

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Tuesday 16 January 2024 in the Boardroom, NHS Borders, Rushbank, Newstead at 9:50am**

The composition of the PPC at this hearing was:

Chair: Mrs Karen Hamilton, Board Chair, NHS Borders

Present: Lay Members Appointed by NHS Borders

Mr Richard Copland  
Mr Ian Wilkie

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

Mr Mike Embrey  
Mr Richard Grahame

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

Mrs Kyna Harvey

Observers: Miss Michele Cramer, Contracts Planning Officer, NHS Borders (open session)  
Mrs Holly Hamilton-Glover, Contracts Manager, NHS Borders (open session)

Secretariat: Ms Anne Ferguson, Committee Secretary, NHS National Services Scotland

**1. APPLICATION BY MR UMAR RAZZAQ**

- 1.1. There was submitted an application and supporting documents from the Applicant dated 17 October 2023 for inclusion in the pharmaceutical list of a new pharmacy at 3 Tweedbank Drive, Tweedbank, TD1 3RP.
- 1.2. Further Supporting Information from the Applicant included
  - a. Tweedbank Pharmacy Consultation Analysis Report
  - b. Tweedbank Pharmacy Draft Plan

- c. Extract from a previous NHS Borders Pharmaceutical Care Services Plan detailing town/village populations for the Scottish Borders Council in 2011

### **1.3. Submission of Interested Parties**

1.3.1. The following documents were received timeously:

- (i) Letter dated 26 October 2023 from Mrs Joanne Severn on behalf of the Boots UK Ltd
- (ii) Email dated 8 November 2023 from Mr Jim Torrance on behalf of Tweedbank Community Council

1.3.2. The following parties did not respond during the consultation period, thus removing their rights to make representation to the PPC as interested parties:

- (iii) Borders Pharmacy, Galashiels
- (iv) Lloyds Pharmacy, Galashiels
- (v) M Farren Ltd, Galashiels
- (vi) Tesco Pharmacy, Galashiels

### **1.4. Correspondence from the wider consultation process undertaken jointly by NHS Borders and the Applicant**

- 1.4.1. (i) Tweedbank Pharmacy Consultation Analysis Report (CAR) agreed on 12 October 2023 including Appendix 1 Advert & Questionnaire

## **2. Procedure**

2.1. At 09:50 hours on Tuesday 16 January 2024, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Mr Umar Razzaq (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List”.

2.2. The Chair welcomed all to the meeting and introductions were made. When asked by the Chair, members confirmed that the hearing papers had been received and considered. When committee members were asked by the Chair in turn to declare any interest in the application, none were declared.

2.3. Members of the Committee with the exception of Mr Copland had undertaken a site visit to Tweedbank and the surrounding area, during which the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to schools, sports facilities, community centres, supermarkets, post office, banks and churches had been noted.

- 2.4. The Chair outlined the procedure for the hearing. All Members confirmed an understanding of these procedures.
- 2.6 Having ascertained that all Members understood the procedures, that there were no conflicts of interest or questions from Committee Members the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Applicant and Interested Parties were invited to enter the hearing.

### **The open session convened at 10:20**

#### **3. Attendance of Parties**

- 3.1. The Chair welcomed all and provided housekeeping information before introductions were made. The Applicant, Mr Umar Razzaq was unaccompanied. From the Interested Parties eligible to attend the hearing, the following accepted the invitation:
- Mr Scott Jamieson on behalf of Boots UK Ltd, accompanied by Mr Gordon Dorricott
  - Ms Maureen Buchan on behalf of Tweedbank Community Council
- 3.2. The Chair advised that only one person was to speak on behalf of Boots UK Ltd.
- 3.3. The Chair noted that Mrs Hamilton-Glover and Miss Cramer were in attendance as observers but would provide the Chair with process advice during the open session if required. Neither would play a part in the closed session.
- 3.4. The Chair advised all present that the meeting was convened to determine the application submitted by the Applicant in respect of a proposed new pharmacy at 3 Tweedbank Drive, Tweedbank, TD1 3RP. The Chair confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended, which the Chair read out in part:
- 3.5. “5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located...”
- 3.6. When asked by the Chair, all parties confirmed that the hearing papers had been received and considered.
- 3.7. The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.

3.8. The Chair asked all parties for confirmation that these procedures had been understood. Having ascertained that all parties understood the procedures the Chair confirmed that the Oral Hearing would be conducted in accordance with the Procedure at Hearings document contained within the papers circulated.

3.9. The Chair asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement.

#### **4. Submissions**

4.1. The Chair invited Mr Razzaq “the Applicant”, to speak first in support of the application.

4.2. The Applicant read aloud the following pre-prepared statement.

4.3. “I would like to thank the committee for being here today and allowing me to present my case for a new pharmacy in Tweedbank.

4.4. To begin I’ll give you a quick background about myself.

4.5. I have been a qualified pharmacist for 17 years, starting off as a manager for Lloyds Pharmacy and have been a contractor for just over 14 years. I have experience in opening a new pharmacy and have seen first-hand the benefits of a local pharmacy in areas similar to Tweedbank.

4.6. The neighbourhood and location of the proposed pharmacy is that of the village of Tweedbank in its entirety.

4.7. The boundaries are:

The River Tweed to the North, to the East the B6374 travelling along the B6360 to where it meets the A6091 to the South and the River Tweed to where it meets the A6091 to the West.

4.8. Tweedbank is a planned new village which was established in the 1970s. It was planned with a distinct layout with the residential element to the West and the Industrial Estate to the East.

4.9. Within recent years there has been a significant expansion to the village with the completion of the Weavers Linn housing development to the South.

4.10. Tweedbank is a self-sufficient, distinct village which includes Tweedbank Stores which includes a cash machine, a hairdresser, a bike store, a recently opened Chinese Buffet restaurant, a Primary School, Community Centre, Tweedbank Bowling centre, Outdoor Sports Complex, Tweedbank Railway Station which includes a large car park, café and public toilet, Gunknowe Loch which is a tourist attraction, Garden View Care Home and a park with a playground.

4.11. The new multi-million-pound Borders Gateway development which was recently completed contains a 24-hour petrol station with shop and Greggs bakery. A Costa Coffee drive through has also been approved and work on this has

already begun. There are also plans for B&Q to relocate from Galashiels to a purpose built 23,000 square feet store.

- 4.12. It is clear that Tweedbank is a thriving neighbourhood and residents of Tweedbank have all the services for day-to-day needs.
- 4.13. According to the latest figures from census data the population of Tweedbank is 2020. This can be considered a significantly large population when you are measuring access to pharmaceutical services. In fact, Tweedbank is one of the largest villages in Scotland in terms of population size that does not have a pharmacy or any sort of local healthcare service provision. There are examples of villages in Scotland very similar in profile and smaller in terms of population that have had a new pharmacy contract granted very recently including Townhill in Fife with a population of 1300 and Fenwick in Ayrshire which has a population of just over 1000.
- 4.14. A village with a population of over 2000 is more than enough to sustain a new pharmacy, and I have a business plan in place to accommodate this so viability is not an issue.
- 4.15. The lack of a current GP surgery should not be an indicator that a pharmacy is not required or viable. In actual fact, the opposite is true, it indicates inadequacy and highlights the need for a pharmacy even more. The provision of a pharmacy will provide, in addition to pharmacy services, an entry point into primary health care services in a neighbourhood where there are absolutely no health services at present.
- 4.16. There is also a large working population in Tweedbank due to the Industrial Estate. Employers include: Tempest Brewery, Adam Purves Car Dealership, Plumbstore, Magnet Kitchens, Stewart Technology, CETA Engineering, Scottish Public Pensions Agency, CGI IT Company, Inspire Learning and more of which there are too many to list.
- 4.17. According to the NHS circular on securing pharmaceutical provision, among the factors which PPCs should consider in making a determination on an application are, and I quote:  
*“The likely demand for pharmaceutical services in the neighbourhood from **both** the resident and any transient population”*
- 4.18. It is also important to note that most of the employees in Tweedbank Industrial Estate requires workers on site and will not have seen much in the way of reduced workers as other industries have post pandemic.
- 4.19. As you will be aware Tweedbank is set for major regeneration with the Tweedbank Expansion Project.
- 4.20. The overall vision for the Tweedbank Masterplan is centred on the needs of the local people. It seeks to deliver new homes, community facilities and business space as an integrated part of Tweedbank.
- 4.21. The Tweedbank masterplan includes:
- Development of the Lowood Estate which was purchased by Scottish Borders Council for £9.6 million. There are expected to be roughly 400 homes built on the 34-hectare site. The council have reported that it has

the potential to generate £150 million for the region's economy. Work has already commenced for the new Lowood access road.

- Development of a new care village. This will include a 60-bed care home. The Care Village will incorporate three new two-storey residential buildings for the provision of elderly care residents, including amenity facilities, associated car parking, landscaping, bike/bin storage and an energy centre. I have been informed by Councillor David Parker that the tender to construct the Care Village will go out at the back end of this year with construction due to being next year. This new care village will directly benefit from a local Pharmacy in Tweedbank.
- Borders Innovation Park. This £29 million development is to provide much needed high quality business space to the Borders. The first phase is complete with CGI IT and Inspire Academy already having taken occupation. After Covid there has been a reduced demand for office space so there are amended proposals being drawn up for the Innovation Park. However, the Council have reiterated that the £29 million funding will still be utilised, and the Innovation Park will still go ahead but perhaps in a different format. This will increase the transient population already mentioned.

- 4.22. This massive expansion of Tweedbank which could see the population increase to over 3000 people will not only increase the demand for pharmaceutical services but add to the inadequacy of existing services. This has been echoed by comments in the CAR report.
- 4.23. From census statistics, Tweedbank has a high number of people aged 60 plus which is 27% compared to the Scottish average-this is roughly 550 people who would benefit from the Medicines, Care and Review service. If you include children aged 0-15 years, then this figure rises to 44% of Tweedbank which is a staggering 892 people who are most in need of pharmaceutical services. Also, Tweedbank like the Borders area as a whole has very much an ageing population. From data on the National Records of Scotland website the 75 and over age bracket in the Borders will increase by a massive 29.6% between 2018 and 2028 and will result in an increased need for local healthcare services in the coming years.
- 4.24. What's interesting to note is that the Borders population is ageing at a faster rate than Scotland as a whole. This major demographic issue in terms of an ageing population can be alleviated by local healthcare services and a new Pharmacy in Tweedbank will go some way in helping.
- 4.25. 30% of residents in Tweedbank, which is more than 600 people, have one or more long-term health conditions. These are people who require regular healthcare for monitoring and treatment of the condition and would most definitely benefit from having a local Pharmacy.
- 4.26. The need for these patients to make repeated trips to pharmacies out with their neighbourhood adds to the inadequacy of existing services. There have been many comments in the CAR to illustrate this.

- 4.27. Looking at the issue of access, it is apparent that residents must make significant travel efforts to access a pharmacy given there are no health services of any description available in Tweedbank.
- 4.28. In terms of actual distance travelled the nearest Pharmacies are:
- Boots Galashiels 2 miles
  - Tesco Galashiels 2.1 miles
  - Gala Pharmacy Galashiels 2.3 miles
  - Farren's Galashiels 2.3miles
  - Borders Pharmacy Galashiels 3 miles
  - Boots Melrose 3 miles
- 4.29. Walking to Boots in Melrose would take a staggering 55 minutes each way along the B6374 which for large parts is only paved on one side with some extremely narrow foot paths. I do not consider this to be a suitable journey for anyone and cannot be considered adequate.
- 4.30. Walking to the pharmacies in the centre of Galashiels would take between 45 and 50 minutes along the A6091 and the A7. The A6091 is again only paved on one side. The return journey includes a steep incline on the A7. Again, this cannot be considered in any way adequate
- 4.31. To walk to Borders Pharmacy in Galashiels would take around 25 to 30 minutes each way at a distance of around 1 mile but would involve a journey along the Black Path. This is not a route normally taken by residents of Tweedbank and the path is not suitable for the elderly or parents with children.
- 4.32. It is not suitable in the slightest to access pharmaceutical services on foot, whilst living in Tweedbank and is undoubtedly inadequate.
- 4.33. In terms of buses, to reach Melrose there is either the 67 or 68 which are both infrequent and run on an hourly service. There is no direct bus from Tweedbank to Borders Pharmacy.
- 4.34. The train service is also available to Galashiels which again is infrequent and comes twice an hour. Many people in Tweedbank will however have to walk depending on where they live to access the train station and there will be a further walk from the train station in Galashiels to access a Pharmacy.
- 4.35. Bus or Train services, no matter how frequent, do nothing to reduce inadequacy.
- 4.36. The return bus fare to Galashiels and Melrose is £4. The prohibitive cost of public transport is yet another barrier to accessing pharmaceutical services and is again mentioned in comments in the CAR report.
- 4.37. Given the difficult walking routes from Tweedbank as mentioned, if you do not drive or have access to a car it is clear you are forced to use public transport.
- 4.38. It shouldn't be assumed getting on or off a bus or train is easy, especially for the elderly and parents with prams, of which there are plenty in Tweedbank. Many people are forced to use public transport in Tweedbank. This includes senior citizens, those with disabilities and those who cannot afford to drive. They are

sometimes the more vulnerable members of society but can be the ones discriminated against the most.

- 4.39. There comes a point where distance and reliance on a bus journey renders the existing services inadequate. I think that point has been reached in Tweedbank.
- 4.40. The distance and difficulty in accessing the nearest pharmacies especially by public transport has been echoed by local residents numerous times in the CAR.
- 4.41. I believe in 2024 residents of Tweedbank should be able to walk to their nearest pharmacy.
- 4.42. Households with access to only a single car within Tweedbank is 44%, therefore, many in the neighbourhood will have no car or may be functionally carless for the greater part of the working week where these are used for commutes. This greatly limits the ability of these households to access services. This is further validated by census data which shows 69% of those in employment in Tweedbank commute to work by car. Financial and environmental costs associated with use of a private car continue to rise year on year as does the need to make use of more sustainable forms of transport particularly cycling and walking. Infrastructure within Tweedbank to facilitate this isn't there - therefore unfortunately, accessing pharmaceutical services where currently situated, by these means is not realistic for the great majority of residents.
- 4.43. I believe this acts as a great deterrent for those seeking medical advice and is against what the NHS is trying to encourage with initiatives such as the Pharmacy First programme aimed at pharmacies treating patients within the heart of communities and freeing up valuable GP's time. We now manage a whole host of conditions within the pharmacy, and this is continually increasing.
- 4.44. Community pharmacies must be within the local community if they are going to have the desired effect for patients and primary care as a whole.
- 4.45. The Scottish government's strategy paper: Achieving Excellence in Pharmaceutical Care also outlines that we should be increasing access to community pharmacy as a first port of call for managing self-limiting illnesses and supporting self-management of stable long-term conditions, in-hours and out-of-hours. So, this clearly demonstrates that community pharmacy must be accessible and local. In Tweedbank, the current provision is neither.
- 4.46. Timing the need to use a pharmacy with going to a supermarket or bank is irrelevant, many people shop and bank online and shouldn't have to time an illness to coincide with a weekly shop.
- 4.47. So, to summarise the current access. Access to pharmaceutical services is situated at some distance from the neighbourhood is not realistic on foot, it is subject to a lengthy round trip and prohibitive costs via public transport and is perhaps only accessible only to a subset of patients if and when they have access to a car. This renders the existing services as wholly inadequate.
- 4.48. Some, but not all contractors will provide delivery of prescriptions to Tweedbank, which is the only pharmacy service available to residents in the neighbourhood. Delivery services in no way constitute an adequate pharmaceutical service. Services such as Pharmacy First which is the biggest change to community Pharmacy in Scotland for 10 years, Medicines, Care and Review Service and



Smoking Cessation require face to face access to a pharmacist and cannot be delivered from the back of a van.

- 4.49. It's important to note that delivery services are not an NHS core service and can be withdrawn at any time.
- 4.50. In terms of the premises itself I do not envisage any issues with converting it into professionally fitted out and modern premises with a consultation room using an experienced pharmacy shopfitter. It will also be Disability Discrimination Act (DDA) compliant and fitted with a hearing induction loop system and will meet all the requirements of the Equalities Act 2010.
- 4.51. There is plenty of parking in the car park of which the pharmacy has permission to use.
- 4.52. The opening hours for the proposed pharmacy are:
- 9AM – 5.30PM Monday to Friday
  - 9AM - 5PM Saturday
  - Closed on a Sunday
- 4.53. The proposed pharmacy will participate in all core aspects of the pharmacy contract including all national services. Additional services will include blood pressure testing, blood glucose testing, a weight management service and a free prescription collection and delivery service.
- 4.54. In terms of viability, as mentioned previously a village with a population of over 2000 is more than enough for a viable pharmacy. There are numerous examples of villages in the Borders with smaller populations yet have a viable pharmacy (see extract from a previous Pharmaceutical Care Plan). From speaking to local residents, it would appear they are using a mixture of the pharmacies in Galashiels and Melrose. Given the spread of use over the entire pharmacy network in the area, the effects on other pharmacy contractors would be minimal.
- 4.55. I would now like to talk about the Consultation Analysis Report.
- 4.56. The CAR had a fantastic response rate resulting in 368 people responding to the consultation, especially when you consider the population size of the village. As a quick comparison, a recent pharmacy application in Dundee only had 341 responses at a retail park which has 106,000 visitors every week.
- 4.57. Q1. Do you think the area highlighted in the map on NHS Borders website describes the 'neighbourhood' where the proposed pharmacy is situated/application relates to?
- 357 people which is 97% answered yes. I think the neighbourhood is Tweedbank.
- 4.58. Q2. Do you live within the neighbourhood?
- 87% answered yes
  - 13% answered no

This is important as it tells us that the vast majority of people who responded are actually living in Tweedbank and we can be sure the CAR is accurate.

4.59. Q3. Do you think the location of the proposed premises will provide adequate access to pharmaceutical services in and to the 'neighbourhood'?

An overwhelming majority of 93% answered yes. The proposed premises is located within the centre of Tweedbank and is easily accessible by all residents.

4.60. Q4. Do you think the current pharmaceutical services being provided in the neighbourhood are adequate?

- 73% answered no (269)
- 17% answered yes (61)
- 10% answered don't know (38)

This is obviously an important question and a large majority of people 73% answered 'no'.

4.61. Q5. Do you think there are gaps in the existing provision of pharmaceutical services in the neighbourhood describe?

- 70% answered yes
- 12% answered no
- 18% answered don't know

Again, a large majority answered 'yes'. There was a high proportion of don't know answers in this question which may be due to people not understanding the question fully.

4.62. Q6. Respondents were asked to explain their answer to Q5.

There were 219 comments with a majority of 70% stating there were gaps in the existing provision.

The key issues highlighted were:

- Lack of proximity to existing pharmacies in neighbouring towns
- Difficult access and poor transport links to existing pharmacies
- Increased demand in the area as a result of expanding development.

Comments in the CAR that illustrate these issues:

- *Difficult for people without access to a car to access pharmacy. Tweedbank is expanding and needs its own pharmacy.*
- *There is difficulty for my mother who is elderly getting to the nearest pharmacy. This would help her immensely. Also, the population of the neighbourhood is growing*
- *I have two small kids and don't drive. Having to get a pharmacy on public transport is difficult. Sometimes buses are not on*
- *I have mobility issues so getting to a pharmacy a few miles away is extremely difficult.*
- *Difficult getting to the nearest pharmacy on public transport. This was highlighted during the pandemic when I was unable to get to a pharmacy at all.*

- *I have two young children. One who is sick all the time. It's very difficult for me to get to the nearest pharmacy by bus just to get basic pharmacy needs.*
- *Public transport isn't the best to get to the nearest pharmacy. Takes far too long and is expensive. A local pharmacy would be the solution.*
- *Public transport isn't great. Difficulty in getting to current pharmacies especially in winter.*
- *Current pharmacies are a £4 bus ride away or a walk along the black path which is not easy for someone who is disabled or elderly.*

4.63. Q7. From the following list of pharmaceutical services being proposed by the intended applicant for the pharmacy please select the ones you feel are required within this neighbourhood.

- Dispensing of NHS prescriptions 95%
- NHS Pharmacy First Scotland - 87%
- Pharmaceutical Public Health Services - 74%
- Medication Care and Review - 82%
- Gluten Free Foods - 57%
- Stoma Service - 64%
- Unscheduled Care - 81%
- Substance Misuse Service - 47%

A staggering 95% of people felt they needed Dispensing of NHS Prescriptions, followed by 87% for the Pharmacy First Service, 82% for Medication care and Review and 74% for the Public Health Service. Substance Misuse was the lowest at 47% which is to be expected.

4.64. Q8. Respondents were asked to explain their answer to Q7.

There were 104 comments, and the breakdown was as follows:

- 56% positive views
- 34% negative views in relation to Substance Misuse Service
- 10% negative views some of which were unrelated to the question.

What's interesting to note is that from the positive comments a few people have again commented on the difficulty in accessing pharmaceutical services. Some positive comments are:

- *We do not have any of these services in Tweedbank. They are badly needed especially for pensioners like me who struggle to get out and use public transport.*
- *I think a pharmacy in Tweedbank would be greatly beneficial for the older residents in the area and for those who have mobility issues. There are also many families in the area with young children who could benefit from a local pharmacy and their advice. When a child is unwell you don't want to travel far with them to get the medication they require.*

The negative comments are centred around substance misuse.

4.65. Q9. Do you think the proposed opening hours are appropriate?

Monday to Friday 9am to 5:30pm and Saturday 9am to 5pm

The vast majority (88%) agreed the hours were appropriate.

4.66. Q10. Do you think there are other NHS services that the proposed pharmacy should consider providing?

- 8% said yes
- 36% said no
- 56% said don't know

The majority of people 56% answered 'don't know.. I think residents don't necessarily know all the services pharmacies can offer.

4.67. Q11. Respondents were asked to explain their answer to Q10.

There were 26 comments.

- 7 relating to NHS contracted Pharmaceutical Services
- 6 related to services out with the terms of service but which could be considered.
- 13 suggested other NHS provided services or ones that were not applicable.

From the comments people mentioned delivery of prescriptions and Pharmacy First Plus which we will already be providing.

4.68. Q12. In your opinion would the proposed application help other healthcare providers?

- 80% answered yes (294)
- 9% answered no (34)
- 11% answered don't know (39)

A big majority of people which was 80% answered 'yes'. This was echoed elsewhere in the CAR with people commenting that a pharmacy in Tweedbank would help take the strain off GPs.

4.69. Q13. In your opinion would the proposed application impact on other healthcare providers?

- 22% answered yes
- 53% answered no
- 25% answered don't know

I think this question can be misinterpreted depending on if you believe it to be a positive or negative impact which may explain the mix of answers.

4.70. Do you support the opening of a new pharmacy being proposed at Tweedbank?

- 89% answered yes (328)
- 10% answered no (36)
- 1% answered don't know (4)

An overwhelming majority of people 89% answered 'yes'. From this I think there can be no doubt there is a high level of support for a new Pharmacy in Tweedbank.

4.71. Q19. Respondents were asked for any additional comments.

There were 104 responses, of which:

- 60% were positive views
- 18% were negative views mainly due to concerns with the Substance Misuse Service
- 22% were other views relating to location, opening hours and delivery service

From the positive views again, the themes were:

- Difficulty in accessing existing services
- Infrequent and expensive public transport
- Increased demand as a result of new housing developments

Some quotes to illustrate this are:

- *It would be the difference between night and day for me personally. I am disabled and find it very difficult to pick up my prescription from Boots on a monthly basis. I completely support the new Pharmacy in Tweedbank*
- *Having elderly parents, watching them struggle to get to a pharmacy on public transport. This pharmacy would greatly improve their quality of life.*
- *It is unacceptable to have to travel far for basic pharmacy services.*
- *This Pharmacy is badly needed in Tweedbank. I get regular medication and sometimes need to make 3 trips to collect my medication if it is not in stock. The journey into Gala for me is difficult. I could easily walk to the Pharmacy in Tweedbank and feel this would give me my independence back.*

From the CAR we can see there is a high level of support for a new Pharmacy in Tweedbank.

4.72. It is clear from the public consultation the comments do not relate to convenience but inadequacy of existing services. The most common themes from the CAR undeniably are the difficulty people in Tweedbank face when accessing Pharmacy services, large distances travelled to access a pharmacy and reliance on an infrequent public transport service with prohibitive costs, all of which are a big indicator of inadequacy.

4.73. Looking at the small number of negative comments in the CAR, these are centred around the provision of substance misuse services. I appreciate there are often concerns regarding Substance Misuse Services such as methadone in

new pharmacy applications particularly in villages. However, in reality I do not think this will be a problem and I have experience in dealing with such issues when opening another new pharmacy. I will look to work closely with the local community on this matter to alleviate any of their concerns. It is both unfair and wrong to discriminate substance misuse patients as a cause of any potential problems and I believe I have a professional and moral obligation to offer this service.

4.74. I would also like to mention the Area Medical Committee have also supported this application. The Chair, Dr Rachel Mollart, is a GP partner at Selkirk Medical Practice and will know the needs of the local area well. I will quote from her email:

“Having reviewed the information provided to the committee it was felt by the Area Medical Committee (AMC) that this application should be supported on the grounds it appears:

- To have public support
- No impact on any local dispensing GP practices in the area as there is not one.
- All pharmacies in the area appear to be bust and there appears to be high workload demand
- GP’s in the area commented that currently there is a lack of capacity to provide Compliance Aids for patient’s and this should increase capacity.
- Pharmacy First and Pharmacy First Plus can reduce workload to GP practices and increased provision of this would be welcomed.
- Council Local planning is supportive of further expansion and development in the area
- Is a growing community with own school, recently built garage with attached supermarket and popular food outlet”

4.75. Before I conclude I just want to quickly mention the pandemic.

4.76. If we have learned anything from the recent pandemic and lockdowns, it is that in times of an emergency we are unable to survive without food supplies and healthcare services. This was evident during the most stringent lockdowns when only supermarkets, grocers, food places and pharmacies remained open.

4.77. The impact of the pandemic had a devastating effect on communities with disruption to many services including healthcare which has led to an overload on doctors. It has also had a lasting effect on the way we live our lives today.

4.78. Speaking to many concerned residents of Tweedbank, they have expressed their extreme unhappiness at being forced to travel using public transport, during the height of the pandemic, to access a pharmacy out-with the neighbourhood. The pandemic has perfectly illustrated why Tweedbank needs its own Pharmacy.

4.79. Conclusion

- 4.80. In conclusion, the neighbourhood is that of Tweedbank.
- 4.81. It has a large population of over 2000 which is more than large enough to support the viability of a new contract. Given the spread of use over the entire pharmacy network in the area, the effects on other pharmacy contractors would be minimal.
- 4.82. There are no healthcare services of any kind located in the village.
- 4.83. Tweedbank is set to undergo massive expansion which will increase the population and increase demand for pharmacy services, putting the existing pharmacy network under more pressure.
- 4.84. The only services available to residents of Tweedbank are that of delivery services which can be withdrawn at any time and cannot be considered adequate.
- 4.85. Residents are forced between a lengthy and difficult walk to Galashiels or Melrose or infrequent public transport to access services. Public transport services do nothing to reduce inadequacy.
- 4.86. There is a high level of support in the CAR with many comments highlighting difficulty in accessing services, large distances travelled to access existing services and complaints about the cost and frequency of public transport, all of which indicate inadequacy.
- 4.87. Given all the reasons above, I believe this contract is necessary and desirable and respectfully ask that it should be granted. Thank you.”
- 4.88. This concluded the presentation from the Applicant

## **5. The Chair invited questions from the Interested Parties to the Applicant.**

### **5.1. Questions from Mr Jamieson (Boots UK Ltd) to the Applicant**

- 5.1.1. To establish the geographical spread of the pharmacies owned by the Applicant, Mr Jamieson asked for clarification of the pharmacies Mr Razzaq owned outright or as a partnership. Mr Razzaq listed the following pharmacies: Borders Pharmacy Galashiels, Gala Pharmacy Galashiels, Borders Pharmacy Hawick, Blackburn Pharmacy. Motherwell Pharmacy, Stranraer Pharmacy, Capsule Pharmacy Stirling, Tay Pharmacy Luncarty, and Windygates Pharmacy in Fife.
- 5.1.2. When asked to confirm the pharmacies in which the Applicant was the superintendent pharmacist, the response was Razzaq Aberdeen Ltd and Northpharm Ltd. Mr Razzaq stated he was no longer involved with RPK Healthcare Ltd.
- 5.1.3. Mr Jamieson enquired about the support structure in place. Mr Razzaq said there was a regional manager, two operations support managers, three office employees and two relief pharmacists.

- 5.1.4. Mr Razzaq was asked to expand on the exact location of the proposed pharmacy premises to which it was explained that the pharmacy was to be located in the convenience store extension which had been used for shop storage.
- 5.1.5. Mr Jamieson referred to the pharmacy plan and asked what facilities would be available to pharmacy staff. Mr Razzaq advised that the plan was only a first draft. Staff would be able to make use of the staff area in the convenience store or a pull-down bench within the proposed premises. There were two options for toilet facilities; the large front shop area shown in the plan could be reduced to accommodate a toilet or staff could use the toilets in the shop.
- 5.1.6. Reference had been made by the Applicant to two villages with a population less than Tweedbank where a pharmacy application had been granted. However, Mr Jamieson was interested to learn whether there were any applications in villages that had been refused. Mr Razzaq conceded that there were but declined to provide any information in that regard as it had not been the point.
- 5.1.7. Mr Jamieson asked whether any pharmacy services could be delivered over the telephone or by NHS Near Me. Mr Razzaq did not consider that either option provided an adequate pharmacy service.
- 5.1.8. During the presentation, Mr Razzaq had mentioned blood pressure testing, glucose testing, weight management and compliance aids. Mr Jamieson asked whether these were NHS core services. Although not core services, the Applicant explained that these were widely used. Mr Jamieson commented that non NHS core services could not be used to assess the adequacy of existing pharmaceutical services to the neighbourhood.
- 5.1.9. Mr Jamieson asked about the staffing plans for the proposed pharmacy. The Applicant confirmed that a pharmacist had been identified from the local community and did not anticipate any issues.
- 5.1.10. When asked about staffing at the Applicant's two existing pharmacies in Galashiels, Mr Razzaq confirmed that both were fully staffed.
- 5.1.11. Mr Razzaq was asked to reiterate the statistic for the Tweedbank population over 65 years of age. This was quoted as 27% and had been obtained from the census website.
- 5.1.12. The Applicant confirmed, when asked, that Borders Pharmacy had recently undergone a General Pharmaceutical Council (GPhC) inspection. The outcome was awaited but Mr Razzaq was not aware of any concerns raised.
- 5.1.13. Mr Jamieson asked whether delivery services were offered from both of the Applicant's pharmacies in Galashiels. Mr Razzaq explained that both offered delivery services although those from Gala Pharmacy were limited to one hour per day.
- 5.1.14. Mr Jamieson enquired whether any deliveries were made out-with Galashiels, to which the Applicant responded that deliveries were made to Tweedbank and the surrounding area. Mr Razzaq would need to check what constituted the surrounding area to provide information on the exact catchment area but stated



that deliveries were made outside the neighbourhood (though not Hawick or Jedburgh).

- 5.1.15. Mr Jamieson was interested to know whether people had been signed up for the delivery service on the doorstep for Mr Razzaq's pharmacies in Galashiels. Mr Razzaq advised that one driver had engaged with the local community early last year.
- 5.1.16. Mr Jamieson asked whether this was common practice across all the Applicant's pharmacies. Mr Razzaq did not think it was common practice but liked to engage with the local community.
- 5.1.17. When asked, Mr Razzaq was not aware of any patient complaints received because of this practice by NHS Borders, Tayside or the GPhC, did not know what possible concerns there could be or the relevance of this questioning. Mr Jamieson informed the meeting that the relevance was to do with the Applicant's business practice.
- 5.1.18. Mr Jamieson continued by asking whether Mr Razzaq would be surprised to learn that Boots UK Ltd had received several complaints from Galashiels and Melrose residents about failed deliveries. Through complaint investigation, it had been discovered that the delivery of patients' prescription medication had been switched from Boots to one of the Applicant's pharmacies without the knowledge or consent of the patient and had resulted in much confusion.
- 5.1.19. Mr Jamieson asked how many patient complaints had been submitted for Gala Pharmacy, Langlee in the last 18 months. Mr Razzaq did not have this information to hand so would need to check.
- 5.1.20. Mr Jamieson had no further questions.

5.2. **Questions from Mrs Buchan (Tweedbank Community Council) to the Applicant**

- 5.2.1. Mrs Buchan was interested to know the location of the proposed pharmacy entrance in relation to the shop. Mr Razzaq said the door would be on the left of the shop entrance from the carpark. The entrance would not be across from the school.
- 5.2.2. Mrs Buchan had no further questions.

5.3. Having established that there were no further questions from the Interested Parties, the Chair invited questions from the Committee Members.

5.4. **Questions from the Mrs Harvey (Non-Contractor Pharmacist) to the Applicant**

- 5.4.1. Mrs Harvey was aware that the pharmacist in Borders Pharmacy, Hawick was leaving and wondered how the position was going to be filled. Mr Razzaq explained that another pharmacist had already started there.

- 5.4.2. When asked by Mrs Harvey whether the pharmacist of the proposed site was an independent prescriber, Mr Razzaq advised that the pharmacist was currently undertaking the course.
- 5.4.3. In the event of this application being granted, Mrs Harvey sought assurance that the other pharmacies owned by Mr Razzaq in the Borders area would not close because of staffing issues. Mr Razzaq confirmed that all would remain open.
- 5.4.4. Mrs Harvey highlighted that a double buggy could not be manoeuvred around Gala Pharmacy in the town centre so asked whether this would be possible in the proposed premises and whether wheelchair users would be able to move round easily. Mr Razzaq stated that the final plan for the proposed pharmacy had not yet been agreed but would be fully DDA compliant.
- 5.4.5. Looking at the draft plan for the proposed pharmacy, Mrs Harvey noted that there was no window in the dispensary which was not conducive to staff wellbeing. Mr Razzaq said that there would be a window in the front door but took the point and agreed to reconsider the design.
- 5.4.6. Reference had been made by the Applicant to the working population in the neighbourhood. Mrs Harvey asked whether the pharmacy would be open over lunch. Mr Razzaq confirmed that the pharmacy would be open at this time and until 5:30pm during the week.
- 5.4.7. Mrs Harvey raised the matter of stock issues which affected all pharmacies. In the event of a medicine being unavailable from the wholesaler, Mrs Harvey asked whether Mr Razzaq intended to source a supply from other community pharmacies in the area. The Applicant stated this would be the course of action and would not ask patients to travel to other pharmacies to fulfil a prescription.
- 5.4.8. Mrs Harvey asked about the escalation plan that would be used should a patient be found to have issues with blood pressure, glucose levels or weight management. Mr Razzaq explained that the new policies would be followed which contained escalation plans. The patient's GP would be contacted.
- 5.4.9. When asked whether there was space within the proposed premises for making up compliance aids, the Applicant believed there was and had done so in smaller shops.
- 5.4.10. The Applicant was asked whether the opening of a pharmacy in Tweedbank would have a detrimental impact on smaller pharmacies in Galashiels. Mr Razzaq did not believe this would be the case as it had been established from talking to residents within the neighbourhood that a mixture of pharmacies was currently being used.
- 5.4.11. Finally, Mrs Harvey asked about the support available to substance misuse patients feeling discriminated against. Mr Razzaq stressed the importance of treating all patients with respect and would work with Mrs Buchan and the Community Council to alleviate resident concerns.
- 5.4.12. Mrs Harvey had no further questions.

5.5. **Questions from Mr Copland (Lay Member) to the Applicant**

- 5.5.1. Mr Copland enquired whether the Applicant was himself a pharmacist to which the reply was that Mr Razzaq filled in now and again.
- 5.5.2. Mr Copland asked about the business vision for Mr Razzaq's group of pharmacies. Mr Razzaq stated that the pharmacy group had grown considerably recently so the focus now was to consolidate and offer a good service to the communities served.
- 5.5.3. When asked how easy it was to employ pharmacists on a permanent basis, Mr Razzaq said there had been challenges but there had been more availability recently and was confident of employing a full-time pharmacist in the proposed pharmacy. Adding that there were full time pharmacists in all but one of Mr Razzaq's stores.
- 5.5.4. Mr Copland had no further questions.

5.6. **Questions from Mr Wilkie (Lay Member) to the Applicant**

- 5.6.1. Mr Wilkie referred to the information provided in the Applicant's statement about the cost of bus journeys and asked if it were true that both the elderly and children travelled free of charge. Mr Razzaq agreed.
- 5.6.2. Mr Wilkie asked whether the Applicant had any information about the distances from other villages in the Borders area to the closest pharmacies. Mr Razzaq didn't know this information stating that the point being made was that Tweedbank should have its own pharmacy.
- 5.6.3. Mr Wilkie sought assurance from the Applicant that 111 responses to Q5 of the CAR as to whether there were any gaps in the existing provision of pharmaceutical services were either 'no' or 'don't know'. Mr Razzaq agreed.
- 5.6.4. The Applicant was asked to confirm whether the current NHS Borders Pharmaceutical Care Services Plan stated that current pharmaceutical provision was adequate. Mr Razzaq said that it did.
- 5.6.5. Mr Wilkie had no further questions.

5.7. **Questions from Mr Grahame (Contractor Pharmacist) to the Applicant**

- 5.7.1. Mr Grahame asked about the current level of car ownership in Tweedbank. Mr Razzaq said 44% had access to at least one car. Of those 69% used a car for commuting to work.
- 5.7.2. When asked by Mr Grahame, Mr Razzaq confirmed that there were no existing pharmacies in Galashiels that did not offer the NHS core services.
- 5.7.3. Mr Grahame was interested to know how many deliveries Borders Pharmacy currently made into Tweedbank. Mr Razzaq said 10-15 deliveries per day.

5.7.4. Mr Grahame concluded by asking about the door space that the Applicant wanted to convert and whether it would provide access to the main shop. Mr Razzaq said it would not.

5.8. **Questions from Mr Embrey (Contractor Pharmacist) to the Applicant**

5.8.1. Mr Embrey asked about the number of prescription items that needed to be dispensed to make a pharmacy viable. Mr Razzaq stated 500 items per week or 3000 items per month.

5.8.2. Mr Embrey enquired how the joint consultation had been promoted. Mr Razzaq said this was done mainly online via the NHS Borders website and also believed via twitter and Facebook. All advertising of the consultation was done by NHS Borders. Paper copies of the questionnaire were available on request. There were no paper copies available in the Applicant's pharmacies.

5.8.3. When asked whether the Applicant had noticed any spelling mistakes or grammatical errors in the responses, Mr Razzaq said there were one or two.

5.8.4. Mr Embrey noted the comments from the AMC about the current lack of capacity in the area to provide compliance aids. The Applicant was invited to comment on this statement as Mr Razzaq operated two pharmacies in Galashiels. Mr Razzaq confirmed that both sites had additional capacity at the moment.

5.8.5. Mr Embrey asked whether the Applicant's pharmacies in Galashiels currently had capacity to deliver to Tweedbank residents. Mr Razzaq replied that offering a delivery service did not constitute an adequate pharmaceutical service.

5.8.6. Mr Embrey had no further questions.

5.9. **Questions from Mrs Hamilton (PPC Chair) to the Applicant**

5.9.1. Before commencing questioning of Mr Razzaq, Mrs Hamilton brought to the Committee's attention that the population data submitted by the Applicant was from the 2011 census and so quite old.

5.9.2. The Chair asked Mr Razzaq to confirm the location of the proposed pharmacy premises as the back room which had been used as a storage facility for the Premier Store and whether there would be access to the pharmacy from the store. Mr Razzaq confirmed the Chair's understanding of the location and the intention to close off the door so that the only access to the pharmacy was from outside. If a toilet was not located in the pharmacy itself then pharmacy staff would need to go outside and into the store to use its toilet facilities. The other option would be to keep the door between the pharmacy and the store with one way access into the store from the pharmacy but not the other way round. The reason the Chair asked about this was because some substance misuse patients had been asked not to attend the supermarket in which the pharmacy was located and was concerned the same rules may apply.

5.9.3. As the Chair had no further questions this concluded the questioning of the Applicant by the PPC.

5.9.4. However, before moving on, the Chair offered the opportunity for further questions for the Applicant from Committee Members or Interested Parties based on the previous discussion.

5.10. **Additional Questions from Mr Copland (Lay Member) to the Applicant**

5.10.1. In the event of a door giving access to the store from the pharmacy to access toilet facilities, Mr Copland asked whether there would be a window in the door for safety purposes. Mr Razzaq would need to look at options with the architects.

5.10.2. Mr Copland had no further questions.

5.11. To adhere to the hearing procedure, Mrs Buchan was asked by the Chair to only ask questions at this point as any further comments could be made during the Community Council representation.

This concluded questioning of the Applicant and the Chair invited Mr Jamieson to make a representation on behalf of Boots UK Ltd.

6. **Interested Parties' Submissions**

6.1. **Mr Jamieson on behalf of Boots UK Ltd**

6.1.1. Mr Jamieson agreed with the neighbourhood proposed by the Applicant. Having said that, the amenities in Tweedbank were limited to a convenience store, restaurant, community centre, primary school, service station, sports centre and an industrial estate. Given the limited facilities, Boots questioned whether it was a neighbourhood for all purposes, somewhere people lived, shopped and worked. Residents would rely on services in the larger nearby towns of Galashiels and Melrose – GPs, Post Office, banks and supermarkets so were likely to access these towns on a regular basis. It was likely that most residents would access pharmaceutical services in these towns when going about everyday business.

6.1.2. Should the panel agree with the neighbourhood defined by the Applicant, Mr Jamieson stated the fact that most residents already accessed key amenities in Galashiels and Melrose as both relevant and important when considering the services provided to the neighbourhood from pharmacies out-with. The following comment in the CAR was quoted "Surely if we are supporting 15-minute communities, we should be using Gala or Melrose...".

6.1.3. Mr Jamieson conveyed his view to the PPC that Tweedbank was an extension of Galashiels. Whilst there may be geographical features to suggest Tweedbank was a neighbourhood separate from Galashiels, the two areas were co-terminus with no significant physical boundaries to hinder access between the two. A line could be drawn to denote the Tweedbank neighbourhood, but in reality, it did not exist for patients. Mr Jamieson strongly urged the Committee to take into consideration the amenities and pharmacies already accessed by residents of Tweedbank in Galashiels and Melrose when making the determination of services provided in and to the neighbourhood.

6.1.4. Mr Jamieson had submitted the speaker notes to NHS Borders in advance which included various maps and statistics based on data from the 2011 census.

The census data did not exactly match the neighbourhood as it did not include the area of Lowood. Clarification was provided of the data zones used i.e., S01012293, S01012294 and S01012295. The population of Tweedbank was approximately 2101. The population of Galashiels including Tweedbank was approximately 14994.

- 6.1.5. There were no pharmacies within Tweedbank itself, but there were five pharmacies located in Galashiels. The average number of patients per pharmacy across Galashiels and Tweedbank was approximately 2999. The national average for patients per pharmacy was 4383. In addition, Boots in Melrose was approximately two miles from the proposed pharmacy's location and would be used by some residents of Tweedbank.
- 6.1.6. Looking at the population age structure, the population of Tweedbank was younger than Galashiels. The population aged over 65 years was 12.5% in Tweedbank and 16.6% in Galashiels including Tweedbank. The national average of those over 65 years of age was 16.8%. Those under 16 years were 21.3% for Tweedbank, 16.6% for Galashiels including Tweedbank and 17.3% for the national average.
- 6.1.7. Levels of car ownership were higher in Tweedbank (48.6%) compared to both Galashiels including Tweedbank (45.4%) and Scotland's national average (42.2%).
- 6.1.8. Levels of home ownership in Tweedbank (68%) were also higher than Galashiels including Tweedbank (31.1%) and Scotland's national average (30.5%).
- 6.1.9. The levels of 'very good' general health in Tweedbank (56.4%) was higher than Galashiels including Tweedbank (51.4%) and Scotland's national average (52.5%).
- 6.1.10. The average population per household in Tweedbank was 2.43.
- 6.1.11. Planning information indicated that 300 - 400 residential units had been proposed to be built in the Applicant's neighbourhood by 2040 (resulting in a population increase of 729-972 by 2040). This residential development was still in the planning stages and had not yet started.
- 6.1.12. As evidenced by the average number of patients per pharmacy, the existing pharmacies had ample capacity to meet any future needs arising from new housing developments.
- 6.1.13. There were six pharmacies within a two-mile radius of the proposed premises in Galashiels and Melrose. The Boots Pharmacy at Gala Water Retail Park was open until 7pm Monday to Friday, until 6pm on a Saturday and all-day Sunday (10am-6pm).
- 6.1.14. Tweedbank residents had significant access to Pharmacy First with over 200 activities per week in Boots Galashiels and over 100 activities per week in Boots Melrose. There was access to public health services (e.g. Emergency Hormonal Contraception and smoking cessation service) in Boots, all other NHS core services as well as a range of locally negotiated services such as Substance

Misuse Service, Hepatitis C treatment, MAR service and Compliance Aid Supply. Boots currently supported 15 substance misuse service patients in Galashiels and one in Melrose with capacity to take on more.

- 6.1.15. Boots offered a free delivery service to those in need from both the Galashiels and Melrose pharmacies and made around 80 deliveries per week (40 from each pharmacy).
- 6.1.16. Boots Pharmacy in Melrose was fully staffed with no vacancies at present. There was a pharmacist vacancy in Boots Galashiels. A part-time trained dispenser was also due to start there in February.
- 6.1.17. Feedback was obtained from Boots patients about the pharmacy service offered. Comments from this feedback had indicated prescription waiting times to be 10-15 minutes in Galashiels and 5 minutes in Melrose. Turnaround times for repeat prescriptions were 48 hours in Boots Galashiels and next day in Boots Melrose. The Borders location made community pharmacy recruitment difficult. This had been compounded by pharmacist recruitment into primary care. Mr Jamieson respectfully asked the Panel to consider staffing of the proposed pharmacy and the impact on current employers before granting the application.
- 6.1.18. Boots pharmacies in Galashiels and Melrose were DDA compliant with hearing loops, automatic doors and no access issues. Both had consultation rooms to offer patients' privacy as well as ample car parking availability. There were disabled parking bays outside the Boots pharmacy in the Gala Water Retail Park.
- 6.1.19. Tweedbank inhabitants were able to access the existing pharmacies by car, train, bus, walk or use a delivery service. Patients accessing pharmacy services by car had a choice of pharmacies. Train access involved a short four-minute journey with trains departing from Tweedbank to Galashiels every 20-30 minutes. Tweedbank train station had free parking (235 car parking spaces/13 accessible spaces). Tweedbank was served by bus routes 67 and 68 (Monday to Sunday) with several bus stops in the village. Boots in Galashiels had a bus stop on the A7 a five-minute walk from the pharmacy. Boots in Melrose had a bus stop across the road. Borders Wheels also offered community transport to anyone without a car with difficulty using public transport because of a disability, ill health, or age.
- 6.1.20. Moving onto the question of viability which was key to the decision for the Panel. Mr Jamieson highlighted that the Committee would be aware of the need to 'secure' the adequacy of services in the area, which included consideration of the effect granting the application would have on the stability and sustainability of local NHS Pharmaceutical Services. Should the application be granted, this included the long-term viability and security of the existing services as well as the proposed pharmacy.
- 6.1.21. When considering a previous appeal, the National Appeal Panel (NAP) case ref (NAP 102), the panel concluded that when considering whether it was necessary or desirable to grant the application, the PPC was required to consider the viability of the application. Viability should be considered in two contexts:

- (i) the viability of the proposed new pharmacy; and
- (ii) the impact of the proposed new pharmacy on the viability of the existing pharmacies

- 6.1.22. If the likely result of granting the application was that either the new pharmacy or that any of the existing pharmacies would not be viable it was unlikely that it would be desirable to grant the application. The extent to which the proposed pharmacy would be reliant on revenue generated out-with the neighbourhood would be a relevant factor in both contexts as it may indicate that the new pharmacy would struggle to support itself or may have a negative impact on existing pharmacies.
- 6.1.23. Viability of community pharmacy had changed significantly over the last year to 18 months through inflationary costs such as increases in salaries, utility costs, fuel costs, etc. This further pressure was recognised by Scottish Government when it paid a cash advance to community pharmacy last year.
- 6.1.24. The population of the neighbourhood was currently around 2101 residents. Most residents would already have a preferred pharmacy, perhaps due to the proximity of it to the GP, shops, or place of work. Many patients were loyal to a particular pharmacy and found the services provided adequately met their needs. It was therefore unlikely that all patients in Tweedbank would have medications dispensed by the new pharmacy should the application be successful.
- 6.1.25. However, assuming the entire population of the neighbourhood (2101) used the proposed pharmacy, then using the average number of prescriptions items dispensed per person in Scotland, Mr Jamieson estimated the number of items dispensed per week as 700. Boots questioned whether the applicant's forecast of 500 items per week was viable.
- 6.1.26. The Applicant's strategy often involved door to door canvassing of patients. Mr Jamieson was of the view that this sailed close to the wind of professional acceptability. It was clear that patients were left confused by this practice as Boots had received several complaints from patients about failed Borders Pharmacy deliveries. One such patient came into Boots on a Friday evening complaining about not receiving a medication delivery. When Boots contacted Borders Pharmacy, nothing could be done until Monday. The patient was therefore supplied with seven items by Boots via the unscheduled care service to cover the weekend. Mr Jamieson was not clear why it was necessary for the Applicant to use such an aggressive technique to grow the business. The NHS Tayside Director of Pharmacy was also reportedly very concerned about Mr Razzaq's technique.
- 6.1.27. To ensure its future viability, Mr Jamieson believed the proposed pharmacy would have to dispense to patients outside the neighbourhood. Possibly by delivering items into neighbourhoods where adequate pharmaceutical services were already being provided.
- 6.1.28. Mr Jamieson submitted that granting this application could therefore destabilise the existing pharmacy provision. It was difficult to say exactly to what extent, but it was conceivable that those existing pharmacies currently providing extended



hours of opening may have to reduce opening hours in line with the NHS Borders pharmaceutical scheme.

- 6.1.29. Mr Jamieson took this opportunity to remind the panel that a pharmacy although private, was NHS funded and the addition of a new contract would be at an expense to the NHS. Workforce pressures were also of concern involving support staff as well as pharmacists.
- 6.1.30. Mr Jamieson noted that not all responses in the CAR were favourable to the application and quoted the following selection:
- “I would only support this if it was a new addition to the 3 Tweedbank Drive complex. I would not support it if it meant removing or shrinking the fantastic Premier Stores shop, which is paramount to the local community.”
  - “I think the pharmacies in Melrose, Langlee and Galashiels are enough to choose from. Melrose and Langlee’s pharmacies are within walking distance and these existing pharmacies should be more supported rather than building a new one. Opening a new one is just a waste of resources which could be used for something else.”
  - “At the moment our local pharmacies are struggling to find pharmacists and some have had to close for a whole or part day as a result. How is the provider going to ensure that regular pharmacist cover is maintained”
- 6.1.31. Some of the responses to the CAR raised concerns about the proximity of the proposed location to the local primary school.
- 6.1.32. The response from the Area Pharmaceutical Committee (APC) was noted. Mr Jamieson suggested the APC was not supportive of the application either.
- 6.1.33. In summary,
- The average number of patients per pharmacy across Galashiels and Tweedbank was approximately 2999, well below the national average of 4383 patients per pharmacy.
  - There were five pharmacies within the wider area of Galashiels and Tweedbank, that were within a reasonable travelling time for use by any patient.
  - The census data for the Applicant’s neighbourhood showed higher levels of car and home ownership and that the levels of ‘very good’ general health were considered better than the national averages.
  - The existing pharmacies had already met any needs arising from recent developments and had the capacity to meet any future needs arising from new housing developments.
  - The current pharmacies provided all NHS services.
  - The existing pharmacies were reasonably accessible from the neighbourhood, whether a patient was travelling by car, by public transport or by foot.
  - Free parking was available at the existing pharmacies.
  - A free delivery service was provided by existing pharmacies, for those in need.

- If the application were to be granted by the panel Boots would question the viability of the pharmacy and in order to make it so the applicant would need to go out with the neighbourhood
- The viability of the other pharmacies within Galashiels and Melrose would be affected, which could result in a reduction in staff and service levels.
- The APC did not support the application.

- 6.1.34. In conclusion, Mr Jamieson submitted that the existing pharmaceutical services provided to the neighbourhood were adequate and urged the Committee to refuse this application.
- 6.1.35. This concluded the representation from Mr Jamieson.
- 6.1.36. With the agreement of Mr Jamieson, the hearing took a short break and resumed at 12:10pm.
- 6.2. The Chair invited the Applicant to question Mr Jamieson (Boots UK Ltd).
- 6.2.1. The Applicant asked how many items a month were dispensed from the Boots pharmacy in Galashiels. Mr Jamieson stated 8500 items per month (around 2000 items per week).
- 6.2.2. Mr Razzaq enquired whether Boots delivered into Tweedbank to which Mr Jamieson confirmed that both Boots pharmacies delivered there. Each pharmacy made roughly 40 deliveries per week though not all were into Tweedbank.
- 6.2.3. Mr Razzaq referred to the statement made during Boots presentation that Tweedbank residents would travel out with the neighbourhood to access other services such as banks and supermarkets. Mr Jamieson agreed when asked if people in Tweedbank would use online services as well.
- 6.2.4. The Applicant asked whether the River Tweed was a natural boundary. Mr Jamieson stated that in a car, the River Tweed posed no hindrance.
- 6.2.5. Mr Razzaq was interested to know whether any Boots pharmacies in the area had closed due to the lack of a pharmacist. Mr Jamieson said this had happened during the pandemic when last minute sickness was difficult to cover especially in the first two weeks of July 2021. There had also been an instance in January 2022 when a pharmacist became unwell on a Saturday shift and a locum had not been able to be sourced. Mr Jamieson added that the pharmacist workforce crisis had improved and there had been no unplanned closures in the last year.
- 6.2.6. When asked if Mr Jamieson agreed that there were viable pharmacies in villages of lower or the same population as Tweedbank, Mr Jamieson said the question was how these pharmacies were made viable. Mr Razzaq pursued a 'yes' or 'no' answer. Mr Jamieson did not know if such pharmacies were viable solely by serving the neighbourhood population.
- 6.2.7. Mr Razzaq enquired whether there was any instance of a new pharmacy contract closing. Mr Jamieson was not aware of any. The Chair interjected at

this point to draw a line under the question of viability as the panel would decide if the application was viable in the event that existing services were determined inadequate.

6.2.8. The Applicant had no further questions for Mr Jamieson so the Chair invited questions from the other Interested Party.

6.3. **Questions from Mrs Buchan (Tweedbank Community Council) to Mr Jamieson (Boots UK Ltd).**

6.3.1. Mrs Buchan queried the statement made by Mr Jamieson that the bus from Tweedbank stopped outside the Boots Pharmacy in Melrose. This was Mr Jamieson's understanding. Mrs Buchan clarified that there was a one-way system in Melrose. From Tweedbank the bus stop was at the bottom of a hill. The walk to the pharmacy was uphill. The bus stop outside the pharmacy was for the return journey.

6.3.2. Mrs Buchan also questioned the 20-30 minute frequency of the train service and stated that trains were half hourly. Mr Jamieson thought this had arisen from the odd timing of one service but agreed to check this information.

6.3.3. As Mrs Buchan had no further questions for Mr Jamieson, the Chair invited questions from the Committee.

6.4. **Questions from Mrs Harvey (Non-Contractor Pharmacist) to Mr Jamieson (Boots UK Ltd)**

6.4.1. Mrs Harvey asked whether Mr Jamieson had ever tried to park in Melrose after the school had come out for the day. Mr Jamieson acknowledged parking may be difficult at this time.

6.4.1.1. Mrs Harvey was interested to know how Boots went above and beyond to ensure patients received medicines with supply issues. Mr Jamieson noted that often the availability was affected by global drug supply issues. Boots Pharmacy teams strived to do the best for patients and would try to source the medication from the range of Boots wholesalers or local pharmacies. If unsuccessful then primary care teams or GPs would be contacted for an alternative prescription.

6.4.1.2. For context, Mr Harvey asked whether 40 deliveries per week was a lot as it didn't seem very many. Mr Jamieson advised that the delivery service was not part of NHS core services so was not relevant to the adequacy argument.

6.4.1.3. Mrs Harvey had no further questions.

6.5. **Questions from Mr Copland (Lay Member) to Mr Jamieson (Boots UK Ltd)**

6.5.1. Mr Copland asked whether the NHS Scotland policy was to encourage patients to contact a pharmacy for assistance before the GP. Mr Jamieson stated that Boots was fully supportive of the Scottish Government strategy Pharmacy First Plus introduced in 2020 and had been hugely successful.

6.5.2. Mr Copland sought clarification as to whether the opening of a new pharmacy may affect the viability of the existing pharmacy provision. Mr Jamieson

explained that in an area with a limited population, the opening of a new pharmacy would reduce revenue across all pharmacies. In this instance, figures for the population per pharmacy was already pretty low (3000) compared with the rest of Scotland (4500). If revenue reduced at a time when costs were increasing, then the existing pharmacies would need to act in accordance with the limitations. This may mean that opening hours may be cut to the minimum required by the Health Board (9am-5pm Monday to Friday, half day Saturday and closed on Sunday) or staffing levels may be reduced. Patients may therefore experience a better service with fewer pharmacies.

6.5.3. Mr Copland asked whether Tweedbank was big enough to support an independent pharmacy and provide residents with equality of access to pharmacy services. Mr Jamieson answered this by reiterating the statistic for the average number of patients per pharmacy (3000 patients per pharmacy with five existing pharmacies in the area compared to the national average of 4500). There were considerably fewer patients in the area using each pharmacy as it was and would be reduced even further should another contract be granted.

6.5.4. Mr Copland had no further questions.

6.6. **Questions from Mr Wilkie (Lay Member) to Mr Jamieson (Boots UK Ltd)**

6.6.1. Mr Wilkie asked whether the delivery service by Boots in Galashiels and Melrose was new as it wasn't listed as a service provided by Boots on information received from the Health Board. Mr Jamieson explained that only NHS core services would be listed, and the delivery service was not a core service. Adding that Boots delivery service was not a new service at either of these stores.

6.6.2. Mr Wilkie referred to a comment made in the CAR about the possibility of Boots in Melrose closing so asked Mr Jamieson if this was the case. Mr Jamieson explained that Boots UK Ltd had announced the closure of 400 pharmacies across the UK. The vast majority of these were in NHS England though there were a few in Scotland. Melrose was not one and there were no plans to close Boots in either Galashiels or Melrose.

6.6.3. Mr Wilkie had no further questions.

6.7. **Questions from Mr Grahame (Contractor Pharmacist) to Mr Jamieson (Boots UK Ltd)**

6.7.1. Mr Grahame asked whether Boots UK Ltd put any limits on services provided to patients. Mr Jamieson said that the size of the premise was considered to ensure that the services offered were provided safely but was not aware of any limits on services available at Boots in Galashiels or Melrose. The availability of a free delivery service was based on patient need.

6.7.2. Mr Grahame enquired if there was an option to charge for the delivery of prescription items for convenience reasons to patients unable to visit Boots pharmacies. Mr Jamieson confirmed that there was an option to charge for such deliveries but in reality, the fee was rarely charged.

- 6.7.3. Finally, Mr Grahame asked when the last time was that Boots had opened for a half-day in two different shops due to a lack of pharmacist resource. Mr Jamieson said in 2020 and that resource issues had improved of late.
- 6.7.4. Mr Grahame had no further questions.
- 6.8. **Questions from Mr Embrey (Contractor Pharmacist) to Mr Jamieson (Boots UK Ltd)**
- 6.8.1. Mr Embrey asked how Boots provided consultation services to patients physically unable to attend the pharmacy. Mr Jamieson said that in the vast majority of such cases consultations took place over the telephone and medication delivered if necessary. There had been no demand for televideo or email consultations. NHS Near Me was also available and could be used if there was a demand.
- 6.8.2. Reference was made by Mr Jamieson to the average number of prescription items per person. Mr Embrey asked what the number was and the source of the information. Mr Jamieson said the figure was 19 items per patient per year but would need to check the source. [the following link to the Scottish Parliament website was later provided by Mr Jamieson  
[Page 29 of 40](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigitalpublications.parliament.scot%2FResearchBriefings%2FReport%2F2020%2F1%2F16%2FMedicines-in-Scotland-1%23%3A~%3Atext%3DThe%2520average%2520number%2520of%2520prescriptions%2Cavoidable%2520medicinal%2520waste%2520in%2520Scotland&data=05%7C02%7CAnne.Ferguson2%40nhs.scot%7Ca406818c82194089bfab08dc17355c1f%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638410765135322221%7CUnknown%7CTWFpbGZsb3d8eyJWlloiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Iik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=yprlYIeh5jEkM3TnbS4TRoUthWcVPdfFU72IYmFnCo%3D&reserved=0.].</a></p>
<p>6.8.3. An opinion was sought from Mr Jamieson on the number of prescription items per week that needed to be dispensed to make a pharmacy viable. Mr Jamieson stated that with Boots overheads, pharmacies operating below 1000 items per week struggled. However, whilst attending other PPCs, Mr Jamieson had heard independent contractors argue that 500 items per week was not viable.</p>
<p>6.8.4. Mr Embrey asked whether the dispensing volumes for Boots in Galashiels included items dispensed to the nursing home. Mr Jamieson said it did not.</p>
<p>6.9. <b><u>Questions from Mrs Hamilton (PPC Chair) to Mr Jamieson (Boots UK Ltd)</u></b></p>
<p>6.9.1. The Chair asked for information on Boots' costs to deliver prescription items to patients not entitled to a free service. This was quoted as £3.85 per delivery or £55 per year. Mr Jamieson highlighted that of the 40 deliveries made from each of the Galashiels and Melrose Boots pharmacies, no patient was charged. There were certain criteria used by the pharmacies to determine whether a patient qualified for free delivery. The panel was reminded that delivery was not an NHS core service.</p>
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- 6.9.2. Mrs Hamilton had no further questions, so this concluded questioning of the first interested party. Mrs Buchan was invited to make a representation on behalf of the other interested party present, Tweedbank Community Council.
7. **Mrs Buchan on behalf of Tweedbank Community Council**
- 7.1. Mrs Buchan gave a short history of Tweedbank which first became a village in 1975. Many of the original residents were still living in the area. Residents had fought long and hard to have Tweedbank classed as a neighbourhood. House building was slow as was the arrival of industry. Development had taken nearly 50 years but Tweedbank was still without any healthcare facilities. A further development of between 300 and 400 houses and a care home was planned.
- 7.2. In this day and age when it was not always easy to make an appointment with a doctor and people were encouraged to use a local pharmacy as the first port of call it made sense to have a pharmacy in the village. It would be easier for collecting prescriptions or over the counter remedies as well as obtaining professional advice from the pharmacist. Not everybody in Tweedbank drove or had access to a car to travel to the nearest pharmacy, so a pharmacy in the village would be an advantage.
- 7.3. Boots in Melrose was not dependable, and bad weather was a factor. Tweedbank residents with chronic pain issues had difficulty accessing a pharmacy. The bus was expensive at £4 return although the train was cheaper. It would help to have a pharmacy in the village.
- 7.4. This concluded the representation from Mrs Buchan.
8. The Chair invited the Applicant to question Mrs Buchan first followed by the other Interested Party then the Committee.
- 8.1. **Questions from the Applicant to Mrs Buchan (Tweedbank Community Council)**
- 8.1.1. Mr Razzaq did not have any questions for Mrs Buchan so the Chair invited questions from Boots UK Ltd..
9. **Questions from Mr Jamieson (Boots UK Ltd) to Mrs Buchan (Tweedbank Community Council)**
- 9.1. Mr Jamieson referred to the statement made that the Boots in Melrose was not dependable and asked where this information had been obtained. Mrs Buchan stated that it was a comment in the CAR.
- 9.2. Mr Jamieson had no further questions.
10. The Chair therefore invited questions from the Committee.
- 10.1. **Questions from Mrs Harvey (Non-Contractor Pharmacist) to Mrs Buchan (Tweedbank Community Council)**
- 10.1.1. Mrs Harvey had no questions for Mrs Buchan.

10.2. **Questions from Mr Copland for Mrs Buchan**

10.2.1. Mr Copland had no questions for Mrs Buchan.

10.3. **Questions from Mr Wilkie (Lay Member) to Mrs Buchan (Tweedbank Community Council)**

10.3.1. Mr Wilkie noted that Mrs Buchan had said there were quite a few original inhabitants living in Tweedbank so asked how many times a representation had been made to the Community Council about the lack of a pharmacy in the village. Mrs Buchan couldn't remember this having ever been raised at the Community Council before Mr Razzaq's application. Residents had accepted the facilities available.

10.3.2. Mr Wilkie had no further questions for Mrs Buchan.

10.4. **Questions from Mr Grahame (Contractor Pharmacist) to Mrs Buchan (Tweedbank Community Council)**

10.4.1. Mr Grahame was interested to hear how Mrs Buchan went about daily business as a village resident. Mrs Buchan generally used the bus, but her son delivered grocery shopping once a week.

10.4.2. Mr Grahame had no further questions.

10.5. **Questions from Mr Embrey (Contractor Pharmacist) to Mrs Buchan (Tweedbank Community Council)**

10.5.1. Mr Embrey asked about the Community Council meetings. Mrs Buchan said that meetings were held monthly involving six community councillors. All community councillors attended regularly. These meetings were also open to the public.

10.5.2. Mr Embrey continued by asking whether this pharmacy application had ever been discussed at a meeting of Tweedbank Community Council. Mrs Buchan confirmed that it had, and the discussion would have been recorded in the minutes available online.

10.5.3. When asked if the Community Council took a vote in support of this application, Mrs Buchan said it did, but the Community Council did not realise the will of the community in its support. Mrs Buchan as the most enthusiastic supporter of the application volunteered to attend this hearing.

10.5.4. Mr Embrey asked whether Mrs Buchan had responded to the consultation. Mrs Buchan had submitted a paper response. Paper copies of the questionnaire were available from the Premier Store.

10.5.5. Mr Embrey had no further questions.

10.6. **Questions from Mrs Hamilton (the Chair) to Mrs Buchan (Tweedbank Community Council)**

- 10.6.1. The Chair asked about the general sense of the Community Council vote in its support of this application. Mrs Buchan had supported it and said one member was against and another inconclusive but could not remember the outcome of the other votes. Mrs Buchan had no empirical or written evidence about the outcome of this vote.
- 10.6.2. Mrs Hamilton had no further questions for Mrs Buchan.
- 10.7. Having heard all the Interested Party questioning, the Chair offered an opportunity for any further Interested Party questions to be asked.
- 10.8. **Additional Questions from Mrs Hamilton (the Chair) to Mr Jamieson (Boots UK Ltd)**
- 10.8.1. Reference was made to the new development of between 300 and 400 houses in Tweedbank. Mrs Hamilton checked that Lowood hadn't been included in the demographic information provided by Mr Jamieson but there were plans to build there. Mr Jamieson confirmed that the new residential developments covered the Lowood area. These developments would contribute a maximum of 1000 to the neighbourhood population.
- 10.8.2. This concluded the Interested Party questioning. The Interested Parties and the Applicant were then invited to summarise the representations made to the Committee without introducing additional information.
- 11. Summing Up**
- The Chair asked all parties to sum up starting with Mr Jamieson.
- 11.1. Mr Jamieson on behalf of Boots UK Ltd**
- 11.1.1. Mr Jamieson agreed with the neighbourhood proposed by the Applicant. The average number of patients per pharmacy across Galashiels and Tweedbank was 2999 which was well below the national average of 4383. There were five existing pharmacies in the wider area of Galashiels and Tweedbank, all within reasonable travelling time. Census data showed a higher level of both car and home ownership in the neighbourhood than the national average. Neighbourhood residents also had better general health than the national average. Existing pharmacies had already met any needs arising from recent developments and had the capacity to meet future requirements arising from new housing developmetns. All existing pharmacies provided NHS core services. These were available at Boots Galashiels until 7pm Monday to Friday, 6pm on a Saturday and 10am to 5pm on Sunday. Pharmacies could be accessed by car or public transport. There was free parking in the Galshiels Water retail park. Free delivery services were available for those in need from existing pharmacies. Mr Jamieson questioned the viability of the proposed pharmacy and whether the Applicant would need to go out with the neighbourhood to be viable. In which case, the viability of existing pharmacies could be affected resulting in a reduction in opening hours, staff and investment for service provision. The APC did not support the application. Mr Jamieson asked the panel to refuse this application.



11.2. **Mrs Buchan on behalf of Tweedbank Community Council**

11.2.1. Mrs Buchan said the pharmacy was really needed and hoped the application was successful.

11.3. **Mr Razzaq, The Applicant**

11.3.1. Mr Razzaq said it was absolutely clear that the residents of Tweedbank faced major difficulties accessing pharmacy services thus making the existing services inadequate. In terms of a viable population, Tweedbank had more than enough population to support a new pharmacy. Pharmacy business from the neighbourhood was currently spread amongst the existing pharmacies. As a result Mr Razzaq did not believe that any of the existing pharmacies would close should this application be granted. The Applicant asked the committee to consider the imminent increase in population that was to going happen in Tweedbank. A new Pharmacy would go a long way to solving the inadequacy and was both necessary and desirable for this neighbourhood.

**12. Retiral of Parties**

12.1. The Chair then invited each of the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. Having been advised that all parties were satisfied, the Chair advised that the Committee would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared within 10 working days, and a copy issued to all parties within five working days of being finalised. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.

12.2. The Chair advised that it would be in the best interests of the Applicant and Interested Parties to remain in the building until the Committee had completed its private deliberations. This was in case the open session was reconvened should the Committee require further factual or legal advice in which case, the hearing would be reconvened, and the parties would be invited to come back to hear the advice and to question and comment on that advice. Alternatively contact details could be left with Health Board representatives and any open session reconvened electronically.

12.3. The hearing adjourned at 13:00 hours to allow the Committee to deliberate on the written and verbal submissions. A short break followed for lunch and recommenced at 13:30pm.

**13. Supplementary Information**

13.1. Following consideration of the oral evidence, the Committee noted:

- i. That all Committee Members, except for Mr Copland (Lay Member), had individually undertaken a site visit of 3 Tweedbank Drive, Tweedbank, TD1 3RP and the surrounding area noting the location of the proposed premises, the pharmacies, general medical practices and the facilities and amenities within.

- ii. NHS Borders Pharmaceutical Care Plan 21/22
- iii. Eildon Community Pharmacy List
- iv. Dispensing figures for pharmacies affected by the Tweedbank pharmacy application
- v. Pharmacy profiles for
  - a. Boots Pharmacy Melrose
  - b. Boots Pharmacy Galashiels
  - c. Borders Pharmacy, Langlee, Galashiels
  - d. Lloyds Pharmacy Galashiels (sold to Northpharm Ltd and operating as Gala Pharmacy from 24.10.23)
  - e. M Farren Ltd Pharmacy, Galashiels
  - f. Tesco Pharmacy, Galashiels
- vi. List of GP Practices serving the neighbourhood
- vii. Tweedbank information
- viii. Leaderdale and Melrose Ward Overview 2022
- ix. SIMD Multiple Deprivation 2020 Tweedbank Map
- x. Map of Galashiels and Melrose showing location of proposed pharmacy and existing pharmacies in the area
- xi. Map showing the neighbourhood boundaries for the proposed pharmacy and its location.
- xii. Extract from the minutes of the NHS Borders Board Area pharmaceutical Committee meeting dated 24 October 2023 detailing comments made on the Tweedbank application and additional comments received after the meeting from Mr O'Dwyer, West Linton Pharmacy and Mr Romanes, GLM Romanes Pharmacies.
- xiii. The Area Medical Committee response

## 14. **Summary of Consultation Analysis Report (CAR)**

### 14.1. Introduction

14.1.1. NHS Borders undertook a joint consultation exercise with Mr Umar Razzaq regarding the application for a new pharmacy at 3 Tweedbank Drive, Tweedbank, TD1 3RP.

14.1.2. The aim of the consultation was to assess the current provision of pharmaceutical services in the neighbourhood, determine whether it was adequate and establish the level of support from the local public.

### 14.2. Method of Engagement to Undertake Consultation

14.2.1. The consultation was conducted by placing an advertisement in the Border Telegraph as well as posting it on the NHS Borders website and twitter account. The following were also informed – Tweedbank Community Council, Patient Partnership Forum, Local Councillors and MSPs. Respondents could reply electronically or request a hard copy. In addition, a leaflet drop featuring a copy of the agreed advert was carried out locally by the applicant.

14.2.2. The consultation period lasted for a total of 90 working days, the final day for responses was 21 July 2023.

### 14.3. Summary of Questions and Analysis of Responses

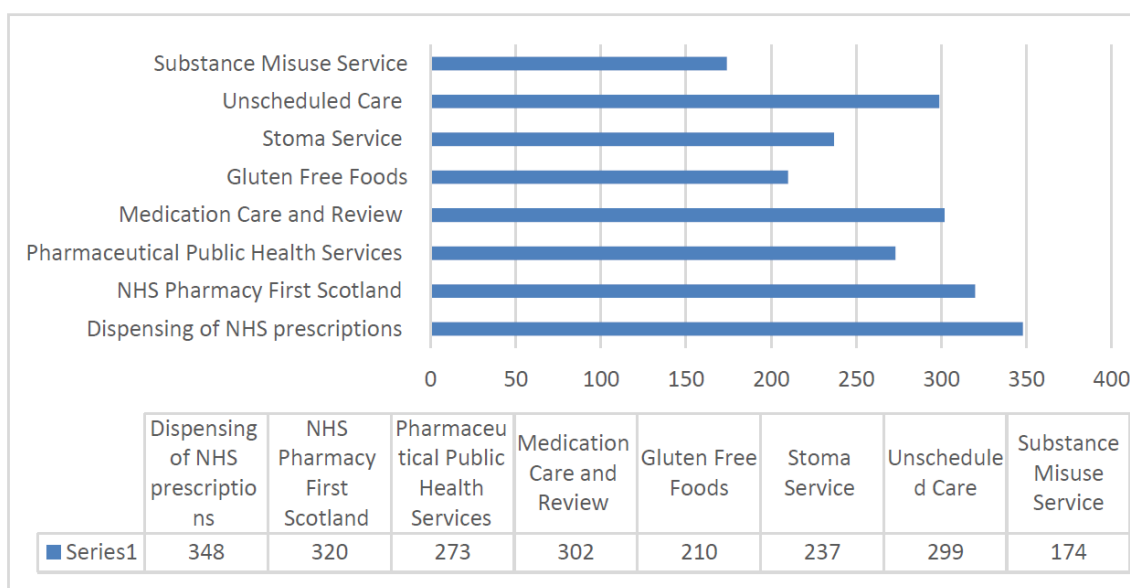
- 14.3.1. The total number of responses received was 368. All of which were received from individual members of the public.
- 14.3.2. Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; existing services, perceived gaps/deficiencies in existing services; wider impact; impact on other NHS services, support for the proposed pharmacy, how respondents' became aware of the consultation and respondent information.

Question	Response Percent			Response Count			Skipped
	Yes	No	Don't know	Yes	No	Don't know	
1. Do you think the area highlighted in the map on NHS Borders website describes the neighbourhood where the proposed pharmacy is situated/application relates to?	97%	1%	2%	357	5	6	
2. Do you live within the above neighbourhood?	87%	13%		321	47		
3. The proposed location of the proposed premises will provide adequate access to pharmaceutical services in and to the neighbourhood?	93%	7%	<1%	341	25	3	
4. Do you think the current pharmaceutical services being provided in the neighbourhood are adequate?	17%	73%	10%	61	269	38	
5. Do you think there is anything missing from the list of services to be provided?	70%	12%	18%	257	45	66	
9. Do you think there the proposed opening hours are appropriate? Mon-Fri: 9.00am-5.30pm Sat: 9.00am-5.00pm Sun: closed				324	36	8	
10. Do you think there are other NHS services that the proposed pharmacy should consider providing?				28	132	205	3
12. In your opinion would the proposed application help other healthcare providers to work closer together, i.e. GPs, community nursing, other pharmacies, dentists,				294	34	39	1

optometrists and social services?							
13. In your opinion would the proposed application impact on other healthcare providers, i.e. GPs, community nursing, other pharmacies, dentists, optometrists and social services?				81	196	91	
14. Do you support the opening of a new pharmacy being proposed at Tweedbank?	89%	10%	1%	328	36	4	

14.3.3. Question 6. Respondents were asked to explain their answer to Q5, there were 219 comments, with a majority of 70% stating there were gaps in the existing provision. The main issues highlighted were lack of proximity to existing pharmacies in neighbouring towns, access and transport links to existing pharmacies and increased demand in the area, as a result of expanding development.

14.3.4. Question 7. From the following list of pharmaceutical services being proposed by the Intended Applicant for the pharmacy please select the ones you feel are required within this neighbourhood.



14.3.5. Question 8. Respondents were asked to explain their answer to Q7, there were 104 comments. There were 35 negative comments (34%) made in relation to a Substance Misuse Service. The remainder of comments expressed mainly positive views (56%) with a few negative views (10%). Some of these were in relation to other factors and were not focused to the specific question.

14.3.6. Question 10. Respondents were asked to explain their answer to Q10, there were 26 comments, 7 of which related to NHS contracted Pharmaceutical Services; 6 related to services out with the terms of service but which could be

considered and 13 suggested other NHS provided services or were not applicable.

- 14.3.7. Question 15. How did you become aware of this consultation?
- 39 respondents answered “NHS Borders website”
  - 198 respondents answered “Social Media”
  - 16 respondents answered “Newspaper advert”
  - 115 respondents answered “other”
- 14.3.8. Question 16. Respondents were asked if “other” to state, the majority (93) answered “leaflet/letter drop”, other answers were “local shop” and “word of mouth”.
- 14.3.9. Question 17. Respondent information.
- 368 respondents answered “I am an individual”
  - 0 respondents answered “I am a group or organisation”
- 14.3.10. Question 18. Name of Group or Organisation (Optional). There were no responses.
- 14.3.11. Question 19. Respondents were asked for any additional comments. There were 104 responses. Over 60% were positive, 18% were negative mainly due to concerns with the Substance Misuse Service, 22% commented on location, opening hours and delivery service etc.

#### 14.4. Consultation Conclusions

- 14.4.1. The challenge of the consultation was to reach as many interested parties as possible, to give them the opportunity to state their views.
- 14.4.2. A range of consultation methods was used resulting in 368 people actively engaging in the consultation.

### 15. **Decision**

- 15.1. The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.

#### 15.2. **Neighbourhood**

- 15.2.1. The Committee noted the neighbourhood as defined by the Applicant and that both Interested Parties agreed with this definition. However, Boots UK Ltd also questioned whether it was a neighbourhood for all purposes given its limited facilities and the fact there were two bridges across the River Tweed connecting Tweedbank with the rest of Galashiels. A number of factors were taken into account when defining the neighbourhood, including those resident in it, natural and physical boundaries, general amenities such as schools/shopping areas, the mixture of public and private housing, the provision of parks and other recreational facilities, the distances and topography residents had to travel to

obtain pharmaceutical and other services and also the availability of public transport.

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

North - the River Tweed

East - the B6374 travelling along the B6360 to where it meets the A6091

South - the A6091

West – the River Tweed

15.2.3. The Committee agreed with the Applicant's definition of the neighbourhood. Although there were two bridges over the River Tweed, evidence had been heard from the Community Council that Tweedbank was a distinct community with its own identity. It was for this reason that the Committee agreed the neighbourhood as Tweedbank in its entirety.

15.3. **Adequacy of existing provision of pharmaceutical services and necessity or desirability**

15.3.1. Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services to that neighbourhood and, if the committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.

15.3.2. The Committee noted there were no pharmacies within the neighbourhood but there were six existing pharmacies within three miles by road from the Applicant's proposed premises.

15.3.3. All NHS core services were available from all six existing pharmacies.

15.3.4. The opening hours of the proposed pharmacy were also shorter than two others in the surrounding area. During the week Boots in Gala Water Retail Park opened half an hour earlier and closed 1.5 hours later whilst Tesco Pharmacy closed half an hour later. On Saturdays both Boots in Gala Water Retail Park and Tesco Pharmacy closed an hour later than the proposed pharmacy and both were open on a Sunday.

15.3.5. The Applicant maintained that existing pharmaceutical services to the neighbourhood were wholly inadequate as these were situated some distance away and involved a lengthy round trip. The Applicant said that access on foot was not realistic and public transport links were poor (infrequent and expensive) making pharmacy services only accessible to a subset of patients if and when access to a car was available. However, the Committee had heard evidence that levels of car ownership were higher in Tweedbank (48.6%) compared to both Galashiels including Tweedbank (45.4%) and Scotland's national average (42.2%). Although the Applicant stated that 44% of residents had access to a single car and 69% of those in employment in Tweedbank used a car to commute to work, there were two pharmacies within the surrounding area that were open late during the week, all six were open on a Saturday and two on a Sunday. All six existing pharmacies were within a short journey time by car. The Committee determined bus services serving Tweedbank to be reasonable and free to children

or those with a National Entitlement Card (aged 60+ and some disability conditions). Borders Wheels also offered community transport to anyone without a car with difficulty using public transport because of a disability, ill health, or age. There was a frequent train service linking Tweedbank and Galashiels. The journey took only four minutes and was cheaper than the bus for those paying full fare. The closest pharmacy was two miles from the proposed premise. This distance was deemed walkable by the Committee for fit and healthy residents.

- 15.3.6. Of course, there would always be a minority of the population for which travelling to the pharmacy would not be practicable. Evidence had been heard during questioning of Boots UK Ltd that in such cases the vast majority of pharmacy services were accessed by telephone. NHS Near Me was also an option developed during the pandemic which could be implemented should there be a demand from patients. Those in need were able to access a free delivery service for prescription items. Although not an NHS core service, free delivery services were available from Boots and the Applicant's pharmacies serving the neighbourhood and provided the neighbourhood with easy access.
- 15.3.7. The committee considered the evidence from the Community Council to have been based on convenience rather than demonstrating any inadequacy of existing pharmaceutical services.
- 15.3.8. Demand for pharmacy services in Tweedbank was lower than in Galashiels or the population of Scotland as a whole given that the population was younger, a greater number considered themselves to be in 'very good' health, and home ownership was higher. The 2020 SIMD colour coded map of the Melrose and Tweedbank area (data zone S01012293) confirmed that Tweedbank was not a particularly deprived area.
- 15.3.9. The current population of the neighbourhood had been estimated by the Applicant as 2020. The Committee had not been supplied with any information about the volume of transient population coming into the area to work at the industrial estate in the East of the neighbourhood. The Committee had serious concerns about the viability of the proposed pharmacy dispensing 500 items per week.
- 15.3.10. The Applicant had submitted in advance of the hearing an extract from a previous Pharmaceutical Care Services Plan that detailed the Scottish Borders Council Town/Village Populations in 2011. This showed there were seven villages smaller than Tweedbank supporting at least one community pharmacy. However, there were also nine villages with populations smaller than Tweedbank that did not have a pharmacy. Despite the population of Tweedbank apparently being within the scope for the provision of a local pharmacy, this was outweighed by its location as the population of Tweedbank was well served by existing pharmacies which were adequately accessible.
- 15.3.11. The population of Tweedbank was anticipated to grow between 729 and 972 following completion of between 300 and 400 new residential units. However, this development was still in the planning stages and not expected to be completed until 2040 which was too far in the future to be considered by the Committee. The timescales for completion of the new care village and further development of Borders Innovation Park were uncertain.

- 15.3.12. In any case, both the Applicant and Boots UK Ltd confirmed there was currently capacity within the existing pharmacies serving the neighbourhood to accommodate any increased demand. This was supported by the statistics as the average number of patients per pharmacy in Galashiels and Tweedbank was 2999, well below the national average of 4383.
- 15.3.13. The Committee noted that the NHS Borders Pharmaceutical Care Plan dated 2021 stated that pharmaceutical services in the area were adequate. This fact was acknowledged by the Applicant.
- 15.3.14. There had been a sizeable response to the joint consultation with 368 responses. This was considerable when compared to others. The Committee noted the formal style of the comments, how few spelling mistakes and grammatical errors there were in the selection of responses detailed in the CAR. This was not typical of comments received to the joint consultation exercise in other Health Board areas. For this reason, the committee did not have confidence in the CAR and questioned whether it was fully reflective of neighbourhood opinions given the views of the Community Council.
- 15.4. **The Committee concluded that there was no evidence provided to demonstrate any inadequacy of the existing pharmaceutical services in and to the defined neighbourhood.**
- 15.4.1. Following the withdrawal of Mr Embrey, Mr Grahame and Mrs Harvey in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, the Committee, for the reasons set out above, considered that the pharmaceutical service into the neighbourhood to be adequate.
- 15.4.2. Accordingly, the decision of the Committee was unanimous that the provision of pharmaceutical services at the premises was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was rejected. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.
- 15.4.3. Mr Embrey, Mr Grahame and Mrs Harvey returned to the meeting, and were advised of the decision of the Committee.

**The meeting closed at 14:40 hours.**

**Signed by:**                    **Mrs Karen Hamilton**  
    **Chair – Pharmacy Practices Committee**

**Date:**                            **29.1.24**