

Minutes of the Pharmacy Oban PPC Hearing

Tuesday 21 October 2025

PANEL MEMBERS

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

IN ATTENDANCE

Karen Doonan	Secretary
Philippa Hurley	Trainee Secretary

OBSERVERS

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

INTERESTED PARTIES

Syed Ali Kazam / Idreece Khan	Applicants
Malcolm Mathieson	APC Representative
Frank Roberts	Oban Community Council
Martin Green	M & D Green Community Pharmacy
Scott Jamieson/Emma Bayne	Boots Community Pharmacy

1.Chairman's Address

The Chair welcomed everyone in person and on Teams to Assynt House, Inverness, introduced herself as non-executive director of NHS Highland for the purposes of this PPC Hearing.

The Chair stated that before you all joined the meeting this morning, she asked members of the panel of our committee if we had any personal interest to declare or if the person who had the personal interest in the application. The Chair confirmed that no member declared any interest.

Chair outlined the business of today and why we are here, and this hearing has been convened to determine the application for a general pharmaceutical services contract from Syed Ali Kazam and Idreece Khan for premises at 5 Soroba Road, Oban, PA34 4JA.

The application will be considered by the Committee against the statutory legal test as set out in regulation 5.10 of the NHS Pharmaceutical Services Scotland Regulations 2009, as amended. The statutory legal test shall be read as follows by the Chair. An application should be granted if the board is satisfied that the provisional pharmaceutical service at the premises is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located.

The hearing will be conducted, as follows.

The applicant will speak first in support of the application. Questions addressed to the applicant will be invited from interested parties. Questions from the committee will be addressed to the applicant. The interested parties will then be invited to state their case.

Following this statement, questions to be addressed to the interested party will be invited from the applicant and other interested parties.

This statement will be repeated until all interested parties have had the opportunity to present the case and be questioned. We will then move to summing up. We will start with the interested parties who will be asked to sum up their cases. Please remember that no new evidence can be given at this stage. We will then move on to summing up of the applicant. The applicant will be invited to sum up their application and again no new evidence can be given at this stage.

The applicant interested parties and employees of the board will then be asked to withdraw to enable the application to be determined by the committee. That will leave only the lay and the APC committee nominate members of the Pharmacy Practices committee and Chairman remaining in the room to begin the determination. The APC Committee nominate members will then be asked to leave the meeting first.

The decision is made after the deliberations prior to the decision, so that will be the lay member and the Chair.

Whilst the conduct of the hearing is formal, we would like everyone involved to feel as comfortable as possible while still adhering to this formal process. Therefore, it is important that all exchanges at the hearing are directed through the Chair.

It should be noted that in interest of fairness, to allow all parties to have an opportunity to speak and we would ask for you to be succinct in your presentation and follow up questions.

The Chair wished to draw to the attention of members of this Committee that the advice and guidance documents in the folders which were sent out in advance.

The Chair reminded the Committee members that every party attending the hearing will only contribute to the process through unidentified person, which you have provided to us.

The Chair listed today's committee hearing attendees:

Karen Leach - Chair

Ian Gibson- Ley Member

Mark Sutherland- Ley Member (Teams)

Patricia Hannam- APC Non-Contractor nominate member (Teams)

Susan Paterson- APC Contractor nominate member (Teams)

Catriona Sinclair- APC Contractor nominate member.

Boots- Scott Jamieson and Emma Bayne

Community Council Oban-Frank Roberts

M & D Greens- Martin Green

APC Representative- Malcolm Mathieson

The Chair reminded the committee and panel members that questions to be addressed to the applicant will be invited from interested parties.

It should be noted that this is an opportunity to ask questions only each interested party.

2. Applicant Presentation

Applicant

I would first like to start by introducing myself and my partners, and to thank the Pharmacy Practices Committee (PPC) for the opportunity to present our case that a new pharmacy is both necessary and desirable to secure adequate provision of services to the neighbourhood of Oban.

Myself, Zain and Ali have been working together in our own pharmacy, Campbeltown Pharmacy, since it opened its doors on 14th April this year. This contract was awarded as a result of the PPC's decision that pharmaceutical services were inadequate after the closure of Boots the Chemist on Main Street in Campbeltown. For that consultation, we achieved a record number of responses and letters of support from the local community, demonstrating the clear need for adequate provision. Since opening, Campbeltown Pharmacy has delivered exceptional, patient-centred pharmaceutical services to our community and this is reflected in the letter submitted by Campbeltown Medical Practice.

It is our sincere hope and commitment to bring the same standard of care to Oban, ensuring its residents receive accessible and adequate pharmaceutical services they rightly deserve.

We have defined the neighbourhood of Oban as the following:

To the East -. Luachrach Loch

To the West -. Kerrera Ferry Terminal

To the South -. Soroba Road

To the North - A85

Oban, often known as the “Gateway to the Isles,” is a vibrant port town on Scotland’s west coast with a population that soars during the tourist season. It is home to a busy ferry terminal, a thriving local high street with a range of independent shops and national chains, several supermarkets, primary and secondary schools, multiple dental practices, Lorn & Islands Hospital and Lorn medical centre, the largest medical practice in terms of patient list size in the whole of Argyll and Bute.

The town also has care homes and residential living centres. Since the closure of Soroba Road Boots in February 2024 the town is now serviced by only 2 Pharmacies, both located in the busy Town centre on George street.

Overall, this defined neighbourhood is a cornerstone of Argyll and Bute and contributes greatly to Scotland’s wider social and economic fabric. Oban is well equipped with the services and infrastructure needed to service its local population, along with the surrounding communities and islands that depend on it for daily needs. In short, the residents of Oban have no requirement to leave the neighbourhood, their day to day, and other living requirements are more than met by the businesses, with the glaring exception of pharmacy services.

Oban is defined as a very remote small town with the 2022 census showing Oban to have a population of around 8000. This figure does not include those residing in nearby villages which rely on services and amenities from within Oban.

If we look at the practice list size of Lorne Medical Centre, we can surmise that 11,566 patients utilise health services from within Oban with 97% of prescription items generated from the surgery dispensed from the 2 Pharmacies within the town. Figures taken from Public Health Scotland’s publication on GP practice list sizes gives a breakdown of the Population using Lorne Medical Practice by urban and rural classifications. The figures for 2023 showed:

- 8,456 patients reside within urban category 5 (which are very remote small towns defined as Settlements of 3,000 to 9,999 people, and with a drive time of over 60 minutes to a Settlement of 10,000 or more.)
- 2854 patients reside within urban category 8 (which are very remote rural areas defined as Areas with a population of less than 3,000 people, and with a drive time of over 60 minutes to a Settlement of 10,000 or more).

I can therefore conclude that since the closure of Boots at our proposed premises in February 2024, patients looking to access pharmacy services in Oban now only have access to 2 Pharmacies.

If we compare this to other rural areas in Argyll and Bute, we can clearly see that the residents of Oban are now at a disadvantage. Lochgilphead for instance, with a doctor surgery patient list 6,689 has two pharmacies (3,344 patients per Pharmacy). Rothesay population 4,310 (2022) also with two pharmacies (2155 patients per Pharmacy) and Campbeltown Medical practice list size of 6,076 (3038 patients per Pharmacy). Again, Lorne Medical practice has a patient list size of 11,566 that’s a whopping 5783 patients per pharmacy.

To add to this, Argyll and Bute council reported in their document titled ‘Bid for Oban City Status’ 8th December 2021, that’ the resident population of Oban swells to 25,000 at the height of the summer making it an exceptionally busy tourist hub. According to the NHS circular on securing pharmaceutical provision, among the factors which PPCs should consider in making a determination on an application are, and I quote:

“The likely demand for pharmaceutical services in the neighbourhood from both the resident and any transient population”, as part of the legal test.

Two pharmacies servicing the entire town is insufficient to cope with this additional strain. Pharmacies are often the first point of contact for minor ailments, providing immediate access to advice, over-the-counter medications and urgent medication supply. Therefore, the influx of tourists will no doubt increase demand and significantly add to the pressure on the local pharmacy network.

Recent developments completed in and around Oban include Argyll Community Housing completing a 107-home development in the Glenshellach area of Oban in 2020. Dunbeg, a residential settlement just north of Oban has seen significant development with around 600 homes already built since 2017 and planning has been submitted February of this year for a further 433 homes.

Oban has a higher and increasing elderly population compared to national data. The health intelligence report for Oban, Lorn and the Isles states that as of 2021, 23.6% of the population are aged 65 years and over compared to the national rate of 20%. This is projected to increase to 29% by 2030. As the population ages, the prevalence of multi-morbidities and chronic conditions will inevitably rise. With an ageing population, there is, therefore, an anticipated need for increased service provision for elderly care in the future.

Moreover, the 2021 Locality Profile for OBAN LORN and The Isles report 24% of the population having a long-term illness, disease, or condition, which is higher than the national average for Scotland, which according to the 2022 census was 21.4%. This indicates that Oban and Lorn have a higher proportion of residents with long-term health conditions compared to the wider Scottish population.

SIMD 2020 identifies one data zone in Oban, Lorn and the Isles that is in the 20% most deprived small areas in Scotland. This is Oban South where our proposed Pharmacy is located. The Strategic Plan for Public Health Scotland reports that the onset of multi-morbidities occurs 10-15 years earlier and people in the poorest neighbourhoods die 10 years before those in the wealthiest.

Higher than average and increasing elderly population places immense strain on health services. Higher rates of long-term illnesses and the high influx of tourists exacerbate these challenges. Taking these factors into account, it is very surprising that Boots made the decision to shut their Soroba Road branch, which has further intensified the demand on pharmacy provision.

I will now demonstrate, with evidence, that the current provision of pharmacy services by the two pharmacies is inadequate and that the addition of another pharmacy is not just a necessity but an urgent requirement.

The most recent NHS Highland Pharmaceutical Services Care Plan stated in its executive summary “in view of the recent pharmacy closures (18th November 2023), the unmet need for additional community pharmacy provision may be required to be considered.”. The inclusion of a statement regarding potential unmet need for additional community pharmacy provision in the Care Plan is quite significant. It is rare for such plans to explicitly mention the need to consider the necessity for additional services, highlighting an awareness of the real risk of inadequacy in Pharmaceutical provision following closures of branches.

The core services in the NHS Scotland community pharmacy contract consist of the Pharmacy First service, Acute Medication service (AMS), Public Health service and Medicines Care and

Review (MCR). These services are a compulsory requirement of every NHS contracted community pharmacy in Scotland.

The Acute Medication Service (AMS) is a safe and timely dispensing of prescription items and is a core element of the NHS community pharmacy contract.

In NHS Highland, the average pharmacy dispenses approximately 5,700 items per month. However, in Oban, the demand is far higher. Last year, Lorne Medical Practice generated an average of 14,625 prescription items per month, and this figure has been steadily rising, up 18% since 2019, when the average was 12,444 items.

Previously, this workload was shared between three pharmacies in the town. In 2023, prior to the closure, Boots in Soroba Road dispensed an average of 7000 items per month, Boots in George Street dispensed 3,590 items per month and M&D Green (formerly Gordon's) dispensed 5,305 items per month.

However, since the closure of Boots Soroba Road, the burden has fallen entirely on the remaining two pharmacies, pushing them well above the NHS Highland average. So far this year Boots George Street now dispenses an average of 9003 items per month, a 151% increase from its 2023 figures. M&D Green now dispenses an average of 7,135 items per month, up 35% since 2023.

This dramatic increase in prescription items has placed unsustainable pressure on the remaining pharmacies, compromising their ability to provide AMS adequately. Simply put, the volume of prescriptions now far exceeds what these pharmacies can realistically handle while still delivering the full range of NHS pharmaceutical services to an adequate standard.

The CAR supports this narrative as only 27% of respondents agreed that AMS was adequate. The responses found in the CAR demonstrate this, with comments stating the following:

- *If get a prescription from an emergency doctor's appointment, you can't actually get the medication until the next day at current.*
- *Waiting one week to receive prescription is inadequate. Waiting 45 minutes in queue to find out about prescription is inadequate. Having to return later to pick up prescription and wait another 45 minutes in queue is inadequate.*
- *As someone with chronic pain issues, the current service 'or lack of ' is an ongoing nightmare, ordering a prescription a week in advance, having to stand in queue for 15/20mins before being seen then having to wait 30mins for prescription is bang out of order.*

The vast number of comments make it clear that the town's two pharmacies are overwhelmed, with long waiting times and excessive prescription turnaround times effectively blocking access to essential services such as AMS and in some cases, resulting in delayed treatment initiation for urgent medication. Therefore, it is evident that AMS provision is inadequate.

Staff are clearly unable to keep pace with demand, resulting in potential harm and capacity issues for services like care at home and compliance aids. A comment from a carer in the CAR sums this up stating.

- *The closure has really impacted service levels as Gordons not accepting MARs and Boots constantly getting MAR wrong.*

This is a wholly unacceptable situation. The carer's comment makes it clear that Boots is repeatedly making errors with MAR charts, while M&D Green refuses to take on any MAR chart patients at all. The Public Health Scotland Key Facts explains that by 2031 there will be an increase of 25% on demand for health and social care services due to the increasing number of older people. This projected rise in demand will mean even greater reliance on pharmacy services such as Care at Home and the current feedback clearly demonstrates that the existing pharmacy network is already struggling to cope. Capacity issues and MAR chart errors have completely rendered the Care at home service inadequate, and the letters of support substantiate this. The CAR reports only 23% of respondents believe that care at home is being delivered adequately.

Furthermore, neither pharmacy is accommodating any additional dosette box patients. This is particularly concerning, as dosette boxes are a vital service for patients who struggle with medication compliance, especially elderly people who often rely on them to manage complex medication regimens safely.

When we have contacted both Boots and M&D Green over the last couple of months, we have been told on each occasion that they could not accept any new box patients because they are already overwhelmed, and they offered no alternative solution. This reality is reflected in the CAR, where only 25% of respondents felt that compliance aid services were adequately provided.

The comments submitted to the CAR illustrate how serious this issue is:

- *No current capacity for new dosette box prescriptions. Have asked numerous times over a period of 15 months, without success.*
- *I work in Social Work and I know we are no longer able to get people NOMADs dosette boxes which then increases pressures on services*
- *I am a GP and many patients locally have difficulty accessing a pharmacy, with long waits for medication and difficulty queuing. As a GP, access to a pharmacy that is taking on new patients with Dosette boxes would make a huge impact on my day-to-day work with frail, elderly patients.*

The lack of provision of compliance aids has far-reaching consequences, impacting not only patients but also the work of carers and GPs, as highlighted in the comments. The fact that neither pharmacy can accept new dosette box patients demonstrates beyond doubt that both pharmacies have reached saturation point and that this essential service is therefore inadequate for those who need it most.

The unsustainable demand has inevitably led to the most serious consequence a pharmacy can face, dispensing errors. An FOI request to Boots' head office highlights this issue. In 2023, before the closure, Boots George Street reported just 2 dispensing errors. In stark contrast, following the closure in 2024, the number of reported errors surged to 18. With prescription volumes having more than doubled, this equates to an 800% rise in dispensing incidents.

These figures are symptomatic of a much deeper problem. The delays and inadequate service levels demonstrate that Boots is struggling to meet demand and can no longer provide a consistently safe and reliable service. The situation has now escalated to the point where errors are occurring more frequently placing patients at serious risk of harm.

It is also important to note that we submit with the same request to M&D Green's head office. I have provided the panel with the email to show that this request was refused, in direct breach of their obligation to comply with Freedom of Information requirements. This lack of transparency is

concerning as it does raise the question, why is this data being withheld if the pharmacy is operating safely.

The increased burden on the remaining Pharmacies has not just led to safety concerns but has also resulted in a severe strain on other contracted services.

Pharmacy First is a core service and plays a vital role in ensuring patients can access prompt advice and treatment for minor illnesses without needing to see a GP. Data from Public Health Scotland shows the scale and importance of this service: with 35% of the Scottish population, nearly 1.9 million people have used Pharmacy First Scotland in the most recent 12 months reported October 2023 to September 2024.

As detailed in Appendix A, the local data clearly shows that all three pharmacies in Oban have historically underperformed in delivering this vital service when compared to the Scottish average.

Between January and June 2024, the Scottish average per pharmacy for Pharmacy First was:

- 243 items supplied
- 68 advices provided
- 35 referrals made

Now let's compare these figures to those from the two pharmacies.

In 2024, Boots George Street dispensed an average of 76 items, provided 31 advices and 17 referrals. If we analyse the figures for 2023 and compare them to 2024, Boots George Street has seen a 30% decline in the number of Pharmacy First items dispensed. Let's fast forward to 2025 and we can notice a clear downward trend, the average number of PF items dispensed by Boots declined by a gigantic 47% from 2023, advices declined by 18% and referrals declined by 27%. M&D Green has consistently underperformed in their obligation to provide Pharmacy First as highlighted in Appendix A. This is particularly concerning given that the closure of Boots Soroba Road in February 2024 should have increased demand for Pharmacy First services at the remaining pharmacies, but instead, it has resulted in a sharp decline in the overall level of service delivered.

Let's put this disparity in Pharmacy First provision into clearer context. Rothesay, for example, has a population of 4,310, that's around half that of Oban, and is served by two pharmacies. Between January to June 2025, Bute Pharmacy dispensed an average of 11,057 items per month, including 432 Pharmacy First items. In comparison, Boots dispensed an average of 57 Pharmacy First items and M&D Green dispensed an average of 18 Pharmacy First items per month over the same period. This is despite serving a much larger local population as well as visiting tourists. It is clear there is a complete lack of engagement with this vital service in Oban.

Therefore, it is of no surprise that the CAR reports only 32% of respondents believe the Pharmacy First Service is being provided adequately.

Comments in the CAR are as follows:

- *Went to boots who had 20 people in the queue. Waited 30 mins only to be told to come back in afternoon and Gordons were not willing to do a consultation because I'm a Boots patient. Too much hassle so just made an appointment with the Doctor. Not Adequate*

service in my opinion.

- *As a Nurse in the area, I can say that I have witnessed first-hand the deficiencies in Pharmacy services especially since the closure. Pharmacy First is scarcely used with patients making appointments when they should be treated by the pharmacist. This is a waste of appointments and is occurring more and more frequently.*

The comments in the CAR highlight significant concerns regarding the inadequate delivery of the Pharmacy First service in Oban. According to CPS, when implemented effectively, Pharmacy First has the potential to reduce GP appointments by up to 40%. However, in Oban, the uptake has been severely hindered by long waiting times, overwhelmed pharmacy teams, and limited pharmacist availability for consultations thus rendering the service inadequate. This reality is reflected in the numerous letters of support submitted during the CAR highlighting knock-on effect this inadequacy is having on other healthcare professionals.

Now privacy is an important component in the delivery of the Primary First service, yet it has emerged as a consistent and serious concern among patients. Multiple comments in the CAR reflect a lack of private space and opportunities for confidential consultations in both Oban pharmacies. Patients have reported the following:

- *Definitely no privacy available if you do happen to get a conversation with pharmacist!*
- *Lack of privacy is a big issue. Both pharmacies are overwhelmed. Always queued out.*
- *No private space to discuss and maintain confidentiality.*

Now privacy and confidentiality are fundamental principles in healthcare and basic rights for all individuals. The lack of a suitable environment for private discussions compromises not only the quality of care but also patient dignity and trust in the service.

MCR, Medicines, Care and Review, is a Core Service designed to provide ongoing support and care for individuals managing long-term conditions.

The NHS Scotland Polypharmacy guidance outlines that in patients over the age of 65, and on five or more medications, 50% of hospital admissions due to adverse drug events are preventable. When implemented correctly, MCR can significantly reduce adverse drug reactions, thereby reducing hospital admissions.

As shown in Appendix A, 670 patients were registered with Boots Soroba Road in 2023 for MCR, with the number falling to 326 in 2024. Following the closure, it would be reasonable to expect these patients to have been transferred to Boots George Street. However, the data shows that patient registration numbers at both Boots George Street and M&D Green have remained largely unchanged since the closure. This means that many of those previously registered with Boots Soroba Road are no longer accessing this essential service. As a result, these patients are missing out on the significant benefits that this core service provides, therefore the current provision is inadequate.

The CAR reports only 31% of respondents felt the MCR service was being delivered adequately. During our discussions with Lorne Medical Centre, they expressed frustration at the limited engagement with this service, attributing the issue to local pharmacies operating beyond capacity. This concern is reflected in their letter of support submitted.

Another pressing concern highlighted in the CAR is the provision of the palliative care service. Both Boots and M&D Green are contracted to provide this service. Given the critical nature of this

provision, one would expect it to be delivered to a consistently high standard. However, only 24% of respondents in the CAR felt that the service was being adequately provided.

I want to highlight one particular comment that really troubled us:

- *As a community nurse we can't access palliative controlled drugs quickly. We need to join a 40-minute queue to get told to come back in 30 minutes to get this or to be told they don't have in stock!*

Now the palliative care service is for patients who are dying and the medicines are needed on an urgent basis for their end-of-life care. The fact that healthcare professionals have to wait in 40 min ques to only be told to come back in 30 minutes highlights the seriousness of this issue. The provision of palliative care is clearly inadequate, despite two pharmacies in the area contracted to provide the service.

Between October 2024 and March 2025, in the span of 5 months, Boots George Street experienced six unscheduled closures. Such closures pose a significant risk to patient safety, especially for individuals with mobility issues or those who use wheelchairs. Since M&D Green, the only alternative pharmacy nearby, is not accessible to wheelchair users due to a step at its entrance and restrictive heavy double doors. As a result, patients with limited mobility are not able to access pharmacy services when Boots are closed.

Accessibility has consistently emerged as one of the most significant issues in our discussions with the public and local organisations. This is echoed in the CAR, where 58% of respondents report experiencing difficulties in receiving community pharmacy services in Oban. The following comments illustrate just some of the challenges they face:

- *The George St pharmacies are inaccessible for those with limited mobility. There is no guarantee of on-street parking, there are long wait times.*
- *Gordon's Pharmacy has a step to access - not wheelchair friendly.*
- *No parking and the queues are horrendous since the closure. When you have a disabled mother needing a consultation with a pharmacist it's not possible to visit and have to rely on getting appointment with GP.*
- *I use a Tri-wheeler, unable to walk long distances so need to ask or depend on family or friends or pay for a taxi to go and collect.*

These comments clearly demonstrate that accessibility is not simply a matter of convenience, it is a barrier that prevents patients from receiving the care they need. People are experiencing genuine difficulties in accessing the existing pharmacies, whether due to physical inaccessibility or lack of parking. Beyond physical barriers, other factors such as long queues, extended waiting times, and the increasing workload placed on existing pharmacies make services like Pharmacy First practically out of reach. For many, these challenges mean relying on others for essential medicines, missing out on timely consultations, or being forced back onto already overstretched GP services.

To make matters worse, Boots close during lunch hours, further limiting access to an already strained pharmaceutical service. This arrangement is far from adequate for the residents of Oban, especially for those who rely on their lunch break as the only window of time to collect medication.

Now numerous concerns about opening hours have been raised in the CAR. As a result, 96% of the respondents agreed with our proposed opening times for Monday to Friday. When combined

with persistent long queues, slow turnaround times for prescriptions, and limited access to speak with a pharmacist, it is clear that patients are becoming increasingly frustrated. The following are just a few of the many comments submitted by members of the public in relation to this issue:

- *During working hours - I start at 8-9am - pharmacy closed before 9, closes at lunch and then closes at 5.30pm which then makes it difficult to pick up.*
- *They are regularly closed at lunch times, at weekends or no pharmacist is in due to staffing issues.*
- *Boots have been closed at different times for lunch makes it difficult to get into town. Gordon's was so overwhelmed they could not dispense a prescription Friday. I had to wait until Monday afternoon.*

The challenges facing the public make it clear that the current provision of pharmacy services is inadequate to meet the needs of the community, particularly its most vulnerable members. This underlines the urgent need for a new, accessible pharmacy that can relieve pressure on existing providers and ensure patients receive timely, adequate care.

The Consultation Analysis Report (CAR), as a whole, provides a clear and compelling account of the views of those accessing pharmacy services in Oban, unambiguously demonstrating that the existing pharmacy provision is entirely inadequate. It is important to note that this consultation generated a record number of responses for NHS Highland with 1080 achieved.

Question 5

Do you think there are any gaps or deficiencies in the current provision of pharmaceutical services?

Yes	686	64%
No	82	7%
Don't know	312	29%

Only 7% of respondents answered no to this question.

Removing don't knows- 90% answered yes

Question 12

Do you think there will be any positive impact or benefit to the neighbourhood in having a new community pharmacy?

Yes	1051	97%
No	11	1%
Don't Know	18	2%

97% answered yes.

Question 16

Do you support the opening of a new pharmacy in Oban?

Yes	1071	99%
No	9	<1%

An overwhelming majority 1071 (99%) of respondents answered Yes to this question.

The Key themes from the CAR overall were the following:

- Delays in prescriptions being dispensed
- Long Queues
- Staff Overwhelmed with workload
- Increased Pressures on other health services such as social care and the medical practice.
- Dispensing Errors
- Difficulty consulting with a pharmacist
- Lack of Privacy
- Accessibility issues

I urge the panel to read and consider the numerous comments detailed in the CAR, which are too extensive to quote in full during this presentation. However, I have constructed a table (**Appendix C**) to illustrate the frequency of key terms used by respondents which capture the community's frustration towards pharmacy services. In short, the CAR paints a damning picture of completely inadequate pharmacy provision in Oban.

This application has also received strong support from various notable individuals, local organisations, and charities, all of whom express concern about the inadequate pharmacy services being provided. Two retirement housing managers from Bield Housing and Care have highlighted the difficulties residents face in accessing pharmacy services, including long queues, lack of privacy, particularly at M&D Green Chemist, and overwhelmed services that have resulted in patients going without essential medication. In one case, Nikki Herd described how a tenant had to attend A&E because their medication was not delivered on time. We have also witnessed firsthand the struggles of patients, including those using a Zimmer frame who expressed difficulty accessing services and tenants who are now unable to visit the pharmacy due to fear of navigating the distance from their homes.

Several organisations providing homecare have all reported that delays in prescription fulfilment significantly impact their ability to care effectively. These delays, compounded by issues like lunch closures, parking difficulties, and long queues, reduce the time carers can spend caring for those they are responsible for. These inadequacies strain the already limited resources of Argyll and Bute Council, and the impact of time spent waiting at pharmacies is evident in their support letters.

Oban Community Carers have highlighted problems with MAR charts being incorrect or not completed, which prevents carers from administering medication correctly and leads to delays in treatment initiation, placing additional stress on homecare services.

Lorne Medical Practice has explicitly stated that pharmacy services are inadequate, with core services like MCR and Pharmacy First being underutilized, adversely affecting surgery appointment times. Furthermore, Pharmacy opening hours do not align with surgery opening hours.

Specsavers has reported cases where patients are being referred to them for ailments that should be treated directly by a pharmacist.

Additionally, all three dental practices in the area have issued letters of support, reporting delays in fulfilling urgent prescriptions for antibiotics, often not on the same day, further emphasising the inadequate service provision.

Acacio Barrios, the Social Work Team Manager, has commented that the current pharmacies are operating at capacity. This creates a ripple effect into secondary care. Patients who are otherwise medically fit for discharge are unable to leave hospital because the current pharmacies cannot accommodate new dosette box or MAR chart patients. This is a matter of serious concern, as it results in hospital beds being occupied by patients who could safely be in the community, while those in urgent need of admission are left waiting due to the lack of available capacity.

Overall, the consistent feedback from these individuals and organisations underscores a pressing need for adequate pharmacy services in Oban to better serve the community's health needs.

The panel will be aware that the pharmacy formerly known as Gordons has been acquired by M&Ds, with the official change of ownership taking place on March 4th of this year. Since the takeover, there has been no improvement in pharmacy provision.

I have attached an email from a local dental practice highlighting that M&D Green are no longer accepting acute prescriptions on a Friday. The accessibility challenges persist, and the provision of Pharmacy First and MCR remains inadequate, as demonstrated by the data. A GPhC inspection conducted on 2 May following the takeover resulted in a failure, further indicating that basic standards are not being met. I have also attached recent google reviews of both Pharmacies confirming that inadequacies are still present. I want to highlight one review for M&D Green where the patient looking for advice was told 'we won't be able to help you, the pharmacist is too busy'. This is a clear indicator that the change of ownership has not resulted in any improvement in the provision of core services like Pharmacy First. And Boots Pharmacy, their latest google reviews show they are still struggling to deal with long queues and unable to fulfil urgent prescriptions, like antibiotics. I have also submitted a recent email from Oban community carers proving that Pharmacy provision at Boots is still inadequate. And a recent email from Dr Jesperson at Lorne Medical describes how there has been no improvement in Pharmacy provision since the CAR was conducted.

Evidence demonstrates the inadequacies in Pharmacy provision within Oban still exist and the findings from the CAR are still valid.

To make matters worse the base Pharmacist at boots is working his notice and due to leave his role in the coming weeks. Rural areas often struggle with the recruitment of healthcare professionals which will mean the branch will have to rely on locum cover. With no continuity in Pharmacist cover we can only envisage that the already inadequate service levels will worsen.

Furthermore, M&D Green has submitted plans at the end of last year to alter their premises, with the works not yet started. A local reputable architect had examined these plans and concluded

that the designs do not meet the needs of the disabled and wheelchair users within our community.

- The 70mm high step at the main entrance has not been addressed.
- The manual double doors at the main entrance are highly restrictive and this has not been addressed.
- The internal aisle approach to the new consulting room is only 780mm wide not meeting the minimum requirements of building standards which is 1000mm.
- The consultation room is not functional as it does not allow turning space for a wheelchair user, denying them independent access and exit.

Clearly no consideration has been made towards accessibility for the most vulnerable in our community. These issues were highlighted by the Oban access Panel and a member of the public yet were not considered by the Pharmacy. We have attached the full report by Bracewell Stirling which details how the plans are contrary to the spirit of The Equality Act 2010.

Our proposed pharmacy on Soroba Road is already designed to meet accessibility needs. The premises is fully DDA compliant with a ramp and automatic opening door at the entrance. A key concern identified in the Consultation Analysis Report was the lack of parking on George street, especially during tourist season. Our proposed premises has ample parking. We will also have a fully equipped consultation room which will comfortably accommodate wheelchair and pram users. Our proposed pharmacy will be open from 8:00am to 6:00 pm during the week, providing enhanced access and aligning with surgery opening times. Our proposed Sunday opening hours will serve as a vital lifeline for residents of the town, surrounding villages, and visitors, especially since the nearest pharmacy open on Sunday is located in Helensburgh. Sunday opening will help ease the pressure on out-of-hours services, particularly with Pharmacy First and Pharmacy First Plus.

Our vision is to prioritise dispensing medication and to be a service-driven pharmacy. We will provide a full range of NHS services. Additionally, we will offer all locally negotiated services where invite and are committed to establishing independent prescribing clinics to support patient-centred care.

Privately, we plan to offer services such as Ear Wax Removal by Microsuction, Private Vaccinations and Flu vaccinations. We will also provide free blood pressure and blood glucose checks.

Zain, who has recently been shortlisted as Pharmacist of the Year at the 2025 Scotland Health Awards, will be the Responsible Pharmacist in Oban if the application. As an independent prescriber, he will be offering Pharmacy First Plus, which will enable him to diagnose, prescribe, and treat various common illnesses. The surgery has already highlighted concerns about appointment times being taken by individuals who could be treated in the pharmacy. In Campbeltown patients come to us first for assessment and treatment instead of contacting their GP. Campbeltown Medical Practice has expressed how invaluable they find our Pharmacy First Plus service, noting that it has helped reduce unnecessary appointments and allowed GPs and nurses to focus their time on patients with serious health needs.

Having three pharmacies in Oban is both viable and necessary. We contend that the closure of Boots on Soroba Road was driven by a desire to reduce overhead costs and increase profits, prioritising financial gain over patient care rather than securing the long-term viability of pharmacy services in the area. Both current pharmacies are now dispensing significantly more than the Highland average, and the evidence presented today, along with the Consultation Analysis

Report, proves they are unable to manage this increased workload adequately. An aging population, high tourist numbers and local villages that rely on accessible amenities and services will only increase reliance on pharmacy services in the area.

In other parts of NHS Highland, pharmacies operate viably on less than half the prescription volume seen here. For instance, Kingussie Pharmacy and Strathspey Pharmacy both dispense just over 3000 items per month while Ness Pharmacy in Inverness is doing just over 2000 items per month. Oban has always supported three pharmacies even when prescription items were 18% less than what they are today. The closure has shown that two pharmacies simply cannot adequately serve this rural town's needs.

In conclusion, we respectfully submit that the evidence presented today demonstrates beyond doubt that the current provision of pharmaceutical services in Oban is inadequate and can only be remedied with the approval of this application.

As the Consultation Analysis Report, evidence submitted and public feedback clearly show, this has led to:

- Inadequate provision of AMS, with long queues, delays, and slow turnaround of prescriptions.
- Reduced availability of Pharmacy First, MCR, and palliative care services, as existing providers struggle to meet demand.
- Lack of privacy, and limited access to speak directly with a pharmacist further undermine the safe and effective delivery of pharmaceutical services
- Significant accessibility barriers, particularly affecting the elderly and disabled patients
- Unmanageable workload pressures on staff, resulting in increased errors, withdrawal of dosette boxes for new patients, and knock-on pressures on other health and social care providers who depend on efficient pharmacy services.

These problems are not issues of convenience; they are barriers that compromise patient safety, equity of access, and the adequate delivery of NHS services. The situation has not changed since the CAR was conducted. This is confirmed by recent Google reviews, emails from medical practice, local dentist and manager of Oban community carers.

Against this background, we believe a third pharmacy in Oban is not only necessary to relieve the burden on existing providers, but also desirable to restore safe, accessible, sustainable and adequate pharmaceutical care.

We therefore ask the Committee to grant this application so that Oban can once again benefit from three pharmacies, ensuring that services are delivered in line with the PPC's duty to secure adequate, necessary, and desirable provision for the population it serves.

Thank you for your time and careful consideration. We would be happy to take any questions.

3. Questions from IPs/Panel

Boots - Thank you very much Chair. Thank you for your presentation, I've just got a few questions to go through the statistics. Just to pick up on some of the points that mentioned, I think in your presentation you said the population, 65 and over or 23.6%. Did I get that right first of all?

Applicant – that's correct, yeah

Boots – Can I just ask where you got those figures from?

Applicant – I got that from the, I got that from the Oban Lorn, the Health Intelligence Report for Oban, Lorn and the Isles, page 21

Boots – Okay I will come back to it in an hour because it is a little bit different than we have.

Applicant – Okay

Boots – and also, I think that you went on to say that was going to be increasing by 2030, again can I just check a) did I get that right? And b) where did you get that from?

Applicant – that is correct and that is from the same report

Boots – same report, thank you very much. And again, another one that was different from the figures that I got from the census data was 24% of them with a long-term health condition?

Applicant – yeah, yeah, yeah. So that was from the 2021 Locality Profile for Oban, Lorn and the Isles.

Boots – Locality profile, marvellous, thank you. You then said Oban South was looking at SMID data?

Applicant – yes

Boots – was remote

Applicant – It's in Quintel one

Boots – and where did you get that from?

Applicant – I got that from the SIMD, the SMID data

Boots – that's SMID

Applicant – yes that's SMID data

Boots – again I think our figures are very different to that. You spoke a lot about Care at Home Services and mentioned MAR chart errors. Got any evidence of that?

Applicant – the evidence that I have got in terms of the dispensing errors we obviously we submitted an FOI request to your Head Office, and they did present us with, sort of dispensing errors that Boots have had. It didn't go into detail about what those errors were, so we are not aware if they were MAR charts or just normal sort of medication errors. However, the Care, the Care organisations have spoken about it quite frequently and it is mentioned in their letters of support, and there are multiple comments in the CAR which do talk about it.

Boots – Obviously quite serious accusations that you have made in terms of patient safety, therefore I am going to push this point.

Application – of course, of course.

Boots – really, I want to come back to the same question. What is your evidence?

Applicant – like I said, we submitted the FOI request to your Head Office

Boots – I have got the freedom of information request

Applicant – okay

Boots – you are right, it doesn't give you any breakdown on what this is, so

Applicant – obviously not

Boots – on what that is. So therefore, where is your evidence?

Applicant – so, if you look at the Care at Home organisation, the manager has explicitly said there has been MAR Chart errors, she actually does go into quite significant detail about a recent visit where there was a MAR chart error and MAR charts having been missing from the bags. So, it is frequently mentioned, so that, to me that is evidence enough, where you have got a manager of Oban Community Carers stating that there are errors with MAR Charts, that is evidence enough. It is another Health Care Professional.

Boots – okay, I can certainly say that none of that has come to us, but I will come back to that Chair. Appreciate that that last comment is not a question.

Applicant – can I answer that question, that nothings come back? Am I allowed to answer that question? That nothing came back

Boots – no, no it's me that is asking the questions

Applicant – okay, no worries, no problem at all

Boots – I going to stick on this patient safety issue, you said that there were 18 errors in 2024

Applicant – yes that is correct

Boots – that's correct, which came through the freedom of information request that you had submitted. You had said that we dispense 9000 items per month, so could you be, what would the incident rates be on that?

Applicant – I have not done the calculations, but I am assuming that you have?

Boots – yes and would it surprise you that it is less than 0.01%?

Applicant – I think that the point is that when you have had a 151% increase in prescription items, yet you have had an 800% increase in dispensing errors, that is quite disproportionate. I mean obviously mistakes do happen, but when you have, when it is that disproportionate clearly there is a problem there. Of course, when you are going to be, if your items are going to be increasing by that amount, then you would expect the staffing would be in place, procedures would be in place to minimise any disruptions. To me that is, that is quite concerning.

Boots – What would you say is the bedrock of a patient safety culture?

Applicant – Can you ask, can you ask that again?

Boots – What is the kind of core culture that you need in order to have a safe or a team that are conscientious around patient safety? What, what would you say is important?

Applicant – well I can only go by what we do in Campbell, what we do in our own pharmacy. So, every week we, we look at the, we look at the mistakes, the dispensing mistakes that the staff have made and every week we go over that with them. So, and if there is ever, ever any dispensing errors, then we would, again we would do a report, we would find out why that happened to minimise any sort of instances of any, of a chance of it happening again. And also, importantly as well the time of day it happened, to see other busy periods of the day or the more quiet periods of the day. Do we need more staff? Is there any issues? Luckily in Campbelltown we have only ever had one that we have reported in the five months term, so that's answering your question.

Boots – so would you say that a safe, open reporting culture is a necessary component of a good patient safety platform?

Applicant – definitely, of course and that's what Boots have done and by doing that we have been able to identify that your dispensing error rate, like your dispensing errors have increased by 800% and being able to identify that there is obviously a clear concern here. Like your prescription rate has increased by 151%, yet dispensing errors have increased by 800%, again quite disproportionate numbers there.

Boots – do you think there could be any unintended consequences by your actions, putting through a Freedom of Information request obviously people read the PPC notes do you think that there could be any unintended consequences, in doing that?

Applicant – Absolutely not, I think that in fact it would be quite the opposite. I think that this highlights the issue that there is a problem here.

Boots – well an error rate of 0.016%, you know I really can't see there is a significant patient safety concern.

Applicant – I would disagree on the basis that your error rate has increased by 800% yet your prescription items have only increased by 151%. In, I mean, it's not, it's disproportionate.

Boots – sorry did you say that it is not safe?

Applicant – No I never said that I said it's disproportionate.

Boots – I think we will move on. We visited the surgery recently and, just in relation to your feedback round about Pharmacy First that patients can't access and they are having to go to other health care professionals. Would it surprise you that the surgery did not share any feedback with us or any concerns with that?

Applicant – it would shock me because I spoke to the surgery last week and they have had made no mention of anybody visiting from your organisation, and especially the strong words that they, in their first letter of support that they gave us, very strong words explicitly stating that pharmacy services were inadequate. And again, saying in their most recent letter of, most recent evidence saying that pharmacy services are still the same, that there have been the same problems. So that would shock me, yes.

Boots – you spoke a lot about compliancy packs and access to compliancy packs; can I just check with you are compliancy packs an NHS service?

Applicant – it's not a core service however it is a very important service that patients that do struggle with medication compliance rely on, and without it you are putting patients at serious risk of harm. Especially for patients who may be at risk of overdosing on their medication or who are at risk of not taking their medication at all. So, although it is not a core service, it is a very, very important service.

Boots – am not saying that it is not an important service, I just asked if it was an NHS Service possibly its

Applicant – I said it was not a core service

Boots – coming back to your comments round about palliative care service and again the Community Nurse that couldn't access palliative care cos I didn't have stock, same question really. Can I just ask what your evidence is for that?

Applicant – So I don't have any like medical evidence to substantiate that but logically the key themes around the CAR are especially about your organisation are about the long queues, about the long waiting times, about the problems that people are having accessing the pharmacy with the parking difficulties and that comment highlights that even nurses are having problems accessing stock for patients that are in urgent need of it.

Boots – so it's a comment

Applicant – comments, yes, a comment that one particular comment.

Boots – so it's not any factual evidence

Applicant – I believe that to be evidence in itself and if you take, if you look at it within the context of the Consultation Assessment Report it is quite clearly a concern. Especially when you are considering its for patients at the end-of-life care.

Boots – Just to move on, you spoke a lot about the size of the premises and physical accessibility, do you agree your premises, your proposed premises is quite small?

Applicant – I would say that it is functional, having worked there before, I know that it is functional

Boots – you mentioned in the consultation room, that you could get a pram in?

Applicant – yes

Boots – you could get a patient sitting with a pram?

Applicant – yes

Boots – you also mentioned lunchtime closures as well. What is the requirement of NHS Highlands model hours scheme?

Applicant – so of course you are allowed a lunch closure, it does allow for a one hour lunch but the point that I was making was that the problem in Oban is that when Boots are closed for lunch the other pharmacy, M & D Green are not accessible to all members of the public due to their own issues with the shop. So wheelchair users can't access them.

Boots – so by NHS Highlands requirements

Applicant – uhuh

Boots – a pharmacy can close for lunch for up to an hour in the middle of the day?

Applicant – yes

Boots – therefore adequate services

Application – I don't believe so

Boots – NHS Highland said that so

Applicant – Okay, okay but I mean you are just picking on one point when you are saying that just because they are closed, just because it allows you to close for an hour lunch therefore adequate service but considering the context of everything surrounding that and the problems that you are facing so when then you do then re-open for lunch. Again, I mean recently last month when I visited Oban there was a, after the lunch closure when they re opened back up there was a big massive queue, patients were waiting, and you could clearly see that was an accessibility to receiving pharmacy services.

Boots – with regards to the test though

Applicant – okay

Boots – that would be NHS Highlands model hours scheme though, would you agree?

Applicant – it does meet NHS Highlands model hours scheme; I am not disagreeing with that but with regards to the test we need to consider everything

Boots – just coming to the CAR, question three, Hep C drug dispensing. Do you think it was interesting that 20% of the respondents thought that that was inadequate?

Applicant – ask that again sorry

Boots – Question three, Hep C drug dispensing?

Applicant – okay

Boots – 20% of the respondents said it was inadequate

Applicant – okay

Boots – interesting, was that a surprise?

Applicant – depends on how many people use it

Boots – how many people do you think would use it? So, we got a 1,000 people responded, I am taking that is what 200 people that said its inadequate

Applicant – am not sure, it depends on how many people use it, how many, maybes somebodies' family members use it. It's a difficult one for me to answer without actually knowing how many people use it

Boots – Do you think people understood what was meant by that?

Applicant – well it was quite clear, Hep C drug dispensing, I think it is quite explanatory if you

Boots – what kind of volumes of Hep C dispensing that we would see in Oban?

Applicant - having not worked there since COVID, I am not sure

Boots – erm prostate cancer dispensing, 23% said it was inadequate?

Applicant – yeah, am not sure

Boots - Clozapine dispensing 18% said enough

Applicant – again not sure how many, how many patients that you have on that service.

Boots – yeah, I think it would be pretty low. I think

Applicant – I mean you think or you know?

Boots – well I

Applicant – well I don't know, so you think.

Boots – well I don't know how many patients that we have got

Applicant – okay, so if you know how many patients that you have got, so you know the answer. Unfortunately, I don't know exactly how many patients you've got. How many of their family members may have answered that question or their friends as well or

Boots – emergency Naloxone supply, 20% said was inadequate.

Applicant – it's very 50/50 with emergency Naloxone, like they are all kinda 50/50. All the ones that you have mentioned, they are all very 50/50.

Boots – what do you mean 50/50?

Applicant – 50/50 in the sense that 20% have answered yes and 20% have answered no. For Clozapine 18 and 21% so they are all very 50/50. Hep C 19 and 20%

Boots – they are just, they are lower volumes I guess is what I am saying

Applicant – okay

Boots – and for 20% on average of the responses to the CAR I mean I just wanted to pick that up, seems unusual, do you agree?

Applicant – I don't believe so unless I, unless I actually know how many patients you have
Boots – again looking at the CAR, around 20% don't live in the neighbourhood, is that right?

Applicant – yep

Boots – do we know where the other 20% live?

Applicant – we don't, but we can, you would think that they stay in the surrounding villages and would access pharmacy services from within Oban. It would make the most logical yeah

Boots – so you have got one pharmacy in Campbelltown?

Applicant – yes

Boots – we will take the view that you currently run one pharmacy

Applicant – yes that is correct, yes

Boots – so can I just check, what are your plans if you are successful in your application today, what are your plans in terms of staffing the pharmacy in Oban?

Applicant – do you mean in terms of pharmacy number, of pharmacists?

Boots – yes

Applicant – of course, so Ali is based in Campbelltown, he works their full-time. Zen will be running Oban, so it will be Zen who will be in Oban.

Boots – so is that one of your partners or

Applicant – oh sorry, Zen is one of our business partners as well, so there is three of us, yeah there is three of us

Boots – and again you have got long operating hours haven't you, eight and six, nine to five on Saturday, Sunday 12 til four, so is he gonna do all of that?

Applicant – no he won't, no, no, we wouldn't expect that of him, erm he will be doing Monday til Thursday and we will have a pharmacist part-time working Friday to Sunday or Thursday to Sunday and I will be helping as well, double cover Monday till Thursday.

Boots – that pharmacist is gonna be, is that a permanent pharmacist?

Applicant – yes

Boots – I think that is all pretty much for me

Chair – Thank you very much so if we could move on please to the Community Council, Frank if you have any questions for the applicants, please?

Community Council – thank you Chair, I don't think that I do but I would like to say that I thought that that was an excellent presentation in which an awful lot of work had been done to obtain these figures. And, well I will leave my questions for Boots until the appropriate time, but no further questions of the applicant.

Chair – Thank you very much Frank. If we can move on to M & D Green.

M & D Green – thank you Chair. Can I just check on a, on a few things please and I will try not to take too long. Am I right in thinking that you now own and operate a pharmacy in Campbelltown?

Applicant – yeah, yes

M & D Green – is that your first pharmacy?

Applicant – that is correct

M & D Green – erm and you said opened in when April this year?

Applicant – that's right

M & D Green – so relative newcomers? Novices to this?

Applicant – I wouldn't say novices, what we lack in experience, we make up in our passion for pharmacy and we have demonstrated that in the short space of time that we have been in, that we have been in Campbelltown

M & D Green – you commented in your presentation that at M & D Green we do 7000 items per month and using prescription volume as a proxy for being busy. Do you consider that to be a busy pharmacy, 7000 items?

Applicant – so I wouldn't say that is particularly busy or particularly quiet but clearly it is not able to meet, clearly those prescription volumes are affecting your provision of your other core services

M & D Green – so you're concluding or agreeing if you like that it is not a busy pharmacy, do you agree that?

Applicant – I am saying it's not busy and it's not quiet

M & D Green – It's not busy and it's not quiet, okay, is it possible that some of the information that you presented today is perhaps out of date and no longer relevant?

Applicant – definitely not

M & D Green – definitely not, but you commented that M & D Green were refusing community MAR Sheets and dosette boxes

Applicant – yes

M & D Green – and that you got this information by approaching staff. Can I check if that was, were you phoning the pharmacy pretending to be a patient or a patient's representative?

Applicant – we were phoning the pharmacy saying that we were needing a dosette box provision, yeah. We were asking whether or not they were able to provide boxes

M & D Green – pretending to be a patient

Applicant – pretending to be a patient or asking them do you, are you able to dosette, are you able to provide dosette box provision. And its not just that that we were, that's not the only evidence that we brought up its also from the Community Carer Organisation as well. Who have said that M & D Green are not providing, aren't accepting new dosette box patients either, there are various different evidences that we have submitted

M & D Green – do you agree that when you phoned the pharmacy

Applicant – yes

M & D Green – pretending to be a patient you were told that we did, that we did not do dosette boxes or community MAR sheets, is that what you are saying?

Applicant – yes, that is what your staff have said to us, yes

M & D Green – okay, erm MCR, you used that and the levels of MCR as a proxy for an inadequate service because the numbers weren't growing, is that your view?

Applicant – yes

M & D Green – an MCR service that is not growing would suggest that the pharmacies in town are not embracing the service?

Applicant – so prior to the closure, Boots Soroba Road had six around six hundred, sorry 670 patients registered with MCR, which is, am sure we can both agree it's a very important service which patients do benefit from, since the

M & D Green – I don't know that I do agree, but I will come to that

Applicant – no worries, since the closure, those patients are now no longer accept, accessing that service because they have been left. So, although prescription numbers have gone up, MCR levels have remained the same and now those patients aren't getting the benefits of that service. So that is, that's where, that's why I have said it is inadequate

M & D Green – so there are no other factors that could be impacting on a decreasing number of MCR patients?

Applicant – well quite clearly when you have gone from pre closure 670 patients to then post closure, I think the main factor here is the closure and then these patients weren't then registered at the other pharmacy

M & D Green – Okay how busy do you think your pharmacy is going to be?

Applicant – you will know yourself with new contracts it is quite difficult to say but we expect after 12 months to be doing around 5000 items

M & D Green – and do you think that would have an impact on the other two pharmacies in the town?

Applicant – of course it is inevitable, the pharmacies in the town, all those items, however it is not necessarily a bad thing because looking at the numbers on your provision on the other services, Pharmacy First, they aren't getting, patients aren't, that services isn't getting provided as much, so we will actually help to lift the pressure off the existing pharmacies thereby freeing up your pharmacist to have consultations with patients.

M & D Green – so if we can go back to “7000 items is not a busy pharmacy”, you aim, or intend to perhaps do 5000 items. There has been three pharmacies in Oban before and one of them closed. Is there not a risk that if another pharmacy opens again, one of the existing two pharmacies could close?

Applicant – I don't believe so because

M & D Green – but we are not busy, you are going to be doing 5000 items

Applicant – yes

M & D Green – and you are not concerned at all that won't impact on the other two pharmacies in town?

Applicant – the reason why I am not concerned is because we will enable you to utilise other aspects of the pharmacy contract, like Pharmacy First which also does help to drive revenue so I don't believe that the, that the pharmacy will close. There are pharmacies around Scotland that are doing less items, I mean your own pharmacy in Edinburgh, Calder Park is only doing 2000 items and its completely viable

M & D Green – is that pharmacy viable?

Applicant – well it's been open and operating for a number of years

M & D Green – is it viable?

Applicant – I believe so

M & D Green – I don't know how you know, okay you have been helpful in providing drawings of your proposed pharmacy. Can I ask if you have in fact got a building warrant for the works proposed?

Applicant – so our, we don't have a building warrant yet, a building warrant would still need to be sought upon assumption that this application is granted but our architect has had pre application meetings erm with the council about it and we don't foresee any problems with getting a building warrant for work of that nature

M & D Green – okay could I clarify a couple of things from it please

Applicant – of course you can

M & D Green – could I just check that the opening into the dispensary, is that correct when I read that it is only 555 millimetres wide?

Applicant – yes, it is

M & D Green – okay, erm can I check in the sales area bearing in mind that you have a consultation room there and the architect or whoever has drawn this has helpfully identified that there is a one, a one point five metre area within inside the door to get a, a wheelchair in which is also required on the other side of the door erm for the wheelchair to get in. Where in the sales area are you going to, going to put your chemist counter at which to receive patients?

Applicant – yeah, okay, so see just where the, if you have got the plans there?

M & D Green – can I check is it on the drawing?

Applicant – yeah, yeah, it's not on the drawing

M & D Green – it's not on the drawing?

Applicant - but I can tell you where it is, so see just where the, how do you explain it, just to, see just to the right of the passageway, to the right. See just where there is a dot there, the red dot

M & D Green – uhuh

Applicant – so there, there will be a hatch there, there will be a hatch that is going to get lowered, then that will be where the counter is

Applicant - don't know if you can see it, sorry

M & D Green – a hatch, so where would someone stand then if they were receiving patients in that space?

Applicant – where would we want the staff member to stand do you mean?

M & D Green – yes

Applicant – okay, so they would stand in the dispensary on the other side

M & D Green – okay thank you, pharmacies are not particularly big, I think you couldn't really argue that they are you are going to provide dosette boxes?

Applicant – correct

M & D Green – how many dosette boxes do you think you have space for in there?

Applicant – so the upstairs, the upstairs part of the premises we will be using for dosette box patients, and we think that we can get, it's the same size, we have got like a dosette box a dosette box room in Campbelltown and its pretty much the same size and we have got over 100 patients, yeah

M & D Green – and do you think that you have got storage in there for

Applicant – yeah

M & D Green – stock

Applicant – yes, absolutely, absolutely

M & D Green – okay, what NHS services are you proposing to provide that are not already available?

Applicant – Pharmacy First Plus is one of them and its just about providing a more adequate AMS conventional Pharmacy First service as well

M & D Green - so the only service that you are offering that is not currently provided in Oban is Pharmacy First Plus, is that what you are saying?

Applicant – yeah, so obviously dosette box isn't being provided in Oban for new patients, so we will be accepting patients for new dosette boxes, we will be providing MAR Charts as well, Care at Home service we will also be providing a more proactive MCR service as well. Quite clearly that is not being adequately serviced and again Pharmacy First as well as Pharmacy First Plus. Pharmacy First Plus being a very important service in itself.

M & D Green – you requested a prescription, error information and I will come to that later on, can I ask or just clarify that I am guessing you're as the conversation that you have had with my colleague Scott here, you were suggesting that the number of errors would represent a service erm was perhaps erm overwhelmed?

Applicant – can you ask that again, sorry

M & D Green – in asking for information around dispensing errors I can only assume its to try and determine or suggest in a way that erm a service is overwhelmed or overworked, is that correct?

Applicant – yes of course, yes it's to see if the dispensing errors are in proportion to the increase in the prescription items

M & D Green – so would you agree that the opposite would then apply if there are very few or no dispensing errors that that would suggest that service is far from overwhelmed?

Applicant – I mean there are various other factors to be considered of course but it could imply that, yeah

M & D Green – okay, thank you. I think that is all from me

Chair – thank you very much, so we will move on to questions from the panel and if I can start with, sorry he was sitting there so quietly, huge apologies. So to move us on from the APC.

APC Rep – I have only got one question, and we have touched upon it already, you touched on staffing, particularly the pharmacist but of course in addition to pharmacists there is an entire team that support in running a pharmacy. How do you propose on getting them up and running? I suppose you would draw on your experiences from Campbelltown there.

Applicant – yes so in Campbelltown we were quite lucky that we were able to take, that we were able to get experienced staff members. The same in Oban, we have actually been approached by members of the public who have had previously worked in pharmacy, asking if when we do open to get in touch with them. So, we would be looking to get experienced staff members if we could, if not then obviously we would use our experience that we have in Campbelltown to get them trained up.

APC Rep – How long do you say that would take, roughly?

Applicant – for a, what's it again, for a dispensers training course, it can take anywhere between, for them to complete the course, anywhere between 12 to 18 months for them to complete it. However, that's not to say that we cannot get them up to a good level, a good standard a lot quicker, which we have been able to do in Campbelltown.

APC Rep – thank you

Chair – thank you and my apologies again Malcom, I had even ticked that I had asked you. So moving on to questions from the panel and if we could start with Ian on my right here.

Ian – Just one question, you mentioned that the pharmacy is relatively small, obviously it was used as a pharmacy before erm has it, is it fully DDA compliant once you have done the alterations that you are proposing?

Applicant – yeah, for patients coming in, yeah, its fully DDA compliant. Its already, in terms of like, when you, there's already a ramp at the entrance, automatic door, and the consultation room have all been fully DDA compliant, yes

Ian – that's fine

Chair – thank you. Mark on TEAMS please

Mark – I have only one question, obviously you have had a number of questions put to you by the interested parties, in relation to statistics. Can you confirm to us that none of the statistics that you have quoted have come from effectively your own head, they all come from official sources? Which either are among the papers which we have had before us or are from public statistics available.

Applicants – yeah that is correct, yeah

Mark – thank you

Chair – thank you very much Mark. Then if we can have Susan on TEAMS please.

Susan – no questions at this point

Chair – Thank you Susan, and then Catriona please, in the room

Catriona – just a couple of things from an error context point of view, I would be interested to know if you are measuring your errors yourself, obviously in the pharmacy, what level of, at what level would you have concerns?

Applicant – any, whenever we get an error, we do have a concern and that is when we would do a, that's when we do our investigations. If it becomes a case of it is happening more and more frequently than that's when we would have concerns. Of course, errors are never good in any instance but there does have to be a culture where we do, if they do happen we don't blame the person or nobody gets in trouble really, its just about investigating it to see what changes we can make to help prevent it in the future.

Catriona – so you don't have any of those as a perspective of your business?

Applicant – no we don't

Catriona – okay, that's fine, are you, would you, how would you decide who gets a compliance aid?

Applicant – so, what, with compliance aids obviously when the patient comes in first we need to determine what the reason is, as to why they are wanting the compliance aid. Cos quite often it can be a nurse, a doctor or a friend saying oh look I have got this, it's quite handy for me, so we need to determine, then we do a risk, a needs assessment. That is when we determine whether or not they are actually eligible for it. So, if they are struggling with their medication compliance, sometimes they could be missing out on medication with the MCR service that we have touched upon there is a section in that as well when we do have a conversation whilst registering the patient. We do ask them if they are, if they ever forget to take their medication or if they struggle with their medication compliance and we kinda base it off that. Quite often referrals do come in from the doctor's surgery as well for patients who are needing erm dosette boxes or social care.

Catriona – and how often do you reassess the patients?

Applicant – every year

Catriona – thank you, that's fine, and you, you talked about the population of Oban doubling in the summer

Applicant – yeah, yeah

Catriona – you know that's a considerable increase, what percentage of those are from Scotland or abroad or wherever?

Applicant – I have tried to look for that information, I did try my best I couldn't find any statistics that I could bring here today

Catriona – right

Applicant – but

Catriona – so we don't really know how many were eligible for a lot of local services or

Applicant – exactly, yes it was quite difficult

Catriona – okay, thank you, brilliant, thank you

Chair – thank you very much Catriona, now Patricia, thank you

Patricia – thank you very much for your presentation, I have no questions at the moment

Chair – thank you very much to our interested parties and panel for the questions. That's us concluded your questions and your presentation so we can take a break, and I am going to suggest, we have got 20 minutes. Does 20 minutes seem acceptable to everyone? Okay so we will reconvene at 20 past one.

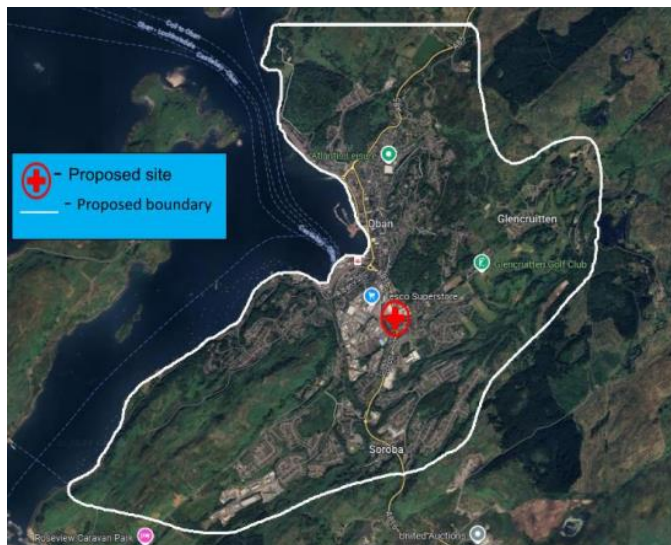
BREAK FOR 20 MINUTES

4.Presentation by Boots

Neighbourhood

We **agree** with the neighbourhood defined by the applicant.

Applicant's neighbourhood:



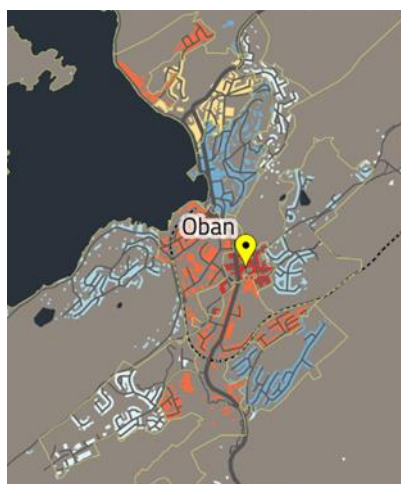
Boundaries:

- Northern boundary – A85
- Southern boundary – Soroba Road
- Western boundary – Kerrera Ferry Terminal
- Eastern boundary - Luachrach Loch

Summary

We agree with the neighbourhood defined by the applicant.

Oban demographics



SMID (Scottish Multiple Index of Deprivation) shows that many areas of Oban are ranked in the middle when it comes to SMID data.

2022 Census data

The below statistics were obtained from Scotland Census ([Home | Scotland's Census](#)) unless otherwise stated.

Population

We understand the population of Oban to be approximately 8,000. There are two pharmacies located within Oban itself.

(Equates to 4000 patients per pharmacy which is less patients per pharmacy than the national averages – 1250 pharmacies approx - Scot gov website), 2021 mid-year population estimate of 5,479,900 = 4383 patients per pharmacy)

Car ownership:

Levels of car ownership in Oban are higher than the national average.

71.06% of households have access to a private vehicle compared to 63.8% of Scotland as a whole. This figure is made up of 46.11% of households having access to one vehicle and 24.95% of households having access to two or more vehicles.

This means that most residents of the proposed neighbourhood are mobile and have the means to access pharmaceutical provision of their choice.

(Scotland – 42.2% have access to a vehicle – 21.6% have access to two or more vehicles)

Home ownership:

Levels of home ownership in the neighbourhood are on par with the national average.

57.96% of households are owner occupied (with or without a mortgage), 26.98% are rented from the council or social landlords, the remainder being privately rented.

The average population per household in Oban is 2 people, which is in line with the national average (2.12 people per household).

In Scotland, the national average of households being owner occupied is 62%, 25% are rented from the council or social landlords and the remainder are privately rented.

General Health:

Levels of general health in Oban are also on par with the national average. 79.41% of residents rating their health as good or very good and 6.62% rating their general health as bad or very bad.

(Scotland – 82% good/vg and 5.6% bad/v. bad)

77.19% of the population live without a long-term health issue or disability that limits their day-to-day activities in any way, which again on par with the national average.

(Scotland – 80% live without issue or disability affecting day to day lives)

Summary

The census data for the neighbourhood mostly reflects the averages for Scotland as a whole, apart from car ownership which is higher.

The general health of the population of Oban is good, and current population and health needs data do not indicate a requirement for a new pharmacy in the area.

Predicted Population Growth in Oban

Extract from the improvement Service ([Downloads | Improvement Service](#)) in collaboration with national records of Scotland (sub council area population projection) is detailed below.

The Improvement Service unfortunately does not have a population projection for Oban directly. Oban falls within the Lorn and Inner Isles region of Scotland, so we have provided the below data for the whole of this region.

2018-based population projections for Scottish sub-council areas, 2018-2030 [Return To Contents](#)

Argyll & Bute Housing Market Areas

Area	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
Argyll & Bute	86,260	85,811	85,320	84,835	84,321	83,796	83,291	82,766	82,273	81,736	81,197	80,674	80,130
Bute	6,114	6,049	5,981	5,911	5,842	5,772	5,703	5,632	5,563	5,491	5,417	5,345	5,271
Coll and Tiree	782	767	753	737	723	707	692	677	663	648	634	620	605
Cowal	14,222	14,118	14,003	13,886	13,765	13,641	13,521	13,397	13,277	13,149	13,018	12,889	12,754
Helensburgh and Lomond	25,866	25,772	25,670	25,571	25,460	25,341	25,229	25,113	25,006	24,887	24,772	24,662	24,551
Islay, Jura and Colonsay	3,377	3,362	3,344	3,328	3,310	3,291	3,275	3,256	3,240	3,222	3,204	3,187	3,169
Kintyre	7,475	7,409	7,339	7,271	7,203	7,134	7,067	6,996	6,930	6,859	6,788	6,718	6,646
Lorn and the Inner Isles	16,168	16,115	16,053	15,993	15,928	15,862	15,802	15,738	15,680	15,614	15,549	15,485	15,416
Mid Argyll	9,201	9,164	9,123	9,084	9,040	8,994	8,949	8,904	8,861	8,813	8,764	8,715	8,664
Mull and Iona	3,055	3,055	3,054	3,054	3,053	3,052	3,052	3,052	3,053	3,053	3,052	3,053	3,053

The Improvement Service data clearly states for Lorn and Inner Isles a population decrease of 322 (2.05%) between 2025 and 2030.

Summary

There is a projected population decline within the Lorn and Inner Isles area between 2025 and 2030.

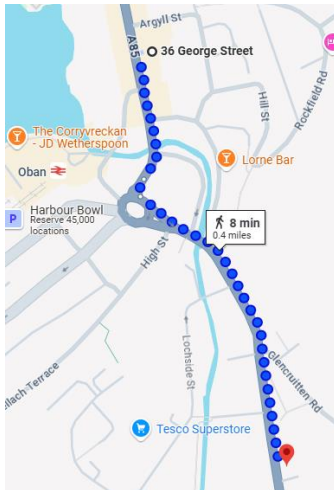
The existing pharmacies have made, or are making, substantial improvements to their premises to ensure they are equipped to meet any future demand.

The proposed premises – 5 Soroba Road, Oban, Argyll, PA34 4JA, Scotland



The applicant has applied to move into the Boots former premises, which closed in February 2024. One of the key reasons for the closure was that the premises were significantly undersized. The limited space meant we were unable to install a consultation room, which in turn restricted our ability to offer a full range of services to patients. The layout and size of the premises did not meet the requirements for delivering a modern NHS pharmaceutical services. As such, the site was deemed unsuitable and not fit for purpose in supporting future NHS service delivery.

There are two pharmacies within a short walk from the proposed premises.



Summary

The proposed premises are too small to support the strategic direction of the NHS pharmacy contract in Scotland and therefore cannot be considered futureproof.

There are two pharmacies within a short walk from the proposed premises.

Existing services provided in and to the neighbourhood

Nearest Boots pharmacy:

The existing Boots pharmacy on 34-38 George Street, Oban, PA34 5NL is located 650 meters from the proposed pharmacy, and an 8-minute' walk (Google Maps). From the existing premises, the population will walk up Soroba Road towards the roundabout and follow the right-hand turn to George Steet. Then there is a short walk up George Street to reach both pharmacies.

The nearest Boots Pharmacy offers service six days a week, opening 09:00 – 17:30 on Monday – Saturday.

The Boots pharmacy provides NHS core, national and locally negotiated services.

Further details on services:

- Pharmacy First
- Pharmacy First Plus – since 1 May 2025.
- Medicines Care and Review Service

Public Health Services

- EHC and BC
- Stop Smoking Service

Unscheduled Care Service

Gluten Free Food Service

Ostomy

Local Negotiated Services

- Substance Use Service
- Needle Exchange Service
- MAR Service
- Clozapine Service

We provide a free delivery service five days a week. We have a dedicated van and driver and are flexible when we can deliver.

Compliance Aid Packs

The average wait time per prescription is 10 - 15 mins.

Repeat Rx – we offer repeat prescriptions from all surgeries nearby. When we receive Rx from surgery it will be ready to collect within 1 – 2 days. We notify the majority of patients via text when their medication is ready for collection.

For those who prefer not to attend in person, we also offer a free delivery service to ensure convenience and flexibility.

Our pharmacy is fully DDA complaint and offers a private consultation room.

Following the closure of our Soroba Road branch and some of the challenges experienced during the transition period, the team is working with the local GP Surgery to improve patient experience, and a recent visit to the surgery we received positive feedback on the progress made and agreed how we could work together to increase the number of patients on serial prescriptions.

Significant capital investment has been made at our pharmacy to ensure continuity of care for the local population since the closure of Soroba Road. Demonstrating Boots' commitment to maintaining pharmacy provision within Oban and enhancing the standard of service offered to patients.

Improvements made at George Street include the installation of a new dispensary, a redesigned store layout and floor plan. The pharmacy already had an excellent consultation room meeting GPHC standards. To support these developments, the staffing model has been increased accordingly.

Following the improvements made, the pharmacy has capacity for growth across all prescription supply and NHS Services.

In addition to the improvements already made, it's important to highlight that the average number of patients per pharmacy in Oban is currently below the Scottish national average. This indicates

Summary

The Boots pharmacy on George Street is 650 meters away from proposed site and provides NHS core, national and local services.

While we acknowledge there were previous challenges during the transition, we have made significant improvements and continue to build on these. We are working with the local GP practice to support and further improve patient care.

that, with both pharmacies, we are well-positioned to manage existing demand and future growth in prescription volume and NHS services. The recent investments and operational enhancements at George Street have significantly strengthened our ability to deliver high-quality care, ensuring that we can continue to meet the needs of the local population effectively and sustainably.

Staffing:

Our pharmacy is fully staffed. There is a team of 10, made up of a base pharmacist, delivery driver, 4x dispensers, 3x trainee dispensers, and the store manager.

Existing pharmacies in the wider area

There are currently 2 pharmacies in Oban. The existing pharmacies in Oban are currently providing access to services six days a week.

Aside from Boots, the closest pharmacy is 0.7 miles away (16-minute walk) from the proposed site.

This pharmacy is as follows (data obtained from NHS inform):

1. MD Green - 16 George Street, Oban, PA34 5NL (0.7 miles)
 - a. Monday – Saturday (09:00 – 17:30). Sunday (Closed).

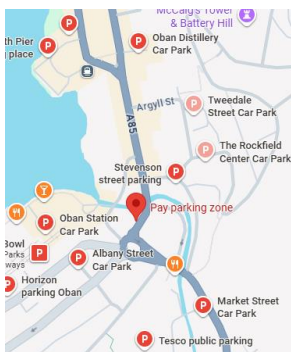
The existing pharmacy provides NHS core, national and locally negotiated services, details of which patients can find on NHS Inform, the pharmacy's own website, in printed material available in the pharmacy (leaflets etc) and the Pharmaceutical List.

Access to the existing pharmacies:

By Car

Patients wishing to access services by car will have a choice of pharmacies from which to do so.

There are numerous carparking facilities around the pharmacies, which includes a mixture of paid and free parking.



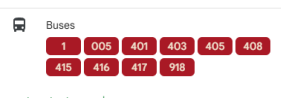
There is on street parking on George Street, this is metered. Tweeddale Street carpark is also very nearby. This is paid parking but is inexpensive.



There is also Rockfield Centre carpark nearby.

Public Transport

The Dolce Vita bus stop is within a minute walk from the existing pharmacies. This services the following buses:



Timetable:

416	Oban Circular	10:26 AM
415	Oban	10:35 AM
1	Soroba	10:37 AM
417	Oban	10:42 AM
005	Oban	10:47 AM
405	Oban	10:53 AM
416	Oban Circular	10:56 AM
1	Soroba	11:07 AM
416	Oban Circular	11:26 AM
1	Soroba	11:37 AM
005	Oban	11:47 AM
417	Oban	11:49 AM
405	Oban	11:53 AM
416	Oban Circular	11:56 AM
1	Soroba	12:07 PM
416	Oban Circular	12:26 PM

The above timetables reflect pharmacies that are well-situated next to a bus stop that services the entirety of Oban with buses stopping approximately every 5 minutes.

For anyone who cannot access the pharmacy by foot, public transport or car, the existing pharmacies offer a free delivery service.

Summary

The current pharmacies provide NHS core, national and local services.

The existing pharmacies are reasonably accessible for the population of the neighbourhood, whether patients travel on foot, by car, or via public transport. A reliable bus service provides convenient access to these locations, and several nearby car parks offer a mix of free and paid parking options, making it easier for the community to reach pharmaceutical services.

For patients who prefer not to attend in person, the pharmacies also offer free delivery services to support convenience and accessibility.

The CAR Report and representations

The Joint consultation ran from 9 December 2024 to 17 April 2025.

Following the closure of our pharmacy on Soroba Road in February 2024, we have made substantial improvements to our dispensing processes. These enhancements have significantly elevated the level of service we provide to patients, resulting in a more streamlined and reliable experience. As a direct outcome, our complaint figures have notably decreased over the past 12 months, with only one recorded complaint—relating to the pharmacist being on lunch. This reflects the positive impact of our operational changes and our ongoing commitment to service quality and patient satisfaction. While we acknowledge there were difficulties in the past, we believe the CAR reflects those historical challenges and does not represent the current standard of pharmacy service we now provide.

Summary

While we acknowledge that the CAR expresses support for a new pharmacy, we believe that many of the comments within it reflect historical challenges previously faced by the pharmacy.

We are confident that the existing pharmacies have already implemented, or are actively implementing, meaningful changes to address these issues. These improvements are aimed at futureproofing their services and ensuring they are well-equipped to meet the evolving needs of the local population. As such, we feel the CAR does not accurately represent the current standard of service being delivered.

Viability

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.

If an additional pharmacy contract were to be granted this would have a significant impact on current contractors and the level of investment they could continue to provide, including staffing and potential service enhancements such as additional pharmacists to further support NHS services.

The PPC will have to assess the effect existing services available to patients as well as the long-term viability and security of the new pharmacy, should the application be granted.

We believe that should the application be approved, it will at the very least destabilise the provision of NHS Pharmaceutical services in this area.

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.

Summary

If the pharmacy goes on to open it will likely destabilise the existing provision.

Although pharmacies are privately operated, they are funded by the NHS, and any new contract would represent an additional cost to the NHS.

Summary:

We agree with the neighbourhood defined by the applicant.

The census data for our neighbourhood reflects the averages for Scotland as a whole, with higher car ownership in Oban compared to Scotland.

The general health of the population of Oban is good, and current population and health needs data do not indicate a requirement for a new pharmacy in the area.

There is a projected population decline within the Lorn and Inner Isles area.

The existing pharmacies have made, or are making, substantial improvements to their premises to ensure they are equipped to meet current and future demands

The proposed premises are too small to support the strategic direction of the pharmacy contract in Scotland and therefore cannot be considered futureproof.

There are two pharmacies within a short walk from the proposed premises, open 6 days a week and offering all NHS core, national and local services.

The existing pharmacies are reasonably accessible for the population of the neighbourhood, whether patients travel on foot, by car, or via public transport. A reliable bus service provides convenient access to these locations, and several nearby car parks offer a mix of free and paid parking options, making it easier for the community to reach pharmaceutical services.

For patients who prefer not to attend in person, the pharmacies also offer free delivery services to support convenience and accessibility.

While we acknowledge that the CAR expresses support for a new pharmacy, we believe that many of the comments within it reflect historical challenges previously faced by the pharmacy.

We are confident that the existing pharmacies have already implemented, or are actively implementing, meaningful changes to address these issues. These improvements are aimed at futureproofing their services and ensuring they are well-equipped to meet the evolving needs of the local population. As such, we feel the CAR does not accurately represent the current standard of service being delivered.

If the pharmacy goes on to open it could destabilise the existing provision.

Although pharmacies are privately operated, they are funded by the NHS, and any new contract would represent an additional cost to the NHS.

In conclusion, we submit the existing pharmaceutical services provided to the neighbourhood are adequate and urge the Committee to refuse this application.

Boots – there's quite a lot of comments made by the applicants in terms of well patient safety, can, what was the question, yeah, I don't know if there is anything that particularly we can do about this but you know, I have been attending PPC hearings in Scotland for five years. There are only two hearings where Freedom of Information requests have been made on pharmacy incidents and that was the previous one, sorry Helensburgh and here which you know Boots complied with it and gave the information.

I think as I have mentioned a really important foundation of any patient safety culture is open and honest reporting. And unlike the applicant I do have some concerns around this information being used at PPC hearings. You know people will read these notes in the future and I do wonder if that could be detrimental to a patient safety culture in terms of open and honest reporting. I am not saying for a moment that Boots wouldn't be open and honest about our reporting. I am very proud of our patient safety culture and although any incident is regrettable, I am pleased to say that in 2024 there was no harm as a result of those incidents. But it's probably more the intended

consequences of how that information could be used, perceived by others and what they may or may not do on the back of that.

In terms of, again, I was kinda pushing a lot around evidence with some of the patient safety accusations that have been made bear in mind that we went as serious as to say that a patient went to A & E because their delivery was not on time. Now that's a serious accusation to make particularly without the evidence to back that up what factual evidence can I give you? Well I can give you the information reported to the Health Board around complaints. Just bear with me, so in 2024 the January to March period there were and that would have been during the closure, there was four complaints to NHS Highland. In the last year, so that is taking us up to September 2025 reporting period, there has been one complaint to NHS Highland and that related to a lunchtime closure. As I kind of closed off, we have one pharmacist based in that store, its obviously appropriate that that one person would get their required breaks that they need in order to be able to be safe in their working.

The factual evidence that I can point you to in terms of complaints, so we fully acknowledge that there was an increase January 2024 to March 2024 in that last year there was one. Now moving on to the existing pharmacies in the wider area so as I said there is two pharmacies in Oban, the other one is M & D Green which is open Monday to Saturday nine to five and the information that we can find on NHS Inform is that M & D Green provide all core national and locally negotiated services.

Moving on to access to the existing pharmacies, so as we previously said the levels of car ownership in Oban are higher 71%, patients wishing to access services per car will have a choice of pharmacies from which to do so and there are numerous car parking facilities around the pharmacies which include a mixture of paid and free parking. There is on street parking on George Street which is metered and there is Tweeddale Street car park is also very nearby and that parking is really inexpensive, I would suggest and there is also the Rockfield Centre car park which is nearby.

Just looking at public transport the bus stop is within a minute walking from the existing pharmacies and it has a number of bus routes servicing that from across Oban. And looking at the timetables for that bus stop in particular they look to be fairly frequently with buses stopping approximately every five minutes.

Therefore, anyone who cannot access the pharmacy by foot, public transport or car the existing pharmacies do offer the delivery service. Just moving on to the CAR, the consultation ran from the 9th December 2024 until the 17th April 2025, as previously mentioned following the closure of our pharmacy on Soroba Road in February 2024 we have made substantial improvements to our dispensing process. We have introduced more automation into our sense process to improve efficiency. These enhancements have significantly elevated the level of service that we provide to patients, a more streamlined and reliable service. As a direct outcome our complaint figures have notably decreased over the past 12 months with only one recorded complaint relating to the pharmacist being at lunch. This reflects the positive impact of our operational changes and our ongoing commitment to service quality and patient satisfaction. Whilst we acknowledge some difficulties in the past, we believe the CAR reflects those historical challenges and does not represent the current standard of pharmacy practice we now provide.

I think it is notable within the CAR that don't know the 20% that don't live within the neighbourhood, we don't know their postcodes and where they live. And back to that question three from within the CAR which is the breakdown of the services. It did cast my doubt on the information, you know we have got a Hepatitis C dispensing service which you know, volumes we would say with that are very low, no to our pharmacy but particularly in Oban I would suggest

but to have 20% or whatever the percentage was saying that that service was inadequate you know and the same would be true of Naloxone emergency supply service you are not going to see high volume demand for those services. The Clozapine service, we have a number of patients who are on the Clozapine service when we took over and you would expect those numbers to be particularly high, so I was surprised to see that the percentage of respondents who felt that those services were inadequate.

Let's move on to viability, the committee will be aware of the need to secure the adequacy of services within the area which considers the effect of granting the application would have on the stability and the sustainability of local NHS pharmaceutical services. That is the existing services available to patients as well long-term viability and security of the new pharmacy should the application be granted.

I was just kind of breaking down our numbers there, you know we were doing prior to the pharmacy relocating, sorry the pharmacy closure we were doing around 800/850 a week and a number of those were made up of compliancy packs for patients being sent from Soroba Road you could get to a point where if the pharmacy was granted you would be doing from between 500/ 600 a week eventually. Which would question the viability of our pharmacy in Soroba Road. Not only that but to actually take it down to individual team member level we would obviously have to cut our costs accordingly with that level of business. But that would be a significant reduction in our level of business which would impact upon our team in George Street.

The PPC will have access to existing services available to patients as well as the long-term viability and security of the new pharmacy should the application be granted. We believe that should the application be approved, it will at the very least destabilise the provision of NHS pharmaceutical services in the area and we would like to take the opportunity to remind the panel that a pharmacy although private is NHS funded erm and the addition of a new contract would be expensive to the NHS.

I will come back to my summary at the end Chair but those are the main points of my presentation just now so whenever, we are happy to take any questions.

Chair – thank you very much. So, if we can start with questions from the applicant.

Applicant – thank you for your presentation. First question, do you accept the findings of the CAR?

Boots – Like I said, that is how people felt when they responded to the CAR

Applicant – okay, and do you have any evidence of how people are feeling at the moment?

Boots – well the factual evidence I can take it to are the NHS complaints when I talked about the figures

Applicant – okay, do you have, have you done any surveys? Or have you done any engagement with the population in any way to see what the general consensus is amongst the population that you are serving?

Boots – at the moment, just really the complaints data

Applicant – okay, but with regard to the responses in the CAR, how do you think that this reflects on the current service provision within Oban?

Boots – sorry, can you say that again?

Applicant – with regards to the responses within the CAR, how do you think that this reflects on current service provision within Oban?

Boots – I question the current service, so you know we are all human, we acknowledged that there were difficulties during the transition. I wonder how much of that is still in the minds of the people responding to the survey when they answered it.

Applicant – so taking into consideration that the Health Centre have submitted quite a strongly worded letter of support during the consultation and even a more recent letter was submitted by them last month where that following the closure they stated in their initial email that they have seen their own workload increase due to inadequate service provision of Pharmacy First, how would you respond to this?

Boots – that's certainly not the feedback we received when we visited the surgery

Applicant – when did you speak to the surgery?

Boots – last Monday

Applicant – sorry, who did you speak to?

Boots – the practice manager I believe

Applicant – you know, I find that strange then that if you have spoken to the surgery in the last month that they were still submitting, that they still submitted that email, just within, just recently

Boots – the surgery I suppose, but all that I can go on is the conversation that we had with the surgery and I would have expected if they were concerned around particularly lack of Pharmacy First provision and patients going to them with what would have been treated in a, in either M & D Green or ourselves, surely they would have mentioned that to us

Applicant – yeah I am actually quite shocked that they didn't mention it to you either. Do you have any evidence to support that what was said in those conversations? Do you have, cos you have asked us for our evidence and facts etc. So we are just going off what you are saying but do you have anything that you, any evidence of those conversations?

Boots – what would you expect in terms of evidence from a conversation with the surgery?

Applicant – I mean the surgery submitted an email to us did they nor were they not willing to do the same for you guys?

Boots – we didn't ask them for an email; we just had a meeting with them

Applicant – do you think that that meeting was productive since they said in their own email, their own recent email that they said that the situation was still essentially described as still being the same? So, do you think that conversations that you had with them were actually productive?

Boots – very productive, yes. So, you know, we had a conversation around serial prescriptions, around working together on kind of having to identify if those patients were stable and who could potentially go on to serial, so yeah that felt very productive

Applicant – okay, so another example as well as the doctor's surgery, the recent email received from the doctor's surgery to show that provision hasn't improved and you have, and you did admit that you were having some problems during the CAR in that period of time. Another email that was sent was from, on the 22nd September from Oban Community Carers describing how a prescription was ordered 11 days prior was still not ready and had no MAR chart with it, and despite her being in the shop for a total of one hour, how do you respond to this?

Boots – difficult here, you know if that was somebody's experienced that, that would obviously fall well below what we would want. Again, in order to properly respond to it we would need to be able to investigate, look into it and find out the reasons why and to my knowledge the individual hasn't come to us directly in order to give us an opportunity to investigate that and be able to gain more details.

Applicant – the individual in fact had said that she had spoken to the manager numerous times so I am quite surprised at that. You did mention that the waiting time is ten to 15 minutes for prescriptions

Boots – on average, yes

Applicant – which contradicts what the manager of Oban Community Carers experienced erm how do you measure that?

Boots – the staff would take measure; well, the staff would give us that figure usually based on experience

Applicant – how do the staff measure it? How is the measurement done?

Boots – well, you know, you get a good sense of what is your prescription wait time, you know, when you run a pharmacy, you must be giving patients some outline of how long it's going to be for their prescription I would imagine, when they come, what the wait is. So, you know, you and both ran pharmacies we know roughly what the wait time is.

Applicant – okay, so essentially just to clarify you are basing that off what your, the feedback from your staff rather than actual factual evidence?

Boots – well, again what factual evidence would you want? Most pharmacies to my experience that's how they would do it. You know you would look at your volume of queue prescriptions that you had had come in, you know as well as me that that's going to go up and down throughout the day depending on workload.

Applicant – in the CAR it is commonly stated that there was half an hour waits, 45 minute waits, even for over half an hour to even get to speak to the, to get through the queue, it's a bit of a, its quite conflicting from what your staff are telling you and the feedback that we have received from the CAR, and the evidence submitted. Why do you think there is a disparity there?

Boots – as I said during the transition period there was difficulties, so fully acknowledge that and that may well have been the patients experience. I think that if you don't have a great experience that maybe lingers a bit longer in your memory.

Applicant – so the transition period was last year, how long does a transition period last for?

Boots – well, I think the complaints data is quite telling on that. You know so from January to March we saw an increase in both complaints and then it came back down right after that so I would say three to sixth months tops?

Applicant – three to six months did you say for a transition period?

Boots – tops, yeah

Applicant – so the pharmacy closed in February 2024 and the Consultation Analysis Report ended in April 2025 so then would you not have said that the findings in the CAR therefore are relevant to the situation because you would have been passed your transition period?

Boots – as I say, I think you know what lingers in the mind, you know and if you maybe don't have the best of experiences, we are all human at the end of the day. That does tend to linger. So, the evidence that I have would suggest or would tell us that these service levels have significantly improved during the period that the CAR was taken and since, so

Applicant – so if as you say provision is improving and has improved why is the consensus, the factual evidence that we have from Lorn Medical Practice and Oban Community Carers all pointing towards consistent, inadequate provision from Boots?

Boots – well as we say, the medical practice we have met with, with any concerns to, working together on how we can improve or increase the number of patients on zero prescriptions the care providers from my information certainly nothing has come through to us about concerns that they have raised or complaints of situations to investigate

Applicant – who, who was it that you spoke to at the practice cos I am just, I cant, I cant comprehend that they are telling us one thing, that they have told you one thing and then that they have submitted emails telling a completely different story. Do you know the name of the person that you spoke to?

Boots – I can certainly find out for you

Applicant – okay, can you explain what has happened to the 670 patients previously registered on MCR with the Soroba Road branch?

Boots – so I think it is a really interesting point because actually I guess, who's in control of the MCR, so actually I would suggest or ????? MCR. If you are in community pharmacy, it is very hard to drive MCR

Applicant – one of the components of the MCR is formulating a pharmaceutical care plan where the pharmacist analysis the patients long term medications and identifies any issues. Do you not agree that is a valued, that is a valuable service that pharmacists themselves can promote? This particular aspect of the MCR because of course yeah, you have eluded to obviously one aspect is serial prescribing but one of the components is actually the care planning and pharmacists are responsible for

Boots – absolutely and for the patients on the service they would get their pharmaceutical care service plan

Applicant – so those 670 patients they are no longer, reaping the benefits of the care plan

Boots – right, where are you getting your 670, I am not just quite clear of the numbers that you are talking about at the moment

Applicant – it's on appendix A so

Boots – can you bear with me a sec, just while I go through, just while I bring up appendix A. So just talk me through your 600 odd patients

Applicant – it's on the appendix, you'll see, MCR registration numbers

Boots – they well any patients that came across to us with MCR would continue to access the service

Applicant – say that again, sorry

Boots – any patients that came across to us who would continue to access the service, we wouldn't deny anybody from. That's registrations.

Applicant – yeah that's registrations

Boots – that would be registrations of new patients

Applicant – of patients yes, overall patients on the MCR service who have a care plan

Boots – so they are preexisting patients

Applicant – who have fallen off because of the closure

Boots – how can you say that they are directly in relation to the closure though, there could be other reasons why those patients came off MCR

Applicant – it's the most logical explanation, having closed the branch, now there's 670 patients, there's like, there is 670 patients who are no longer registered on the service, yet your prescription numbers have increased

Boots – well, yes can I go back to it, it's a surgery led, patients who are on it are surgery led. Any who would, we would treat the patients who came to us that was appropriate for MCR

Applicant – okay do you take any responsibility for the increase waiting times, delays or safety incidents post closure?

Boots – I completely contest the safety incidents, you know erm, we have an open, honest reporting culture, we had 18 reasons in terms of 20 or 16

Applicant – 18

Boots – 18 incidents all were non harm in 2024 well within a safety parameter so and anything else related to patient safety I would suggest that you haven't really given us any evidence to go on. So, I would 100% contest the safety accusation that you have put before us. The level of disruption that followed the immediate closure and that period of time afterwards and any inconvenience to patients I absolutely apologise for

Applicant – okay so healthcare and pharmacies don't operate on the principle of no harm yet therefore safe, would you agree with that principle?

Boots – sorry? What are you

Applicant – healthcare services and pharmacies do not operate on the principle no harm yet therefore safe, do you agree with that? Cos you have said that those errors hadn't actually led to harm therefore you don't really have any concerns. Do you agree that

Boots - no I didn't say that I didn't have any concerns, you know

Applicant – okay

Boots – what's your

Applicant – I am just asking if you agree with that no harm as healthcare professionals we don't operate on the principle, no harm yet therefore it is safe

Boots – no, absolutely not, no if there was an incident then we would do a full review of what happened, identify any learnings and put those learnings in place irrespective of whether there was no harm or any level of harm on the back of that incident. The same would be true for any near misses that happened within the pharmacy

Applicant – so you didn't look to this but there has been a significant reduction in Pharmacy First provision as demonstrated by the data despite a higher footfall in your premises since the merging of the two stores. Can you explain this disparity?

Boots – yeah, you know I would say it's potentially our reporting

Applicant – the evidence from the CAR is that the pharmacist is too, is far too inundated dealing with prescriptions to have consultations with patients. Is this not a more likely case since it is so widely reported in the CAR and the letters of, and the letters submitted by healthcare professionals?

Boots – I do think that am conscious of what I say we have been working on as a team, you know so we have introduced operational efficiencies within our dispensing process. Emma's being working very hard on developing and building our team, our pharmacy support team actually on the back of that our pharmacist has been freed up is more available and is working on the healthcare counter, so I would say actually our pharmacists have been more accessible than they have been in the past. Unfortunately, not always the best at recording

Applicant – okay, will come back to that, but yeah. In your, in your supporting letter that we have, the original one that was submitted during the CAR erm from the medical practice you, they stated that you promised Lorn Medical that you would retain the extendable opening hours of Soroba Road branch of 8.30 til 6 why was this promise not kept?

Boots – we did try very hard to be fair without, erm no I don't think it is appropriate to get into personal details of staff but we weren't able to do it unfortunately at that moment in time but it is certainly something, we may have an opportunity to address that issue now and if we can we certainly will

Applicant – so of course you will be aware that Lorn Medical is open from 8 til 6pm, if a patient is prescribed urgent anti biotics at half five where are they expected to fulfil this prescription?

Boots – well as I said you know we will, we would hope to review our opening hours, and you know we do meet the model hours scheme of NHS Highland.

Applicant- you have warned that the granting of a new contract could risk peoples jobs, how many jobs were lost when your company closed Soroba Road?

Boots – well all staff were offered the opportunity to transfer to George Street

Applicant – okay, we have had messages from individuals previously employed by Boots enquiring about future employment as a result of being made redundant so were their jobs lost?

Boots – to my knowledge, nobody was made redundant because they were all offered jobs in George Street

Applicant – you mentioned Pharmacy First Plus that your pharmacist who is working his notice is an independent prescriber and that is great. Erm what conditions does he treat?

Boots – erm, common clinical conditions as per under the heading of NHS Pharmacy First Plus so erm nose, ear, throat, skin those ones

Applicant- okay erm do you know how many Pharmacy First Plus consultations he has provided since erm that, since he's got his prescription pad?

Boots – I don't have those figures on me.

Applicant – okay, so according to Public Health Scotland your branch has been receiving the enhanced payment of £3000 per month and you did allude to obviously NHS funding, so it is an NHS funded service and there is an enhanced payment for that. But since you have introduced the service zero items have been prescribed by your pharmacist, do you believe that this is good use of NHS money?

Boots – so what time period are you taking that from? Bear in mind that we started that in May

Applicant – yes may to June

Chair – sorry can I just interrupt here because as far as I am aware Pharmacy First Plus is not a part of

M & D Green – that's correct

Chair- of our decision making so therefore, erm I am not sure where you are going with that?

Applicant – no problem

M & D Green – it can only be offered by less than half of contractors

Chair – so I would prefer that you left that

Applicant – no problem, no worries

Chair – it's not adding to the discussion

Applicant – I totally understand, no problem at all, no problem at all. In recent years many Boots pharmacies have been shutting down across the UK but in particular Campbelltown and Oban, rural places where the community do rely so heavily on pharmacy services. Why were these locations chosen in such rural areas?

Boots – well, Oban based on premises, and the fact that the size of the premises were inadequate for the current provision of the pharmacy contract and the future provision of the contract. Campbelltown. I believe that we felt that we could consolidate into one premise but as you are perfectly aware when you put in your application for Campbelltown you did not contest Campbelltown

Applicant – what evidence do you have that the changes that you had made have resulted in a more efficient service?

Boots – actually I can only take us back to the complaints data erm and on the statistics that I have provided

Applicant – okay, you had spoken about automation that you had introduced, can you just talk us through how that automation process actually works?

Boots – yes, its erm essentially it means our deliveries are coming in at a patient picked level so they can be scanned and then put away, that's the easiest summary of it

Applicant – okay what investment has been made to provide ?

Boots – to the, obviously the company has the size of dispensaries based on the level of business and there was a bit of a knock-on effect on to the shop floor

Applicant – okay and how do Boots decide what shops need consolidated?

Boots – and also from a colleague's point of view we have invested heavily into the physical premises but our colleagues, sorry could you say that last part again?

Applicant – how do Boots know what shops needs consolidated?

Boots – well that is decisions made a higher pay grade than mine. So, I believe that they would look at costs and potentially viability within that

Applicant – okay, so were you consulted? So, were you yourself consulted?

Boots – personally?

Applicant – yes

Boots – No

Applicant – was the Community Council consulted?

Boots – not that I am aware of, no

Applicant – was Lorne Medical practice consulted?

Boots – again, we were not particularly given a list, so I would imagine they would have had a conversation with the doctors practice, but I don't, I can't say for definite because I was not

Applicant – so you don't know for sure, was the branch manager, your branch manager were they consulted?

Boots – I think definitely they would have been consulted

Applicant – or spoken, asking for their advice prior to the closure?

Boots – I can't say, neither Emma nor I were dealing with that, so I would say that I would imagine they would have been spoken to but I can't say for definite

Applicant- okay so final question, knowing what you know now, so sorry final question, knowing what you know now obviously the consequences of closing the Sobora Road and having examined the evidence presented to you today in the form of the CAR, supporting letters and data, if you had been consulted on the closure, and if they had asked you for your advice what would you have advised?

Boots – the premises are not fit for purpose as in the proposed premises that you are moving into, that's a fact, so I have seen your plans come through. I can see that you have a consultation room in there. I think Martin has raised an excellent point around where are you putting a healthcare counter in there, how many people can you get on the actual floor, would you have queues outside, they would all be questions in my mind if I was running it. From the Boots perspective, you know for a standard sized consultation room I believe that our minimum standard consultation room was 7.5 metres squared, there is no way that you are going to get that into those premises. Therefore, we were left with little choice really when you look at the pharmacy contract because you need to provide a consultation room space.

Applicant – no further questions, thank you very much, thank you

Chair – thank you very much, if we can move on to questions from our interested parties, and if we could start with Community Council, Oban with you Frank please.

Community Council – thank you Chair can I just preface this by saying that I am having awful problem with the sound online so I might just duplicate a couple of questions. Firstly, can I ask of the gentleman who is answering, whose name I did not pick up at the beginning.

Boots – its Scott

Community Council – Scott, okay Scott, what is your position within the Boots organisation?

Boots – so my job title is the Scottish Pharmacy Partnership Manager and in respect of PPC hearings, I represent Boots at PPC hearings in Scotland

Community Council – okay so you cover the whole of Scotland, yeah, can I ask you when you learned of the decision to close Sobora Road?

Boots – sorry when did I hear of the decision to close Sobora Road?

Community Council – yes when was that decision passed to you?

Boots – passed to me, I would have said late 2023

Community Council - am sorry I couldn't catch that

Boots – I would have said late 2023

Community Council – late 2023 and in fact the announcement that Sobora Road would be closing was, well I first saw it in the Oban Times in December of 2023. Yet the plans, the corporate plans to close branches was announced in June of 2023. The plans were announced to reduce 2200 branches by 300 by the end of the year. So where was the decision to close those 300 branches taken if you weren't involved, where was it taken?

Boots – so the company executive team would have been the group of people who would have been responsible for making those decisions. They would have consulted I would imagine the Director of Stores for Scotland as well.

Community Council – okay so it didn't involve consultation with you and it didn't involve any local consultation, it was a corporate decision.

Boots – well there would have been, there would have been some as I say the Director of Scotland would have had a view, they would have been involved

Community Council – but I assume by you saying that that the actual branches which had to close had not by then been identified

Boots – well, as I say I wasn't involved in any of that process so

Community Council – given your position in Scotland I would have thought that you should have been involved but clearly you weren't. So, I perceive this and please correct me as a corporate decision taken unilaterally to simply reduce costs without consider, without initial consideration to the businesses that were going to be closed and the extent to which local communities depend on those businesses. So, we have a situation where this committee, this panel puts an awful lot of effort into deciding whether or not a pharmacy can be opened and quite rightly but has no input whatsoever into closures.

Chair – Frank, can I remind you that we are looking for a question please, rather than a statement

Community Council – okay, so my

Chair- much as we are enjoying it of course

Community Council – I am trying to establish you see I see this as a US corporate decision, can I pursue this a little bit further Chair, and I am sure you will tell me off if I overstep my limits but the

Chair – you will get the chance in your presentation to make your statement. At this moment in time, we are looking for a question from our interested parties, please.

Community Council – here's a simple question, was the decision to close all these branches based on the fact that you, that the Boots company or Boots group or whatever it was called was negotiating with Sycamore Partners for a takeover by that group?

Boots – I would say no, just to kind of come back to your point the Director of Scotland, Boots in Scotland, was involved in these decisions, so there was certainly a Scottish view of that and as I say the size of the premises is the size of the premises. You can't get a consultation room into the premises, and I acknowledge that you guys have and full credit to you. Our layout terms are very prescriptive about the size of things that must go in and what we must have within their etc and we would need a healthcare counter in there, you know that is not something that we would go away from therefore how can you really operate a pharmacy that does not have a consultation room in it? Especially when you have a pharmacy that is 650 metres away that is of adequate size and has a consultation room. They are all very Scottish based decisions that's around the NHS pharmacy contract in Scotland.

Community Council – okay I will come back to this later, but it does seem to me that the decision to close a certain percentage of branches was taken without initial due consideration of the effect of those closures on their communities

Boots – what's the question?

Community Council – well that was just me making a statement, I am sorry I am not fully au fait with these things but you have said that it was not a direct consequence of the negotiation of foreign acquisition of the company which I find difficult to comprehend but there we are and you have said it's not, so thank you

Chair – thank you Frank, did you have any other questions?

Community Council – no I think well I can't start questioning statistics with two such experts going at it and I am a mere lay man in these matters so no I have no other questions, thank you

Chair – thank you very much, if we can move then to questions from M & D Green, Martin

M & D Green – thank you Chair I will try and be brief. Scott you will be loosely familiar at least with the actual premises and whether they were adequate for a Boots pharmacy in the past and acknowledged that the applicants have managed to fit in a consultation room. But as far as I can see within the drawing there is no healthcare counter as you might refer to it. In your experience in pharmacy whether it be a private sale of medicines erm delivering Pharmacy First or giving advice as handing out prescription medicines, where do most of those advice or consultations take place? Is it at the healthcare counter or in a consultation room?

Boots – the majority would be at the healthcare counter and then you would make a professional judgement around privacy of that patient and whether you would move to the consultation room.

M & D Green – okay thank you. At Soroba Road, when Boots operated the pharmacy would you have classed it as a busy Boots?

Boots – reasonable business is what I would have said, it wasn't particularly huge but reasonable

M & D Green – okay and did I catch it correctly that you had mentioned that compliance aids were assembled at George Street?

Boots – yes, due to the size of the premises despite what the applicant said we found the premises restrictive from a space perspective so just the actual physical assembly of compliance aid packs itself along with the rest of the prescription business but then of course the storage of that is significant so we made the decision for any patients that we would move them across to

George Street if they required compliancy packs where we had much more space therefor enabling the Soroba Road branch to focus on repeat prescriptions I think it was

M & D Green – and in doing so if you don't mind me asking did you process those prescriptions through George Street?

Boots – yes, we did

M & D Green – so on that basis where you were diverting some business from Soroba Road to George Street at that time, is it possible then that another provider operating in a premises so close to the GP practice might have more of an impact on the two pharmacies on George Street than the Soroba Road Boots did?

Boots – significantly, that's one of my biggest concerns really, we are doing 9000 items currently a month, again I accept that is above the average number of items for a community pharmacy it's not a hugely busy pharmacy for Boots however the impact of Soroba Road opening would be huge, absolutely huge on our level of business

M & D Green – okay, thank you do Boots collect prescriptions from the surgery

Boots – yes

M & D Green – any idea what percentage of prescriptions that you process might actually be by collection as opposed to presented by a patient waving one by hand?

Boots – it would be around 80%

M & D Green – 80%, so not the majority but the vast majority?

Boots – the vast majority, yes

M & D Green – okay then in terms of the accessibility and location we refer to the two, well your pharmacy and my own as being located in the town centre, I would see that as being central within Oban, is that then more accessible to the majority of patients than a pharmacy located slightly on the outskirts beside the health centre? Given that the vast majority of prescriptions don't get brought in by hand, that they are collected and made available in the centre

Boots – yes

M & D Green – nearly there, the applicants made reference to our pharmacy which I believe that you may have owned at one point in time in Kingussie. The reference was that this is a low volume pharmacy and that this low volume pharmacy was in fact viable. When you owned the Kingussie pharmacy can I ask to your knowledge was it viable?

Boots – no, once the Newtonmore application was approved the Kingussie pharmacy no longer became viable and you know, we were trying to sell that pharmacy for a great period of time, with very little interest and without giving too much information away, we gave it away, rather than close the pharmacy .

M & D Green – so for clarity the awarding of the new contract in Newtonmore rendered the pharmacy in Kingussie inviable

Boots – yes, 100%

M & D Green – thank you Scott, no more questions.

Chair – thank you very much if we could move on to APC representative Malcom, please.

APC rep – I suppose my one question comes back to recruitment, that's been a recurring theme at APC around the challenges that we face with our unique geography in Highland, recruitment and retention and the challenges with locums. Do you have any plans to support that recruitment process for your new pharmacist?

Boots – absolutely, Emma is all over it at the moment, and we are kind of part way through I don't want to over promising and under deliver but we are part way through that process. And of course, as a rural location there is a generous relocation package that is attached to that just to help maybe get the candidate over the line.

APC rep – so the support is in getting that person in post

Boots – absolutely and to be fair Emma has done an outstanding job in building up a team as well because it, you know that is important. You know obviously a technician will be joining us on the 17th November.

APC rep – no further questions from me

Chair- thank you very much Malcom, we will take questions from the panel but if I could use Chairs privilege and just ask a couple of questions first and I don't know that you will be able to answer this first one but I am just interested in the impact on footfall for visitors. Because obviously we know how Oban swells and contracts during seasonal times and it, do you have evidence of that effect on your business within the town centre?

Boots – there is obviously a big impact on the retail side, prescription items volumes not so much and I think there is the question round about eligibility criteria of where the tourist comes from in terms of their accessibility to NHS services. Because for most of the services you would have to reside in Scotland to access. So, actually, I would say that it's got a lesser impact on our pharmacy business. Obviously over the counter medication there is an impact there

Chair – thank you, and my second question again is in relation to evidence and complaints and really it's for my understanding. How would I ask a member of the public know that I can complain to NHS Highland? Is that available information? Is that something that is available within the building?

Boots – yeah, absolutely so there is a requirement that we have got clear guidance, so our practice leaflets are in each pharmacy and if you spoke to the individual pharmacies this would detail what our services are about, the complaints information and who to complain to if they were unhappy with the service. So, and we are required by NHS Highland to make sure that that is available to patients.

Chair – so that goes to, so it is your own internal complaints route? Speak to the manager, blah, blah, blah

Boots – yeah, we would always encourage to come through our own route first and then there is a requirement on contractors to know the complaints process that has come through us

Chair – and do you advise NHS Highland of the complaints that you have had, is that right?

Boots – on a quarterly basis we have to report our complaints, so all contractors have to report their complaints to their NHS Health Board and give a bit of a break down as to what the complaints were about

Chair – thank you that's helpful, thank you, can I just say something you are really softly spoken so if you can.

Boots – I will try my best to speak a bit louder

Chair – I am just thinking of the people online. So, thank you for that and then if we can move on to questions from the rest of the panel and if we can start with Ian please

Ian – Just two questions, just following on from Martins point, are you aware that there is now an independent pharmacy now operating in the former Boots premises in Kingussie?

Boots – yes

Ian – yes presumably it's gone over their heads in Boots

Boots – we certainly don't have any financial costs for acquiring the business

Ian – it's really just to tease out something about the decision-making process because I was picking up a sort of discrepancy. Partly because you can't unknow what you know and we had a conversation not that long ago and I was following a line of questioning like the Community Council was about the decision making process in Boots because I had read in the business papers that it was a commercial decision, it was about saving X amount of money and then probed you in questions and answer and just wanted to continue down to that because you used, in actual fact you used the same phrase that you used in the last meeting which was it was above your pay grade. But at the same time you mentioned that the reason for the closure of the Soroba Road practice was because it didn't have a consultation room so am trying to work through, does that mean that at a certain point in the Boots decision making process when as far as we were told before it was I suppose any pharmacies within, well Boots pharmacies within a certain distance, I can't remember what it was, two miles or something like that one would close. Does that imply that you then had input into the decision to close the Soroba Road practice as opposed to the other one? Cos you mentioned specifically the absence of a consultation room as a reason for closing but my understanding before was that you had no input into the decision-making process

Boots – well, the

Ian – which was it?

Boots – the Director of, I did say at the previous hearing that the Director of Stores in Scotland was involved in that

Ian – right

Boots – so he would have made the decision based on criteria round about profitability you know, where was consolidation practical to happen

Ian – yeah

Boots – and the premises and suitability of the premises

Ian – so what you are saying is that that would be one of the things that he would have taken into consideration. Just to clarify that cos it's seemed to conflict

Boots – no, no, thank you for asking the question to give me the opportunity to clarify

Ian – that's all, thank you

Chair – thank you very much and then Mark on TEAMS please

Mark – yes thank you. You were asked, you were, when you were questioning the applicant earlier you asked him for evidence of complaints and difficulties at your existing, remaining branch have you seen and read all the papers that were submitted for this application?

Boots – yes

Mark – and have you read the three Boots google reviews which were among those papers?

Boots – yes, yes I have read them I think there is, you know as a contractor it's difficult to respond to a google review. We obviously haven't seen the response that was on the google review. Effectively until that complaint really comes to you from a named individual and you can gather enough evidence to therefore investigate those facts, it's quite difficult to respond to it and get the factual accuracy of it and therefore make any improvements on the back of it.

Mark – the only observation that I would make to that is on looking at all three, I have got them all across the bottom of my screen here and the response each time is obviously a set response because it is exactly the same wording. "Thank you for contacting us about your recent experience, please contact our customer care team on" etc etc. In that regard then what have you got to say then about the note from Oban Community Carers which appears to have been received on the 22nd September, in other words a month ago, signed by wait til I scroll up and get the lady's name and I have just shrunk it, sorry, bear with me, I am not the most techie person in the world erm Josie, Josephine Tiser who is the registered manager at Oban Community Carers and she narrates in very great detail a number of visits that she had to make in consecutive days because items were not available, they hadn't been included even though prescriptions had been lodged with you 11 days earlier. What is your response to that in relation to your ability as a company to deal with the current demand that you are facing?

Boots – well first of all, you know it's a very difficult route and in routing that I was significantly concerned really if that was their experience that somebody's had but Mark again I kind of come back to the same point as a contractor, unless the person has come to us with a sufficient level of information, so we would need to know obviously who the patient was we could then have a look at what was on their prescription, what medication was involved to understand was there stock available to us, was it not available to us, when they were in. Without them actually coming directly to us and giving us an opportunity to properly investigate that it is really hard for a contractor to respond to that and therefore I really wish if that was their experience that they had reached out directly to us.

Mark – do you, do you accept however that this complaint which appears to be a follow up or observation shall we say not necessarily a complaint but an observation on the level of service that that person had experienced has taken place more than a year after the closure of your other branch, and therefore its given you plenty of time to upscale in your remaining branch in order to deal with the issues which presumably you would have anticipated and obviously we heard from you last month you had anticipated in Helensburgh where two branches in one town have become one branch.

Boots – yeah, the, the timeframe is on the google review so the timeframe is there, but again I kind of come back to the same point, unless we have really had the opportunity to truly investigate it and understand it and potentially learn on the back of it, it is very difficult for me to respond to a google review in these hearings because we have not had the opportunity to do that and that's why the only factual bit that I can go back to is the official complaints that we have received and have reported to NHS Highland and that's factually what we have got

Mark – thank you the only last point that I want to ask, and it wasn't on my list but Mr Green on questioning you brought out whether intentionally or otherwise the implication that the Kingussie Boots closed because it was not sustainable after Newtonmore opened, is that correct?

Boots – yes

Mark – can you remind me, were you the representative of Boots at the Newtonmore hearing?

Boots – yes

Mark – so you will recall that Ian and I were the two lay members who sat on that occasion?

Boots – I don't recall that, but I will take your word for it

Mark – and that specifically do you recall that on questioning both from the Community Council and from us on behalf of Boots you accepted that at that time Boots was making no effort to outreach to Newtonmore and that there were numerous services that they were not marketing?

Boots – well, the marketing one is a really interesting one because I think that as I stated that was my first PPC hearing that I attended on behalf of Boots. I would say, and also as a bit of background I have recently relocated back to Scotland after working in England for a number of years. The marketing of NHS services is actually quite restricted by NHS Scotland. You can use NHS Scotland marketing material and that is publicly on display in our pharmacies to highlight to patients, but you can't go above and beyond that in any way, stretch or form without being in breach of the guidance from NHS Scotland. So, on the marketing point, in relation to the service provision, what was the other question, sorry?

Mark – thank you, you, I appreciate that this is tenuous but obviously it goes to the root of whether another, another branch would open, another pharmacy opening could endanger the prospect of the existing two surviving, and that is why I am pursuing the matter you accepted on behalf of Boots on questioning to the Community Council and to us that the Boots in Kingussie was making no effort to make outreach to the community in Newtonmore. Ian will correct me if I am wrong.

Boots – Is there a question in there, sorry?

Mark – that is a question

Chair – yes, I am struggling, I can understand your train of thought I think which is around whether from a viability perspective Mark, but I am struggling a bit with what is the question and whether we can continue with it in this hearing

Mark – well I will leave the point I think, I think the reference to Kingussie is spurious but never mind carry on.

Chair – any further questions from you?

Mark – no

Chair – okay thank you and then if we can move on to Susan on TEAMS please

Susan – hi Scott, I have just got a question around, am finding it difficult to understand what is seen as acceptable evidence. On one hand you are questioning the applicant about validation, the validity of patients and healthcare professional's opinions on standard of service that's been offered by Boots, yet you want us to accept your evidence of the staff saying the waiting time is only 10 to 15 minutes. So with regard to this I had a little look on the best pharmaceutical list which says that Boots don't offer Clozapine, don't offer Pharmacy First Plus and do not offer Care

at Home at this branch and yet you have told us today that they do and that would be documented evidence so you know what kind of evidence do you want us to accept?

Boots – hi Suz, that you for your question so the documented evidence that we got in relation to the service I can 100% go to re the complaints reported to NHS Highland. Where did you get the information source on the locally negotiated services that are available?

Susan – the NHS Pharmaceutical list on the NHS website dated 29th September 2025

Boots – probably a better question for NHS Highland because I process all the service level agreements for locally negotiated services so I can actually give you the signed service level agreements for those locally negotiated services

Susan – yes but my question is

Boots – those services from Oban

Susan – yes but I can look at that document and that tells me what services you provide, I am not questioning the services, but you know you want us to give weight to

Boots – I am not responsible for the information on an NHS website though, I am responsible for making sure that the SLA is signed and returned and gets to NHS Highland

Susan – okay but do you accept that sometimes the documentation and the, I just feel that it is really important that the evidence provided by the professionals and the patients using the service is not belittled because these are the patients using the service, this is their opinion and

Boots – so do I and the fact that I have got an NHS complaint

Susan- sorry I don't think

Chair – okay

Susan – I don't think there, if you want to move on

Chair – okay, thank you, Catriona please

Catriona – all my questions have been asked

Chair – okay thank you and Patricia please

Patricia – thank you Scott for your presentation, I have got two questions I think and one is about the complains and you said that you just had the one complaint within that timeframe however as was raised and as we have seen in the papers there was that google review complaint with details of the person and I just wonder whether Boots has chased that complaint up to get the feedback and the information that you would want to be able to deal with the issues that were raised within the complaint.

Boots – so it was the carer complaint that you were talking about

Patricia – the Josephine Tiser one

Boots – so we don't have the patients details so we are

Patricia – but you would be able to contact Josephine Tiser to say was there a problem, can you let us know what the problem is and how can we deal with it and I wonder if that was chased up?

Boots – we go through the route that you can see so we would reach out to the person through our customer care centre

Patricia – which person, sorry?

Boots – we would reach out to, the google review, the one on the google review

Patricia – yes, the lady

Boots – so we have that response to ask them to get in contact with our customer care centre, we did so, they would then capture the details and then pass it on to the store too

Patricia – and to your knowledge has that been done?

Boots – nothing has got through to us, no.

Patricia – okay and my further question Chair is about necessary and desirable if that is, okay? So, in your letter where you are objecting to the application it is stating the proposed pharmacy is neither necessary nor desirable to secure adequate provision of pharmaceutical services in or to the neighbourhood. So in the question of desirability with all of the information that we have received, all the letters of support and the views, they are all either in support of the application or raising concerns about the current provision and the vast, and the majority of the responses in the CAR are likewise in support of the application or raising concerns about the current provision. So I would just like to understand the information from those 1080 respondents and letters of support and reviews how have you come to the conclusion that it is not desirable to have any pharmacy in that neighbourhood?

Boots – that's a big question

Patricia – yes, that's why we are here

Boots – how long have you got? I guess, well first of all that is a pretty standard response that we go with, you know that's really the purpose of today I would say is to flush all that out and for you and the panel and the lay members to listen to the arguments that we all put forward and that is for you really to decide if it's necessary or desirable.

Patricia – so your standard response is saying that you think it is not desirable and so I am asking why do you think that it is not desirable with all the evidence that we have received?

Boots – well, you know there are questions that I have around that stuff which came out when I have asked you know, questions that I have asked of the applicant, yes so getting into the CAR 20% of the population like we don't know. Getting into question three did people really understand all of the questions that we were asking on those services? Do 20 to 25% really think that Hep C services is inadequate? That Naloxone supply is inadequate? The fact that for the google reviews we don't have the information then we can't investigate and cant factually present back to you. These are all debatable points around necessary and desirable that would back up that letter.

Patricia – thank you, I have no further questions.

Chair – thank you very much, so that's all our questions from panel members, thank you very much. If we can move on to the presentation by the Community Council, please, Frank

5. Presentation by Oban Community Council

Thank you Chair I will, I don't suppose that I will keep you as long as the professionals in this matter, given that they seem to have chewed over the facts in quite amazing detail. All that I can tell you about is what the general feelings of people that have come out following this closure.

Firstly, I wanted to say that the Community Council strongly supports this application to reopen the pharmacy. Its possible reopening was first discussed at a meeting of the Community Council in late November last year when Idreece and his colleagues gave a presentation of their plans and at that time very clear and overwhelming support was expressed unanimously in that meeting by both the members of the Community Council and members of the public attending. At the time several people spoke of the very obvious deterioration of pharmacy services in the town since it had been closed by Boots approaching a year before. Apparently with no consideration given by that company to the effect of the closure.

The sentiment is even more strongly held to this day following the impact of the summer season and I will come back to talking about the question of car parking which was dismissed by the gentleman from Boots during his presentation. And I think as I said before in what was not a question, for which I apologise again I think it is important to remind ourselves that the application under consideration is one to reopen a hitherto existing pharmacy and not for the opening of an additional pharmacy. It would seem from everything that has been said that the demand for pharmacy services certainly has not reduced by that amount. And it arises solely out of the fact that an established pharmacy was closed on the unilateral decision of that company to close one of its two branches in Oban and not following the careful consideration of this committee as to whether or not its closure was desirable, maybe that is something that needs to be considered in the future and I would contest that had the three pharmacies in Oban been owned and operated by three separate entities it is unlikely that one would have been closed and this committee would not have had to have been convened at all.

Since closure by the pharmacy by Boots the increased workload on the two remaining pharmacies immediately led to severe delays in filling prescriptions, with long queues forming and this was noted in an article by the Oban Times only in the February following closure. I personally had an annoying experience at the time of the closure of Soroba Road branch. I went to collect a previously ordered repeat prescription which was a regular prescription collected at that branch before that branch had actually closed, only to be told that it had been sent to George Street and that I would have to go and collect it from there. Which does not speak to me of very good management of the closure process. And we are now advised to allow for five days turn around for repeat prescriptions. Whereas it was previously three days from request. As we have heard the situation is difficult also for urgent prescriptions and I can illustrate this by another personal experience. That to obtain an urgent one-off prescription on the day that it was issued proved extremely difficult. I presented the prescription in the morning at Gordons (now Green) to be asked to return the next day on expressing my concern that I had been instructed by the GP to start the medication urgently that I was told somewhat reluctantly that I might collect it just before closing time on that same day. I was only able to do this given that I still drive and something that is not available to many people in Oban, particularly to people who regularly use Soroba Road.

Also, I have been given to understand that Green as it now is does not accept urgent prescriptions on Fridays. The Community Council is strongly of the view that the closure by Boots can not have had any consideration of the severe adverse effects on local pharmacy services that would inevitably occur and I come back to the point of my questioning here, to a large extent this is my

opinion but according to press reports the decision was taken on a UK wide corporate level to close branches where two or more were in two miles of each other. But paying scant attention if any to local pharmacy needs. As such this decision could be considered again in my opinion and that of colleagues in the case of Oban most irresponsible. The two existing pharmacies are both located in very close proximity in the centre of town where parking is very difficult and almost impossible during the summer tourist season. This has contributed to the creation of long queues and inadequate service particularly for residents in the Soroba and the southern end of town. Accessibility is another major problem at what is now Green. Having a step at the entrance it is not accessible for wheelchair users, people with prams and only with very great difficulty for the elderly and those with mobility issues. Thus, such customers effectively only have a single pharmacy available to them and, and this was written at the time when I hadn't seen the recent drawings that Green has submitted to this hearing, because of the listed status of the property this entrance step cannot be replaced with a ramp. And this was acknowledged recently during an application for planning permission for some interior alterations at this pharmacy.

Closure of the former Boots pharmacy at Soroba Road has resulted in reduced availability of consultations as pharmacists struggle to keep up with increasing demand. This is evidenced by the long wait times for pharmacy appointments. It was particularly heavily used by residents of the two very local sheltered housing complexes and also the extensive social housing clustered towards that end of town.

It is proposed that the new pharmacy will be open seven days a week and will offer extended opening hours thus ensuring better accessibility to accommodate all community members and to improving overall pharmaceutical care in Oban. The additional pharmacy will support community wellbeing by providing timely access to medications and professional healthcare advice, and Oban Community Council urge the committee to grant approval for the reopening of this vital resource in as timely a manner as possible. Indeed, the overwhelming feeling has been that approval should almost be automatically granted for a suitable applicant given the way that it was previously closed by Boots, having no, apparently having no concern for the public need. I will just finally end up by saying that one of the advantages inherent in the operation of a small private enterprise is that you are unlikely to get any kind of unilateral closure of a property or of a premises in the way that happens with large corporate enterprises and I would point out that the decision to reduce the total outlets by Boots was published in June of 2023 and we didn't learn that Soroba Road was going to close until December 2023 and it closely very shortly there afterwards. So, I am personally convinced that it was a corporate decision for cost saving reasons. I have some other theories, but I will not go into them at the moment. Thank you Chair.

Chair – Thank you very much Frank for your presentation on behalf of the Oban Community Council. We will now move on to some questions for you from our applicant.

Applicant – no questions Chair thank you

Chair – okay thank you, if we can then look to move on to questions from Boots

Boots – no questions Chair

Chair – thank you and M & D Green

M & D Green – yes, a couple from me please. Hi Frank, can I just check with you, you mentioned there and commented that acute prescriptions are not available from M & D Green on a Friday? That is not consistent with my knowledge or what the staff tell me. So, I do need to know where did that information come from and when are you referring to?

Community Council – It came from a comment at the Community Council; I would have to go back and look at my records to know when it was mentioned. Erm it could well be some time ago because of the submission by the Community Council to this committee was made in April of this year

M & D Green – it could be more than six months ago?

Community Council – it could be

M & D Green – and circumstances could have changed since then

Community Council – well of course they could have, that is obvious

M & D Green – thank you Frank, at your Community Council meetings you mentioned that you first became aware of the application when the applicant presented at the Community Council meeting. Can I ask if any of the other pharmacy providers in town were invited to that Community Council meeting?

Community Council – no they weren't because we knew nothing of what was to be presented to us at the time although I would say, sorry?

M & D Green – I didn't mean to cut across you, sorry

Community Council – though I would say that if people want to join, come to the Community Council it's a public meeting and if anyone, if either of the current providers had contacted me then I would certainly have suggested they present as an agenda item.

M & D Green – but on this occasion what the Community Council have heard is a presentation from the applicants?

Community Council – yes

M & D Green – thank you, community pharmacies, they are not state owned they are commercial enterprises would you agree?

Community Council – well of course, yes

M & D Green – is it not necessary for commercial enterprises to make commercial decisions?

Community Council – well of course it is yes. But what I was commenting on was the fact that a decision to close 300 branches appears to have been taken in a single decision by Boots well in advance of the closure of Soroba Road. So, I think that we are talking about an American corporate decision here.

M & D Green – okay at one time there were three pharmacies in Oban and one of them closed. We have been hearing here today, and I am sure that we will hear more that at the time that there were three pharmacies in Oban none of them were busy Frank. If introducing another pharmacy introduces the risk of at least disinvestment or not closure of another pharmacy again, would that concern you?

Community Council – it is difficult for me to comment on the fact that there were three pharmacies and one closed because I don't know when that was and I suspect certainly before I came to Oban. Yes, disinvestment could result in the closure of another, there is no denying that.

M & D Green – apologies Frank, I was referring to the former Boots pharmacy at Soroba Road, so where the applicants are proposing to open a pharmacy is where that third pharmacy operated from and it closed I believe in February 2024. So just over a year and eight months

Community Council – yes, well I am fully aware of that, that is the one that we are talking about and its Boots that closed that pharmacy, so I don't see what the point of your question is.

M & D Green – the point is that for whatever reason it was necessary to close a pharmacy back in February 2024 I'm making the point that at that time that none of those pharmacies were busy and that by reintroducing a third pharmacy to Oban again you are introducing the risk of closure of another pharmacy. Either myself, the other Boots or potentially even the applicant's pharmacy cos it may not be viable, would that concern you?

Community Council – it would concern me, but I have seen no evidence presented that the one that went when Boots closed its pharmacy it was not viable. I may be mistaken there but I haven't seen such evidence.

M & D Green – okay thank you

Chair – thank you very much and so we will now move on to questions from the panel and can we start with, oh you need to put a red jumper on

APC rep – I have no questions

Chair – thank you, honestly Frank I am not having a good morning here, its nearly lunchtime, I will be better once I have had a sandwich. So let's move on now to questions from the panel now that Malcolm has no questions and we can start with Ian no questions, Mark on TEAMS

Mark – none from me, thank you

Chair – and Susan on screen

Susan – no questions, thanks very much and Catriona

Catriona – just one really, hi Frank, it's really good, we are quite lucky in Highland that we have got so many active community councils. I am just wondering how many people normally attend your meetings

Community Council – about ten or 12 community counsellors and then a good number of members of the public so in total we are probably looking at about 18 or 20

Catriona – okay and on the night that you had the presentation by my colleagues here, how many attended that night?

Community Council – I cannot give you a precise number off the top of my head, but it was that kind of number, I would have to go back to minutes to find that.

Catriona – okay, thank you very much

Chair – thank you very much and finally Patricia?

Patricia – thank you Frank, I have no questions

Chair – thank you very much and thank you Frank. That is all the questions from the interested parties, the panel and applicants. So, we will now take a break for lunch.

BREAK OF 20 MINUTES FOR LUNCH

6. Presentation by APC

Chair – thank you very much so we will move on to APC representative Malcolm for your presentation

Members of the NHS Highland area pharmaceutical committee discussed the application for inclusion in NHS Highlands pharmaceutical list at the premises on 5 Soroba Rd, Oban, PA 34 4JA at our meeting on 11th August 2025 by Zakpharma Ltd. The additional documents submitted earlier this month, have not been formally discussed by the full committee. However, following conversation within office bearers it was not felt that they would significantly alter the agreed consensus from discussions held in August.

Boundary

Discussions held primarily related to the expanse of boundary and whether it should be larger to encompass small populations out with the defined boundary who rely on pharmaceutical / health services within the area of the proposed pharmacy and whether this would reduce need for future applications for pharmaceutical list.

Following discussions around boundary members of the APC felt that the area encompassed by the proposed boundary, is reasonable and appropriate for the town of Oban.

Current Service Provision, and Adequacy thereof

CAR document noted recurring concerns about access to services with specific mentioning of disability access, and parking availability in town centre.

CAR document also contains multiple references to prolonged waiting times and turnaround times for repeat medication prescriptions.

CAR data showed overwhelming support for additional pharmacy.

Noted that Population of Oban can have significant seasonal variations which would put additional strain on services.

Proposed pharmacy will be at site of existing medical practice. This has parking and public transport links nearby. This would aid in accessibility concerns highlighted in CAR.

APC discussed the data showing that following closure remaining Boots pharmacy, almost doubled in workload and the subsequent pressures that this will have placed on staff and workplace.

Individual comments and responses within CAR showed overwhelming support for additional pharmacy application. Prescribing data shows a significant volume of prescribing that would potentially support a 3rd pharmacy. APC noted that there have been contractor changes since the CAR was completed, in relation to Gordons Chemist transferring ownership to MD Greens Ltd.

Given this, on consideration, it was felt that if the CAR document was repeated then the responses may vary from data presented. We cannot speculate as to whether the responses would be more or less positive but believe it should be taken into consideration that the data presented, and discussed by APC, may not be an accurate representation to the current pharmaceutical service provision.

Following significant discussion within APC, it was felt that granting the application is considered necessary due to reported shortfall in provision, and accessibility as highlighted by patients and representative patient groups in the CAR document presented. However, we strongly recommend that the PPC give consideration as to how changes in service provision since the time of the original consultation taking place affect the relevance and accuracy of the CAR document.

APC rep – so the APC discussed the application at our August meeting we are aware some papers came in last month however they have not been formally discussed at the APC by the full committee, however on discussing with the Chair it was felt that they did not significantly impact the overall outcome of the discussions from August therefore they were not taken back to the full APC meeting yesterday. In terms of the boundary our discussion primarily related to the expanse of the boundary and whether it should be larger to encompass some of the small populations that sit outside the defined boundary who rely on pharmaceutical care/ health services within the proposed area and how the boundary affects future applications.

This has been an area where we felt previously that the boundaries have been quite narrow and confined but possibly, they could be larger however following discussion around this we felt that the area proposed encompasses and is reasonably appropriate for the town of Oban itself.

We then went on to view the CAR and the papers and in doing this we noted recurring concerns about access to services with some specific mentioning of disability access, parking availability in the town centre. We also noted multiple references to prolonged wait times, turnaround times per medication. We noted that there was a general overwhelming support from those who took the time to complete the CAR for an additional pharmacy in Oban. Our discussions noted that like a lot of areas in Highland, Oban has a degree of seasonal variability which can at times place additional pressure on services in the area. We noted that the proposed pharmacy, the existing medical practice has parking and nearby transport links which may ease some of those concerns noted by individuals in the CAR.

We also noted that the workload had almost doubled in, following the closure of Soroba Road and the pressures that that may have placed on staff. Individual comments and responses from the CAR show overwhelming support for the application. Prescribing data showed significant volume prescribing in the area that would potentially support a third pharmacy. We also noted that there had been contractor changes since the CAR was undertaken.

We discussed whether then how that affected the relevance of the CAR document and the data presented and we couldn't speculate as to whether responses would be more or less positive had the CAR been done at a different time.

So overall we felt that the application would be necessary due to the perceived shortfall displayed in the CAR document. However, we do recommend that you take consideration entirely changes the service percentage since the time of the CAR document may have changed the landscape. Thank you

Chair – thank you very much so if we could ask, please questions from the applicant

Applicant – thank you Chair, no questions

Chair – thank you. Moving on to questions from interested parties, Scott if we can start with you

Boots – no questions, thank you Chair

Chair – okay then Frank from the Community Council, do you have any questions for Malcolm?

Community Council – I have no questions Chair, no

Chair – thank you and then Martin, M & D Green, any

M & D Green – no thank you Chair

Chair – then moving on to the panel, Ian any questions

Ian – no

Chair – and Mark?

Mark – no, thanks

Chair – Susan?

Susan – no questions

Chair – Catriona

Catriona – no questions

Chair – Patricia

Patricia – thank you, no questions

7.Presentation from M & D Green

I am presenting this morning on behalf of M&D Green Pharmacy, situated at 16 George Street, Oban. This pharmacy formerly traded as Gordons Chemist but has become part of the M&D Green Group, following acquisition of 100% of the share capital of N.R. Gordon (Scotland) LTD on the 1st of March 2025.

The timing of this acquisition has been unfortunate, for purposes of the application as the views and comments expressed by residents will not take accounts of the changes introduced and planned by M&D Green, which I will outline today.

However, firstly I would like to consider: -

Neighbourhood

I am happy to accept the Neighbourhood, as defined in the Consultation Analysis Report, which effectively defines the small rural town of Oban. As stated in the CAR, Oban has a population of approx 8000 according to the National Records of Scotland 2022. Looking back at the population figures from previous census, the population in 2011 was 8574 and in 2001, 8070.

The population in Oban is relatively static, albeit has reduced by 6.25% from 2011 to 2022.

The population breakdown by age is:

0-17 -> 1448 -> 18.1%
18-64 -> 4916 -> 61.45% of working age
65+ -> 1638 -> 20.5%

This is broadly in line with the Scottish National Averages but slightly out with averages for rural communities which tend to have a lower percentage of young people and greater over 65. The Scottish Remote and Rural percentage of population over 65 years is 26%.

Assessing Oban using the Scottish Index of Multiple Deprivation (SIMD), which ranks small areas of Scotland by "Deprivation", using a number of domains, Income, Employment, Education, Health, Access to Services, Crime and Housing, ranking 1 as the most deprived up to 6976, which would be considered the least deprived.

Oban would appear to comprise of 11 data zones with a total population of 7774, of which 5029 are working age (64.7%). The overall SIMD rankings range from 609 through to 5236 and an average of 3118. Only one data zone falls into the bottom 20% and would be considered a deprived area, this is also the smallest data zone in the area, by population, with a total of 477 individuals, this represents only 6.8% of the population.

If the population is taken from the data zone analysis at 7774 assuming an even distribution, that would result in just under 4000 of the population per pharmacy, 3887 precisely. If another pharmacy is introduced, again, assuming an even distribution, would reduce that number to 2591.

In my opinion and considerable experience, given our current contractual framework and increasing cost base, a population of approximately 4000 is required to maintain the average

pharmacy.

At 2500 per pharmacy, this is dangerously sub-optimal and would cause all business to restrict their cost base and minimise expense and investment to the extreme detriment of service delivery.

If the distribution of patients is not even that could render a business inviable and facing closure.

In summary, Oban is a small rural town, is not deprived and does not have an increased elderly population, I would suggest there is no evidence to support a higher-than-average need for pharmaceutical services, in fact I would contest that in a rural context, Oban has a lower-than-average need for pharmaceutical services.

Pharmacy in rural locations face more challenges than similar businesses located in the central belt, I am sure my pharmacy colleagues on the panel can confirm through the closed session if necessary.

Patient frustrations with pharmacy are very often down to factors out with our control and do not indicate an inadequacy of service. Any number of pharmacies whether they are large multiples, large independents or single-handed operations cannot change supply issues which are seriously compounded by rurality.

M&D Green operate using principally 8 different suppliers, providing comprehensive access to all available stock in the UK and beyond. All 3 mainline wholesalers, Alliance, AAH and Phoenix, 4 short line and 1 specials manufacturer who also offer imports and unlicensed medicine, we are experts in sourcing and procuring stock.

Across the central belt we benefit from twice daily delivery from most of these suppliers and in the main, same day for the others.

In Oban, mainline wholesale will only deliver once daily, and delivery is not guaranteed. We are consistently let down by our wholesale partners in rural pharmacy, resulting in regular frustrating delays for often critical stock.

An additional pharmacy in Oban would not address this problem.

Staff recruitment and retention is an ongoing issue, but if I have a leaver in Oban, to replace them with a new experienced staff member, I am typically taking someone from one of the other 2 pharmacies providing for the same area or I am training someone from scratch. This can cause significant temporary disruption in the pharmacy. This is an issue any new pharmacy would also experience.

Weather is another factor which impacts on rural pharmacies more than urban. If roads are difficult to pass, our wholesale partners will not even attempt deliveries, they are simply delayed.

On my last visit to Oban, it was Tuesday 7th October, just after the weekend when Storm Amy brought down the power, telephone and internet access across much of the Highlands. The pharmacy had been without internet for 2 full days, significantly delaying the process and assembly of repeat prescriptions and ordering stock. There were 2 pharmacists on duty that week, 3 if you include me and we were quickly back on track.

However, an additional pharmacy in the town would simply experience the same difficulties and this in no way represents an inadequate service.

Changes implemented and planned by M&D Green since acquiring D.Shannon Stewart LTD, which traded as Gordons Chemist, on the 1st of March this year, we have made a number of changes and have committed to other significant improvements.

Firstly, the staffing profile and skill mix has been assessed, strengthened where necessary and individual development plans put in place. Gordons Chemist, Oban experienced a number of staff leaving the business, through 2024, who had been replaced by the time M&D Green completed the acquisition, but many of the staff had little or no training. Recruitment and retention of staff, particularly qualified staff in rural locations is a constant challenge for pharmacy.

All staff are now progressing through accredited training relevant to their designation, with one dispenser working towards technician and then ACT level. Additional staff have been recruited, including two who provide a full-time delivery driver.

The pharmacy now has a dedicated delivery van, not shared with any other pharmacy or area.

Previously, deliveries were available between 11.00 am and 3.00 pm, they are now available all day, with no restrictions by the way of needs assessment or geography, (within reason) and is completely free of charge. The delivery service is advertised within the pharmacy and with bag fillers.

Our full-time pharmacist Clare has applied to commence her Independent Prescriber Training, which will start in January and all going well should be complete this time next year. We also have provided additional pharmacist cover 3 days per week from the M&D Green relief pool, with a view to recruiting a full-time second pharmacist. The additional pharmacist resource allows for time to support and develop staff and create availability for consultation led services.

The pharmacy previously maintained caps on the number of patients they could accept to provide dosette boxes and support with a community MAR chart.

There have been no caps or limitations to these or any other service since take over in March, we have had meetings, recently with the G.P Practices and Primary Care Pharmacists supporting the Practice, advising, accordingly and have established formalised communication pathways between Pharmacy, G.P, Practice and Primary Care.

We have replaced the I.T system in the pharmacy which had become slow and cumbersome.

The new PMR system provides 4 distinct workstations doubling the previous number and integrates the e.Pos system for sales and PMR system which allows for delivery and capture of NHS Services from the front counter, principally Pharmacy First.

The pharmacy under Gordons, while still very presentable had become a little tired and did not make efficient or appropriate use of all available space. Gordons prepared plans and secured Building Warrant approval to refit the pharmacy but had never progressed with the work. M&D Green have now received an acceptable quote from an Industry Leading Pharmacy Shopfitting Company who have confirmed a start date of mid-January, and completion end of February. The refit will significantly improve workflow, capacity, patient access and experience. It will provide a modern professional, clinical environment and support the pharmacist's full engagement with our evolving Scottish Pharmacy Contract.

The dispensary will extend backwards by 6 meters and by 1 meter in width, while the Chemist Counter moves forward 1.3meters, to create a forward-facing pharmacist workstation, where the current Chemist Counter exists and establishes a consultation room, visible and accessible4

to all patients, where currently the consultation room is located behind the dispensary out of sight. The dispensary will increase in size by approximately 35 square meters, bench space from

about 6 meters to 18 meters with stock storage space in the dispensary increasing by a similar amount.

In advance of the refit, automatic door closure arms are being fitted to the double door at the front of the premises, activated by prominent touch pads. When used along with the portable ramp to overcome the small 75-millimetre step at the front of the premises, the pharmacy is easily accessible for those patients and customers in wheelchairs and parents with prams.

Additionally, we are just preparing plans to secure permission to remove the small step, creating a graduated ramp into the pharmacy from the pavement.

M&D Green also currently offer an M&D Green App, which patients use to order repeat medication, request delivery or book an appointment for an NHS or Private Service.

The app is a “white labelled” app supported by HealthEra and is currently used by a number of pharmacy operators. We have not rolled this app out across our new former Gordons Chemist sites, as it is being replaced with a new bespoke M&D Green app, which will launch in November, with full rollout January 2026.

The new app will be available in Oban from January and will support patients ordering repeat prescriptions, requesting delivery or collection and booking appointments amongst other benefits. This will allow patients to order from a mobile device and sends text messages advising when a prescription has been ordered, is ready for collection or out for delivery. Not just avoiding any unnecessary trips for patients but avoiding any trips at all.

The app and backend platform includes a booking and referral system which can be accessed and shared with the GP Practice allowing receptionist staff to see the pharmacist’s availability and offer patient’s appointments with the pharmacist, in the pharmacy.

M&D Green recognize the value of data and utilise reports generated by our systems regularly.

We routinely run reports on stock usage and balances and adjust ordering accordingly. At the start of each month, we bulk purchase approximately a month’s supply of our top 100 lines, excluding extremely expensive items, where we order a reduced amount. This is not possible in all pharmacies due to space limitations, but M&D Green, Oban have a good-sized stockroom with most space dedicated to bulk purchases of dispensary stock, significantly reducing the risk of balances.

All of these improvements take significant investment, our plans are not speculative proposals, they are firm commitments with established start and completion dates. While I can commit to premises improvements, I.T and digital upgrades the critical enabler to achieving a truly modern pharmacy service focused on consultation based services, requires a strong team of well-trained support staff and ideally two pharmacists.

If a new pharmacy contract is awarded in Oban and the pharmacies revenue seriously diluted, I will need to make sweeping reductions in staff costs, as my only real variable operating cost that can make a difference. This would certainly result in a reduction to one pharmacist which would restrict our capacity to a focus on dispensing as opposed to consultation led services. If the pharmacy income was reduced to half its current level, even with cutting costs, it would no longer be viable and would force closure!!

Issues raised through the Consultation Analysis Report, as stated earlier, it is unfortunate, that the Consultation Analysis Report was largely conducted before M&D Green had taken ownership of Gordons Chemist and the short time period post completion affords little time for changes introduced and planned by M&D Green to be fully appreciated by the population of Oban. Notwithstanding this, there are a number of responses and comments which I do not believe accurately reflect the services that were provided by Gordons and certainly do not represent the current service provision.

Chronic shortage of staff and pharmacists reduced opening hours, lunchtime closures, reliance on locums, staff overwhelmed, unable to spend time with patients.

None one of these comments reflects the picture at M&D Green.

We have ample staff with appropriate qualifications, several of whom are on part-time hours and able to work extra in times of unforeseen absence. We have a full-time pharmacist and use a regular locum for a Saturday. The pharmacy has a second pharmacist 3 days per week covered from the relief pool at M&D Green and experienced pharmacist managers who volunteer to go for a break from their norm. In addition, the area manager, also a pharmacist, visits at least once every 2 weeks. The pharmacy benefits from a strong staff team and comprehensive experienced pharmacist cover. The pharmacy is open currently from 9.00am to 5.30pm, Monday through Saturday with no lunchtime closure. When there is a second pharmacist, lunch hours are split to ensure there is continuous availability through the full 8.5 hours of opening. When one pharmacist is on duty there is a short interruption in service to allow the pharmacist to eat.

On reading the concerns raised by respondents to the CAR about access to a pharmacist through lunchtime and up until 6.00pm, when the surgery closes, Clare our pharmacist has proposed working condensed hours but longer days, working 4 full days from 9.00am until 6.00pm, this has yet to be confirmed, but arranging additional cover will accommodate this change and allow the pharmacy to remain open from 9.00am to 6.00pm, Monday to Friday.

These hours are significantly above the model ours for the health board, amounting to 51 hours per week currently. Once our 6.00pm opening is confirmed to the health board this will increase to 53.5 hours of availability per week.

If the health board consider there is a need for pharmacy cover of a Sunday, they should approach the existing contractors and establish an appropriately funded Rota Service. I would be happy to participate on any proposed rota, but to the best of my knowledge, no such approach has been made so I can only assume the perceived need is not great.

Prescription delays; repeat prescriptions taking 5-10 days, acute prescriptions for antibiotics, steroid, palliative care, often not possible. Queues, waiting 30-60 minutes. Medicines frequently out of stock requiring repeat visits, Pharmacy First refused, waiting lists for dosette boxes delivery service unavailable.

None of these comments reflect the service currently provided at M&D Green.

Repeat prescriptions are collected 3 times per day from Lorn Medical Centre, staff make the short walk from the pharmacy each day and engage with practice staff at each visit. Repeat prescriptions are completed the day of collection, occasionally this may extend to the following morning. Lorne Medical Practice advise on their website that patients should allow 5 working days between requesting and collecting medication. 4 of these days are to allow the practice to generate the prescription. Acute prescriptions are prioritised over repeats and are prepared immediately on presentation. Depending on the number of items and number of patients presenting at the time, this may take from 5 to 15 minutes.

Acute prescriptions are never refused.

We do not have queues unless several patients present at one time, which does happen, but this could amount to 3 or 4 people who would be attended to in a very short time. Balances are unavoidable even in the most organised pharmacy, bulk ordering higher volume items at the start of the month reduces the likelihood of balances. Disruption in the pharmacy supply chain is constantly compounded by the reduced service and uncertainty of delivery from our supply partners in rural locations, making delays in sourcing medication unavoidable, at times. To give an example, at my last visit to Oban on the 7th of October, we were experiencing supply issues, the Libre 2 sensors for blood glucose monitoring, Clare had prescriptions outstanding for 30 boxes.

I carry more than £2 million of stock at any one time across the group and did not have one pack available. Contacting the manufacturer, Abbott, they advised patients to contact their customer service line directly. We go to great lengths to help patients and appreciate how frustrating supply issues can be, but introduction of an additional pharmacy to Oban will not resolve this problem.

For balances which are easier to resolve, if a patient has any difficulty returning to the pharmacy, it can be delivered as soon as it arrives. We have no waiting list for dosette boxes or community MAR charts, which can be delivered on a regular weekly basis, we have met with the practice team to make them aware and establish good communication channels, we are receiving and accepting new patients.

Pharmacy First is available and never refused, M&D Green provide specific training to all staff on the conditions suitable for treatment under pharmacy first, the products available on the approved list, what constitutes an appropriate pharmacy first consultation and most importantly, how to accurately record.

The additional pharmacist support has been provided in Oban, not principally to manage prescription volume, which is not an issue, but to prioritise consultation led services, such as pharmacy first and soon first plus. The new I.T system with access to the PMR on the pharmacy counter, only introduced in September, will significantly improve their ability to record consultations, especially those that result in advice, referral or self-care.

The comments about delivery services being limited, unreliable or unavailable are simply inaccurate. We have purchased a dedicated delivery van for Oban and have full-time equivalent driver provision. It did take a little time to recruit and train drivers, but they have been in place for several months now. The service is advertised, and practice staff are also aware of its availability.

Deliveries are up 40% already, but we still have considerable capacity. Deliveries are free and we have no geographical limitations within reason.

There were a number of comments about lack of access to private services, blood pressure monitoring, blood testing, text messaging services, private vaccination services. All of these are coming to Oban soon at M&D Green but have nothing to do with the awarding of an NHS contract and could be provided without a contract if demand were sufficient but cannot be considered in adequacy of NHS Services.⁷

Both pharmacies in Oban are located in the centre of town, but the centre of town is in fact the most central and accessible place as a small town such as Oban and common in most small towns. The GP Surgery, Lorn Medical Centre is located at Soroba Road, according to Apple Maps the distance between the surgery and M&D Green is 0.3 miles or a 7-minute walk, the route is relatively flat and there are no major roads to cross. For most patients attending the

surgery, they will need to travel considerably further to the surgery than the distance between the surgery and pharmacy.

There are also buses, that run from the surgery, the stop is referred to a supermarket or Soroba.

The numbers 401, 405, 417, 418, 403 and 415 are all frequent, I am advised, every 20-30 minutes, depending on the time of day, but due to the number of routes, you shouldn't have long.

Additionally, the vast majority of prescriptions dispensed in the pharmacy, easily 80-90%, are collected from the surgery 3 times per day, if patients find that for whatever reason, be it disability or frailty, they find the short distance between surgery and pharmacy difficult, M&D Green will collect their prescription and delivery direct to their door.

Respondents commented that wheelchair access is difficult at M&D Green. I have presented a photograph showing the small step at the front of the premises, 70-75 millimeters in height, there is a buzzer at the front entrance and staff can lay down a small portable ramp to assist wheelchair users. The entrance itself is large with a set of aluminum double doors.

M&D Green have instructed automatic door closures with touch pad access to facilitate opening doors and have also produced plans, which are just being submitted to planning to remove the step altogether.

Inside, we have seating for 4 patients waiting for prescriptions or advice.

Comments on opening hours: -short weekday hours, lunchtime closure, Saturday hours limited.

None of these comments are accurate. M&D Green are open Monday to Saturday 9.00am to 5.30pm, 6 full days with no lunchtime closure and no half days. Clare our pharmacist is just about to apply to the Health Board to extend hours to 6.00pm, Monday to Friday. These are anything but short hours, they are most definitely long working hours. If there is appreciable demand for services beyond these hours, the Health Board would need to specifically support these services, they cannot rely upon the goodwill of any Pharmacy contractor.

Capacity and Demand

Two pharmacies in a town of less than 8000 population with no more than an average demand for pharmacy services, potentially less, is more than adequate. The population is not increasing, is not deprived and is not especially elderly. Summer visitors do increase the number of people in the town during the short summer period, but we do not notice an appreciable increase in demand across any NHS Service, many of the visitors being foreign or non-Scottish visitors. M&D Green are not at capacity, our pharmacy in Oban is not even classed as busy, it is less than average for the group. We do not refuse prescriptions of any nature and have invested in additional pharmacist resource to develop consultation led services. Pharmacy staff are certainly not overwhelmed, we are not understaffed, and we have capacity to deliver significantly more.

The Applicants Premises

The applicants are proposing to open premises located at number 5 Soroba Road, Oban. The same location as the Boots Pharmacy, which closed in February 2024. I am sure we will learn from Boots, exactly why they chose to close these premises, but the drawings the applicants have helpfully provided, give a clear indication of the issues any contractor will experience trying to provide a comprehensive pharmacy service from this tiny location.

The dispensary is tiny and will provide minimal bench space for the assembly of medication, especially dosette boxes. There is minimal space for drugs storage, seriously restricting capacity for stock, which will inevitably result in an increased proportion of balances.

Access to the dispensary is extremely narrow, potentially unsafe.

From the drawings, it is not clear how the “sales area” can accommodate a DDA compliant medicines counter, at which to receive patients. Clear access is required in front of the consultation room door, and you need space behind a counter for staff to stand, for shelving, to potentially display medicines, the counter itself and then space in front for patients to stand before we consider how you would manoeuvre a wheelchair in that space or accommodate a chair for waiting patients.

Perhaps that is why the drawings have omitted this essential feature.

The premises are located in the same building that accommodates the Lorne Medical Centre.

Many comments have been made in submissions and responses to the CAR about the distance of the current pharmacies from the Medical Centre. The distance door-to-door from M&D Green is approximately 0.3 miles/483 meters and takes an able-bodied person about 6 or 7 minutes to walk. For most people in the town of Oban, it would take considerably longer to get from their house to the medical centre, than from the medical centre to the pharmacy.

There are a number of bus routes if you are unable to make the short walk or you can simply ask the receptionist staff to give your prescription to one of the pharmacies who collect several times a day and make use of the pharmacy delivery service at M&D Green, to deliver the prescription direct to your door.

The responses that comment that it would be more convenient to have a pharmacy at number 5 Soroba Road, are really looking for extreme convenience and I would suggest are doing so, with no understanding of the detriment to overall pharmacy provision in the town.

Over-provision and Destabilisation

We are here this morning to consider if the application by Zakpharma LTD to re-open a pharmacy on Soroba Road is necessary to secure adequate provision of pharmacy services to the town of Oban.

We are not here to consider the enthusiasm of the applicants for their project or their success in influencing public opinion. We are not here to recognise convenience of a pharmacy located immediately adjacent to the health centre.

We are here to consider the adequacy of pharmacy services currently provided and planned for the neighbourhood of Oban and the security and sustainability of that service provision if another pharmacy is introduced. I would contest that there is no greater proof or evidence of over provision than when a pharmacy closes. Security of pharmacy services is directly linked to commercial sustainability.

While the general public may want the convenience of access at their doorstep and immediate delivery of healthcare from pharmacy, open all hours!

Expectations not made of any other health professional in primary care. NHS finances cannot support this.

The reality in Oban is the introduction of an additional pharmacy providing no additional services to the town will destabilise existing service provision forcing a review of operating costs, disinvestment, redundancies and a dilution of the ability of all pharmacies in Oban to deliver quality services, including the applicants.

Provision of pharmacy services in rural locations comes at a higher cost than most urban areas.

If we were to lose a third of our revenue, I would doubt if I could make sufficient cost savings to keep the pharmacy worth operating.

To Conclude/Summary

Oban is a small rural town with a population demographic that can only sustain pharmacy services from 2 pharmacies.

An additional pharmacy will place services at risk and ultimately dilute overall provision to the town.

The applicants proposed premises, while supporting convenience of access being located immediately adjacent to the Medical Centre, are tiny, lack space and capacity for service and are not fit for purpose.

Issues raised through the consultation period are not reflective of the service currently available in the town. They do not take account of the changes implemented and planned by M&D Green.

The applicants do not propose to offer any additional NHS services not currently available to the population of Oban.

Granting this application is neither necessary nor desirable to secure adequate provision of pharmacy services in our neighborhood and in the interests of quality, security and sustainability going forward, I would strongly encourage the panel to reject this application.

Chair – thank you very much so we will move on to questions to M & D Green, starting with the applicant please

Applicant – thank you for your presentation, Mr Green as a new operator in the town, especially a healthcare provider did you hold any meetings or attend any community events to pro-actively assess patient concerns?

M & D Green – no

Applicant – you have not

M & D Green – no

Applicant – you have said

M & D Green – the practice, I have read patient concerns through the Consultation Analysis Report, and I am systematically going through everyone and addressing it

Applicant- right

M & D Green – once that is complete, I will invite the Community Council to come and visit the pharmacy to see what has been put in place

Applicant – it's been eight months since you have taken over why has it taken you so long to invite the Community Council? Why only now are you saying that you will be inviting the Community Council?

M & D Green – it takes ages to implement change, and you deal with low hanging fruit to begin with let's say. So, the IT system that has been put in place was ordered almost immediately, first installation date given that there were nine sites and unfortunately rurality impacts on Oban once again. Oban was put at the last on that schedule, the work was instructed almost immediately after taking over. Similarly, I would like to do the refit sooner rather than later but the company, the shop fitting company that I use can only actually fit me in in the new year. If I manage to do all of that in the first 12 months, I'll be delighted.

Applicant – would it not be reasonable as a new contractor at the first instance rather than wait this length of time to actually speak to the Community Council to see what those concerns were so that you can then implement, decide on what, the things that you can implement and what changes that you should be making to address those concerns. So, to first find out about those concerns rather than making changes and then inviting them

M & D Green – there had all just been a Consultation Analysis Report conducted. I didn't feel the need to meet with the Community Council in order to determine what the community felt about the services that were currently available or were available at that time in town. I'm not sure what would be gained from that

Applicant – so do you agree with the findings in the CAR then based off of that moment in time when you took over?

M & D Green – I don't believe that the Consultation Analysis Report is representative of the services that were available and that are available in Oban

Applicant – okay so you did mention that you have spoken to the doctor's surgery and you have said that those were productive meetings that you had had with them. If they were productive meetings, can you tell us why you have not presented evidence of those meetings rather than just letting us know?

M & D Green – there's the evidence and the closer working between ourselves and the practice. I am not looking to go on to google reviews or give you screenshots of things. In practice what we do in the pharmacy and our relationship with the practice is what I want to deliver

Applicant – who did you speak to from the medical practice and who from your organisation spoke to them?

M & D Green – my Area Manager Campbell and the principal person in the practice was Nicola Berry I believe

Applicant – okay, if that's the case and those meetings were productive then why only a few weeks ago did Lorn Medical send a further email stating that, describing how provision has not improved since the CAR?

M & D Green – so I made a point of trying to contact most and I will continue and contact everybody that has made a response to the consultation. I chose not to in the case of Dr Jespersen because I didn't want to embarrass him, he was clearly unaware of the meetings that were going on between ourselves and his practice staff.

Applicant – would you not agree that the anecdotal evidence that you are giving here today saying that you spoke to Nicola Berry from Lorn Medical Practice and the emails

M & D Green – are you suggesting that I didn't

Applicant – well I am not suggesting I am asking you would you not agree that the anecdotal evidence that you have given today after speaking to Nicola Berry at Lorn Medical and the emails

and the emails that we have received from Lorn Medical that they don't actually correlate with each other?

M & D Green – I can only assume, that, there's no timing, I don't have a time stamp on the information that I have it wasn't clear whether or not that was sent before or after we got with the practice staff. But in any event, it's a breakdown in communication within the practice, I am trying to build relations with them not embarrass them in anyway.

Applicant – of course you spoke a lot about the measures that you have implemented if these have been successful then why in your opinion have we received further supporting evidence from a dental practice, Oban Community Carers and of course the medical practice themselves?

M & D Green – well I think I have addressed the medical practice. I can only assume that Dr Jespersen is not speaking with his practice staff. I have tried to get in contact with Oban Dental Practice, they have not responded as the comment that he made around the prescription not being available on a Friday is frankly absurd. I would like to find out from him if that is an isolated incident and if so I will address that but I can't think for the life of me what he is referring to and I have to be honest, I would have preferred a professional to a professional basis if the dentist had in fact approached the pharmacy rather than making some comment on whatever platform they have chosen to do so. I didn't go on to a platform, I contacted the practice on their contact us channels asking to meet with said dentist.

Applicant – so Nicola Berry is the admin assistant for NHS Highland?

M & D Green – she facilitated the meeting

Applicant – so as a healthcare professional how does it make you feel that your pharmacist, your pharmacy is deemed to not accept prescriptions on a Friday by other healthcare professionals

M & D Green – I would like to, I would like them to tell me when that might have happened I have been there on a Friday, it simply does not happen. And if it has happened to give someone the impression that we don't do prescriptions on a Friday there will be a perfectly viable explanation for it because I cannot think under what circumstances that we would not dispense prescriptions on a Friday

Applicant – okay so there is a clear pattern building here Mr Green first of all you had said that you had been in regular contact with Lorn Medical practice but both Dr Jespersen and the Practice Manager, Mark Dixon told us nothing to substantiate this. Secondly the letter from the dental practice stating that you no longer dispense prescriptions on a Friday which you deny and thirdly a google review giving a damning account of inadequate pharmacy provision, with all due respect do you not think that there is a risk that you are unaware of what is going on at the ground level in Oban?

M & D Green – categorically not

Applicant – how many new dosette box patients or MAR Chart clients have you accepted in the last six months? Or sorry, since taking over?

M & D Green – I couldn't give you an exact number the pharmacy down quite a small number before around about 30. I believe now they have received another circa 15 which isn't massive but we are not refusing patients which leads me to believe that the demand is actually not that high. And perhaps there is more of a perceived need than a real you know issue

Applicant – The doctor's surgery did explicitly state that there is a demand for dosette box provision, and we did receive evidence from other care providers as well saying that there is a demand for dosette box provision. But having your own instalment figures to hand you said that

they, that you have actually increased the number of dosette boxes that you have taken on erm and that your figures paint a contrasting picture. In March your instalment figures were 811, April 743, May 814 and June 582 if you have lifted the cap on accepting new dosette boxes then can you explain why your instalment figures have been decreasing?

M & D Green – all instalments are dosette boxes

Applicants – but if you dosette box provision has increased then do you not expect that your instalment figures would be increasing?

M & D Green – it depends what has happened with other instalment dispensing, you are drawing very broad conclusions there

Applicant – now congratulations on opening Linlithgow Pharmacy in that successful application you stated, and I am quoting “Emass and Pharmacy First activity of both contractors is approximately half of the national average. This further demonstrates the inadequacy of services”. What were your Pharmacy First, what are your Pharmacy First figures been since taking over?

M & D Green – for the most recent month I have is 206

Applicant – 206, so Pharmacy First activity in Oban, the Pharmacy First activity the national average is 346 so would you not, so would you not then agree based on Public Health Scotlands latest figures that all Pharmacy First provision at your branch is below average therefore, is significantly below average so therefore inadequate?

M & D Green – absolutely not, its, I accept that that number is below average, and that the pharmacy team were not well trained in delivering Pharmacy First, they are now we have had a seven or eight fold increase in Pharmacy First numbers and when we are presenting averages then this isn't an average pharmacy, so not directly comparable but I am quite content with the trajectory and I think that the numbers are actually going strong.

Applicant – you said it wasn't an average pharmacy, what do you mean by that?

M & D Green – our average across the group would probably be a pharmacy delivering ten to 12,000 items this sits at seven its very much on the lower end

Applicant – but on a national scale it isn't on the lower end, nationally and nationally the pharmacy figures for Pharmacy First are as I quoted 346 so would you then not then agree that it is on the lower end of the scale for Pharmacy First provision in Oban? And then when you consider of course then the comments in the CAR and the supporting evidence that we have received from Lorn Medical practice stating that your lack of Pharmacy First provision has impacted their own appointments times that your own Pharmacy First provision is inadequate?

M & D Green – Pharmacy First figures are growing significantly, improving all the time. You referenced Linlithgow at the time of that application Lloyds accepted at the hearing that they did not deliver Pharmacy First. Quite, quite different from the position that we have here where Pharmacy First numbers are increasing seven- or eight-fold month over month

Applicant – Boots head office acknowledge that they are bound by FOI law and adhere to their obligation by sending us the information that we requested and FOI Scotland confirmed that pharmacies are covered by the FOI Act for any information relating to the provision of services to the NHS, and if you are saying that you have had no dispensing errors then why would you withhold this information?

M & D Green – because I don't recognise you as having authority to ask and I am not content with your motives, trying to discredit the pharmacy

Applicant – as a member of the public asking for your dispensing errors in relation to the pharmaceutical services that isn't a, that isn't a valid FOI request in your opinion then?

M & D Green – the request that was made was quite extensive, quite in-depth and quite frankly as the Information Governance Officer for M & D Green I am not happy to provide, I have contacted the Information Commission myself for support and guidance on that and they do not disagree at this stage. But I have given you our numbers from March

Applicant – if it was such a lengthy request why does that exclude our right to provide that FOI request?

M & D Green – it's not about your right, it's about the level of detail that you request. So, if you want more information, you have got more information on my pharmacy than I have. There is so much information available in the public domain. Some of it shouldn't be in the public domain, some of it crosses boundaries between what is confidential and what is breaching confidentiality, some of it is commercially sensitive. I am not happy with the information that you gave my questions, but

Applicant – but as it stands

Chair – can I ask that you move on from this point because it's a whole other topic of law that I am certainly not

Applicant – no worries, now worries, no problem. During last month's Helensburgh PPC and this PPC as well you have claimed that a population of around 4,000 could sustain an average pharmacy, you have also mentioned, that you have accepted that a pharmacy servicing a population of between 2500 to 3,000 people will be viable yet you have said here that a population of Oban is 8,000 yet the patient list at Lorn Medical practice is 11,566 with a substantial transient population. Based on your own words only a month ago would you then not agree that another pharmacy would be viable in Oban?

M & D Green – no, you can use population numbers, you can use practice lists you could perhaps even use dispensing volumes dispensed at the two pharmacies, as we don't know where all the patients are, we don't know where all the patients go. But even based on the dispensing volume that is currently done at ourselves and Boots introducing a third pharmacy and diluting that down will render all three pharmacies well below average, and I would suggest at a difficult place in terms of investing in their own services including your own

Applicant – okay so Lorn Medical practice patient list size, 11,566 as I mentioned with 97% of prescriptions generated from the medical practice dispensed from the two pharmacies in Oban. Would you then not agree with me that those 11,566 are utilising pharmacy services from Oban?

M & D Green – I think the proof in the pudding is how many prescription items that we are dispensing at M & D Green, I can't tell where all of those patients go erm whether those patients are on medication or not but based on the number of prescription items that we are dispensing at M & D Green which is not a busy pharmacy if that were to be diluted further even by a third that would put us in a precarious position

Application – I am just, I am just going by your own numbers, you said around 4,000 people would be enough for a normal pharmacy

M & D Green – instead of population statistics you are now talking practice lists

Applicant – yes, I am talking practice lists

M & D Green – practice lists are potentially out with our neighbourhood; you seem to have a list way beyond what is actually the number within the neighbourhood. What's, what you can't deny or can't conflate is how many prescription items are currently being dispensed which if impacted to the extent to which I have suggested would impact viability

Applicant – which is 97% of prescription items within the neighbourhood of Oban but if Oban pharmacy was granted how many items do you expect to be doing after 12 months?

M & D Green – given your proximity to the health centre I would be fearful that it may actually take your, at most, take more than a third of the business away from us and if it reduced us down from 7,000 items to three and a half then I couldn't run that pharmacy

Applicant – so a third, would that be around 5,000 items

M & D Green – a third would be yeah four and a half to 5,000 items

Applicant – would you consider 5,000 item pharmacies viable, or would it be at risk of closure?

M & D Green – it would be viable

Applicant – okay, how many staff do you currently have and what would it? How many staff do you currently have?

M & D Green – I don't have the schedule, I have one and a half pharmacists, one regular locum, at any one time we have six full time equivalents in the pharmacy excluding the delivery driver. Which would be four in the dispensary and two on the counter made up of a number of different people

Applicant – great so if the pharmacy application was granted how many would you say that you staff levels would go down to? Based on 5,000 items

M & D Green – we would likely reduce the dispensary down to two, the counter down to one so we would probably half our instore numbers, there would be one pharmacist and probably a part-time delivery service

Applicant – so in Campbelltown we have quite similar staffing numbers and sell less items than you and we can retain our staff. How can you justify cutting your staff numbers down?

M & D Green – perhaps my costing is different from yours

Applicant – or could it be that your pharmacy is too reliant on items rather than concentrating on services like Pharmacy First and MCR which would help drive revenue

M & D Green – I don't agree with you

Applicant – accessibility and words to that effect were mentioned 1230 times and letters of support received from carers describe parking difficulties, what are your plans to address the parking situation?

M & D Green – I can't address the parking situation, at the park, there is parking within the centre of town and if you cannot access the pharmacy we will deliver, now I can't address the parking situation in the town. I go there frequently, every month or so and I don't have any issues parking

Applicant – am surprised

M & D Green – surprised?

Applicant – that you, I am just surprised that you find parking fine whenever you go down. So whenever I go down it's always been quite difficult to park round that area

M & D Green – never experienced a difficulty

Applicant – okay why haven't you submitted planning for the step at the front to be made into a ramp in your original plans and you are only saying that you will be doing it now?

M & D Green – I didn't create the original plans it was the previous owners that submitted the plan, so I am,

Applicant – have you done this?

M & D Green – I have full intention of addressing the front of the pharmacy, exactly how that will, have to submit planning but I am not a planning expert so we just might need a completion certificate for the work that has been granted. Before we go about doing that, might, but I am no expert on that

Applicant – but it's been eight months since you have taken over, why only now have you made it your plan, why have you not submitted those plans for the ramp? Why are you only mentioning it now?

M & D Green – I actually didn't think it was quite such an issue, the step is about the height of the glass it's not a large step, the doors are double doors, and we have a ramp

Applicant – what's the holdup been in commencing those works? The general works, the drawings that you have submitted, what's the hold-up been? It was granted earlier on in the year

M & D Green – availability of shop fitters

Applicant – okay how can you, so you obviously gave a date as to when you think it will be ready, how can you be so sure that it will be completed by that date? Considering building works of this nature often do bring up unexpected issues which can result in delays?

M & D Green – I think by giving, allowing for about six weeks. I have done, I can't tell you how many of these steps that I have done. It's more than adequate time or the extent of work that has to be done

Applicant – so during the consultation plans, during the consultation of the plans being submitted to Argyll and Bute council, objections were made by Oban Access Panel and a member of the public. Why were these not considered when you, when you have then come in?

M & D Green – they have been, I am replacing, I don't need planning permission to put automatic door closures on the doors, they will be in within the next two weeks, and I am addressing, I have instructed an Architect to prepare the plans, I have yet to meet with them to be advised on how best to take that forward, so I am not sure what you're asking

Applicant – so your aisle width, it was stated by Oban Access Panel that your aisle width has not been wide enough for wheelchair access, can you explain what modifications were made to the plans to address those objections?

M & D Green – It depends which plans you are looking at. The plans that I have seen do have access for, there is a central display gondola in the middle of the pharmacy it's not a fixture. It can be moved, it can be changed, and I don't need planning permission to do so. So, any of that can be addressed, I have invited Oban Access Panel to come and visit the pharmacy, and I will repeat that invite once the pharmacy has been fitted. If there are any issues with access, then I will address them

Applicant – okay so wheelchairs can range up to 850 millimetres the aisle width that you are proposing is 780 millimetres how do you expect a person with a larger wheelchair to navigate your shop?

M & D Green – if the central aisle poses any kind of problem, I will change it

Applicant – but it does cause a problem so why have you not changed it as of yet?

M & D Green – but I don't agree that it does but it's not a particularly difficult thing to change, in fact it is very straight forward

Applicant – how does a wheelchair user access your shop? Can you describe how they would access it?

M & D Green – if they have a difficulty navigating currently, if they have a difficulty navigating the small step at the front they would press the buzzer at the front of the pharmacy. That alerts the staff, the staff would come, put out a ramp and open the doors for them

Applicant – okay so just picturing this a person in a wheelchair presents outside your pharmacy, they ring the bell shown in the photo that you provided, one or maybe two members of staff come out with the portable ramp to put in front of the step, taking them away from their work bearing in mind this is in full view of one of the busiest high streets in Scotland. Upon entering the shop the patient is then faced with further challenges by being unable to navigate the narrow aisle spaces, do you not see the obvious barrier to accessing core services like Pharmacy First and the public health care service being faced by wheelchair users?

M & D Green – no

Applicant – your new contract in Linlithgow the shop premises is so small that it does not even have a dedicated staff area, yet you say that our shop space is too small to operate as a pharmacy. Your shop size in Linlithgow is a total of 528 square foot while our space is nearly 700 square feet would you then not contend that our premises is more than fit enough for the purpose that it will serve?

M & D Green – in Linlithgow I am only using that premises to get started I am already looking at alternative premises

Applicant – but it was accepted by the PPC that you could provide safe and adequate pharmacy services out of that premises

M & D Green – yes, it is GPHD that would register it

Applicant – but the PPC did grant that application based on that premises, yes?

M & D Green – they did, they did

Applicant – okay

M & D Green – the premises are quite different, are you taking the size of your premises over both floors?

Applicant – yes

M & D Green – and both floors do have dispensary space of course. You may mention of the CAR of not being, sorry that concludes our questions, thank you

Chair – thank you very much, so we will move on to questions from interested parties and we will start with Boots, thank you

Boots – thank you Chair, and thanks Martin for your presentation. Just to get a little bit more detail on the potential impact if the contract were to be granted, would you agree that due to the location of the proposed pharmacy being co located in the GP practice that the impact on other contractors would be significant?

M & D Green – I do fear that that might be the case, I think with their very close proximity to the GP Practice they could take a disproportionately large share of the prescription volume more than a third even, so I think it would have quite a significant impact

Boots – and just on the questions from the applicant there, can I ask you to confirm there, what do you think the change would look like in terms of your items of volume, where would you see that potentially going to?

M & D Green – I would fear that my items would reduce by half which at 3,500 items I would seriously need to restrict my cost base

Boots – and the team that are currently working with you they will obviously be aware of that and the potential risk, you know, what kind of impact is that having upon your team? And I remember you referencing calls to your pharmacy as well

M & D Green – yes they have been they have been very aware of the process and very unsettled by the process, unfortunately the application is founded on my view on trying to discredit the current service in the town, which is having a major impact on my staff who believe that they are delivering the best that and that their patients actually enjoy the service that they provide. They are also quite fearful of who is going to go if the new contract is awarded

Boots – thank you for taking us through the investment both into your premises and to your staff Martin that is obviously coming at considerable cost to your business, yet you decided to go ahead with those changes in light of the fact that the new contract application had been known to you. That is quite a significant risk, why did you do that Martin?

M & D Green – well, I actually have strength in the argument against the contract. I don't believe that the contract should be awarded, and I will carry on and continue to invest in the pharmacy

Boots – there has been some reference to the contract application being granted in Newtonmore and the impact that it had on the Boots in Kingussie in 2020. Could you maybe help us understand the increase in costs that contractors have seen since 2020

M & D Green – 2020 the most significant increase in costs is in staff costs, the year on increase in national minimum wage coupled with the increase in employers national insurance earlier this year. From 2020 up until now 2025 wages have increased by my estimation at around 60%. Where I would have looked at a pharmacy business and broad brush and look at staff costs related to turn over to be just under 20% ideally, they are now fast approaching 30% which is becoming a real challenge

Boots – okay thank you Martin erm Martin I know that when Boots were doing their sales and their closure programme, you did buy a few of the Boot's stores, did you consider buying Kingussie?

M & D Green – no I didn't, and I was buying three pharmacies from Boots at the time and Boots actually invited me to buy Kingussie. I looked at the numbers, but I can't make that work, they then offered to give me it for nothing and I said sorry I still can't make that work, I am not taking it on

Boots – no further questions from me Chair

Chair – and if we can move to questions from you Frank, questions for M & D Green

Community Council – no I have no questions thank you

Chair – thank you Frank and then Malcolm

APC rep – I just have one question. You mentioned increased costs for rural pharmacies a couple of times in your presentation. Are you able to give us an example of what those increased costs sort of look like for rural pharmacies compared to say your central belt pharmacies?

M & D Green - sure if I am trying to attract a pharmacist, in particular that is my single highest cost to work in a pharmacy in a rural location then I will offer them a significantly enhanced salary package. I also do so for staff, locum costs in rural areas are significantly more expensive, I try not to use locums, so I send my relief pharmacists and existing management team. I either, I have to pay their travel expenses and also if they are staying there for several days I have to put them up in a hotel. So principally my increased costs would be around professional staff in particular probably then the leading to then the support staff, so technicians are more expensive in rural locations as well, significantly more expensive

Chair – thank you Malcolm, so moving onto questions from the panel, Ian

Ian – I mean its natural, when you make an argument, you are obviously going to use statistics and figures that gives you the best presentation, I'm slightly puzzled in the answer to the question about how much you thought the reopening of a pharmacy would impact on the activity within your pharmacy. Because from just looking through the figures the sort of increase that you have had from the closure of the pharmacy has varied month to month but it's in the range 20%, maybe just over 30%. What is your logic for saying that you would lose 50% if a previously existing pharmacy, then got reinstated when that seems to be at odds with the figures that were there before?

M & D Green – on the basis that Boots did distribute the business from both sites and not across both Soroba Road and also George Street and that an independent contractor going in there with a particularly aggressive approach in such close proximity to the health centre I would be fearful that they could make that kind of impact on my business

Ian – the other, a couple of times the phrase I think “dispensing is the proxy for a viability” has been used. So, if that's a sort of true thing that can be used in your group what is the smallest number of dispensing items in any of your viable branches?

M & D Green – well it's probably easier to prove it the other way. I have 42 pharmacies, two of them are loss making right now and they are at around 3,000 items but they are loss making. I keep them going because I hope that they still have the potential to deliver

Ian – at the beginning of your presentation you took us through various figures, and I got slightly lost because they were slightly at odds with what I was reading because it took it down to a population of 2,500. We are aware that in the Health Intelligence Report which is the one that we will be using that it actually refers to the pharmacy catchment population of just over 9,000

M & D Green – the figures that I was using were from the 11 data zones which make up the neighbourhood

Ian – but the actual, it is stated twice in the Health Intelligence Report that the pharmacy catchment area and the general practices is approximately 9,300, so presumably that would have to be the figure that we would use

M & D Green – okay

Chair – okay thank you very much, Mark please

Mark – Mr Green you have told us obviously you have purchased a number of rural pharmacies in recent times, in fact indeed we have met before, and I am assuming that being a successful businessman that you carry out due diligence every time that you look towards buying a business? Is that correct?

M & D Green - that's correct, yes

Mark – and you took over Gordons in March this year?

M & D Green – yes

Mark – so in the three to four months before that you would have been carrying out your research and speaking to your bankers and doing all those sorts of things that businessmen do when they are planning to take over a business, is that correct?

M & D Green – that is correct

Mark – so you would have been well aware of the fact that a consultation had begun into the possibility of another pharmacy opening in Oban? Is that correct?

M & D Green – that's correct, yes

Mark – yes, so am I correct then in summarising that at the time that you bought Gordons in March 2025 you had to have taken into consideration the possibility that you would be running one of three rather than one of two pharmacies in Oban?

M & D Green – I was aware of the application, that's correct. You mentioned diligence there and doing my homework, in isolation I have only ever bought one rural pharmacy and that was in Drumnadrochit. I have acquired the Gordons group which was of nine pharmacies the basis on which that sale was concluded was on an agreed multiple of EBITDA if you are familiar with that terminology and the EBITDA contribution from Oban was minimal

Mark – right

M & D Green – if it had been available for sale in its own right I wouldn't have purchased it, I wouldn't have looked at it. It came as part of a group of nine

Mark – so you saw the advantage of buying it as one of nine even with the possibility of another pharmacy opening in Oban?

M & D Green – I bought the Gordons group not on the strength of Oban. Oban came with the group as opposed to Oban being a deciding factor in purchasing the Gordons group

Mark – okay thank you that is all that I want to ask

Chair – thank you very much Mark and Susan please

Susan – No questions Chair

Chair – Thank you Susan and Catriona please

Catriona – we have had a lot of conversations today about how MCR could drive the business and drive revenue. Could you explain whether, how driving MCR business could or could not drive anybody's revenue in Oban?

M & D Green – I don't know how MCR could drive anybody's revenue. MCR is taken from a share of your dispensing pool and you effectively get that back again plus or minus 10%. Given

the number of registered patients, you have against national average. Unfortunately, the service has largely become redundant. It is under review by the Scottish Government, potentially replacement and right now in no way even if you were driving MCR as your main driver the maximum you can increase your revenue is by 10% on the money that you have given up which is rebased retrospectively annually if MSS remember to do it

Catriona – and is that money that's being given that's a substantial part of your income?

M & D Green – it comes from the dispensing pool it doesn't constitute a large part of the year revenue, no

Catriona – thank you

Chair – thank you Patricia

Patricia – thank you again for your presentation it's great to hear the detail that you put into it. I think that my questions have mostly been answered again. Your response was about the viability and from your letter you were saying that the closure and consolidation of one of the, you know of two pharmacies within town then questions the viability of those pharmacies in town and I think that what we have heard so far is that the Boots decision was very much based on their organisational unilateral decision on cost rather than on the viability of that particular pharmacy or the viabilities of the pharmacies in town. I'm trying to work out what my question and so and again Ian answered or asked the question of why you would think that your prescription numbers would drop by 50%. You currently at 7,000 items a month and when there were three pharmacies opened it was 3,000 sorry 5,000 items. So again, I am not sure why drop 50% down to 3,500 and your answer was that Soroba Road shared its business, but it shared its business with a second Boots not with yourself. So, I am not sure that that would impact your business to the same amount. And again, on the practice population versus the population of Oban size I don't get the same numbers coming out. But then there is the question of whether it is practice list or the population of the town, is there a question there? So, my question to you I suppose again considering if I change it slightly considering that the Boots sharing of business was with its own business rather than with Gordons at the time. Then you can you again explain why you think that your business would be reduced by 50% to make you inviable?

M & D Green – I would expect a more aggressive approach from a new contractor so I would be fearful that that would have a greater impact than a long-standing Boots pharmacy in that same location and in reducing from 7,000 to 3,500 and potentially verging on or questioning viability. You go through a number of different phases before you become unviable, all of them are harmful to service delivery. The first thing when you have reduced revenue is that you would reduce your cost base, you then reduce your investment, so you reduce delivery services, you reduce staff hours, you potentially reduce opening hours. The point that I am trying to make is that if you want a strong healthy pharmacy service in Oban then you should remain with two pharmacies. If you introduce three then you will have a weak community pharmacy service from all three locations.

Patricia – thank you and you know it's encouraging to hear that you are not at capacity even with the increased business and that you feel that you are able to deliver more, that the business is able to deliver more and that you have invested in the business to do that so my question would be would that not increase your viability even with a third pharmacy in town? And again, looking at the medication review, the care and review service and Pharmacy First at being able to increase capacity there?

M & D Green – well if I can unpick the question a little bit

Patricia – so the question more simply is maybe people are investing in the shop in Oban and will that not increase the viability, should a third pharmacy open?

M & D Green – so in an urban area, perhaps where you are getting patients coming from a much larger catchment area erm that might be the case. In quite a confined area whether that be the town of Oban or the slightly wider town of Oban that are currently using the two pharmacies then the level of investment that I would be putting into the pharmacy I would still expect that my revenue would reduce. I only have that limited population within this rural area its quite different from an urban setting

Patricia – thank you and finally accessibility was discussed a lot, and you know be it whether a pharmacy closes over lunch time which is entirely appropriate then there is reduced accessibility to pharmacy services within that hour in Oban currently. Hopefully that will be addressed, the CAR Idreece had mentioned over a thousand two hundred or something comments on accessibility you seemed to dismiss those comments quite lightly and said that there is no problem with parking and one of the comments in the CAR was that parking for disabled is difficult to come across never mind general parking otherwise. I appreciate that 80% of prescriptions can be picked up from the practice and that does increase accessibility however I would question whether there is a population in Oban where there isn't accessibility to adequate pharmacy services in Oban so I put that to you, with all the comments raised in the CAR do you still think that there are no accessibility for residents in Oban within current pharmacy provision?

M & D Green – so lunchtime closures, we don't close for lunch so if the access was referring to lunchtime, then apologies if I have appeared overly dismissive but we don't close at lunchtime

Patricia – sorry what I am saying is that the pharmacy that has disability access and therefore there is reduced access for people who are disabled at that lunchtime closure

M & D Green – yes so, I will accept that someone in a wheelchair will need assistance to get into the pharmacy, I don't accept that someone in a wheelchair cannot get into the pharmacy. There is a step but it's not a large step, there are double doors not a narrow door and there is a bell to get the attention of the staff to come and help. So yes, I accept that it is not on a level surface, but it does not prohibit access for someone in a wheelchair

Patricia – and how do you feel about independent access for people

M & D Green – what do you mean?

Patricia – so a person who is in a wheelchair may not wish to have help and support to get access they would like to get independent access that they can do themselves

M & D Green - I am addressing that issue by introducing automatic door closure that doesn't get over the step however I am submitting planning permission, I am submitting plans to get planning permission to remove the step altogether and in addition we have a full delivery service that anyone, for anyone who cannot access the pharmacy

Patricia – thank you

M & D Green – you are welcome

8. Summaries from Interested Parties

Chair – I am going to take Chair's privilege and suggest you move on swiftly because time is moving swiftly around us and negate our break. Otherwise, we shall move on and start our summaries. Reminder to all giving your summaries that no new evidence should be presented at this stage.

Area Pharmaceutical Committee

Following our discussion at our August meeting, we felt that the boundary is reasonably appropriate for the time of Oban and following our discussions, we felt that the application should be granted due to the deep shortfall in provisional accessibility for patients within the area.

However, we didn't know that there had been contractor changes and that could affect the pharmaceutical landscape since the CAR is back.

Chair – Thank you very much and moving onto summary from M&D Green, thank you.

M & D Green

Oban a small urban town, the population demographic, in my view, can only sustain pharmacy services from two pharmacies.

An additional pharmacy will only bring risk uncertainty and dilution of overall provision to the town. The applicant's premises that, while very convenient, do not necessarily improve access and are not fit for purpose.

The issues raised for the consultation analysis report are not reflective of services currently available in the town and certainly do not take account of any changes that are planned by M & D Green and we would request the opportunity to demonstrate that what difference can be made by the investment in that pharmacy before any decision is made, ultimately all with the future of pharmacy in Oban for a long time.

The applicants do not propose to offer any additional NHS services not currently available to the population.

Granting this application is neither necessary nor desirable to secure adequate provision of pharmacy services in the neighbourhood of Oban.

Chair – Thank you very much. Can we move to Community Council please.

Community Council

Thank you Chair.

I can't claim to have the expertise or the availability of data that my fellow presenters have but I can assure you of two things.

One is the question of availability of parking spaces in the centre of town during the summer, which cannot be dismissed as not relevant because I can assure you that parking in town is a recurrent theme at our Community Council, one that has exercised me for about four years now, so I don't accept that parking is easy in the centre of town.

The other point is that our two existing or two current pharmacies, are very close together and the convenience that the Soroba Road pharmacy offers to people from the southern end of the town, people in sheltered accommodation and people in the housing in that area, many of whom will not have cars, are offered very great convenience by the proximity to the surgery.

I would continue to maintain that this application should be approved. Thank you.

Chair – Thank you very much and finally Boots please.

Boots

So, the Census data for the neighbourhood reflects the averages for Scotland as a whole, with higher car ownership in Oban compared to Scotland so the population is more mobile. The general health population of Oban is good and current population and health needs data do not indicate a requirement for a new pharmacy in the area. There is a projected population decline within Lorne and in our Isles area.

The existing pharmacies have made or are making substantial improvements to the premises to ensure the request to the current and future demands of an NHS pharmaceutical service.

We've heard from the investment on staffing levels within our Boots pharmacy, so we will be increasing to an extra pharmacy technician quite shortly and we currently do provide additional pharmacist cover into our pharmacy on three days of the week on top of our pharmacist who works there.

We have had significant concerns around the size of the proposed premises and whether they would be able to incorporate a health care counter and meet the current needs of the future of the pharmacy contractor Scotland and actually, can those premises be future proofed by the question.

There are two pharmacies within a short walk of post bed premises open six days a week, offering all NHS, core, national and local services. The existing pharmacies are reasonably accessible for the population of the neighbourhood, whether a patient is travelling by foot, by car or by public transport. A reliable bus service provides convenient access to these locations and several nearby car parks offer a mix of free and paid parking options, making it easier for the community to reach pharmaceutical services. And for patients who cannot or prefer not to attend in person, the pharmacies also offer a free delivery service to support accessibility. But we acknowledge that the CAR expresses support for a new pharmacy.

We believe many of the comments within it reflect historical challenges previously faced by the pharmacy.

We are confident that the existing pharmacies have already implemented or actively implemented meaningful changes to address these issues. These improvements are aimed at future proofing the services and ensuring that they are well equipped to meet the evolving needs of the local population. And, as such, we feel the CAR does not accurately represent current standards of service provision being delivered.

If the proposed pharmacy were to go onto Oban, then it could destabilize the existing provision. Our current items volume is around 9000 per month. Previously, when Soroba Road was open, George Street was doing around 3500 and, as previously mentioned, around 800 of those items would have been associated with compliancy packs referred from Soroba Road. Therefore, we could see our level of volume of items reduced to approximately 2700 per month.

At this level, this would definitely bring into question the viability of our pharmacy on George Street and at the very least, we bring about a reduction of potentially up to two thirds of our staff who do live and work in Oban.

Just a reminder that although the pharmacies are privately operated, they are funded by the NHS and any new contract would represent an additional cost to the NHS and in conclusion, we submitted the existing pharmaceutical services provided to the neighbourhood are adequate and urge the committee to refuse this application.

Chair – Thank you very much and if I can invite our applicants to make the summing up, please and again, just reminder no new evidence please. Thank you.

Applicants

Thank you Chair.

The evidence presented today shows beyond any doubt that the pharmaceutical services in Oban are inadequate and failing to meet the needs of the population.

The Consultation Analysis Report reached a record number of responses for NHS Highland and an overwhelming majority, over 99% of respondents, supported the opening of a new pharmacy. That level of engagement is unprecedented and speaks to the scale of frustration and unmet need.

Core services such as acute medication services are inadequate due to excessive queues and long prescription turnaround times.

Pharmacy First is simply not functioning as intended with pharmacists and their team, too overwhelmed to provide timely consultations. Those registered for MCR at Boots Soroba Road have been left without the benefits of this core service.

Capacity and safety have been seriously compromised. Boots has experienced an 800% increase in reported dispensing errors since the closure of Soroba Road and M & D Green have outright refused to take on any new MAR chart patients.

Both pharmacies have stopped accepting new dosette box patients and essential services like end-of-life care are not being delivered to an adequate standard with healthcare professionals reporting unsafe delays and unacceptable waiting times.

Accessibility remains a major unresolved issue and the existing contractors have not addressed that. The CAR clearly demonstrates that physical access, parking and mobility barriers are preventing safe and timely use of pharmacy services. M & D Greens proposed alternations do not go far enough to remedy these problems. Their plans failed to address the entrance step, aisle widths or consultation room access, meaning wheelchair users and those with limited mobility will be excluded.

In addition to the overwhelming public support, we have received numerous letters from local organisations, including local care providers, dental practices, Lorne Medical Practice, opticians and multiple charities. And, importantly, in just the past month, new letters have been submitted from Lorne Medical Practice, a dental practice and Oban community carers, confirming that conditions have worsened since the CAR closed and reaffirming the support for a new pharmacy.

When you combine this with clear evidence of inadequate AMS, Pharmacy First, MCR, MAR chart and dosette box provision safety concerns and persistent accessibility failures, it is clear that the existing contractors cannot meet the needs of this community.

As seen in Appendix A, M & D Green have never historically done less than 5000 items and Boots is doing an average 900 items.

Therefore, the viability of either pharmacy will not be affected by granting this application.

It is important to note that our proposed plans for our pharmacy allow more than adequate space for provisional pharmaceutical services with addition of a suitable healthcare counter and DDA compliant consultation room, as shown in the plans presented.

Please consider the patient at end of life care whose medication is delayed. The housebound person waiting on delivery that never arrives. The person in pain told to come back tomorrow, or the elderly resident with no transport being asked to queue for over half an hour. These are the people that this decision touches.

Granting this application is the only viable way to secure safe, adequate and sustainable pharmaceutical care in Oban and I would like to end by thanking the PPC and the interested parties for convening here today and a special thank you to Eleanor Rose and our team for organising today's hearing. Thank you.

Chair – Thank you everyone for your presentations and your questions and summing up, as before. Thank you for your professionalism and care that you take, obviously for the communities that you live and work in and that's very much appreciated by those as well.

Can I please check as we will now be going in as the committee to consult with the application and the representations and make decision. Can I please ask the applicant and interested parties, if you feel you have been given a fair hearing.

All confirmed this is to be the case.

The Chair confirmed a written decision with reasons will be prepared and a copy will be sent to the applicant and Interested Parties as soon as possible but no later than 15 days from this date. Therefore, a letter will be sent with the decision of the committee and for those parties who can appeal the process the timescale will be explained.

The Chair stated thanks again for those joining today asked that the applicant, interested parties and our NHS Highland officials withdraw to lead us through our deliberations. Should clarification be required, the Chair requested a contact number is left.

9. Decision

9.1 Neighbourhood

Rationale:

The Committee agreed that the boundary should be as proposed by the applicant.

Evidence:

The proposed pharmacy catchment area covers the settlement area of Oban, as defined by the National Records of Scotland the Oban Intermediate Zone Geography.

As submitted in the Consultation Analysis Report (CAR) and the NHS Highland Intelligence Report March 2025.

In response to the question: *Do you think the area, outlined in blue in the undernoted map, describes the 'neighbourhood' where the proposed community pharmacy will be situated?* 93% of respondents agreed and 80% of respondents lived within the boundary proposed.

Boundaries:

- Northern boundary – A85
- Southern boundary – Soroba Road
- Western boundary – Kerrera Ferry Terminal
- Eastern boundary – Luachrach Loch

Rationale:

Oban has a population of around 8,000 according to census data. The applicants' proposed pharmacy catchment area is considered to be the core population served. The proposed pharmacy's catchment population registered with general practice is around 11,566, with almost all residents registered with the sole GP practice. There is likely to be further potential demand from other patients registered with Lorn Medical Practice from neighbouring areas.

The population of Oban has showed little change over recent years and is predominantly of an affluent status with minimal deprivation. While overall there has been a reduction in the number of people living in Oban, there has been an increase in the surrounding and adjacent areas which make use of the Lorn Medical Centre.

The Scottish Index of Multiple Deprivation (SIMD) measures how deprived an area is. All of Scotland's datazones (small area geographies) are given a score based on several deprivation indicators. The datazones are then ranked 1 to 6,976 based on their score. The rankings are split into 10 equally sized groups for SIMD deciles and five groups for SIMD quintiles. There is one data zone in Oban, Lorn and the Isles that is in the 20% most deprived small areas in Scotland. This is Oban South, which is the location of the proposed new pharmacy. There is strong evidence of increased multi-morbidity and poorer health outcomes in the poorest neighbourhoods. The location of the proposed new pharmacy in this area would be beneficial in supporting access to community pharmacy services for a small population with increased health care needs.

Evidence:

Scotland's Census; Scottish Index of Multiple Deprivation 2020 - gov.scot (www.gov.scot); Practitioner Services Scotland, General Practice list sizes by age, sex and residential postcode in April 2024. Data made available to the NHS Highland Public Health Intelligence Team.

9.2 Adequacy of existing pharmaceutical services

- Is the provision of pharmaceutical services to the neighbourhood from existing pharmacies adequate now and in the future?

Answer – **No**

- a) Did the population of the neighbourhood think that services were adequate, did PPC agree and if so, why?

Answer – **No**

Rationale:

Oban is currently served by two community pharmacies, Boots and M&D Green, which are both situated in George Street. The service was reduced from three community pharmacies in February 2024 when Boots closed its Soroba Road branch. There was significant evidence available that the local population and a variety of agencies providing health and care services in the neighbourhood consider the current services inadequate. As evidenced by the 1080 responses received to the CAR, there was overwhelming support for the application to be approved with 99% in support of a new Community Pharmacy in Oban.

Several letters and emails were sent in support of a new pharmacy from members of the community as well as health and care providers. Problems with the current service reported by the Community Council representative were reflective of responses in the CAR. These included topics such as long queues and waiting times, accessibility, difficulty in on-street parking, no wheelchair accessibility at certain times, staff workload pressures and a general feeling that the two remaining community pharmacies were overwhelmed. Further submissions from members of the community and health and care providers were made at a later date reiterating ongoing concerns over the service level.

The Area Pharmacy Committee noted that the CAR portrayed a shortfall in services for the population, that there were concerns over accessibility, privacy and difficulty in accessing consultations with pharmacists. The view of the APC was that while consideration should be given that there had been a change in ownership from Gordons to M&D Greens, approval should be given for the proposed pharmacy.

Evidence: As per the CAR plus verbal statement of Oban Community Council and APC representative plus submissions from Lorn Medical Practice, Dental Practice, Care at home provider and others.

- b) Does the data relating to the demographics, social environment, economic opportunities and the health and wellbeing of the residents indicate a higher-than-average level of need for pharmaceutical services in this neighbourhood?

Answer – **No**

Evidence: As per the Public Health Intelligence Report.

Oban is a very small rural town. In common with many remote and rural communities, the population structure is ageing with almost 24% of the population aged 65 years and over compared to the Scottish national average of 20%. This is projected to increase to 20% by 2030. There is one data zone in the 20% most deprived.

- c) Is the provision of core service from the adjacent pharmacies meeting the population level of need for these services?

Answer - No

Evidence: As described above including unreasonable waiting times, people returning to collect missing items, long waits, incomplete prescriptions, disabled access difficulties during lunchtime, parking all year round, problem during seasonal peaks.

It is of note that Oban is a main ferry port with a high volume of seasonal visitors. While this may not be reflected in higher-than-average prescription numbers, it was considered likely to impact on counter service numbers and activity and therefore generally impact on the volume of work of the two existing community pharmacies.

- d) Has the committee considered their responsibility under the Equality Act to reduce inequality?

Answer – Yes

The committee considered issues of inequality and evidence presented in relation to a safe, convenient and unassisted means of access to a building for all users regardless of ability. While the Committee noted the evidence presented by M&D Greens on their plans to resolve issues of accessibility and independent access, there remained concerns that some users may be restricted in accessing community pharmacy services at some times, particularly when Boots, George Street was closed over lunchtime.

For the existing pharmacies in George Street, parking can be problematic particularly during the tourist season. The proposed pharmacy is located in an area where there is ample parking available as well as being adjacent to the Lorn Medical practice.

Evidence:

CAR; Community Council verbal evidence

- e) Does the difficulty that some residents have accessing services out with their local area contribute to making service provision inadequate?

Answer- No

Rationale:

Evidence presented that there is higher than average car ownership and reasonably good public transport within the town.

- Was due consideration given to both the Pharmaceutical Care Plan/CAR?

Answer- **Yes**

Evidence: Both documents were considered during deliberation.

9.3 Securing adequacy of provision for the future

- Is any existing pharmacy likely to close at a future date as a result of this application being granted?

Answer- **No**

Rationale:

- a) Consider if any possible reduction in service provision which might occur is likely to be sufficient to cause any existing pharmacy to close?
- b) Is there any current unmet need for pharmaceutical services which if this were to be addressed would generate additional income for the pharmacies?
- c) Other

The local population within the neighbourhood should provide sufficient activity to the three pharmacies. The APC noted a significant volume of prescriptions which should provide sufficient activity for three pharmacies.

The provision of Pharmacy First activity is below the national average. Current uptake of Pharmacy First service is low in this locality. The Committee's view is that with the addition of a new pharmacy this and other community core pharmacy services could increase at all three locations, which would be of benefit across the health and care system.

Evidence:

Activity data as per Pharmaceutical Care Services Plan; APC verbal evidence; NHS Highland Public Health Intelligence Team

- Is proposed pharmacy likely to close at a future date?

Answer - **No**

Rationale:

- a) How many people is the pharmacy likely to provide services to and is this sufficient to be sustainable?
- b) Would the local population be likely to continue to support a local pharmacy?
- c) Other

The new pharmacy is likely to provide services to the 8,000 population of Oban in addition to other patients registered with Lorn Medical Practice who live in the surrounding areas.

The local population is likely to support a pharmacy at this location in the town and adjacent to the health centre.

The proposed pharmacy would be within the only area of the town which has deprived status.

The applicants already own a small rural pharmacy and will be able to apply economies of scale as well as learning from existing business practice

The applicants have prior experience of working in the Oban area and a good understanding of the population

Evidence:

CAR; letters and emails of support received; Community Council verbal presentation

- Is it necessary to grant the application to make up for a shortfall?

Answer – **Yes**

Rationale:

The evidence presented indicates that current services continue to be overwhelmed since the closure of the Boots branch at Soroba Road and the remaining two community pharmacies cannot meet the current demand.

Evidence:

CAR; letters and emails of support received; Community Council verbal presentation

- Is it desirable to grant the application which might result in over provision at the present time but would result in securing adequacy for the future?

Answer – **Yes**

Rationale:

- a) Does the data relating to the demographics, social environment, economic opportunities and the health and wellbeing of the residents indicate that the need for pharmaceutical services in this neighbourhood is likely to increase?
- b) Will this pharmacy be required to meet any increased need?
- c) Other

While it does not show an additional need above the population average, the data relating to the demographics, social environment, economic opportunities and the health and wellbeing of the residents indicate that the need for pharmaceutical services in this neighbourhood is likely to increase over time in relation to the ageing population and those people with multi-morbidity living in this neighbourhood.

It will allow all three pharmacies to deliver a wider range of services with some of the pressure being removed from the two existing pharmacies.

The new pharmacy will be offering access to services up to 6pm on weekdays and also on Sundays.

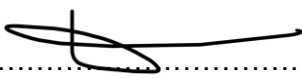
Evidence:

NHS Highland Pharmaceutical care plan; NHS Highland Public Health Intelligence Team.

10. Outcome of the PPC

The Chair invited members of the Committee to vote on the Application by Syed Ali Kazam and Idreec Khan to provide pharmaceutical services at 5 Soroba Road, Oban, PA34 4JA.

Decision The Committee unanimously agreed to approve the Application.

Signed : 

Date : 04/11/2025

Chair, Pharmacy Practices Committee