activities on off-site HUBs and upskilling technical staff to assume further responsibilities to reduce the need for pharmacist time. And in places where it is possible consolidation of resources from two locations into one, eliminating duplication of premises costs while retaining staff resource and capacity. In these extremely challenging financial times Health Boards must work with and support the contractor network to make efficiencies, but it will not be consolidation you will be seeing across the network, it will be administrations.

This application is attempting to capitalise on an efficiency applied by Boots to maintain, and I know we will hear from Scott soon, potentially improve the service provision in Helensburgh. The applicants have not tried to identify an area of Helensburgh out with the town centre where they may argue that the population find access difficult, they have in fact resorted to practices applied pre control of entry, clustering around the Health Centre and potentially even leapfrogging all existing contractors as their identified unit arguably sit's closer to the front door of the Health Centre than all other existing pharmacies.

I would contest that there is no greater proof of over-provision of service and lack of financial security than the closure of a contract. Re-instatement of that contract will only reinstate financial instability which if it cannot be mitigated with cost savings reintroduced the risk of another closure and Helensburgh returns to three pharmacies, just in a slightly different location and under different ownership. That is not what control of entry is about. There are a number of issues facing not just Helensburgh but pharmacy in Scotland, if not across the UK, and I would like to address some of them and put in context some of the comments made by respondents to the public consultation. Public opinion is important during these proceedings; however, respondents are often asked to comment without actually knowing all the facts or reasons behind what actually happens. Some respondents commented that they experienced difficulty on occasion fulfilling their prescription and may have to make a return visit to the pharmacy to obtain all of their medication. Unfortunately, this is becoming an increasing part of community pharmacies regular daily routine and is not specific to Gordons Chemist, M & D Green, Boots, Rowlands or any other contractor. Medicine shortages and product recalls have become an ever-present problem and affect all contractors and all locations. Introducing an additional pharmacy to the town will not alleviate this problem. The applicants will experience the same difficulties as the rest of us sourcing stock. I appreciate that this will be frustrating for patients but there is often very little any pharmacy can do. Shortages have been impacting on many common lines, often with minimal or no clinical alternatives to patients or prescribers. Some of the high-profile shortages like insulin, hormone replacement therapy, drugs to treat ADHD, pancreatic enzyme replacement therapy, these have even been featured in national news streams. However, on a weekly intermittent basis shortages continue to range from common antibiotics, cardiovascular drugs, even simple laxatives which pharmacy teams need to tackle on a daily basis, and the public may not be fully aware of. Currently 20% high value of the Scottish Drug Tariff is on an adjusted pricelist. These are lines which have increased to the point we can no longer purchase within the former drug tariff list. This is typically driven by demand in the marked outstripping supply and creating short supply which pushes up prices. This has become a significant and constant problem. Another pharmacy in Helensburgh will experience the same issues and will not resolve this problem.

I would now like to consider the applicant's proposed premises. I previously commented that Gordon's Chemist, which experienced limitations due to the size of the premises has now been addressed with the construction of an extension, linking our two adjacent unit's by doubling our footprint by approximately 800 square feet to approximately 1,600 square feet. I would like to make some observations on the premises proposed by the applicants. Firstly, the applicant makes no attempt to improve access to pharmacy services while locating in very close proximity to all existing pharmacies, prioritising access to the front door of the Health Centre over reducing travelling time for those on the outskirts of town. Having checked land registration for a plan of the proposed premises it would appear that the applicant's unit extends to approximately only 600 square feet. This is 75% of the size of our original unit in which we experienced restrictions due to space. This is further compounded as the unit is not open-plan or even a regular shape. It is a labyrinth of small rooms defined by small walls, many of which will be load-bearing. In Form A1, the Application for Inclusion in the Pharmaceutical List, Part 4B, the applicant explain that the premises will undergo a full refit and will apply with the Equality Act 2010. It is only my observation and subsequent discussion with my own architects that in order to comply with Section 29 of the Equality Act in applying for planning permission and the necessary building warrants to refit these premises, they would need firstly to address the step up to access the premises from the pavement. This might require a ramp, which is, in my view, unlikely to be granted on the pavement and may need to extend internally at an appropriate gradient with a turning square, (that doesn't sound quite right), but the dimensions are square, turning circle of 1.5 meter square with a turning pad at the top of the wheelchair ramp. All passageways, toilets and consultation rooms would need to be a minimum size and again both the toilet and the consultation room would need to have a turning pad of 1.5 meter square for wheelchairs. The applicants are proposing to provide these Equality Act compliant facilities from an irregular shaped unit of 600 square feet and will locate a 24-hr collection robot on the front of the premises, presumably from the sales area, reducing once again the available space.

To help patients visualise their proposed pharmacy they have included a computerised generated image of Helensburgh pharmacy on their computer Facebook page. It would appear from this image that they have removed the step up from the pavement, removed the wall holding up the front of the building replacing it with centrally positioned double doors into a spacious open-plan pharmacy. While I am a great believer in anything is possible, my architects advise that this will be quite an engineering achievement to achieve this image of a pharmacy. If it is a simple mock-up produced without planning consent, building warrant or sign-off by a structural engineer, it may not actually represent the pharmacy they aim to establish, and it may be a little misleading for those respondents to the CAR that think they are getting a large new pharmacy in town.

In terms of the Consultation Analysis Report which ran from the 20th October to the 6th March, it received 1,017 responses. By CAR standards, it was a decent response. However, with a population size of 13,200 taken from the CAR, the percentage response from the population was just over 7%. I contest that this is not representative of the population. When analysis of the comments made in the CAR if I were to focus on those comments which may be perceived as negative, there a number of recurring themes, and I would like to address them. Most negative comments described having to wait for a prescription, some even putting a time to this and quoting I think, 30-40 mins, which, in a perfect world is not ideal but at M & D Green patients do get served in time and choose to wait when handing in a prescription but 30 minutes would be rare and only in exceptionally busy times of the week, whereas there are equally times when there are no patients and minimal waiting times. This public expectation of community pharmacy of instant access healthcare is not made of any other healthcare provider in primary care. Helensburgh is blessed with very good prescription service from our Health Centre who turn repeats around in 24 to 48 hours. Across the country this can frequently extend to three to five days and in worse cases where I operate, up to ten days to generate the repeat prescriptions from General Practice. In recent years we have also experienced significant changes of working practices in relation to repeat prescriptions. Pre-covid many patients would collect their own prescription from their surgery and take them to the pharmacy. This is now rare. When ordering repeat prescriptions,

the vast majority are now allocated to a pharmacy and pharmacy staff collect these at agreed times in the day, presenting the pharmacy team with the day's workload at one time. Patients are advised to allow the pharmacy time to assemble their prescription, but this is often not the case. At M & D Green we are introducing a text messaging service, not previously available at Gordons, which will advise when a prescription is ready, avoiding any unnecessary visits. Additionally, when planning approval is granted, we will make prescription collection available 24/7 at an automated dispensing locker. Further respondents commented negatively on the availability of stock. One comment I picked up in particular, struck a chord, and couldn't understand why staff whilst in explaining a delay in the delivery of medication that the item was coming from Romford. This highlights another problem experienced by pharmacies, particularly in Scotland. We currently have one depot from each of the three national pharmacy wholesalers, Alliance, Phoenix and AAH, all located within Glasgow. None of these three depots are large enough to hold all lines in stock. Picking lines are allocated typically on usage. If you have been prescribed an unusual item, it might not be stocked anywhere in Scotland and must be sent from a central distribution point in England. As you can imagine, this causes some delay and if this is presented at the end of a week, may exceed a weekend and may run into the following week. Not ideal, but nothing that any pharmacy can do about it. I do not expect the public to be aware of this, or the extensive list of drug shortages explained earlier but these are problems experienced by all pharmacies and the applicant's pharmacy will be no different. Comments were made about access to delivery services. At Gordons a delivery service was always available, it was available four hours per day. Since taking over M & D Green have introduced a full-time driver and dedicated delivery van for Helensburgh. This service is advertised in the pharmacy, on our digital screens and leaflets on the counter, and we have conducted a leaflet drop once again of the entire area. Despite significant promotion of the service, we have added 55 additional patients to our delivery services since March. This is less than I might have expected but our monthly deliveries at the moment are around 1,200 per month. This is nowhere near capacity. An efficient driver will do double this volume, and if this volume is exceeded as is common across many M & D Green sites, we employ an additional driver and bring in an additional van to increase capacity. The delivery service is also offered to patients if there is a balance or missing item from their prescription; there is no need for them to make a return trip, and a missing item will be delivered by the delivery driver. Comments have been made and carried in the local newspaper that patients have difficulty arranging for medication to be dispensed in a compliance aid or dosette box. There is significant work in assembling a dosette box, and they take up a lot of time. When we acquired Gordons, they had a cap on the numbers of patients at 150 patients. This service, despite the number of staff hours it consumes, is not directly funded. From Day 1 we have removed this cap, they have been taking on new patients over the last six months and there are no restrictions to patients accessing compliance aids. Pharmacy First is readily available, is promoted in the pharmacy using the NHS Pharmacy First information leaflet, which is available on the front counter, and again on our digital screens. Checking back numbers, pharmacy pre-acquisition would record approximately 250 Pharmacy First consultations per month and our most recent submission for August, this number is now over 500, considerably above the national average, which sits round about 300. Pharmacy First is not just available, it is thriving.

To sum up, Helensburgh population by size and demographic can sustain three pharmacies as evidenced by the recent closure of a Boots branch, all core national and extended services were readily available in the town of Helensburgh and residents have a choice of three providers. The applicants are proposing to open a small pharmacy, in close proximity to the Health Centre, within short walking distance of all three existing pharmacies. The pharmacy will not improve geographic access and will not offer any NHS service not already available in the town. The applicant's premises are small and will be difficult to re-construct to accommodate the demands of our evolving pharmacy contract. M & D Green have only recently become part of the pharmacy provision in Helensburgh and are making significant investment in service provision with grand plans to transform, in particular, concentration led services. We should at least be afforded time to demonstrate what can be achieved.

The committee today have a difficult decision to make. I would urge you to focus on the pivotal question – could three pharmacies in Helensburgh secure adequate provision of services for the population? I will contest that there is no greater evidence to the panel of over-provision than closure of a pharmacy. The reinstatement of that contract will only bring financial instability, cost cutting, disinvestment and risk of further closure. We are not here today to assess how well the applicants have approached their application or their enthusiasm for their proposed venture but the adequacy and security of existing service provision. I would urge the panel to maintain the security and stability of service provision to Helensburgh and respectfully request that you reject this application.

Chair – Thank you. We now invite questions from the applicant.

Applicant – Thank you for your presentation Mr. Green. You made mention of respondent's rate of the CAR being lower than 7%, in the grand scheme of things is that correct.

M & D Green – Relative to the size of the population. Yes.

Applicant – There was a recent application in Linlithgow that you were applying for where the response rate was 5.2%. You mentioned that that was significant at the time.

M & D Green – Linlithgow was an interesting application. It has broad similarities in fact to Helensburgh in that the population is much the same size, the population of Linlithgow being around 14,000 and Greater Linlithgow 17-18,000, and the pharmacy provision in Linlithgow is covered by two pharmacies.

Applicant – You mentioned that it was 5.2% which was statistically significant than a high percentage response so would you agree our greater 7% response rate?

M & D Green – It didn't mention significant statistical significance, what I said was it doesn't reflect the ... it is not representative of the population, and I further back that up with there are many comments that are made through the consultation analysis report, and actually there are a lot of them which make positive statements, way more than those that have actually ... that they think provision is adequate in the area. Way more.

Applicant – Do you agree that 79% of respondents say that the services in the area aren't adequate.

M & D Green – That is the statistics, however, what I'm saying is those that have taken the time to make comment, there are way more comments than 20%.

Applicant – You also made mention of the number of people in your pharmacy – I believe it was 4,410 people per pharmacy roughly in Scotland. In Helensburgh you see 3,300 is that correct?

M & D Green – Yes, if we were to re-instate a fourth pharmacy.

Applicant – Would you agree then that these numbers are comparing Helensburgh on its own as a population of 14,127?

M & D Green – Sorry, could you repeat that question?

Applicant – The number you came to of 3,300, that's the population of Helensburgh. Would you agree that Helensburgh is a focal point for Argyll & Bute in many areas like Shandon, Rhu, Kilcreggan, the population from these areas actually come into the area including pharmacy services, which would in turn increase this number?

M & D Green – I wouldn't disagree with that statement, but I would also add that as many people leave Helensburgh to work elsewhere as do come in to use Helensburgh. Helensburgh is an affluent commuter town; residents have access to cars and there is a very good train line from Helensburgh directly into Glasgow. Without having any evidence to back it up and no statistics I would suggest that there is as many people leave Helensburgh as do come in to use Helensburgh, potentially more.

Applicant – You mention the three prescribers will hopefully be the aim in M & D Green pharmacy in Sinclair Street. Does that highlight the high need for this service in this area and the high need in the population?

M & D Green – I am promoting prescribing across all pharmacies, across the M & D Green group, not exclusive to Helensburgh. I aim to have prescribing services in every pharmacy that I own, it is not exclusive to Helensburgh and it's not reacting to Helensburgh but it's consistent that what I am commenting on is your comment that you stated there is no Pharmacy First Plus service in Helensburgh. From next August that is factually incorrect.

Applicant – On the topic of Pharmacy First Plus. How would these consultations be happening currently, with the current consultation space.

M & D Green – There is a consultation space. Our premises at the moment do restrict what we can do. There is a private space, it's not ideal, that is why we have built an extension and will proceed with the refit of that pharmacy to instate a full consultation room and two treatment rooms so we will have three consultation stages.

Applicant – Do you agree we are here today to speak about current services.

M & D Green – No, I think we are here today to talk about the plans that I have for the pharmacy as well. You cannot discount what I am proposing to do with the pharmacy.

Applicant – So at the moment, consultations are happening in this space. Is this correct?

M & D Green – You can only work with the space that we have. I have only taken on the pharmacy since March. Planning applications take longer than that. I think I have demonstrated my commitment to extending the consultation services in the pharmacy.

Applicant – So, in terms of sizes, unit sizes, you make mention of the 600 square feet was a relatively small size for a pharmacy. In the recent application in Linlithgow the unit size was 528 square feet which is smaller than I propose. Can you explain that a bit more please?

M & D Green - That has no bearing on this application, but I will explain if necessary. My full intention is to relocate that premises at the first opportunity but as it stands that application has not been granted as it is subject to appeal, so it doesn't set any particular precedence. You need premises in which to establish a pharmacy contract and then the first thing I would do when I get in is relocate to more suitable premises.

Applicant – If premises are not suitable you can relocate?

M & D Green – Absolutely. The premises are an absolute restriction in terms of engaging with the contract.

Applicant - In your experience, have you ever come across an area that is serviced by a pharmacy 40 miles away?

M & D Green – Not that I could think.

Applicant – How would you describe the service since taking over in six months is that correct?

M & D Green – Yes

Applicant – How would you describe the service?

M & D Green – We have implanted a lot of change. Implementing a new PMR system, whilst absolutely necessary, it does set you back a little in the first instance but bringing in new staff, training new staff, you cannot turn around right away but if we were to consider, what I think you might be angling at, when we took over I referred to pharmacies these days with repeat prescriptions, working a slightly different way from that which we did, say five years ago. The pharmacy is presented with a large bundle of repeat prescriptions. Before we took over, the pharmacy may well not be working today on the prescriptions picked up from the surgery, that now happens on a regular basis. Every day, that day's prescriptions are cleared in that same day. Pre the 1st March, there was a backlog. The pharmacy team might not be working on that day's prescriptions on the day they were collected but that is a significant change and a significant improvement despite me not being able to make all the changes I intent to do yet.

Applicant – Yes, of course, I take your point. In terms of recent feedback that the pharmacy has had, as recent as the 15th August there is mention of the new systems not apparently working as they should, and the service was better when it was Gordons? Why would that be?

M & D Green – No-one has made a complaint to me. No-one has complained through the official channels with M & D Green to allow me to address them. I think what you might be referring to, some comments from a very limited number of people, on perhaps your Facebook page or on social media, whereas if someone has a genuine complaint and concern, there are official channels. We advertise how to make a complaint and how to make ourselves readily available, we haven't received any and I cannot address anything if someone doesn't come to me and raise a complaint and give me a specific issue.

Applicant – Do you still take into account complaints that are posted in response to your adverts and also complaints from members of the public to the community council which illustrated queues are large and coming out the door, queueing on the street?

M & D Green – What do you mean by posts on the internet and something to do with my adverts?

Applicant – The community advertiser advert that you had posted in Helensburgh, that is also posted on-line, and I believe this is where people can comment and comments were made about the service.

M & D Green – I am not aware of that.

Applicant – You made mention of the difficulty owning a pharmacy and running a pharmacy. Would you agree there has been a 4% global sum uplift?

M & D Green – Yes, there has. Also, it is not what we looked for. We looked for double that.

Applicant – I understand the Community Pharmacy for Scotland raised a manifesto on Monday there about the visions for pharmacies in Scotland and transforming this vision. In this manifesto it detailed how pharmacies can help prevent, detect and treat illnesses. How can these roles be taken on in Helensburgh when the core services are over-stretched?

M & D Green – I can only talk about M & D Green. How am I taking that vision forward? We have a prescribing pharmacist, we have two regular pharmacists, we have a trainee pharmacist.

The intention is at this stage to retain that trainee pharmacist if she chooses to stay with us so we will have three pharmacists from August next year. By the turn of the year, we will have a consultation room and two treatment rooms. When there is a pharmacist sitting in one of these consultation rooms or provide backfill from my relief pool to give them dedicated time to consult. That will take probably until January or February of next year because I will need to complete my refit. I am behind the vision of CPS – I'm not sure where you are angling with this?

Applicant – Another question – is it a sign of inadequacy if a pharmacy is queued out the door?

M & D Green – A pharmacy being busy is not a sign of inadequacy. If we were to consider that every busy pharmacy in Scotland is inadequate and therefore, we should re-instate or allow another pharmacy provider to come in, the network would be disseminated. There are busy times within the pharmacy, there are not always queues, there are times there are queues at times. We have put in measure to improve that, and we are intending to install, like yourself, a 24/7 automated robot which will take a lot of volume from those patients who don't need advice, they simply need to pick up a prescription. The increased size of the dispensary, increasing from 6 meters of workbench to 18 meters with two workstations to four workstations, the increased storage capacity and storage room will allow us significant capacity to address any times of pressure that currently exist.

Applicant - In the pharmacy in Helensburgh Mr. Green, it is the busiest pharmacy in NHS Highland as made mention of, and it's 4,000 items, do you agree that is because there is a lack of suitability and provision in the neighbourhood, not just your pharmacy but the others in the area as well?

M & D Green – No, I don't agree with you. I wouldn't discredit my colleagues in Helensburgh in that way, patients are strange. You tell patients that your prescription will be ready on Tuesday, but do you know what, we might not have it ready until Wednesday, but they will come in on Tuesday anyway. We happen to be the closest pharmacy to the Health Centre. Whilst we would all like the focus for patients to change to more consulting services, our proximity to the Health Centre is still the single biggest driver to your footfall of patients and your estimation to your proposed location you would only be delivering potentially 4,000 items, I would have to suggest that you are only doing 4,000 items and you are the closest to the Health Centre, you are providing a very bad service.

Applicant – In light of recent feedback that the pharmacy has received, through, as you said appropriate channels, would leaving a review on Google under the pharmacy, would that be an appropriate channel?

M & D Green – The appropriate channel would be to follow the complaints procedure that is advertised and displayed within the pharmacy to allow the pharmacy team to address any complaints that you have. Without giving team, the opportunity to address the complaint it is not an appropriate channel and is of less relevance.

Applicant – Usually when Google reviews are left you get a notification to let you know that that review has been left. Has that never come through the office?

M & D Green – No.

Application – Are you aware that Helensburgh & Lomond is the second highest for emergency contraception dispensed in NHS Highland in the most recent Pharmacy Care Services Plan. In light of that, do you think it is acceptable that Helensburgh lacks confidential space at the moment.

M & D Green – I have already accepted that we do not already have currently a consultation room, we have a private area. We do conduct EHC consultations, I do not have any figures but

from memory that is around about six per month, so we do conduct EHC consultations, however, we are putting in a consultation room and two treatment rooms to provide more than sufficient private space in the very foreseeable future.

Applicant – You mentioned that when Gordons were the operatives in the area, there was restrictions accessing appliance aids and since you have taken over this has been lifted, which is great, but do you think that could be a factor of the growing queues and the growing number of people that are saying services have deteriorated, because the workload has increased?

M & D Green – No. I have taken on additional staff and we have dedicated staff who focus on the assembly of dosette boxes, and actually since removing the cap, we have taken on more patients, we have not been overwhelmed with patients so I am actually thinking there is a perceived need for compliance aids and not an actual need but I might have expected there to have been a significant upturn in the number of patients requesting dosette boxes, there hasn't been.

Applicant – How would you explain the queues then, if it hasn't been additional workload?

M & D Green – Queues are there at busy times of the day. Patients present, and I will give you an example, last time I was in the pharmacy there was a queue of maybe six people. I went down the queue and three of them were waiting to hand in a repeat prescription request. I said, I will take that from you, I will take that from you, and they went away. People queue when there is no need to queue. It is often easily dealt with, and the queues are not ever present, the queues are only there at busy points in the day. Having taken over on the 1st April there was a particular pressure point I would suggest around the Easter weekend, which didn't form long after taking over the pharmacy as the GP practice was closed Friday, Saturday, Sunday and Monday, and then when you present on Tuesday, pharmacy's prescription file which you get is three times the size you get than it normally is but patients expectation now is greater. So, there have been significant pressure points since taking over, which are not representative of the vast majority of the year.

Applicant – In recent feedback from the 15th August, comment was made that a member of the public contacted you regarding increased waiting times and people being told to come back.

M & D Green – No member of the public has contacted me.

Applicant – Has a pharmacy every closed in Scotland due to a new contract?

M & D Green – There's not that I recall. There is not that many contracts granted in Scotland.

Applicant – No further questions Chair.

Chair – Can we now move on to questions from the Interested Parties please?

Boots – Thank you Chairman, thank you Martin for your presentation. Just coming back to the point about the 4% uplift which was received from the Scottish Government, would that offset the increase in national insurance costs?

M & D Green – No, it wouldn't.

Boots – I'm curious about what the applicant said, if the contract was granted it would only be M & D Green and Boots that were likely to lose business to them. I can't understand that. Can you understand any logic in that?

M & D Green – It doesn't make any sense. I don't know how you can determine how your patients might come from and in addition I would think that he has hugely underestimating the impact he would have on the rest of the network in Helensburgh if this location is granted as the pharmacy closest to the Health Centre.

Boots – In your experience Martin, with the number of pharmacies that you run, I believe the script volume, the prescription item volume for Rowlands is around 3,000 a month, if the pharmacy were to be granted and go on to open would you be questioning the viability of that pharmacy with the low prescription items.

M & D Green – In my experience, a pharmacy of that nature, if they are making any money right now, it will be minimal on 3,000 items.

Boots – Fantastic to hear about your level of investment that you are putting into the pharmacy in Helensburgh, not only on the premises but your staff, and the development of them. Again, given if the pharmacy were to go on to open what do you think the risks would be going forward to the level of investment you are going to make to Helensburgh currently?

M & D Green – You can't really withdraw investment that you have already committed to in terms of premises, the only variable investment that you can influence that has any kind of significant impact on the cost base of a business is your staffing. So, that would be the first thing and unfortunately one of the few things you can look at to make cost savings and it would be inevitable if a pharmacy were to open I would estimate that we would lose probably 25%, about 4,000 items if you wanted me to put it into items and I would need to reduce my staffing resource accordingly.

Boots – Have you ever come across a pharmacy that has zero wait times.

M & D Green – No. I think it is a fanciful concept.

Boots – Do you think the statement of zero wait times and an image of the new pharmacy on the Facebook page, which we have established is not what the pharmacy is going to look like, do you think that might have been misleading the population of Helensburgh?

M & D Green – Extremely misleading.

Boots – Have you ever come across a CAR that didn't include a Don't Know option for giving a response to?

M & D Green – No

Boots – Just coming on to NHS Pharmacy First Plus, which we are all advocates of, currently at the moment though, can that be considered inadequacy as part of the core service currently?

M & D Green – No, it's not.

Boots – That all thanks Mr. Chairman.

Chair – Moving on to Cardross.

Cardross – Thank you Chair, thank you Martin. Just a couple of questions I had. One was, you mention you are currently undergoing an extension. Do you have experience refitting pharmacies with any of your other pharmacies recently?

M & D Green – We have a rolling programme of refit's, so I effectively employ a shopfitter almost full-time, and they move from one project to the next so we are currently undergoing a refit in Edinburgh, which is ongoing, hopefully complete within the next two weeks.

Cardross – Do you see these similarities between your store in Helensburgh and one you have currently undergone a refit with increasing queues, obviously you are changing systems, changing how staff are trained, would you say that was quite common going through a refit from your experience?

M & D Green – Absolutely, premises now have become a critical factor in delivering the contract so a refit typically transforms the operation of a pharmacy, and the nature and extent of services that can be provided.

Cardross – There have been a lot of comments and views, and I'm sure you will agree that is just part n parcel of a busy high street shop in general, never mind a pharmacy. Would you say your retail side is quite busy?

M & D Green – Across the group or just in Helensburgh do you mean?

Cardross – Just in Helensburgh, just as an example.

M & D Green – The retail space is quite small, we focus mostly on healthcare in terms of proportion of the footprint it will represent, about 25%. Helensburgh is, however, quite an affluent population so despite the small retail space, it does ok but it still only represents may 5% of turnover.

Cardross – Would you say a considerable proportion or significant proportion of your queue could be buying things rather than requiring healthcare service for example?

M & D Green – Yes, that's correct.

Cardross – You also mention about the prescription volume, in conversation, that Helensburgh is one of the busiest in NHS Highland. Would you say it is one of the busiest in your group or the busiest in your group, do you have any other pharmacy which has higher item numbers?

M & D Green – Yes, I have several. It is a busy pharmacy, but I am certain it is within my top ten.

Cardross – So you say you have experience managing these sorts of numbers and how to operate a pharmacy of this size logistically?

M & D Green – Yes and grow.

Cardross – OK, thank you. That's all my questions.

Chair – Thank you so if we can move on to questions from Rowlands.

Rowlands – Hi, I think all the questions have actually been covered so I don't think I have any questions. Thank you.

Chair – Thank you very much. Community Council please?

CC – Hi, just a couple of questions on the population figures coming in and out of the town. One of the issues about the population size appearing to remain stagnant is that Faslane Naval Base was included at one point and then not included on the census data so that has given a slightly

misleading picture of the town size. Helensburgh is growing as a town and it is the only town in Argyll & Bute which is growing, and government council are desperate to increase the size of the town so would you consider the fact that there is about 7,000 people coming into Helensburgh at the base at Faslane matched with 7,000 people leaving the town to get services elsewhere. It seems an awful high proportion.

M & D Green – They both seem high, yes, I would imagine half of Helensburgh leaving on a daily basis.

CC – Most of the people living in Helensburgh, working in Helensburgh will they be expecting to get their services in Helensburgh?

M & D Green – I think the point I was making in my presentation is that Helensburgh has grown because it has become a commuter town, and many people will work and move out of Helensburgh. I couldn't put a figure to it, but many people will move out of Helensburgh to work on a daily basis. I'm sure that's the case.

CC – In terms of consultations, can I get a bit of an explanation as to how consultations are delivered at the moment because as far as I'm aware at M & D Green there is a partition near the counter so there isn't a private area as such, it is just a little bit of a wall.

M & D Green – That is correct. There is a screened off area so that is where our consultations of a sensitive nature are conducted, and I accept that is not ideal that is why I have invested significantly into extending the size of the premises which will introduce a full-size consultation room and two treatment rooms in the premise in 52a. We will have significant capacity to deal with all private consultations in the near future. And I couldn't really do it much faster; I have only been in since March and the extension is now built and complete and the refit will be complete within four months.

CC – Will your refit be fully disability compliant?

M & D Green – Yes, it is going through planning and to put some context next to this, it's already been approved but because we changed the size of the extension through the course of the build, in conjunction with building control, we have to now wait on a completion certificate and re-submit a new planning application because the original planning application has changed, so it has delayed somewhat unfortunately and have to go back to the start again but it was worth doing to gain that additional space from the extension but the plans have broadly already been approved by planning and they have to be DDA compliant.

CC – So, the other question I have to ask is about the robot service you were talking about. You said that would be through a blocked-up window at the back. The back of that shop has a checkered No Waiting zone in the Co-op car park. That is the turning area that you come from the station towards the Co-op entrance. That area is quite a dangerous point; there has been a number of accidents there. Would there be issues with more people queuing to access prescriptions where you have a very tight turning circle, people accessing the station from the platforms to the car park and the supermarket. It seems a very dangerous place to have a dispensing unit.

M & D Green – I don't agree. I think there is adequate space there. My architect who submitted the application on my behalf also agrees that there is adequate space for people to stand and access a dispensing robot. We will find out when we hear from planning but in my opinion, there is more than adequate space and now that is also the opinion of my architect.

CC – There was a death at that corner recently, someone was knocked over and killed.

Chair – Is that a question?

CC – It's an observation. That's all my questions thank you.

Chair – Thank you so moving on to questions from the panel and if I can start with myself. Can I ask, you have explained a lot around the improvements you plan to make and the possible benefit's this will bring to the people in the community. Can I ask how you communicated those changes with the population?

M & D Green – Any additional services we have introduced, for example, the comprehensive delivery service, we conducted a leaflet drop of the wider area, we have digital display screens in the pharmacy, one in the window and one inside the pharmacy which advertise all of our services and we also print information leaflets which we make available in leaflet holders on the front counter. When we undergo the refit, I will probably approach the local newspaper and run an advertisement feature in the paper when the refit is complete and invite the Advertiser in to see the new premises.

Chair – You talked about Helensburgh being a commuter town and the impact that might have on where people secure their prescriptions. Suppose my thinking around that is might you still be accessing a GP as a commuter in example Glasgow or are you more likely accessing a GP in the place where you live, therefore, is that commuting really making any measurable difference in the amount of prescriptions coming.

M & D Green – As a commuter, I think we are probably referring to not seeing their GP but fulfilling prescriptions. If you have a prescription in your bag or pocket you have a choice to have that fulfilled near your place of work but you may spend most of your week near where you live but the point I was making in particular with Helensburgh is that it is recognised as a commuter town so more than most other towns in the area will not be accessible because they do not have the railway line so that opportunity is afforded to more people in Helensburgh than perhaps other places in the area because of the rail link.

Chair – Thank you. I will hand you over to Ian please.

IG – You said that you took over on 1st March. When did the process start to take over?

M & D Green – The building work started in April.

IG – No, I was meaning, when did you know that you were going to be acquiring the premises?

M & D Green – The owners of Gordons Chemist accepted my offer for the business at the end of October last year.

IG – The process had obviously started a bit earlier than that?

M & D Green – Three months.

IG – Did you know about the closure of Boots at that point. Was Boots closed at that point?

M & D Green – Yes, it was. It had been closed for some time.

IG – Were you aware at that time of the uptake in activity?

M & D Green – I could see it, yes that is correct.

IG – According to our figures there was a 40% increase.

M & D Green – Yes.

IG – When you took over from Gordons did you know about this planning application for a new pharmacy?

M & D Green – I did.

IG – I don't think there is any dubiety about the CAR in that there are a few queues at times, and some people are making more of it and some people are making less of it. Is that a normal feature of the rest of your chain, there are queues at times?

M & D Green – In pharmacies that deal with that kind of volume there will be queues, there will be people in the pharmacy at all times. In Helensburgh they do queue. In many places they do not queue they just stand in the sales area because they are waiting on a prescription but in Helensburgh, they all form a big line, but queues are a common thing in busy pharmacies.

IG – I would be surprised, or would you be surprised that there was a queue when the activity had increased by 40%?

M & D Green – Would I be surprised?

IG – Yes.

M & D Green – Perhaps not but my intention is to increase the capacity of the pharmacy to alleviate any queues, or I would preferably refer to them as pressure points within the working week and we are not making a small difference to the pharmacy, we are making a huge difference to the pharmacy. We are doubling its footprint, doubling the number of workstations, increasing the staffing numbers, increasing the pharmacist numbers so I fully intend to significantly increase the capacity not just to address pressure points but introduce additional further services.

Chair – Mark, can we take you please on Teams.

MF – You gave us a fairly detailed analysis about the population and the existing pharmacies, and am I correct your hypothesis was that it would be difficult for a pharmacy to be profitable with fewer than 3,500 people being served by it?

M & D Green – What I had said was that a population of approximately 4,000 it would maintain a stable average pharmacy, fewer than that would be less than average.

MF – Do you accept nevertheless that there are a number of very successful independent pharmacies across the Highlands and Islands where they support populations of around 2,500 to 3,000 people? I live in an area of one of them.

M & D Green – Without knowing their accounts but I would hazard a guess they will be doing OK but will not be making fortunes.

MF – No, but you accept that they could be profitable.

M & D Green – Viable, yes, I accept they can be viable.

Chair – Thank you very much Mark. Moving on to Catriona Brodie.

CB – Thanks. Martin, can I just check you obviously own a fairly large chain and operate a number of pharmacies in Scotland, you've talked about the high number of pharmacists you are

intending on employing on a full-time basis. One of the things we are seeing in the APC quite a lot is concerns around availability of locums and recruitment and retainment issues, do you have a pool of pharmacists within your employment who may be able to help cover without having to look to locums, to ensure continuity of service?

M & D Green – Yes, I endeavour to use as few locums as I possibly can, I have a large relief pool, the number in the pool does fluctuate for many reasons but we have currently twelve relief pharmacists. I hesitate there because we kept on the vast majority of our pre-registration or foundation year pharmacists but not all of them passed, some will have to re-sit and will not be available to us until the next intake which will bring us up to over 15. I aim to sit with 15 locum pharmacists across the group.

CB – In your opinion, if the Helensburgh population had been made aware of your planned changes to M & D Green at the time of the consultation do you think some of the opinions of the patients may have changed?

M & D Green – I think if we had afforded the time to complete the planned improvements that we intend to make to the premises and the services, it would be quite transformational in terms of the comments that might have been received in the CAR.

CB – Thank you, that's all questions Chair.

Chair – Thank you very much, Susan please?

SP – No questions at this time, thanks.

Chair – Catriona on my right?

CS – You said that you have two ACTs in place. Can I just ask you to expand on to what that role does and how it has benefitted the business and the staff around them?

M & D Green – I am growing my ACTs, so I am developing my existing staff. For some peculiar reason, Gordons did not want to advance their support staff because they had lost so many to Primary Care, so they had stopped the progression of support staff attaining technician status. I have a completely different view on that and I need technicians within the pharmacy to support the pharmacists so that they can conduct consultations, do PGDs, they can take on Pharmacy First and free up significant pharmacist capacity, which I would hope in the fullness of time and I think evolution of public awareness our pharmacists will actually find themselves sitting in consultation rooms doing a slightly more complex consultation. Ideally, this technical staff will then be running the dispensary to allow the pharmacist to actually sit in the consultation room.

CS – Thank you Chair.

Chair – Thank you, Gayle?

GM – Just coming back to your delivery service, you obviously have a full-time driver which is good to hear. This is obviously not a core service I believe but most pharmacies in the area will deliver that. Can I just ask who it is eligible for?

M & D Green – There is no eligibility criteria.

GM – My understanding is that community pharmacies are so successful in bringing in patients to deliver the core services, how do your staff engage with things like Pharmacy First or Public Health Services for those who opt in for delivery service?

M & D Green – Although not ideal, if someone cannot attend the pharmacy then we can conduct a Pharmacy First consultation over the 'phone and if that results in a treatment that treatment can be delivered by the delivery driver. Our preference would be for that consultation to be face to face but for those who can't get out it can be done over the 'phone and then that treatment, if necessary, delivered by a driver.

GM – All my questions, thanks.

Chair – So that concludes our questions to Martin from M & D Green. I'm also going to ask everyone to stand up because I need to stand. We have five presentations by our Interested Parties to come and then summing up by our Interested Parties and applicant. It's 1.40 pm, my proposal is we carry on with Boots then have a break for lunch or if everyone thinks that's a terrible idea, we take a break now. What does everyone think?

Boots – I am happy to proceed.

CC – I would prefer a break just now. I have some care requirements for an elderly relative.

Chair – You would prefer a break now? Then if that's the case, can I suggest that we take twenty minutes for lunch? Is that sufficient for you Community Council people? We will be back at 2.00 pm.

Break for lunch.

4. Presentation by Boots

Chair – Can we move on to our presentation by Boots please.

Boots – In the interest of time, anything that Martin has covered I shall keep to an absolute minimum. Just to come to the neighbourhood, firstly in essence we agreed with the neighbourhood. Helensburgh is an urban town in Argyll & Bute with a transient population, three railway stations with direct links to Edinburgh and Glasgow so it does support that commuting and urban mobility. It is an affluent town with high levels of car ownership and good access to surrounding towns and cities for employment. The demographics, there is a slight difference in population, we had taken the 2022 census data which was 14,127, a little bit different from what's in the CAR but again I think Martin has covered these points in terms of the population per head of pharmacy, which would be in line with the national average. With those low levels of deprivation in Helensburgh we do kind of see higher statistics coming through for higher car ownership and higher own home ownership compared to the national averages. A fair bit has been said about population growth in Helensburgh, we did find some information which was an extract from Improvements Service in Collaboration with National Records for Scotland Networks at South council projections area population projections and that is stated for Helensburgh as a population increase between 2025 and 2030 of just 562 people.

Just moving on to the existing services provided in the neighbourhood, there are obviously three pharmacies all within the Town Centre, just a short distance from each other, notably I would say that the Boots pharmacy is open seven days a week and we do provide services on a Sunday. Moving on to the services which we provide, quite a lot has been said about NHS Pharmacy First. Just looking at our statistics for NHS Pharmacy First, we are broadly in line with the average pharmacy in Scotland and certainly the service is available to access for our patients. With regards to Pharmacy First Plus, independent prescribing, Boots is obviously moving that agenda forward; our pharmacist is due to submit her IP portfolio in December 2025 so we would hope to

have that up and running in 2026. We do provide EHC and bridging contraception and stop smoking service which comes under the banner of Public Health Service, Unscheduled Care, Gluten Free Food Service, ostomy and a range of local negotiated services. Just for clarity, the ones which came up in conversations for needle exchange, obviously the Health Board decide which pharmacy they want to offer that. It was the smaller Boots pharmacy and that has been moved to the larger Boots pharmacy when the smaller branch was closed. There is a MAR chart service, which is a locally commissioned service, as I understand that service is around providing a MAR chart service and original packs for the patient as I understand it, dosette boxes and compliance aids packs is not an NHS service as I understand it but I will be corrected if any of that information is wrong, and that wouldn't be an NHS service but we do provide that to patients in need. So, we do provide a number of patients with compliance packs and have capacity to take on more. We also service local Care Homes in the area and we visit those Care Homes every four to six weeks, which is above and beyond what the expectation would be in terms of what we would be asked to do but we see that as a kind of vital part of our service to the local community, and we do offer free delivery service, morning and afternoon, Monday to Friday, and we do cover emergency delivery over the weekend if that was necessary if a patient required an antibiotic.

What I find curious is a lot of the comments in the CAR, and when I look at the feedback that we get from our patients, so we actively pro-actively ask our patients for feedback on the service they receive from us and looking back to 1st September through to, the stats I had at the time of writing this, took us up to the end of July this year – we had 94 responses during that period of time and of those 94 responses, 70% of patients told us they were extremely satisfied. In our internal measure we don't actually get a point unless the patient said they were extremely satisfied with the service so that's why 70% came through as extremely satisfied, the rest came through as satisfied at 30%. I have received many comments from the public highlighting our friendly staff and I will read a small number, if you will indulge me on that – "I picked up a prescription, got a text to say it was ready, no queues, served by Kathy who offered to re-order, excellent service, professional and friendly staff, staff is very friendly and more like a family run store, everyone makes sure you are welcomed and happy". "I received a message to collect my prescription, same each month, ready as always, no problem." "I pick up my prescription every eight weeks, I don't need to do anything, they order it for me and text me when ready, great service and open on a Sunday". "This Boots store has been in my hometown for as long as I can remember, I know some of the staff go above and beyond to help, Boots is a way of life and a must in every town". "Staff in the store were friendly, items available quickly and wait time wasn't long, the time getting my prescription was quick and overall, a positive experience". "When I pick up prescriptions staff are always friendly and efficient, also when I want to buy something there is always a smile on the staff face and they are very helpful if I can't find anything".

Following the closure of the smaller Boots store, Boots has made significant capital investment in our pharmacies to ensure continuity of care for the local population. This demonstrates Boots commitment to pharmacy provision in Helensburgh by enhancing the standard of service for patients in the wider community. Instances of what that looks like, essentially the local store was fitted out, new shop floor layout, community dispensary and a new consultation room, which is used regularly by patients wishing to access that for a more confidential area. There is also the inclusion of a supervision area which has greater confidentiality to any patients who might be accessing our substance use services, and also in the background Boots has been working on implanting various automation technologies, which improves the efficiency of the dispensary and releases the capacity of the pharmacist to spend more time with face to face with patients and delivery of the services. So, as a result of these improvements, we have capacity for those all across prescription supply and NHS services. And again, just to address some of the points round about the headlines in the paper from previous year and around that, the factual evidence I have is the complaints gone to NHS Highland around our service and I can see that from July 23 through to December 23, the period just before the closure, there was one complaint which had gone to the Board. That did go up so from January 24 to June 24 there were ten complaints that went to the Board. I find that regrettable but during the closure of one pharmacy, I think we

are all human and don't tend to like change, an inevitably there would have been some disruption to some patients during that space of time but factually, that was ten complaints that went to the Board. Interestingly, that came right back down again so when I look at the figures from July to September 24 there was one complaint, September to October 24 there was one complaint and in the last six months from January 25 to June 25 there have been no complaints that have gone to the Board.

Just coming on to staffing so we have a Store Manager who is a trained pharmacy technician and is completing her accuracy checking training at the moment, which Martin has covered on what that person would do, we also have another part-time accuracy checking technician. We have a pharmacy technician, and we have ten dispensers with a combination of full and part-time working in the pharmacy. We have five customers advisers who will work on the healthcare counter in the shopfloor, and we have three store-based pharmacists; one full-time and two are part-time, and we have no vacancies at this moment in time. As I say, Helen is due to complete her IP training. Fingers crossed if all goes well, by the end of this year.

Just in terms of the premises, we have spoken about the level of investment that has gone in and we are full DDA compliant with a new consultation room recently fitted, lower healthcare counter for wheelchair access, automatic doors, there is no need for a ramp; there is direct access from the street, the dispensary has been refitted and as previously said, significant investment into the store.

A thing that has really come through strongly when I have been working with Stuart who is on Teams today and is our Area Manager, and Sarah who is our Store Manager, just how strong those local relationships are with other healthcare providers and GPs. I mentioned there was a recent visit to the GP surgery and we received great feedback from the GPs in terms of the level of service we provide to our patients who didn't raise any concerns with us around access or around access to medication or NHS services, they were very complimentary of the work that we do. Also, the team also maintain strong working relations with other healthcare providers, so they recently visited the Dumbarton Joint Hospital, which I know falls into the NHS GG&C but close by and the GG&C mental health service to explore opportunities for further support from them there. We had the great privilege of welcoming representatives from the local community council to visit the store recently to learn more about what we do behind the scenes in the pharmacy and again the feedback we received was they were very impressed with the way we conducted our business.

Just in relation to the other two pharmacies they obviously provide all NHS and core services to patients. Just moving on to access. It is an interesting one because I cannot see how granting the new pharmacy is really going to make any difference in terms of access for patients with its close proximity to the other pharmacies. There is car parking available, public transport are pretty good I would suggest in terms of both buses and trains, and just moving on to the CAR, what was said about response rates and percentage of population etc I thought it was interesting that there wasn't a Don't Know option that was included in the CAR, and actually there were comments made in the CAR that actually said "should have Don't Know option because I don't know". One comment was "unsure as I don't have need of these at present". Normally, in my experience the CAR would have a "Don't Know" option for those who felt they maybe didn't have sufficient evidence to answer "Yes" or "No" to the questions. Also, there is a significant amount of responses to the CAR which wouldn't be in support of it. Bear with me a second whilst I read a few out. "There isn't any need for another community pharmacy, Helensburgh is already fully covered for every service needed by patients in the area with capacity for further patients in the current pharmacies". "We don't need another pharmacy". "I strongly oppose another pharmacy; I would prefer dental services to Helensburgh instead" "We area already well served in Helensburgh". "The three pharmacies in Helensburgh already do a fantastic job providing all the major services without being pushed to unmanageable levels". "There is no need for another pharmacy offering services already well covered". There are various others but just to highlight

the point that not everybody who responded to the CAR who would be included in the overall numbers is approving of it.

Moving on to viability, we mention the need to secure adequacy of services in the area which includes considering the effect granting the application would have on the stability and sustainability of local NHS pharmaceutical services. That is, the existing services available to the patients as well as long-term viability and security of the new pharmacy should the application be granted. We did close one of the pharmacies in Helensburgh, as Martin was talking about, and just to give context around the reasons behind that decision to close that pharmacy. During covid we experienced a massive workforce challenge and keeping a pharmacy open was increasingly challenging, particularly and even more so as we came out of covid and as the year following 2021 was probably one of the most challenging years I have ever experienced in my career as a pharmacist, just in terms of being able to keep pharmacies open for the required number of hours. Obviously, when you have two branches in one location that is part of the consideration of – are we better to protect the service by ensuring we can keep that pharmacy fully staffed and adequate as opposed to trying to spread too thinly to stay open, so that was part of it. Also, the increasing costs community pharmacies have faced, a lot of these costs have out with our control and the increase to salaries overall, national insurance increases etc. A business would look at consolidating their costs as much as they can to make sure they can protect that going forward but also I think there is a look towards the future and where is the pharmacy contract moving in Scotland, and what kind of size, what kind of space do we need in the premises do we need to meet that future demand, to be able to deliver on that, the development of IP services and therefore it makes sense to relocate to your larger premises to meet that future need. However, if the contract is to be granted, that similarly as Martin has already said, if there is a decrease in the volume of items and services that we are doing then the only cost saving we can look at is staffing costs so that is real people's jobs that may be at risk if the contract goes on to open. And, also looking at the model the applicant has put forward of two pharmacists, three team members, driver, the opening hours between 8.00 am that is going to be a high-cost model to run and I am sure given the prescription volumes that certainly cause us concern of a pharmacy with that prescription volume and the ongoing viability. Therefore, for the above reasons, primarily looking at the viability, the level of service that Helensburgh has with the pharmacies at the moment, the future investment that Martin is making into the M & D Green pharmacy and the investment into Boots pharmacy, we respectfully ask that the panel to reject the application.

Chair – Can we now have questions from the panel. If we can start with questions from the applicant.

Applicant – Thank you for your presentation Mr. Jamieson. You mention that your Pharmacy First prescription volume was in line with the Scottish average. Would you say that your prescription volume is above the Scottish average?

Boots – We have a high-volume prescription pharmacy.

Applicant – You also made mention of high satisfaction rates. With the levels of satisfaction that you mention, how would you explain the difference between the CAR where 21% of residents think it is adequate with 79% saying the provision is inadequate. How do we compare the two, how is there a discrepancy?

Boots – I think it is a very good question. We can obviously only go on feedback received from customers where we proactively reach out to get as much feedback as we can. You can see the overall response rates that we have. So our customers give us a very good insight into what they believe the service levels are like and then the other opportunity is for us to reach out to the other members of the community and healthcare providers so as I said, we reach out to the GP practice, meet with them, ask them if they have any concerns, anything we can do differently, they have been very positive, the other substance use centres that I have mentioned and of course we

invited the community council into the store so we could ask them. So, I think we have been quite surprised at some of the feedback in the CAR. We have certainly done everything that we can do in order to get as much feedback as we can to make sure the service is as good as it can possibly be.

Applicant – You mentioned that you received feedback from the medical practice. Do you have any statement from them about the feedback that we provided you?

Boots – Stuart unfortunately cannot speak but he is on camera, and Stuart with the Store Manager went to the practice and met with Carol Ann I believe and certainly the feedback that Stuart shared with me was very positive, they had no concerns about medication provision, no concern about access to NHS services, and certainly one of the things the GPs would raise would be if there was an issue would be access to NHS Pharmacy First, health services, unscheduled care. Those patients would inevitably go back to the GP as that would be increased workload for the GPs so certainly in my experience if that was an issue, the GPs would be raising that very quickly with the community pharmacies to address.

Applicant – How would you respond to the letter that we received from the Medical Practice that says “I am writing to formally express our support, we are acutely aware of the increasing pressures since the Boots closure. Opening another pharmacy in the area is both timely and essential to meet the growing needs of the population. We strongly support this application”.

Boots – I can only go back to the points raised before, we have gone back and visited them, no concerns have been raised.

Applicant – The next question is the size of the dispensary in Boots branch at the moment. Do you have that to hand?

Boots – I don’t know the size of the actual dispensary, the size of the entire store?

Applicant – The dispensary is a very small proportion of that store, so it was just to see if you knew the dimensions of that dispensary.

Boots – Off the top of my head, no but remember there is a separate dispensary which supports our Care Homes.

Applicant – The patients do not have access to that dispensary?

Boots – The patients wouldn’t have access to any dispensary, would they?

Applicant – In terms of prescriptions that are coming from the GP practice is that the one downstairs, is that right?

Boots – Yes.

Applicant – There is a comment in the CAR which says, “Since the closure of the secondary Boots location, pharmacies in the Town Centre have become too busy, it is difficult to get seen when needing over the counter medicines in a timely fashion”. How do you respond to that?

Boots – Well again, it’s the same answer I am going to give you. You could pull out several responses in the CAR, people have obviously put how they feel about it but in terms of what we see and the feedback that we get, the healthcare professionals we have reached out to, the community council, we haven’t received any negative feedback.

Applicant – In previous Hearings, I think it was 2020 you gave great emphasis on the Pharmaceutical Care Services Plan and how at the time it did mention the need for any new pharmacies. Does the Care Service Plan still hold the same weight now as the new Service Plan that is out at the moment? Do you still hold the same weight of the Care Service Plan that you did in previous Hearings?

Boots – Which Hearings are you referring to?

Applicant – Newtonmore 2020.

Boots – That wouldn't have been me, that was my plus one.

Applicant – It was said in this Hearing that the Pharmaceutical Care Services Plan didn't mention the need for any new pharmacies. The current Pharmaceutical Care Services Plan does so does that hold the same weighting?

Boots – To be honest, I don't know the detail of the new current Pharmaceutical Services Plan, maybe I should, but at this precise moment I do not know it so wouldn't like to comment on it.

Applicant – It mentions that the unmet need needs to be considered regarding the closures of pharmacies in NHS Highland. Have you read that at all?

Boots – I have to be honest, I haven't read that Plan so therefore I am reluctant to comment because I don't know the detail of it, what it is referring to, the geographic location so forgive me but I will not comment on that one.

Applicant – You mentioned that the reason for the closure was consolidating the business. Is that a cost-saving initiative rather than a patient-centred decision?

Boots – I think there are two elements to it. Any business has to be profitable in order to look after the patients. As I said, there's two angles as I kind of said, there's a mixture between what post crisis we can have find a sale in and I appreciate that has listened now, as you know, we're not facing the same pressures, but particularly around when the decision when we move the closure. That was significant in people's minds. And you know the cost of hidden business fees. And I'm walking into it. But what that has enabled us to do is significantly invest into services that we've got. Again, looking forward to the future of the contract and where that's moving in terms of IP services and it will give us better premises to be able to improve so I would say it is a combination of both.

Applicant – The Chief Financial Officer, Mr. James Kehoe said that the company was consolidating its business in order to facilitate a sale, and the closures were part of a cost-saving initiative. Would you agree with that statement?

Boots – Sorry, who was it from?

Applicant – It was the Chief Financial Officer Mr. James Kehoe. It was published by the Pharmaceutical Journal.

Boots – It's above my paygrade, so yes, I would not want to contradict him.

Applicant – Would you say with the benefit of hindsight, that the closure was the wrong path to take.

Boots – No, not at all.

Applicant – Are you aware of the increased prescription errors as mentioned in the statement of 2023, 19 Sinclair St had zero prescription errors which then increased to 15 after the closure?

Boots – What I would say to that is there would be inevitable disruption when the teams moved across etc but I would also like to point out that any prescription error is regrettable, the first phase of any patient safety culture is reporting of an incident so that it is open and transparent, you could do a review of that and you can learn from it so where it was regrettable there was an incident I think that would say to me there is a very good patient safety culture in terms of being open and honest and transparent and to learn from those incidents.

Applicant – In terms of consultations, it has repeatedly been mentioned that they happen on the shop floor, how do you think that has happened?

Boots – Again, to go back to the discrepancies for some of the feedback that is in the CAR and if people put that down, they put that down for a reason but certainly when speaking to Stuart and Sarah, and the team in Helensburgh, they are very sensitive to the needs of the patient, making sure that the patient was comfortable in whatever environment. The consultation room is well used.

Applicant – In terms of needle exchange, you mentioned that the Boots branch currently open is a needle exchange pharmacy. However, a lot of patients are saying that there is no needle exchange pharmacy. I'm struggling to understand that. So, you say that the current Boots branch is a needle exchange pharmacy. Do you know the uptake of that at all?

Boots – I don't have the figures in front of me, but I know from talking to Stuart and Sarah we have patients accessing that service. We would again make sure that the patients accessing substance use service and the teams mentioned before, we would make sure that the teams there would know we were offering needle exchange and of course we do report the services that we do to the Health Board.

Applicant – What are the opening hours of the current Boots pharmacy?

Boots – 9.00 – 5.30 Monday to Saturday, 11.00 – 4.00 Sunday.

Applicant – Are there any lunchtime closures in there?

Boots – It would depend if there were two pharmacists in on that particular day so we would certainly wish to reduce that as we have one full-time and two part-time pharmacists so I would say categorically that we would not have a lunch-time closure. But as I'm sure you will be aware, the Health Board's pharmaceutical scheme model hours for which a pharmacy must open and within that there is provision for a pharmacy to close up to an hour for lunch if necessary.

Applicant – Just looking at the Argyll & Bute Social Healthcare Partnership which gives the list of opening hours and services provided, the opening hours are 8.45 am to 5.30 pm. Could you explain that please?

Boots – Well, you know, I don't have the resource there that you have so I cannot comment on that but certainly we would report our opening hours to the Health Board when we have to do so.

Applicant – In terms of locums, would you say that locums that Boots use you would trust their judgement as RP?

Boots – What do I trust the locum's judgement?

Applicant – In Boots, in the locums they bring into the pharmacy.

Boots – I'm not sure where you are going with this.

Applicant – There is a follow-up question which I will ask just for clarity so there was a locum that worked in the store which completed the questionnaire, and it states in the CAR that the current provision is not adequate and highlighted the dispensing errors and Pharmacy First not being utilised. How would you respond to that locum?

Boots – Can I just make sure that I have this correct? Are you saying that there was a locum who completed the CAR and that was their comments?

Applicant – That's what it says in the Consultation Analysis Report.

Boots – To be honest I think it is a really odd question. The motivation of the individual locum, how can I comment on that? It could be your best pal for all I know.

Applicant – My final question is – are you aware of any pharmacy closures due to a new pharmacy application being granted?

Boots – Not that I'm aware of but as Martin said there are not many granted.

Applicant – Thank you.

Chair – Can we move on to questions from the Interested Parties.

M & D Green – Thank you Chair. The branch of Boots that closed down was frequently referred to as the "wee Boots". What size was the premises?

Boots – It was quite small. 132.9 square meter was the total floor size.

M & D Green – The wee Boots was double the size of the premises the applicant is proposing to open, which is referred to as substantial. The applicant, strangely for this process, it is an unusual one, have selected premises which is very close to the front door of the Health Centre and has suggested that they would estimate that they would do 4,000 items a month. Given their location and proximity to the Health Centre if they were only achieving 4,000 items per month, what might that tell you about the service they were providing?

Boots – Given how close this is to the GP practice we would expect them to generate a lot more.

M & D Green – Would you expect that pharmacy to have a more significant impact on your prescription numbers and potentially the remaining pharmacies in Helensburgh prescription numbers than 4,000 items per month.

Boots – I think there is considerable risk it would do given the fact the close proximity to the GP practice.

M & D Green – At Boots, if there was a significant reduction in NHS revenue, would you be required to consider your cost base?

Boots – I think so, yes.

M & D Green – Is that cost base likely to focus on staffing resource and cost cuttings with staff?

Boots – Yes, it's the only place, the other costs are fixed.

M & D Green – That's all from me thank you.

Chair – Thank you. Can we now move on to APC.

MM – You mentioned the capital investment in the store with the new layout. When does that happen?

Boots – It happened in 2024. I believe some of that period the CAR would have been when there was some disruption to the pharmacy.

MM – Can you explain the efficiencies you mentioned.

Boots – Yes, we introduced efficiencies with the PMR system which will essentially take workload away from the team and from the pharmacist and is done through a spreadsheet and we have not reduced the number of hours along with those automated efficiencies, they remain in the pharmacy with the idea to benefit patients by improved services.

MM – No further questions Chair.

Chair – Thank you very much. Can we move on to Cardross please?

Cardross – Thank you. Just for clarification for me. One point – was it sustainable or viable to keep both pharmacies in your opinion, or the company's opinion rather, in such close proximity to each other, the two Boots I mean?

Boots – I don't think it was and, therefore, the decision to close one, part of that would be looking towards the future of the contract and the way in which that was going to go and when looking at both premises the larger one would have been the better one to do that.

Cardross – This is to do with a point earlier, I just wanted to ask someone with your experience, there are Boots in rural locations which may be viable with lower prescription numbers, do you know if there is any additional funding available from the pharmaceutical contract to stores in those locations to make these businesses viable that you are aware of?

Boots – There is a small pharmacy funding, but I would not believe that any of the pharmacies that we operate would receive that funding but to be honest I am not 100% sure.

Cardross – That's it from me thank you.

Chair – Thank you very much and finally Rowlands.

Rowlands – I just have two quick questions. About capacity. I am presuming with such a large store as Boots and the upstairs contained within that as well that expansion of professional services delivery isn't really an issue, expanding the services that you deliver. Is that correct?

Boots – There are no constraints on capacity at all in the store, in the pharmacy.

Rowlands – So, none whatsoever? Ok. Do you find it surprising that the applicants were able to identify a locum pharmacist on the CAR when 75% of responses were anonymous and no job titles or occupation were asked as a question.

Boots – I do.

Rowlands – That's all the questions from me thanks.

Chair – So if we can ask the Community Council.

CC – There has been a lot said about the control of entry for pharmacists going through this process and Hearings like this but there seems to be a lack of control of exit. A question about the closure of the wee Boots on Sinclair St, did you go through any consultation exercise prior to that closure?

Boots – I don't know in answer to your question.

CC – In principle, why would you not consult with the community if you were thinking about closing a local pharmacy?

Boots – It's a very good point and one I shall take back to the business.

CC – When the community council visited the revamped Boots with the new dispensing counter, we were told they had experienced an increase in business from Greens. Do you know whether that increase in transfer of patients happened before or after the takeover of Gordons by Greens.

Boots – I don't know to be honest. I do not have those facts in front of me.

CC – Final question – there has been a couple of mentions of robot dispensing machines by the others, does Boots have any plans for a dispensing machine like that?

Boots – In terms of a collection point, no we do not.

CC – That's all my questions.

Chair – Thank you very much. We will move on to questions for Boots from the panel. My question has been stolen by someone on the screen so I will move on to Ian.

IG – What was your staffing in big Boots before the closure in wee Boots?

Boots – In terms of pharmacists, one full-time and two part-time.

IG – What was the staffing after?

Boots – One and a part timer.

IG – So presumably, across the Boots in talking about the motivation for closing and the difficulty in recruitment, the word of a macro element which was referred to by the applicant about the strategy of the company which is well known if you read the financial pages in business, so Boots have decided to close a number of pharmacies as a strategic element. What was the process in Scotland of choosing these. Were you involved in that?

Boots – No, well above my paygrade.

IG – So in terms of operational input you weren't there when the decision was taken so there is no knowledge about the criteria used to decide. The reason why I'm asking is because the last two and the next are all to do because of Boots closing pharmacies and I am just trying to understand the process.

Boots – I certainly wasn't involved in the decision of which pharmacy were to close, however, the Director for Stores in Scotland was involved in that decision and from a UK perspective if you look at the volumes in England compared to the volumes in Scotland being closed, there were very few in Scotland closed. But inevitably it would have been made around viability, pharmacist

resource and the future direction of the contract. It would all be Scotland specific from that perspective, the Scottish contract funding and workforce issues and the future of the pharmacy contract in Scotland.

Chair – Thank you Ian. Mark please?

MF – We have heard a great deal in both your comments and those of the owner of Greens that the new pharmacy would have a great advantage because it is just right next door almost to the Medical Centre but I am looking at the street map of Helensburgh and isn't it the case that the proposed new pharmacy and what was Gordons the Chemist are actually basically equi-distant from the Medical Centre so it's not as if it is just next door in comparison to the others is that not the case?

Boots – I don't have a map in front of me to be honest. It is probably more a question for Martin.

MF – But you did refer to it? If I put it to you that there is really no difference in distance between the proposed pharmacy and Gordons, are you or are you not in a position to disagree with that?

Boots – I have no reason to disagree with it.

MF – Thank you. And, the other thing I was going to say is, understandably you picked out a number of responses in the CAR which were favourable but is it not the case that actually I can't see anywhere really in application and the responses which is critical of the staff, you or the other existing pharmacies employ. In fact, quite the opposite, they say they are good people, they work hard, they are just over-stretched, and clearly is that not something that goes to the heart of the matter whether there is adequate provision that in the CAR report and indeed in responses people say that the staff in the existing pharmacies are very good but there is not enough of them. There is just not enough pharmacy provision in the town to cope with the current demand. Is that not the case?

Boots – From my experience and the feedback we get from our customers that is not the feedback we receive.

MF – OK, thank you.

Chair – Thank you Mark, if we can move on to Catriona on the screen?

CB – You mentioned that you sought feedback from the Medical Practice as to the service you are providing, you mentioned specifically speaking with a GP. I wonder did you speak to the local Primary Care pharmacy team who are based out of the Victoria Centre in Helensburgh because obviously with the way that the Scottish GMS contract works now the vast majority of pharmacy related queries, issues, medication queries etc go directly to the pharmacotherapy team, the Primary Care pharmacy team who aren't based directly in the practice?

Boots – I don't believe we did.

CB – You obviously mentioned your consolidation, which I completely understand was not a personal decision on your part, is there a reason, that you are aware of, that Boots didn't opt to sell the branches they wanted to close as opposed to closing them completely and closing the contract?

Boots – I believe the decision making behind it would have been that we were confident that we could consolidate and the needs of the local community.

CB – So I understand it was an operational decision, do you think we would be sitting here today if the business had been sold as opposed to being closed.

Boots – I don't think I am in a position to answer that really. The panel here today is making a decision about adequacy.

Chair – Thank you Catriona, Susan?

SP – I just wanted to ask, and this might be business sensitive information that you wouldn't want to share but have Boots managed to retain the same number of script number in addition of the two stores or has there been an overall reduction?

Boots – Between the two there has been an overall reduction if you look at what was in the two branches, we haven't retained all of that.

Chair – Thank you Susan. Catriona?

CS – You said that your refit included a consultation room but there has been a lot of talk about consultation rooms so far. Do you have a full consultation room, private consultation room, that is a separate room now?

Boots – Absolutely.

GM – Just a quick question around prescribing. You have a colleague who is complete their portfolio in December, are these the pharmacists already or do you have plans for the business continuity to ensure that service can continue to be delivered even if that pharmacist is unavailable?

Boots – Absolutely, that is part of our ongoing people plan, and we are making great progress with our pharmacists who are upskilling to becoming IPs.

GM – Do you have any issues in the area with retention of pharmacists or any of your registered staff?

Boots – No, thankfully we have no vacancies and are in a good position.

Chair – We will next hear our presentation from Malcolm on behalf of the APC. Thank you.

5. Presentation by APC

The APC met and as part of our discussions re the boundary, one the questions we had was, was it big enough considering we noted that those in Rhu and Shannon come to access services. We also noted the increase in military accommodation. As part of those discussions, we also noted that patients have a choice; they can take their prescription to Glasgow etc so based on the fact that patients can travel into the area to access services as well as travel out so felt the boundary was right and we didn't have any objection to that.

In terms of the Consultation Analysis, we noted that there was a high volume of responses, letters of support and the committee felt there was general dissatisfaction from users at the time of the consultation indicating that there may not be adequate service within the area. So based on that at the time of our meeting that we would be in support of the application.

Chair – Thank you Malcolm. Can I invite questions from the applicant for Malcolm please and just remind everyone we are looking for questions and not statements.

Applicant – No questions, thank you Chair.

Chair – Questions from M & D Green?

M & D Green – Just to pick on your comments about the Consultation Analysis and the number responded in favour of the application what is your view that the consultation ended only six days after M & D Green acquired a pharmacy, made significant investment into developing the pharmacy and whether those responses may well have been different given more time to deliver those investments?

APC – Given that that wasn't actually discussed at the meeting, I couldn't comment on behalf of the committee as I haven't discussed it with the full committee.

M & D Green – On that basis, no further questions. Thank you.

Chair – Any questions from Boots?

Boots – Can I just check when this was discussed was the community pharmacy representation on the APC involved in that.

APC – Yes, we have community pharmacy representation on that committee.

Chair – Cardross please?

Cardross – I have nothing to ask, thank you.

Chair – Rowlands please?

Rowlands – I don't have anything to ask.

Chair – Thank you and finally Community Council?

CC – We don't have anything to ask either.

Chair – If we can now move to questions from the panel? I don't have any questions thank you. So, Ian?

IG – No

MF – None, thank you

CB – No, thank you

SP – No questions

CS – No questions

GM – No questions

Chair – Thank you very much. We will move on to the presentation by Interested Parties, can we invite your presentation from Cardross Pharmacy please.

Cardross - Thank you Chair. Thank you for allowing me the opportunity to present. Am I ok sharing my screen for the presentation or is it discussing through what I have?

Chair – If we could just present without the screen. Thank you.

6. Presentation by Cardross Pharmacy

Some of you are probably wondering why Cardross is an Interested Party as it is out with the neighbourhood and it is mainly because we have no GP service in the area, we are relying on the GP surgeries in Helensburgh to actually service the patients of Cardross. We have recently taken over the business from April of this year. There are four of us who have taken over, three of us are Independent Prescribers, we have another Independent Prescriber who is also part of the business employed, and we are actively providing that service since July having been taken over. Combined we have around 30 years of experience in the community pharmacy sector so we have quite a good understanding of what community pharmacy is in this day in age, and another key theme, we have also recently undergone a major refit to increase the dispensary size and hopefully improve efficiencies and this has allowed us to expand, we have two extra consultation rooms, and we provide all the core services as well as the advanced Pharmacy First Plus service and the Highland Travel Vaccination Service as well as private services too.

I would like to just discuss the neighbourhood. In particular, we do agree with the proposed defined neighbourhood of Helensburgh and of course we know there are three pharmacies that service that area as well as one pharmacy out with that has a major share from the Helensburgh surgeries. Since we have taken over, we have had quite a positive building of relationships with not just the GP surgeries but the local Health Board team in the Vic. We have taken on a pharmacy technician to become part of the pharmacy team, we have had a lot of positivity from these healthcare professionals to show that we are making an impact, not just in Cardross but in Helensburgh too.

Specific to the population it' self, I agree with everyone in terms of the population size. There is 14,127 according to the 2022 census, there has been a slight decrease over the years but nothing substantial but there still has been, in comparison to the national Scottish statistic, which is an 8% increase over the population, there is a bit of a difference there and there is published content from the Argyll & Bute council to show that there was further trajectory increase by a bit more and this could be for a number of reasons, the ageing population, the fact it is a commuter town, and younger populations are just moving out of the area for a number of reasons. And, in particular to the demographic it' self and the items dispensed within Helensburgh from data published on opendata.scot which is covered by Public Health Scotland shows that the prescribed amount of items has been relatively static. In 2020 there was around 26,500 items dispensed, and this has increased to around 27,500 items. It shows that there has not really been a significant increase in GP registrations and currently with the three pharmacies that we have in Helensburgh, this is in line with the Scottish average for pharmacy which is circa 7,600 items. If we actually took out the items dispensed by Cardross which services the Cardross patients, which is around 14% of these prescriptions in accordance with opendata, this actually leaves around 23,500 items, which is slightly below the national average of items per pharmacy and adding another pharmacy would actually decrease this to 5,900 items per pharmacy.

Just reiterating the points of affluence and the Scottish Index of Multiple Deprivation, around 67% of the Helensburgh population live in the two least deprived quintiles and 7% live in the most deprived, which is of course information that is not unknown. You get localised pockets within an area that have more deprivation than others but the fact there is nearly 70% in the two least deprived quintiles, this means it is considered to be a highly affluent area with high access to services including schools, healthcare, transport and shops. Usually highly affluent areas are also associated with better health outcomes which is evidenced by long-term condition prevalence data published in the 2025 Long-Term Conditions Scottish Government circular. Locally, there is around 14-17% less prevalence in long-term conditions in comparison to

Scotland overall which sits around 35-38%. In terms of the least deprived areas as well, around 80% of households have access to at least one car so generally transport is not an issue as well.

I have a summary of the core services which is also taken from opendata which shows the sum of the MCR registrations, which is our Medicine, Care & Review service. It is pretty stagnant across all pharmacies within Helensburgh, the sum of Pharmacy First Plus items has had a slight increase and the sum of consultations also a slight increase from data taken from 2023 all the way up until 2025 showing that these pharmacies are actually meeting their commitment for the Pharmacy First core service as well as MCR core service. I have more specific data here in terms of comparison to the NHS Highland and Scotland average and it shows that Boots from September 2024 until April 2025 were actually doing around 1,100 Pharmacy First across this time period and this is slightly above NHS Highland average of 900 and also in line with the Scottish average of 1,100 again highlighting that overall they are meeting the commitment of the core services in these areas.

In terms of the proposed site, I agree with Mark earlier that they do appear to be equidistant from M & D Greens and the new proposed site but the fact that it is on the same street, it is also a point in it' self that it is not really needed because there is no increase in accessibility and there is no increase in terms of ease of access, and the furthest away pharmacy within Helensburgh which is Rowlands, around 400 metre away, this is only around a 4.5 minute walk. This can actually mean that more pharmacies within the area can actually fragment and dilute care, it can actually increase risk in terms of patients handing prescriptions to very different pharmacies and it can cause errors which I have seen come up in areas where there is a high concentration of pharmacies.

On that point, with Cardross it' self, we are accessible to Helensburgh patients, we do not actively market to Helensburgh but as Martin mentioned earlier, Helensburgh is a commuter town, a lot of people do travel out and we do get patients that have come through the town to visit our pharmacy. It is a round trip of eight miles, but it is only a car journey of around seven minutes. Trains run very regularly, approximately an eight-minute train journey and the same with the bus, a journey of approximately 14 minutes than runs roughly every 30 minutes. We do have two dedicated drivers covering Helensburgh on a part-time basis covering full-time hours but because we are in Helensburgh so often as the surgeries are there, we do offer that service within the area anyway that covers all their needs in terms of delivering MDS trays and your normal prescriptions as well.

Before taking over, we were aware that Inveraray were responsible for servicing a lot of Cardross patients, but we have been in very close discussion with the healthcare team at the GP surgeries to take them over and they are slowly coming over as their cycles end so that point will be made redundant in a couple of months.

That is everything I have. Thank you.

Chair – Thank you very much for your presentation. Can we start with questions from the applicant please?

Applicant – It is great to hear about the services that you have adopted in Cardross. I just have a question around how that benefit's the residents of Helensburgh.

Cardross – As a say, it is a commuter town. A relative amount of the population does travel out and we do see a lot of the population in Helensburgh come in. We work very closely with the Health Board in terms of advocating for the Pharmacy First Plus service as well as the NHS Highland Travel Vaccination service so we do get a fair few patients that come through from

Helensburgh, and as I say, it is in quite close proximity, it's a short car journey away and a short journey on public transport so I don't see it puts them out in that sense.

Applicant – You mentioned that quite a few patients come into Cardross to use pharmacy services. Why do you think that is?

Cardross – As I say, they are possibly just passing through. Where our pharmacy is located it is on a main road and a road you have to pass through to get into Dumbarton and Glasgow, so they quite often just see the pharmacy, stop by and pop in. I wouldn't say it is necessarily a means of we can't get any service in Helensburgh so they will pop into Cardross, I think it is more so an act of convenience.

Applicant – It's a common theme in the CAR that residents are actually being forced out of the neighbourhood of Helensburgh and are coming into Cardross. In the CAR a patient says "long wait times for prescriptions in all three pharmacies and often items are out of stock. I have now moved out with the neighbourhood to Fraser of Cardross for my prescriptions". So, in light of that comment would you not agree that residents are using Cardross Pharmacy because of the inadequacies in Helensburgh?

Cardross – I can't deny that there will be some residents within Helensburgh that will prefer pharmacies out with. As I say, we are not terribly far from within Helensburgh but since the CAR has taken place there has been a changeover in owners, we all have the same sort of access to wholesalers and suppliers. It is impossible to keep stock in of everything at any one time. I don't know if there are many responses in the CAR like that, but I suppose you will get instances where a patient may be unhappy when that happens.

Applicant – Do you think that queues which extend out the door and on to the street is an example of inadequate service.

Cardross – Sorry, could you repeat that question please?

Applicant – Do you think the queues that extend out the door on to the street is a reflection of adequate service in Helensburgh?

Cardross – No, not necessarily, I think queues in general, as I said earlier, are part n parcel of a busy service whether that be a retail store, takeaway or a pharmacy. You get queues in all of these places. I think what is more important is how efficient the staff are in acting upon the queue, how fast they are at serving the queue, but it doesn't take away from how many people are actually waiting in the pharmacy. I think queues are a normal part of a busy business.

Applicant – There is mention in the CAR of waiting times are very commonly 30 to 40 minutes. Do you think that is an inadequate level of service.

Cardross – Between 30 and 40 minutes is an unusually long time but again it depends on the circumstance and when that was. It can happen in very busy periods.

Applicant – In terms of need of another pharmacy in Helensburgh would you be able to explain to everyone present today why the owners of Cardross approached the current occupier of that proposed unit and mentioned that they would be interested if this application was to fail.

Cardross – Yes, of course. I made that comment when I saw the document and I replied back to Eleanor, and I don't recall this happening if I'm honest. I would like to know where that information came from. I think the email was dated in August and the last time we were around the premises was actually June/July and that was just to inspect the premises, we never offered to take over the premises for a pharmacy application, I can assure you of that.

Applicant – Would you be surprised to hear that a recent FOI to the Health Board reveals that there is another expression of interest for a new pharmacy in Helensburgh? That was submitted in late 2024.

Cardross – That would be a surprise to me, yes.

Applicant – No further questions Chair.

Chair – If we can move now to questions from Interested Parties and if we can start with M & D Green.

M & D Green – Thank you for your presentation. Apologies for repeating myself somewhat but I think it is a particularly strong point to get everyone's opinion on. Given where the applicant has proposed to locate their pharmacy, do you think their estimation of the prescription volume that they might take from the Health Centre of 4,000 items is accurate?

Cardross – No, I don't think that is accurate.

M & D Green – Can you put that in some context. Where might you hazard a guess, if you could try?

Cardross – I suppose to hazard a guess from the information that I know, they will probably take about 40% of the share that is dispensed out of the surgeries which is around 8-10,000 items.

M & D Green – Would you say that to be a significant amount of NHS income for any of the pharmacies in the area and including yourself in that to lose without having to make adjustments to your own business model.

Cardross – Yes, most definitely. Like yourself, we have made a lot of investments since taking over and we would have to look at the business overall if this application went through. I think it would have significant impact on all of us.

M & D Green – Thank you, no further questions.

Chair – Boots?

Boots – No questions from me thank you.

APC – Just one question. You mention transport links. Do you happen to know what it costs to get between the two for those who don't have a car?

Cardross – No, unfortunately I am not aware of the cost.

Chair – And Rowlands please?

Rowlands – I don't have any questions thank you.

Chair – Community Council?

CC – The population of Cardross at the moment is approximately 2,000.

Cardross – Yes, roughly there, about 2-2,500.

CC – According to Martin Green you guys must be struggling to make ends meet?

Cardross – No, that is the population, not the number of items. The number of items we do is around 5,000.

CC – What proportion of patients use GP services in Helensburgh as opposed to Dumbarton?

Cardross – So around 14% of the prescriptions dispensed in Helensburgh come to Cardross, which is around 3-3,500 and the rest would come from Dumbarton.

CC – Would the vast majority of your patients use the Dumbarton services.

Cardross – No, around 1,500 items would come from Dumbarton so that is less than what would come from Helensburgh. Helensburgh surgeries are closer.

CC – You mentioned that people changing pharmacies creates risk and a fragmented service, but patients are already changing pharmacies within Helensburgh at the moment so are you saying there is an existing risk.

Cardross – Yes, I think that risk gets compounded with an increase in concentration of pharmacies. People naturally will hop depending on queues and things for acute prescriptions, we don't have an advanced system where we can see a system level what prescriptions patients are getting at any one time unless you take the time out to actually go into their health record, which you just don't have the time for so this does lead to fragmented care and this does lead to things getting lost in communication and it does cause an increased risk, yes.

CC – So an additional pharmacy would lower that risk in a more stable service?

Cardross – No, an additional pharmacy would increase that risk. It's another point of access for a patient to visit in terms of fragmentation of care.

CC – I think the reason why people are moving around pharmacies at the moment is because they are not satisfied with the service they are getting so, they don't like standing waiting in queues, they don't like waiting for prescriptions, they don't like the changeover of access to compliance aids and so on. So, if the existing service is fragmented and disruptive, that in it' self is surely a risk.

Cardross – It would be a risk, but I can't comment on how many patients are actively moving around at the moment. I don't have that data to hand so I don't know if that is happening on a large scale, but I can assure you it would happen to a larger scale if another pharmacy was added.

CC – Boots told us that they have had an increase in patients transferring from Greens in the last year, so it does happen. You mentioned that you are not actively marketing in Helensburgh, but you did a leaflet drop in Helensburgh quite recently in July?

Cardross – Yes, we did a leaflet drop. One leaflet drops just to introduce us as the new owners of the pharmacy.

CC – So that is marketing in the town.

Cardross – To introduce ourselves as having taken over from Fraser who was obviously a pillar in Cardross and Helensburgh so just to left the residents know. We have done one leaflet drop and not marketed any more than that.

CC – Thanks very much. That's all.

Chair – Thank you. Moving on to questions from the panel. I don't have any questions that have not already been asked.

IG – No questions

MF – No I have nothing to ask

CB – I just wanted to double check, there has obviously been a lot of talk about the boundary. Do you know where the Cardross boundary ends on that side of Helensburgh? Does it meet roughly or is there a gap?

Cardross – I believe it meets roughly. There is no overlap.

SP – No questions thank you.

CS – No questions

GM – No questions.

Chair – So we will now move on to a presentation from Rowlands.

7. Presentation by Rowlands Pharmacy

Chair, members of the committee and Interested Parties. Thank you very much for letting me speak today. My name is Mark Dickinson, and I am here today representing Rowlands Pharmacy in Helensburgh, a long-standing and trusted provider of pharmaceutical care in this community.

I have personally lived within Helensburgh for 18 years and worked within Rowlands Pharmacy for the last eight years. My wife and I have three children and live within this beautiful town. I am part of the community here both personally and professionally. If I felt that as a member of the public that a new pharmacy contract was indeed required, then I wouldn't be here today. But I am here today. I know that if this contract were to be granted it would cause irreparable damage to the longest standing pharmacy in Helensburgh.

I appreciate the applicant's enthusiasm and intent to contribute to the local provision; however, I must respectfully submit that the application before you, does not demonstrate a clear unmet need. Nor does it present compelling evidence that a new pharmacy is either necessary or desirable within a defined neighbourhood.

We agree with the neighbourhood as described by the applicants, which is pretty straightforward indicative of the area that we currently serve and serve well. We also accept the population data submitted. Although the figures we found to be slightly different, the difference was minimal and insignificant. I do want to re-raise the point about the population data, this has been touched on by various contributors earlier, it is important to recognise that this figure includes what I would class as substantial number of military personnel stationed at Faslane Naval Base. Estimates suggested between 2 and 3,000 service members live in or around the town as part of their employment. Now, here is the critical point, although these individuals do contribute to the population data used in planning, they do not access any NHS services locally and this is under their employment contract. They receive healthcare through Navy GPs and are dispensed medication via the military pharmacy on-base. This creates an issue with the population figure that has been submitted. The data used includes individuals who are not allowed, under their employment contract, from accessing these NHS services. So, when we look at sufficiency, we need to adjust for that reality, if we don't we risk over-stating demand and that can lead to unnecessary duplication in allocation of resources across town.

Rowlands Pharmacy offers all core NHS services, all available PGDs, enhanced services such as travel vaccinations, private and NHS, private service is tailored to local demand. We are the only pharmacy in Helensburgh participating in the NHS travel vaccination service for Highland. We also utilise pill-pouch compliance aids and utilise off-site dispensing with medipac where suitable. Our capacity is not only sufficient, it is vastly scalable. The applicants have cited community analysis response as a key indicator of public support; however, I would urge the

committee to consider the limitations of that dataset. Of the 1,017 responses, 766 were completely anonymous, no name, no email, no address. While anonymity is a respondent's right, this level of opacity makes it difficult to verify the geographic relevance or demographic spread of the feedback. Moreover, the absence of timestamp prevents any assessment of whether any responses were clustered around engagements events which could skewer perception. One important point that seems to have been overlooked is supplier flexibility. Rowlands Pharmacy currently operates a full access to Pheonix warehouse, AAH warehouse and Alliance warehouse throughout the UK. They are the UK's largest pharmaceutical wholesalers. That means that we can source medication reliably, respond quickly to shortages and maintain continuity of care without delay. The applicants haven't clarified who their suppliers will be and if they are tied to a single wholesaler or limited by commercial arrangements that could restrict their access to stock especially during national shortages or supply chain disruptions. That is not just an operational risk, it directly affects patient safety and service reliability. In contrast, our model is proven, we build strong relationships across multiple suppliers giving us the flexibility to act fast and keep shelves stocked. That is part of what makes services within Rowlands Pharmacy not just adequate, but they are desirable. It is not enough to open a pharmacy, you need the infrastructure to deliver consistently, and we already have that in place. This will become quite relevant later.

With regards to our off-site dispensing, I wish to make things clear, so the panel and the applicants fully understand. Our off-site dispensing solution is not a replacement in pharmacy services, it is a supplementary tool used only when clinically appropriate and never for all prescriptions. This isn't about out-sourcing care, it is about enhancing capacity. The off-site model allows us to handle high volume of complex items efficiently whilst our pharmacy teams remain focused on face-to-face patient care. It's a strategic capability that strengthens our service, not a short-cut that undermines it.

Rowlands Pharmacy in Helensburgh has also proudly held it's place in the company's Prestige Best in Class List for 35 consecutive months. Now, you may not have heard of Best in Class, this recognises Rowlands pharmacy branches which consistently deliver exceptional service, earning positive feedback from our patients and having zero complaints. These are complaints or feedback which is given directly into the Superintendents department or other avenues such as NHS Highland. It is a reflection of our team's commitment to patient care professionalism and maintaining the trust within the community. Sustaining this standard month after month isn't easily achievable. We have managed it.

Within Rowlands we have a robust network of IPs within our region, west of Scotland region, with even more in training and at the stages of qualifying. Not even accounting for a trainee pharmacist who will be IPs in 2026. As a company we are constantly reviewing the service provision and have no issues having two pharmacists in one branch to support both items and services including Pharmacy First Plus where necessary. If this is something Helensburgh needed, then we will accommodate it.

I want to move on to a couple of comments about the closure of small Boots. Following the closure of small Boots in Helensburgh existing contractors absorbed displaced demand. At Rowlands Pharmacy we experienced no disruption and were fully prepared to deliver comprehensive pharmaceutical services to every patient who entered their premises. We welcomed all patients and upheld an exceptionally high standard of care throughout that period. It is important to notice or recognise that contractors like Gordons at the time, which is now M & D Greens, faced real pressure during that time. The sudden shift in patient demand created challenges across the network and any pharmacy team that would have felt that would have felt a similar strain. We at Rowlands commend our colleagues in other the pharmacies for adapting quickly and working to maintain care. That said, these pressures haven't lasted. Within a short

time, the local pharmacy network has adjusted, the service has returned to a stable, reliable level, patients were once again able to access care safely and consistently. This is reported continually through the patients who are coming into my pharmacy, and they are reporting about their experiences throughout Helensburgh. It is also worth pointing out that a newspaper article used to support this application published during that period of disruption, it captures a moment of concern but not the full picture. The article reflects a temporary situation; it is not an ongoing problem or a true gap in service.

I would also like to briefly consider the broader implications of introducing a new pharmacy contract into our community with long-established providers. Rowlands Pharmacies has built not only operational resilience but deep-rooted trust with our patients and local clinicians. That trust is not merely procedural, it is earned over years of consistent service delivery, clinical reliability and community engagement. A new contract, particularly one that duplicates existing services risks diluting dispensing volumes, destabilising the viability of the current providers. In a town like Helensburgh where demand is steady but not excessive, fragmenting that demand across additional outlets could lead to unintentional consequences, reduced staffing, diminished service hours or even closure of a pharmacy that has served a community faithfully for decades, and when viability is threatened, trust begins to erode. People may lose long-established relationships with familiar teams; GPs may find their referral pathways fractured. These are not abstract risks, they are real world outcomes.

I urge the committee to weigh, not just the potential of a new provider but the cost of destabilising those who have already proven their value in this community over many years.

I want to just go on to a couple of examples of concern. Not just about how the application is viewed by the public but also about whether the process has been fairly. I do know this might be contentious. First, regarding community engagement, whilst social media can offer insight into public sentiment, it is important to recognise the platforms controlled by the applicants may not reflect the full spectrum of use. There is credible evidence that comments expressing concern or asking difficult questions have been removed from the applicant's Facebook page. I am not here to speculate a motive but what I do believe is risk presenting a skewed picture of support and may discourage others from contributing openly under the community awareness test. Should the Board wish to explore this further I can provide name and contact details of individuals who have experienced this directly. Secondly, I would like to address a claim made publicly by the applicants that their dispensing service will operate zero waiting times, this has briefly been discussed. While I appreciate the aspiration towards efficiency, this statement fundamentally misrepresents the nature of professional pharmaceutical service delivery. Dispensing is a clinical process; it is not a transactional one. It involves accuracy checks, patient counselling, stock reconciliation and often liaison with prescribers. To suggest that this can be delivered with zero waiting times is not only unrealistic, it risks under valuing the professional standards that underpin safe and effective care. Such claims may create false expectations among patients who deserve transparency about what a new contract can reasonably deliver, and when those expectations aren't met, it is not just disappointment, it is a breakdown in trust. In the community there is trust in their pharmacies for generations.

I raise these points not to criticise ambition, in fact, I applaud ambition but to ensure that the committee's decision is grounded in reality and fairness, and a full understanding of how public perception is currently being shaped.

In summary the current pharmaceutical provision in Helensburgh is not only adequate, it is trusted, efficient and response to evolving patient needs. Introducing a new pharmacy risk fragmenting care, destabilising existing services and creating duplication without net benefit.

I respectfully ask the committee to consider whether this application truly reflects a gap in provision or whether it represents a commercial opportunity that could undermine the continuity and care that our community depends upon.

I am just wanting to ask before I finish up here, is there going to be an opportunity for a final statement?

Chair – Yes, we will have questions to yourself now Mark and then we will have the Community Council presentation, and then we will close this part of the Hearing with summaries by Interested Parties. So, you will have an opportunity to provide a summary.

Rowlands – Thank you and thank you for listening I do realise that that was quite a long presentation. I am willing to accept any questions anyone has.

Chair – Thank you very much Mark. We will move on to questions from the applicant.

Applicant – Would you agree that a pharmacy as far away as Inveraray providing services represents inadequacies in Helensburgh?

Rowlands – No, I do not. Inveraray is a very small town, there is not a large population, you have a pharmacy in that location possibly dispensing low numbers of prescription numbers. If they were attempting something new, it should always be phased businesses trying new models and their business model wanted to expand further out in the field, and they saw this as being a viable model then why wouldn't you? What I will say is that the patients that left our pharmacy and went to Inveraray Pharmacy were very quick to return. Not only that, we have over the period of time of Inveraray Pharmacy wanting to do prescriptions from Helensburgh to just now, I would say we have actually had a very small net increase in patients who have received a service from Inveraray and no longer wish to do that and have returned to Helensburgh. They have promises on their advertising campaign that was a leaflet drop within Helensburgh offering services that were quite difficult to delivery remotely and I think the patients were quick to realise that.

Applicant – Would you say that patients who feel that they need to leave the neighbourhood to go to Cardross and Garelochhead. The question would be – why are they not using Rowlands Pharmacy, why do they feel the need to leave the neighbourhood to go to Garelochhead and Cardross?

Rowlands – I think I made the point earlier on about the population in Cardross and them visiting the pharmacy in Cardross. It makes perfect sense. Ultimately, we are talking about potentially 15% of the prescriptions generated within Helensburgh are dispensed within Cardross. Now, that would make perfect sense, Cardross doesn't have a GP practice and it does make sense that Cardross has very kindly picking up all their prescriptions, dispensing them for these patients to collect locally. As for patients that are travelling out with Helensburgh and going to Cardross, I have no idea as to why that would be. We have, and I have proven, with the Best in Class, we have got a large list of letters handed into the pharmacy and handed into our Head Office indicating the exceptional service that we are providing. Now, if people were unaware of that then maybe that is something that we should be looking at with a further leaflet drop or advertising campaign or maybe attending community events more frequently.

Applicant – In terms of population as you mentioned, the population stagnating, the GP practice list has increased by 1,000 people since 2021. Would you agree with that?

Rowlands – I have certainly seen an increased number of prescriptions coming into the pharmacy, not massive amounts, after all you will be able to see the figures that we have seen, but generally over year-on-year the percentage prescription increase is probably in line with the percentage of prescriptions generated at the GP practices. I wouldn't say that I feel there is a

massive increase in the population within Helensburgh, but I do believe that the population that I see coming into the pharmacy is not in any way putting us under stress.

Applicant – Would you agree that Rowlands Pharmacy in Helensburgh is viable when Helensburgh was served by four pharmacies?

Rowlands – If it wasn't viable at the time then questions would have been asked, and we probably wouldn't be there at the moment. Viability is very fragile, prescription numbers in each pharmacy is very fragile. Take for example the closing of the small Boots, which was actually quite a large unit, the prescriptions when that pharmacy was closed, the vast majority of them, unless the patients specifically specified, was re-directed to the large Boots. Now, that was a directional pull/push on where the prescriptions were. We never saw a massive increase in prescriptions because of the small Boots closing, a lot were re-directed, some people didn't feel the large Boots had the feeling they wanted from a community pharmacy and they came to us of course, we had patients displacing to different pharmacies across Helensburgh but certainly I have not noticed any massive increase in the prescriptions we are seeing within the pharmacy. Now, that will be different if a new contract is opened because it is going to be so unpredictable as to who goes to this new pharmacy to try. Even if it was trying it for a short period of time it still may place question on to the viability of the Rowlands Pharmacy in Helensburgh. If there is a substantial drop in the number of prescriptions because of patients displacing themselves and rebalancing themselves across all four pharmacies, yes, that is going to put questions on to the viability of Rowlands Pharmacy.

Applicant – Do you feel that the location of Rowlands Pharmacy has limited the uptake of prescriptions since the Boots closure as we see it is largely the larger Boots and M & D Green?

Rowlands – I think M & D Green may have seen the larger increase because of their location to the old unit; it is directly across the road. As soon as you realise the small Boots is closed, you look across the road and you see another pharmacy. The large Boots got a lot of additional prescriptions automatically sent in that direction as agreement with NHS Highland Board at the time. Rowlands Pharmacy, even though you don't actually have to cross any major roads, is probably the same distance of walking from the three community pharmacies just behind where the old Boots unit used to be, did not see a massive increase in the number of prescriptions. Yes, we did see an increase at the time, and we accommodated all of the patients, we welcomed them with open hands. So, yes, there was a small increase but not a massive increase.

Applicant – In your presentation you used the phrase “moments of concern” when talking about the newspaper article but the CAR concluded eleven months after the article, it mirrors a lot of what is in the article, the same themes. How do you explain the phrase “moments of concern” eleven months later.

Rowlands – Well I can certainly say that we have not received any internal complaints. Nor have we received any complaints externally. The comments used within that newspaper article was directed primarily towards Boots and Gordons at the time, and I think they would be better placed to give you an answer on that. I don't think it is my place to comment on what they felt they were experiencing at the time. To be perfectly honest, we sympathise with them quite a lot because it is going to put pressure on any pharmacy with any immediate increase in prescription volume. You build a business model; you build a pharmacy to accommodate the needs and pressures that you are feeling in that pharmacy at that time. Any change on that will require infrastructure change within that pharmacy team. It will require additional staff, it may well require additional training, it may require additional needs on the shape of the shop floor or the dispensary in order to settle down and that does take time. It takes time to understand that need and I sympathised with Boots and Gordons at the time. We did not feel any of that pressure.

Applicant – Thank you. No further questions Chair.

Chair – Thank you very much, if we can move on to questions from the Interested Parties. If we can start with M & D Green.

M & D Green – To pick up I suppose on one of the themes, going through the questions so far, comparing the prescription volume that may have been managed at small Boots and given the proposed location of the applicant's pharmacy, do you think the applicant's pharmacy in its proposed location might do more prescription items than the small Boots did when it was there?

Rowlands – The single location of the proposed unit by the applicant is going to do substantially more prescriptions, yes. If you are looking at the distance between the surgery against Greens and the new unit was classed as equidistant, however, it is only equidistant if you are actually taking into account that somebody is leaving by the back entrance or the front entrance. If you are leaving by the front entrance, then the new unit is by far a lot closer. By leaving by the back entrance that would indicate that you would be either parking, which means you would have a car, or you are willing to walk through an open car park, which is the Co-op car park and that would make that equidistant for Greens pharmacy so on that idea that people would generally be walking out of the front of that building it would indicate that the proposed unit is a lot closer so, therefore, I would say that it would take a lot more prescriptions than the small Boots did.

M & D Green – The applicants proposed in one of their questions that you were viable while the small Boots existed and there were four pharmacies in town and that you would remain viable if there were four pharmacies again. Given the point that you have just made there around the location or proposed location of the applicants, I am sensing, perhaps you can acknowledge, that this pharmacy in this location could have profound impact on your viability?

Rowlands – It most certainly will. I don't even feel that I think if I see the comment, it would put viability into question, I think the very high percentage that we would already know the answer to that question.

M & D Green – It was raised earlier; I picked out as comments in the CAR about staff in the existing pharmacies being good but overwhelmed. Can you tell me if you are concerned about your staff being overwhelmed?

Rowlands – Absolutely not, no. In fact, over the last two years we have had considerable increases in staff training, in staff diversity in the roles that they are actually able to undertake, additional patient counselling for a lot of medicines that they can advise on over the counter. We have also vastly increased the services that we have been providing in the pharmacy, and we have been doing it with a smile on our face. To be perfectly honest, it is something that we take great delight in and it is something that, maybe we do have the opportunity in not being a heavily dispensing pharmacy that we can take time with all these additional services and it is good, but it is not going to pay the bills, we require the prescription numbers and that is what basically allowing us to stay viable but certainly our staff are not under immense pressure, no.

M & D Green – Do you have any caps on access to services?

Rowlands – No. We actually have both our off-site dispensing models which I briefly went into. Ultimately, these are in addition to normal dispensing activities within the pharmacy. We don't have any limit on the amount of prescriptions we can dispense, nor do we have any limit on any services that we provide either NHS or our own services e.g. the pill-pouch dosette box systems.

M & D Green – Do you experience regular long queues at the pharmacy?

Rowlands – We never have queues in our pharmacy. If anybody here has ever been in Rowlands Pharmacy in Helensburgh, you will notice the minute you walk through that front door, you are immediately served, with a welcoming face. Time is taken with each patient that walks into the pharmacy and any service that we are able to help a patient with is delivered. We do this by efficiently making sure that we are not bogged down e.g. dispensing processes, we make sure that everything is ready for the patient to completeness, and when the patient is coming in to collect the prescription. When they are coming in it very rare that they will walk away with balances and just like Greens are offering, if that was the case, we will always offer to deliver the balance. I am not a firm believer that people should be inconvenienced by returning to a pharmacy for a balance. We fully utilise the delivery services for that as well. We never have queues in our pharmacy.

M & D Green – If a patient was to attend either M & D Green or Boots at perhaps a pressure point in the day or week and find that there was a queue at either of those pharmacies, how long would it take them to walk around to Rowlands where there is never a queue?

Rowlands – I think both pharmacies are probably equidistant, I think they are probably about 0.15 miles away from the pharmacy. I would say it would take them approximately 1.5-2 mins. It's really not far.

M & D Green – What you're maybe suggesting there is that if there are queues at times in either of the pharmacies, that there is a choice currently only minutes away in Rowlands.

Rowlands – Absolutely, we would welcome these patients into the pharmacy. On occasions we do see this happening when they come into the pharmacy, we also help Boots and Greens if they are having trouble sourcing items from warehouses, they might not have access to. The three pharmacies in Helensburgh are close, we help each other out, we help the community, and we make sure the community gets what they deserve and that is just exceptional healthcare advice and service. But I do feel that what we offer in Rowlands is something unique in the services that we deliver and we are able to help overflow at other pharmacies with ease.

M & D Green – Without disclosing any commercial information, I am getting a sense that Rowlands is not as busy as either Boots or M & D Green in Helensburgh, and I don't think that is any slight on the service provided at Boots but primarily down to location. On that basis, why would you not consider relocating the Rowlands Pharmacy into closer proximity to the Health Centre if the opportunity arose?

Rowlands – Is the question you are asking, would I consider leapfrogging?

M & D Green – Yes.

Rowlands – To be closer to the Health Centre, no. It's not something we would consider.

Chair – Questions from Boots please.

Boots – Mark, thanks ever so much for your presentation and great to hear the level of service you are providing. Just picking up on Martin's last question there, if Rowlands applied to move nearer to the GP surgery in order to increase your items volume and that was leapfrogging as you put it, would that meet the requirements for a minor relocation?

Rowlands – I would imagine so. I don't know if leapfrogging is even a term we use these days, I don't believe know if it is applicable but as a mark of respect you have to have, you have to have respect for your competitor as well as your allies in pharmacy. It is certainly not something that we would consider, yes it might achieve a larger prescription volume but really is it going to be the business model that we have built up within Helensburgh? Ours is service led, heavily reliant

on the money that we get from our prescription income, but it is really about the services that we deliver, it's not within our interest to do that, no.

Boots – I don't want you to give away any company sensitive information but we have spoken a lot about the volume of prescription items that you are doing in Rowlands, and I appreciate you work in that one branch but would you have an understanding of how that compared to the rest of Rowlands estate?

Rowlands – I do have a firm understanding of how it compares to the rest of Rowlands estate. We are probably one of the quietest branches, not only within the region but within the company. However, with regards to service delivery and by positive feedback and lack of negative feedback we are also one of the most noticeable pharmacies within the company. Even in Rowlands, in a company this size, everybody knows about Helensburgh. We put Helensburgh on the map, we put NHS Highland on the map, and we are a great advocate for what NHS Highland can offer the public. It doesn't get away from the fact that we are one of the smallest Rowlands pharmacies in the company.

Boots – If the contract were to be granted and go on to open, we have spoken a lot about viability and the potential impact on Rowlands specifically due to the fact you are low on volume in item prescriptions and you are further away from the surgery. If Rowlands were to go on and close as a result of that new contract application be granted Mark, you have lived and worked in Helensburgh for years. Can you just describe what kind of effect would that have on you and your team?

Rowlands – All my team live within Helensburgh. We are very passionate about what we do for our community in Helensburgh. When I am walking down the street or when I am going to the shop, people recognise me. Ok, I'm not going to give them medical advice, but they recognise me, they will pop in and see me, they will chat to me. It's not just being a healthcare professional within a town, it's being part of that community, and you feel that you are giving back to the community using your professional skills. Personally, if I lost that, I'm not going to gain that anywhere else. If the community lost that then they could potentially get a healthcare professional in who is delivering pharmaceutical services, it doesn't understand the people of this town and they don't understand the community as a whole. They have not lived within this community; they don't understand it. I think that is quite relevant to a lot of places within Highland Health Board where there are lots of small communities that are all different. Helensburgh is no different than that. You have to understand this community. That's what I would say about that.

Boots – Thank you Mark. No further questions Chair.

Chair – Malcolm.

APC – Thank you for your presentation, Mark. I have no questions.

Chair – Cardross – Any questions?

Cardross – Would you say that you are at capacity there or do you have the ability to take on more patients?

Rowlands – Because of the automated systems we have plus the additional staffing levels that we have recently put in as an investment, we have substantial room for capacity, yes.

Cardross – What do you think the reasoning is behind why patients don't come to your pharmacy, it seems it is more of a convenience piece rather than inadequacy of service. What would your opinion be on that?

Rowlands – I think it is more the distance. We are ultimately the town's fringe pharmacy, aren't we? I'm not quite sure that is a term which is used these days either, but we are the pharmacy which is furthest from the GP practice. Just by human nature, people who are picking up a prescription will go to the closest pharmacy. If they don't have the item or too busy, they will go to the next pharmacy, so we, by nature, will be third in line for that. Acute prescriptions or chronic prescriptions, it doesn't really matter, it is basically ultimately where the patient would normally lay their hat first. They would normally maintain that business.

Cardross – The point has been made that you are longest standing pharmacy in Helensburgh, you have seen a slight increase in numbers, but it has been pretty static over the years, would you say that the pharmaceutical contract or even running a pharmacy operationally has changed even in the last five years?

Rowlands – Absolutely, absolutely. The pharmacy contract is very service driven now. Personally, that is the way it should always have been, however, what we are doing is we are building this service driven model on prescription items that are ultimately paying for that service to deliver it so you have to have the number of prescriptions to make your pharmacy viable, and then if that is the case you can then start delivering all of these additional services on top of that because you have financial grounding for that. That didn't used to be the case, it always used to be a prescription number game, and you were a lot more aggressive in trying to get these prescriptions. We have enough prescriptions currently, I would say at the moment in Rowlands Pharmacy to be able to have that financial grounding to deliver all of these great services. You remove that or take some of the prescriptions away from the base and all of a sudden it brings everything tumbling down. That's what my concern is.

Cardross – You made the point we are going more towards service based holistic healthcare within pharmacy, would you say that zero waiting times is possible in a service-based pharmacy provision?

Rowlands – No, it concerns me when people are stating zero waiting times, it's mainly the perception that the patients have. In Rowlands, as I have said, I have been working in Rowlands for the last eight years and one of the beautiful things is the clear trust that patients have in you. If we are flying around using these phrases that undermine the pharmacy process then we are at risk of breaking that trust, breaking that relationship that we have with our patients. Zero waiting times – that phrase concerns me and to advertise that in order to promote a new contract, that worries me as well. It's not about what the applicants thought they meant, it's about what the public believe that it means and that is worrying to me. It's just not feasible. Say for example the unit, you're going to have four people in there waiting for prescriptions and all of a sudden, the 5th person is going to have to wait outside, so the argument for queueing in the street just isn't there. Now, they have two pharmacist on, that's absolutely fine, but what happens if one pharmacist is in a consultation and you have another person asking for a consultation, maybe a Pharmacy First regular consultation, and you have all of these boxes to check and four people waiting on prescriptions, how is zero waiting time possible in that situation? That's a real-life situation and that is probably the bare minimum they will be facing if they are the pharmacy which is closest to the GP surgery. So, it concerns me. It concerns me on things being said that they may not be able to deliver on. I am a firm believer that if you say something in pharmacy and you say you are going to deliver a service then you have to deliver it to the utmost standard.

Cardross – Just on your comments on Inveraray Pharmacy. Are you aware that they changed ownership recently. Did the prescription changes happen in line with then that happened or was it before this?

Rowlands – It happened in line with the new owners, so I think that was just an idea of business model that they were doing at the time. I haven't heard that much about Inveraray recently, I'm not sure if they are still doing it to be honest.

Cardross – One last question which might be sensitive information, and you don't have to answer but whilst little Boots was open did you ever have concerns from Head Office about your prescription numbers, was it ever an issue back then? I know you mentioned you are one of the smallest pharmacies in the group but was it ever an issue back then?

Rowlands – As part of a larger company, viability is always on the decks, it's always on the table and you will know, look at what happened to Lloyds which sold all theirs, you have to ensure that your viability model is solid. Rowlands Pharmacy actually have sold quite a number of pharmacies, ok mainly based within England, but it just tells me, and it tells my Line Managers that every pharmacy is being monitored for its viability. There is absolutely no point in keeping a pharmacy open if it's not viable. It will just be bleeding money out of the company and then that removes services from different areas in the company so as soon as a pharmacy doesn't become viable, questions are going to be asked.

Chair – Thank you very much, if we can go to Community Council, please.

CC – Just a few questions. Before the Medical Centre moved to its current position, you were one of the closest pharmacies to the old Medical Centre. Why did you not consider moving at that point?

Rowlands – I'm afraid that was actually before my time in Helensburgh. I have been there eight years so and even when I moved here 18 years ago, the current set up was the same as what it is just now. So, unfortunately, I don't know the answer for you.

CC – Based on local knowledge, would you agree that most people use the back door of the Medical Centre because the back door is the area where the car park is, it's linked to the train station, the bus stop and the taxi rank so if most people are coming in and out of that back door, Greens would be the nearest pharmacy.

Rowlands – I absolutely agree, if they are using the back door. I understand there is a lift access at the back door as well. However, the front door is the front door, and you do see a large percentage of people walking in and out of the front door. I guess it depends on the way the person is actually getting there. I don't think one exit is used any more than the other to be honest. But the point I was making earlier was indicating that if people were coming out of the front of a building, then the new application unit would be closest. If they were coming out of the back of it then Greens would be closest, and I wasn't disseminating about the number of people walking out the front or out the back. Sorry if that was misleading.

CC – The other pharmacies in town talk about refurbishment plans or completion of refurbishment, do Rowlands have any plans to upgrade the facilities?

Rowlands – We have most recently upgraded our consultation room. You would have noticed on the CAR there was one comment about Rowlands, and it was the confidentiality in the consultation room. I'm not quite sure if that was directed at us but the last consultation room was of a smaller size and it did actually have a roof on it despite what the applicant indicate but that consultation room has recently been increased in size and in quality so noise echo doesn't happen as much so there is much more confidentiality but it does allow for us to deliver a lot more professional services in more comfort for the patients.

CC – That's all from me thanks.

Chair – Questions from the Panel.

Ian – No questions thanks

Mark – No questions thanks

Catriona – Thanks for that Mark. I just have one question. There has been a lot of talk about marketing and leaflet drops today, you mentioned that Rowlands has capacity for expansion in script numbers and service provision if necessary. Do Rowlands have any plans for advertising the residents of Helensburgh, the services available and making those who perhaps answered the CAR aware of what is available?

Rowlands – We do, on a reasonably regular basis. Some of it is just a blanket company leaflet drop with promotions etc, maybe the flu campaign is coming up, but we have requested on quite a number of occasions to have a leaflet drop separately for the services that we are delivering within Rowlands Pharmacy. A lot of these are more designed along the services that I feel people would like to know about e.g. the travel health service. That was one of the most recent ones because we were realising that people within Highland Health Board were getting directed to private clinics within Greater Glasgow area. I really didn't think that was good considering we were able to deliver these vaccinations under the NHS, so I suggested we have a leaflet drop about that. As for just driving prescription numbers, no, we don't generally just give out a leaflet drop just begging people to come to our pharmacy and get their prescription. Of course, that goes hand in hand with delivering services but is normally about something we are quite passionate about at the time.

SP – No questions thank you.

CS – No questions thank you.

GM – Hi Mark, just a quick question around errors. This has come up quite a few times today. Have you noticed any increase in errors when the wee Boots closed and just explain your process for error reporting and how you manage it?

Rowlands – Error reporting – we have near mis errors, we have error logs, and we have a formally reporting tool for dispensing errors within the pharmacy. We have noticed no increase in dispensing error rate within the pharmacy. Indeed, if anything, it may well have fallen as we are actively using our off-site dispensing models and automated dispensing systems. For example, one of the most common errors reported in community pharmacy are in the making up of the MDS dosette box systems. Our pill pouch system has an error rate of 4 per 10 million items. Now that is an exceptionally low error rate for any form of MDS box system, so it is very safe. We also use our off-site dispensing where it is applicable, suitable and where time allows for is on the making up of our regular prescriptions. That has a similar error rate so our error rate in dispensing and accuracy within Rowlands Pharmacy is very low and have not noticed any difference since the small Boots has closed.

Chair – Thank you Mark. So, we will move on to our last presentation which is from the Community Council.

8. Presentation from Community Council

Can I start by saying that the feedback we received as part of the community council is that the staff, pharmacists in the town are all very well respected and people talk highly of the service they provide but the general perception is that services are stretched. So, we are very fortunate in the staff we have in the town, but Helensburgh used to have four pharmacies until the end of 2023.

We believe there is still a requirement for four pharmacies in the town. We don't believe that service has been adequate since the small Boots shut towards the end of 2023. People have discussed the disruption, the queues, the access of services out with the town, as far away as Inveraray, which given the issues with the Rest & Be Thankful, the road was closed there the other day for another land slip, causes significant reliability issues. We just feel it is not acceptable that someone in Helensburgh has to access services out with the area as far as Inveraray. There have been issues with the Greens takeover from Gordons, that has seemed to have increased waiting times and has, even according to the Boots pharmacist, seen an increase in patients drifting towards them over the last six months or so. The general feeling is that the town would like to see the reinstatement of a fourth pharmacy.

A few topics to talk about, opening times, the existing services at lunchtime are really poor, there is a perception that Boots is always shut at lunchtime so whether as discussed the pharmacist is available at Boots or not, that is not widely known, and most people who work, and have a some time off at lunchtime to go to a pharmacy would not go to Boots at lunchtime because the perception is that pharmacist wouldn't be there. We note that Rowlands takes a lunch break as well but apparently you are only entitled to a 20 mins lunchbreak at Rowlands rather than a full hour, according to your published opening times.

There aren't any services at all before 9.00 am so people can't access pharmacy before work, especially if they manage to get an early GP appointment so that can delay dispensing of medication until after work or the next day and there have been reports of issues at Boots where the doors start to get closed just after 5.00 pm and so although they don't shut until 5.30 pm the doors get shut and locked, and yellow signs put outside the door indicating that the premises are shut. People have the perception that one door is left open to allow people to leave, and people aren't encouraged to go in from just after 5.00 pm onwards. So, there is an issue of limited access to pharmacy services for people who are working full-time.

In terms of refillment times and capabilities of existing pharmacies, this has been discussed already today. There are reports of residents having issues gaining a full prescription all at once, having to get partially filled prescription and then having to return for remaining items. I note that a couple of the pharmacies have said that they will deliver on them but there is still a disruption and delivering medication to people at home I presume has an issue of leaving in a safe place.

The increase of use of HUBs and fulfilment centres can be OK for long-term prescription planning, but it does seem to increase the fulfilment of prescriptions. I think a standard 48 hours becomes 72 hours if things have to be fulfilled from outside the town from a HUB. We have heard of reports of people who have tried to visit more than one pharmacy to get a whole prescription filled so that they get it fulfilled there and then but it seems a bit odd and a lot of hassle. There is one person who turns up to community councils regularly whose partner has a heart condition, and getting the heart medication replenished regularly and quickly from one pharmacy seems to be a recurring issue.

The compliance aid issue. I believe there are still people using Inveraray Pharmacy for dosette boxes and people use other pharmacies the Vale of Leven and Dumbarton as well, and if you had a car, were able to drive around that is not so much an issue, but it does at to the time it takes to get your prescription filled.

There is talk of the wider area of Helensburgh and Lomond switching through Rhu, Shandon, Garelochhead and even over to the Rosneath peninsula, a lot of people in these areas will plan trips to Helensburgh to visit a GP, to do some shopping and to fill prescriptions if they have to so the catchment area for Helensburgh is actually quite large, it does cover a large geographical area. The issues of MOD personnel and the people at Faslane Naval Base accessing the MOD

medical services, GPs and pharmaceutical services is correct but people with pharmacies have families living in the town, families who will be using the local services in Helensburgh especially families with children attending schools.

There has been talk about complaints and a perceived lack of complaints from people. People do not normally formally complaint, they voice concerns, they give us anecdotes at community council meetings or they tell stories when asked about their own personal experiences but by and large they move their services around so if they are not happy with a particular service in one place they will take the next prescription to another place but the feeling in the town at the moment is that there are similar or other issues at different pharmacies in the town, even to this day.

Queues and waiting times are reported and they weren't common before the fourth pharmacy shut. We are not used to having to wait for our prescriptions, we are not used to having to queue for prescriptions, this is something that has occurred since the wee Boots shut in 2023.

There is a feeling that some of the refurbishments that have been made and improvements in the three remaining pharmacies are minor changes and not really addressing the inadequate provision of pharmacy services. All pharmacies in the town have small front of shop areas, none of them have large dispensing areas, even Boots, the large Boots which remains, the pharmacy counter is quite a long and narrow section where in most of the shop floors is given over to retail. The other two pharmacies are probably the other way round; they have a larger pharmacy dispensing area at the back and very very small retail areas in the front of shop.

Residents have raised concerns about safety, there is a perception of errors occurring when pharmacy services are stretched, when pharmacists are busy and when there are queues when there are maybe holiday weekends and so on, when people are particularly busy that is potentially when errors can occur and can be serious. We have also heard reports of residents having limited access to emergency prescriptions, if they have run out of medication, trying to access repeat prescriptions at short notice can be an issue.

Pharmacy First services, there are limited signs that this is actually being used and people are even aware of the Pharmacy First services in town and I think a lot of people might be reluctant to discuss their minor ailments at the counter, it may not be encouraged to go into a consulting room or a treatment room the way the current shops are set up. I myself had a nasty midge bite which I scratched too much and had a reaction and went to one of the local pharmacies to talk about it. I had to speak to an assistant at the counter who then relayed the message to the pharmacist at the back of the shop who then relayed messages back and forwards. No-one offered to have a look at my leg to see what it was like and see what the appropriate cream I should apply, it was just a kind of relayed conversation. We often hear that often people do have Pharmacy First needs and end up being referred back to their GP and it is their GP who should be dealing with it rather than the person in the pharmacy.

In terms of future requirements, there are reports of inadequate services at the moment but as has been mentioned, Helensburgh is a growing town, it is the only town in Argyll & Bute has potential to growth according to Argyll & Bute Community Council. The local authority just commissioned a new strategic plan to increase the whole area from Helensburgh eastwards by about 4-5,000 new homes. They will publish a consultation exercise in the Autumn this year but essentially they are going to have a whole new eastern flank to Helensburgh stretching from the Academy building and Morrisons Supermarket up all the way across to the top of the town at the Golf Course with a new access road linking to the council depot up beside the skating pond so 4-5,000 new homes is a huge expansion for a town this size. There are also plans for a whole new village at Kilgray, which would be the equivalent of the size of Cardross maybe from 13-14 years ago, and Cardross it' self is undergoing a huge expansion as well, there are plans for a lot more

homes in some of the greenbelt areas and the fields around Cardross. So, the concerns are that if the existing services are struggling to cope at the moment, such a major increase will be difficult to service over the coming years. There are also plans for a big business park at Craigendoran. This new business park will have a mix of service provision and that is going to increase the footprint of the town and bring people into the town so more people working in the area locally and using services locally.

The naval base itself as has been mentioned is undergoing significant expansion so Faslane will become the home of the submarine base for the Royal Navy, the permanent home of the submarines for the Royal Navy so there have previously been submarines based down south, they will all be based in Helensburgh so if you're in the submarine service, you are going to make your home in Helensburgh. The expansion means that they will have that settled port that they can come to bring up families and so on so the increase of MOD personnel will follow on with families coming as well, and for every MOD person employed at the base, there are contractors employed to do the construction work, maintenance work as well so there will be an increase in the contractors employed there.

The community's view is that we don't have an adequate service with the three remaining pharmacies, we want a reinstatement of a fourth pharmacy service, and we would support that new pharmacy application.

Chair – Thank you very much for your presentation. If we can move on to questions and if I can start with applicant, please.

Applicant – No questions thank you.

Chair – Questions from Interested Parties, if we can start with M & D Green.

M & D Green – Thank you Chair, thank you Community Council. We just recently heard from Mark at Rowlands stating that as a pharmacist he is not stretched in the pharmacy, his staff are not overwhelmed and he doesn't have any queues, and he is only, in his estimation, only two minutes' walk within the two busier pharmacies in Helensburgh. What, in your opinion, is the difficulty in making that two-minute walk along the street to access Rowlands Pharmacy?

CC – Yes, it's a strange one. I know if people have mobility issues, they will tend to stay in the same part of town so if they have accessed the Medical Centre they may pop along to the Co-op and then pop along to Greens on Sinclair St. Those services that are in that part of town make it easier for them to access those sorts of services. Parking in Helensburgh is challenging at the best of times and if you have a disability and mobility issues there are limited parking spaces around the town. I don't think there are disabled parking spaces in front of Rowlands. There is a bus stop nearby which maybe makes it more difficult to park nearby.

M & D Green – Do you think it's more about convenience then rather than the adequacy of provision given that Rowlands has significant additional capacity?

CC – I think if you have mobility issues, it's not about convenience. If you have mobility issues you can't walk across the town.

M & D Green – You mentioned about people not necessarily making formal complaints. How would you envisage a business address these issues that may occur if formal complaints are not raised with any detail.

CC – I think engaging with the community more so turning up to community events, engaging with some of the community social media posts and groups that are there. That might be a bit of

a minefield for many but there are lots of community groups in Helensburgh that meet face to face, different age groups, different issues so pharmacies engaging more with the town.

M & D Green – You made a comment which I have to ask you about and that is the changes and the proposed changes within the existing pharmacies are only minor changes. Perhaps you may be prepared that statement before you were aware of the extent of the changes that we are proposing to make at M & D Green, which doubles the footprint of the pharmacy, trebles the size of the dispensary, leaves the retail space the same size, introduces a consultation room and two treatment rooms. Now through my presentation you are aware of the extent of those changes do you still consider that a minor change?

CC – When will those changes be happening because you say it will be at least a year before they will be in place?

M & D Green – The process has started, the planning permission and building warrant are imminent and the work will be complete by early January. But the question I pose was, do you still consider the extent of those changes minor?

CC – I think we welcome enhanced services. Minor/major, I think there has been discussion about what these words mean to people so I'm not a medical professional so would not want to comment on whether one business's changes were minor or significant or whatever.

M & D Green – We have heard again from Rowlands that in particular given the proposed location of the proposed pharmacy, it may well have a profound impact on their revenue and therefore viability. As a community council would you have any concern that Helensburgh may return to three pharmacies?

CC – The feedback we have been getting is that people think there is a requirement for four pharmacies so we would be concerned if there were only three. There are only three now, we have had previously over twenty years of four pharmacies so we would see that the town survived perfectly well with four pharmacies, the four pharmacies complimented each other quite well, they offered slightly different range of services and patients would pick the pharmacy that suited them best. The feedback at the moment is that the three remaining are not adequate and we would like to return to having four.

Chair – Thank you. Boots.

Boots – Thank you for your presentation. I picked up on the fact that you said that patients couldn't access services and were referred back to their GP. Are you surprised that the GP didn't raise any concerns with us when we met with them?

CC – Did you meet with a GP or the Practice Manager.

Boots – No, we met with the GP.

CC – I think it is Carol-Ann the Practice Manager.

Boots – Sorry, correction, it was Carol-Ann we met with. I am sure Carol-Ann would have been there to represent the GPs and raise any concerns they have around any workload that community pharmacies were putting back on to GPs services.

CC – My own personal experience is that there is a bit of a disjoint between GP services and pharmacy services, and this is not a criticism of pharmacists at all or GPs, they each have their own responsibilities but it seems that these days GPs feel their job finishes when they sign a script and how that script is filled and the practicalities of getting that to a pharmacy, the practicalities of getting that filled and then to a patient isn't really the GPs concern. It may be

something that the NHS Board has to look at in the wider context, how to actually get the different frontline services to work better together but GPs don't really seem interested in how things work after they sign a script.

Boots – I think I misunderstood what you said, my understanding was patients couldn't access NHS services, our community pharmacy services such as NHS Pharmacy First Plus and then referred back to the GP. Was that the point you were making?

CC – Yes, generally Pharmacy First and Pharmacy First Plus are pushed back towards GPs.

Boots – Were you surprised then that Carol-Ann didn't raise any concerns with us around that?

CC – Yes, that was the point I was making that there seems to be a bit of a disjoint between what the GPs think happens and what pharmacies need to happen, and they don't communicate that well between themselves.

Boots – I think if the GP was taking on extra workload that should have been done by the pharmacy, I think they would have raised that with us when we met with them.

CC – Yes, I think they should.

Boots – Thank you, no further questions Chair.

Chair – Thank you. Malcolm

APC – Thank you for your presentation. No questions.

Chair – Cardross

Cardross – Just one or two questions from me. I wanted to ask about the complaints you have been getting about stock issues. I am sure you are aware, over the past couple of years, there has been a lot of national shortages in medications, Brexit has impacted the pharmaceutical market greatly, and that is just purely from a wholesaler perspective, you can't physically get the medication and that is why this is happening. Do you think a new pharmacy will plug that gap and how do you think they will plug that gap?

CC – I don't know that I could comment.

Cardross – You mentioned about a potential 4-5,000 homes new development. From my understanding, correct me if I'm wrong, there was a recent proposal at the Golf Course that was opposed by the community. Is that correct?

CC – So the Golf Course development was passed but the developer pulled out and has changed hands, so it has now gone to a different developer who I think are looking at the plans again. The stumbling block for that particular development is an ancient area of peatbog which has to be carefully managed, which makes it slightly more expensive to develop but that is only one area. The eastern flank development runs from the Golf Course all the way down towards the Academy and Morrisons and has other controversial elements to it like cutting through ancient woodland, crossing burns and drainage issues and so on but Argyll & Bute Council are keen to start consulting about the 4-5,000 homes this Autumn.

Cardross – So it's a discussion and a potential, it is not set in stone?

CC – The consultation will start this Autumn.

Cardross – You mentioned that Pharmacy First service awareness is limited from the viewpoints that you have heard from, but the data actually shows that Pharmacy First service within

Helensburgh is actually in alignment with the Scottish average so does that shock you in any way? I'm just trying to make sense of that.

CC – I think generally people might not be aware of the new style services that is coming out. It will depend on how people use medical services and pharmacies, what you are aware of, have become more aware, some of the details, through family members recently. Sorry, I rarely use the services myself, so I haven't heard of Pharmacy First before one of my relatives required additional medical support.

Cardross – So would you say it is more of an awareness issue rather than an inadequacy of service?

CC – I think awareness is a major thing, yes.

Cardross – That's everything I have thank you.

Chair – Finally Rowlands

Rowlands – Hi there and thank you very much for taking my question. Are you aware of the limited time parking restrictions in the centre of town where you are allowed to park for a duration of time and then cannot return to that parking space? Are you aware that the parking restrictions placed outside Rowlands Pharmacy?

CC – Yes.

Rowlands – Rowlands Pharmacy does have a parking restriction outside the property which allows for continual flow. The new contract has double yellow lines. Are you aware of the double yellow lines, are you aware of any parking up at the new application site that it will be easy for people to park at?

CC – The parking arrangements in Helensburgh at the moment are a result of what is called the chord project. That was developed in 2011/2012 when we revamped all the pavements and put the nice granite sets down and revamped the square, and at that point it was decided to get rid of the double yellow lines across the town. There was someone in the council who didn't like the sight of double yellow lines and wanted to have a controlled zone so when you come into the centre of Helensburgh now you enter a controlled zone where there is little signposts saying that you are in a restricted parking area so that controls the parking, not the double yellow lines. So, the whole town centre is covered by this controlled zone. Rowlands is covered by that but not the new pharmacy. The proposed new pharmacy is out with the chord area so they are not part of that restricted zone so they wouldn't be under the restricted parking time.

Rowlands – Wonderful, so would you say then that the double yellow lines that were mentioned during one of the earlier question sessions, opposite the new unit, would you say that that was valid double yellow lines and people will get parking tickets if they parked in that area?

CC – The intention was that the council would burn off those yellow lines.

Rowlands – I am talking about at this particular point in time.

CC – They don't count, apparently the parking attendant will not give a ticket for people parking in those areas. There are other areas where the double yellow lines were painted in some streets and then removed, it seems to be a little bit of a confusion at the moment at the community council roads department.

Chair – Moving on to questions from the Chair. My reflections of your presentation are really around how much of what has been described to us as perception rather than evidence and I

suppose that is where I am struggling a little bit because in order to make this decision, we need to base it on evidence and I found it quite difficult to find the evidence in your presentation. It is based on clear submission rather than perceived experiences. Is there more data available that you would have to hand today?

CC – Actual data, no. The community council did not do its own formal survey on this, so we don't have large numbers to give you on this. As a community council we are used to dealing with litter bins, drains, lighting faults and reporting them on to Argyll & Bute Council but I think the key topics that come up regularly in the town at the moment are, as well as bins, drains and lighting faults, the local Leisure Centre, the proposed new Co-op building on the waterfront and pharmacy provision. So, it is a topic in town at the moment. People do talk about it a lot, it has been brought up regularly at community council meetings and those that discuss it tend to bring up issues that they had and problems they have had rather than express a feeling that everything is OK and adequate.

Chair – Thank you very much, that is helpful. If I can move on to Ian, please.

IG – Thank you. Can you just clarify something for me, you mention the large, proposed housing development that the contractors changed, presumably it is still in the early stages of planning? Are there any other housing developments that have planning timescale to them within the town?

CC – I think the only large-scale development on the table at the moment is, two in Cardross, one at the Hill of Cardross at the Primary School and one down near the railway line so those are the two that have permission granted. They haven't started yet but those will be developed. The Golf Course development in Helensburgh it 'self is still something the developers are looking at.

IG – What scale are the two which have planning permission?

CC – Three or four hundred perhaps. Forgive me Cardross is not my area so it's not something I pay too much attention to.

Chair – Mark please

MF – No, I've no questions thanks.

CB – No questions

SP – No questions

CS – I am just wondering how many people attend your Community Council meetings.

CC – We currently have 15 members of the Community Council, and we meet the last Thursday of the month, and we regularly get 15-20 members of the public turning up. It depends very much on what is on the agenda, some things are more popular than others. We have had the room filled to capacity and standing outside at some meetings and sometimes there may be only a few members of the public turning up.

CS – Roughly 15-20 on average?

CC – Yes.

CS – If pharmacy has been on the agenda, have you had people standing outside for that?

CC – The standing outside was for the waterfront development.

Chair – And finally Gayle

GM – No questions.

Chair – Thank you for that. So that concludes our presentations, and we are now moving on to summaries and back to Interested Parties, and as is the usual way, we will go from last speaking to first speaking. Can I remind that new evidence can be given at this stage.

The Hearing took a five-minute break at this point.

9. Summaries from Interested Parties

Community Council

Thank you very much. As I said before the break the feedback that we have been getting from members of the public is that the current service is inadequate and members of the public of Helensburgh would like to see re-instatement of the fourth pharmacy in the town. The concern is that with the future expansion of the town, and extra 4-5,000 new homes in the area there will be increased demand for services along with the increase in naval families living in the town when the base expands and we would support the fourth pharmacy to be re-instated.

Chair – Thank you very much. Can we move to Rowlands please.

Rowlands

Helensburgh Pharmacy blends heritage and innovation proudly preserving it's original features like vintage medicine bottles and traditional pharmacy artefacts. Anyone visiting Rowlands Pharmacy in Helensburgh will not forget it. We deliver a full range of modern NHS services with professionalism and care. I do understand the time but please bear with me – we have a set of old weighing scales with a wicker basket seat, they are estimated to be around 100 years old, we don't use them any more of course but we keep them on display, not because they are antiques but because they are part of our story, they are a quiet reminder of just how long the pharmacy which I work in has been part of this community. I have had patients tell me they remember being weighed on these scales, these specific scales as children, many of them are now in their 80's, some are even over 100 years old. That kind of connection is not something you build over a few years, it is something that is passed down through generations and that is what Rowlands Pharmacy represents here, continuity, trust and care that stood the test of time.

We are not the biggest pharmacy in Helensburgh, we don't dispense the volumes that Boots and M & D Green currently do but we are still here, we are still viable and we are viable because we have consistently delivered patient-first care without standing feedback from the people who matter the most that's the patients that we have in Helensburgh. I need to be clear, that viability is fragile. If a new contract is introduced without clear evidence of unmet need, it risks diluting the funding in prescription volumes that keeps us going, and if that happens Rowlands Pharmacy in my town of Helensburgh is likely to be put into jeopardy. Not because we have failed but because the system may no longer support what we have proven to deliver over those years, and if we lose Rowlands, we don't gain anything. There is no net increase in provision, what we lose is a trusted well-loved pharmacy that has been serving Helensburgh for generations. That will be a really sad day, not just for us but for the Helensburgh community in which we serve.

Thank you.

Chair – Thank you very much. Cardross please.

Cardross

Thank you. I would just like to say thank you for allowing me to represent the views of Cardross Pharmacy and I will just further explain why we feel the application of a new pharmacy in Helensburgh is not necessary or desirable based on the evidence presented to you today.

It seems as though it is more observation/perception rather than changes in hard data. Cardross Pharmacy as well as all of the existing pharmacies within Helensburgh, based on the data, are committed and meeting all of the core pharmaceutical needs that the pharmaceutical contract has. Additionally, as explained there have been improvements, there have been increases in advanced services as well as meeting that additional needs and again those core pharmaceutical services such as Pharmacy First. Our refit in it 'self has an extended dispensary taking into account more space, increased efficiency and more consultation rooms for a private space to discuss these matters. We do provide care to many residents within Cardross and, of course, Helensburgh, and I believe maintaining that care will reduce the effects of fragmentation.

I would like to panel to consider one last question – has this application been made more on the basis of convenience or has it been made on the basis of pharmaceutical need? Convenience alone cannot be the basis for approving a new pharmacy and there is nothing to suggest, within the data, that our services within Helensburgh are poor or inadequate.

Thank you.

Chair – Thank you very much. Moving to our APC representative Malcolm.

Area Pharmaceutical Committee

This will be a quick summary. Based on the data we had when we met, we agreed with the boundary and felt that the information in the CAR response that there may be need for additional pharmaceutical services but that was based on information we had at the time.

Chair – Thank you very much. Boots please

Boots

We agreed with the boundary defined by the applicant however the population are not restricted to this neighbourhood, and they access pharmaceutical services out with the neighbourhood e.g. where they work. Helensburgh is amongst the least deprived areas in Scotland and the average number of patients in Helensburgh today is broadly in line with the national average. The overall population increase predicted from 2025 and 2030 is predicted to be just about 562 people, just a reminder that is from Improvement Service in Collaboration with National Records for Scotland.

Boots pharmacy provides core, national and NHS services, offers a free prescription delivery service and is open seven days per week. We offer free compliance aid packs to those in need; our pharmacy team has great relationships with GPs and other healthcare providers. There has been significant investment into the premises with a new shop floor layout, new dispensary and a new consultation room. Patients have given us a satisfactory score of 70%, based on 94 responses over the last eleven months telling us they are extremely satisfied, and we have capacity to grow all our prescription supply and NHS services.

The applicant use of terms of zero waiting times and the visualisation of the pharmacy on the Facebook page that isn't actually what the pharmacy will look like, and I would go on to suggest that this has been misleading to the public and if the application were to be granted and go on to

open, given it's close proximity to the GP practice it would take up to 40% market share of the prescription items, which would be the equivalent of around 8-10,000 prescription items per month. This will have a significant impact on the existing pharmacies which will mean a reduction in staff and a reduction in premises investment and service development, and of course, the potential closure of Rowlands.

All that will be achieved by granting the application is the likely destabilisation of the pharmaceutical provision in Helensburgh and ultimately end up in a position with three pharmacies.

Chair – And finally our summary from M & D Green.

M & D Green

The applicants have identified premises which offer no improved geographical access for patients being within a few minutes' walk of all existing pharmacies, and do not propose to offer any additional NHS services not already available. The premises are small, inadequate for the demands of the current pharmacy contract, the proposed location would take significantly more than their suggest 4,000 prescriptions items away from the existing pharmacies impacting on revenue to the extent that would require cost reduction, typically reducing staff costs, diluting the current service provision and introducing serious risk of closure.

M & D Green, although just recently introduced to Helensburgh have immediately committed to expanding the premises and resources within the pharmacy. To implement significant change takes time, it will take I would guestimate, another five or six months to complete these changes but we believe given the commitment that we have already made that we deserve the time to demonstrate the extent of the improvements and impact that can be made.

Responses from the CAR, while I do not accept that they are representative of the population in Helensburgh, do not take these proposed changes into account and I would urge the panel to take these into account when considering the relevance of the CAR.

An additional pharmacy in Helensburgh is not only not necessary or desirable but will undermine the existing services, compromising the provision in the town. In order to maintain the security and viability of existing contract, the committee must reject this application.

Thank you Chair.

Chair – Thank you very much. Finally for our summaries, can I ask the applicant and a reminder no new evidence.

Applicant

We believe we have shown the PPC clear and compelling evidence that the pharmaceutical services in Helensburgh are inadequate and this application is both necessary and desirable to secure safe, adequate provision. The evidence presented was gathered for over a year. A newspaper article in 2024 and the Boots closure, the CAR completed six months ago heard the voices of more than a 1,000 residents. Also, to the many letters of support and the queues that have been sent to us as recent as last month, together they reveal deep-rooted failures across all core services so severe that in the CAR some residents have said that they have even considered moving away from the town. As we look at the evidence, we can understand why these inadequacies are present. Pharmacy demand in Helensburgh has increased, the prescription volumes have risen over 4,000 items since 2021, yet the town has lost a pharmacy. Boots in Sinclair St, dispensing over 5,000 items a month was shut down so it is reasonable to

suggest that our prescription volume would be similar to this as this has been the case for decades. The closure has resulted in the remaining three pharmacies absorbing the demand they cannot safely manage with residents reporting growing inadequacies across every core service. Despite this chaotic service, no-one here today has acknowledged the detrimental impact of the Boots closure. These inadequacies will only be greater as Helensburgh develops and continues to act as a focal point for serving these communities.

It would be unrealistic to suggest that these issues can be solved by simply changing the name above one of the doors. M & D Green has traded in Helensburgh for six months and residents say services have not improved and have in fact worsened. It can also not be claimed that spare capacity exists within the current pharmacies as over a year's worth of evidence shows the exact opposite. Residents face unacceptable waiting times often queue out the door, repeated trips, difficulty accessing services and even dispensing errors. These aren't signs of capacity, they are markers of a system under extreme strain. The benefit we have today is that we know the remedy for this as the pharmacies in Helensburgh functioned adequately with four pharmacies serving the town for decades.

Despite pharmacies out with the neighbourhood trying their best to service the area, the needs of the residents remain unmet, which is confirmed by the various forms of evidence we presented today. It is telling that a pharmacy as far away as Inveraray is intervening to service residents, a pharmacy which requires an 80-mile round trip. That is not an adequate service.

This application is not just desirable; it is necessary and has received overwhelming support from residents as well as local healthcare providers as we can see from the letters of support. The Pharmaceutical Care Services Plan makes it clear that unmet need must be considered following closures and the evidence before you demonstrates that this unmet need is both serious and long-standing. You also need to understand that there is another Declaration of Interest for a pharmacy in Helensburgh showing that this is a recognised need in the area.

Alongside the accounts we have provided, you have also heard today from the Community Council the lasting impacts these inadequacies have had. These are not just voices from Head Office but local people who live here and experience these challenges every day.

Viability has also been mentioned multiple times today. What we need to remember is no pharmacy has ever closed due to a new application. Helensburgh supported four pharmacies for decades.

On behalf of the residents of Helensburgh I respectfully ask the PPC to approve this application to ensure safe, adequate pharmacy services for this community.

I will just leave you with words of a resident "This afternoon along with what I counted to be over 20 people waiting nearly 40 minutes to be served at Boots in Sinclair St only to be told the prescription was not fully ready". This is simply unacceptable. Boots have closed a long-standing viable pharmacy up the road with no thought as to how this will affect the health and well-being of the community in Helensburgh. A new pharmacy is needed and I for one will certainly welcome one.

Thank you very much for your time and consideration.

Chair – Before we dismiss from this part of the Hearing, I want to note to everyone in the room that we did seek some advice around the information being provided in relation to expanded premises. We sought advice from the CLO just to confirm. The answer is that the PPC is entitled to take into account information provided by the parties notwithstanding that the position on the ground may have changed from the date of the CAR. However, in this case, the committee would

have to consider such matters as when the extended premises will be open to patients and also, will it's opening have an effect on services as an overall service provision in and to the neighbourhood. So, this is something that we will be taking into account when we make our deliberations.

Thank you to everyone for your contributions today. I very much appreciate that it has been a long day for everyone, and I personally would like to thank you for your honesty, clarity your presentations today and the respectful nature that you have asked each other questions.

It is now for me to check that you feel you have been given a fair Hearing as the applicant and Interested Parties.

All confirmed this to be the case.

Chair – We will now go on to make a decision. A written decision with reasons will be prepared and a copy will be sent to the applicant and Interested Parties as soon as possible but no later than 15 days from this date. A letter will be sent with the decision of the committee and for those parties who can appeal the process the timescale will be explained.

At this point the Hearing closed with a thanks from the Chair.

7. Decision

7.1 Neighbourhood

Rationale:

The Committee agreed that the boundary should be as proposed by the applicant. The Committee considered whether the boundary should be altered to encompass some of the surrounding villages such as Rhu and Shandon. However, the Interested Parties were in agreement with the suggested boundaries, therefore, these were not altered and should remain as proposed by the applicant.

Evidence:

Helensburgh Pharmacy (proposed pharmacy) catchment area covers a similar area to 20 small area data zone geographies as referenced in National Records of Scotland.

Following clarification that residents in surrounding villages would be free to access services from the proposed new pharmacy all Interested Parties supported the proposed boundary.

In response to the question: *Do you think the area, outlined in blue in the undernoted map, describes the 'neighbourhood' where the proposed community pharmacy will be situated?* 97% of respondents agreed and 93% of respondents lived within the boundary proposed.

Boundaries:

North – Where Sinclair Street meets Luss Road physical boundaries of the Helensburgh reservoir to the left and the Helensburgh Golf Course to the right.

South – A814 running along the waterfront.

West – Where Rhu Road higher meets Rhu Road lower

East – The Aldergate development and the open fields on the A814

Rationale:

The applicant's indicated pharmacy catchment area was estimated 15,000 people, however, discussions regarding this exact number led the panel to believe that the variance was insignificant.

The population of the Helensburgh area showed little change over recent years and predominantly of an affluent status with minimal deprivation.

Consideration of the town's ethnic population was not discussed, and no evidence was submitted.

Evidence:

There are 20 small area data zone geography in the proposed catchment area with a population totalling 14,318 people.

NHS Highland Intelligence Report March 2025.

The pharmacy catchment population registered with a GP is around 15,000 with 7,700 residents registered with the Millig Practice and 7,400 with the Helensburgh Medical centre. White 96.5%, mixed multiple ethnic groups 0.9%, Asian Scottish/Asian British 1.5%, African 0.3%. Caribbean/black 0%. Other ethnic groups 0.5%.

7.2 Adequacy of existing pharmaceutical services

- Is the provision of pharmaceutical services to the neighbourhood from existing pharmacies adequate now and in the future?

Answer - **Yes**

Rationale: Consideration was given to potential future demand for core pharmacy services in relation to housing development, but it was considered these were not at a sufficiently advanced stage at this point.

- Was due consideration given to both the Pharmaceutical Care Plan and the CAR?

Answer – **Yes**

- Did the population of the neighbourhood think that services were adequate, did PPC agree and if so, why?

Answer – **No**

Rationale:

Until November 2023, the town was served by four pharmacies. One of the two Boots pharmacies was closed. On examination of the CAR, at the time of the consultation there was overwhelming evidence that the local population and a variety NHS healthcare providers considered the current service to be inadequate.

The PPC recognised the views of the community who responded to the consultation at the time were that pharmacy services were inadequate. The PPC is of the opinion that while there may have been a period of disruption due to the transition of ownership of M&D Greens and Boots reducing from two branches to one, there was and continues to be sufficient capacity within the three remaining community pharmacies in Helensburgh as indicated by evidence provided during the hearing.

1,017 responses were received to the CAR, and all were considered viable for inclusion in the report. Statistically, 21% agreed and 79% disagreed that the current core and national services

were adequate. A number of letters and emails supporting the opening of a new pharmacy were received, including from several health and social care providers. Problems with the current service reported by the Community Council representative mirrored many comments made in the CAR and covered topics such as long queues and long wait's, lack of privacy, shortage of stock leading to inability to obtain prescriptions in a timely manner, staff being seen to be overwhelmed and dispensing errors. The views expressed in the CAR and by various local organisations that the current service is inadequate were challenged. M & D Green supplied evidence of recent investment since taking over Gordons a short time ago. The investment will continue to be progressed following completion of planning applications already submitted. This will allow for an enhancement of service as a consultation room, and two treatment rooms will be available. Boots also confirmed that since closure of one of their pharmacies considerable investment had been made to alter the pharmacy thus giving staff additional dispensing facilities and the introduction of a consultation room. Given all of the above the panel agreed that current provision of services is adequate.

At the time the CAR was produced, the population felt there was insufficient provision. During the presentations given by Boots and M & D Green it was explained that in the last six months they had begun major upgrading and expansion, if not already completed. Due to these additional expansions the PPC did not agree that services were inadequate. In the current situation it could be considered that the CAR was out of date.

- Does the data relating to the demographics, social environment, economic opportunities and the health and wellbeing of the residents indicate a higher-than-average level of need for pharmaceutical services in this neighbourhood?

Answer - No. There is not sufficient evidence of a higher-than-average level of need for pharmaceutical services. The evidence available would suggest a generally lower than average level of need.

NHS Highland Intelligence Report March 2025.

- Is the provision of core service from the adjacent pharmacies meeting the population level of need for these services? YES

From evidence presented to the PPC the view of the panel is that there is currently an adequate provision of core services. The level of dissatisfaction expressed in the CAR could appear to be prior to the consultation. The timing of the consultation of the CAR was at the transitional period of change of ownership with Gordons to M & D Green and given a settling in period, services would resume resulting in adequacy of services to the area. All three pharmacies gave evidence of improvements on completion of their planned project.

There was strong evidence presented to the panel that the existing pharmacies in the town are meeting the population's need for all core services. The closure of Boots in November 2023 has resulted in Boots transferring the previously registered patients to the existing pharmacy at 13 Sinclair Street., this included the transfer of the needle exchange service. It was recognised that some patients had transferred to either of the other two pharmacies namely Rowlands and M & D Green, but this is not quantifiable. As demonstrated by the CAR, the evidence from the Community Council and the many letters of support received, this has led to a perception of inadequacies, however, this is not supported by the statistics coming out of Pharmacy Services, Scotland.

- Has the committee considered their responsibility under the Equality Act to reduce inequality?

Answer – Yes.

The committee considered issues of inequality highlighted in the reports and evidence presented to it. It considered the information received from all Interested Parties that they had, since the time of the consultation commenced, invested heavily in their business to ensure compliance with the Community Pharmacy contract as we see it today and moving into the future.

Due consideration was given to the Disability Discrimination Act (Equality Act 2010). Confirmation was given that the refurbishment of M & D Green, Rowlands and Boots, once completed later this year are currently or would be DDA compliant.

The panel did consider all aspects of mobility and access issues, but it was felt there was no clear evidence the proposed pharmacy could meet the requirements of the DDA as planning permission had not yet been secured.

- Does the difficulty that some residents have accessing services out with their local area contribute to making service provision inadequate?

Answer - No – Evidence was presented that approximately 80% of residents had access to a car. In addition, Helensburgh is well served with public transport links to neighbouring town.

- Do the delivery services meet the population need for pharmaceutical services?

Answer – Yes.

7.3 Securing Adequacy of Provision for the Future

In answer to the question - Is any existing pharmacy likely to close at a future date as a result of this application being granted? It was agreed YES.

Rationale:

- a) Consider if any possible reduction in service provision which might occur is likely to be sufficient to cause any existing pharmacy to close?

Answer - investigation of current statistics, it was considered a very strong likelihood, Rowlands could be adversely affected if a new contract were to be agreed.

- b) Is there any current unmet need for pharmaceutical services which if this were to be addressed would generate additional income for the pharmacies?

Answer - No

Evidence:

Public Health Scotland, Prescriptions in the Community. Scottish Health and Social Care Open Data.

Prescriptions in the Community - Datasets - Scottish Health and Social Care Open Data (nhs.scot)

7.4 Necessary/Desirable

Is it necessary to grant the application to make up for a shortfall?

Answer – No, the panel did not think it necessary to grant the application.

Is it desirable to grant the application which might result in over provision at the present time and into the future?

Answer – No, the panel did not think it desirable to grant the application.

Rationale:

8. Outcome of the PPC

The Chair invited members of the Committee to vote on the Application by Muaz Jamil and Daniel Frame to provide pharmaceutical services at 1-3 East King St, Helensburgh. G84 7QQ. The Committee unanimously agreed to NOT grant the Application.

Signed : 

Date : 17th September 2025

Karen Leach
Chair, Pharmacy Practices Committee