



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

The composition of the PPC at this hearing was:

Chair: Lucy O’Leary

Present: **Lay Members Appointed by NHS Borders**
Ian Wilkie
Richard Copland

Pharmacist Nominated by the Area Pharmaceutical Professional Committee (included in Pharmaceutical List)
Richard Grahame
Yvonne Williams

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

Observer: Holly Hamilton-Glover, NHS Borders

Secretariat: Nicole Smith, NHS National Service Scotland

1. 1	APPLICATION BY SEAN MANSON
1.1.	There was an application submitted and supporting documents from Sean Manson received on 26 February 2024, for inclusion in the pharmaceutical list of a new pharmacy at 21-21B Roxburgh Street, Kelso, TD5 7DN.
1.2.	Submission of Interested Parties
1.3.	The following documents were received: i. Letter dated 21 March 2024 from Jo Severn, Boots UK Ltd
1.4.	Correspondence from the wider consultation process undertaken
	i. Consultation Analysis Report (CAR)

	ii. Extract of minutes from the NHS Borders Area Pharmaceutical Committee meeting on 23 April 2024 and comments, Martin O'Dwyer, Chair
2.	Procedure
2.1.	At 10:00 hours on 28 th August 2024, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Sean Manson (“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 had undertaken independent site visits to 21-21B Roxburgh Street, Kelso, TD5 7DN and the surrounding area. During which the location of the premises, pharmacies, general medical practices and other amenities in the area had been noted.
2.4.	The Chair advised that Nicole Smith was independent from the Health Board and was solely responsible for taking the minute of the meeting.
2.5.	The Chair outlined the procedure for the hearing. All Members confirmed an understanding of these procedures.
2.6.	Having ascertained that all Members understood the procedures, that there were no conflicts of interest or questions from Committee Members the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Applicant was invited to enter the hearing.
	The open session convened at 10:30 hrs
3.	Attendance of Parties
3.1.	The Chair welcomed all and introductions were made. The Applicant, Sean Manson represented by Mr Sean Manson. From the Interested

	Parties eligible to attend the hearing, present were Boots UK Ltd represented by Balvinder Sagoo and supported by Diane Bates.
3.2.	The Chair advised all present that the meeting was convened to determine the application submitted by The Applicant in respect of a proposed new pharmacy at 21-21B Roxburgh Street, Kelso, TD5 7DN. The Chair confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended, which the Chair read out in part:
3.3.	“5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located...”
3.4.	The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.
3.5.	The Chair asked all parties for confirmation that these procedures had been understood. Having ascertained that all parties understood the procedures the Chair confirmed that the Oral Hearing would be conducted in accordance with the Procedure at Hearings document contained within the papers circulated.
3.6.	The Chair confirmed that members of the Committee had independently conducted site visits in order to understand better the issues arising from this application. Assurance was given that no member of the Committee had any interest in the application.
3.7.	The Chair asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement.
4.	Preliminaries
4.1.	The Chair notes that a letter from the Kelso Community Council and a letter from Rowland’s Pharmacy were received outwith the consultation

	period and therefore will not be used as evidence in the decision making process of the Committee.
5.	Submission
5.1.	The Chair invited The Applicant to speak first in support of the application.
5.2.	I would like to thank the committee for being here today, allowing me to present my case for a new pharmacy within town of Kelso, in the heart of the Scottish Borders. I will try to be concise but there is quite a lot to cover so make apologies for that in advance.
5.3.	To begin I will give you a quick background about myself.
5.4.	I achieved my Master of Pharmacy degree from Strathclyde University in 2010 and qualified as a pharmacist in 2011.
5.5.	I spent 10 years working remotely as a superintendent pharmacist at a large independent pharmacy in Stornoway, whereby I ensure the smooth running of the pharmacy and that it is compliant with the operating regulations set out by the General Pharmaceutical Council. I also worked as a locum traveling the length and breadth of the country – so know Kelso well from these days and the challenges that are faced there.
5.6.	More recently I have successfully opened a pharmacy in Bertha Park near Perth and taken over a Lloyds contract on the Isle of Bute.
5.7.	I have also completed my prescribing qualification at Robert Gordon University in 2017 and I am registered with the General Pharmaceutical Council as an independent prescriber. A few years back, I was the pharmacy representative for South Ayrshire on the Ayrshire Pharmaceutical Professional Committee and the Strategic Planning Action Group, which is an advisory committee to the Health and Social Care Integrated Joint Board.
5.8.	I also chaired South Ayrshire's Area Pharmacy Group.
5.9.	I have a firm understanding of the path which pharmacy is taking within the larger multi-disciplinary team. I have experience in successfully running community pharmacies across the country.
5.10.	Kelso is a market town in the Scottish Borders within the historic county of Roxburghshire. It lies where the rivers Tweed and Teviot have their confluence. The history of the town dates all the way back to 1128 and came into being as a direct result of the creation of Kelso Abbey – which now lays in ruins and is one of the main attractions visited by the swathes of tourists who visit each year.

5.11.	The town has a great rugby union tradition and has produced many Scotland internationalists including Ross Ford, who made 110 test appearances for Scotland, making him the country's most capped player.
5.12.	There are many other notable people from Kelso, and Sir Walter Scott, the Scottish novelist, poet, and historian was not from Kelso but attended Kelso grammar school in 1783.
5.13.	Kelso has two primary schools and a high school. The High School is one of nine secondary schools within the Scottish Borders and Pupils come to Kelso High School from the town of Kelso, the villages of Ednam, Eckford, Stichill, Smailholm, Morebattle, Roxburgh, Yetholm and other hamlets in the surrounding area. And the point of saying this, is that this is the same migration of people requiring to use pharmacies within Kelso.
5.14.	Although neighbourhood is not defined in the Regulations and must therefore be given the meaning which would normally be attributed to it as an ordinary word of the English language. As the word is ordinarily understood, it has connotations of vicinity or nearness...the word "neighbourhood" in regulation 5(10) of the 1995 Regulations means an area which is relatively near to the premises in question, which need not have any residents, and which can be regarded as a neighbourhood for all purposes. Therefore, the neighbourhood to which this application sits is open land to the south and east of Kelso, Lodge Park to the west, and Kelso Golf course to the north. Within this contains all the amenities required for day-to-day living. These may be the points at which you would expect any developments to be contained by and any expansion of the neighbourhood to stop at.
5.15.	The neighbourhood of Kelso contains in the region of 6,900 inhabitants; however, Kelso Medical Group produces on average 21,500 prescription items per month, and both pharmacies dispense over 10,000 each, Rowlands being closer to 12,000. Many users of pharmacy services must therefore live outwith the confines of the neighbourhood and access services from within Kelso. This is further evidenced by the fact that the patient list size of this practice is over 12,000 people and has been growing steadily over the past 10 years. This phenomenon is common in rural settings however, as surrounding villages and hamlets are not large enough to sustain services from within.
5.16.	There has been a realisation that both pharmacies struggle to cope with demand placed on them in Kelso and have done for some time. I'll explain further in this presentation with reference to the CAR report the scale and severity of the inadequacy. Residents of Kelso only have two pharmacies in which to use, since the next nearest pharmacies are: G.L.M. Romanes at Coldstream, which is 13 kilometres away, and G.L.M. Romanes at Greenlaw, which is 12.5 kilometres away.

5.17.	<p>The scale of the inadequacy has led to the Area Medical Council (AMC) having no objection to this application – which is quite a rare stance for an AMC to take. AMCs normally predicate their position based on what is written in the board’s Pharmaceutical Care Services Plan, so that fact that not only have they no objection to the opening of this new pharmacy, but that they also approached Kelso Medical Practice who were said to be supportive of this application, is a stark example of an existing inadequacy. A local medical practice being willing to openly endorse a new pharmacy is quite a rare step – as it could affect future relations with existing pharmacies servicing the town.</p>
5.18.	<p>The Community Council, who like Rowlands, failed to submit representations in time to be able to attend the hearing, did submit a letter in which they supported the application and thought that it was highly desirable for both Kelso and the Kelso community.</p>
5.19.	<p>This new pharmacy will open from 9am to 6pm Monday to Friday, 9am to 5pm on a Saturday, and 10am to 2pm on a Sunday, which is a model that has been employed before and works well to service a population of the size of Kelso and surrounding areas. The rationale behind the decision is that 6pm is 30 minutes later than the existing provision and allows those working standard hours to have more chance of attending the pharmacy. The surgery is also open till 6pm daily, therefore coinciding with this seems the sensible approach to allow those with late appointments to obtain medication. Sunday opening in an area which has absolutely no Sunday cover (nearest in this case being Galashiels) allows Out Of Hours referrals and emergency cover. It will be well used in our opinion. Since very few pharmacies are also open on a Sunday – availability of pharmacists is quite good on these days, and there has been no issues in the past sourcing them.</p>
5.20.	<p>As per the shop plans submitted, the lay out of the shop has been created to coincide with the service driven nature of a modern-day pharmacy. There are two good sized consultation rooms in which to deliver upon these. The pharmacy will be fitted out by a specialist pharmacy shopfitter, and dispensing space will be adequate to start, however if needed, this unit contains an upstairs which is of similar size to downstairs, is under control of the lease, and can be expanded into for use as a dosette box room, dispensary, and stock storage space. The plan is to be agile to this whenever the need arises. The shop is deceptively big once opened up as right now resembles a labaryth of many rooms. From the front window there are two partitions blocking the view to the full shop. The floor space however is 1,600ft over the two floors spread quite evenly. With this design, the premises will be adequate to offer the pharmacy service required today. Having been in Boots recently, I was quite astonished to find that disabled users of the pharmacy with wheelchairs, or those with prams cannot approach the front counter of the pharmacy due to it being built upon a podium, and why this hasn’t been rectified by Boots in all the years that I have been working as a pharmacist? If those patients require a quiet word with a</p>

	member of staff it is impossible for them do so without the staff member coming onto the shop floor in front of generally many people.
5.21.	To comply with building standards and the equalities act 2010, disabled access must be made available within set tolerances and limits, so to create a one in 12 gradient ramp within these regulations, a small portion of the front of the shop will have to be redesigned to deliver this gradient using two landings. So, the entrance to pharmacy will be on the right-hand side of the unit as you look at it just now.
5.22.	As far as staffing goes, I have spoken to a few locum pharmacists who would be keen to take on more regular and employed work. We are seeing across the network that this is becoming more common, and locum rates are coming down. The problem of sourcing pharmacists is more so a problem for the multiple operators rather than the independents. Locum pharmacists that you would have once thought of as being 'career locums', are suddenly upskilling and completing their Independent Prescribing qualifications. I believe this is mainly down to a fear of being left behind by the profession once all new graduates in 2025 come out of University with Individual Prescribers (IPs) and are equipped offer prescribing services. Right now, against the backdrop of decreasing locum rates, positions within Community Pharmacies with an IP qualification offer a chance of real monetary and professional progression to pharmacists. No independent pharmacy has ever had to close because of lack of pharmacists.
5.23.	Contingency planning for all eventualities is however important, and we have a robust business plan in place which will ensure that this new contract will be securing adequate provision into the future.
5.24.	We will also be looking to employ one full time member of staff and two part time members of staff in first instance, and then be reactive to business needs. Judging from the CAR, this may well be a contract that is quite busy early on, and a delivery driver will be hired from the start. Deliveries will be available to all outlying villages and hamlets, something which is not currently offered by the existing provision.
5.25.	Rowlands Pharmacy in Kelso has pharmacy first payment which shows they are not well engaged with the service. Base payment has been made four of the past eight months, and on the other four months, interactions been only a few over the base threshold. Boots do seem to engage better with this service, however still not great, however at levels not entirely keeping with their footfall with prescription throughput.
5.26.	Community Pharmacies must be effective and engaging with services if they are going to have the desired effect for primary care, and I believe Boots and Rowlands in Kelso have had ample opportunity to address these issues and haven't done so.
5.27.	The Scottish Government's strategy paper "Achieving Excellence in Pharmaceutical Care" 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. To do this we need to have pharmacies with both the capacity to do so, and the will to engage. From comments in the CAR, the pharmacies in Kelso are lacking in both these elements.
5.28.	I have listed all the pharmaceutical services I intend to provide in the application form; however, I will single out the pharmacy first service as one service that (evidentially from the CAR report) the residents see as being a valuable resource within the town. Assessing adequacy must now be based on pharmaceutical services as a full package of what we offer in pharmacies and not simply access to dispensed medicines.
5.29.	But not only do the pharmacies need to have capacity and being willing to engage, they need to be physically open. Too many comments in the CAR talk about partial openings of these two contracts due to staff and pharmacist shortages. Only two weeks ago on the 12th of August, Rowlands were advertising for a pharmacist into mid-morning, meaning they were going to be closed part of this day. When you have a 12,000-item pharmacy this just cannot happen – there are too many people going to be utterly reliant on you.
5.30.	And this leads onto how this new pharmacy may be in itself viable, but also how it might affect the continued viability of the existing two pharmacies in the town.
5.31.	I think the viability of a new contract in Kelso would be undeniable. Kelso Medical Practice produces 22,000 prescription items and there are two pharmacies sharing this. The level required for viability is commonly quoted as being around 2000 items per month, or 500 per week. Viability would be achieved on a mere 10% market share within Kelso. I think the comments within the CAR report does suggest that a new contract in Kelso would pick up these levels of business very quickly.
5.32.	On the other side of the of the equation is how both Boots and Rowlands remain viable in the face of a new contract opening in Kelso. Both pharmacies are so far past the viability line, that it would be inconceivable that either would lose so much business that their viability would ever be under threat.
5.33.	Viability is further emphasised by looking into building within the area and who are occupying that housing.
5.34.	I spoke to Michael Ballantyne, Managing Director of M&J Ballantyne Ltd on Monday of this week for an update on the building works at Broomland's East. The full site will contain 119 houses, of which the development is around 70% complete at present. The development consists of mainly three to four bed dwellings, and a conservative estimate would be that this has brought around 300 new people into the area.

5.35.	I have been told that most of the purchasers are new people from out with Kelso, therefore I can confidently say that this has led to a population increase.
5.36.	As part of the planning conditions for new developments, most councils mandate the building of affordable housing. M&J Ballantyne have already built 16 new affordable housing for Eildon Housing Association, and this 16-home development was completed in January 2024.
5.37.	Other recent developments are Poynder Apartments, which was a renovation of the old Kelso High School. This development was completed in June 2023 and created 34 one- and two-bedroom apartments to support living for those aged 60 and over.
5.38.	That is the current known fixed plans for development which the committee can consider, however a report to the council's executive committee earlier this month revealed that temporary housing in the region is at an all-time high and plans to build 184 affordable homes over the next year are unlikely to be achieved. The paper stated: "An additional 184 affordable homes have been identified as potentially being able to complete". Scottish Borders Council is to consider whether it should declare a housing emergency amid growing calls for the local authority to address its growing housing and homelessness pressures. This sort of rhetoric, combined with the new government's primary manifesto pledge, means that further housing within the region may be on the horizon soon.
5.39.	The CAR report for this application quite possibly gathered the greatest number of responses ever seen for a pharmacy application. Certainly, the most I have ever come across. What this signifies, is that there is an extraordinarily strong level of engagement from the public and is an entirely relevant exercise which is indicative of the population's sentiment.
5.40.	The points I would like to draw the committee to are repeated many times throughout the document and form take a few different forms of the same theme. I could have highlighted more comments, however if you've not had a chance to read them all, I would ask that you please take the time to do so, as they show exactly what the failings of the existing provision are.
5.41.	The consultation exercise resulted in 791 responses, of which 784 came from individual members of the public. You may already know that confidence intervals are used by statisticians and a 95% confidence interval is accepted to be the standard. Using a sample size calculator, we would need a response size of 263 to get a 99% confidence interval for the population of this neighbourhood. With a 791-response rate this CAR is considered statistically sound and to a greater degree of confidence than the 95% standard.

5.42.	The results of the CAR are indicative of a systemic problem within the pharmacy network in Kelso and aren't isolated in time, rather spread over many years: <i>"Another pharmacy is much needed in Kelso. Current provision has been really poor for the last couple of years"</i> , and also speaking to residents this is still the case.
5.43.	There is a need for a reliable pharmacy: <i>"Kelso badly needs a reliable pharmacy"</i> , and patients are left to wait around for a long time in which have their medication ready.
5.44.	A patient said: <i>"I waited 13 days for my prescription to be filled (which I had dropped off at the surgery!) the last time and even then I had to come back twice the day after this as they still didn't have all my prescription. My prescription is for regular items that are dispensed, I used to work in a pharmacy myself"</i> . Another patient says: <i>"Told to give 7-10 days for repeat prescription but you really need to give about 21 days to ensure that you get your order in time"</i> .
5.45.	Another point to make here, is that even the setting of an expectation of seven to 10 days is not adequate, but to then not even have those expectations met is somewhat greater inadequacy.
5.46.	Both pharmacies in the town are under immense pressure to provide prescriptions, advice and over the counter medications and there are long queues of patients/customers either awaiting prescriptions or other services. There is a struggle for both pharmacies to cater for the patients who require medication compliance aids. The social worker and previous community nurse who provided that comment stated that in their experience that this has led to delayed hospital discharges. Timely discharges from hospitals when patients are ready to go home is one of the constant pressures felt by staff in NHS Borders, the pharmacy network shouldn't be delaying this.
5.47.	Joined up working with the care sector is vitally important to not only get right, but also to develop services and relationships, as this is our strategy going into the future in dealing with an aging population. There seems to be no evidence that the existing provision is engaged with this.
5.48.	<i>"Both Lloyds and Boots are under immense pressure to provide prescriptions, advice and over the counter medications to the highlighted geographical area. Both existing pharmacies always have long queues of patients/customers either awaiting prescriptions or other services. Both pharmacies also struggle to cater for the patients in the area who require medication compliance aids, which can and has (in my community nursing experience and current social work post) delay hospital discharges as these patients require them to take their daily medicines. An additional pharmacy would ease these highlighted pressures on the amazing staff currently in Boots and Lloyds"</i> .

5.49.	The first part of this comment regarding to providing of other services, is also evidenced earlier with the lack up uptake (or otherwise lack of capacity to provide) the Pharmacy First service in numbers which would be in line with each pharmacy's prescription throughput. Question 14 of the CAR report also has many responses highlighting the poor access currently felt towards Pharmacy First (Minor Ailments) as the 'other' NHS Services that the pharmacy should consider providing. The point is that The Pharmacy First service is a core part of the Community Pharmacy Contract in Scotland and is evidentially not being provided to anything near an adequate level.
5.50.	Those settlements outwith Kelso also rely on the pharmacies from within Kelso for their pharmaceutical needs. There are multiple comments relating to those residents having to make multiple journeys into Kelso to have a prescription filled, and that the pharmacies are understaffed and under-resourced: <i>"I live in Yetholm and use the Lloyds/Rowlands pharmacy for prescriptions but the service is poor. It often takes three visits to have a prescription filled. It is understaffed and under resourced"</i> .
5.51.	And in line with comments around staffing, Rowlands Pharmacy submitted a letter to Holly Hamilton-Glover of NHS Borders on the 11th of April effectively conceding to this fact. Quoting from this letter they say: <i>"We must acknowledge that since taking over from Lloyds Pharmacy our team have experienced some operational challenges. Mainly due to the transition period and the team adjusting to changes we have implemented in the pharmacy processes. Wider workforce issues, particularly regarding pharmacists have compounded this, but Kelso is not alone in this, and large areas of community pharmacy in Scotland have been affected by similar workforce issues"</i> .
5.52.	There is no mention of adequacy in this letter, no inclination that anything has gotten any better, nor that they have solved their recruitment issues. The problem I believe is not confined to a country as such, but more confined to the sector of multinational pharmacies who have not been good places to work. At a smaller scale, independent operators can be more agile to these challenges through the creation of good working environments, networking and fostering solid relationships with people.
5.53.	Finally, in the letter Rowlands lay some of the blame at some comments in the CAR being with the health board and the Scottish Government for patients and customers not being aware of what is offered at their local pharmacy. I do not agree with this, as contractors paid for providing these services, it is well within our remit to promote these.
5.54.	These are institutional failings within these businesses, and they have had the opportunity to rectify these failings and haven't. Boots and Lloyds (now Rowlands) have had years to improve upon the service

	they offer to patients, and although there have been continual promises of things getting better, they simply don't.
5.55.	This additional pharmacy in Kelso will take the pressure off the existing network.
5.56.	Many people are actively switching away from pharmacies out with Kelso which are miles out of town: <i>"The 2 large named company pharmacies we have at the moment are garbage. I appreciate they have rules so can only go to one places for things however there is zero organisation and no thought for anything they are a joke. Kelso desperately needs another one that people can actually use. I switched to jed pharmacy for a while then went to borders pharmacy because they can deliver"</i> , and there are multiple reports of patients having to make multiple journeys to have prescriptions filled. How poor must the pharmacies be in Kelso to make people travel 18 miles to use a pharmacy?
5.57.	There are also respondents who live miles out of town and are told to come back the next day for their repeat prescriptions: <i>"No they are not adequate, as I don't live in the town I drive 17 miles to get my repeat prescription and most of the time I get told you'll need to come back tomorrow"</i> – all key indicators of inadequacy.
5.58.	The pharmacy provision has not kept pace with the demand in Kelso: <i>"This is a much needed facility as Kelso has grown this has put demands on our current 2 pharmacies and unfortunately they have not been able to expand to cope with demand"</i> , and the patient journey faced by many residents is inadequate. There are reports of patients from surrounding villages phoning ahead, driving into town, to then having lengthy waits and incomplete prescriptions which they need to return for the balance of. These are also serial prescriptions that the pharmacy really should have ready for their due date
5.59.	<i>"Many of us live in villages in the surrounding area. The existing pharmacies are poor. We phone them, ask if the repeat proscriptions are ready, drive in and then are told to wait 30 minutes or they don't have everything and to come back another day. These are repeat proscriptions so are known about 8 weeks in advance"</i> .
5.60.	Respondents say they need another pharmacy as the current provision struggles to cope with demand. One respondent says: <i>"They cannot offer blister packs to anyone new to the area. I supported a gentleman who moved to Kelso but had to travel to Galashiels because he needed a blister pack"</i> – and this is true as of right now, as I phoned the pharmacies only last week and was told that not only was there no space for blister packs, there wasn't even an opportunity to join a waiting list - as their waiting list was closed.
5.61.	To make matters more complex, Rowlands pharmacy are switching all their patients to Pillpouch soon. Working in pharmacies around the

	country, this is very poorly received by most patients, requires new runs of full prescriptions by the surgery if there are any changes, and are filled offsite therefore rely on a logistics network from Wakefield. Delays are common.
5.62.	What is an aging population with increasing multi-morbidities supposed to do? As per the 2022 census, the number of people living alone increased by 100,000 across Scotland, and in the Scottish borders this is 11.7% of people over the age of 55. As of 2022 people aged 65 and over in Scotland now outnumber people under 15, and Scottish Borders as a council area has the fifth greatest percentage of persons over 65 at 26.3%. This is out of 32 Council areas.
5.63.	It is important that we understand how our population is ageing so we can prepare for it. These changes will put greater demand on health and social care services, of which pharmacy is playing an ever more crucial role. Securing adequate provision into the future is vital.
5.64.	Moving onto the location of the pharmacy, there are mixed reviews over the unit on Roxburgh St, some say it is handy for parking, whereas some find that this street may be a bit congested. Some think being within walking distance to the main square is essential, however some would like to see a pharmacy out towards Sainsbury's. Ultimately in these situations, you will please some but not others. There is on street parking on Roxburgh St, however there is parking in the square, which is free for two hours, and if there is also free parking through the lane beside Superdrug which leads on to Bowmont St.
5.65.	Someone mentioned 13 Bridge St which was coming up for availability – however when it was this application's turn to be processed 21-21B Roxburgh St was the only suitable unit available within the timescales set out to progress by the health board. The unit will however be fully accessible to disabled users and those with prams via ramps and removal of the current step. The drawings which were submitted have factored in a 1:12 ramp as mandated by the regulations, and this has been achieved by using part of the existing frontage and platforms, followed by a new entrance on the right-hand side attain the required gradient.
5.66.	Other's mention the size of the premises being potentially on the small side, however the premises are actually deceptively large and contain an upstairs as well which is part of the property and can be expanded in to.
5.67.	With the construction of the fixtures and fittings being movable there is also the ability to apply for a minor relocation down the line if an even more suitable property becomes available, and the lease we currently hold on Roxburgh St would allow for this through the insertion of break clauses at years three, six & 10 over a 15 year term.

5.68.	Looking at adequacy of the current provision, there seems to be a real lack of staff and medication within the town to keep up with demand: <i>“The current pharmacy's in Kelso just don't have the staff nor the medication to keep up with the demand. They have unreliable hours, always closed during peak times during the day as well as closed due to lack of staff or pharmacists”</i> . There are also unreliable hours with the pharmacies being closed during “peak times” as well as being closed due to lack of staff or pharmacists. This was certainly the case only two weeks ago on the 12th of August, Rowlands were still sending out emails trying to secure a pharmacist by well past opening – so that would have been one of several days an already stretched branch would have not been operating their contractual hours.
5.69.	Prescription turnaround times can be anything 10-12 days up to one respondent saying that that they have waited 21 days on their prescription. This isn't an adequate situation.
5.70.	The CAR reports that both pharmacies close at lunchtime, although Boots is the only pharmacy to state this on the NHS Borders website. The Rowlands pharmacist seems to generally take their lunch at the same time as Boots closes, between 1pm and 2pm.
5.71.	Boots and Rowlands being the two largest multinational pharmacies in the UK, outsource their prescriptions to centralised hubs in England: <i>“Neither pharmacy can cope with amount of prescriptions to be made up. Having to wait a week for medicine, as it us outsourced is too long, and can't be good for staff either”</i> . This can lead to delays and an inability to process prescriptions that day. Because of this hub and spoke mechanism which the multinational pharmacies employ, their business model relies on their pharmacies holding much less stock than a conventional independent pharmacy. This is evidenced all throughout the CAR. Medipak delays (centralised fulfilment) are common in Rowlands pharmacies and sometimes stock just doesn't show up at all. When this happens, the pharmacies don't hold the stock to process these prescriptions on-site. What's further to this, when speaking with residents, they are told that they aren't actually able to dispense their prescription to them as it has been already sent offsite.
5.72.	Stock shortages, which have been a problem in the past few years are not proactively managed by the multinational pharmacies. Part of the reason for this is that they have strict supply lines from the wholesaler that they are vertically integrated with. Examples of this is staff within multiple pharmacies will not phone manufacturers to obtain resupply dates, then watch wholesaler listings pages like a hawk on the resupply day to ensure that their patients have the best possible chance of securing the medicines they require. In many other examples, a medicine may come back into stock with a wholesaler, but if it is not the specific wholesaler the multinational pharmacy uses, they cannot order it. Independent pharmacies have many more options available to them.

5.73.	And because of all this, patients are transferring to pharmacies out of town, the nearest of which is 7.8 miles away. They do not want to do this as evidenced in the CAR, but they have no choice. These patients would revert to a Kelso pharmacy if there were one which provided an adequate service.
5.74.	<i>“The current pharmaceutical services are wholly inadequate. They both close for the SAME lunch hour! They close too early at the end of the day for working people to get their prescriptions in if they have an after-work consultation with the doctor. The queues are far too long (each current pharmacy has only one counter, so you are queueing along with people who simply want to pay for goods), and frequently when you get to the front of the queue they don't have all of your prescription and suggest you return the next day, or several hours later - not convenient when you don't live in Kelso. I have already transferred to Borders Pharmacy, but would revert to a Kelso pharmacy if it provided a good service. Delivery outwith the town would be excellent”.</i>
5.75.	Many people live outwith the town itself but require utilising pharmacy services in it. Albeit not a core service, all pharmacies tend to offer delivery services and would not dream of withdrawing them. However, both pharmacies will not deliver out of town, which is a lot of people who cannot have a prescription delivered should they so need from the current Kelso pharmacies. With a population getting older and requiring support, I don't feel that this is acceptable nor adequate.
5.76.	Kelso Medical Practice has a patient list size of 12,000, and the practice area is much bigger than the neighbourhood, this also means that there is a sizable population requiring use of pharmacy. Their list size has shown a moderate increase over the last 10 years, which is indicative of additional dwellings which have been built in and around Kelso in that time.
5.77.	Although I have not been able to verify as true, one respondent in the CAR, who moved to Kelso in 1990 reported that there were two pharmacies before they moved, however after an excess of 1000 homes built within the town boundary there has been no change to this.
5.78.	<i>“Kelso has had 2 pharmacies since before I moved here in 1990 since then there have been in excess of 1000 extra houses built within the town boundary but no extra pharmacy provision therefore an extra chemist would be a welcome addition”.</i>
5.79.	The opening hours of the pharmacy proposed gained strong support with over 95% of the respondents feeling that these were appropriate.
5.80.	Sunday opening is very strongly supported within Kelso as the nearest pharmacy provision on a Sunday is in Galashiels some 18 miles away. People in Kelso clearly make this trip as evidenced in multiple comments and feel that overall this is necessary in the town. Access to

	those who work during the week is also improved with a 6pm closing time as opposed to Rowlands and Boots who are both 5:30pm.
5.81.	Not only is the CAR report a key piece of evidence, but even if you read the latest google reviews of Rowland's pharmacy, it seems there are still frustrated customers, with two reviews being quite scathing of the service.
5.82.	In conclusion, the town has been long overdue another pharmacy. The provision for some time has been inadequate and has surmounted to a great deal of stress and anxiety for residents living in Kelso.
5.83.	Speaking to many concerned residents in Kelso, they have expressed their extreme unhappiness at being forced to drive for miles to use pharmacies out of town, owing to the service they receive from the existing provision.
5.84.	Many people requiring to use a pharmacy in Kelso stay in the surrounding villages and hamlets, the existing pharmacies don't deliver to them, and although it isn't a core service, it is evidential from the CAR that patients really require this. We will deliver to all surrounding villages and hamlets.
5.85.	With an aging population, there requires to be further support to safely manage medicines. This new pharmacy will meet the demands required for compliance aids, therefore anyone who is suitable for these, will get them. Also, this new pharmacy will proactively engage with Home Care businesses and third sector, to ensure that adequate service is secured not only now, but into the future. This will have a positive impact on delayed discharges and bed blocking within secondary care settings.
5.86.	This new pharmacy will also open in the evening until the surgery closes and will open on Sundays, providing a much greater scope of care than what is currently offered. Sundays can be quite a busy day when you're the only available pharmacy for miles around, and the prescription throughput and demand on pharmacies in Kelso is more than sufficient to sustain this service.
5.87.	This new pharmacy will have many more suppliers in which to obtain stock from and won't be tied to using vertically integrated wholesalers - therefore we will be able to meet the prescribing needs of the population. We will also be focussed on NHS contracted services, and will be providing an independent prescribing service, which will free up GP capacity greatly.
5.88.	The existing two pharmacies are so oversubscribed, that this new pharmacy won't affect their viability in the slightest, nor will there be any question over the viability of the new contract.
5.89.	Given all the above, I believe that there is a deep-rooted inadequacy of pharmaceutical service within Kelso, and that this new pharmacy is

	necessary to ensure adequacy. If Boots and Rowlands had rectified these problems, or if this had been another pharmacy contractor then we probably wouldn't have to be here today. We think you'll agree the comments we've heard from consultation are irrefutable. Keeping in mind how strongly people feel about this I respectfully ask that you grant this contract.
5.90.	Thank you for listening, and happy to take any questions.
5.91.	This ended the presentation by the Applicant
6.	The Chair invited questions from the Interested Parties
6.1.	Mr Name Balvinder Sagoo (Boots UK Ltd) to The Applicant
6.2.	Mr Sagoo asked the Applicant if he would be the responsible pharmacist upon opening, as stated in the application. The Applicant replied that he will be the responsible pharmacist at the time of opening but that another responsible pharmacist will be introduced as well, which is something hard to anticipate two years in advance.
6.3.	Mr Sagoo asked the Applicant how often he plans to be the responsible pharmacist at this location over the course of a week. The Applicant replied that he planned to be the responsible pharmacist in the Kelso pharmacy a couple of days a week, but that it would be an alternate responsible pharmacist for the bulk of the time.
6.4.	Mr Sagoo asked the Applicant if he has already recruited this alternate responsible pharmacist or if he had a specific individual in mind. The Applicant replied that he has had quite a few positive chats with locums who are now looking into employment and that he trusts that with the network of pharmacists he knows, there won't be any issue recruiting to the responsible pharmacist post. He noted he could not make guarantees to anyone about this post before the pharmacy is in place.
6.5.	Mr Sagoo asked the Applicant if the running of his pharmacy will then be dependent on locum scientists. The Applicant replied that this was not the case, and that he would like to employ someone fulltime but that the individuals he has been in contact with are currently working as locums.
6.6.	Mr Sagoo asked the Applicant to elaborate on his other commitments in Perth and Bute. The Applicant replied that he had taken over a Lloyd's Pharmacy location in Bute and had a contract for a new pharmacy granted in Perth. He confirmed that he spends two days a week in Bute and that he does not work in the Perth location as there is a pharmacist employed who

	will be leaving soon and another pharmacist, who is an Independent Prescriber, who will be taking his place.
6.7.	<p>Mr Sagoo asked the Applicant if he was still the superintendent pharmacist for a pharmacy in Stornoway.</p> <p>The Applicant replied that he was not, that he relinquished that role two weeks prior.</p>
6.8.	<p>Mr Sagoo asked the Applicant if he was also the director of Gilmerton Pharmacy and if so, how much of his time is committed to that.</p> <p>Th Applicant replied that he was not as the contract for that pharmacy was refused.</p>
6.9.	<p>Mr Sagoo asked the Applicant about the successful application for Monkton Pharmacy, where he also noted he would be the responsible pharmacist, and asked the Applicant to confirm if he would then be working in Kelso, Monkton or Bute as a pharmacist.</p> <p>The Applicant replied that most of his time would be spent between the three pharmacies, noting that he already employed another pharmacist for Monkton after the contract was petitioned and the judicial review at a court session went in his favour. He confirmed he will be overseeing and at any given time actively working in all the pharmacies, but will that there will be others employed to be the responsible pharmacists at each location.</p>
6.10.	<p>Mr Sagoo asked the Applicant when the judicial review for Monkton took place.</p> <p>The Applicant replied that it was in August 2023.</p>
6.11.	<p>Mr Sagoo asked the Applicant if that pharmacy that was approved a year ago had been opened yet.</p> <p>The Applicant replied that it hadn't.</p>
6.12.	<p>Mr Sagoo asked the Applicant within how many months the newly approved pharmacy needed to be opened.</p> <p>The Applicant replied that that guidance states an approved applicant should aim to achieve opening within six months, however boards have discretion to grant an extension when there are issues outwith an applicant's control. He noted that one of the big issues with Monkton was the fact that the premises was splitting into two properties and an additional electrical meter had to be placed. He confirmed he does not foresee issues like that arising in Kelso.</p>
6.13.	<p>Mr Sagoo asked the Applicant why he chose the location he did for his pharmacy, given the public has provided a lot of feedback relating to the inadequateness of parking.</p> <p>The Applicant replied that while there were other places that would be more suitable, the pharmacy's location is based on what was available</p>

	<p>at the of the application with the deadline being three months to secure a property. He noted while it's impossible to please everyone, some CAR comments mention that it is easily accessible, and that it is his opinion that it meets all adequacy parameters.</p>
6.14.	<p>Mr Sagoo asked the Applicant if he felt his comment about not being able to please everyone applied to all points in the CAR.</p> <p>The Applicant replied that he stood by his statement and that the bulk of the comments indicated the majority of people would be pleased.</p>
6.15.	<p>Mr Sagoo asked the Applicant about the application estimating the first three months' prescription times if the contract is granted.</p> <p>The Applicant replied that the business plan projects the first six months, and he believes 3,000 is possible in that time with 5,000 possible in the first year. He noted that would take a very small number away from Boots and Rowlands and possibly even bring back prescriptions from people who have had to travel outside of Kelso.</p>
6.16.	<p>Mr Sagoo asked the Applicant about what staff would be working at his pharmacy.</p> <p>The Applicant replied that there will be one full-time and two part-time members of staff.</p>
6.17.	<p>Mr Sagoo asked the Applicant if he felt that would be adequate to staff the pharmacy.</p> <p>The Applicant replied that he is starting with the base for staffing and that the pharmacy will be agile and dynamic for business requirements, so if business indicates a need for more staff he will employ them.</p>
6.18.	<p>Mr Sagoo asked the Applicant to define what agile and dynamic meant.</p> <p>The Applicant replied that the business will be very quick to realise the needs of the business by talking to staff and hearing their concerns, so if things get too busy they can decide if it would be beneficial to hire additional staff or move staff to a different part of the business. He confirmed that he does not rely on generic models of staffing.</p>
6.19.	<p>Mr Sagoo asked the Applicant how long it would take to train up new staff.</p> <p>The Applicant replied that he hopes to have some staff that are already qualified but that, depending on the student a counter course could take three to four months and a dispensing course could take anywhere from six to 18 months.</p>
6.20.	<p>Mr Sagoo asked the Applicant to confirm that he was opening his pharmacy with one full-time staff member and two part-time staff members, and if he then would have to bring in more staff and train them which could take up to three to four months which could cause inadequacy in his pharmacy lacking a fully trained team.</p>

	<p>The Applicant replied that he did not agree with that, and that he will ideally be taking in fully trained staff members but that if staff had to be trained there are mechanisms for that.</p>
6.21.	<p>Mr Sagoo asked the Applicant if the locums he has referred to are interested in completing their IP and, if so, if there is any data to support that?</p> <p>The Applicant replied that he is certain that is what is taking place. He confirmed he did not have any data but that he knows of 25 locums currently getting their IP and many are then coming to employed positions to provide pharmacy first plus. Anyone delivering pharmacy first plus has to be an employee of a contractor and work 25 hours per week.</p>
6.22.	<p>Mr Sagoo asked the Applicant about his anecdote about Rowlands requiring a pharmacist on the 12 August, and asked if he agreed that sometimes unplanned absences can cause a pharmacy to close temporarily.</p> <p>The Applicant replied that if an independent pharmacy requires a last-minute locum, one should be found regardless of finances and that the health boards would hold data to support this.</p>
6.23.	<p>Mr Sagoo asked the Applicant if any of his pharmacies have ever closed due to unplanned absences.</p> <p>The Applicant replied that to his knowledge, no they have not.</p>
6.24.	<p>Mr Sagoo asked the Applicant if he would agree that unplanned absences can happen.</p> <p>The Applicant replied that he does agree that can happen, but that how a pharmacy manages those unplanned absences is important.</p>
6.25.	<p>Mr Sagoo asked the Applicant about his claim that pharmacy first is not at an adequate level in Kelso based on the numbers of items dispensed within Boots and Rowlands, and asked what he would consider an adequate level to be.</p> <p>The Applicant replied that it was his understanding that, if a pharmacy is fully engaged and are the size of Boots or Rowlands, the amount of footfall received by those pharmacies will result in a certain level of pharmacy first activity and that is not what is currently taking place.</p>
6.26.	<p>Mr Sagoo asked the Applicant how he knows it's not happening and if he has any data to support that opinion.</p> <p>The Applicant replied that the pharmacy first data shows how much each pharmacy is paid for pharmacy first activity each month.</p>
6.27.	<p>Mr Sagoo asked the Applicant how he considers the numbers in the report to show that the provision is inadequate.</p>

	<p>The Applicant replied that the data indicates that neither Boots nor Rowlands are engaged with the service, referring to the point system that the activity is based on and how to work out the activity from the data.</p>
6.28.	<p>Mr Sagoo asked the Applicant about his statement about the multinational pharmacies not being a good place to work and asked if that was an opinion or if he had any factual data?</p> <p>The Applicant replied that it was his opinion and that on Glassdoor, there are employees who share this opinion.</p>
6.29.	<p>Mr Sagoo asked the Applicant if there were any positive comments on Glassdoor.</p> <p>The Applicant replied that there might be but that, similar to the CAR, not every person is going to say the same things.</p>
6.30.	<p>Mr Sagoo asked the Applicant about the pharmacies closing for lunch and asked him if he was aware that Boots is the only pharmacy in Kelso that closes for lunch.</p> <p>The Applicant replied that he did note in his statement that Boots are the only pharmacy registered as closing for lunch but that Rowlands also takes their lunch between 1pm and 2pm as well, though it is not a committed timeframe.</p>
7.	<p>The Chair invited Questions from the Committee.</p>
7.1.	<p>Mr Richard Graeme (Contract Pharmacist Member) to the Applicant</p>
7.2.	<p>Mr Grahame asked the Applicant about his personal contracts, noting that he was under the impression this application was being undertaken with a business partner and asked if that partnership was just for this pharmacy or if there were other partnerships?</p> <p>The Applicant replied that the partnership also have other arrangements in Perth and Monkton, and that the relationship is established and not new.</p>
7.3.	<p>Mr Grahame asked the Applicant about his statements about hub and spoke being inadequate and asked him to clarify if Umar owns a hub and spoke business?</p> <p>The Applicant replied that was purely online that does private work out of Scotland and manage other parts from England.</p>
7.4.	<p>Mr Grahame asked the Applicant about the CAR and the number of times Lloyds is mentioned and if it is possible to then consider the CAR as relevant to the current pharmaceutical landscape in Kelso?</p> <p>The Applicant replied that the CAR is still relevant, and that recent Google reviews highlights issues with Rowlands pharmacy and noting that the CAR report also mentions inadequacies with Boots.</p>

7.5.	<p>Mr Grahame asked the Applicant how much time it would be fair to give Rowlands to take what they've inherited from Lloyds and turn it around.</p> <p>The Applicant replied that he has not seen any evidence that would suggest Rowlands have been about to turn things around so it is difficult to say if any improvements have been made. A lot of the points made in the CAR were around operational things and those issues are still present.</p>
7.6.	<p>Mr Grahame asked the Applicant whether or not any complaints had been made to the health board?</p> <p>The Applicant replied that he did submit an FOI to the board and the response he received stated that, because pharmacists are independent contractors, they no longer hold complaints. He noted this was new information to him as pharmacies used to have to submit complaints information on a quarterly basis.</p>
7.7.	<p>Mr Grahame asked the Applicant if he has a lease for the proposed premises.</p> <p>The Applicant replied that he does for 15 years.</p>
7.8.	<p>Ms Yvonne Williams (Contract Pharmacists Member) to the Applicant.</p>
7.9.	<p>Ms Williams asked the Applicant to be more specific about his proposed neighbourhood, noting that she was in Kelso the day previously and found it tricky because the boundaries are not particularly well defined at the Southern and Eastern boundaries as they are open land.</p> <p>The Applicant replied that the boundary would be past the Sainsburys on south and Maxwell and that on the west it would be the River Tweed. He noted that to the north it would not be possible to go further than Kelso Golf Club, and that the east is quite hard as it would be the River Tweed but there is a bridge so it could expand in the future and meet the A69A. So slightly pinched in on the sides for the River Tweed.</p>
7.10.	<p>Ms Williams asked the Applicant about the premises, noting there were quite a few comments in the CAR about difficulty parking, and asked whether or not there were any disabled spaces on that street.</p> <p>The Applicant replied that the spaces on the street outside the premises were mostly loading bays, but that the car park on Bowman Street has a disabled bay and the square might have a few as well.</p>
7.11.	<p>Ms Williams asked the Applicant about access to the pharmacy for anyone with a wheelchair, noting that the presentation mentioned the ramp and asked the Applicant to confirm that there will be a ramp, then a landing and then another ramp up to the landing and then in the door.</p> <p>The Applicant replied that effectively the front part of the shop is going to be removed to make space for a ramp onto a platform, then there will be</p>

	<p>another ramp that goes on the right side of the store to meet the gradient.</p>
7.12.	<p>Ms Williams asked the Applicant if one was looking at the shopfront as it is now, what is the area level with the first ramp going to be and will there be something in place to keep wheelchairs from coming off the ramp.</p> <p>The Applicant replied that there will be barriers or a bricked recess so wheelchairs can't topple off, and that the ramp will be railed.</p>
7.13.	<p>Ms Williams asked the Applicant if both of the consultation rooms from the plans are going to be wheelchair compliant with large enough turning circles.</p> <p>The Applicant replied that they will be.</p>
7.14.	<p>Ms Williams asked the Applicant why he picked the location he did rather than somewhere near the GP surgery or housing developments.</p> <p>The Applicant replied that the location was the best of options he had available at the time of the application, and that he had managed to find solutions to make the premises adequate. If many of the dispensing processes are located upstairs, then downstairs will focus heavily on services.</p>
7.15.	<p>Ms Williams asked the Applicant how far back the premises goes, as it had looked small on her visit compared to the plans.</p> <p>The Applicant replied that the premises goes all back far from the street and that there are currently two partitions that don't allow for a good visual of how far back the store goes.</p>
7.16.	<p>Ms Williams asked the Applicant about the model hours for NHS Borders in terms of pharmacy opening times.</p> <p>The Applicant confirmed that the hours are Monday to Friday from 9am to 5pm and Saturday from 9am to 1pm.</p>
7.17.	<p>Ms Williams asked the Applicant about his proposed opening hours for the pharmacy, noting that they currently include Sunday but asking if there would be anything to stop that taking place if the application is granted?</p> <p>The Applicant replied that his other pharmacies have not changed their opening hours from those originally proposed, and that Sunday has proven to be quite a busy day for those locations as they are often the only ones open.</p>
7.18.	<p>Ms Kyna Harvey (Non Pharmaceutical Contractor Member) to the Applicant</p>
7.19.	<p>Ms Harvey asked the Applicant about pharmacy first, which promises easy access consultation with a pharmacist, and asked what he thought</p>

	<p>was a reasonable wait for a pharmacist to be able to see a customer after they enter the pharmacy.</p> <p>The Applicant replied that the pharmacy first service is very reactive, so the pharmacist would react and prioritise people as necessary to ensure everything functions well. For somebody coming in off the street, being seen within 10 minutes would be reasonable in many cases.</p>
7.20.	<p>Ms Harvey asked the applicant if the 10-minute wait for pharmacy first services was the standard in the other pharmacies he manages.</p> <p>The Applicant replied that it was.</p>
7.21.	<p>Ms Harvey asked the Applicant about the dosette boxes services and if there were waiting lists for that service in any of his other pharmacies.</p> <p>The Applicant replied that his pharmacy in Bute serves a very similar demographic to the what is in Kelso, and that he took on another member of staff there to help with the dosette box process. He noted that some pharmacies fail to realise that the dosette boxes will end up paying for themselves due to a decrease in dispense payment and are worthwhile to invest in.</p>
7.22.	<p>Ms Harvey asked the Applicant about staffing and what his one full-time and two part-time number of staff members will be doing.</p> <p>The Applicant replied that he would like for his staff to be as qualified as possible. He noted that he wasn't sure whether an accuracy checking technician would be necessary at the start of the business when numbers will be low, but that staff can get involved in the services and Accuracy Checking Dispensers can be purchased as well.</p>
7.23.	<p>Ms Harvey asked the Applicant if he had scoped out qualified, trained staff from colleges and other areas?</p> <p>The Applicant replied that he had not scoped staff from colleges, but that he has had members of staff in other pharmacies approach him to ask when his pharmacy will be opening.</p>
7.24.	<p>Ms Harvey asked the Applicant to confirm that he would not be outsourcing any dispensing to his pharmacy in Galashiels.</p> <p>The Applicant replied that he would not be outsourcing dispensing to Galashiels.</p>
7.25.	<p>Ms Harvey asked the Applicant if the ramp to the store will be the only available access.</p> <p>The Applicant replied that it would be, and that there's a side door in the close that will probably be used for deliveries.</p>
7.26.	<p>Ms Harvey asked the Applicant about the plans noting there were two waiting chairs, two consultation rooms and nothing else at the front of the shop and asked if he planned on selling anything.</p>

	The Applicant replied that the pharmacy services are what Kelso needs more of than retail.
7.27.	<p>Ms Harvey asked the Applicant if he thought two chairs was a reasonable amount of space.</p> <p>The Applicant noted that the plan was just a drawing and that he intended to do what was best for his customers, which could include providing additional seating.</p>
7.28.	<p>Ms Harvey asked the Applicant if he thought the granting of his application would adversely affect the viability of other pharmacies in Kelso, and how he planned to focus on pharmacy services when the pharmacist will also need to do accuracy checking.</p> <p>The Applicant confirmed that at the start of the business the pharmacist will need to do both but that as the business evolves, Accuracy Checking Technicians will take more of the processing element upstairs and pharmacists will deliver the services downstairs.</p>
7.18	Mr Ian Wilkie (Lay Member appointed by NHS Borders) to the Applicant
7.29.	<p>Mr Wilkie asked the Applicant about which three pharmacies he would be spending the bulk of his time in.</p> <p>The Applicant replied it would be spent in Kelso, Bute and Monkton.</p>
7.30.	<p>Mr Wilkie asked the Applicant about the Pharmaceutical Care Plan Document, where it states there are 29 community pharmacies within NHS Borders which appear to be well distributed across the region and meet access and needs of most of the population. He asked the Applicant to comment on the fact that it does not identify any gaps in provision of pharmaceutical services in NHS Borders.</p> <p>The Applicant replied that the arguments he has put forward about adequacy are not about access. He also noted that pharmacies get granted in other areas of Scotland based on merits of the cases put forward even with no gaps highlighted in the Pharmaceutical Care Services Plan.</p>
7.31.	Mr Richard Copland (Lay Member appointed by NHS Borders) to the Applicant
7.32.	<p>Mr Copland asked the Applicant to tell him more about the operation at his pharmacy and what will make it better than the operations at Boots or Rowlands.</p> <p>The Applicant replied that by being a smaller company and being more agile, he has a better network with the other local providers and GP practices, has much better stock control, doesn't use a one-sized fits all model to operate pharmacies and understands that not all operate the same way. He also stated that focussing on improving the patient</p>

	<p>journey, knowing the customers and having regular pharmacists making changes as and when necessary. He noted that it would be from a different way of working and one that is for the benefit of the patients.</p>
7.33.	<p>Ms Lucy O’Leary to the Applicant</p>
7.34.	<p>Ms O’Leary asked the Applicant about deliveries and employing a delivery driver from the first day of opening, and asked if that driver would be additional to the one full-time and two part-time members of staff who would be employed from day one.</p> <p>The Applicant replied that the delivery driver will be an addition to that staff and solely based in Kelso.</p>
7.35.	<p>Ms O’Leary asked the Applicant about the plan for timing and the extent of the delivery service.</p> <p>The Applicant replied the delivery driver role will be full-time delivering all hours that the pharmacy is open, and that the CAR highlighted numerous times that it is a necessary service for people.</p>
7.36.	<p>Ms O’Leary asked the Applicant what the proposed total staffing is for the pharmacy.</p> <p>The Applicant replied that it is two full-time and two part-time staff, as well as the pharmacist.</p>
8.	<p>Interested Party</p>
8.1.	<p>The Chair invited Mr Balvinder Sagoo from Boots UK Ltd to speak</p>
8.2.	<p>While we agree with the neighbourhood defined by the applicant, I would like to note that almost 12% of CAR respondents did not agree with the neighbourhood. The neighbourhood also contains large areas of open land as well as the golf course and racecourse.</p>
8.3.	<p>There are two existing pharmacies offering services and choice to patients within defined neighbourhood.</p>
8.4.	<p>I would also like to note 19% of the CAR respondents live outside the neighbourhood and there was no detail of how many if any of these respondents access services within the neighbourhood.</p>
8.5.	<p>We agree with the neighbourhood defined by the applicant and suggest it is the boundaries of the area as defined.</p>
8.6.	<p>We can draw a line to denote the neighbourhood but in reality, it doesn’t exist for patients, and some may choose to access services closer to their place of work or where they carry out their day-to-day business.</p>

8.7.	SIMD (Scottish Index of Multiple Deprivation) shows that one area of Kelso is ranked as deprived (output areas) in Scotland. However, the majority of the areas within Kelso are marked as least deprived.
8.8.	This map is from 2020. The area which is marked as deprived, consists of a Kelso Football Rugby Club and Kelso Hospital.
8.9.	The general state of health in Borders is better than Scotland average as indicated by the life expectancy in Males 78.6 years versus 77.1 years and in Females 82.6 years versus 81.1 years (taken from NHS Borders Pharmaceutical Care Services Report January 2025 PSC Report).
8.10.	Levels of general health are also on par with 83% of residents rating their health as good or very good and 4.2% rating their general health as bad or very bad. Scotland – 82% good or very good and 5.6% bad or very bad.
8.11.	We understand the population of Kelso to be approximately 6809. The census population data consists of 9 data zones, the boundaries of the data zones cover the area that the applicant has defined as their neighbourhood. The increase in population for all nine data zones is only 29 between 2011 and 2022.
8.12.	Census data shows that 2164 within the nine data zones are 65 and older, 31.8% of the population. The Scotland average is 16.7%
8.13.	Kelso has an ageing population and one that is not growing with the PCS report stating the fastest growing age group is between 65 and 74.
8.14.	The report indicates there will be fewer children being born in Kelso and with the ageing population, there is a prediction for a population decrease versus population growth in rest of Scotland.
8.15.	NHS Borders population per pharmacy is comparable with other Health Boards and lower than the national average (PSC Report).
8.16.	Average population per pharmacy in Scotland is 4323, in Borders it is 4183, in Kelso it drops to 3404 and in wider Cheviot area it is 3217. This strongly indicates the current pharmacy provision is sufficient to serve the population and introducing a third pharmacy would affect the viability of existing pharmacies.
8.17.	Levels of car ownership in Kelso are higher than the national average. 48% of households have access to a private vehicle compared to 42% in Scotland. 26% of households have access to two or more vehicles compared to 21.6% in Scotland. 74% of households have access to at least one vehicle.

8.18.	People in Kelso are in better health than most. The population is decreasing. Population per Pharmacy in Kelso is much lower than Scotland average. There are two pharmacies already serving the population and have capacity to increase if demand required. These are both within the defined neighbourhood.
8.19.	The proposed premises has two large steps up and a handrail, a narrow pavement with loading only on the narrow-cobbled street outside with parked cars making access very difficult.
8.20.	Shop layout is not appropriate for pharmacy.
8.21.	There are multiple mentions in the CAR with regards to inappropriateness of the location and site of the proposed premises due to parking and access.
8.22.	There are currently two pharmacies within Kelso, both of which are in the neighbourhood defined. The existing Boots pharmacy is located 120 metres from the proposed pharmacy, and a two minutes' walk. The existing Rowlands pharmacy is 260 metres, four-minute walk from the proposed premises.
8.23.	Our Boots pharmacy on The Square, Kelso provide the following services.
8.24.	AMS prescriptions. Average 2382 items a week. Make use of automation as almost 50% of these items are dispensed off site in our dispensing support pharmacy. Increasing capacity for our pharmacy team and pharmacist. Later this year will introduce further automation using barcode scanning technology resulting in our pharmacist not requiring to accuracy check even more prescriptions thereby freeing up even more capacity for patient consultations. Our business is growing at 4% due to new patients taken on from Lloyds and we have capture rate from Kelso Medical Practice of 42.6%.
8.25.	Pharmacy first. We average around 81 Pharmacy First Consultations that are recorded every week with six of these being a PGD.
8.26.	Medicines care and review service. There are 1k patients registered on this service. We continue to register any patients moving to MCR Serial Prescriptions. Average around 50 MCR items as week. Our pharmacist has an excellent working relationship with the practice and are in constant dialogue with any patients that may be suitable for the service. Around 200 patients registered with serial prescriptions.
8.27.	Community pharmacy urgent supply. We provide a service where a patient may have run out of medication and rather than visit the surgery, the pharmacist is able to provide a supply of their prescription medication. Kelso medical practice mentions this on their website.

8.28.	We provide the following PHS with capacity to look after more patients: emergency hormonal and bridging contraception, stop smoking service, gluten free food service, ostomy.
8.29.	We offer the following locally negotiated services: Substance use service, which has 12 patients with capacity for more, hepatitis C treatment, MAR service, with 30 patients and capacity for more, and compliance aids, with 17 patients with capacity for more.
8.30.	We provide an adequate level of service provision in our pharmacy and this is complemented by Rowlands in their provision of core and locally negotiated services.
8.31.	The PCS report states on the core services:
8.32.	AMS prescriptions. Prescription numbers remain stable with no significant increase in demand requiring any increase in service.
8.33.	MCR service, Work continues to engage with GP Practices and Community Pharmacies to increase this further.
8.34.	Pharmacy first. There is no unmet need in the provision of consultation and treatment.
8.35.	Public Health Services. Supported by community pharmacies with no unmet need identified.
8.36.	NHS Borders report was compiled this year and has identified no gaps in service provision in the neighbourhood.
8.37.	Providing improved health outcomes for our patients is fundamental to the work we do in our pharmacy. Therefore, we were disappointed and surprised at some of the comments that were reported.
8.38.	While we take these on board and continually look to improve our service based on feedback, it must be noted the CAR consultation period 26 th July to 28 th November was during the handover of Lloyds to Rowlands. During that period, we saw a sharp increase in our patient numbers for about two months. While this gave us an unexpected challenge for capacity at very short notice like many other towns where Lloyds were struggling, our team strived to look after all the patients coming over from the other pharmacy and during a challenging period worked with the surgery to make sure all patients received their prescriptions.
8.39.	The Area Manager supported with extra staffing, and I increased the number of prescriptions we were able to send to the Dispensing support pharmacy. The waiting times would have temporarily increased during the transition period between Lloyds and Rowlands but quickly settled.

	This period would have coincided with the CAR consultation period and may have resulted in some of the comments around waiting times.
8.40.	I would like to address some of the common themes and comments from the CAR report.
8.41.	Opening times. We are open 9am to 5:30pm Monday to Friday and 8:30am to 5pm on a Saturday.
8.42.	We are closed on a Sunday and close for lunch between 1pm and 2pm. None of our patients have ever indicated these hours are not suitable and if we did get feedback, we would look to review this.
8.43.	The applicant has indicated he will open between 10am to 2pm on Sunday. This is not required as part of the Core hours of service by NHS Borders.
8.44.	Delivery. We provide a daily delivery service even though this does not seem to be clear within the CAR. This service is provided free of charge. We also deliver to outlying areas on a Tuesday and Thursday
8.45.	Staffing. All our team are local and part of the community. We have a full-time permanent pharmacist and have a permanent pharmacist to cover days off. One day a week, we have double pharmacist cover. We have two 30 hours Registered Technicians both +20 years' service. We have three Pharmacy Advisor service ranging from five to 40 years' service. An experienced team serving their own community.
8.46.	Prescription turnaround. All of the MCR Serial prescriptions and any we order regularly for our patients are sent to our DSP. It is a day plus one turnaround for them but as we manage these prescriptions they will always be ready for the patients when they come to collect.
8.47.	Any prescriptions the patient orders themselves, we have them ready the following day we receive them from the surgery.
8.48.	We send those patients who have signed up a text message to inform them their prescription is ready.
8.49.	The Kelso medical practice states to allow the pharmacy seven days to dispense the prescription. We do not need this long to do so.
8.50.	Our premises. We have a consultation room, which offers privacy to patients, a hearing loop and automatic, power-assisted doors.
8.51.	The Kelso medical practice states to allow the pharmacy seven days to dispense the prescription. We do not need this long to do so.
8.52.	Other points to note from the CAR. Multiple comments around lack of provision of parking spaces at the proposed site and also issues with access.

8.53.	59% of respondents thought or were unsure if opening a new pharmacy would impact on the existing pharmacies. With the recent Lloyds closures, patients are more aware of the risks facing every profession including pharmacies.
8.54.	Their concern here is genuine as opening another pharmacy in Kelso will impact on the viability of the existing pharmacies.
8.55.	Our pharmacy in Kelso is 120 metres away from proposed site.
8.56.	<p>Since Rowlands have taken over the Lloyds contract, service is improving as we have seen our patient numbers return to normal as some are going back to their initial pharmacy.</p> <p>The existing pharmacies are reasonably accessible within the neighbourhood, whether a patient is travelling on foot, by car or by public transport.</p>
8.57.	The current pharmacies provide all services.
8.58.	Free parking is available within Kelso near to the existing pharmacies.
8.59.	Free delivery services are provided by existing pharmacies within the identified neighbourhood and wider Cheviot area.
8.60.	The Committee will be aware of the need to secure the adequacy of services in the area, which includes considering the effect granting the application would have on the stability and sustainability of local NHS Pharmaceutical Services. That is the existing services available to patients as well as the long-term viability and security of the new pharmacy, should the application be granted.
8.61.	In our experience, when a pharmacy opens near to an existing pharmacy, in a locality where there is already another pharmacy, the existing pharmacy will see a significant decrease in the number of items it dispenses and demand for services.
8.62.	The PPC will be aware that pharmacist resources have been an issue recently and that a new pharmacy in an area will give rise to an increase in demand for pharmacist and support staff resources.
8.63.	The PPC will have to assess the affect existing services available to patients as well as the long-term viability and security of the new pharmacy, should the application be granted.
8.64.	If our items significantly decrease, it could put the services we offer at risk. If this proposed pharmacy goes on to open, the potential loss of business at Boots could put these services at risk and lead to a reduction in staff. Notably second pharmacist costs.

8.65.	We submit that should the application be approved, and the proposed pharmacy go on to open, it will at the very least destabilise the provision of NHS Pharmaceutical services in this area.
8.66.	We would like to take the opportunity to remind the panel that a pharmacy although private, is NHS funded and the addition of a new contract would be at an expense to the NHS.
8.67.	Kelo has no unmet services provision or any that have been identified by NHS Borders indicating current provision is adequate.
8.68.	The population of Kelso is not projected to decrease.
8.69.	We agree with the neighbourhood defined by the applicant and suggest it is the boundaries of the area as defined but whilst we can draw a line to denote the neighbourhood but in reality, it doesn't exist for patients, and some may choose to access services closer to their place of work or where they carry out their day-to-day business.
8.70.	The proposed location does not offer anything by means of better access.
8.71.	The current pharmacies provide all core, national and local services as well as a delivery service to outlying areas.
8.72.	Since Rowlands have taken over the Lloyds contract, service is improving.
8.73.	Very few complaints have been made in the last 12 months and positive feedback has been received since Rowlands have started to operate the old Lloyds contract.
8.74.	The existing pharmacies are reasonably accessible within the neighbourhood, whether a patient is travelling on foot, by car or by public transport.
8.75.	There is free car parking available in Kelso.
8.76.	The viability of existing provision would be in question should a third contract open in Kelso.
8.77.	In conclusion, we submit the existing pharmaceutical services provided to the neighbourhood are adequate and urge the Committee to refuse this application.
8.78.	This concluded the presentation from Mr Sagoo.

9.	The Chair invited questions from the Applicant
9.1.	The Applicant to Mr Sagoo (Boots UK Ltd.)
9.2.	<p>The Applicant asked Mr Sagoo when the policy was changed to make deliveries free.</p> <p>Mr Sagoo replied that he believed they had always been free and then only had a charge for around three months before they were made free again.</p>
9.3.	<p>The Applicant asked Mr Sagoo about the areas covered in the claim that Boots delivers to outlying areas on a Tuesday and Thursday.</p> <p>Mr Sagoo replied that the delivery can go wherever the patients require it to because they are covered by a network of drivers that cover most locations in the Borders.</p>
9.4.	<p>The Applicant asked Mr Sagoo if his staff at Boots were aware that this delivery service is offered.</p> <p>Mr Sagoo replied that they were.</p>
9.5.	<p>The Applicant asked Mr Sagoo why when he phoned Boots last week was he told that deliveries were only available to those patients who were housebound or lived in Kelso.</p> <p>Mr Sagoo replied that was not his understanding of the delivery service.</p>
9.6.	<p>The Applicant asked Mr Sagoo about dosette boxes, as Mr Sagoo stated Boots has 17 patients receiving this service but told the Applicant that they did not have capacity to deliver more.</p> <p>Mr Sagoo confirmed he thinks that is adequate given the demand for dosette boxes. He also noted that Boots had a really good relationship with the Kelso Medical Practice and if a patient is deemed as needing the dosette box service, they would provide it.</p>
9.7.	<p>The Applicant asked Mr Sagoo if the staff at Boots were aware of this position as he was told there was no available waiting list.</p> <p>Mr Sagoo replied that there's no policy per se but that it is up to the pharmacist to make decisions about capacity.</p>
9.8.	<p>The Applicant asked Mr Sagoo if he would agree that the CAR report paints a different picture than his claim that there is no unmet need in Kelso, and that there is a need for a pharmacy taking on dosette boxes.</p> <p>Mr Sagoo replied that compliance aids are not one of the core services.</p>
9.9.	<p>The Applicant asked Mr Sagoo how many of his prescriptions were filled offsite.</p> <p>Mr Sagoo replied that 50% of the prescriptions were sent offsite.</p>

<p>9.10.</p>	<p>The Applicant asked Mr Sagoo if he experienced any delays and if he had data or statistics to see how well Boots adheres to there day plus one policy.</p> <p>Mr Sagoo replied that he does not have data but that the only reason Boots would not be able to fill the prescription in that timeframe would be weather related supply issues with no option to dispense locally.</p>
<p>9.11.</p>	<p>The Applicant asked Mr Sagoo if his team needed to dispense prescriptions in store during an offsite failure, would the stock be available.</p> <p>Mr Sagoo replied that the stock would come the next day if not in store at the time of the request, and that this happens very rarely.</p>
<p>9.12.</p>	<p>The Applicant asked Mr Sagoo why he has not gotten rid of the podium at the front of the Boots store.</p> <p>Mr Sagoo replied that changes have been made to the store by moving dispensing to be front facing to ensure patients can access staff at all times. A consultation room is available at the bottom of the pharmacy as well. If there was anything to indicate that patients were struggling, changes would be made.</p>
<p>9.13.</p>	<p>The Applicant asked Mr Sagoo if he would agree that the lack of confidentiality and stigma related to some patients with this set up would draw attention to the shop and patients using wheelchairs would have to discuss their concerns in front of other patients.</p> <p>Mr Sagoo replied that he did not agree with that, and that the team at Boots is great at providing support and there is a consultation room for private discussions.</p>
<p>9.14.</p>	<p>The Applicant asked Mr Sagoo about his quote from the 2022 census and asked where he managed to draw the data sets from as diving down into localities, parishes, health boards and other areas is not yet possible from the schematics of greater trend results.</p> <p>Mr Sagoo replied that this information was provided in the speaker notes he submitted.</p>
<p>9.15.</p>	<p>The Applicant asked Mr Sagoo about his comment on the population decrease due to fewer births and asked if he had also considered people moving into the neighbourhood.</p> <p>Mr Sagoo replied that he was quoting the Pharmaceutical Care Services Report.</p>
<p>9.16.</p>	<p>The Applicant asked Mr Sagoo if he had any evidence to support his claims of Boots performing more consultations.</p> <p>Mr Sagoo replied that he was indicating that when barcode scanning technologies are introduces, there will be less accuracy checking</p>

	necessary and those staff members will then be freed up to perform more consultations.
9.17.	<p>The Applicant asked Mr Sagoo about where his figures came from as he was struggling to see how the numbers provided tie into the payments that have been made to Boots pharmacy.</p> <p>Mr Sagoo replied that he got his figures from the Columbus Operating System of internal data which tracks pharmacy first activity.</p>
9.18.	<p>The Applicant asked Mr Sagoo about CPS prescriptions and how many are registered at Kelso Medical Practice versus how many come from outlying areas.</p> <p>Mr Sagoo replied that he did not have the details of those numbers.</p>
9.19.	<p>The Applicant asked Mr Sagoo if there were any plans to provide pharmacy first plus at Boots pharmacy in the future.</p> <p>Mr Sagoo replied that Boots would need an IP pharmacist and there are people on the waiting list to receive that training through university courses.</p>
9.20.	<p>The Applicant asked Mr Sagoo about why Boots is opened at 9am Monday to Friday while the surgery opens at 8:30, but that Boots opens at 8:30 on a Saturday.</p> <p>Mr Sagoo replied that it is in line with contracted hours and that, based on footfall figures, the pharmacy is quite busy on a Saturday morning.</p>
9.21.	<p>The Applicant asked Mr Sagoo about the impact on viability and if the granting of a new contract would make Boots unviable and why.</p> <p>Mr Sagoo replied that Boots would lose prescription items which would then lead to reduced staffing, with the possibility of losing the business going forward.</p>
10.	The Chair invited questions from the Committee
10.1.	Mr Richard Graeme (Contract Pharmacist Member) to the Mr Sagoo
10.2.	<p>Mr Graeme asked Mr Sagoo if there is a full-time manager in Boots.</p> <p>Mr Sagoo replied they do have a stable full-time manager who has been employed there for 15 years and a pharmacist who has been in position for 18 months with a team fully trained for pharmacy. Rowlands has a three day permanent member pharmacist and full staffing quota save for one vacancy.</p>
10.3.	<p>Mr Graeme asked Mr Sagoo if he relied on locums or if there was a relief pharmacist.</p> <p>Mr Sagoo replied that they do have a relief pharmacist with years of experience and covers days off.</p>

10.4.	<p>Mr Graeme asked Mr Sagoo about past closures and staffing issues with Boots and when the last time this was an issue.</p> <p>Mr Sagoo replied that he could not remember the last time Kelso Boots had to close and that staffing is not as much of a problem now as it has been previously. Increased locum availability has been beneficial.</p>
10.5.	<p>Ms Yvonne Williams (Contract Pharmacists Member) to Mr Sagoo</p>
10.6.	<p>Ms Willaims asked Mr Sagoo about MDS dosette boxes and asked if NHS Borders has any kind of MDS service or if it is something provided on a noncontractual basis.</p> <p>Mr Sagoo replied that the compliance aids are noncontractual and provided for the convenience of patients. NHS Borders has a MAR chart service with 30 patients on that service at the moment. Gives patients more specific indication of medication and improves adherence to the medication as well.</p>
10.7.	<p>Ms Williams asked Mr Sagoo about IP and the waiting list and if the pharmacist in Boots has indicated she would like to put herself forward for IP.</p> <p>Mr Sagoo replied that conversations with the pharmacist at Boots has indicated it is something they might want to do in the future, but Scottish Government ambitions are for an IP in every pharmacy by 2030 so need to adhere to that. Not contractual at this stage but all students graduating from 2026 onwards will have that qualification.</p>
10.8.	<p>Ms Williams asked Mr Sagoo about barcode scanning coming in to relieve accuracy checks and if that was correct.</p> <p>Mr Sagoo replied it was, clinical checks will still be taking place but extra technology coming in will no longer require accuracy checks for those items. Currently there is no accuracy checker at the moment.</p>
10.9.	<p>Ms Williams asked Mr Sagoo if the barcode scanning will allow advanced clinical check for repeat medications.</p> <p>Mr Sagoo replied that was the case but that any prescription changes will be alerted in the system.</p>
10.10.	<p>Ms Williams asked Mr Sagoo about timescales as to when business went back to normal levels after Rowlands took over from Lloyds.</p> <p>Mr Sagoo replied it was for a short period from September to October in 2023, reached almost 13,000 prescriptions a month before lowering back to normal regions of around 10,000 in March 2024.</p>
10.11.	<p>Ms Kyna Harvey (Non Pharmaceutical Contractor Member) to Mr Sagoo</p>

10.12.	<p>Ms Harvey asked Mr Sagoo what the wait time was for a consultation with a pharmacist is currently and if there is a policy that is standard.</p> <p>Mr Sagoo replied that it varies, and this is the first he is hearing of a standard.</p>
10.13.	<p>Ms Harvey asked Mr Sagoo to confirm if patients have to give consent before their prescriptions go to outside pharmacies for fulfilment and that it would take a day longer to full the prescription.</p> <p>Mr Sagoo replied that yes they do. There is no form but it is verbally given.</p>
10.14.	<p>Ms Harvey asked Mr Sagoo what impact a wheelchair user might have if they have to ask for the services other patients can access without help and if he feels that is an adequate service.</p> <p>Mr Sagoo replied that the service could be better in that regard.</p>
10.15.	Mr Ian Wilkie (Lay Member appointed by NHS Borders) to Mr Sagoo
10.16.	<p>Mr Wilkie asked Mr Sagoo about the figures he gave on population and quoted Borders figures at 4,183 and Scotland as 4,323 and asked Mr Sagoo to confirm the figures he gave for Cheviot.</p> <p>Mr Sagoo replied the figure was 3,217 and taken from the Care Services Report and population for that area.</p>
10.17.	<p>Mr Wilkie asked Mr Sagoo about the delivery service and whether the list was open or if there was a waiting list.</p> <p>Mr Sagoo replied that there are no waiting lists. If a patient requests it and it can be provided it will be granted. He is not aware of any times when a patient has requested it and been unable to get it.</p>
10.18.	<p>Mr Wilkie asked Mr Sagoo about potential closures of Boots pharmacies over the last year or so and whether the Kelso pharmacy was under threat.</p> <p>Mr Sagoo replied that he was not aware of Kelso Boots pharmacy being under threat of closing, unless another pharmacy opens.</p>
10.19.	<p>Mr Wilkie asked Mr Sagoo how long the IP course takes.</p> <p>Mr Sagoo replied on average nine months to a year.</p>
10.20.	<p>Mr Wilkie asked Mr Sagoo to agree there are a number of uncomplimentary comments about the current service in the CAR.</p> <p>Mr Sagoo replied he recognised this was the case.</p>
10.21.	Ms O'Leary (Chair) to Mr Sagoo

10.22.	<p>Ms O’Leary asked Mr Sagoo about potential viability and if another pharmacy opening would affect the quality of the service Boots is currently able to deliver their customers.</p> <p>Mr Sagoo replied he did not think that was the case.</p>
11.	Summing Up
11.1	The Chair asked for Mr Sagoo for Boots UK Ltd to sum up.
11.2	<p>Kelso has no unmet service provisions or any that have been identified by NHS Borders indication provision at the moment is adequate. The proposed location does not offer anything by means of better access for patients, and current provisions provides all core, national and locally negotiated services. Existing pharmacies are accessible within the neighbourhood and the viability of existing provisions would be thrown into question with the granting of a new contract in Kelso. I ask the Committee to refuse the application as the existing pharmaceutical provision in Kelso is adequate.</p>
11.3	The Chair asked for the Applicant to sum up.
11.4	<p>Kelso has been long overdue for this new pharmacy. The provisions being inadequate is not a new thing, it has been for some time. There’s been years and years that have been inadequate, the existing contractors have had opportunities to rectify failings and they haven’t. There are institutional failings. Speaking to many concerned residents in Kelso, there’s a great deal of stress and anxiety with the pharmacy service. Some are forced to drive miles out of town and can’t get the service that they deserve. I don’t think today that Boots has provided any evidence of adequacy nor do I believe that the answers that have been given remotely resemble what’s actually happening on the ground. The surrounding villages also rely on delivery service, there is an aging population. The comments with regards to Tuesdays and Thursday deliveries, I don’t see that as being the case, but this new pharmacy will provide Monday to Friday deliveries to all areas. The population requires further support to safely manage medicines and that this pharmacy will meet the demands placed upon it for compliance aids. I don’t see 17 dosette boxes as being anywhere near the level which could be considered adequate or acceptable, so anyone suitable for them would get them with the new pharmacy. The new pharmacy will also liaise with care businesses and the third sector to hopefully make delayed discharges due to pharmacy inadequacies a thing of the past. The Sunday opening will be highly beneficial, Sundays can be quite busy and there’s no Sunday coverage around the pharmacy at this time. The pharmacy will also be open to 6pm to coincide with the surgery closing time. There will be more suppliers, no vertical integration with wholesalers, and there will be multiple wholesalers on account. They will meet the prescribing needs of the population in a much more robust way with no two-day turnaround for offsite dispensing. The existing two pharmacies are oversubscribed, so the new pharmacy will not affect the</p>

	viability of them nor will there be any question of the viability of this new contract. Given all of this I think there's a deep rooted inadequacy and that this pharmacy is necessary to ensure adequacy.
12.	Retiral of Parties
12.1.	The Chair invited the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. The Applicant confirmed he had had a fair hearing within the meeting and otherwise that he had received a fair hearing. Mr Sagoo noted that he was not sent the premises plan prior to the meeting so it was sent to him and a recess was taken to give him a chance to review the information and come back with any questions.
12.2.	Mr Sagoo asked the Applicant if the initial ramp is in line with the current windows that is going over the two current steps. The Applicant replied that was the case, and that the ramp would cover the two existing steps.
12.3.	Mr Sagoo asked the Applicant if the landing and ramps are all going to be located outside the pharmacy. The Applicant replied that the ramp and initial landing are outside of the pharmacy, and the second landing will be covered by an aspect of the building but won't be indoors but recessed into the building.
12.4.	Mr Sagoo asked the Applicant if he was going to pull the entrance back. The Applicant replied that the current window feature will effectively move back.
12.5.	Mr Sagoo asked the Applicant asked how his pharmacy would be staffed if his one full-time member, two part-time members and one pharmacist were required upstairs. The Applicant replied that would not initially be a concern as operations will take place just on the ground floor with the upstairs having potential to develop later.
12.6.	Mr Sagoo asked the Applicant how patients who require help getting in the store will be assisted if all the staff are otherwise occupied. The Applicant confirmed that the gradient of the ramp is such that people can manage by themselves, IF assistance is needed there are three members of staff, so somebody should be available to help out.
12.7.	Mr Balvinder Sagoo confirmed they had had a fair hearing. Having been advised that all parties were satisfied, the Chair advised that the Committee consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared, and a copy issued to all parties as soon as possible. The letter

	would also contain details of how to make an appeal against the Committee's decision and the time limits involved.
12.8.	The Chair advised the Applicant and Interested Party that it was in their interest to remain available until the Committee had completed its private deliberations. This was in case the open session had to be reconvened should the Committee require further factual or legal advice, in which case, the parties would be invited to come back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation
12.9.	The hearing adjourned at 13:10 hours to allow the Committee to deliberate on the written and verbal submissions.
13.	Summary of Consultation Analysis Report (CAR)
13.1.	Introduction
13.2.	NHS Borders undertook a joint consultation exercise with the Applicant regarding the application for a new pharmacy at 21-21B Roxburgh Street, Kelso, TD5 7DN.
13.3.	The purpose of the consultation was to seek views of local people who may be affected by this or use the pharmacy at its proposed new location. The consultation also aimed to gauge local opinion on whether people felt access to pharmacy services in the area was adequate.
13.4.	Method of Engagement to Undertake Consultation
13.5.	The consultation was conducted by placing an advertisement in the Southern Reporter as well as being posted on NHS Borders website. The following were also informed of the consultation: Community Council, Patient Partnership Forum, Local Councillors, and MSPs. A leaflet drop featuring the agreed advert copy was carried out locally by the Applicant. Respondents could respond electronically or request a hard copy.
13.6.	The Consultation Period lasted for 90 working days through to 28 th November 2023.
13.7.	Summary of Questions and Analysis of Responses
13.8.	Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; perceived gaps/deficiencies in existing services; wider impact; impact on other NHS services and optional questions on respondents' addresses and circumstances.

Questions	Positive- Yes / %	Negative – No / %	Don't Know / %	Non Answered
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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?	698 / 88%	56 / 7%	36 / 5%	1 / 0%
2. Do you live within the above neighbourhood?	640 / 81%	150 / 19%	0	1 / 0%
3. The proposed location of the new pharmacy is: 21-21B Roxburgh Street, Kelso TD5 7DN. Do you think the location of the proposed premises will provide adequate access to pharmaceutical services in and to the 'neighbourhood'?	667 / 84%	70 / 9%	54 / 7%	0
4. Respondents were asked to add any additional comments to Q3, there were 236 comments. The main themes highlighted were provision of services currently provided by existing pharmacies (68), the location of the proposed pharmacy (67), parking concerns (58), accessibility (15) and the size of the proposed premises (10).				
5. Do you think the current pharmaceutical services being provided in the neighbourhood is adequate?	39 / 5%	723 / 91%	27 / 3%	2 / 0%
6. Respondents were asked to add any additional comments to Q5, there were 413 comments. The vast majority (98%) made reference to demand and capacity of the existing providers, recurring themes were queues, waiting times for prescriptions, lack of adequate staffing, drug shortages and opening times/closures. 2% stated the current provision is adequate.				
7. Do you think there are gaps in the existing provision of pharmaceutical services in the neighbourhood described.	620 / 78%	48 / 6%	118 / 15%	5 / 1%
8. Respondents who answered "Yes" to Q7 were asked to comment on what they thought the gaps are. There were 387 responses. The main themes highlighted were waiting times for prescriptions and drug availability (29%), existing service and staffing concerns (26%) general capacity concerns for the area (21%), opening hours (10%) and lack of delivery service (3%).				
9. 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? Substance Misuse Service: between 275 and 300, Unscheduled Care: ~500, Stoma Services: ~350, Gluten Free Foods: between 300 and 325, Medication Care and Review: ~450, Pharmaceutical Public Health Services: ~375, NHS Pharmacy First: ~525, Dispensing of NHS Prescriptions: between 675 and 700.				
10. Respondents were asked to add any additional comments to Q9, there were 122 comments. The majority of comments expressed that all the above services were required.				
11. Do you think the proposed opening hours are appropriate.	746 / 94%	29 / 4%	13 / 2%	3 / 0%
12. Respondents were asked to provide any additional comments to Q11. There were 132 responses. 58% of the comments were in support of the Sunday opening, 17% requested earlier or later opening during weekdays, 11% were supportive of the proposed opening hours and 5% felt that Sunday opening was not required.				
13. Do you think there are other NHS services that the proposed pharmacy should consider providing?	83 / 10%	205 / 26%	486 / 61%	17 / 2%
14. Respondents were asked to explain their answer to Q13, there were 69 comments, 11 relating to a prescription delivery service, 9 relating to minor ailments, 7 relating to support for Diabetes, 7 for mental health services, 2 relating to blister packs and 2 for private consultations. The remaining comments referred to existing NHS provided services				
15. In your opinion would the proposed application help other healthcare providers to work closer together, i.e. GPs, community nursing, other pharmacies, dentists, optometrists and social services?	632 / 81%	26 / 3%	126 / 16%	7 / 1%
16. In your opinion would the proposed application impact on other healthcare providers, i.e. GPs, community nursing, other pharmacies, dentists, optometrists and social services?	241 / 31%	324 / 41%	218 / 28%	8 / 1%
17. Do you support the opening of a new pharmacy being proposed at Kelso?	763 / 97%	17 / 2%	10 / 1%	1 / 0%
18. Respondents were asked to provide any additional comments, if any to Q17. There were 197 responses. The majority 85% were in support of the application, 7% commented on the location, 3% felt an additional pharmacy was not required and 5% other.				
19. How did you become aware of this consultation? NHS Borders Website: 77, Social Media: 527, Newspaper Advert: 17, Other: 167				

20. Respondents who answered “other” were asked to state, there were 149 responses, the majority (113) answered “leaflet/letter drop”, other answers were “friend”, “local shop” and “word of mouth”.
21. Respondent Information: 784 respondents answers “I am an individual”, 0 respondents answered “I am a group or organisation”.
22. Name of Group or Organisation (Optional): There were no responses.
23. Respondents were asked for any additional comments. There were 74 responses. 50% were positive and supportive of the application, 16% expressed concerns regarding location and accessibility, 11% were negative regarding the existing provision, 3% were non supportive of the application.

13.9.	In total 791 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.
13.10.	Of the 791 responses, 784 were submitted by individuals and 0 were submitted from a group or organisation. 7 respondents did not clarify.
13.11.	Consultation Outcome and Conclusion
13.12.	A range of consultation methods were used resulting in 791 people actively engaging in the consultation.
14.	Decision
14.1.	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.
14.2.	Neighbourhood
14.3.	The Committee agreed the neighbourhood to be the town of Kelso in its entirety.
14.4.	The Agreed Boundaries were: North – to the Kelso Golf Club East – following the course of the River Tweed to the Hendersyde Estate South – to the southern edge of Maxwellheugh West – where Edinburgh Road meets the A6089 past Croft Park
14.5.	Adequacy of existing provision of pharmaceutical services and necessity or desirability
14.6.	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.

14.7.	The Committee was mindful that determination of adequacy would be a question applied to the facts and evidence revealed and established, and its conclusion reached would be after exercising appropriate judgement. It gave careful consideration to the evidence it had received from the applicant, the CAR responses, the interested parties, the Pharmaceutical Care Plan, its PPC member visits to the site; and it heard expert advice from contractor and non-contractor pharmacist members of the panel about the issues identified in the hearing and their knowledge of equivalent service delivery matters elsewhere in Scotland.
14.8.	The Committee considered the location of the proposed premises in relation to already existing pharmacies in Kelso who are offering core services
14.9.	The Committee noted that the CAR identified potential inadequacies in the pharmaceutical provision in Kelso but that the CAR relates to a historical time period during which there were different pharmaceutical contracts in Kelso, including an operator no longer in existence.
14.10.	The Committee noted there was a low level of compliance aids available in Kelso, however as this is not a contractual service it is outwith the scope of the Committee.
15.	Conclusion
15.1.	Following the withdrawal of Mr Grahame, Ms Williams and Ms 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 agreed that the pharmaceutical provision in Kelso is adequate.
15.2.	Taking account of all the representations made, and the information revealed by the CAR and submitted orally and in writing the Committee determines that it is not necessary not desirable to approve the application by Sean Manson for admission to the Pharmaceutical List. The Committee rejected the application.
15.3.	The Hearing closed at 15:01 hrs.



Signed:

NAME
Chair – Pharmacy Practices Committee

Date: 13 September 2024