

Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Thursday, 26th of February 2026, Friday 27th of March 2026 & Tuesday 31st of March, at 0930 via MS Teams

The composition of the PPC at this hearing was:

Chair: Gerry O'Brien

Present: **Lay Members Appointed by NHS Highland**
Andrew Townsend
Derrick Cronie
Lindsey Rugman

Pharmacist Nominated by the Area Pharmaceutical Professional Committee (included in Pharmaceutical List)
James Higgins
Sean Manson

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

Observers: Eleanor Rose, NHS Highland Community Pharmacy Services Team
Claire Fortey, NHS Highland
Fiona MacFarlane, NHS Highland

Secretariat: Tracy Bone of NHS National Service Scotland

1.	APPLICATION BY MR MUAZ JAMIL
1.1	An expression of interest was received on the 30 th of January 2024. There was an application submitted and supporting documents from Mr Muaz Jamil received on 28 th of October 2024 for inclusion in the pharmaceutical list of a new pharmacy at 1-3 East King Street, Helensburgh, G84 7QQ.
1.2	Submission of Interested Parties
1.3	The following documents were received: <ul style="list-style-type: none"> i. Letter dated 16th June 2025 from Helensburgh Community Council ii. Letter dated 18th June 2025 from Boots UK Limited iii. Letter dated 25th June 2025 from NHS Highland Area Pharmaceutical Committee (APC) iv. Letter dated 26th June 2025 from Rowlands Pharmacy

	<ul style="list-style-type: none"> v. Memorandum from M&D Green Group (not dated) vi. Email dated 17th June 2025 from Cardross Pharmacy
1.4	<p>Correspondence from the wider consultation process undertaken</p> <ul style="list-style-type: none"> I. Consultation Analysis Report (CAR) II. Joint Public Consultation Document and completed questionnaires III. Joint Public Consultation Advert Consultation Analysis Report (CAR)
2	Procedure
2.1	<p>At 0930 hours on 26th February 2026, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Mr Muaz Jamil (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List”.</p>
2.2	<p>The Chair welcomed all to the meeting and introductions were made. When asked by the Chair, members confirmed that the hearing papers had been received and considered. When committee members were asked by the Chair in turn to declare any interest in the application, none were declared.</p>
2.3	<p>Members of the Committee had reviewed videos made by the Health Board of 1-3 East King Street, Helensburgh G84 7QQ and the surrounding area. During which the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to schools, sports facilities, community centres, supermarkets, post office, banks and places of worship had been noted.</p>
2.4	<p>The Chair advised that Tracy Bone was independent from the Health Board and was solely responsible for taking the minute of the meeting.</p>
2.5	<p>The Chair advised that Stephen Waclawski of Central Legal Office (CLO) had been retained as a legal assessor. He would not attend the Hearing but was available by telephone if legal advice was required and could be invited to attend the Hearing if required.</p>
2.5	<p>The Chair outlined the procedure for the hearing. All Members confirmed an understanding of these procedures.</p>
2.6	<p>Having ascertained that all Members understood the procedures, that there were no conflicts of interest or questions from Committee Members the Chair confirmed that the Oral Hearing would be conducted in accordance with the</p>

	guidance notes contained within the papers circulated. The Applicant and Interested Party were invited to enter the hearing.
	The open session convened at 0930 hrs.
3	Attendance of Parties
3.1	<p>The Chair welcomed all and introductions were made. The Applicant, Mr Muaz Jamil was supported by Mr Daniel Frame.</p> <p>From the Interested Parties eligible to attend the hearing, present were:</p> <ul style="list-style-type: none"> • Mr Scott Jamieson representing Boots UK Ltd accompanied by Mr Stuart McBean. • Mr Hammad Khalid representing Cardross Pharmacy accompanied by Mr Syed Shah. • Mr Martin Green representing M & D Greens accompanied by Ms Emma Hamilton. • Ms Claire Cunningham representing Rowlands Pharmacy, accompanied by Ms Margaret Naismith. • Mr Cameron Foy representing Helensburgh Community Council accompanied by Ms Elizabeth Lambert. • Mr Malcolm Mathieson representing NHS Highland Area Pharmaceutical Committee.
3.2	The Chair advised all present that the meeting was convened to determine the application submitted by Mr Muaz Jamil in respect of a proposed new pharmacy at 1-3 East King Street, Helensburgh G84 7QQ.
3.3	The application was previously considered by a separately constituted Pharmacy Practices Committee (PPC) and its decision was issued on 19 th September 2025. The decision of that PPC was appealed to the National Appeals Panel.
3.4	Paragraphs 5.1 and 5.3 of the decision of the National Appeal Panel dated 26 November 2025 (the decision) set out the Panel's disposal in respect of the Application, which requires only that Highland Health Board reconsider the Application by holding a new hearing with a differently constituted PPC to that which considered the Application originally.
3.5	Today's PPC has been constituted to satisfy that requirement.
3.6	As stated in the decision at Paragraph 4.7, "out with any specific procedural requirements as to how an application is to be determined in the Regulations, the conduct and overall fairness of the meeting falls to the Chair to regulate and safeguard."
3.7	This accords with and confirms a PPC Chair's discretion to allow new information to be admitted for consideration at a hearing, provided that certain

	<p>criteria are met. These criteria include that the new information is relevant and material to the issues being considered; that it is received in time to allow other parties to respond and comment upon it during the PPC hearing and that it is likely to assist the PPC in applying the legal test and reaching its decision. I can confirm that although several applications requesting that new information be put before the PPC were received, not all were permitted, based upon the criteria referred to above. Those that were permitted were distributed to the panel members, applicant and interested parties on 13 February 2026.</p>
3.8	<p>In relation to application of the legal test, paragraph 3.4 of the decision is also relevant in that it confirms that when applying this test a PPC must consider “whether the present services are inadequate and, if so, whether the application is necessary or desirable in order to secure adequate provision.” In addition, The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, set out at paragraph 3(1) of Schedule 3, those matters to which the Board shall have regard in considering an application. They include current service provision, representations received by the Board and any other relevant information available to the Board. Consequently, adequacy requires to be considered by a PPC at the time of the hearing, while reaching its decision and based on current and relevant information available.</p>
3.9	<p>The Chair confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended, which the Chair read out in part</p>
3.10	<p>“5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located...”</p>
3.11	<p>The Chair confirmed that all had received the hearing papers. It was noted that there had been written representation received from [name] and [name] but as these had been submitted outwith the required timescales had not been accepted for consideration by the Committee.</p>
3.12	<p>The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.</p>

3.13	The Chair asked all parties for confirmation that these procedures had been understood. Having ascertained that all parties understood the procedures the Chair confirmed that the Oral Hearing would be conducted in accordance with the Procedure at Hearings document contained within the papers circulated.
3.14	The Chair confirmed that members of the Committee had jointly conducted a site visit in order to understand better the issues arising from this application. Assurance was given that no member of the Committee had any interest in the application.
3.15	The Chair asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement.
4.	Submissions
4.1	The Chair invited Mr Muaz Jamil, to speak first in support of the application.
4.2	Mr Jamil read aloud the following pre-prepared statement making alterations as necessary:
4.3	Good morning everyone, my name is Muaz and firstly I'd like to thank everyone in attendance today for allowing me to present the case to highlight that this application is both necessary and desirable to secure adequate provision of pharmaceutical services in the neighbourhood.
4.4	I am accompanied today by my friend Daniel. Both Daniel and I are prescribing pharmacists and currently manage our own pharmacies in Falkirk and Stirling.
4.5	Daniel has worked in Helensburgh when the area was serviced by four pharmacies, and this has given us a first-hand understanding of the pressures experienced in Helensburgh.
4.6	I will frame this presentation around the legal test and begin by outlining our neighbourhood for this application. Secondly, we will proceed with information around the background of Helensburgh and highlight key demographic insights that shape the healthcare needs of the area. I will then present clear evidence from multiple sources, drawing on the Consultation Analysis Report (CAR), recent surveys, statistical data, letters of support and recent complaints to the Board. This will be to demonstrate why the current pharmaceutical provision in the neighbourhood is inadequate and how these inadequacies have worsened since the initial hearing.
4.7	In the previous hearing, it was acknowledged that the CAR demonstrated inadequacy. However, reduced weight was given due to the view that circumstances may have changed. To address this directly, we instructed an independent market research company with over two decades of experience

	to conduct an on-street survey this month (February 2026) to assess current public opinion.
4.8	The findings show that the concerns identified in the CAR remain present.
4.9	The Community Council also undertook a survey, which they submitted as evidence, showing an increased proportion of residents who report services are inadequate.
4.10	Further evidence of inadequacy is provided by 22 letters submitted to the Board following the initial decision, detailing recurring difficulties in accessing pharmaceutical services. The consistency of these findings across multiple sources demonstrates that services have not improved and remain inadequate.
4.11	Despite claims made by interested parties.
4.12	Each source of evidence supports the original findings in the CAR and taken together, paint a damning picture of the systemic feelings and inadequacy, as you will see throughout this presentation.
4.13	I will close this presentation by outlining our plans for Helensburgh Pharmacy and explain how granting this application is both necessary and desirable to ensure delivery of accessible, high quality pharmaceutical services, both now and into the future.
4.14	So firstly, the neighbourhood: North: Where Sinclair Street meets Luss Road - we have physical boundaries of the Helensburgh reservoir to the left and the Golf course to the right. West: Where Rhu Road Higher meets Rhu Road Lower. East: The Aldergate development and the open fields on the A814. South: The A814 running along the waterfront.
4.15	Our neighbourhood is a very simple one to define due to the natural physical boundaries which 97% of people in the CAR agree with. Helensburgh is a neighbourhood for all purposes; the bank, the post office, places of worship, supermarkets, these are all markers of this. People are drawn into the area and residents don't need to leave for any purpose.
4.16	Helensburgh is the largest settlement in Argyll and Bute, with a recorded population of 14,127 and that is according to the Census 2022. However, it does not fully reflect the current service population when considering demand for Community Pharmacy Services.
4.17	Two substantial housing development in the town, Duchess Gait and Aldergate have been completed and occupied largely after the census date. Based on 190 new family homes, a conservative estimate is that these

	developments have introduced over 500 additional residents who are not captured in the census.
4.18	In addition, Helensburgh also serves the neighbouring village of Rue which has a population of over 1900, with residents routinely accessing Helensburgh's amenities, which include Pharmacy services.
4.19	In practical terms, this is a total of around 16,500 people being services by three pharmacies. Providing a pharmacy for every 5,500 patients. In the previous hearing, Mr Green stated that, in his opinion, a pharmacy for every 4000 of population is about right.
4.20	We achieve this figure when we reinstate a fourth Pharmacy.
4.21	While I recognise that the legal test is not simply determined by number of people per pharmacy, this figure provides important context when considering the capacity of existing provision. It's also important to remember that Helensburgh is a focal point for Argyll and Bute, with residents from the wider area travelling into the town to use amenities and Pharmacy Services.
4.22	Additionally, Helensburgh is designated as a part of the Helensburgh and Lomond Growth Area in the Local Development Plan, reflecting its appeal as a place where people want to live, work and raise families. This is more than a planning designation. It is a reality supported by sustained housing growth, which the council have actually acknowledged.
4.23	Councillor Robin Currie, the leader of Argyll and Bute Council at the time, stated that there is a pressing requirement for new housing in the area. Plans include 300 homes at the former golf course site and the Lochside Press report the council plan to bring around 1,800 to 3,600 homes to the area.
4.24	Now, I would like to know, while it is important to acknowledge future growth in accordance with the regulations, this application is by no means dependent on it, as I will demonstrate. Services are inadequate today for the current population.
4.25	From a socio-economic point of view, Helensburgh's population is rather mixed. Vivien Dance, a long-time resident, puts it best in her letter of support: She says: "Helensburgh is a town with a very mixed population, with areas of deprivation and affluence." She also points out that our population is more "on the mature side." The data supports this.
4.26	Between 2002 and 2021, the number of residents aged 65 and over in Helensburgh and Lomond rose by 44%. Today, 25.5% of Helensburgh's population is over 65 – which is well above the Scottish average of 20%. Another 23% are aged 50 to 64, again higher than the national average of 21.5%.

4.27	These are not just numbers. They represent people in this community – many of whom live with chronic health conditions and depend on regular medication.
4.28	Now in terms of affluence, Vivian’s knowledge of the area is also confirmed by the Scottish Index of Multiple Deprivation (SIMD) 2020, which identifies three data zones within Helensburgh that fall within the 20% most deprived areas in Scotland. Although not widespread, this deprivation, when combined with an ageing population who are more reliant on pharmacy services, reveals a community with deeply embedded healthcare challenges. In such an area, services should be supported, not reduced.
4.29	Another key factor growing the demand for healthcare services in Helensburgh, is the ongoing expansion of its population. Contributing to this, is the increase in naval personnel and their families. By 2030, an estimated 1,700 naval personal and their families are expected as part of the Faslane expansion. 639 new naval housing have been approved in November 2024 and scheduled for completion by March 2026, placing further pressure on already stretched local services. For transparency it is important to note that naval personnel have access to their own healthcare at the naval bases, but of course, when in the town, they will access community pharmacies for core services. Also, their families do not have any access to military healthcare and only access NHS community pharmacies.
4.30	This anticipated growth underscores the urgent need to enhance access to pharmaceutical care, ensuring that all residents, both current and new, can receive adequate support within their own community.
4.31	Helensburgh is served by two GP practices. The Victoria Integrated Care Centre offers outpatient services across 19 specialties. This is an indicator of the complex needs of the neighbourhood, which implies pharmaceutical demand is present. The town is also served by four dental practices, four opticians and four care homes. Before the Boots closure, Helensburgh was served by four pharmacies.
4.32	For more than 60 years, Helensburgh was served by four pharmacies. But today, this is no longer the case. In November 2023, Boots made a commercial decision to close the pharmacy on 47-49 Sinclair Street despite the town’s growing and ageing population. Despite the influx of military families, and despite the clear and mounting evidence of current and future demand.
4.33	The healthcare infrastructure in Helensburgh is weakening, and the lack of adequate pharmacy provision has caused huge challenges for residents and created barriers to access pharmacy services right across the town.
4.34	Due to connectivity issues by Andrew Townsend, Lay Member at 1017 hrs the Applicants presentation was paused to enable reconnection. Connection was restored and Mr Townsend rejoined the meeting at 1021 hrs. At which point the Chair confirmed with Mr Townsend the last point noted heard prior

	to connection drop was identified and the Applicant was able to re-read the relevant points in his presentation.
4.35	Jacqui Baillie, the local MSP and Shadow Health Secretary, has given her full support for this application given the concerns raised from constituents about the lack of provision.
4.36	Ms Baillie wrote to the board following the initial decision after receiving substantial correspondence from constituents regarding pharmacy provision in the town. In her letter, dated 21st of October, she described delays in obtaining medicines, unacceptable waiting times and lack of privacy within local pharmacies following the reduction in provision.
4.37	She also raised concerns about the capacity of existing pharmacies to cope with current demand, particularly as community pharmacy services continue to expand along with the area of Helensburgh.
4.38	As stated in the NHS Pharmaceutical Care Service Plan, in view of recent pharmacy closures, the unmet need for additional community pharmacy provision may be required to be considered.
4.39	Now, I would like to highlight this is highly unusual for the health board to directly mention the potential need for a new pharmacy. The CAR responses support this statement and the Care Service Plan, as the negative consequences specifically due to the closure are mentioned over 200 times within the CAR. The recent survey conducted by the Community Council just two weeks ago also supports this as 84% of respondents said the closure of Boots has negatively impacted pharmacy services.
4.40	The independent survey conducted by Taylor McKenzie also found an overwhelming majority of respondents believe the Boots closure has had a negative impact on Pharmacy services.
4.41	The impact of the closure is undeniable. We can hear it in the voices captured in the CAR, which was completed in March 2025 and the results of the surveys conducted just two weeks ago mirror these exact concerns, showing that not only the service is inadequate, but actually worsening.
4.42	We can also see the resounding impact the closure has had when we look at the letters of support dating from March 2025 to this very month, February 2026. This shows that the closure was not in the public's interest, and inadequacies arising from it are simply not minor teething issues.
4.43	In August of last year (2025), Elaine from Helensburgh and Lomond Carers said “our town has been struggling with inadequate pharmacy provision for far too long. The situation is only getting worse.” Just last week (February 2026), Elaine provided an update to the situation and remarked, “we hear daily how unreliable and overstretched the current pharmacy provision is.”

4.44	In April of last year (2025), Vivian Dance highlighted how there was a sign outside one of the local pharmacies directing which way to queue up the street. Now, as of this month (February 2026), Vivian has highlighted how inadequacies have not been addressed and she leaves the area altogether to access timely medication.
4.45	Last year, Caroline McIlroy from Millig Medical Centre highlights the pressures since the closure and the impact this has had on patients and general practice. Just 2 weeks ago, an updated letter from the medical practise emphasises that inadequacies of pharmacy services since the closure have not been rectified. As a result, patients are being referred back to the GP practise for conditions that should be managed within pharmacy. In this letter, it also mentions the difficulty patients have in accessing even common medication due to shortages within Helensburgh.
4.46	I could go on to quote more letters of support, but I know time is of the essence. So I urge the panel to look at each of these to fully understand the level of inadequacies residents are facing each day.
4.47	As you begin to understand the depth of service gaps, we quickly realise why individuals and healthcare professionals are so vocal.
4.48	Five months after the closure, in April 2024, the “Community Advertiser” newspaper published a powerful article. Here they described the aftermath as, and I quote, “Chaos”. This was not an exaggeration. The disruption caused by the closure of Boots continues to reverberate across Helensburgh to this day.
4.49	The scale of public concern is clearly reflected in the CAR, with over 1000 individuals taking the time to complete the questionnaire. Where 79% of residents in the CAR felt the services were inadequate, and 90% support the opening of a new community pharmacy.
4.50	Just two weeks ago, the independent survey found that the vast majority feel restoring of a fourth is needed to ensure adequate pharmacy services. In the Community Council survey, 81% feel services are inadequate and 85% feel restoring a fourth pharmacy in the town is needed to address current inadequacies. All three surveys having the same result shows that this issue is prevalent and has not improved.
4.51	This data, amongst the 20 letters of support ranging from 2025 to this year, highlight a clear and immediate consequence. The closure didn't just remove a building, it removed vital capacity. Capacity that has not materially increased despite recent takeovers and the recent claims made at the previous hearing by interested parties. In fact, available evidence indicates that the situation has deteriorated rather than improved, and we see that from the accounts in the 22 letters of complaint to the board.

4.52	In the recent survey, one resident states current pharmacies cannot cope with the demand in the town. The service and the current pharmacy has negatively been impacted by the closure.
4.53	I will proceed by now addressing the core services in Helensburgh. Firstly, the Pharmacy first service. In terms of accessing this service, the CAR repeatedly reveals how difficult it can be to obtain appropriate pharmacy advice, treatment and referrals.
4.54	Over 100 responses in the CAR highlight how difficult it has become just to speak with a member of staff, with repeated mentions of teams being “too busy,” “run off their feet,” or simply unavailable. This again is confirmed by the recent survey almost 12 months on.
4.55	How can health interventions and Pharmacy First be delivered when patients find it difficult to speak to a healthcare professional? Several residents even shared that they are encouraged to purchase medicines rather than receive a Pharmacy First consultation.
4.56	Some report they are unable to access smoking cessation, as they are told the pharmacy is too busy, and others are wrongfully informed they are not eligible.
4.57	It is clear that overstretched services have caused huge just barriers to care.
4.58	It is stated in the CAR “speaking to a pharmacist is almost impossible unless you’re prepared for a long wait and then to feel that you’re taking up their time because they are so busy.”
4.59	The topic of lack of Pharmacy First availability was yet again a strong theme in the new survey. A respondent this month states: “minimum 40-minute queues to ask for prescriptions. If you want to speak to a pharmacist, it's impossible as they are too busy.”
4.60	This highlights that despite the changes implemented by interested parties, residents still cannot access this vital service.
4.61	It is a widespread concern in Helensburgh that the Pharmacy First service is inadequate, largely due to the overwhelming dispensing workload in the remaining pharmacies since the Boots closure.
4.62	This becomes clear when we analyse Pharmacy First output and compare it with the previous minor ailment service.
4.63	Unlike Pharmacy First, which is available to everyone in Scotland, the minor ailment service had a limited eligibility criteria. Yet despite that restriction, Boots performed significantly better under that older model.

4.64	In 2020, under minor ailments, Boots on 9 - 13 Sinclair Street ranked fourth in all of NHS Highland, with a combined total of 452 consultations across the two Boots pharmacies that were present.
4.65	Now, under Pharmacy First, Boots ranked 27th in NHS Highland with 282 consultations, a 37.6% reduction despite this wider eligibility.
4.66	To fairly assess the output of Rowland's when it comes to Pharmacy First delivery, we compared it with pharmacies dispensing around the same prescription volume. Out of 18 comparable pharmacies in NHS Highland, Rowland's ranked 15th for Pharmacy First delivery. Yet, under the Minor Ailment service, Rowlands ranked tenth.
4.67	The key issue is capacity. When Minor Ailments was operating, Helensburgh was served by four pharmacies, allowing workload to be distributed and pharmacists time to deliver consultations adequately. Since the Boots closure, three pharmacies are managing this increased dispensing demand, alongside expanding clinical expectations.
4.68	Residents are growing in number and in need, yet the town has lost an entire pharmacy team. The reduction in Pharmacy First outputs is not a reflection of poor staff or effort; it reflects a system that is under sustained pressure.
4.69	In the CAR, newcomers to the area especially highlight these inequalities and delays within the neighbourhood when they compare it to their previous pharmacy. One newcomer shared: "Recently moved to the area from Glasgow and the pharmacy services here are noticeably inadequate. The waiting times at the pharmacy are much longer and I have been to all three so I can decide who I should use as my primary pharmacy. Compared to my old pharmacy, you need to wait longer, and you are encouraged to buy things over the counter rather than getting it on minor ailments service."
4.70	Almost 12 months on this is still the case.
4.71	In the recent survey, one newcomer states: "I have recently moved to the area and the pharmacy services here are the worst I have ever seen. Long queues and prescriptions are never ready. I suffer from Crohn's and on several occasions, I have had to rush home to the bathroom without my medication because the queues are so long in the pharmacy. I have changed chemist three times and two of them in Helensburgh use an offsite hub which causes delays."
4.72	This widespread issue across all three pharmacies show that the service is not being adequately provided – and it is not from lack of need or training, but because pharmacies simply don't have the capacity.
4.73	The CAR also reveals serious concerns when it comes to confidentiality during consultations. 80% of residents believe there is not adequate space to discuss confidential matters with close to 100 written responses sharing their concerns. The public's concerns about privacy are so great, many avoid

	using the pharmacies in the neighbourhood for consultations altogether. And as we read the CAR we begin to understand why this is the case. MD Green doesn't have a consultation room in their pharmacy currently. Instead, they have an exposed corner. You can clearly hear the consultation and even see who is inside. Despite reassurances at the last hearing from Mr Green that changes will be made and work will be completed at the start of this year, nothing has changed.
4.74	Consequently, concerns regarding confidentiality remain unresolved in MD Green. A Google review left this month (February 2026) shared: "I was in today hoping to get some advice on an issue that was causing me some insecurity. I was looking to get a private consultation and was offered one but instead was spoken to in the front of the shop floor where other customers were waiting and began chipping into my consultation. There was a lack of proper facilities, and it was an awkward and embarrassing experience."
4.75	Despite Boots Pharmacy having a consultation room, patients report consultations follow the same trend. At Boots, the pressure of workload means consultations often happen on the shop floor, where again conversations can be overheard. At the last hearing, Mr James suggested that the newly updated consultation room would make for improvements. However, residents report that the issue was never the consultation room itself, but the workload pressure staff are facing, which leads to consultations taking place in public areas.
4.76	Community Feedback indicates that this pressure has not been resolved, and consultations are still reported as occurring on the shop floor.
4.77	At Rowlands, even when the consultation room is used, multiple patients have reported that you can still hear everything from outside of the room. This scenario is reported in the CAR several times and is also in the recent surveys. Residents state the lack of confidentiality remains, which causes many to leave the areas to access this service.
4.78	The only pharmacy in Helensburgh that had a private, functional consultation space and used it consistently was the Boots on 47-49 Sinclair Street, and that was the very one that was shut down.
4.79	Being able to access a private medical consultation is considered a fundamental aspect of human rights and people shouldn't need to leave their neighbourhood to access this.
4.80	How can vital services like the morning after pill be delivered under this condition.
4.81	Let us think about what is happening locally here. Young woman feeling anxious or distressed about where to access the morning after pill, individuals struggling to quit smoking, patients trying to manage long-term conditions without timely, confidential support.

4.82	These are not rare scenarios, but daily realities in an overstretched system. We can see from the CAR that females need to carefully plan where and when to access EHC to avoid being overheard during what should be a private consultation. Delayed or inaccessible care leads to poorer health outcomes and greater pressure on wider NHS services.
4.83	Our proposed pharmacy has a dedicated private consultation room, and with the granting of this application will allow residents to access the care they deserve. Additionally, it will lift pressure of dispensing volume, allowing each pharmacy to deliver an adequate pharmacy first service.
4.84	We also see the inadequacies of pharmacy services in Helensburgh extend into another NHS service and that is the unscheduled care service. This core service is designed to provide emergency supplies of medication when a prescription has not come through in time, helping people avoid dangerous treatment gaps. But based on multiple accounts from the CAR, this safety net is failing. Patients describe being denied essential medication for long-term conditions like heart disease and hypertension. In some cases, patients felt forced to ration their medication just to get by.
4.85	The CAR reveals a consistent pattern when patients are unable to access emergency medication, and that is likely because pharmacy teams are under so much pressure managing routine dispensing, they simply do not have the capacity to process urgent supply requests.
4.86	In Helensburgh, access to unscheduled care through local pharmacies is unreliable and inconsistently delivered.
4.87	Several residents have reported this month (February 2026) that services are still not available. Alison Gildea says that she: “had run out of her inhaler and all three in pharmacies in Helensburgh refused to provide this using the unscheduled care service”. Alison had to get public transport to Cardross where she received an emergency supply.
4.88	This is an awful patient experience and clear evidence of the systemic institutional failures that have created the inadequacy.
4.89	Now moving on dispensing acute prescriptions. Losing a pharmacy in the area has placed immense strain on each of the remaining pharmacies and their staff, rendered this service inadequate.
4.90	In the CAR when describing staff; pressures, strain and stress are common words used. The Boots closure has caused immense workloads for all and in turn has failed the system. Waiting times have increased so much so, that they are mentioned over 200 times in the CAR and such concerns are echoed through the recent survey where residents describe how increasing workload pressures have resulted in growing queues, prolonged delays and impaired access to medication.

4.91	Overwhelming evidence points to widespread, unacceptable wait times — with patients often waiting 40 minutes in line, only to be told their prescription isn't ready. In the CAR a resident shared their experience of collecting emergency antibiotics from Boots pharmacy. They said they waited 30-40 minutes with the pharmacist then requesting that they return later to collect. This patient now leaves the area altogether for prescriptions. Almost 12 months on from the CAR, these concerns still remain.
4.92	In the recent survey, unacceptable waiting times are mentioned around 86 times and similar issues are raised in the complaints submitted to the board.
4.93	<ul style="list-style-type: none"> • Kathryn McNiven, a retired staff nurse, reports that patients are queuing far too long. • Malcolm and Heather Whitlock say queues have grown to a significant length. • Carol Bridger describes her struggles queuing for 30 minutes to be told she must return the following day. • Lily Gallacher, a disabled lady, describes how she suffers from queuing. • Elizabeth Ross highlights how she is expected to stand in a queue outside the pharmacy, where she gives up as she can't stand any longer. She mentions how this happened at least twice in one week, resulting in her worrying about not having any medication. <p>This suggests the pharmacies are operating beyond their practical capacity.</p>
4.94	Patients report that cues at MD Green regularly extend out the door and onto the street. A recent review on Google also describes the pharmacy as, and I quote "always qued out the door", reflecting the same consistent experience reported by residents in the survey. The frequency and persistence of these ques directly affect the AMS service, causing delays in patients receiving their medication. As a result, patients are unable to obtain reliably their medication in a timely manner.
4.95	I really do sympathise with Pharmacy staff who are doing their very best under this immense pressure. Unfortunately, their management present today will seek to present a narrative that doesn't reflect the reality on the ground and this helps no one. Patients will see no improvement and the community will continue to suffer from substandard NHS services.
4.96	Beyond long waiting times, residents are often forced to make multiple trips just to collect a single prescription. It is a common, deeply frustrating issue. Patients arrive at the pharmacy, only to be told the GP has not sent the prescription. They go back to the practice where staff confirm it has been sent. They return back to the pharmacy, queue again and may still leave empty-handed.
4.97	This back-and-forth places extra pressure on GP practices and causes real distress to patients, many of whom urgently need their medication. In the

	letter from the surgery just two weeks ago Doctor Clark emphasises how this is still a major problem today.
4.98	Residents also report being unable to obtain certain medication within Helensburgh and require travelling outside of the area to have their prescription dispensed.
4.99	One resident said in the recent survey, “pharmacies do not have enough stock due to increased number of clients”.
4.100	Another reported: “none of the pharmacies in Helensburgh stock my medication. I have to travel to Inverary to get it”.
4.101	A further resident said, I also need to go to Dumbarton to collect the only brand of a medication I can tolerate.
4.102	Dr. Clark highlights a big issue in stock availability, with patients being asked to return the next day for basic items such as amlodipine and in other cases, someone was given one day of penicillin for a throat infection and was told they would need to return the next day.
4.103	To be clear, I understand that sometimes multiple trips are unavoidable. Medications do need to be ordered as stock availability does vary. That’s reasonable.
4.104	But what we’re seeing in Helensburgh goes far beyond that. The evidence shows this is a widespread and systemic pattern across all three pharmacies in Helensburgh for basic medication. Elderly residents with limited mobility are queuing and returning repeatedly. Patients with young children are juggling multiple trips just to get basic medicines.
4.105	Sadly, residents have also reported the difficulty in obtaining palliative care medication. This was reported in the CAR and, worryingly, was mentioned again in the recent survey.
4.106	A resident shared that a dying relative had to revert to Cardross Pharmacy, as no pharmacy in Helensburgh had part of their care pain and relief in stock. In such a period of time, where you require reliability and consistency. It is generally heartbreaking that family members need to go through this currently. This is not a working service, it’s a breakdown. When people cannot access their prescriptions promptly or reliably, it is a fundamental failure of this core service, one we can no longer afford to ignore.
4.107	The lack of blister pack availability in Helensburgh is another persistent issue. This is a locally negotiated services that underpins the EMS service and is vital for many to manage medication independently. Prior to the initial hearing in September, access to such compliance aids in Helensburgh was extremely limited.
4.108	This was highlighted in the letters of support from Elaine at Helensburgh & Lomond Carers and Katrina from Jeans Bothy, both of whom described the

	difficulty carers and vulnerable patients experienced when attempting to access this service.
4.109	Following the hearing, there was a temporary improvement in availability. However, this has not been sustained, and the position has now returned to that which existed previously, with pharmacies again restricting uptake due to workload pressures. This was a concern expressed by local GPs in a letter to the Board dated 4th October (2025) - a partner at the Millig Practise noted that access to the dosette boxes had increased, but expressed the view that this was unlikely to be maintained in the absence of an additional pharmacy.
4.110	Recent survey responses from residents just two weeks ago (February 2026) also confirm that patients are again experiencing this difficulty and they resort to leaving the area to access this.
4.111	Two weeks ago, Edward Mathieson shared, "I find it shocking that not one chemist in Helensburgh can accommodate me as I need a dosette box". When someone needs a dosette box to reliably take their medication but cannot access one, it's a clear failure of the AMS and a sign of inadequate capacity.
4.112	Dispensing errors are a recurring theme in the CAR, mentioned 29 times. Again this theme is replicated in the recent survey, highlighting the validity of the CAR and emphasising that problems faced by residents have not changed. These represent one of the most serious risks in pharmacy. While human error can never be eliminated entirely, the situation in Helensburgh shows a concerning trend. Since the closure of Boots on Sinclair Street, the remaining pharmacies have been under unsustainable pressure.
4.113	In April 2024, a local pensioner spoke publicly about the repeated prescription errors after the closure. Eleven months later, residents report similar experiences, seen from the CAR and 11 months from that to the recent survey again contains accounts for dispensing mistakes. These are not isolated issues but signs of a system under strain, with increased prescription volumes and reduced capacity.
4.114	To be clear, this is not a question of staff competence, but of capacity and pressure. With services overstretched, mistakes have become more likely. This raises an important question about patient safety, reflected in the fact that some residents now avoid local pharmacies due to safety concerns.
4.115	Despite Helensburgh being such a focal point in Argyle and Bute, the inadequacies of current pharmacy provision in Helensburgh forces residents to travel well outside their own community to access basic services, another reason why the community are so vocal to support this application. This raises a critical question for the PPC: What constitutes a reasonable and acceptable distance for someone to travel in order to access essential healthcare?

4.116	<p>Today, people in Helensburgh are making round trips of over 8.5 miles just to reach the pharmacy in Cardross. One respondent said:</p> <p>“I live in sheltered housing in Helensburgh, yet I am having to use Cardross pharmacy for my medication. This is because all the local pharmacies are under so much pressure. I’d love to be able to use a pharmacy locally, but this is just not possible currently.”</p>
4.117	<p>So, I ask the panel: is it reasonable to travel 8.5 miles for essential pharmacy care? Especially those without cars, taking buses or trains, incurring extra costs and adding to the environmental impact?</p>
4.118	<p>But it gets worse. The pressure in Helensburgh is so severe that even Cardross Pharmacy can’t address the inadequacies. People are now travelling a 15 miles round trip to the Davidsons Chemist in Garelochhead. One respondent put it plainly:</p> <p>“I don’t often get prescriptions, but when I do, I go to Garelochhead. The pharmacies in Helensburgh are too busy, and I don’t feel it’s safe.”</p>
4.119	<p>A pharmacy assistant from Garelochhead confirmed in the CAR that many Helensburgh residents rely on their services - pharmacy in Garelochhead.</p>
4.120	<p>Arlene Love, the former practice manager at Garelochhead Medical Centre, completed the CAR on the practice’s behalf. She wrote that this pharmacy is “welcomed and much needed” because “local pharmacies can’t cope with the demand.”</p>
4.121	<p>This is the reality of the pharmaceutical service in Helensburgh. Yet today, we’ll hear from others claiming the current service is “adequate.”</p>
4.122	<p>However, adequacy of service can be simply disproved by adequacy of services can be simply disproved as remarkably, there is another pharmacy that is servicing the area in an attempt to address the inadequacies. This pharmacy isn’t 10 or even 20 miles away. This pharmacy is 40 miles away from Helensburgh. Inveraray Pharmacy is making an 80-mile round trip to deliver hundreds prescriptions to Helensburgh residents in an attempt to enable patients to receive the care they so desperately need.</p>
4.123	<p>There is mention of Inveraray Pharmacy 30 times in the CAR. It is a stark reflection of the systems failure that a pharmacy requiring a two hour round trip is intervening to address deficiencies in Helensburgh. In the CAR one resident simply puts “If a pharmacy is as far away as Inveraray is having to help out there’s clearly issues with the current pharmacies.” This powerfully highlights the immediate need for intervention to support the pharmacies of Helensburgh and to enable access to adequate pharmaceutical services for residents.</p>
4.124	<p>At the previous hearing, it was suggested that patients being serviced by Inveraray was a temporary position and that prescriptions are returning to</p>

	local pharmacies. At that time, the most recent data available to us was March.
4.125	We now have a further six months of published prescribing data. Reviewing the most recent available month, September, prescriptions from Helensburgh GP Practise dispensed in Inveraray have increased by 8.6%. Again, I emphasise Inveraray is an 80-mile round trip from Helensburgh indicating that patients need to seek services well out with Helensburgh rather than returning to local pharmacies, which is consistent with ongoing pressure.
4.126	Despite pharmacies out with the neighbourhood trying their best to help with inadequacies, the complex needs of this neighbourhood is still not adequately being met. The CAR provides undeniable evidence of the consequence. It is not a case of isolated dissatisfaction; it is a picture of systemic strain.
4.127	The closure is mentioned over 200 times in the CAR. The word “pressure” appears 134 times. “Chaos”, 10 times. “Issue”, 68 times. “Problem” appears 44 times and “mistake”, 12 times. Most tellingly of all, statements that the pharmacies need help are mentioned over 200 times.
4.128	This language is again replicated in the recent surveys, showing that inadequacies are still present.
4.129	Now, having established the clear need in Helensburgh, we do need to consider how approving this application will impact the viability of the existing pharmacies.
4.130	It was argued that Helensburgh cannot support an additional pharmacy and that existing providers, particularly Rowlands, would be at risk but this is not supported by the evidence. Prescription demand that has been rising year-on-year.
4.131	For over six decades, Helensburgh successfully operated with four pharmacies. NHS Highland’s own data shows that M&D Green is the busiest pharmacy in the entire health board with Boots also being one of the busiest, showing the huge demand in the area.
4.132	So, concerns about Rowland’s viability are misplaced. Their dispensing volume, which is around 4,00 items per month, has remained stable for over a decade, even after the Boots closure. This is largely because Rowlands is already operating at capacity and relies on an off-site dispensing hub, which residents report causes multi-day delays. The CAR includes numerous

	complaints about these delays, with carers also affected by late March hours and medication.
4.133	Since the hearing, residents have continued to provide feedback regarding their use of pharmacy services in the town. Residents report choosing not to use Rowlands Pharmacy due to their experience of service.
4.134	A respondent said, I have only been to Rowlands a couple of times and I did not feel they were welcoming and found the service dismissive. Another commented, Rowlands never have what you need and the service is unwelcoming. Additionally, the location of Rowlands limits its footfall and residents report difficulty accessing it and this can be seen throughout the CAR, Rowlands, along with the other contractors, operated sustainably when four pharmacies existed in the town for over 60 years. The claim that this application threatens their viability is not supported by evidence.
4.135	In conclusion, approving this application will transform how residents access pharmacy services in Helensburgh. Our unit, located just off the busy Sinclair Street, is within walking distance of the practice and benefits from free on-street parking. Patients will enter through a welcoming entrance. Inside, it will be bright and comfortable with a space designed to accommodate everyone.
4.136	At its centre will be a fully private consultation room, a calm, confidential space where patients can receive the care they so desperately need without the fear of being overheard.
4.137	We will be open from 8am to 6pm, matching GP hours, which means no more patients waiting 45 minutes after a morning appointment, and working people will finally have access to pharmacy services. The pharmacy will be run by both myself and Daniel, giving residents access to a prescribing pharmacist, alongside all core pharmacy services.
4.138	With the approval of this application, patient-centred care will be returned to Helensburgh. The needs of every patient will be heard and addressed, whether that means collecting medication in a timely manner, receiving an urgent supply when medicines have run out, or accessing treatment through Pharmacy First or Pharmacy First Plus, or even just obtaining advice .
4.139	Our pharmacy will ensure reliable access to all core services. It will directly address each of the inadequacies and ease the pressure currently placed on the town's remaining pharmacies. Our aim is to restore balance across local pharmaceutical services, relieving the excessive workload so that collectively, we can deliver safe, accessible, and effective care to the community once again.
4.140	We believe we have provided the PPC with irrefutable evidence that pharmacy provision enhanced is inadequate.

4.141	The key point is that inadequacies are not a temporary measure or linked only to recent operational changes but have persisted over an extended period shown by the evidence.
4.142	The only remedy to these inadequacies I have mentioned today is the approval of this application, which 90% of residents support.
4.143	I would like to thank everyone for their patience and attention, as I appreciate this is quite a lengthy presentation with a lot of information to consider.
4.144	Thank you so much for your time again and I welcome any questions.
4.145	This concluded the presentation from Mr Jamil
4.146	The Chair called a comfort break at 1055 hrs. The hearing reconvened at 1105 hrs.
5.	The Chair invited questions from the interested parties to the Applicant
5.1	Questions from Mr Green, M&D Green Pharmacy to Mr Jamil
5.1.1	<p>Mr Green referencing the Applicants comments around dosette boxes of pharmacies in the area having started to this service on prior to the previous hearing but now having reverted back to being restricted lists enquired what this information was based on. Mr Jamil responded to state that it was noted in a letter submitted to the Board by the GP Practice on the 11 February 2026 where Dr Clark mentioned:</p> <p>“a temporary increase but felt that after the hearing, there was a decline in the uptake”.</p> <p>Mr Jamil went on to state that this point was also raised by residents of Helensburgh which he noted were on Facebook.</p>
5.1.2	<p>Mr Green noting that he had the GP Practice Letter to hand read the comment in relation to dosette boxes which states:</p> <p>“all pharmacies are again open to dosettes but we are cynical that if the application for a fourth is declined, that they will again close their lists”</p> <p>Which notes that existing pharmacies have not closed access to this service and suggested that Dr Clark is expressing an opinion and enquired what the Applicant was basing his information on. Mr Jamil responded that it is based on comments from residents of Helensburgh, which are stating that they are having difficulty accessing the dosette boxes which was mentioned in the survey. Noting a response here when the default response is to ask Inveraray Pharmacy for this service due to none of your local pharmacies are taking them on.</p>

<p>5.1.3</p>	<p>Mr Green enquired if the Applicant would like to clarify that he was not stating that Dr Clark was having difficulty currently as stated in her letter. Mr Jamil also referencing Dr Clark’s letter to the Board quoted:</p> <p>“we very recently had nowhere to access dosette boxes for housebound patients. At present we do, but cynically we feel this is only to stave off a bid for another pharmacy and this again will not be available once the threat has passed”</p> <p>Mr Jamil went on to state that this provides context to recent survey responses and that a combination of both responses have to be taken together and not separately.</p>
<p>5.1.4</p>	<p>Mr Green enquired if he was correct in saying that Dr Green was not stating current difficulties in accessing dosette boxes for patients. Mr Jamil responded in relation to Dr Greens’ letter that this was the case but went on to note patients having difficulty in accessing these services noted in the recent survey.</p>
<p>5.1.5</p>	<p>Mr Green noted the Applicants reference to Inveraray as being a distance from Helensburgh enquired if it was a large town. Mr Jamil responded that he was unaware of the population of Inveraray.</p>
<p>5.1.6</p>	<p>Mr Green noted that he also did not know the population of Inveraray but that it was a lovely little village. Mr Green went on to note the Pharmacy in Inveraray and asked if the Applicant anticipated the Pharmacy there to being busy given its rural location. Mr Jamil responses that he believed that Inveraray Pharmacy were dispensing around 6,000 items per month.</p>
<p>5.1.7</p>	<p>Mr Green enquired if the Applicant was aware that Inveraray Pharmacy had marketed Helensburgh with leaflet drops to try and increase their business and solicit new patients offering dosette boxes. Mr Jamil confirmed of being aware of the marketing in the area noting that a number of patients had taken up Inveraray Pharmacy on their services which he feels illustrates the inadequacy of current services in the neighbourhood.</p>
<p>5.1.8</p>	<p>Mr Green enquired if there was a difference in people seeking Inveraray as a services provider or Inveraray seeking patients. Mr Jamil responded that nobody would choose to use a pharmacy 40-miles away unless they really required it.</p>
<p>5.1.9</p>	<p>Mr Green enquired if Inveraray Pharmacy were delivering prescriptions. Mr Jamil responded that he believed that they were offering deliveries.</p>
<p>5.1.10</p>	<p>Mr Green reflected on the previous query noting that patients we not having to travel 40-miles. Mr Jamil responded that there were some comments from people saying that they had to go to Inveraray to access stock but noted these comments were not clear if these were being delivered or not going on to note regardless that it was an 80-mile round trip to Inveraray.</p>

5.1.11	Mr Green noting the Applicants mention of a Mr Mathieson enquired what the problem was that Mr Mathieson was experiencing. Mr Jamil responded that Mr Edward Mathieson was having difficulty in obtaining blister packs and that he was using Inveraray Pharmacy.
5.1.12	Mr Green enquired if the Applicant would suggest the problem resolved if he learned that Mr Mathieson would be receiving a delivery from M&D Green from next week with his dosette box. Mr Jamil responded that the gentleman had been having trouble receiving blister packs for over two years as highlighted in the original submitted evidence and subsequent comments made by Mr Mathieson last week. However, Mr Jamil was glad that Mr Mathieson was finally receiving a blister pack after two years.
5.1.13	Mr Green noted the Applicants reference to unscheduled care being an invaluable service to patients enquired what volume Mr Jamil would expect to see for unscheduled care prescriptions through a pharmacy. Mr Jamil responded to state around 400 per month for unscheduled care prescriptions.
5.1.14	Mr Green noting Pharmacy First enquired if the Applicant knew what the average number of consultations per pharmacy in Scotland. Mr Jamil responded around 353.
5.1.15	Mr Green noting the Applicants references of the Minor Ailments Service and comparisons with the Pharmacy First Service enquired how the two services were remunerated. Mr Jamil responded that the Minor Ailments service had a limited eligibility criteria as opposed to Pharmacy First which is open to everyone residing in Scotland, noting during the time of the Minor Ailments Services pharmacies outputs were higher.
5.1.16	Mr Green enquired if the Applicant knew the formulary from which pharmacies could prescribe. Mr Jamil responded that he did not remember the specific formula but believed the Pharmacy First formula being larger.
5.1.17	For clarification to his previous point, Mr Green offered his knowledge of the formula for the Minor Ailments service as being all Pharmacy and General Sales Lists (P&GSL) medicines that were not blacklisted. Whereas Pharmacy First Service works from a limited approved list of selected products so significantly reduced and remunerated through activity and not registration. Mr Green, referencing the Applicants drawing comparison between the two services enquired if this was fair given his information. Mr Jamil responded to state that the number of people who could access each service should also be considered. Noting Pharmacy First was accessible to everyone residing in Scotland as opposed to Minor Ailments which had limited eligibility criteria.
5.1.18	Mr Green noting several references in the Applicants presentation of “nothing having had changed in the area”, sought clarity as to whether the additional market research was commissioned by the Health Board or the Applicant. Mr Jamil confirmed that it was himself who commissioned the independent

	market research company to undertake the survey with a view to understanding if current public opinion had changed.
5.1.19	Mr Green referencing question two in the recent survey: "... extent to which you agree or disagree: the already completed or proposed improvements to the current three pharmacies in Helensburgh will be sufficient to meet the demand to provide adequate service" enquired what information the Applicant provide respondents on this basis to enable references in the presentation of "nothing has changed". Mr Jamil responded to state that the marketing company did not provide any additional information to this question as it was not their job to do so.
5.1.20	Mr Green enquired how respondents were supposed to answer this question if they did not know what the changes were. Mr Jamil responded that firstly, some of the changes had already been made going on to add secondly, given the emphasis at the last hearing regarding these Mr Jamil felt it was reasonable to assume that interested parties would make residents aware of changes implemented or planned.
5.1.21	Mr Green enquired if he was correct in believing that the Applicant had made his own assumption that respondents to the survey would be aware that he (the Applicant) had not approached any of the interested parties to obtain updates and therefore the Applicant had surmised nothing had changed. Mr Jamil responded that it was not the survey company's job to inform respondents of any changes made by the interested parties. Mr Jamil also noted that all respondents were from Helensburgh and the area and any changes would be public information also.
5.1.22	Mr Green noting the location of the proposed premise as being "at the front door of the health centre" enquired if the Applicant still envisaged issuing 4500 prescription items as per the previous hearing. Mr Jamil confirmed that the number of items was expected to be around 4500-5000 items.
5.1.23	Mr Green noting the two existing pharmacies in Falkirk and Stirling and mention in the Applicant's presentation that both he and his partner would also work in this pharmacy enquired if this was still the case. Mr Jamil confirmed that was correct.
5.1.24	Mr Green noting the extended hours of the proposed pharmacy (0800-1800 hrs Monday to Friday and 0900-1800 hrs on Saturday), totalling 59 hours a week enquired if the Applicant and his partner were both going to work there. Mr Jamil confirmed this was the case, stating when he and his partner took over their current pharmacies, they work to exact same hours.
5.1.25	Mr Green enquired if the Applicant and his partner were going to take a salary. Mr Jamil refused to comment on this as he felt it had no relevance to the application.
5.1.26	Mr Green suggested that if a pharmacy with extended opening hours of 59 hours per week and issued 4500-5000 item with two independent prescribing

	<p>pharmacists may not be a viable business model. Mr Jamil responded that he did not agree with that statement and he and his partner were confident in their business plan noting they did not specifically need to take a salary if the application was granted.</p>
5.1.27	<p>Mr Green upon noting the Applicant and his partner having interest or owning two other pharmacies and if granted, this application being a third enquired if with further expansion Mr Jamil and Mr Frame would be committed to their roles in Helensburgh. Mr Jamil responded that he could not comment on hypotheticals.</p>
5.1.28	<p>Mr Green expanding on his previous query asked if the Applicant and partner were to move one, requiring the replacement of two prescribing pharmacists with salaried colleagues for 59 hours per week be viable. Mr Jamil reiterated he could not comment on hypotheticals noting if they were to move on, which they have no plans to do so, they would consider and implement the right course of action to ensure patients are served adequately.</p>
5.1.29	<p>Mr Green thanked the Applicant for providing drawings of the proposed premise noting reference at the previous hearing (September 2025) of a requirement for a ramp to enable access due to an existing step at the entrance. Mr Green enquired if the Applicant had yet applied for and achieved planning permission and building warrant. Mr Jamil responded that a pre-planning application had been submitted due to full planning and building warrants only being available for application once occupancy of the premise is confirmed.</p>
5.1.30	<p>Mr Green enquired if a result had been achieved following the submission of the pre-planning application. Mr Jamil responded that no result had yet been achieved.</p>
5.1.31	<p>Mr Green noted concern that neither planning permission nor building warrants had been secured to confirm the proposed premises would be DDA compliant should the application be successful. Mr Jamil responded to confirm that he had no doubt about the suitability of the proposed premise. Noting discussions with their architect, pharmacy shop fitters and builder, who were all confident that the proposed premise would be open and fully DDA compliant within six months.</p>
5.1.32	<p>Mr Green enquired what core and additional services the Applicant would provide that are not already available in Helensburgh. Mr Jamil responded that the core services which are available in Helensburgh at present are inadequate and he would allow people, who had left due to the inadequacy of access to services, to come back into the area to access services such as Acute Medication (AMS), Pharmacy First, Pharmacy First Plus, unscheduled care as well as some locally negotiated health board services.</p>
5.1.33	<p>Mr Green enquired if some of these were not currently available. Mr Jamil responded to state that current services were inadequate which the evidence demonstrates as not being available to all residents of Helensburgh.</p>

5.1.34	Mr Green noting there are currently three pharmacies in Helensburgh enquired if the Applicant believed them all to be busy. Mr Jamil responded to note that M&D Green pharmacy is the busiest in NHS Highland with Boots being in the top five with Rowlands dispensing around 4000 items per month.
5.1.35	Mr Green noting the numbers for Rowlands pharmacy enquired if the Applicant believed it to be a busy pharmacy. Mr Jamil responded that within NHS Highland there were 23 pharmacies that did lower numbers than Rowlands, so he believed it was slightly under average.
5.1.36	Mr Green noting the Applicants reference to Rowlands being under average, suggested this could not be classified as being busy. Mr Jamil confirmed that he would not say that Rowlands was particularly busy.
5.1.37	Mr Green enquired if the Applicant knew how far it was from Rowlands Pharmacy to M&D Green's. Mr Jamil responded that it was 0.2-0.3 miles.
5.1.38	Mr Green enquired if the Applicant had any idea how long it would take to walk such a distance. Mr Jamil responded it would take around four minutes to walk that distance for a person with no mobility issues.
5.1.39	Mr Green enquired if that was an unreasonable distance for someone to walk. Mr Jamil responded confirming examples in the CAR of residents saying that some patients it is difficult to access.
5.1.40	Mr Green noting that a three or four minute walk being unreasonable enquired what the Applicant felt was a reasonable distance. Mr Jamil responded that it was dependant on what residents felt and he himself did not have a definitive length of time.
5.1.41	Mr Green enquired if the Applicant has been to Rowlands Pharmacy recently. Mr Jamil responded that he had not.
5.1.42	Mr Green enquired if a car was required to visit Rowlands Pharmacy. Mr Jamil responded that he was not sure as had not been to Rowlands Pharmacy recently.
5.1.43	Mr Green noted M&D Green being the busiest pharmacy in Helensburgh and equidistant to the proposed premise as being the closest to the health centre suggested it was not unreasonable to suspect the Applicants' pharmacy becoming a busy location within Helensburgh enquired if the Applicant had any concerns that Rowlands, being a less than average busy pharmacy may tip them over the edge. Mr Jamil responded by referencing historic evidence of Helensburgh being served by four pharmacies previously until the small Boots closed was doing around 5000 items. Mr Jamil noted that that Boots pharmacy was approximately 100 metres from the proposed pharmacy noting the Rowlands Pharmacy was unaffected by this at the time.
5.1.44	Mr Green noting the reference to the location of the previous Boots Pharmacy enquired why the Applicant proposed to only receive a similar share of

	prescriptions as Boots did in the past which was noted as being approximately a third of M&D Greens volume enquired if the Applicant had any concerns if the application was successful it would have material impact on not just Rowlands pharmacy but on service delivery from the other pharmacies. Mr Jamil responded to clarify that the Boots Pharmacy that closed was across the road from M&D Greens and he did not have any concern of his pharmacy impacting on existing pharmacy services.
5.1.45	Mr Green had no further questions for the Applicant.
5.2	Questions from Mr Jamieson, Boots Pharmacy to Mr Jamil
5.2.1	Mr Jamieson enquired if the Applicant was the current holder of the lease for the proposed premise. Mr Jamil responded to confirm that they have a legal agreement that meant when the application is granted, they would take over the lease.
5.2.2	Mr Jamieson thanked the Application for the proposed layout plan and enquired that size the proposed premise was. Mr Jamil responded that it was 645 square feet.
5.2.3	Mr Jamieson noted the lack of scale on the Applicants layout plan enquired if there was a reason that the scale was not included in the diagram. Mr Jamil responded that the architect provided them with to enable the panel to see the proposed layout.
5.2.4	Mr Jamieson reflecting on the proposed layout enquired if the Applicant was confident that given the size of the proposed premise if the layout plans could be achieved. Mr Jamil responded that the architect and shop fitters whom they have worked with before are very good at utilising space so he was confident that it would be achieved.
5.2.5	Mr Jamieson reflected on the ramp requirement enquired if the Applicant knew how long it would take for a planning application to be process. Mr Jamil responded that he had been advised by his architect that it would be around 6-8 weeks.
5.2.6	Mr Jamieson noting the timeframe mentioned by the Applicant of being open and fully DDA compliant within six months enquired if Mr Jamil was confident in this being done. Mr Jamil responded that he was 100% confident.
5.2.7	Mr Jamieson noting references to the recent survey, not the CAR, enquired if it was the Applicant who had commissioned it. Mr Jamil confirmed that he and his partner had instructed an independent market research company to undertake the survey.
5.2.8	Mr Jamieson enquired how many responses were received to the Applicants independent survey. Mr Jamil responded that there had been 257 responses over three days.

5.2.9	Mr Jamieson noting the population of Helensburgh and the number of responses of the independent survey suggested that would be around 1.8% of the population and enquired if the Applicant felt it was a high volume of responses. Mr Jamil responded that he felt it was a good update over the three days.
5.2.10	Mr Jamieson noting an article which appeared in the Helensburgh Advertiser on the 4 th October requesting residents to email in with complaints and enquired if the Applicant believed this was where the 22 responses came from. Mr Jamil responded that he was not sure of this due to them being from different periods of time.
5.2.11	Mr Jamieson reflected that 22 responses seemed quite low compared to the population of Helensburgh. Mr Jamil disagreed with that suggestion noting the timeframes of the letters and emails being received and noted nothing like it had been seen previously in other Pharmacy applications to his awareness.
5.2.12	Mr Jamieson referencing the Applicants mention of the golf course potential development enquired if Mr Jamil knew if any developers were interested in the site presently. Mr Jamil responded that he believed the site was still up for sale at present.
5.2.13	Mr Jamieson noting references to the navel expansion queried if it was for 689 new houses. Mr Jamil responded to clarify it was 639 new accommodation units.
5.2.14	Mr Jamieson noting the Applicants correct number enquired where the evidence of this information was. Mr Jamil responded to state that he believed there was an article published regarding the development.
5.2.15	Mr Jamieson enquired if the Applicant had details of this article and had circulated it beforehand for review. Mr Jamil responded that he was not in receipt of the article but noted it was in the public domain and could be googled for reference.
5.2.16	Mr Jamieson noting the Applicant's reference to a letter received from Jacqui Baillie enquired if the Applicant would be surprised to know that Boots had written to Ms Baillie inviting her to visit Boots Helensburgh but at the time of the hearing has yet to accept. Mr Jamil responded that he was glad to hear that Boots had written to a local MSP in her role of Shadow Health Secretary but suggested the feelings of her constituents were evident in the letter.
5.2.17	Mr Jamieson noted that Carole-Anne McIlroy, Practice Manager at one of the GP surgeries (Millig Practice) visited Boots in August prior to the previous hearing, noting that she did not raise any concerns or issues during or following the visit. Mr Jamieson enquired if that was a surprise to the Applicant. Mr Jamil confirmed that this information was a surprise to him noting a letter received from the medical practice on the 11 th February

	illustrating the issues and challenges faced by the practice as well as residents.
5.2.18	Mr Jamieson noting the Applicants comment around a palliative care incident, a service which Boots hold with the local health board, enquired when this incident took place. Mr Jamil responded that the specific date was not available but noted the comment was raised as part of the Community Council survey (referenced as response 14) as well as included in the CAR.
5.2.19	Mr Jamieson noting the seriousness of the issue confirmed that Boots had no record of the incident or of being contacted in relation to it and enquired if this would surprise the Applicant. Mr Jamil responded that he was unable to comment regarding this.
5.2.20	Mr Jamieson reflecting on a query he raised with the Applicant at the previous hearing, whether Mr Jamil had any other applications to open a new pharmacy contract with NHS Highland or any other Board, enquired if the Applicant remembered his response. Mr Jamil confirmed that he responded that he did not.
5.2.21	Mr Jamieson enquired if that was accurate. Mr Jamil confirmed that this was accurate noting that it was Daniel Frame's pharmacy application which Mr Jamieson also attended.
5.2.22	Mr Jamieson offered clarity of those present that he was referencing an application with NHS Grampian for a community pharmacy at 31 Main Street, Inverallochy which listed both Mr Frame and Mr Jamil and enquired if the Applicant agreed. Mr Jamil confirmed that this was correct but noted the application was originally Mr Frame's application which following the Helensburgh hearing he added Mr Jamil onto which was shown in the CAR.
5.2.23	Mr Jamieson enquired if the Applicant was unaware that his business partner, Mr Frame, had put in an application for Inverallochy. Mr Jamil responded to confirm that he was aware of the application but at the time he was not involved in this at the time of Mr Jamieson's question.
5.2.24	Mr Jamieson referenced the NHS Grampian CAR was published at the end of August 2025. Mr Jamil responded that he was struggling to understand the relevance to this hearing and application.
5.2.25	Mr Jamieson noting the Applicants last response confirmed it was reasonable due to questioning the Applicant accuracy of the answer provided. Mr Jamil responded to confirm that it was Mr Frame's name on the CAR and Mr Jamil was included after the fact.
5.2.26	Mr Jamieson referencing the CAR where it was noted that Mr Frame met with the local community council of four occasions enquired if the Applicant joined Mr Frame to any of these meeting. Mr Jamil responded that he did not attend any of the meetings.

5.2.27	Mr Jamieson had no further questions for the Applicant.
5.3	Questions from Mr Khalid, Cardross Pharmacy to Mr Jamil
5.3.1	Mr Khalid noting the Applicants comments of service inadequacies enquired which NHS services were not being serviced in the neighbourhood. Mr Jamil responded to note that evidence of deficiencies in every core service can be seen from the newspaper article, the CAR, both recent surveys as well as the recent letters of complaint.
5.3.2	Mr Khalid enquired if the Applicant was able to provide objective data (i.e., waiting time measurements, prescription turnaround data, staffing analysis, capacity modelling) and not comments from the CAR. Mr Jamil responded that the surveys, one of which was conducted two weeks prior, included statistical data that current pharmacy service noted 81% of respondents felt that service was not adequate.
5.3.3	Mr Khalid referencing the Applicants independent survey of street marketing asked if Mr Jamil accepted that it only captured those people in the town centre at that moment and excluded commuters and those who use delivery services. Mr Jamil agreed that a street survey would only capture those in the street but noted that the survey conducted by the Helensburgh Community Council was available online for patients to access.
5.3.4	Mr Khalid referencing the Applicants independent survey which showed 38% of respondents were “neutral” on whether improvements to existing pharmacies would be sufficient enquired as to why the Applicant was presenting this data as evidence of inadequacy rather than uncertainty. Mr Jamil responded to state that the vast majority of respondents felt services to be inadequate reiterating that these are from people on the street and some would not know the answers unlike an online survey where you can think about the answers.
5.3.5	Mr Khalid rephrased his previous question for clarity to 38% of respondents were neutral on whether improvements to existence at pharmacies would be sufficient. You presented that as being inadequate rather than uncertain. How is neutral showing inadequacy. Mr Jamil responded that the vast majority felt that services would not improve with any pharmacy improvements.
5.3.6	Mr Khalid enquired if the Applicant was stating that being neutral shows inadequacy. Mr Jamil responded that results had to be looked at as a whole, the CAR, independent survey, letters and Community Council survey, the percentages absolutely show inadequacy.
5.3.7	Mr Khalid noting the Applicants survey which showed 7% of respondents said that the Boots closure had no impact, and 13% were unsure of any impact enquired why these voices were not reflected in the Applicants narrative. Mr Jamil responded this was due to it being a very small minority.

5.3.8	Mr Khalid enquired if the Applicant did not agree that even though it may be a small percentage that every person mattered. Mr Jamil confirmed that they do matter but that it was not the Legal Test which is whether services are inadequate which is apparent when taking all evidence as a whole into account.
5.3.9	Mr Khalid referencing the Applicants survey which claimed 95% confidence interval but only if the sample is random enquired if the Applicant could confirm that the people interviewing on the street constituted a random sample of the entire neighbourhood. Mr Jamil responded that the market research company had over 20 decades of experience and regularly conduct on-street surveys noting that he would trust the professionals.
5.3.10	Mr Khalid enquired if the Applicant agreed that dissatisfied people were more likely to take part in a street survey therefore creating a self-selection bias. Mr Jamil responded that he disagreed with the suggestion noting the market research staff did not know who they were interviewing and therefore it was a random selection of people on the street.
5.3.11	Mr Khalid enquired if the market research company conducting the on-street interviews did not inform interviewees that it was for a pharmacy application given the suggestion by the Applicant of the negativity in pharmacy services in Helensburgh. Mr Jamil responded that he did not accept that.
5.3.12	Mr Khalid noting mention by the Applicant that the percentage for 65+ is higher in Helensburgh than the Scottish average enquired if this age group was typically recognised as more frequent users of pharmacy services. Mr Jamil responded that he did generally agree with that.
5.3.13	Mr Khalid enquired if the Applicant knew what percentage of over 65-year-olds responded to his recent survey. Mr Jamil responded that 16% of over 65-year-olds had taken part in his recent survey.
5.3.14	Mr Khalid enquired why so few elderly residents responded to the Applicants survey. Mr Jamil responded that it was a random selection of who was on the street at the time so was unable to answer further regarding that.
5.3.15	Mr Khalid enquired if the Applicant had a current active lease for the proposed premise. Mr Jamil confirmed that a legal agreement was in place that they would occupy the unit once the application was granted.
5.3.16	Mr Khalid referencing the proposed layout drawing enquired as to why no scale was provided. Mr Jamil responded that the drawings had been provided by their architect.
5.3.17	Mr Khalid enquired how the panel were to be satisfied that the proposed premise was to meet standards when no dimensions or scale was provided. Mr Jamil responded that it is not part of the Legal Test for drawing nor drawing with scale to be submitted as part of an application going on to note that he is in contact with professionals (architect, builders and Pharmacy shop fitters)

	who are fully confident. Mr Jamil assured the Board that he would not waste their time for a premise that would not be fit for purpose nor his own time and funds.
5.3.18	Mr Khalid enquired if the Board was just to trust in the Applicant. Mr Jamil responded that he had provided plans for the Board to see.
5.3.19	Mr Khalid reiterated that the drawings provided had no form of scale or dimension present. Mr Jamil responded noting some pharmacy applications were submitted with no drawing submitted therefore scale is not a requirement.
5.3.20	Mr Khalid referencing the drawings enquired if the toilet area would be DDA compliant. Mr Jamil confirmed that discussions had been had with the architect and would be fully DDA compliant and open within six months of the application being granted.
5.3.21	Mr Khalid referencing the architect's drawing enquired why it appears that the toilet door appears to open inward instead of outwards as per the Equality Act 2010. Mr Jamil responded noting he was not an architect but have been assured that full DDA compliance will be met by his chosen architect reiterating that the drawing submitted was for illustration purposes of a proposed layout.
5.3.22	Mr Khalid referencing NHS Scotland's GP Premises Standards requiring adequate outlets to allow for safe staff movement and emergency exits noted a narrow space in the dispensary and apparent lack of storage in the drawing enquired if this would be an issue for a Pharmacy that is likely to do upwards of 10,000 items. Mr Jamil disagreed with this statement noting he has instructed professionals regarding this and is confident of the outcome.
5.3.23	Mr Khalid referencing the drawing noted a hatch that is present from the dispensary outward and enquired how this satisfies the NHS Scotland GP Premises Standards for a private and confidential consultation area. Mr Jamil confirmed the presence of a consultation room noting that if a private and confidential consultation was required, it would be taken in the consultation room.
5.3.24	Mr Khalid enquired that would happen if the Applicant was doing a consultation at the hatch. Mr Jamil responded that consultations would not be carried out at the hatch and noted the drawing was for illustration purposes to show that there could be a door to prevent access to the corridor.
5.3.25	Mr Khalid noting the Applicants previous answer enquired if he was correct in believing that there was currently no door by the hatch. Mr Jamil reiterated that the drawing was for illustration purposes and not confirmed plans.
5.3.26	Mr Khalid enquired if the Applicant felt there was a risk of patients overhearing conversations by the hatch. Mr Jamil responded that consultations would

	take place in the consultation room but noted that if there was to be a hatch then there could be a door at the start of the corridor.
5.3.27	Mr Khalid referencing the loading of the 24-hour prescription point having to take place in the waiting area enquired if the Applicant agreed that confidential information may be at risk with patients watching the loading of the machine. Mr Jamil responded that he did not agree referencing that he has an existing 24-7 collection point in his current pharmacy with the same setup.
5.3.28	Mr Khalid noting the Applicants existing routine in pharmacy when loading the 24-7 collection point enquired if concern was raised of patients looking and seeing other patients details and addresses. Mr Jamil responded that it was not necessary to load when patients were there as could be loaded at an appropriate time.
5.3.29	Mr Khalid suggested that there was a risk there. Mr Jamil did not agree.
5.3.30	Mr Khalid enquired if the Applicant envisaged more than one staff member being on lunch at any one time noting the small space and fridge door opening outwards. Mr Jamil responded that he was struggling to see the relevance in this query to the Legal Test.
5.3.31	Mr Khalid referencing work time regulations for all staff being entitled to breaks and noting the small staffing area for a suggested busy pharmacy enquired if the Applicant envisaged more than one staff member being on break at any one time. Mr Jamil responded that staff had the choice of taking their break in the premise or elsewhere noting that the consultation room could be available for this also if not in use reiterating that this was not part of the Legal Test.
5.3.32	Mr Khalid referencing the Applicants mention of building developments in Helensburgh enquired if the Applicant was aware that the golf course development was rejected. Mr Jamil confirmed awareness of this noting that it was referenced to show the panel that Helensburgh is a developing area with the Alder Gate and Duchess Gait sited bringing people into the area now who require adequate access to service within the neighbourhood.
5.3.33	Mr Khalid noting the Applicants reference to Cardross Pharmacy being unable to service patients coming from Helensburgh enquired if he was correct in understanding this statement. Mr Jamil responded that he said Cardross Pharmacy could not address inadequacies as patients were leaving the area to access pharmacy services noting Garelochhead and Inveraray.
5.3.34	Mr Khalid referencing the Applicants mention of Inveraray enquired if Mr Jamil would be surprised to know that Carole-Anne, the Millig Practice Manager had informed him directly that the owner of the Inveraray Pharmacy had been doing door to door canvassing in Helensburgh for new patients. Mr Jamil responded that regardless if that was the case, if services in Helensburgh

	was adequate then patients would not choose to use a pharmacy 40 miles away.
5.3.35	Mr Khalid enquired if the Applicant believed a substantial amount of the population used the pharmacy in Inveraray. Mr Jamil responded that it has increased to 8.6% since the last hearing.
5.3.36	Mr Khalid enquired if 8.6% was a substantial amount. Mr Jamil responded to say that any amount going to Inveraray Pharmacy, 40 miles away is a substantial amount.
5.3.37	Mr Khalid enquired how soon after the CAR was completed did the Applicant have an idea whether to proceed with the Application. Mr Jamil responded that he believed that within six weeks was ideal.
5.3.38	Mr Khalid asked for clarification from the Applicant if this was when he had an idea to proceed with the Application. Mr Jamil responded that he was not sure of the exact time frame.
5.3.39	Mr Khalid noting mention at the previous hearing as to whether the Applicant had any other pharmacy applications for NHS Highland or other health boards asked for confirmation that confirmation of another pharmacy application. Mr Jamil reiterated his explanation to Mr Jamieson that he did not have another application at the time. Noting the application was in Mr Frame's name and Mr Frame attended all the Community Council meetings. Mr Jamil noted he was added to the Applicant after the fact.
5.3.40	Mr Khalid enquired if the Mr Jamil was still part of the Application in question. Mr Jamil responded that the application was rejected so was not relevant.
5.3.41	Mr Khalid had no further questions for the Applicant.
5.4	Questions from Ms Cunningham, Rowlands Pharmacy to Mr Jamil
5.4.1	Ms Cunningham enquired if the Applicant believed that dispensing volume was a direct measure of Pharmacy First activity. Mr Jamil responded that he did not.
5.4.2	Ms Cunningham enquired if the Applicant believed that Pharmacy First activity was a direct indicator of service success and efficiency. Mr Jamil responded to an extent he did agree.
5.4.3	Ms Cunningham enquired if the Applicant accepted that demographics could alter Pharmacy First activity and the demand for that service. Mr Jamil confirmed that he accepted this.
5.4.4	Ms Cunningham enquired if the Applicant would be surprised to know that in an estate of 75 pharmacies in Scotland, Rowlands have 25% that do similar activity for Pharmacy First to that of their Helensburgh store but do an excess of double the dispensing volume. Mr Jamil acknowledged the information but

	noted it was about the promotion of services and how patients felt they were not receiving Pharmacy First services.
5.4.5	Ms Cunningham interjected to remind the Applicant that Pharmacy First cannot be advertised and any promotion of such is restricted to health board material only. Mr Jamil responded to state that it is about letting patients know what services pharmacies can help with.
5.4.6	Ms Cunningham referencing previous questions around space in the proposed premise specifically around staff breaks and the Applicant suggesting that the consultation room could be used for these enquired whether the Applicant did not agree that the Consultation Room should be a clinical space. Mr Jamil confirmed that it should be a clinical space nothing that if it was used for staff then it would be cleaned and disinfected afterwards.
5.4.7	<p>Ms Cunningham referencing highlighted comments from the CAR by the Applicant that it was impossible to speak to a pharmacist or provide Pharmacy First consultations due to them being too busy enquired if the Applicant accepted that if his staff used the Consultation Room to mitigate space issues that he could potentially be in the same perceived problem as the other pharmacies. Mr Jamil responded to acknowledge the point noting that was an example to keep staff to staffing areas and would not always be in the consultation room.</p> <p>Mr Jamil went on to note from personal experience having worked in many pharmacies of similar size or smaller than the proposed premise with no sight of issues regarding space within them.</p>
5.4.8	Ms Cunningham noting the Applicants final response to the previous question suggested that the idea of space could be subjective. Mr Jamil responded to agree that space could be subjective but noted when looking at square footage also that was not subjective noting the square footage of the Rowland Pharmacy in Helensburgh being similar to that of the proposed unit.
5.4.9	Ms Cunningham referencing earlier comments around an article regarding military housing and investment made to this enquired if the Applicant had any data to how many military houses were empty or decommissioned in relation to the military's modernisation programme. Mr Jamil responded that he did not have that information to hand.
5.4.10	Ms Cunningham to enable context regarding the information included in the article regarding the military base noted 639 single living accommodations at Faslane which were built in four blocks noting 300 of those single bed spaces being used for on-site trainees undergoing training perspective of those trainees being deployed enquired if the Applicant was aware of this. Mr Jamil confirmed he was aware of this information noting it was not the focus of his argument which was to show that Helensburgh being an area that is bringing people into it.
5.4.11	Ms Cunningham had no further questions for the Applicant.

5.5	Questions from Mr Foy, Helensburgh Community Council to Mr Jamil
5.5.1	Mr Foy noting that the Community Council being very aware of experiences within Helensburgh and the services within enquired from the Applicants experience elsewhere, how did the emergency services compare with other areas that Mr Jamil has worked in. Mr Jamil responded that from his experience locuming as well as owning that he has not seen anything like it. Have not seen people leave their neighbourhood to travel 8.5, 15, 40, 80 miles round trips to access pharmacy services noting when reviewing the evidence provided inadequacies across every core service in Helensburgh can be seen. Referencing recent letters submitted to the Board where one lady complains she would have been better off bringing a sandwich, flask and sleeping bag if you were going to wait for your prescription from Boots highlighting how long patients have to wait. Going on to note another letter referring to M&D Greens stating that for the past six months the queues having been so bad she had given up collecting her medication as her disability prohibited her from standing for long periods of time. Reiterating that services are completely different from anything he has experienced.
5.5.2	Mr Foy enquired as to whether it was common for people in other areas to travel outside a town the size of Helensburgh to access Community Pharmacy services. Mr Jamil confirmed that it was not common, especially for an area like Helensburgh which is a focal point and attracts people into it, you would therefore not expect people to need to leave the area to access adequate pharmacy services.
5.5.3	Mr Foy enquired as a non-pharmacy nor medical services expert enquired if it was common in pharmacies is it for consultation between patients and pharmacist to take place on the shop floor over a counter. Mr Jamil responded that confidential consultation should not be done over the counter noting it should be carried out in a private, confidential space noting that evidence provided to the board that this was not the case in Helensburgh due to capacity issues and staff not having the time, 10-15 minutes to take patients into a consultation room, so is taking place over the counter for efficiency due to being so busy.
5.5.4	Mr Foy had no further questions for the Applicant.
5.6	Questions from Mr Mathieson, Area Pharmaceutical Committee to Mr Jamil
5.6.1	Mr Mathieson noting that the Applicant commissioned the recent survey enquired as to who developed the questions for this. Mr Jamil responded that he and Mr Frame provided the independent market research company with a list of questions which they decided on which ones to use.
5.6.2	Mr Mathieson referencing the report provided to the wider group noted that the Area Pharmaceutical Committee that the independent researchers had not provided date evidence as to when the survey was done, noting that the Applicant had mentioned it being over three days enquired as to what

	assurance the Applicant could provide that the research was undertaken. Mr Jamil responded that he could provide this information to the Board if required but noted that the survey was carried out on the 6 th , 7 th and 9 th February 2026.
5.6.3	Mr Mathieson noting reference in the Applicants presentation of unscheduled care enquired if he understood him correctly that he said it was a core service. Mr Jamil confirmed that he had said this.
5.6.4	Mr Mathieson enquired if unscheduled care was a core service or national service and therefore not part of the core contract. Mr Jamil responded that he believed it was a core service but would look it up.
5.6.5	Mr Mathieson offered his understanding that unscheduled care was a national service and not part of the core contract. Mr Jamil thanked Mr Mathieson for this information.
5.6.6	Mr Mathieson noting the Applicants proposed premise floor plan noted concerns raised at the Area Pharmaceutical Committee that it appeared that the staffing area was next to the dispensary sink and enquired if it was to be expected that the medication requiring preparation such as liquid antibiotics would be used at the same sink for the staff area and if this was a cause of concern for the Applicant. Mr Jamil responded that it would have been a major concern but would not be the case as the plans were just for illustrative purposes and would be rectified prior to opening.
5.6.7	Mr Mathieson had not further questions for the Applicant.
5.7	Having established that there were no further questions from the Interested parties the Chair invited questions from the Committee members.
5.8	Questions from Mr Higgins, Pharmacist included in the Pharmaceutical List to Mr Jamil.
5.8.1	Mr Higgins referencing the 24-hour collection robot in the Applicant plans and previous mention of limited floor space enquired which model the Applicant was going to be using. Mr Jamil responded that it was the compact one for this pharmacy.
5.8.2	Mr Higgins enquired when the 24-hour collection robot would be loaded due to it being in the retail area of the pharmacy. Mr Jamil referenced the device at his Falkirk pharmacy which was loaded at the start and end of the day when no or few patients were around to maintain confidentiality which was important to him.
5.8.3	Mr Higgins noting the Applicants previous references to the importance of confidentiality enquired what sort of interactions were being envisioned in the service hatch area identified on the drawing as the blue hatched area. Mr Jamil reiterated the drawing was for illustration purposes but if it was referencing the corridor then a door could go there to block this off therefore making it more private so the hatch could be if someone wanted to ask the

	pharmacist a question or seeking some quick advice as happens at his Falkirk pharmacy but that a dedicated consultation would only take place in the consultation room.
5.8.4	Mr Higgins noting references in the CAR of interactions, visits and communication with several local groups in Helensburgh enquired if there was any representation of members from NHS Highland in attendance. Mr Jamil responded that he had information NHS Highland of the public events that he would be attending as an invited participant.
5.8.5	Mr Higgins noting the Applicants previous response noted that visits to opticians or the GP Practices were not public events. Mr Jamil apologised having forgotten about those activities.
5.8.6	Mr Higgins referencing the CAR of the leaflet / flyer which was distributed enquired if the wording used had been agreed with NHS Highland. Mr Jamil responded that it has been produced by themselves and submitted to NHS Highland.
5.8.7	Mr Higgins referencing comments around Inveraray Pharmacy enquired if the Applicant considered it unusual for a pharmacy to seek to delivery pharmaceutical services at a distance into a populated large area such as Helensburgh for commercial or business reasons. Mr Jamil responded that he found it very unusual given the distance especially with the uptake that Inveraray Pharmacy has received.
5.8.8	Mr Higgins had no further questions for the Applicant.
5.9	Questions from Mr Manson, Pharmacist included in the Pharmaceutical List to Mr Jamil.
5.9.1	Mr Manson enquired which pharmacies Mr Frame had worked in as a locum and ask when this was. Mr Jamil responded that Mr Frame had worked at Gordons Pharmacy for a handful of shifts between 2021-2023.
5.9.2	Mr Manson sought to clarify that Mr Frame had been a Locum for pharmacies in Helensburgh at this time. Mr Jamil confirmed this.
5.9.3	Mr Manson enquired what Mr Frame has seen whilst locuming in Helensburgh that made the Applicant and Mr Frame think it would be a good place to open a pharmacy. Mr Jamil noted that Mr Frame had witnessed the demand for pharmacy services in the area and were shocked when they heard that Boots had closed a store.
5.9.4	Mr Manson enquired if the Applicant would have been duty bound to publish his survey results had they not been favourable. Mr Jamil confirmed that they would have published the results to highlight how residents felt regardless of whether it was favourable to this application or not.
5.9.5	Mr Manson noting references previously of the Community Council having also conducted an independent survey enquired for his own clarity as to

	whether these were two separate surveys. Mr Jamil confirmed that was correct.
5.9.6	Mr Manson noting the Applicants reference to 639 naval houses and access to military healthcare enquired if access to pharmacy was included within their healthcare provision. Mr Jamil confirmed that military healthcare does include pharmacy.
5.9.7	Mr Manson on noting access to military pharmacy enquired if the Applicant expected military personnel to be active users of pharmacies. Mr Jamil responded that when in the community, military personnel would have access to Pharmacy First services as well as their families who would solely access community pharmacy services due to not having access to military pharmacies.
5.9.8	Mr Manson enquired if they would be issued with CHI numbers. Mr Jamil confirmed that the family members would.
5.9.9	Mr Manson enquired if the Applicant knew if any of the practises in Helensburgh accepted private diagnosis of ADHD and prescribed the medicines on the NHS or is there a lot of private prescribing of that. Mr Jamil responded that he was not sure regarding this.
5.9.10	Mr Manson enquired if the Applicant was going to provide Tandy or Enzalutamide from the pharmacy. Mr Jamil responded that if there was a requirement for these then yes.
5.9.11	Mr Manson referencing comments made of a patient going to Dumbarton for a specific brand enquired if the Applicant had any further details no this as to which wholesaler may have had the items required that was not available in Helensburgh. Mr Jamil noting that the comment was made in the recent survey but had no specific information regarding this ask but noted that it was part of a common theme for patients needing to leave the area for specific items due to stock shortages being rife in Helensburgh.
5.9.12	Mr Manson noting references to Inverurie Pharmacy enquired if the Applicant knew if they delivered dosette boxes once a week or four weeks in one go for their patients. Mr Jamil responded that he did not know.
5.9.13	Mr Manson enquired of there were safety concerns around Inverurie Pharmacy suppling dosette boxes to patients in Helensburgh of medication needs to change urgently. Mr Jamil confirmed that he felt there was a magnitude of safety concerns with them (Inverurie Pharmacy) being so far away which was highlighted in the GP Practices letter of support. It would be difficult to make a change quickly with the Pharmacy being 40-miles away which is a two-hour round trip.
5.9.14	Mr Manson noting around 300 items being dispensed from Davidson Pharmacy in Garelochhead which originate from Helensburgh Practices enquired if Garelochhead Medical Practice was at capacity for new patients or can people still register in Helensburgh. Mr Jamil responded that to his

	knowledge Garelochhead Medical Practice was not at capacity and residents of Garelochhead were registered there.
5.9.15	Mr Manson enquired if a resident was to move from Helensburgh to Garelochhead would they be forced to deregister from the Helensburgh practices. Mr Jamil responded that he was unable to say for sure.
5.9.16	Mr Manson enquired what the capacity was for the compact 24-hour collection robot. Mr Jamil responded that he believed it was around 40.
5.9.17	Mr Manson enquired if there could be scope to install a larger collection unit if it became popular. Mr Jamil responded to state that the property next door to the proposed unit had become available and they were in talks with the agent to take up occupancy as well as the proposed unit if this application is granted which would enable a bigger collection unit in the second unit if here was demand.
5.9.18	Mr Manson enquired if staff at the Applicants Falkirk location generally ate their lunch within the pharmacy. Mr Jamil responded that 90% of the time the staff leave the pharmacy.
5.9.19	Mr Manson enquired if the Applicant served methadone through the hatch at his Falkirk pharmacy. Mr Jamil confirmed that he does.
5.9.20	Mr Manson enquired what the height of the step at the proposed unit currently was. Mr Jamil responded to note it was approximately 15 centimetres.
5.9.21	Mr Manson noting the requirement of a one in 12 gradient for a ramp enquired if there was enough space if permission on the pavement was declined. Mr Jamil noted that this had been mentioned by his architect and that they would be able to do this.
5.9.22	Mr Manson noting the space allocated for retail in the proposed pharmacy enquired if the Applicant was expecting to compete with Boots on a retail front. Mr Jamil agreed that the space allocated to retail but noted this provided flexibility enabling the dispensary to be larger.
5.9.23	Mr Manson had no further questions for the Applicant.
5.10	Questions from Ms Cameron, Pharmacist not included in the Pharmaceutical List to Mr Jamil.
5.10.1	Ms Cameron noting numerous comments made by the Applicant of stock shortages impacting on patients in the local area enquired if there were any geographic or managerial logistical challenges that daily stock deliveries would not be expected. Mr Jamil responded to note GP practices have raised issues on common medication like amlodipine and penicillin which were not occurring before the closure making it appear like pressures and extra work demands causing the issues with stock. Mr Jamil also highlight that

	geography is not the issue as patients are leaving to neighbouring villages, Cardross and Garelochhead, and accessing these medicines there.
5.10.2	Ms Cameron noting that the proposed premise layout was for illustration purposes did raise a concern that the door appeared to be opening into what is your queuing area especially if the introduction of a ramp was required into the premise enquired if the Applicant had thought about this. Mr Jamil responded to note that he as spoke to his architect at length regarding this and one way around it was to install an automatic sliding door.
5.10.3	Ms Cameron noting comments regarding supervised consumption of methadone enquired if it would be the Applicants intention that that would be served at the hatch or in the consultation room. Mr Jamil responded to confirm that methadone consumption would only be served in the consultation room as the serving from the hatch is in Falkirk which is within a private area.
5.10.4	Ms Cameron based on the Applicants previous response noted concern for staff safety if they were potentially having to walk through a queue, waiting area with methadone to them walk to the other end of a corridor to a consultation room. Mr Jamil thought back to some pharmacies he had worked in that this was the case and noted he would review this as it was not the best.
5.10.5	Ms Cameron referencing the illustration of the proposed pharmacy layout noted that it appeared that the consultation room would only have one door and that a pharmacist may have to pass a potentially threatening patient to exit the room enquired from a staff safety perspective if this had been considered. Mr Jamil reflected back on other pharmacies he had worked in with similar situations would have a panic button within the consultation room.
5.10.6	Ms Cameron enquired about the appropriateness of having a toilet opening directly into what could potentially be an area where medicines are being extemporaneously dispensed or potentially a food storage area due to no physical separation between the areas. Mr Jamil conceded the point and noted he would sit down with the architect to discuss the best ways to resolve this. Mr Jamil noting the earlier discussion with Mr Manson regarding the availability of the unit next door mentioned that they could have the toilet in the other unit also.
5.10.7	Ms Cameron had no further questions for the Applicant.
5.11	Questions from Mr O'Brien, Chair to Mr Jamil.
5.11.1	Mr O'Brien reflecting on Mr Green's earlier note of the proposed pharmacy being open 59 hours per week sought clarification as to whether this meant a pharmacist being onsite during this and if so, would it be one or at times two pharmacists present. Mr Jamil responded to confirm they had planned that both he himself as well as Mr Frame would be the pharmacists onsite during the opening hours.

5.11.2	Mr O'Brien reflecting on the Applicants suggested 4000-5000 items per month enquired how much pharmacist time would this require. Mr Jamil responded to note that it would be difficult to put a definitive time onto this but noted that the prescription volume would not be the sole focus of the pharmacist enabling consultations and time with patients whereby Mr Jamil and Mr Frame would be great additions to the services in Helensburgh.
5.11.3	Mr O'Brien reflecting on Pharmacy First being a walk-in service for patients requiring no appointment enquired what degree of confidence the Applicant had that they would always be able to respond to those individuals seeking help and advice. Mr Jamil, noting his current pharmacy in Falkirk where he is an independent prescriber offering the Pharmacy First Plus service which is also a walk-in basis noted a phenomenal benefit to the community which we plans to maintain and bring to Helensburgh.
5.11.4	Mr O'Brien reflected on references of members of the community having to make repeated visits to pharmacies or leaving the area to get prescriptions filled enquired how the Applicant could assure the Committee that they would not be changing the location of a problem. Mr Jamil responded to confirm that he wanted to limit prescription balances noting occasional National stock shortage issues and noted implementation of good stock control and access to multiple suppliers as per their current business models in Falkirk and Stirling resulting in twice daily deliveries enabling them to draw upon difference people to access stock resulting in patients not being required to make multiple trips.
5.11.5	Mr O'Brien noting existing commitments in Falkirk and Stirling and if this application was successful enquired if the delivery model would be direct to store or via a supply hub. Mr Jamil noted that they do not use the hub and spoke model confirming that delivery would continue to be be to each individual pharmacy.
5.11.6	Mr O'Brien had no further questions for the Applicant.
5.12	Questions from Mr Townsend, Lay Member to Mr Jamil.
5.12.1	Mr Townsend referencing the Applicants presentation sought clarity as to what the 90% statist was related to. Mr Jamil responded that it was in relation to the last question of the CAR which asked, "do you support this application".
5.12.2	Mr Townsend referencing the previously established demographic of the area as being aged as well as pharmaceutical intelligence data provided enquired if the Application accepted that his recent survey, of which only 16% of those questioned being over 65's in a population of 25% in this age range, did not reflect the whole population breakdown. Mr Jamil agreed going on to note that the survey along with the Community Council survey and CAR had to be taken collectively and not as a standalone.
5.12.3	Mr Townsend had no further questions for the Applicant.

5.13	Questions from Mr Cronie, Lay Member to Mr Jamil
5.13.1	Mr Cronie referencing the recent independent survey report which stated 257 respondents and the statement provided by the research company, Taylor McKenzie noted 256 responses enquired how the Applicants could explain difference regarding the numbers. Mr Jamil responded to clarify that the first question asked by the independent market research company was, do you use pharmacy services and if the answer was no, then the questionnaire would not proceed, and this was the case with one person resulting in the discrepancy noted.
5.13.2	Mr Cronie referencing earlier comments regarding the proposed premise layout and potential of the premise next door enquired that should the application be granted the layout provided could be completely different from that which has been provided at this time. Mr Jamil responded that it would resemble the illustration provided as no structural changes are required.
5.13.3	Mr Cronie referencing the Applicants previous answer of no structural changes being required enquired if the dotted line from the full height unit adjacent to the entrance and that of the unit backing onto the checking bench was illustrative of a wall that is to be potentially removed. Mr Jamil responded to it was not noting that the area was all open plan at present.
5.13.4	Mr Cronie had no further questions for the Applicant.
5.14	Questions from Ms Rugman, Lay Member to Mr Jamil
5.14.1	Ms Rugman referencing the Applicant and partner being prescribing pharmacist enquired what this means and also whether there were other prescribing pharmacists in the existing pharmacy provision. Mr Jamil responded to clarify that this enabled the delivery of Pharmacy First and Pharmacy First Plus services meaning that they went back to University to be trained in prescribing medicine, which is Pharmacy First Plus, for minor common clinical conditions like chest / throat / ear / nose infections which are a lot of the things a Community Pharmacy sees on a daily basis. Mr Jamil went on to note that he believed there was one other independent prescriber in the area.
5.14.2	Ms Rugman, reflecting on the Applicants note of one other independent prescriber in the area enquired if the Application was successful then you would both bring that addition into Helensburgh. Mr Jamil confirmed this.
5.14.3	Ms Rugman enquired if the Applicants had any relations with care homes in the area. Mr Jamil responded that it was important to have good relationships with all aspects of care, including care homes noting that he has been in contact with the practice manager at Morar Living, one of the largest care homes in Helensburgh, who shared their experience since the Boots closure and highlighted issues currently experiencing who also provided the Applicant with a letter of support which was included in the pack.

5.14.4	Ms Rugman had no further questions for the Applicant.
5.15	Following the conclusion of the Applicants submission and questioning, a break for lunch (37 minutes) was called at 1253 hrs and resumed at 1330 hrs.
6.	Submission from Mr Green, M&D Green
6.1	Thank you, Chair, and good afternoon, panel. Thanks for the opportunity to present again.
6.2	So, we find ourselves here today on the instructions of a National Appeal Panel to reconsider the application originally determined on the 3rd of September last year as the appeal, on the grounds of an improperly constituted PPC, were upheld. That improper constitution being that there was an additional non-list pharmacist on the panel, creating an imbalance between pharmacist and lay member representation.
6.3	The Chair of the National Appeal Panel did not find fault with the consideration of adequacy, the application of the legal test, balance of evidence presented or the decision itself. However, I intend to present the case on behalf of M&D Green in full to afford this newly constituted panel full and up-to-date information for them to make a reconsideration.
6.4	If I can quickly skip over some of the things that I think are non-contentious, the neighbourhood, I would like to begin, as the neighbourhood itself, I accept the neighbourhood as defined in the consultation analysis report. So hopefully you will not require me to define that.
6.5	In terms of the population statistics regarding the neighbourhood, the population estimates for Helensburgh as presented in the car, according to the 2022 National Records of Scotland, are 13,230.
6.6	Online, it kind of depends on which registers you are looking at here, but online, according to the general records of Scotland, the 2022 census figure is 14,127. That same record states the population at both the 2001 and 2011 census states. 2001 has 14,710 and in 2011, 14,220. So, over the past 20 years, the population would appear to be relatively static, if not decreasing very slightly over that 20-year period.
6.7	In terms of age structure or demographics of that population, according to the most recent information: <ul style="list-style-type: none"> • young people classed as aged 0-17, sits at 2591, which is 18.3% and slightly below national average of 20%. • Working aged people classed as aged 18-64 at 7,930 or just over 56%. Again, just slightly under national averages, which sits around about 60. • And those over 65, where the figure is 3,601 and close to 25%, which is slightly more than the national average.
6.8	Using statistics from the Scottish Index of Multiple Deprivation, which ranks small areas by deprivation and considers seven different domains (income,

	employment, education, health, access to services, time and housing), ranking one as most deprived and 6,976 as least deprived. Helensburgh is defined by 20 such data zones.
6.9	A breakdown of these data zones establishes that 13 of them, amounting to 65% of the population of Helensburgh, is within the top 40%. Only three zones sit within the bottom 20.
6.10	Statistics would suggest that Helensburgh has a relatively stable population of largely working aged people, with most of the population in the top 40% by deprivation, or more appropriately termed, an affluent sector of society. This is not surprising, as Helensburgh's history recognises the arrival of the Helensburgh, Dumbarton, Glasgow railway line as the catalyst for its population in the mid-19th century.
6.11	Helensburgh is an affluent commuter town, not a deprived neighbourhood.
6.12	Currently, Helensburgh is provided by three pharmacies, ourselves, Boots and Rowlands. All within the town centre, within about two-300 yards of each other.
6.13	Additionally, pharmacies in Garelochhead and Cardross will support patients living in those villages, but accessing GPs, dentists, opticians in Helensburgh.
6.14	These population figures provide for approximately 4,400 of population per pharmacy, which in my opinion and experience is about right to sustain an average pharmacy. Introducing a fourth pharmacy pushes this figure down closer to 3000, 3300, which delivers less than the volume necessary to sustain an average pharmacy. This, of course, is assuming an equal distribution of patients which will have a factor and perhaps had a factor on the closure of the Boots branch in November 2024.
6.15	As I am sure we will hear more of later, proximity to a GP practise has a significant impact on how patients choose a pharmacy and will rarely achieve an equal distribution of patients in a town. In Helensburgh, even with three pharmacies, one of them, the farthest from the health centre, remains a low-volume pharmacy.
6.16	M&D Green acquired the entire share capital of D Shannon Stewart Limited, the trading company of Gordon's Chemist Scotland Limited, on the 1st of March 2025.
6.17	For the purposes of this application, the timing has not been helpful, as a public consultation concluded only six days after completion, and respondents will not have the opportunity to experience the changes implemented and planned by ourselves as the owners.
6.18	On acquisition, Gordon's Chemist was managed by a full-time pharmacist, supported by regular locums Monday to Friday. M&D Green have appointed

	<p>a second full-time pharmacist providing two regular pharmacists five days a week:</p> <p>Emma, who joined the team on day one as a prescribing pharmacist.</p> <p>Catriona, who has been at the Pharmacy for 18 years, is nearing the end of her IP training, have been completed to date 60 hours of shadowing with her DPP, Neil, the practise pharmacist at the Millig Practice, and two of their advanced Nurse practitioners and also 16 hours at the McLaren Practise split between nurse practitioners again and the partners themselves.</p>
6.19	<p>Catriona has been at the practise once or twice almost every week since October, apart from through Christmas, spends tea breaks and lunch breaks in the staff room with the practise team, including GP partners.</p>
6.20	<p>Not one concern has been raised about Pharmacy services in that five-month period.</p>
6.21	<p>Despite Catriona's enthusiasm under the previous ownership, Gordon's Chemists, Catriona was advised that there was no funding to support her prescribing ambitions. Since M&D Green have taken over, all pharmacists prescribing has been supported and encouraged.</p>
6.22	<p>The Pharmacy is now also registered with NES as a training site and hosts a foundation year pharmacist.</p>
6.23	<p>Ailey will qualify in August, as soon as she passes her exams, and Aileen will also qualify as a prescriber.</p> <p>Ailey has also completed 20 hours of shadowing with Neil, the practise pharmacist at the Millig Practice.</p>
6.24	<p>Currently, having two pharmacists in the pharmacy allows for staggered lunch breaks, which ensures there is a pharmacist available through the full opening hours of the pharmacy.</p>
6.25	<p>There are no lunchtime closures.</p>
6.26	<p>All staff training achievements have been assessed since the acquisition and further development planned to produce two ACTs to support the two pharmacists.</p>
6.27	<p>All staff are encouraged and supported to achieve and maintain the highest learning opportunities appropriate to their designation.</p>
6.28	<p>On acquisition, there were 10 staff employed at the pharmacy. Despite losing two staff since taking over, we now employ a total of 17 staff, significantly improving the resilience and capacity of the team.</p>
6.29	<p>Regular enhanced staffing capacity will allow the pharmacist time to dictate to patient advice and consultations. Now that the Pharmacy First activity funding has been introduced and phase two of our refurbishment plans</p>

	complete, providing access to a spacious treatment room, photographs of which I have supplied in advance., we have now had meetings with both practise teams at Millig and McLaren and Partners in the medical centre with a view to assisting them with their caseload for a number of common conditions.
6.30	Albeit at very early stages, the McLaren Practise has agreed to triage appropriate patients to our prescriber and has visibility of our appointments calendar to book patients directly.
6.31	A pharmacist backfill will be provided to protect time for a prescriber to dedicate consultations that are booked through the recently launched M&D Green app or triaged from the GP Practice.
6.32	M&D Green have also introduced a dedicated delivery van and drivers to support those patients that have difficulty attending the pharmacy. This comprehensive delivery service is advertised on our digital media screens in the Pharmacy and service leaflets available at the counter and through a leaflet drop of the wider area.
6.33	The space, which we have spoken about a lot this morning, has become critical in delivering our evolving Pharmacy contract in Scotland and Gordon's chemists were experiencing constraints at their premises at 52 Sinclair Street, as such, they acquired the adjacent property at 52A Sinclair Street.
6.34	However, the two units are separated by a close accessing the residential property above. They are two distinct units. To combine the units, required construction of an extension to the rear of both units into a former courtyard. This required careful design, planning permission and a building warrant, all of which Gordon's chemist attained, but due to the considerable cost involved and their intention to exit the market, they did not progress with this work.
6.35	Despite M&D Green only taking over in March of this year, that work is now complete. The two units are connected, extending the footprint of the Pharmacy from 807 square feet to 1603. This approximately trebles the size of the dispensary, increases workbench from six metres to over 18 metres.; introduces a storage room for bulk buying stock and provides a fully compliant consultation room and two dedicated treatment rooms to support consulting and prescribing services through NHS contract and an extended range of private services. None of which have been available in Helensburgh up to this time.
6.36	At the last hearing, we had just completed construction of the extension, and we are awaiting a completion certificate. Then we had to resubmit drawings for planning and a building warrant approval. It took longer than anticipated to achieve our completion certificate, which in turn delayed submission of the further applications. However, this is now all progressed, all evidenced with our submissions.

6.37	We now have planning permission, building warrant and listed building consent for the layout provided. This includes dispensary, removal of the raised floor in the dispensary, location of a Pharma Self 24-7 collection point to the rear of the premises, a consultation room accessible from the retail area and dispensary, two treatment rooms and a drug storage room for the bulk buying of top moving lines.
6.38	We have also replaced the Pharmacy PMR system, introducing two additional workspaces, doubling capacity and significantly improving connexion speed with e-pharmacy.
6.39	In addition to the PMR system, Gordon's operated with an EPOS system on their front counter for retail activity. This has also been replaced with an integrated system which allows access to PMR and delivery of NHS services, principally Pharmacy first from the chemist counter.
6.40	The M&D Green app, which has recently been launched, is now being made available for all patients to download, including those in Helensburgh. In order to order repeat medication, request a collection or delivery, and also to book an appointment for a pharmacy service.
6.41	At the last hearing, the app was being replaced and was not available in Helensburgh yet. It has now been launched and is available to download from the App Store.
6.42	For those who don't want to use the app, if they share their mobile number, they can receive text messages advising when the prescription is ready and we will be able to, and we will also be able to request collection from the 24-7 collection point once installed.
6.43	All of this investment in extending service provision and increasing capacity requires significant upfront and ongoing financial commitment.
6.44	If a new pharmacy contract was introduced into Helensburgh, in particular a contract located so close to our existing premises and so close to the health centre, our income would be reduced to the extent that we would need to cut our costs, most likely by reducing our staff numbers, potentially reducing our pharmacist numbers. This would severely limit our capacity for consultation services and dilute our offering to the town.
6.45	<p>Before I move on, it might be worth summarising the planned improvements and achievements within our first year, as I am conscious that comments have been made by others that not much has changed, and I can only assume that those making those comments are not aware of or appreciate the extent of investment already made. In year one, we have:</p> <ul style="list-style-type: none"> • Introduced an additional full-time pharmacist. • Introduced a trainee foundation year pharmacist. • Introduced an independent prescribing pharmacist with a second and potentially third independent prescribing pharmacist due later this year. • Replaced the PMR system, doubling capacity.

	<ul style="list-style-type: none"> • Replaced the former EPOS system with an integrated system allowing patient services to be provided at the front counter. • Introduced digital media screens to advertise services. • Recruited and commenced training of additional dispensing and health care assistant roles and two delivery drivers, increasing our headcount from 10 to 17. • Introduced a dedicated delivery van for Helensburgh. • Introduced text messaging services. • The M&D Green app. • Completed construction of an extension connecting units 52 and 52A, increasing the footprint in the Pharmacy from 800 to 1600 square feet. • Plans approved to locate a 24-7 collection point to the rear of the premises. • Plans approved to construct a consultation room accessible from the dispensary and retail area. • Plans approved for two treatment rooms, one treatment room already constructed. • Plans approved from the front entrance to be replaced by automatic sliding doors, further supporting disabled access.
6.46	We have achieved a great deal in our first year, but our improvements are not yet complete. The full benefit of our revision and investment has yet to be realised. With planning consent now achieved, our premise improvements will be completed by May or June at the latest.
6.47	I am going to go on and consider events since the closure of the Boots Pharmacy in November 2024.
6.48	In recent years, Helensburgh has seen the closure of one of the two Boots pharmacies in town. Until fairly recently, pharmacy closures were largely unheard of in Scotland. We have control of entry regulations introduced in 1987 and governed by the NHS Pharmaceutical Services Regulations, which we're here to consider today. Prior to 1987 a prospective pharmacy contractor did not need to consider the legal test we applied today. He did not need to establish that current pharmacy provision and identified area was inadequate or inadequate, and that their proposed pharmacy was either necessary or desirable to address any perceived inadequacy.
6.49	The four pharmacies that did exist in Helensburgh were all established before 1987 and have never been subject to this test of adequacy.
6.50	In pre-1987 Pharmacy contractors could open anywhere and would compete to gain proximity to sources of revenue, prescription volume and the concept of leapfrogging was common, as pharmacies would try to locate as close as possible to GP practices, causing clustering of pharmacies around surgeries.
6.51	Controlled entry was not just established to control the number of pharmacies, but also to promote the rational distribution of pharmacies, preventing clustering and encouraging prospective applicants to locate in the

	heart of communities to improve patient access. It is necessary for health boards to control pharmacy numbers, as each individual pharmacy brings additional costs to the NHS and it is necessary for health boards to control the location of those pharmacies within the limit of their authority.
6.52	NHS financial resources have never been as stretched as they have in recent years, with no imminent prospect of improvement.
6.53	Operating costs for pharmacies, people costs in particular, have increased beyond belief, increasing by at least 60% in the last five years. Health boards will see this in their own budgets. Pharmacy contractors are no different. While we have been fortunate in Scotland, as the Scottish Government has continued to increase Pharmacy funding year on year, this investment is nowhere near enough to keep pace with increasing costs.
6.54	Pharmacy owners have to look at all ways of introducing efficiencies into working practises to maintain service levels and secure provision and progression going forward. This will involve introducing technology in the form of robotics, digitising processes, using websites, apps and other digital platforms, centralising dispensing activities and off-site hubs, upskilling technical staff to assume more responsibilities, reducing the need for pharmacist time and in places where it's possible, consolidation of resources from two locations into one, eliminating duplication of premises costs while retaining staffing resource and capacity.
6.55	In these extremely challenging financial times, boards must work with and support the contractor network to make inefficiencies, or it will not be consolidation that's happening across the network. You will begin to see administrations.
6.56	The application we have today is attempting to capitalise on an efficiency applied by Boots to maintain, if not improve, service provision in Helensburgh.
6.57	The applicants have not tried to identify an area of Helensburgh out with the town centre, where they may argue that the population finds difficult to access. They have in fact resorted to practises applied pre-control of entry, clustering around the health centre and potentially even leapfrogging all existing contractors as their identified unit arguably sits closer to the front door of the health centre than all other existing pharmacies, although I am happy to accept that it is equidistant from M&D Green.
6.58	I would contest there is no greater proof of over-service provision and lack of financial security of service in any area than closure of a pharmacy contract. The reinstatement of that contract will only reinstate financial instability, which if it cannot be mitigated with cost savings reintroduces the risk of another closure and Helensburgh could be returned to three pharmacies, just in a slightly different location and under different ownership. That is not what control of entry aims to achieve.

6.59	There are a number of issues facing the modern Pharmacy Network. I would like to address some of them and some of the comments made by respondents to the public consultation as public opinion is critically important in these matters, but quite often respondents are asked to comment without actually knowing all the facts.
6.60	Some respondents commented they had experienced difficulty on occasion for filling their prescription and may have had to make a return visit to the pharmacy to obtain all of their medication. Unfortunately, this is becoming an increasing part of pharmacies, a community pharmacy's regular daily routine, and is not specific to Gordon's Chemist, M&D Green, Boots, Rowlands, or any other pharmacy contractor. Medicine shortages and product recalls have become an ever-present problem affecting all contractors and all locations.
6.61	Introducing an additional pharmacy to the town will not alleviate this problem. The applicants would experience the same difficulties as the rest of us, sourcing stock. I appreciate that this will be frustrating for patients, but there is often very little a Pharmacy can do.
6.62	Shortages have been impacting on many common lines, often with minimal or no clinical alternatives to offer patients or prescribers.
6.63	Some of the high profile shortages like insulin, hormone replacement therapy, drugs to treat ADHD, pancreatic enzyme replacement therapy have actually become headlines for the national media, but there are weekly intermittent additions to shortages, ranging from common antibiotics, cardiovascular drugs, even simple laxatives, which pharmacy teams need to tackle on a daily basis and the public may not be fully aware of.
6.64	<p>Currently, high volume drugs, which are difficult to source, are and are intermittently out of stock:</p> <ul style="list-style-type: none"> • 75 milligramme aspirin to keep your blood thin. • Fluoxetine and Ramipril. all massive volume lines and in and out of stock on a daily basis. <p>Twenty percent by value of the Scottish Drug Tariff is currently on an adjusted price list. These are lines which have increased in price to the point they can no longer be purchased within the former drug tariff price. This is typically driven by demand in the market, outstripping supply and creating short supply, pushing prices up. This has also become a significant and constant problem.</p>
6.65	Another pharmacy in Helensburgh will experience the same issues and will not resolve this stock access problem.
6.66	At M&D Green, we bulk buy our top 100 lines at the start of each month. This significantly limits any risk of balances or shortages occurring as it constitutes for a significant amount of our prescribing dispensing activity.

6.67	Not all pharmacies have the storage capacity to do this, but following completion of an extension, we now have a storeroom dedicated for this purpose. The applicant's premises, by comparison, will have minimal capacity for stock storage. We are supplied principally by 7 wholesalers. All three national wholesalers and four regional short line wholesalers. Five of these wholesalers offer twice daily delivery, the others next day. If we do not have an item in stock we have a number of different wholesale partners that we can turn to, and in most cases, we can source stock within 24 hours.
6.68	An additional pharmacy in Helensburgh would not be able to improve on this access to stock.
6.69	If I can consider for a couple of paragraphs at the applicant's premises. I previously commented that Gordon's Chemists were experiencing limitations due to the size of their premises, which has now been addressed through the construction of an extension linking our two adjacent units and doubling our footprint.
6.70	I would like to make some observations on the premises proposed by the applicants. Firstly, the premises make no attempt to improve access for patients to pharmacy services by locating in very close proximity to all existing pharmacies, prioritising location to the front door of the health centre over reducing travelling time for those who might be coming from the outskirts of town.
6.71	From land registration, and I think the applicants have shared with us this morning, it would appear that the applicant's unit extends to just over 600 square feet. That is actually 75% of the size of the Gordon's original unit in which we experienced restrictions due to space I would suggest this is further compounded as the applicant's unit is not open plan, not even a regular shape. It is a labyrinth of small rooms defined by solid walls, many of which will be load bearing.
6.72	In form A1, the application for inclusion in the pharmaceutical list at part 4B, the applicants claim that the premises will undergo a full refit and comply with the Equality Act 2010. It is my observations and subsequent discussions with my own architects and shop fitters, but in order to comply with section 29 of the Equality Act and applying for planning permission and a necessary building warrant to refit these premises, they would firstly need to address the step-up access from the pavement. This is likely to require a ramp which would either need to extend out onto the pavement or extend internally into the premises. Planning permission for an external ramp, I would suggest, will not be guaranteed. Putting a ramp on a pavement will not be easy. The ramp will need to be set in an appropriate gradient, and we've talked about the length of the ramp should it need to come inside. Someone shared with us earlier that they thought it would need to be 1.8 metres in length. If I can add to that, for DDA compliance purposes, there needs to be a 1.5 metre square turning pad at the top of any ramp to accommodate wheelchair access.

6.73	Having looked at the drawing, albeit it is not to scale, if the internal ramp has to extend to 1.8 metres, I cannot see room for a 1.5 metre pad for a wheelchair access.
6.74	In addition, all passageways, toilets, consultation rooms also need to be of a minimum size and again have turning pads for wheelchairs. The applicants are proposing to provide these Equality Act compliant facilities from an irregularly shaped unit of 600 square feet and also locate a 24-7 collection robot in the front premises, further reducing availability of space.
6.75	To help patients and respondents visualise their proposed pharmacy, they have included computer-generated images of Helensburgh Pharmacy on their Facebook pages and other publicity material. It would appear from this image they have not considered the step at the front of the pharmacy. They have not considered the column in the front of the pharmacy. It has been removed altogether, replacing it with what looks like in the computer-generated image central double doors opening into a spacious open plan pharmacy where there is no ramp. However, now we have been provided with plans for the pharmacy, it is clear that the applicant's premises will look nothing like the computer-generated image they used. In my opinion, this is quite misleading for the public who think that the proposal is going to open a spacious new open plan Pharmacy.
6.76	The Consultation Analysis Report (CAR), which ran from the 28th of October 2024 until the 6th of March 2025, received 1017 responses, which by CAR standards is a decent response. However, with a population size, because we have elected to go with a particularly large neighbourhood in Helensburgh of 13,230, that percentage response amounts to only 7.7% of the population. I would contest that this is hardly representative.
6.77	The regulations state that hearings should be scheduled within six weeks of acceptance of a CAR, unless there are exceptional circumstances. While I accept it is still necessary and appropriate to use this CAR, despite it now being 40 weeks since it was signed off, I would request that the panel give full consideration to the significant passage of time and the potential for material change of circumstance in that time.
6.78	On analysis of the comments made in the CAR, with a focus on those which may be perceived as negative, there are a number of recurring themes which I would like to address.
6.79	Most negative comments describe having to wait for a prescription. Those that put time to this quote 30 to 40 minutes, which is not ideal, but to M&D Green, patients do queue but do queue to be served and choose to wait when handing in prescriptions. But even a wait of 30 minutes would be very rare and only at exceptionally busy times of the week. There are equally times in the week, in fact most of the week, where there are no queues or very minimal waiting times.

6.80	There is a public expectation of community Pharmacy of instant access health care, which is not made of any other health care provider in Primary Care.
6.81	Helensburgh is blessed with a very good repeat prescription service from the health centre. We will turn around repeat prescriptions in 24 to 48 hours. Across the country, this can and frequently does extend to three to five days, and in the worst cases where I am involved, up to 10 days to generate a repeat prescription.
6.82	In recent years, we have also experienced significant changes in working practises in relation to repeat prescriptions. Pre-COVID, many patients would collect their own prescription from their surgery and take it to the pharmacy. This is actually now rare. When ordering repeat prescriptions, the vast majority are now allocated to a pharmacy, and pharmacy staff collect these at agreed times in the day, presenting the pharmacy team with the day's workload all at one time.
6.83	Despite COVID being behind us now, any GP consultations are still conducted by phone and patients ask for their prescriptions to be sent to a pharmacy. Patients are advised to allow the pharmacy time to assemble the prescription, but often this is not the case. Additionally, while our health centre provides a very good service, on occasion all items requested by patients are not run off or become separated. Sometimes this is a simple omission and other times it's been that the repeat request has been refused due to clinical reasons. Often, this only comes to light when the patient presents in the pharmacy. This is not a problem of our making, but we need to deal with it.
6.84	At M&D Green, we have introduced a text messaging service not previously available at Gordon's, which will advise when a prescription is ready, avoiding any unnecessary visits. Patients have been notified through bag fillers to share their details. Additionally, now that planning approval has been granted, we will make prescription collection available 24-7 from the prescription collection locker box, again advised through text messaging.
6.85	Other respondents commented negatively on the availability of stock, one comment picked up on a response from Pharmacy staff explaining that an item was coming from Runcorn which caused this particular respondent some distress. This highlights another problem experienced by all pharmacies but particularly in Scotland. We currently have one depot from each of the three national wholesalers: Alliance, Phoenix and AAH, all across the central belt. None of these three depots are large enough to hold all stock lines, picking lines are allocated on a usage basis. If you have been prescribed an unusual item, it may not be stocked anywhere in Scotland and must be sent from central distribution points in England, as you can imagine, causing significant delays, especially if this occurs towards the end of a week, as that can end up spanning across a weekend.

6.86	I don't expect the public to be aware of this or of the extensive list of drug shortages explained earlier, but these are problems experienced by all pharmacies and the applicant's pharmacy will be no different.
6.87	Comments were made about access to delivery services. At Gordon's Chemist, a delivery service was available four hours per day each week. Since taking over, M&D Green have introduced a full-time equivalent delivery driver. It is covered over 2 rolls and a dedicated delivery van for Helensburgh. This service is advertised in the Pharmacy, on our digital screens and through a leaflet drop which has been completed of the entire area. The delivery service is also offered to patients if they have a balance or if there's an item missing from the prescription to avoid the need for any return trip.
6.88	Comments have been made and carried in the local newspaper that patients have difficulty arranging for medication to be dispensed in a compliance aid or dosette box. There is significant work involved in assembling dosette boxes and they take up a lot of time.
6.89	When we acquired Gordon's, they had a cap on the numbers at 150 patients, which is actually quite a reasonable number. However, they did have a cap. This service, despite the significant staff hours it consumes, it is not funded. From day one, we have removed this cap and have been taking on new patients with no restrictions.
6.90	Pharmacy First is readily available promoted in the pharmacy using the NHS Pharmacy First leaflets and posters displayed in the pharmacy and available on the counter.
6.91	Checking back numbers, the Pharmacy pre-acquisition would record approximately 250 consultations per month, which itself is actually not bad. It is just short of the national average, which I think we discussed earlier, was between 3 and 350. In August, this number grew, that was just before the last hearing, to just over 500 consultations, considerably above the national average. In October, our Pharmacy First numbers peaked at 750 almost double, if not more, the national average. That is not statistics from a pharmacy that restricts access or does not provide access to Pharmacy First and these numbers are available in the public domain through NHS websites.
6.92	Community Pharmacy in Scotland is at a pivotal point in its evolution. In 2026, we will see sufficient numbers of prescribing pharmacists qualified to resource more than half of the network and we were on a trajectory to have full coverage in Scotland within the next three to four years.
6.93	We will see the financial framework continue to move towards patient care and services to capitalise on this increased skill set of prescribing pharmacists in particular. Against the pressures of government funding, this is highly unlikely to result in an increase in pharmacy numbers. But what we will see, and are already beginning to see, is multiple pharmacists supporting one another from the same premises.

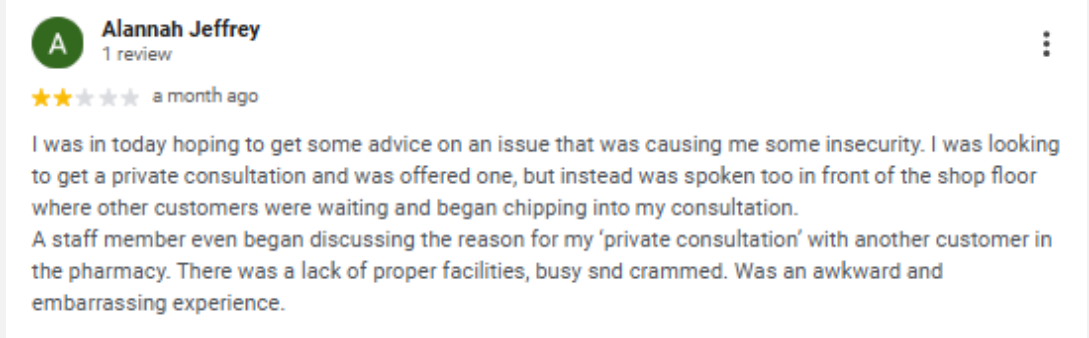
6.94	In the fullness of time, we are likely to see pharmacists in the community developing specialist treatment areas, not unlike GP practices. At M&D Green in Helensburgh, we are trying, against the odds, to be at the forefront of that community pharmacy evolution, providing the town with a sector leading pharmaceutical care service.
6.95	The Helensburgh Advertiser carried an article on the 4th of October following the initial hearing commenting on the rejection of the application back in September. The article maintained that the decision was based on no complaints. To prove any issue with provision Helensburgh Community Council, through the article, are quoted as having urged patients to send complaints about pharmacy services to NHS Highland and provided the e-mail address with which to do so.
6.96	I would like to address some of the points that have now been raised with these emails to NHS Highland, although some of them do continue to carry or claim similar themes as I believe these are misconceptions, Words like too busy, long queues.
6.97	M&D Green is a busy pharmacy as it is a popular pharmacy. There are times in the week when a number of patients will present in the pharmacy at one time and form a queue, but patients are dealt with in a timely manner.
6.98	Acute prescriptions or walk-ins are prioritised over surgery bundles. and if the patient chooses to wait, in general, these will be turned around in 5 to 10 minutes.
6.99	We ask patients for ordering repeat prescriptions to allow up to three days before collecting - 24 to 48 hours for the surgery to generate the prescription and 24 hours or one day for the pharmacy to assemble and check that prescription ready for collection or delivery.
6.100	If the patient allows for this perfectly reasonable turnaround time, the prescription will be ready for collection when they present in the pharmacy. If they present in the Pharmacy on the same day we have received the prescription from the surgery, it may be on the shelf ready for collection. We might not have reached it yet. We might still be working towards it. at this point, the prescription will be prioritised along with the walk-in prescriptions, and the patient may again have to wait a short while for that prescription and that would depend on the number of items that was on their prescription. If they cannot wait, it will be offered a same-day delivery service.
6.101	We have ample staff to serve patients and assemble prescriptions in a safely and effectively and a timely manner. If there are issues with a prescription, most commonly requested items missing, we will endeavor to contact the surgery on the patient's behalf to resolve the problem. This will cause a delay, which is unavoidable, but we are doing it in order to help out the patient.
6.102	If prescribed items are rare or uncommon or are particularly high value, or perhaps those that have a short shelf life, they may actually need to be

	ordered. Our suppliers provide same day or next day service. This is unavoidable and would be the same for every pharmacy.
6.103	One comment said they had to wait two weeks for a delivery. Not M&D Green, they have clearly not come to us. We have two drivers, a dedicated delivery van for Helensburgh. We have invested in the service and actively advertise it.
6.104	We have regular scheduled deliveries for most of our dosette boxes or compliance support patients and same day deliveries for those that request it.
6.105	Since introducing our digital home delivery application, My M&D Green, in June last year, we can now easily track the number of deliveries we are making. Deliveries have increased from approximately 700 per month recorded in June, through to our busiest month of November of last year, which peaked to over 1,600 deliveries.
6.106	Any patient that asks for a delivery from M&D Green will receive it in a timely and efficient manner, despite this not being an NHS service, although I think the general public think that perhaps it is.
6.107	Lack of privacy. I accept that we inherited a pharmacy that did not have a consultation room, but a small, screened area to the side of the front counter, which does not provide full privacy. However, we have undertaken, as a priority, steps to rectify this as outlined in our refit proposals, which now have full planning permission.
6.108	We have constructed one of the two planned treatment rooms, which were provided photographs of. The final stages of our completed refit is due in May or June at the latest this year, which will provide an accessible consultation room within the main retail area accessed from the shop floor and the dispensary and a further treatment room providing ample capacity for consultation-based services.
6.109	Patients have mentioned errors. Frequent errors were discussed as resulted and claimed to be resulting from overwhelmed staff. Since taking over the pharmacy and beginning to record errors and near misses electronically through CDRX, I can access the information routinely.
6.110	Staff are encouraged to treat any near miss or actual error as an opportunity to learn and improve practice. Since taking over in March 2025, the pharmacy has recorded four minor errors which did reach the patient, when the patient identified and returned the prescription to the pharmacy before taking, causing no harm. No patient has raised a formal complaint as a result and all were satisfied with the handling of the incident at the pharmacy level. The nature of the errors: <ul style="list-style-type: none"> • a Freestyle Libra 3 was supplied against a Freestyle Libra 3 plus;

	<ul style="list-style-type: none"> • Penicillin V 500 milligramme tablets. It is 250 milligramme that we supply and the pharmacy did not double the quantity - the patient realised that and came back. • A less duet 2 milligrammes was prescribed, a less solo 2 milligrammes dispensed • bendrofluazide 2.5 and bisoprolol, both of which were intended for the same patient, had the wrong labels - we had put labels for one on the other box - the patient realised that and returned it and the problem was rectified.
6.111	Errors of any nature are not great. I go as far as the superintendent. I do not think these are major concerning errors. Over an 11-month period and in excess of 165,000 items dispensed. I do not believe this represents a significant number of errors or a staff team unable to cope.
6.112	Other comments claim that patients or residents had gone without medication due to delays with prescriptions. At M&D Green, we will not see a patient go without medication if there is a delay in their prescription for any reason. If we can establish that a required prescription item, as a regular and current repeat item, and a patient has run out, we will assist that patient using unscheduled care.
6.113	Since taking over in March 2025, we average over 400 unscheduled care prescriptions per month. This again is not a statistic of a pharmacy that leaves patients without medication.
6.114	“Cannot get prescriptions at lunchtime” - we do not close at lunchtime, and I cannot for the life of me understand any comments from any place that maintains they have been round all three pharmacies in Helensburgh and they were closed at lunchtime.
6.115	We do not close at lunchtime.
6.116	They have not passed by our front door.
6.117	We have two pharmacists available Monday to Friday who take staggered lunch breaks.
6.118	Normal service continues through lunchtime.
6.119	However, recent changes that came into effect on the 7th of January 2026 around the supervision of medication now allow pharmacists to authorise their pharmacy teams to hand out checked and bagged prescriptions in the absence of the pharmacist. So this should no longer be an issue for any pharmacy.
6.120	People who work have to wait until weekends to collect prescriptions. Following planning approval to locate a prescription collection point at the rear of the pharmacy and the final stages of our refurbishment due for completion May/June this year, patients who work will be able to collect

	prescriptions at any time of the day and any day of their choosing. within small limitations as there are some exceptions and restrictions to what items could get put in one of these machines.
6.121	We very recently had nowhere to access dosette boxes for a housebound patient. At present we do, but cynically we feel this is only to stave off a bed for another pharmacy. M&D Green removed barriers to patients accessing dosette boxes immediately after acquisition. We provide for 185 patients currently and have taken on 65 patients in the last six months. Numbers do fluctuate regularly, as unfortunately or tragically with this patient group, many pass away and many are in and out of hospital. Such is the nature of that patient group.
6.122	Despite the assembly of dosette boxes being labour intensive, we recognise the demand for the service and see it as a commercial opportunity. All M&D Green Pharmacies offer unrestricted access to dosette boxes, not just Helensburgh.
6.123	I can assure the panel there is no risk of this service being restricted, irrespective of today's outcome.
6.124	The move to allow pharmacies to provide more services. How can this be done without extra facilities? The existing pharmacies do a good job, but extra space would allow more patients to be given extra services. Firstly, thank you for this gentleman for acknowledging that we do a good job, and I'm sure the gentleman will also then be pleased to learn that we have in fact increased our footprint from 800 to 1600 square feet, introducing a consultation room, true treatment rooms, and plan to have three prescribing pharmacists supporting service delivery.
6.125	I could not finish my review of these comments without mentioning the lady that read the article urging readers to complain who actually agreed with the decision made by the last PPC stating I have never had the queue at the pharmacy I use in Helensburgh.
6.126	To sum up, or to conclude: <ul style="list-style-type: none"> • Helensburgh population can be adequately provided by three pharmacies and in fact offers patients choice of where they can access pharmacies and pharmacy services. • All core national services and extended services are readily available in the town of Helensburgh, and as I say, residents have a choice of three providers. • The applicants are proposing to open a small pharmacy in close proximity to the health centre within short walking distance of all three existing pharmacies. The pharmacy will not improve geographical access and will not offer any NHS services not already available in the town. • The applicant's premises are small and will be difficult to restructure to accommodate the demands of a revolving pharmacy contract. There is, at very least, concern at the ability of the premises to provide disabled access.

	<ul style="list-style-type: none"> M&D Green have only recently become part of the Pharmacy provision in Helensburgh and are making significant investment in service provision with grand plans to transform, in particular, consultation led services. At the very least, we should be afforded the time to complete those plans and demonstrate what we can achieve.
6.127	The committee today have a difficult decision to make, and I would urge you to focus on the pivotal question.
6.128	The three pharmacies in Helensburgh secure adequate provision of service for the population. I will contest there is no greater evidence of overprovision in any area than a pharmacy actually closing.
6.129	The reinstatement of that contract will only bring financial instability, cost cutting, disinvestment and at its extreme risk of foreclosure.
6.130	We are not here today to assess how well the applicants have approached their application or their enthusiasm for their proposed venture, which is unquestionable but the adequacy and security of existing service provision.
6.131	I can understand why a small proportion of Helensburgh's residents are aggrieved by the outcome of the original hearing. I can sense they do not understand why the health board has denied them a fourth pharmacy when they want it. But I do not expect them to be aware of the process the PPC must go through to determine the application.
6.132	Adequacy is not determined by media articles or unsubstantiated reviews, but statistics on the service delivery delivered from the three existing pharmacies.
6.133	I would urge the panel to maintain the security and stability of Pharmacy Services to Helensburgh and respectfully request that you reject this application. Thank you.
6.134	This concluded the representation from Mr Green.
7.	The Chair invited the Applicant to question Mr Green
7.1.1	Mr Jamil noting population statistics and comparing the census data enquired if Mr Green agreed that the slight decline in the 2022 data did not include the Alder Gate and Duchess Gait developments which were completed after the survey. Mr Green responded that he was not familiar with the time but was happy to accept that case.
7.1.2	Mr Jamil enquired when M&D Green took over the pharmacy in Helensburgh. Mr Green confirmed it was the 1 st March 2025.
7.1.3	Mr Jamil enquired when Mr Green aware of the deal to take over from Gordon's Chemists. Mr Green confirmed that the offer was accepted on the 1 st December 2024.

7.1.4	Mr Jamil enquired where Consultations were currently conducted in the pharmacy. Mr Green responded that depending on the nature a conversation could be held with the patient at the chemists' counter noting that there is a screened area just off the counter itself. Mr Green went on to note that if a patient were to ask for a private consultation, at the moment they can be taken into the treatment room in 52A which though not ideal has plans in place to provide a consultation room in the front, at the side of the counter, which will be in place in approximately 3 months' time.
7.1.5	Mr Jamil referencing timescales from the previous hearing where the start of the year was noted as being when the proposed changes would be completed enquired what that timescale was now. Mr Green responded to state as per his presentation that it would be May, latest June due to previous Gordon's plans requiring amendments and updating for planning permission and the necessary documentation required around this.
7.1.6	Mr Jamil noting that M&D Pharmacy in Helensburgh being the busiest pharmacy in NHS Highland and having taken over from Gordon's almost a year ago enquired why no temporary measures were put in place for a consultation room to maintain patient confidentiality. Mr Green responded that they now have a confidential space.
7.1.7	Mr Jamil noting it being in the next premise enquired if this was 52A. Mr Green confirmed this.
7.1.8	Mr Jamil enquired if it was currently being used. Mr Green confirmed that it is available if patients ask to use it.
7.1.9	<p>Mr Jamil referencing a Google review from 14th February 2026 by an Alannah Jeffrey who said (screenshot used):</p>  <p>Mr Jamil enquired if this was an adequate Pharmacy First service being delivered. Mr Green enquired how the Applicant knew this was for Pharmacy First.</p>
7.1.10	Mr Jamil responded that the Google Review states it was a consultation regardless of whether for Pharmacy First or a consultation of medicine enquired if this was an adequate pharmacy service. Mr Green noted sight of the review and that M&D Greens follow up on these. Mr Green detailed the

	background of the review which The Chair interjected was not required for the purposes of the minutes due to maintaining patient confidentiality.
7.1.11	Mr Jamil reflecting a common theme raised across all forms of evidence referenced a letter to the Board by a patient who says “they go on to wait in long queues outside the pharmacy and resulting the patient having to give up waiting for their medication as they cannot stand for the length of time it takes to actually obtain their medicines. Mr Jamil notes this is an inability to access medicines and enquired if Mr Green agreed if this was adequate service that the patient experienced. Mr Green responded to confirm that M&D Greens do not have queues as described and could only assume that those comments were referring to a different pharmacy.
7.1.12	Mr Jamil referenced repeated mention of M&D Green Pharmacy of “queues out the door” including Google reviews. Mr Green responded that they do not have queues out the door noting that although a busy pharmacy that they manage patients in a timely manner.
7.1.13	Mr Jamil enquired if Mr Green would say that public perception was incorrect. Mr Green responded to confirm that he did believe this was the case as it was a perception being fuelled by comments on social media and the article in the Helensburgh Advertiser and encouraged by the Community Council to raise complaints.
7.1.14	Mr Jamil enquired if Mr Green was aware that patient comments regarding difficulties in accessing medicines due to the length of time it takes were most after the closure of Boots and the changeover from Gordons to M&D Green. Mr Green responded that the consultation analysis report, which contains most comments and was the only reliable form of evidence that we have, noting that it predates the acquisition.
7.1.15	Mr Jamil referencing Mr Green’s presentation of the number of people per pharmacy within the area and noting the practice size being 19,000 registered patients enquired if Cardross would be a proportion of the population. Mr Green responded that he was happy to accept the numbers presented for the practice list noting that they lived elsewhere as not included in the population statistics so Mr Green assumed that many of them would access other pharmacies in the area.
7.1.16	Mr Jamil enquired if Mr Green would agree that those residents in Rhu and Shandon would be registered with the Helensburgh GP practice as well as other amenities there. Mr Green responded to suggest that residents may also be registered in Garelochhead but did not know for certain.
7.1.17	Mr Jamil referencing the inability to access stock due to medical shortages and recalls enquire if Mr Green accepted the medical practices report that people were being asked to return to pharmacies for medicines that are not on the shortage list such as amlodipine and penicillin. Mr Green responded that as both medications mentioned are included in M&D Greens top 100

	which are bought in bulk at the start of each month, the chance of them running out was minute.
7.1.18	Mr Jamil enquired if Mr Green felt it would need to be a regular occurrence for the medical practice to raise this in their letter of complaint to the board. Mr Green responded that he was unable to comment as he did not know.
7.1.19	Mr Jamil continuing on the inability to access medicines noted a patients comment of “I myself have had to resort to getting mine from Inveraray as none of the existing pharmacies were dealing with a distributor who could supply one of the tablets I have been prescribed” and enquired how Mr Green would respond to the patients need to leave the area to access medication. Mr Green responded that he would ascertain what the medication was and source the product for them.
7.1.20	Mr Jamil reflecting on the previous answer enquired if this was a common occurrence why was it not being done now. Mr Green responded that he did not believe it was a common occurrence noting that it was one comment with no detail and no reference of the required product. Mr Green went on to note that he prides himself in M&D Greens ability to procure medicines and would be surprised if any pharmacy in Scotland had a wider procurement network.
7.1.21	Mr Jamil referenced multiple comments with the same theme of the inability to access medicines which the GP practise confirms saying that patients needed to travel to pharmacies in Cardross and Garelochhead to access these enquired, given this information, if Mr Green felt that it was a reality in Helensburgh with the number of reported occurrences. Mr Green noted that these comments had no details and therefore could not be quantified.
7.1.22	Mr Jamil referencing Mr Greens presentation that no concerns were raised by the GP practice enquired if he was surprised that they had sent a letter of support detailing many concerns. Mr Green confirmed that he was surprised believing that their comments and a number of points made were perceived and not reality noting that not only does Catriona spend hours shadowing in the practice but M&D Greens met recently with both practice managers and their partners to share their ambitions and aspirations around supporting the GP’s caseloads noting that Emma the M&D Green prescriber in Helensburgh would deal with them directly regarding this going on to noting that he felt it would have been the ideal opportunity for the practices to raise any concerns that they had.
7.1.23	Mr Jamil reflecting on the previous response enquired if Mr Green had any evidence of the meetings with the GP practices. Mr Green responded that he had emails from the practices which he had shared with his pack.
7.1.24	Mr Jamil noted there was no emails from the GP practise stating concerns they had included in the referenced pack. Mr Green responded that he believed that the Applicant was referring to evidence of the meetings having taken place which he reiterated copies of the emails being available.

7.1.25	Mr Jamil referencing from the presentation that Pharmacy First delivery having increased within M&D Greens reflected on experiences raised by patients (11 th February) and recognised by medical practices that chemists are sending patients to use minor ailments that the pharmacy can deal with enquired if this was an accurate representation of the pharmacy landscape of Helensburgh. Mr Green responded that he thought it was typical of the information upon which the Applicant was relying on which is anecdotal and does not have any quantified details noting statistical evidence available on NSS website which demonstrate M&D Green do more than double the average number of Pharmacy First consultations which the anecdotal comments do not align with the hard statistics in the public domain.
7.1.26	Mr Jamil enquired if Mr green would accept that one pharmacy could not lift inadequacies in Helensburgh due to Boots and Rowlands being below the national average suggesting that was why GPs are referring patients to return. Mr Green responded that he suspects Boots and Rowlands, like himself, do not refuse any patients access to Pharmacy First. Noting it is a patient-led service which patients should ask to use the service. Suggesting that if a large number of patients asked to use the service, pharmacies would be unable to record higher numbers as you can only respond to the requests that are made of you and was sure that colleagues from Rowlands and Boots would respond to this query to confirm that they do not refuse any requests to use the Pharmacy First service.
7.1.27	Mr Jamil referencing the evidence pack and presentation which included some Google reviews reflected that some of a more negative or constructive nature had been missed and enquired if this was to mislead the panel. Mr Green responded that it was to provide balance due to the other submissions of this kind were missing the good review noting that M&D Green take all reviews seriously, whether positive or negative and respond however he noted that they do not received responses to their request to address the issue raised in the review noting that his hand being tied. Mr Green ended his response to state that there was a clear path to make a formal complaint and it was no Google.
7.1.28	Mr Jamil enquired why Mr Green submitted positive responses but omitted the negative suggesting it was to mislead the panel. Mr Green responded that it was just to provide some balance.
7.1.29	Mr Jamil noting references to the redistribution of prescriptions and how it could upset current pharmacies enquired if 4,000 items were to be redistributed from M&D Greens pharmacy alone if they would still be the busiest pharmacy in NHS Highland. Mr Green responded that he was not sure.
7.1.30	Mr Jamil reflecting on the mention during the presentation of limitations being faced in the M&D Green current premise due to its size enquired if this was due to them being the busiest pharmacy in NHS Highland. Mr Green responded that he did not agree noting he was referring to the fact they were

	previously operating from a unit of 800 square feet which has now been extended to 1,600 square feet.
7.1.31	Mr Jamil enquired if Mr Green was aware the planning permission of joining the two adjacent properties had been submitted by Gordons, the previous owners in 2019 noting this had been done prior to the Boots closure. Mr Green responded that he was not certain of the when the original planning permission had been granted but referenced in his presentation that although Gordons Chemists had sought and achieved planning permission for joining the two units they had not acted upon it as they were aiming to exist in the market and there is a substantial investment involved in completing that work. Mr Green went on to note that the point he was making was that he had not yet been in a year and has already done this work and moved on.
7.1.32	Mr Jamil providing that the planning permission had been applied for in December 2019 noted that it was prior to the Boots closure enquired if that showed that in 2019 there was a need for the expansion of the premise. Mr Green agreed that this was likely the case as Gordon's were operating from 800 square feet which he felt is a small unit.
7.1.33	Mr Jamil reflecting on the changes made by Mr Green suggested these were theoretically overdue even when the area was being served by four pharmacies. Mr Green responded that he was unable to move any faster due to the reasons explained in his presentation.
7.1.34	Mr Jamil referencing a comment shared by a resident who said "it is a disgrace that the voice of the community are not being listened to. I just went to Greens to pick up my prescription, and it was queued out the door, so I went home. The alternative was to stand outside in the rain." Mr Jamil enquired if Mr Green agreed that this widespread capacity pressure had caused the inability to access medications in a timely manner. Mr Green responded that he had no idea of the details of the comment.
7.1.35	Mr Jamil referencing comments around funding in Mr Greens presentation enquired what Mr Green would say to a resident who wrote "I am left with the impression that current pharmacies are only interested in putting profit before people. There is a need in the town for another pharmacy right now". Mr Green responded that he felt the comment was misplaced noting there are pharmacies, a number of which are here today, who would not disagree with him that pharmacy funding is extremely tight and operating costs are going through the roof.
7.1.36	Mr Jamil seeking to provide context around the previous query and comment, noted that in the patients experience when arriving at pharmacies, commonly need to wait in queues of 10-15 people stating that due to her illness, she is unable to stand any longer despite having queued and waiting for 20 minutes still does not received all her prescription and had to make a return trip, enquired if Mr Green felt this was adequate service. Mr Green responded that he felt it was yet another anecdotal statement with no details as to where or when or even if it was in relation to his pharmacy adding that M&D Greens

	is a busy pharmacy because it is popular with patients noting times in the week where patients present in the pharmacy at one time and are dealt with in a timely manner and other time the pharmacy is empty.
7.1.37	Mr Jamil noting the earlier patient comment was a letter submitted to the board enquired if Mr Green would discredit all letters submitted to the board as being anecdotal and not referenced. Mr Green responded that unless the letter provide specific information with them then it does not give anyone involved the opportunity to address or explain.
7.1.38	Mr Jamil enquired if Mr Green believed that these accounts were not happening in Helensburgh. Mr Green confirmed that was correct noting they are perceived and not reality.
7.1.39	Mr Jamil noting from letters received to the board explain where they are, what pharmacy there were in, how long the queues were, how long they waited and if they received their prescriptions enquired if that is not detail. Mr Green responded that they did not give him any details to try and identify or address the issue raised.
7.1.40	Mr Jamil enquired what additional information would be required to enable Mr Green to do this. Mr Green responded to say that if a patient were to contact him via the company website, which does happen, to raise a complaint and provide specific details and issue then we would be able to respond.
7.1.41	Mr Jamil enquired what Mr Green would say to residents that have said that the service has deteriorated since the takeover by Greens. Mr Green responded that there is none as evidenced in the numbers that are going through the pharmacy.
7.1.42	Mr Jamil suggested that it was collectively evidenced in the amount of people leaving the area shows that set of reasons. Mr Green disagreed noting that M&D Green numbers were not declining, their consultation based services are trebling, their use of unscheduled care which he noted being unable to compare with Gordons, was significant went on to note that the comments made by the Applicant were not consistent with the numbers and statistics being generated by pharmacies in the area.
7.1.43	Mr Jamil noting Mr Green's experience enquired if he had heard of a pharmacy which is located 40-miles away servicing and area. Mr Green responded that he did not believe that the pharmacy was having to service the area but that it was choosing to do so by soliciting business from the area which he noted as being different.
7.1.44	Mr Jamil enquired why patients would choose to use a pharmacy located 40-miles away if they could receive the service within their hometown. Mr Green responded that it was because the pharmacy was actively trying to recruit patients to grow their own business.
7.1.45	Mr Jamil enquired what Mr Green would say to the individual that said the needed to use Inveraray because no pharmacy in Helensburgh could

	accommodate them. Mr Green responded to state that he did not accept that a patient would need to travel 40 miles going on to say that if it was happening then it was due to Inveraray Pharmacy soliciting business in the area.
7.1.46	Mr Jamil enquired if Mr Green accepted that this application is a restoration of a pharmacy. Mr Green responded that mathematically yes as there were four, now three and if granted there would be four again. However, noted that as per his presentation there had been no consideration that when there were four if there was ever a need for four due to it being a historic think and one closed. Mr Green went on to add that he would argue that there was no firmer evidence of over provision in an area than a pharmacy closing.
7.1.47	Mr Jamil enquired if Mr Green accepted that the four pharmacies in Helensburgh for over 60 years were viable and provided adequate services. Mr Green responded that he could not accept that as one of the pharmacies closed.
7.1.48	Mr Jamil enquired if Mr Green would close a pharmacy that was doing 5,000 items. Mr Green responded that it would depend on his cost base.
7.1.49	Mr Jamil enquired if Mr Green would accept that he had many pharmacies that were doing below 5,000 items. Mr Green responded that he has pharmacies which are not viable and trading at a loss but keeps them open for other reasons.
7.1.50	Mr Jamil enquired if a pharmacy that does 5,000 items would be trading at a loss. Mr Green responded that it would depend on the cost base noting that he did not consider either viability of trading at a loss but being trading with marginal returns that does not give you a viable or equitable return on effort or risk.
7.1.51	Mr Jamil had no further question for Mr Green.
7.2	Questions from Mr Jamieson, Boots Pharmacy to Mr Green
7.2.1	Mr Jamieson enquired if Mr Green could help the Committee understand the increased costs that contractors have faced since 2020. Mr Green responded with the most significant cost increases being within our staff base, which probably amounts to 80% or more of all contractors total costs, but due to supply and demand in terms of pharmacists and staff, we have had to put salaries up. We have also been faced with year-on-year increases in the National Minimum Wage and more recently Employers National Insurance. He noted a conservative estimate of employment cost by the Applicant suggesting they will have increased easily by 60% since the start of 2020 and COVID. We have also seen utility bills, principally energy, having quadrupled. Delivery vehicle costs have doubled in price in the last five years. When we require contractors to come in to do work for us, there is additional costs also. Therefore, he would broadly estimate, costs having increased easily by 50% in the last five years. Noting that he was unable think of anything which has come down in price or remained stable.

7.2.2	Mr Jamieson referencing the Applicants presentation when they said they expected to do between 4,000 and 5000 items per month if the contract were to be granted. Noting the experience of Mr Green in owning community pharmacies and the fact that the new contract, if granted, would leapfrog all other pharmacies and be closest or equidistant to M&D Greens, to the GP Practice enquired if Mr Green thought that was an accurate prediction of the prescription numbers they would do. Mr Green referencing the relative numbers that contractors are doing by using prescription volume as a proxy noted that M&D Greens benefit in terms of their location to the GP practice and did significantly more numbers than other pharmacies suggesting it would be a significant underestimate by the Applicant for a pharmacy that would be equidistant to only achieve ¼ of the volume current presenting at M&D Greens.
7.2.3	Mr Jamieson referencing Rowlands who were currently doing 3,500-4,000 prescription items per month enquired if, with My Greens experience of operating a large number of pharmacies in Scotland, he expected Rowlands to be viable if the new contract were granted. Mr Green responded that from his experience Rowlands is likely to be borderline viable at present.
7.2.4	Mr Jamieson focusing on M&D Green, enquired what kind of impact would be expected to the service provision currently being provided if the contract were to be granted. Mr Green responded that though it would not put them out of business, it would cause significant reduction in their main income stream, which is prescription volume and prescription income, noting the result would be the need to reduce staffing numbers accordingly. Noting that patient-led services and services in general within their current contract could stand financially on their own two feet and our dispensing activity of patient services if prescribing numbers were to reduce, even by ¼, then we would have to significantly reduce staff numbers, noting the most expensive staff being the pharmacists. Noting that unfortunately, patient facing services would suffer consequently.
7.2.5	Mr Jamieson referencing comments regarding stock availability and given the number of wholesalers available to M&D Green, Boots and Rowlands to supply medicines enquired if Mr Green believed that the addition of a new contract would resolve any stock issues being seen in the global drug market currently. Mr Green responded that there would not be a chance noting that he has a share in a wholesale business which deals with the import and export of medicines so when shortages are approaching he gets the insight and has first access to any approved licenced medicines which come in to support shortages in the UK, challenging anyone to procure medicines more effectively that he can.
7.2.6	Mr Jamieson enquired if Mr Green were able to help the panel understand what has changed in the global supply of drugs particularly since COVID and what you see differently now compared to the previous five years. Mr Green responded that it has not been consistent in that period noting that through the course of COVID, drugs, like all commodities, had limits to their supply that globally, there was more demand for product than being manufactured.

	Mr Green went on to reference that the UK was beginning to see the impact unilaterally as having the lowest drug prices within Europe which places us in a perilous place when globally there are shortages of medicine which will continue to be a feature. Mr Green noted that another pharmacy was not going to make any difference to that as it will be an ongoing frustration for pharmacies and patients.
7.2.7	Mr Jamieson referencing the Applicant being confident of opening a pharmacy within six months and being fully DDA compliant if granted enquired if Mr Green thought this was an achievable timeframe. Mr Green responded that from his experience he has never experienced planning permission, building warrants, etc being addressed let alone approved in less than three months therefore noting that he felt being fully open and DDA compliant within six months was hugely ambitious.
7.2.8	Mr Jamieson referencing patient safety issues enquired if Mr Green agreed that an open and honest reporting culture was an essential foundation for good patient safety. Mr Green responded that he felt this was critical noting that if it is not in place then staff will not report any issues resulting in no opportunity to learn and improve.
7.2.9	Mr Jamieson enquired if Mr Green was satisfied with the patient safety culture within his pharmacy in Helensburgh. Mr Green responded that he was perfectly happy nothing that staff were in the habit of reviewing their own processes monthly which included near misses and improving practise a part of monthly review meetings.
7.2.10	Mr Jamieson had no further questions for Mr Green.
7.3	Questions from Mr Khalid, Cardross Pharmacy to Mr Green.
7.3.1	Mr Khalid enquired if the Community Council had engaged with Mr Green since the original hearing. Mr Green responded that he had invited the Community Council to visit the pharmacy recently which they had done during February.
7.3.2	Mr Khalid enquiring if Mr Green showed the Community Council members the changes made to the Pharmacy and whether the talks were positive. Mr Green responded that he felt that it was a positive and constructive visit.
7.3.3	Mr Khalid enquired if Mr Green would be surprised then to learn that a Community Council member used the business page to encourage residents to fill out the survey whilst criticising the existing pharmacies in Helensburgh. Mr Green responded that he would be surprised and somewhat disappointed.
7.3.4	Mr Khalid referencing earlier comments regarding M&D Green's significant number of items enquired if Mr Green had experience of managing other pharmacies with a similar number of items. Mr Green confirmed that he has several pharmacies that do 20,000 plus items.

7.3.5	Mr Khalid suggested that Mr Green was very experienced in growing these pharmacies also. Mr Green confirmed that he was.
7.3.6	Mr Khalid enquired if Mr Green believed having a fourth pharmacy would affect the viability of any of the current three in Helensburgh. Mr Green responded that he has grave concerns over the viability of Rowland's given their current activity despite comments made that there were four pharmacies before and Rowlands managed fine. Mr Green went on to note the location of the Applicants proposed premise would have significantly more impact on the other pharmacies in Helensburgh than what was referred to as "the wee Boots" did.
7.3.7	Mr Khalid referencing the Applicants suggested figured of 4,000-5,000 items enquired from Mr Green's experience what he felt a pharmacy so close to a health centre would be doing. Mr Green responded to note with such close proximity to a health centre as busy as the Helensburgh practices only achieving 4,000-5,000 items, suggested something being drastically wrong suggesting a conservative estimate of 10,000 items within 18 months.
7.3.8	Mr Khalid had no further questions for Mr Green.
7.4	Questions from Ms Cunningham, Rowlands Pharmacy to Mr Green
7.4.1	Ms Cunningham referencing M&D Green's current situation enquired if they still had capacity for increased workloads. Mr Green confirm that they do have capacity, referencing mention in his presentation that managing and assembling prescriptions were being done from a dispensary which has increased from 6 to 18 metres of bench space noting staffing had also increased significantly and most appropriately in pharmacist numbers.
7.4.2	Ms Cunningham referencing points made by the Applicant of the availability of the adjacent unit to the proposed premise noted in the application for possible expansion enquired if this raised any concerns regarding information presented to the Committee today as not being factually correct in terms of the intention of the proposed 4,000-5,000 items but larger aspirations which would be more detrimental to the existing pharmacies. Mr Green responded that if the application was successful, he would be very surprised if the suggested item count was only achieved going on to note that to his understanding a residential close separated the proposed premise from the other units which would make it difficult to join two properties together.
7.4.3	Ms Cunningham had no further questions for Mr Green.
7.5	Questions from Mr Foy, Helensburgh Community Council to Mr Green
7.5.1	Mr Foy referencing comments made of the Community Council telling people to complain reflected that following the previous hearing at the next Council meeting a number of concerned, angry and upset people raised issues they had experienced that a return to four pharmacies was not going to occur therefore suggested to participants to put their issues in writing enquired if

	<p>this was inappropriate. Mr Green responded to confirm that he was referring to the line in the newspaper article which stated: "Helensburgh Community Council condemned the NHS decision and urged residents to send complaints about pharmacy provision to NHS Highland." Mr Green went on to note that his staff read that article noting they were totally dejected when they heard the Community Council urging residents to complain about pharmacy services.</p>
7.5.2	<p>Mr Foy responded to the previous comment that the Community Council did not write the article and had no control over what was printed enquired if it was appropriate to tell people if they have issues to write it down and submit either to the pharmacy or the health board noting that verbal complaints ensure no record of the issue. Mr Green agreed noting that if a patient had a genuine concern about any service offered by him, he would strongly encourage them to complain and to do so in writing enabling a paper trail. Mr Green went on to address the point that he had not received any complaints directly from patients, nor had NHS Highland until they were urged to do so. Mr Green noted that there was a difference between solicited complaints and complaints that naturally flow stating that in his opinion these were solicited complaints.</p>
7.5.3	<p>Mr Foy noted that by documenting issues this then enabled investigation upon reflection that previous issues had been raised verbally in the three remaining pharmacies when frustrations arose due to these apparently not being actioned up. Mr Green responded to note that he was only able to investigate and attempt to resolve any issues when complaints are directed to him with some detail of which none had been directed to him to enable investigation.</p>
7.5.4	<p>Mr Foy noting that none of the three existing pharmacies had engaged with the Community Council to explain what they are doing or what measures were being taken that are being discussed today enquired why Mr Green had not come to a Community Council meeting to engage with the people of Helensburgh. Mr Green responded to confirm that M&D Green had invited Mr Foy and Ms Lambert to visit the pharmacy very recently noting it had preceded the application and was perhaps perceived as being a result of this and had not invited any Community Council members previously due to having recently taken over and being in the middle of a refit of the premises.</p>
7.5.5	<p>Mr Foy rephrased his previous question and enquired why Mr Green had not joined a meeting to present your plans to the Community Council which he noted is public meeting held monthly where various groups and businesses in the town come and present their plans to engage with people to find out what the real issues are and to have an open public debate. Mr Green responded that his preference would be to take up the opportunity in a few months to enable him to present a finished article.</p>
7.5.6	<p>Mr Foy referencing the improvements at M&D Green and the lack of a private area for consultations enquired if the treatment room was being used. Mr Green responded that the treatment room can be used for anyone seeking a</p>

	consultation or if it is of a sensitive nature then this is where currently it would be done noting the intention to make an accessible consultation area as per the drawings provided within his information pack within the dispensary and retail area.
7.5.7	Mr Foy enquired whether any consultations were taking place in the treatment room. Mr Green responded that there were some noting that there were not many currently.
7.5.8	Mr Foy enquired how someone with mobility issues would access the treatment room for a consultation. Mr Green responded to confirm that there were currently steps at the premise where the treatment room is located noting that when the main premise is completed, the consultation room will have disabled access.
7.5.9	Mr Foy referencing earlier comments regarding ramp access into pharmacies observed the step on East King Street being less than half the size of those at the M&D Greens proposed treatment room premise enquired, if ramp access was required if it would be approximately four–five metres which would take up most of the pavement on Sinclair Street. Mr Green responded to note that a mobile ramp could be utilised for access to the treatment room as and when required reiterating that the consultation room in the pharmacy will have disabled access and due for completion May (2026).
7.5.10	Mr Foy referencing his visit to M&D Greens where Mr Green spoke of back filling pharmacists to enable consultations in the private room once completed enquired how backfill could be managed for a drop-in service that is not planned. Mr Green responded that this would be done via existing resources, currently two pharmacists and a trainee, noting that he was referring to bookable appointments via their app where backfill could be planned to ensure a pharmacist was available for all booked appointments and that staff were already used to catering any walk-in demand via their existing resources.
7.5.11	Mr Foy asked for clarity around when a chat with a pharmacist became a consultation. Mr Green acknowledge overlaps in definitions and terminology suggesting that pharmacist do not use the term “chat”, instead using “advice”.
7.5.12	Mr Foy asked for clarity as to when a chat would be recorded as a Pharmacy First service or that of Pharmacy First Plus. Mr Green responded that Pharmacy First is the assertion of symptoms and recommendation of produce by which all pharmacists will be able to write prescriptions for meaning no treatment being required only advice provided. Equally if the pharmacist thinks that you're better treated by another practitioner. In the main, that would be when we are not certain of what is the best treatment for you or perhaps even certain what the conditions that you are presenting with are and would rather you were seen by a GP or optician for anything regarding the eye then we would refer this to as a pharmacy first consultation. Mr Green went on to state that Pharmacy First Plus can only conducted by a pharmacist that has completed their prescribing qualification noting the definition of

	Pharmacy First consultation being one that results in the prescribing of any product which is not blacklisted and is out with the Pharmacy first approved list or a PGD (Patient Group Direction).
7.5.13	<p>Mr Foy enquired at what stage did an encounter become private and taken into a private room. Mr Green responded that he believed it would be the nature of the consultation and not a stage in the process that would determine this, providing an example of a patient presenting with toothache and the pharmacist recommending an analgesic would likely be conducted over the counter unless a private space was requested by the patient and would then be undertaken in the consultation room.</p> <p>Ms Cameron, Pharmacist not included in the Pharmaceutical List, offered clarity regarding this query which The Chair approved. Stating, from her person experience as pharmacist that works as a locum on Saturdays, generally the first interaction when someone asks to speak to the pharmacist is going to be at the counter and the patient will make it clear themselves, “would you mind if we have a word in private”, or based on their body language, looking around to see who else can overhear them, She would offer to speak to them in private. Noting on occasion, some patients really do not care who overhears their private business, in which case that is up to them if they want to have that chat in public.</p>
7.5.14	Mr Foy, noting current arrangements are M&D Green pharmacy currently, enquired if Mr Green would agree that there was little scope for private consultation to take place suggesting that most discussion happens at the counter. Mr Green responded to reiterate that they don’t currently have a consultation room due to limitations of the existing premises which are being rectified by the refurbishment which was due to be completed within a couple of months.
7.5.15	Mr Foy had no further questions for Mr Green.
7.6	Questions from Mr Mathieson, Area Pharmaceutical Committee to Mr Green.
7.6.1	Mr Mathieson referencing mention of upscaling staff to ACTs enquired if Mr Green could clarify his terminology and what benefits would be to service users. Mr Green responded that this stood for Accredited or Accuracy Checking Technicians (ACTs) which allows the technician of a prescription accuracy once the pharmacist is satisfied with the clinical appropriateness of a prescription which significantly frees up pharmacists’ time from the dispensing process enabling them to undertake consultation-based services.
7.6.2	Mr Mathieson noting reference M&D Green having no cap on MDS supply enquired if MDS was the best option for users seeking blister pack. Mr Green responded that he did not believe it was the best option nothing that a compliance aid should be there to support individuals who are managing their own medication but perhaps lack the full capacity to do so in a perfectly safe

	<p>manner. Mr Green noted that he questioned the appropriateness of compliance packs and dosette boxes for those that receive care, believing that it was an appropriate way for a carer to be administering support to a patient noting that they are an appropriate resource for a patient to manage their own medicines suggesting in most circumstances when M&D Green are accommodating a patient dosette box, it is actually coming as a request from another healthcare professional or care organisation clearly seeking that support, so despite his own view on appropriateness, M&D Green tend to accommodate nonetheless.</p>
7.6.3	<p>Mr Mathieson reflecting on a theme discussed today of public perception which suggested that these were the go-to solution to compliance issues enquired if Mr Green agreed. Mr Green responded that he did agree that the public perception was for these noting he felt significant overuse and inappropriate use of compliance aids suggesting that most health boards would like to reduce the reliance upon compliance aids and support medication adherence through other means, largely supported with MAR sheets which enable others to provide care and support as opposed to individuals managing their own.</p>
7.6.4	<p>Mr Mathieson had not further questions for Mr Green.</p>
7.7	<p>Having established that there were no further questions from the Interested parties the Chair invited questions from the Committee members.</p>
7.8	<p>Questions from Mr Higgins, Pharmacist included in the Pharmaceutical List to Mr Green.</p>
7.8.1	<p>Mr Higgins reflecting on the current set up and plans submitted enquired if the private space in the adjacent unit enquired if the two rooms were behind the stairs. Mr Green responded to clarify that the private space or screen area currently being used is where the consultation room will be as reflected in the drawings noting the area for the consultation room is larger than current screened area are in the same area.</p>
7.8.2	<p>Mr Higgins referencing mention by Mr Green of being able to take people to the private room enquired if this was one of the treatment rooms. Mr Green responded that they can be taken to the treatment room currently as they were completed within the last month and not yet being fully utilised but noted they were completely available.</p>
7.8.3	<p>Mr Higgins referencing the drawings enquired if the treatment rooms would be accessible from the back of the dispensary by the pharmacy team. Mr Green confirmed that was correct.</p>
7.8.4	<p>Mr Higgins referencing the drawing which show the 24-7 access robot, enquired if he was correct in believing that it would emerge from the back of the building adjacent to the Co-Op. Mr Green confirmed that was correct noting currently a blacked-out window at this location.</p>

7.8.5	Mr Higgins reflecting on the previous response enquired, noting the ground around that area as being a hatched area, if this would be a safe area to pick up prescriptions from. Mr Green confirmed that it was a broad hatched area noting the road from the car park, which has a speed restriction imposed on it, passes the area has approximately two to three meters of space between the wall and the edge of the road which also has bollards noting that those are only installed halfway around the bend.
7.8.6	Mr Higgins referencing local geography, videos and street views of the area noted what appeared to be a natural freeway for people use to get in and out of the Co-Op enquired if this was the case. Mr Green responded that there was an alleyway between M&D Green Pharmacy and the Co-Op noting that the window was beside this and did not open onto it.
7.8.7	Mr Higgins enquired if it was felt that the pattern of service delivery and the sort of typical day in the life in the pharmacy now has changed a lot with Pharmacy First Plus and so on coming in and you know with the ubiquity of consultant and treatment rooms and whether that has an impact in the number and location of pharmacies that see within Scotland. Mr Green responded that he did not think it would increase the number of pharmacies but would increase the number of pharmacists.
7.8.8	Mr Higgins had no further questions for Mr Green.
7.9	Questions from Mr Manson, Pharmacist included in the Pharmaceutical List to Mr Green.
7.9.1	Mr Manson referencing the statement made that the Boots closure was no greater evidence of over provision, enquired if Mr Green believed that Boots Pharmacy closed due to being unviable or as part of a strategic cost-cutting exercise by Boots across multiple areas in which they operate pharmacies. Mr Green responded that Boots would be better placed to answer this question but noted that he viewed it as Boots having had two pharmacies within Helensburgh one being considerably smaller than the other resulting in less opportunity to embrace the changing contract within pharmacy to create more consultation space and focus more on patient facing services noting he believed it was referred to a Volume Pharmacy, and finding pharmacists to work over two locations was the best use of their resources to consolidate the two locations.
7.9.2	Mr Manson enquired if Mr Green's pharmacies in Scotland were doing well for Pharmacy First. Mr Green responded in the main yes noting it was a broad spectrum noting that just as many of his pharmacies are average or below that depending on where they are as it can be very region dependent in terms of uptake.
7.9.3	Mr Manson referencing comments made of Helensburgh having seen substantial increases in Pharmacy First interaction enquired if Mr Green accepted, despite some of the grey areas discussed, that most of these interactions would be converted into a Pharmacy First claim. Mr Green

	<p>responded that that would be fair to say reflecting that staff have received significant training on the service and what constitutes as a Pharmacy First consultation noting introduction of a system, Multipos provided through EMIS that allows staff to record consultations at the counter as part of the PMR system with a till.</p>
7.9.4	<p>Mr Manson enquired if the system mentioned previously was integrated into Proscript. Mr Green confirmed this as it facilitates the recording of interaction at the counter enabling easy capture.</p>
7.9.5	<p>Mr Manson enquired if within M&D Green, staff had targets for Pharmacy First. Mr Green responded that they do not set targets noting they do record achievements.</p>
7.9.6	<p>Mr Manson suggested that if Mr Green had participated in Community Council meetings to let people know what was being planned may have allayed concerns that residents may have had and bought him favour with the public until those improvements were made. Mr Green responded that he did and reflected that the public consultation period concluded six days after he took ownership of the business so at the time was unaware of these meetings going on.</p>
7.9.7	<p>Mr Manson noting significant shop refit plans enquired when these were expected to be completed by, and, how mitigation of any disruption was planned. Mr Green responded that the refit is been being done in stages:</p> <p>Stage 1 – building of the extension.</p> <p>Stage 2 – temporarily refitting a portion of the extension to the dispensary, noting already doubled in size but only with temporary shelving.</p> <p>Stage 3 – final stage will be to utilise more of the area at the rear of the treatment rooms, temporarily sacrificing some retail space and move the dispensary forward to enable work at the back of the dispensary and then flip it back over.</p> <p>Mr Green noted these plans were not without disruption due to temporary nature but hoped these would be limited to two to three weeks of a projected six and that plans were being put in place to get as far ahead as possible with repeat prescription business enabling better organisation to minimise the volume requiring management throughout this time.</p>
7.9.8	<p>Mr Manson reflecting on previous discussion of structural walls enquired if there was any evidence as to what a structural engineer could do for units that have structural load bearing walls in them. Mr Green reflected on the drawing provided by the Applicant that a dotted line extended from the front central pillar through the wall that runs up the middle which he suspected would be a beam being held in place by the pilar and the wall. Mr Green noted from his visit to the newsagent as it is currently its layout is not as per the drawing shared by the Applicant, where the dispensary counter is there is a dotted line which goes across and it says 1400 height retail units, from his observations there is currently a wall there.</p>

7.9.9	Mr Manson reflecting on his previous query noted he was trying to point out was the significant expense would be required but enquired if Mr Green agreed that there were things that could be done with structural walls. Mr Green confirmed that he believed that anything was possible however noted that if he were asked if structural work could be done that would make the proposed premise's shape almost open plan, he believed that that would be difficult to achieve.
7.9.10	Mr Manson referencing the new connection system installed at M&D Green enquired if it was the Swan 2 system. Mr Green responded that no, he was referring to the Pharmacy Manager System which was in place under Gordon's and did not allow batch scanning of prescriptions and repeatedly failed requiring rebooting resulting in a significantly slow process.
7.9.11	Mr Manson referencing information on the M&D Green website of an app that was going to be launched in February enquired if this was a standalone app or piggybacking an off-the-shelf system. Mr Green responded that it is a bespoke app following use of a white-labelled app from Healthera which only had a limited lifespan decided to commission their own but noted a delay in making it available to patients in Helensburgh previously but is now launched.
7.9.12	Mr Manson reflecting that Healthera sends reminders to patients to reorder medication which surgeries take umbrage to due to overorders on the patients' behalf enquired what safeguards have been put in place with the M&D Green app system to ensure this will not happen. Mr Green responded to confirm that the app does not sent requests directly to surgeries nothing that the requests come through the pharmacy for the pharmacy to pass to the surgery.
7.9.13	Mr Manson enquired if the M&D Green app would remind patients that they were 28 or 56 days after ordering medication previously. Mr Green confirmed that it can be set up to send reminders a week prior to a prescription being due.
7.9.14	Mr Manson enquired what percentage of items dispenses at the M&D Green pharmacy in Helensburgh were delivered to patients. Mr Green responded that the Helensburgh pharmacy was doing around 1,500 deliveries which he suggested would be 4,500 to 5,000 items.
7.9.15	Mr Manson enquired if M&D Green pharmacies utilise ECS (Emergency Care Summary). Mr Green noting that NHS Highland only recently launched the portal enquired with his colleague who was assisting him if they had access which was confirmed.
7.9.16	Mr Manson responded to the previous point that he was referring to the emergency care summary and not the Care Portal and asked for confirmation if this was accessible to M&D Green. Mr Green upon checking with his colleague confirmed that M&D Green Helensburgh did have access to this.

7.9.17	Mr Manson enquired if Mr Green had any ACDs (accuracy checking dispensers). Mr Green responded to confirm Helensburgh did not at present.
7.9.18	Mr Manson reflecting on references to Aileen enquired if she would be utilised in Helensburgh upon qualifying. Mr Green responded that that was entirely dependent on the outcome of this hearing noting he plans to retain her as she lives within the area and if the pharmacy were to remain on its current trajectory, he would aim to retain Aileen and run with three pharmacists.
7.9.19	Mr Manson referencing the Pharmaceutical Care Services Plan which suggested there were no pharmacies listed in Helensburgh that provided enzalutamide despite provision of Hep C. enquired if M&D Green supplied enzalutamide from M&D Greens. Mr Green responded that they do not sign up to the SLA but were happy to supply the product.
7.9.20	Mr Manson enquired if M&D Green had dispensed any prescriptions for enzalutamide. Mr Green responded they had not, noting they do not see many.
7.9.21	Mr Manson enquired how many methadone and buprenorphine patients are there at the Pharmacy. Mr Green responded that there were 15.
7.9.22	Mr Manson enquired if these patients were daily dispensed or weekly collects. Mr Green responded that there are two daily patients noting the rest are instalments.
7.9.23	Mr Manson enquired if crossing the road makes a difference to a patient's choice of Pharmacy. Mr Green responded think it would depend on the road, noting if linking to Helensburgh and pass M&D and cross the road to Boots then it may have a small impact on which pharmacy a patient chooses.
7.9.24	Mr Manson enquired if Mr Green had confidence, regardless of the outcome of this Application, that M&D Greens would remain busiest pharmacy. Mr Green responded that he would like to think they would still be the busiest nothing the points being made are that he thinks the Applicants are underestimating the impact that they may have in the area in terms of what they may achieve themselves.
7.9.25	Mr Manson referencing earlier comments of repeat prescriptions being coded and sent directly to pharmacies enquired how walk-in business based on that statement, was going to be influential to how busy a pharmacy can be as well as affect income streams. Mr Green responded that he would like to think M&D Green would retain the vast majority of our patients noting concern the Applicants have been very aggressive in their pursuit of the application and would envisage that they would take that enthusiasm if the contract were granted to drive the success of their business. Mr Green went on to note that it would take a bit of effort for a patient to change the pharmacy where their prescription was sent but noted this was not much of a task and was sure that the Applicants would encourage patients to change to their pharmacy noting that it would not happen overnight but in the fullness of time.

7.9.26	Mr Manson had no further questions for Mr Green.
7.10	The Chair noting concern around time pressures highlighted to him from participants informed attendees that he intended to pause the hearing at 1620 hrs to enable contact with the board appointed Central Legal Office (CLO) advisor about pausing the session today to reconvene.
7.11	The Chair recalled the meeting at 1645 hrs with Stephen Waclawski of the CLO in attendance.
7.11.1	The Chair requested all participants to be on camera to ensure full catchment.
7.11.2	The Chair reiterated his concerns regarding the time noting interested parties' submission and questions were still to be done highlighting that a number of participants had hard ends due to premises closing sought to take advice on the options available to the Committee handing over to Stephen Waclawski.
7.11.3	Stephen Waclawski stated his advice was very straight forward that as Chair Mr O'Brien was in charge of procedure reflecting that it has been a long day and becoming difficult for people to continue in a comfortable place to give their submissions.
7.11.4	The Chair proposed to conclude the M&D Green submission and questioning by the final pharmacist member and then Lay Members at which point proceedings will be closed for the day and NHS Highland Pharmacy Team colleagues will look to find a date to reconvene the hearing for the remaining submissions and questions.
7.11.5	All present were in agreement of the approach as outlined noting that any interest party who was still to present could substitute to a colleague to enable diary alignment for the reconvening of the hearing.
7.11.6	CLO Advisor left the hearing at 1657 hrs at which point the hearing reconvened with questioning.
7.12	Questions from Ms Cameron, Pharmacist not included in the Pharmaceutical List to Mr Green.
7.12.1	Ms Cameron reflecting on previous comments regarding the trainee pharmacist enquired if Mr Green was looking to employ three full-time pharmacist or whether they were part time in the Helensburgh store. Mr Green responded to confirm that the intention is to have three full-time pharmacists.
7.12.2	Ms Cameron enquired if Mr Green had sought the views and opinions of staff in his Helensburgh store regarding the current pressure in relation to reported local dissatisfaction. Mr Green responded that he did not need to seek those views as his staff share them with him readily, noting it had not been a pleasant campaign due to it bluntly discrediting the current Pharmacy Service in Helensburgh, not just M&D Green, but all providers within the area

	reflecting this has been a very challenging time for the team in Helensburgh who are demoralised by the process as it is not reflective of the care that is been delivered on the ground.
7.12.3	Ms Cameron enquired if the staff have given the impression that they are overworked, stretched or that more bodies on the ground would be helpful to them. Mr Green responded that the pharmacists in store have full autonomy to hire and recruit staff where we have increased from 10 heads to 17 noting that Ms Hamilton, who was supporting Mr Green, had been holding interviews yesterday for another member of staff.
7.12.4	Ms Cameron reflected on the previous response suggested that more staff may be required if M&D Greens were actively recruiting at present. Mr Green responded to confirm that this was to enable resilience for times of absence.
7.12.5	Ms Cameron reflecting on other pharmacies mention of using off-site dispensing enquired if this was being utilised at M&D Green. Mr Green responded that this was not something currently being done or considered.
7.12.6	Ms Cameron enquired if it was possible to indicate the number of prescriptions at the Helensburgh store being fulfilled entirely from stock versus having to order stock in resulting in the necessitate for repeat visits for patients. Mr Green upon conferring with his colleague responded that it would be a handful as noted in his presentation that they bulk buy fast moving lines to reduce the risk of balances. Mr Green went on to note the use of a balance box for incomplete prescription can be utilised whist waiting on stock to be delivered in the hope that stock would arrive before the patient comes to collect their items stating that this could be a dozen times a day but not always result in a balance due to stock deliveries suggesting in a pharmacy doing 15,000 items would be doubtful if it equated to even 1%.
7.12.7	Ms Cameron enquired how many wholesalers did M&D Green stores routinely order from. Mr Green responded to say that they use all three mainline wholesalers, Phoenix is our first line wholesaler; Alliance getting the next biggest spend, followed by AH and from short line wholesale use Ethigen noting this was not exclusively followed by Avera, Lexon, Medicare and a number of others. Reiterating that it was three mainline wholesalers and four or five short line wholesalers.
7.12.8	Ms Cameron enquired if staff in the store were able to freely order from the variety of wholesalers noted when they feel it is appropriate or do they have to go through a centralised process. Mr Green responded that they have a cascade system in the pharmacy which is automated for when staff place an order it is filters through the system to whichever supplier has the keenest price with further cascading for out of stock items, same day delivery, etc making it an efficient system whereby an item is only notes as not being available after filtering through all of the suppliers.
7.12.9	Ms Cameron had no further questions for Mr Green.

7.13	Questions from Mr Townsend, Lay Member to Mr Green.
7.13.1	<p>Mr Townsend referencing comments made in the Applicants presentation that there was only one independent prescriber in Helensburgh enquired if this was accurate noting information included in Mr Green submission. Mr Green responded to detail that there is:</p> <p>Emma, who was assisting him today, is one of the full-time pharmacists in Helensburgh as a prescriber</p> <p>Catriona, who is in the pharmacy today, is nearing completion and due to submit her portfolio with the next submission in April and likely to know the outcome in May.</p> <p>Aileen is the foundation year pharmacist, this is the first year of trainee pharmacists who have prescribing, including in their undergraduate training. So when Aileen completes her foundation year at the end of July and goes on the register on the 1st of August, subject to her passing her exams, then Aileen too will be a qualified prescriber.</p> <p>Noting that ultimately would be three by August all going well.</p>
7.13.2	Mr Townsend had no further questions for Mr Green.
7.14	Questions from Mr Cronie, Lay Member to Mr Green.
7.14.1	Mr Cronie referencing previous comments of when asked that the treatment rooms would be available enquired if the public was aware of this. Mr Green responded that there will be signage going up outside the Pharmacy indicating that it will be M&D Green Treatment Rooms as the signage had only just been completed in the last few weeks reflecting that public awareness right now is probably low until the signage is in place alerting the public to it.
7.14.2	Mr Cronie referencing the documentation provided by Mr Green regarding renovation noted that the treatment rooms will have wide doors enabling them to be disabled access at 926 millimetres wide enquired that if the corridor was blocked for any reason and an emergency exit toward the rear occurred then anyone would have to travel back down the corridor and turn left through what appears to be a narrow door at 750 millimetres enquired if this was correct. Mr Green reflected that the emergency exit is located at the bottom corner or front door at the lobby and confirmed that width as being currently 750.
7.14.3	Mr Cronie enquired if there were plans to widen this or whether 750 millimetres was acceptable for disabled access. Mr Green confirmed that the plans had been approved and he envisaged anybody requiring disabled access would use a consultation room in the main body of the Pharmacy.
7.14.4	Mr Cronie referencing the plans for the automatic dispensing machine enquired if a 500-millimetre gap between the side of the machine and the bench space above and below would limit access. Mr Green responded to

	confirm that the area around the machine would be restricted access only noting the considerable bench space beyond it.
7.14.5	Mr Cronie referencing the plan where it notes 18 metres of bench space suggested that it was now not fully accessible. Mr Green responded that it perhaps should be 16 metres accessible and two metres restricted.
7.14.6	Mr Cronie had no further questions for Mr Green.
7.15	Questions from Ms Rugman, Lay Member to Mr Green.
7.15.1	Ms Rugman referencing the previous four pharmacies operating successfully in Helensburgh for 50+ years and Mr Green's comment that the "little" Boots having no issue due to its location enquired as the Applicants proposed premise would be equidistant to the health centre just as M&D Greens enquired if it was the location that was the issue or another pharmacy potentially coming into the area. Mr Green responded that the point he was making was in response to the Applicant's point that for a long time there had been four pharmacies in Helensburgh, and they assumed that it was four successful pharmacies where he believes that two of those pharmacies were very low volume pharmacies and potentially unviable. Mr Green went on to point out that the Applicants have been trying to dilute the impact they may have on existing businesses suggesting that if a fourth pharmacy was to be reinstated, they would not do any more business than that of the Boots prior noting that given where they have proposed to locate their pharmacy, they would have a greater impact on the remaining pharmacies than the small Boots did when it was open in its location.
7.15.2	Ms Rugman reflecting on the changes initiated since taking over from Gordons as being very positive and dynamic business model enquired why another business would put that in such jeopardy. Mr Green responded that despite efforts operating a good Pharmacy business, not just in Helensburgh but across the estate, confirmed that if another provider comes in, then that would dilute his income, resulting in the requirement to restructure his cost base from that diluted and reduced income would have some impact. Noting that there are three pharmacies in Helensburgh, all within close proximity, 300 yards of one another. Two are busy and one is very quiet. Patients have choice currently and there is no restriction to access, nothing to inhibit them from choosing to go to a quieter pharmacy if that is their preference. Reflecting on information available regarding the numbers that Rowlands Pharmacy are generating, he would have grave concerns about that business's viability if a fourth pharmacy was to be reinstated.
7.15.3	Ms Rugman referencing concerns from some of the complaints submitted asked Mr Green to reflect that anecdotal evidence can be strong evidence despite not having a name, date, time or location did not mean that it did not happen suggesting that she thought that without that kind of hard evidence behind it, that it was not happening. Patients were not queuing; they were getting their medicines on time noting that this is what the evidence is saying enquired if this was something that Mr Green had thought about. Mr Green

	<p>responded that he did not disagree that there is a place for anecdotal evidence and for the comments that are being made in the main generated from the consultation analysis report, almost a year out of date noting during which significant change had occurred within the area insisting that some of the anecdotal comments, which do not provide any detail whatsoever, are also in complete contradiction to the statistics of service delivery calling into question the accuracy of comments. Mr Green provided examples:</p> <p>“not being able to access minor ailment service” noting at M&D Green they provide more than double the national average.</p> <p>“not being able to access dosette boxes” noting contradictory statements where the GP Practise maintains:</p> <p>“we now do not have difficulty finding dosette boxes for patients” however go on to give a “concern that they think that that may change should this application be rejected” - noting he was not sure why they would feel that way because he had not given them any reason for concern.</p> <p>Mr Green noted there was a place for anecdotal evidence however when it has not no detail and it is it is not in alignment with the factual statistics of service delivery on the ground.</p>
7.15.4	Ms Rugman had no further questions for Mr Green.
7.16	Questions from Mr O’Brien, Chair to Mr Green.
7.16.1	Mr O’Brien enquired if it was March 2025 that M&D Green took over from Gordon’s Chemists. Mr Green confirmed this.
7.16.2	Mr O’Brien referencing the previous query noted that prior to that time a business opportunity had been identified enquired what consideration had been given to Rowlands pharmacy given noted concerns of the impact that a new pharmacy may have on those existing ones when exploring the business opportunity. Mr Green responded to clarify that when he acquired Gordon’s Chemist on the 1st March 2025 it was not just the Helensburgh pharmacy but their estate of nine pharmacies across Scotland noted that it may be remiss of him to not have thought about Rowlands in Helensburgh at that time, as it had not factored in his diligence.
7.16.3	Mr O’Brien reflecting on Mr Green’s presentation of the significant improvements made in the year you have been open noted the M&D Green do not have staff targets enquired if they aspired for business growth. Mr Green confirmed this.
7.16.4	Mr O’Brien reflecting on the previous response enquired how Mr Green would evaluate impact on the neighbourhood and the services provided there. Mr Green responded to suggest reviewing the drawing and the amount of space dedicated to consultation facilities, whether the consultation room in the pharmacy or one of the two treatment rooms, that the growth envisaged within the pharmacy is through service provision noting he has been investing in his staff team to allow this to happen and are on a strong trajectory to have three prescribing pharmacists in the area as well as facilities to support their

	prescribing aspirations going on to note the work being done with GP partners to try and alleviate some of the pressure upon them. Mr Green stated that if you are asking him where he think the growth is, it is in patient facing services and that is where he has put most of his investment into this site.
7.16.5	Mr O'Brien enquired how much of the income base of a pharmacy does dispensing income make up. Mr Green suggested that it could be around two-thirds reflecting that a large portion of pharmacy revenue comes from dispensing activity noting that the cost of drugs was to be included a significant portion probably 80% of the revenue of a pharmacy comes from the dispensing process.
7.16.6	Mr O'Brien reflected that loss of dispensing income would have significant impact. Mr Green confirm this.
7.16.7	Mr O'Brien had not further questions for Mr Green.
8	The Chair noting the conclusion of submissions by the Applicant and M&D Green and time constraints raised by members of the panel as well as interested parties, following legal advice brought day one of the hearing to a close with remaining submissions to continue at a date to be arranged.
8.1	Day One of the hearing was adjourned at 1710 hrs on Thursday 26 th of February 2026
9	This hearing was reconvened on Friday 27th of March 2026 at 0935 hrs
9.1	The Chair welcomed all to the hearing which is a continuation from 27 th of February 2026 for the Application of a new pharmacy contract at 1-3 East King Street, Helensburgh G84 7QQ.
9.2	The Chair reminded participants of the process as noted in day 1 confirming that no new information would be included in this hearing.
9.3	The Chair noted changes in participants for three of the interested parties as being: Mr Stuart McBean, assisted by Ms Sarah Gillies representing Boots Mr Syed Shah, assisted by Mr Sufyan Tahir representing Cardross Pharmacy Mr Mark Dickinson representing Rowlands Pharmacy.
9.4	The Chair confirmed that all other participants as well as members of the Panel remain unchanged and no new conflicts of interested were reported.
9.5	The Chair noted that Ms Macfarlane who was an observer at Day 1 of the hearing was not available to join the reconvened hearing confirming that she was an observer only and had no voting involvement in the hearing.
9.6	The Chair summarised the timeline of the reconvened hearing as being:

	<p>The PPC was convened on the 26th of February 2026 to consider the application under a correctly constituted panel.</p> <p>Part one of the hearing was adjourned at 5pm on the 26th of February.</p> <p>Dates were firstly requested from the panel on the 26th of February.</p> <p>Following a review of panels availability, a further e-mail was issued to all parties on the 3rd of March 2026 confirming that the final hearing would take place today, 27th of March.</p> <p>As indicated, there has been a few changes in personnel involved in today's session. The Central Legal Office has confirmed that a change of speaker would only be considered by the Chair under particular circumstances for part two of a hearing as extensions to hearings are rare, such changes are normally permitted only where the original speaker is unable to attend, for example, but not limited to annual leave or bereavement. As this continuation is technically part of the same hearing, the expectation would be that the same individual would remain in place.</p> <p>While the regulations do not explicitly address the situation of changing speakers and hearing, they do indicate that one individual should represent the interested party. Under normal circumstances, the representative would not change partway through the proceedings. However, we have to take into account that the hearing had to be adjourned midway through and the new hearing date has been organised and was sub four weeks later.</p> <p>We have received requests of three changes to speakers by interested parties, Boots, Cardross Pharmacy and Rowlands.</p> <p>Taking into account the change in dates and the time involved, I have agreed to all three changes, and as such, Boots Speaker will change from Scott Jamieson to Stuart McBean. Mr Jamieson is unable to attend due to pre-arranged annual leave. Cardross Pharmacy will change from Mr Hammad Khalid To Syed Uzair Shah, with Sufyan Tahir stepping in as support. Unfortunately, Mr Khalid is unable to join us today due to a family bereavement. The Rowlands speaker will change from Claire Cunningham to Mark Dickinson. Miss Cunningham had an unforeseen personal circumstance come up at short notice, which means she is out of office today and unable to attend. Margaret Naismith, who supported Miss Cunningham at the first session, is also unable to join us today therefore, Mark will take on speaking duties and will not be supported.</p>
<p>9.7</p>	<p>The Chair noted he has requested Mr Waclawski, representing the NHS Central Legal Office to join us this morning and he will provide clarity of the legal advice provided to NHS Highland in consideration of this matter emphasising as Chair of the panel, have made a decision on speakers.</p>
<p>9.8</p>	<p>Mr Waclawski noted the Chairs description of the legal advice that had been provided by him regarding this matter was sufficient and confirmed was taken from Schedule 3, paragraph 3, 3C of the regulations. Noting also subparagraph D of that same provision says that any person assisting the applicant or any person making representations at the hearing and the PPC</p>

	should confirm that they're not appearing in the capacity of council, solicitor or paid advocate.
9.9	Mr Waclawski noted this is one hearing over two days and that the general rule is that one person should speak for each interest at hearing, but that it is a matter for the Chair applying your role as the arbiter of procedural fairness, to decide whether a change should be permitted if the circumstances are altered and the change turns out to be something which is which is needed in the circumstances.
9.10	The Chair, asked all interested parties to confirm that they are in compliance with the regulation in relation to not acting on behalf of as a solicitor council, paid advocate taking silence as agreement.
10	Submission from Mr McBean, Boots Pharmacies
10.1	Thank you my name is Stuart and I am area manager for Boots, the area which includes Helensburgh, hence why I am here today and just for transparency, I am a pharmacist.
10.2	I would like to thank you for the opportunity to present to the panel this morning. I will give my presentation on behalf of Boots, and I will cover a number of different topics which I will go through in turn.
10.3	Firstly, I would like to start with the neighbourhood. We overall agree with the neighbourhood as defined by the applicant and as detailed in our submitted presentation, and as such I will not go into detail around the boundaries.
10.4	Helensburgh is an urban town in Argyll and Bute. Helensburgh benefits from three railway stations, Central, Upper and Craig and Doran, with direct links to Glasgow and Edinburgh, supporting daily commuting and urban mobility. Helensburgh is an affluent town with notably high levels of car ownership and a resident population that regularly commutes to surrounding towns and cities for employment.
10.5	Helensburgh is within a 10-minute drive to Cardross, where there is an additional pharmacy around 20 minutes from both Dumbarton and Alexandria, and approximately 40 to 60 minutes by road or rail to Glasgow and also has direct rail links to Edinburgh.
10.6	The town has well developed road networks and public transport.
10.7	So to summarise, we essentially agree with the neighbourhood as defined by the applicant. However, the population is not restricted to this neighbourhood and may access pharmaceutical provision out with the neighbourhood. For example, where they work or access other communities.
10.8	I'll now look at the demographics of Helensburgh.

10.9	The Scottish multiple index of deprivation shows that many areas of Helensburgh are ranked as some of the least deprived in Scotland.
10.10	If we look at the 2022 census data and talk about population, we understand the population of Helensburgh to be approximately 14,127. There are three pharmacies located within Helensburgh itself, which equates to 4,700. and nine patients per Pharmacy, which is broadly in line with the Scottish average
10.11	Based on the Scottish Government's 2021 mid-year population estimate of 5,479,000 and approximately 1,250 pharmacies, the national ratio is approximately 4,383 patients per Pharmacy resulting in a difference with the figure gave for Helensburgh of 326 patients per pharmacy. Therefore, as I said, this is broadly in line with the national average.
10.12	<p>If we look at car ownership within Helensburgh, the levels of car ownership are higher than the national average.</p> <p>78.7% of households have access to private vehicle and 33.6% of households have access to two or more.</p> <p>This is in comparison to the Scottish average of 63.8 for one vehicle and 21.6 for two or more, again indicating a higher level.</p>
10.13	<p>Then looking at home ownership, the levels of home ownership in Helensburgh are higher than the national average. 71.8% of households are owner occupied, that's with or without a mortgage, and the national average is 62%.</p> <p>12.6% are rented from the council or social landlords and the remaining are privately rented, and that is versus the Scottish average of 25%.</p>
10.14	We then move on to general health. The levels of general health are similar to the national average, with 80.4% of residents rating their health as good or very good and 5.8% rating their health as bad or very bad, which compares to the Scottish average of 82% for good or very good and 5.6 for bad or very bad. So again, in line with national average.
10.15	If we then move on and look at predicted population growth in Helensburgh, an extract from the Improvement Scotland in collaboration with National Records of Scotland states for Helensburgh a predicted population increase of 562 people, which is 2.23 percent between 2025 and 2030. The full details of our information is included in our presentations, which has been submitted.
10.16	Regarding the further expansion of the Faslane Naval Base, I would like to highlight that as described in the Helensburgh Advertiser on the 20th of November 2024, the planned building of 639 accommodation units, which includes 300 units for trainees, is for the replacement of previous existing accommodation as opposed to completely fully additional units.

10.17	I would also note that existing pharmacies have met any needs arising from recent developments and have the capacity to meet any future needs arising from your housing development.
10.18	So, in summary, from the SMID data, Helensburgh is amongst the least deprived areas in Scotland. The levels of car and home ownership are higher than the national average. The existing pharmacies have met any needs arising from recent developments and have the capacity to meet any future needs arising from new housing developments and overall, the population increase from 2025 to 2030 is predicted to be just 562 people, a 2.23% increase.
10.19	I'll now go on and talk about the proposed premises.
10.20	I understand the size of the proposed premises to be approximately 60 square metres, with the layout plan provided not including any scale. It's unlikely the premises would be suitable to support come home supply and would have limited space to store patient compliance packs
10.21	The premises has a step and therefore would need a ramp to be DDA compliant, which would require further planning permission from the council
10.22	<p>The 3 existing pharmacies in Helensburgh are a short walk from the proposed premises:</p> <ul style="list-style-type: none"> • Boots is approximately 4 minutes. • M&D Green approximately one minute. • Rowlands approximately 5 minutes.
10.23	If we look at the existing services provided by the Boots Pharmacy in Helensburgh, the pharmacy is open 9am to 5.30pm Monday to Saturday and 11am to 4pm on a Sunday. Therefore, we offer seven-day provision of service.
10.24	<p>Our Pharmacy provides the following services:</p> <ul style="list-style-type: none"> • NHS Pharmacy First is open and eligible to all patients. • NHS Pharmacy First Plus is expected to start in July 2026. As we have a pharmacist coming to the end of other independent prescriber training, therefore we will have a pharmacist prescriber in the pharmacy from July this year. • We also offer public health services, including emergency hormonal contraception and bridging contraception. • stop smoking service, • unscheduled care service • gluten free food service • ostomy

<p>10.25</p>	<p>We also participate in the locally negotiated services with Highland Health Board and these are:</p> <ul style="list-style-type: none"> • substance use service • needle exchange service • Medicine Administration record, • Champ service or marsh service. • Palliative care service • sharps and waste disposal • Close pain service. • We conduct regular engagement with local care homes.
<p>10.26</p>	<p>Although not NHS services, we also provide compliance head packs and a free delivery service is provided Monday to Friday with emergency deliveries available over the weekend.</p>
<p>10.27</p>	<p>Regarding stock supply, we, along with the vast majority of community pharmacies, measure this as an important KPI. From our internal measure, taking into account any manufacturer can supply issues, over the last four weeks, 99.6% of prescriptions were supplied info on one collection, i.e. no repeat visit by the patient. This is an internal measure we monitor on an ongoing basis due to its importance to patients.</p>
<p>10.28</p>	<p>In addition, 78% of our patients are signed up to our texting service, which sends a text to let them know their prescription is ready to come up</p>
<p>10.29</p>	<p>I am now going to touch on patient feedback.</p> <p>Our Pharmacy reports a high level of patient satisfaction, with 93% of respondents stating they were extremely satisfied with the service. Our internal survey achieved a response rate of 51 responses over the past five months i.e. with 51 responses for patients, 93% were extremely satisfied with the service</p>
<p>10.30</p>	
<p>10.31</p>	<p>This is well above our company average.</p>
<p>10.32</p>	<p>A number of comments have been received from patients highlighting the friendly staff and the high standard of service provided. A selection of these comments is included below to illustrate this.</p>
<p>10.33</p>	<p>“Picked up prescription got a txt to say it was ready no queue served by Kathleen who offered to reorder, excellent service professional friendly staff”</p> <p>“The staff are very friendly it's more like a family-owned store everyone makes sure your welcomed and happy.”</p> <p>“I received a message to collect my prescription. Same each month, ready as always. No problem.”</p>

	<p>“I pick up my prescription every 8 weeks I don’t need to do anything they order it for me and txt when ready, great service that they are open on a Sunday as well”</p> <p>“This Boots store has been in my hometown for as long as I can remember. I know some of the staff who go above and beyond to help. Boots is a way of life and a must in every town.”</p> <p>“The staff in store were friendly. Someone was available quickly and the wait time wasn’t long. The time getting my prescription was quick and overall a positive experience.”</p> <p>“I regularly have to pick up prescriptions and the staff are always friendly and efficient.</p> <p>“Also when I buy something there is again always a smile on the staffs face and they are very helpful if I can't find anything.”</p>
10.34	We have made significant capital investment has been made at our pharmacy to ensure continuity of care for the local population since the closure of our store at 47- 49 Sinclair Street. This demonstrates Boots' commitment to maintaining pharmacy provision within Helensburgh and enhancing the standard of service offered to both patients and the wider community..
10.35	Improvements made at 9–13 Sinclair Street include the full refurbishment of the dispensary, a redesigned salesfloor layout, the installation of a new consultation room, and the development of a supervision area to promote patient confidentiality for any patients accessing substance use services. In addition, we have implemented advanced automation technologies. These systems are instrumental in freeing up pharmacist capacity, allowing more time for direct patient interaction and the delivery of NHS services. To support this, the staffing model has been increased accordingly.
10.36	In addition, we have implemented advanced automation technologies.
10.37	These systems are instrumental in freeing up pharmacist capacity, allowing more time for direct patient interaction and delivery of NHS services.
10.38	To support this, the staffing model has been increased accordingly. I would also emphasise that as a result of the refurbishment, we have two areas to offer privacy to patients, both the consultation room and a discrete area for anyone requiring medication supervision.
10.39	As a result of these improvements, we have capacity to grow across all prescription supply and NHS services.
10.40	<p>I want to briefly talk you through the team we have here in Helensburgh. We have a total of 21 colleagues in the pharmacy and in the wider store.</p> <ul style="list-style-type: none"> • Store Manager – Pharm tech, in ACPT training • ACPT – x1 – Part time • Pharm Tech x 1 – Part time, plus another colleague in training • Dispenser x 10 – combination of FT and PT

	<ul style="list-style-type: none"> • Customer Advisor x 5 – combination of FT and PT • Pharmacist – 3 based in store – 1 FT and 2 PT, with one in IP training • No team vacancies.
10.41	I would also point out the vast majority of the colleagues live in or around Helensburgh.
10.42	<p>For some additional information, our current premises have:</p> <ul style="list-style-type: none"> • Private consultation room – recently refitted • Hearing Loop • Low healthcare counter for wheelchair access • Automatic doors • No need for ramp, level entrance • Newly refitted dispensary • Significant investment from Boots since the closure of the other Boots Pharmacy
10.43	<p>Our pharmacy team has good working relationships with their local GPs. All the staff members that work in our store have worked in the area for many years and have built a strong relationship with the population of Helensburgh and with other healthcare providers. The team proactively works to maintain these strong working relationships, and our Store Manager (Pharmacy Technician) and Area Manager (Pharmacist) visited the local GPs prior to the previous hearing. The purpose of this visit was to offer pharmacist-led support, discuss any operational concerns, and explore opportunities for enhanced collaboration. Feedback from the GP practices was unanimously positive. No concerns were raised, and the practices expressed clear confidence in the existing pharmacy provision and the strength of the professional relationships in place. This reinforces the view that the current network is both well-integrated and responsive to local healthcare needs. The pharmacy team are in daily communication with the GP surgery, and a further visit is planned in the near future.</p>
10.44	<p>The team also maintain strong working relations with other local healthcare providers. They recently visited the Dumbarton Joint Hospital (NHS GG&C) and Jainie Deans Mental Health Services Centre to explore opportunities for further support we can provide. Recently two NHS Health Board colleagues have visited the pharmacy in relation to provision of substance use and needle exchange services, the visit was very positive, constructive and again no concerns were raised</p>
10.45	<p>The local community council also visited our pharmacy before the previous hearing to learn more about what happens behind the scenes in the pharmacy. The feedback received on the day was positive. Members of the council expressed they were very impressed with how the pharmacy operates, the level of investment made in the premises, and we are grateful for the opportunity to learn about everything we do in the background to support our patients.</p>

10.46	In addition, we have written to Jacqui Bailey, MSP, and have asked if she would like to visit our pharmacy and see the service level and privacy provided to patients to date. no response has been received.
10.47	So in summary, Boots Pharmacy is 230 metres from the proposed site and provides national, core, and local NHS services. The pharmacy offers a free prescription delivery service and is open seven days a week
10.48	We offer free compliance aid pack service to those in need. Our pharmacy holds great relationships with GPs and other health care providers. There have been significant investment in the premises for new dispensary and consultation room area. These improvements have led to greater patient pharmacy satisfaction with 93% of patients being extremely satisfied based on 51 responses in the past five months and we have the capacity for growth across all prescription supply and NHS services.
10.49	I'd like to move on to discuss access to existing pharmacies. Our presentation contains detail, sorry, contains a lot of detail regarding the access to existing pharmacies for reference, so therefore I will just summarise. The existing pharmacies are reasonably accessible for the neighbourhood whether a patient is travelling on foot, by car or by public transport. Free parking is available at the existing pharmacies. Free delivery services are provided by existing pharmacies, if needed, by patients. There would be no overall improvement to accessing pharmaceutical services if the contract we have to be granted, given its close proximity to existing pharmacies.
10.50	I will then move on to the CAR.
10.51	Only 1017 responses were received to the card, representing less than 2.7.2% of the local population. Should the panel decide to attribute weight to the card responses as part of its assessment, we would highlight that several comments oppose the opening of a new pharmacy. Full details are included in our submitted presentation. However, I would like to highlight a selection of these comments.
10.52	From Question 3 in the car, which covered core and national services currently provided by any other community pharmacy in the area (with an explanation of each service). Do you think the current provision is adequate. <p>“We have enough pharmacies in the area”.</p> <p>“There are already good pharmacies in town. This may affect their business”.</p> <p>“We don't need 10 pharmacies. I strongly oppose the proposition of another pharmacy. Can they bring another new service like dental to Helensburgh instead?”</p>
10.53	Then from Question 4:

	<p>“The 3 pharmacies in Helensburgh are doing a fantastic job providing all the mentioned services without being pushed to unmanageable levels. There is no need for a further pharmacy offering services already well covered.”</p> <p>“I feel that the services that are available at the current three pharmacies in Helensburgh are adequate to meet all of the above services. I do not feel there would be any additional benefit to an additional pharmacy opening.”</p>
10.54	<p>Then from Question 8:</p> <p>“As mentioned, all three pharmacies and Helensburgh provide excellent service.”</p> <p>“Great relationship with my current pharmacy’s. They go above and beyond.”</p>
10.55	<p>From Question 9:</p> <p>“I feel that opening another pharmacy could negatively detriment the pharmacies already open. I do not feel there is any need for another pharmacy and opening another pharmacy would only drive patients away from those already open, which could result in a closure.”</p>
10.56	<p>And then finally from Question 10:</p> <p>“it may cause confusion, one Pharmacy has already shut down due to too many in the area.”</p> <p>“We already have sufficient number of pharmacies in Helensburgh. As someone who's on constant medication I have never had any issues obtaining my medication or getting the advice and care I need.”</p>
10.57	<p>As I say, these are only a selection of the comments and the rest are included in our submitted presentation.</p>
10.58	<p>Therefore, only 7.2% of the neighbourhood’s population responded to the CAR, indicating limited engagement from the local community regarding the opening of a new pharmacy. Among those who did respond, not all were supportive of the application.</p>
10.59	<p>Finally, I'd like to talk to viability.</p>
10.60	<p>The Committee will be aware of the need to ‘secure’ the adequacy of services in the area, which includes considering the impact that granting the application may have on the stability and sustainability of local NHS Pharmaceutical Services. This applies both to existing services available to patients and to the long-term viability and security of the proposed new pharmacy, should the application be approved.</p>
10.61	<p>If an additional pharmacy contract were to be granted, it would have a significant impact on existing contractors and the level of investment they can continue to make, including staffing and potential service enhancements such as additional pharmacists to further support NHS services.</p>

10.62	We believe that, if the application were to be approved, it would at the very least destabilise the provision of NHS Pharmaceutical Services in this area.
10.63	Another point to note regarding viability is that if the contract were to be granted, it would be leapfrogging the existing pharmacies and the town and would be closer to the GP surgery. As a result, the impact on other contractors would likely be significant.
10.64	The impact could be greatest on Rowlands pharmacy, which is the furthest from the GP surgery and currently dispenses around 3,000-3,500 items per month. Granting a new contract could place Rowlands at considerable risk in terms of its ongoing viability. It may also limit further investment in both M&D Green and Boots pharmacies, thereby destabilising the current provision of pharmaceutical services in Helensburgh
10.65	Boots Pharmacy at 47 to 49 Sinclair Street closed in November 2023. At the time of the closure, the pharmacy was dispensing approximately 1300 items per week, comprising A diverse range of regular prescriptions, patient compliance aids, and the provision of methadone services. The closure was based on increasing cost to contractors since 2020 and the consolidation of costs into one location.
10.66	Therefore, the difficult decision was made to close the smaller of the two pharmacies, as a larger unit gave more opportunity for development to match future needs of the Scottish Pharmacy contract.
10.67	In conclusion, we submit the existing pharmaceutical services provided to the neighbourhood are adequate and urge the committee to refuse this application.
10.68	Thank you Chair.
10.69	This concluded the representation from Mr McBean.
10.70	The Chair invited questions from Mr Jamil, the Applicant to Mr McBean, Boots Pharmacies
10.70.1	Mr Jamil asked Mc McBean if he accepted the findings in the CAR. Mr McBean noted that he has reservations on the findings in the CAR on two counts: the fact that the response rate was just over 1,000 and the amount of time that has passed since the CAR took place.
10.70.2	Mr Jamil asked if Mr McBean accepted that the CAR response rate was the highest of any pharmacy application at the time. Mr McBean accepted that to be true.
10.70.3	Mr Jamil asked Mr McBean if he would consider the number of responses to the CAR significant. Mr McBean noted that it was less than 7% of the population in the neighbourhood.

10.70.4	Mr Jamil asked Mr McBean if he knew the percentage of people who responded to the CAR that had said services were inadequate. Mr McBean confirmed he could not.
10.70.5	Mr Jamil noted that 79% of CAR respondents said that services in the neighbourhood were inadequate and asked Mr McBean if he was aware of the percentage of respondents who were supportive of the applications. Mr McBean confirmed that he was not.
10.70.6	Mr Jamil noted that 90% of CAR respondents were in support of the application and asked Mr McBean if he had any evidence to show that pharmaceutical services to the area have improved since the CAR was concluded. Mr McBean noted that his presentation covered improvements, emphasising that 99.6% of patients get their medication on their first trip to the pharmacy and responses to their internal Customer Care Measure is at 93% based on 51 responses, which is higher than the company average.
10.70.7	Mr Jamil asked Mr McBean why he did not submit the customer satisfaction survey for consideration at the hearing. Mr McBean did not have an answer for that question.
10.70.8	Mr Jamil asked Mr McBean what reason there was for the number of recent complaints that have been submitted to the Health Board. Mr McBean asked Mr Jamil to expand on his question.
10.70.9	Mr Jamil clarified that the Health Board has received 23 letters, 22 of which were recent complaints regarding pharmaceutical services in Helensburgh. Mr McBean asked how many of those letters of complaint were related to Boots Pharmacy.
10.70.10	Mr Jamil noted that he didn't have the exact number of complaints related to Boots but estimated five or six that specifically mention Boots. Mr McBean disputed that claim.
10.70.11	Mr Jamil asked Mr McBean how he thinks responses in the CAR, recent surveys and complaints reflect on the current pharmaceutical provisions in Helensburgh. Mr McBean noted that he doesn't think they do accurately reflect pharmaceutical provisions in the area.
10.70.12	Mr Jamil asked Mr McBean if he was stating that there were no challenges to pharmaceutical services in the area. Mr McBean acknowledged that there's been challenges to pharmaceutical service provision in the area if one were to look back on a specific period of time, but not currently and not in relation to Boots pharmacy.
10.70.13	Mr Jamil asked Mr McBean if he was aware of complaints that were received in the last month, as well as GP Practices highlighting their strong support for a fourth Pharmacy in Helensburgh. Mr McBean acknowledged that the local GP Practice had sent a letter but that he had visited and spoken to Caroline

	at the GP Surgery and is therefore confident that if there were any ongoing concerns they would be raised directly with the Team at Boots.
10.70.14	Mr Jamil noted again that the GP Practice sent two letters of support with this application and asked Mr McBean if he had any evidence of the feedback he received from the GP Practice regarding the service at Boots as mentioned. Mr McBean asked the panel to take his word on the fact that he and Sarah have visited the surgery as he did not ask for any written documentation of the conversation had.
10.70.15	Mr Jamil referred to the Pharmaceutical Care Service Plan which explicitly states that the unmet need due to the Boots closures needs to be considered. He noted that this was highly unusual for the Health Board to directly mention the need for a new pharmacy and asked Mr McBean if he agreed that means real consideration needs to be given to the adverse effects the closures had in Helensburgh. Mr McBean stated that took place 2.5 years ago.
10.70.16	Mr Jamil asked Mr McBean if he agreed that the complaints signify that there is still a need for additional pharmaceutical services in Helensburgh. Mr McBean didn't accept that the complaints are related to Boots pharmacies.
10.70.17	Mr Jamil asked Mr McBean what public consultations Boots did before closing their pharmacy on 47 to 49 St Clair Street. Mr McBean noted that the pharmacy was not required to undertake any degree of public consultation prior to closing. The only requirements was to give the Health Board three months' notice.
10.70.18	Mr Jamil asked Mr McBean if he didn't think it would be beneficial to understand how patients feel and how their daily lives would be impacted by such closures. Mr McBean noted that the decision was to close the smaller of the two Boots pharmacies in the area and was decided at a local level.
10.70.19	Mr Jamil asked Mr McBean to confirm then that the closure wasn't specific to local needs. Mr McBean noted that was not what he said, but just that the decision was made at a local level, i.e. he was not involved in the decision as area manager.
10.70.20	Mr Jamil asked Mr McBean if he would then agree that it would be very difficult for a Head Office in England or in the States to understand the intricacies and the diverse needs of Helensburgh residents. Mr McBean said he was confident that decisions were being made in an informed way.
10.70.21	Mr Jamil referred to a Google review from when the smaller of the Boots pharmacies was still open in Helensburgh from Gary Fury, who indicated the Boots up the road was much better. This feeling is affirmed in the survey conducted recently noting that "Boots closed the doors of the better of the two pharmacies. Now pharmacies are overrun and the service is appalling." He asked Mr McBean if these accounts highlight how out of touch Boots head office are with the community closing the pharmacy that was seen as offering

	the better service locally. Mr McBean stated that he didn't understand the question.
10.70.22	Mr Jamil noted that if one were to look back at historical old Google reviews, individuals are saying that the Boots that was closed down was the better of the two Boots pharmacies in Helensburgh. He also noted that looking at more recent evidence with the Community Council survey, patients are confirming that Boots closed the doors to the better of their two pharmacies in the area. He asked Mr Bean if this shows how the head office is out of touch with what's actually happening in Helensburgh. Mr McBean noted that as part of his presentation he explained the reason for moving to the bigger of the two premises to allow Boots to invest and sell to offer the best pharmaceutical care in Helensburgh.
10.70.23	Mr Jamil asked if the dispensary in the larger Boots location is bigger than the dispensary at the old Boots site. Mr McBean noted that the dispenser was fundamentally different, more modern, and therefore difficult to compare to the old dispenser. He confirmed that by square meterage they are likely about the same size, but dispensary in the current pharmacy is bigger than what was in the smaller Boots. The dispensary is twenty to twenty-five square metres in the current pharmacy.
10.70.24	Mr Jamil asked Mr McBean if he would say that the Boots closure was a cost-saving initiative rather than a patient-centred decision. Mr McBean said the decision allowed for Boots to have a pharmacy fit for current and future development of pharmacy for pharmaceutical needs.
10.70.25	Mr Jamil noted accounts in the CAR of how closures negatively impacted on services in the town, with one resident sharing they felt the town has been failed by the existing pharmacies. The small Boots closing on St. Clair Street has caused massive problems that are affecting people's lives and medication. Looking at evidence in the recent survey, 84% of residents stated that the closure of Boots in Helensburgh has negatively impacted pharmacy services. Mr Jamil asked Mr McBean if he thought closing that pharmacy was a bad idea with the benefit of hindsight and considering public opinion. Mr McBean stated that was not for him to answer.
10.70.26	Mr Jamil noted that it was reported in the Pharmaceutical Journal that the Boots Chief Financial Officer, Mr James Keyhoe, says that the company was consolidating its business in order to facilitate a sale and the closure was a part of a cost saving initiative, and asked Mr McBean if he agreed with that statement. Mr McBean responded that he was not in a position to disagree with it.
10.70.27	Mr Jamil asked Mr McBean to confirm that he agrees that the closures weren't a patient-centred decision and that they were part of a costing initiative as mentioned by Mr Keyhold. Mr McBean reiterated that he was not in a position to disagree with that statement.

10.70.28	Mr Jamil asked Mr McBean if he would consider 22 complaints to a Health Board is a significant indicator of the state of Pharmacy Services. Mr McBean said that he does not consider that to be the case, as already stated.
10.70.29	Mr Jamil noted that there was a clear theme amongst the letters to the Health Board of inadequacy of pharmaceutical services. He shared one specific to Boots from Fiona Baker who states that “Helensburgh did have another pharmacy, but it was closed and centralised and the main Boots, where you might take a sandwich and flask, perhaps even a sleeping bag, if you actually want to wait for a prescription to be filled. The proposed new pharmacy would actually have restored the number of pharmacies to the previous levels.” Mr Jamil asked Mr McBean if he would agree that shows clearly the effects of the closure of the second Boots store. Mr McBean stated that without knowing the detail of the experience Ms Baker had it is difficult to comment. He also noted that the 22 letters of complaint sent to the Health Board were received after a clear prompting from the Helensburgh advertisement.
10.70.30	Mr Jamil noted that complaints of inadequate pharmaceutical services in the area were also common in the CAR. He referred to a comment from Carole Bridger who complained to the Health Board stating that she arrived to find a queue of six people, joined the queue but due to her illness and was then unable to stand any longer so dragged a chair over to sit down in the queue for a further 15 to 20 minutes. She then goes on to say that there were at that time 12 people behind her in the queue. When she asked for her prescription, she found out that there was only one item ready and that the rest were not able to be collected until the following day. While unwell and annoyed, Ms Bridger stated that she should perhaps use an alternative pharmacy in the future and was told by the assistant at Boots “good luck finding a pharmacy in Helensburgh that doesn’t have a queue.” Mr Jamil asked Mr McBean if he considered that a description of adequate pharmacy services. Mr McBean stated that he is aware of that complaint and noted that it was not an accurate description of the interaction. He noted he could not say any more about the interaction as Mr Jamil had identified the patient by name.
10.70.31	Mr Jamil referred to another comment that states a customer was “left with the impression that the current pharmacies are only interested in putting profits before people. There’s a need in town for another pharmacy.” Mr Jamil asked Mr McBean if, in light of this, he would agree that restoring a fourth pharmacy is the best course of action given the complains all mirror what the findings of the CAR and are dated post Boots improvements. Mr McBean stated that, as noted in his presentation, he felt the current pharmacies are providing the necessary provision and there’s potential impact on viability for a fourth pharmacy.
10.70.32	Mr Jamil asked Mr McBean if he was aware the average Pharmacy First numbers coming from Helensburgh are around 350 and if he was aware specifically of the figures for Boots on Sinclair Street from December, which is the most recent data available. Mr McBean asked for Mr Jamil to clarify which part of Pharmacy First he was referring to.

10.70.33	Mr Jamil clarified that the Pharmacy First statistics he was looking at included consultations, referrals and times. He noted that the Boots in Sinclair Street showed 297 in the most recent December data, which was less than the area average and shows a significant disparity between Boots prescription numbers and the Pharmacy First output in Helensburgh. He also noted that Boots is one of the busiest pharmacies in NHS Highland, in the Top 5, yet rank 30 th in Pharmacy Fi Mr McBean noted that, looking at referral and advice, other figures are lower than expected which is down to the way consultations are recorded. So really the work is being done without being remunerated. If one were to look at the items supplied through Pharmacy First, Boots is in line with other local contractors.
10.70.34	Mr Jamil asked Mr McBean for evidence to support his previous statement. Mr McBean noted that if a patient is accessing Pharmacy First, they will receive treatment when it's appropriate. Boots are letting themselves down by recording the non-supply and missing out on remuneration for that. Mr McBean agreed to acknowledge it is low but when taking into consideration Pharmacy First supplied items, Boots are still in line with other contractors.
10.70.35	Mr Jamil asked Mr McBean to confirm that if one were to look solely at Pharmacy First items, it's still disproportionate to the business of the pharmacy. Mr McBean stated his disagreement.
10.70.36	Mr Jamil asked Mr McBean to confirm that evidence from the CAR along with the recent surveys and letters of support all highlight that the pharmacist is too busy to speak to patients, and therefore more likely reasoning for the reduced provision and reduced numbers. Mr McBean stated his disagreement.
10.70.37	Mr Jamil noted that since the merging of the two Boots pharmacies, there is a significant reduction in Pharmacy First provision which is demonstrated by data. He provided an example of January 2023, in which both the then existing Boots stores did a combined 464 consultations compared to December 2025, in which the remaining Boots only did 297 consultations. He asked Mr McBean to explain why the higher footfall the remaining Boots pharmacy has reduced Pharmacy First delivery. Mr McBean referred back to his answer to the previous question.
10.70.38	Mr Jamil asked Mr McBean if, when the two Boots pharmacies were open, people had better access to Pharmacy First and that has now been reduced, as seen in the figures. Mr McBean said that was not the case and that his answer related to the differences between supply to Pharmacy First, as opposed to refills and advice.
10.70.39	Mr Jamil asked Mr McBean to confirm that based on the figures, it can be seen that access has reduced. Mr McBean stated that he has explained the figures.
10.70.40	Mr Jamil asked Mr McBean if he thought the output of the consultations being recorded should be the same across both Boots sites, whether it be January

	2023 or the present day. Mr McBean confirmed that he did but that the issue is a lack of recording Pharmacy First interactions as he previously explained.
10.70.41	Mr Jamil asked Mr McBean if he thought there was an inadequacy in Pharmacy First services highlighted by what individuals responded to the CAR and the fact that despite an 81.5% increase in prescription volume, the provision of Pharmacy First has reduced by 36% based on figured. Mr McBean stated his disagreement.
10.70.42	Mr Jamil highlighted a specific CAR response in which a patient states they can't get minor ailments checked at the pharmacy because they're too busy and asked Mr McBean if that did not highlight the reduced output of Pharmacy First. Mr McBean stated that the comment was from a number of months ago and he did not agree it highlighted a reduced Pharmacy First output.
10.70.43	Mr Jamil stated that ninety percent of people in the CAR supported the application for a new pharmacy while reporting the common theme that they were unable to access Pharmacy First and other core services. He asked Mr McBean if he feels that highlights the inadequacy that residents are currently facing in Helensburgh. Mr McBean reported that patients have not been sharing those concerns with the team at Boots, and that by Boots internal measures are all indicating this pharmacy to be performing well. As noted previously, about 99.6% of patients get their medication on their first trip in and there are over 70% patients on text service. 93% of patients are extremely satisfied with the service that is given. He stated he did not agree the CAR responses represented an inadequacy of pharmaceutical services.
10.70.44	Mr Jamil asked Mr McBean if he thought it would have been beneficial to submit the data and evidence he refers to for the Committee to look at today. Mr McBean said he had not done this and will refer that to the Chair.
10.70.45	Mr Jamil asked Mr McBean if the Boots Pharmacy in Helensburgh is a palliative care pharmacy. Mr McBean confirmed that it is.
10.70.46	Mr Jamil noted that the CAR highlighted several concerns around accessing palliative care medication and asked Mr McBean to explain why a recent survey includes the remark from a resident that "things are getting progressively worse. A dying relative had to revert to Cardross Pharmacy as no pharmacy in Helensburgh had their palliative care pain relief in stock." Mr Jamil felt that was totally unacceptable as a pharmacist that runs a palliative care pharmacy and asked Mr McBean if he would agree. Mr McBean noted that he couldn't comment on individual patients. He did note that he is aware that the team review stock levels on a weekly basis and any stock that will have been used will be replaced right away.
10.70.47	Mr Jamil asked Mr McBean if he was able to state the practice list size for the GP in Helensburgh. Mr McBean stated that he could not.
10.70.48	Mr Jamil confirmed the practise list size to be 19,000 patients with 90% prescriptions being dispensed in Helensburgh. He asked Mr McBean if he

	knew the number of prescription items per pharmacy that comes from a practise list of that size. Mr McBean asked Mr Jamil to repeat the question.
10.70.49	Mr Jamil asked Mr McBean to confirm the number of people per Pharmacy he mentioned previously. Mr McBean confirmed it was 4,709.
10.70.50	Mr Jamil asked Mr McBean if that number was based on the population of Helensburgh from the census data. Mr McBean noted it is based on the figure of just over 14,000 of a population.
10.70.51	Mr Jamil noted that Mr McBean's figures don't reflect new developments nor include those who live in Rue and Shandon who utilise pharmacy services and/or are registered with the GP Surgery in Helensburgh. He asked Mr McBean if he would agree then that the figure of 14,000 is inaccurate. Mr McBean asked Mr Jamil where he got the data he was using. Mr Jamil confirmed he was using data from Public Health Scotland and asked Mr McBean if he accepted the fact that there's 19,000 patients registered in Helensburgh with the GP Surgeries and 90% of prescriptions generated by the GPs are dispensed within Helensburgh, meaning the number of people for pharmacy is actually around 5,700. Mr McBean noted that he could not accept that as he had no way to confirm the data at this time.
10.70.52	Mr Jamil referred to the fact that Mr McBean has noted that the Boots pharmacy has the capacity to take on more patients and asked him why then the local GP surgery is stating that patients have to use pharmacies outwith the neighbourhood to access pharmacy services. Mr McBean asked for examples of this happening. Mr Jamil referred to a letter from the local GP surgery that says "there's no doubt that there's a need for more pharmacy provision locally. One pharmacy has shut in the last couple of years and many patients are having to fill prescriptions at Gayle Lochhead, Cardross and even Inverary." Mr McBean stated that he was not aware of that comment. Mr Jamil continued by looking at letters to the Health Board, in which he stated there are many accounts of patients saying that they're actually needing to leave the area to access pharmacy services as they can't receive their prescriptions within Helensburgh due to stock issues. Mr McBean asked again for specifics, stating it is difficult co comment on stock shortages without a specific medication to speak to. Mr McBean stated his overall view was that, given the number of wholesalers between the three pharmacies in Helensburgh, he would be very surprised if there was an item that none of the pharmacies were able to have in.
10.70.53	Mr Jamil noted a comment shared by Miss Harper to the Health Board in which she states "I myself have had to resort to getting mine from Inverary, as none of the existing pharmacies were dealing with a distributor who could supply one of the tablets I've been prescribed" and asks Mr McBean for comment on that. Mr McBean reiterated that, given the three pharmacies in Helensburgh and the number of wholesalers those pharmacies have access to, he would be very surprised if there was an item that none of the pharmacies could acquire.

10.70.54	Mr Jamil had no further questions for Mr McBean.
10.71	The Chair invited Mr Green, M&D Greens to question Mr McBean, Boots Pharmacies
10.71.1	Mr Green asked Mr McBean if he would agree that the neighbourhood as set out by the Applicant is a large neighbourhood. Mr McBean noted that he had limited experience but agreed it is on the large side with 14,000 people representing the majority of the town of Helensburgh.
10.71.2	Mr Green asked Mr McBean if he considered the rate 1,000 CAR responses different in a neighbourhood of 5,000 compared to a neighbourhood of 14,000. Mr McBean agreed that he did.
10.71.3	Mr Green referred to the line of questioning by the Applicant regarding Pharmacy First activity at Boots and asked Mr McBean if Pharmacy First was a patient led service. Mr McBean confirmed that it was and that it was also influenced by the demographic of the area the pharmacy is located in.
10.71.4	Mr Green asked Mr McBean if that then meant that Boots can only offer the Pharmacy First service to a patient who asks for it. Mr McBean confirmed that was the case.
10.71.5	Mr Green asked Mr McBean if a number of 297 Pharmacy First consultations suggests that the service is unavailable in Helensburgh. Mr McBean stated that it did not.
10.71.6	Mr Green asked Mr McBean if he could confirm what the size of the smaller Boots that was closed approximately two years ago in Helensburgh. Mr McBean confirmed it was around 100 square metres as per his memory.
10.71.7	Mr Green asked Mr McBean how that relates to the size of the Applicant's proposed premises. Mr McBean confirmed that the actual dispensing area of the Boots was less than just half or a third of the overall size of the unit, while the Applicant's proposed 60 square metres would therefore be smaller than the one in the previous Boots location. He also noted that Boots had an upstairs area that could be used for storage, and whether or not the Applicant will have the same has not been made clear in the layout provided.
10.71.8	Mr Green noted that the Applicant suggested that they might be able to secure space for an uptake of, if using prescriptions as a proxy for volume, 5,000 items. He asked Mr McBean if he thought that was a fair estimate of what they might bring in with available business and income in Helensburgh. Mr McBean noted he would expect it to be of higher volume than that.
10.71.9	Mr Green asked Mr McBean if he thought the Applicant was downplaying the impact that they might have on existing pharmacy business. Mr McBean confirmed that was the case.

10.71.10	Mr Green asked Mr McBean if adjustments would have to be made to the cost base in Boots if income is reduced. Mr McBean confirmed that Boots is run on a model that is based on the volume of items and services offered and therefore, if that reduced, Boots would also have to reduce their costs and there would be implications for team members.
10.71.11	Mr Green asked Mr McBean if redundancy for team members would have to be considered. Mr McBean noted that Boots would certainly need to look at reducing the number of team members in the pharmacy and while it was hoped to be avoided, redundancy would be an option.
10.71.12	Mr Green asked Mr McBean if those workforce changes would impact on the ability for Boots to deliver services. Mr McBean stated that it would.
10.71.13	Mr Green asked Mr McBean if, to his knowledge, there are any core or additional NHS services not being currently offered in Helensburgh. Mr McBean stated that there were not to his knowledge, no.
10.71.14	Mr Green asked Mr McBean if the Boots had capacity to take on more. Mr McBean confirmed they did.
10.71.15	Mr Green asked Mr McBean if he thought there were residents from Cardross and Gairloch Head registered with GPs in Helensburgh. Mr McBean said that he did.
10.71.16	Mr Green asked Mr McBean if it would be natural for those patients to go back to where they live to fulfil their prescription. Mr McBean agreed that it would be.
10.71.17	Mr Green had no further questions for Mr McBean.
10.72	The Chair invited Mr Shah, Cardross Pharmacy to question Mr McBean, Boots Pharmacies
10.72.1	Mr Shah asked Mr McBean if he considered having two Boots pharmacies open in such close proximity to each other was viable prior to the other Boots pharmacy closing. Mr McBean restated that the choice made to close the Boots was not based on viability but instead allowed for Boots to invest more in one unit. He also noted that there was a time where costs were increasing for all community pharmacies so certainly would have been a factor.
10.72.2	Mr Shah asked Mr McBean if he would say that the current Boots premises is built towards more modern healthcare, especially considering the NHS contract has changed to a more clinical role. Mr McBean confirmed that is the exact reason there was such a high level of investment in the remaining unit with a new dispensary, new consultation room and separate more private area for either consumption or other conversations with the pharmacist.

10.72.3	Mr Shah noted the Applicant's claim that the Helensburgh CAR has one of the highest response rates ever and asked Mr McBean if he was aware that the Applicant had another ongoing application in which the response rate was greater than the Helensburgh CAR and rejected by the PPC. Mr McBean noted he was unaware of that.
10.72.4	Mr Shah asked Mr McBean if he would agree that Pharmacy First is a patient-led service and that it is patients who demand and drive Pharmacy First numbers. Mr McBean stated that he did agree.
10.72.5	Mr Shah asked Mr McBean if he agreed that the queues are part of the parcel for any High Street or Main Street business, let alone pharmacies. Mr McBean stated that he does think there will naturally be times where there will be more patients to collect prescriptions. He noted everyone wants to get patients turned around as quickly as possible while still run a professional service, but that there will be pinch points over the course of a week. That's just the natural way of running the business.
10.72.6	Mr Shah asked Mr McBean if he felt Boots could tackle queues efficiently in the instance in which they do form. Mr McBean stated that he did, and generally Boots don't have significant levels of queues, but if an influx was to happen the staff will deal with it in an appropriate way to get customers turned around as quickly and professionally as possible.
10.72.7	Mr Shah asked for a typical prescription of around three to five items, if Mr McBean would consider the waiting time average. He also asked Mr McBean what he would consider the average waiting time in routine practice to be. Mr McBean stated he has 10 to 15 minutes, depending on how many items are on the prescription.
10.72.8	Mr Shah stated that the Applicant advertised zero waiting times as part of their social media campaign, and asked Mr McBean if he would consider that reflective of normal community pharmacy conditions. Mr McBean stated that he thought it was a big claim to make, noting that there will be times where there may be a couple of people waiting at the same time, but that every Pharmacy tries to turn their patients around as quick as possible.
10.72.9	Mr Shah asked Mr McBean if Boots provides all core services as well as additional services. Mr McBean stated they do and also provide retail.
10.72.10	Mr Shah noted Mr McBean had stated Boots would have an IP from July 2026. He asked Mr McBean if he would have another pharmacist on site to allow the Pharmacy First Plus service to be conducted. Mr McBean confirmed that an additional pharmacist would be present on some days but not others.
10.72.11	Mr Shah asked if, given the proximity of the proposed pharmacy to the surgeries, Mr McBean believed the Applicant's estimation of potential items of 4,000 to 5,000 to be in accurate. Mr McBean confirmed he expected it was an underestimation.

10.72.1 2	Mr Shah asked Mr McBean what impact it would have on staffing levels if the Boots NHS revenue was to decrease due to redistribution of prescriptions. Mr McBean noted it would definitely impact on the resource that can be put into the Pharmacy, which in turn could have an impact on the service provision.
10.72.1 3	Mr Shah asked Mr McBean if he would agree that the continuity of care is an important part of community pharmacies and that having patients regularly move between different pharmacies can make it more difficult to maintain a complete picture of the patient journey. Mr McBean stated his agreement.
10.72.1 4	Mr Shah asked Mr McBean if he would agree that medicine stock shortages have been a wider UK issue, especially recently, rather than something more specific to Helensburgh. Mr McBean stated his agreement.
10.72.1 5	Mr Shah asked Mr McBean if, in his experience, having a larger dispensary and storage capacity help pharmacies manage stock availability more effectively. Mr McBean stated his agreement.
10.72.1 6	Mr Shah asked Mr McBean if, when medicines are out of stock, he would say it is common practise for pharmacies in the area to work together by sourcing stock and directing patients to neighbouring pharmacies where availability is known. Mr McBean stated Boots would always try and work together with other pharmacies to do what is best for the patient.
10.72.1 7	Mr Shah asked Mr McBean if Boots currently services any Care Homes. Mr McBean confirmed they do.
10.72.1 8	Mr Shah asked if prescriptions for the Care Home are dispensed within the same dispensary or in a separate dispensary within the Boots pharmacy. Mr McBean confirmed there's a separate dispensary on the first floor of the building.
10.72.1 9	Mr Shah asked Mr McBean if it was correct to state that there are two dispensaries in Boots. Mr McBean said that is correct. The downstairs dispensary is clearly for walk-ins, but the upstairs dispensary is also fully equipped.
10.72.2 0	Mr Shah asked for Mr McBean to confirm that the prescriptions for Care Homes do not affect the operations of the main downstairs dispensary at Boots. Mr McBean confirmed that is the case.
10.72.2 1	Mr Shah asked Mr McBean if he believes granting this application would affect the viability of existing pharmacies within Helensburgh. Mr McBean stated that he did.
10.72.2 2	Mr Shah asked Mr McBean if the Community Council engaged with him since the original hearing. Mr McBean said they have not.

10.72.2 3	Mr Shah asked Mr McBean to confirm that the Community Council has engaged with him prior to the original hearing. Mr McBean confirmed that was the case.
10.72.2 4	Mr Shah asked Mr McBean if he found discussions with the Community Council to have been positive or negative. Mr McBean confirmed that on the say they were positive.
10.72.2 5	Mr Shah asked Mr McBean if he would be surprised to know that a Community Council member used their business space to encourage residents to fill out a survey whilst criticising existing pharmacies. Mr McBean said yes he would be surprised.
10.72.2 6	Mr Shah had no further questions for Mr McBean.
10.73	The Chair invited Mr Dickinson, Rowlands Pharmacy to question Mr McBean, Boots Pharmacies
10.73.1	Mr Dickinson asked Mr McBean how important it is for Boots to maintain current prescription numbers in relation to maintaining the services currently provided by the pharmacy. Mr McBean stated that as in most other community pharmacies, the prescription volume generates most of the income for the pharmacy. Therefore, if there's a reduction in that, there would be a material impact on the number of team members Boots could have and equally around any future investment that could be made in the pharmacy.
10.73.2	Mr Dickinson asked Mr McBean if he agreed that any reduction in the current prescription numbers done by Boots is going to affect the business models and potentially strain the services currently delivered with available capacity. Mr McBean confirmed that is the case and that a reduced number of colleagues in the pharmacy would have a knock-on effect on the pharmacy provision.
10.73.3	Mr Dickinson asked Mr McBean if he would say that Boots pharmacy is at capacity for delivering any of the NHS core services. Mc McBean said they were not at capacity and that there was room for growth in all areas.
10.73.4	Mr Dickinson asked Mr McBean if he believed the claim of 0 waiting time by the Applicant is achievable. Mr McBean noted that it would not be in all instances.
10.73.5	Mr Dickinson had no further questions for Mr McBean.
10.74	The Chair invited Mr Foy, Community Council to question Mr McBean, Boots Pharmacies
10.74.1	Mr Foy noted that at the last hearing the Community Council asked Boots why they did not consult on the closer of their smaller store and they did not have an answer at that time. He asked Mr McBean if they had an answer now

	as to why they didn't consult. Mr McBean stated that there is no requirement when a pharmacy is closed to consult, the only requirement is to give the necessary notice period to the Health Board within that area.
10.74.2	Mr Foy asked Mr McBean if he was aware of the Helensburgh Strategic Development Framework which is proposing to build 4,000 new homes in the area to the east of Helensburgh. Mc McBean said that he was not aware of that housing development.
10.74.3	Mr Foy confirmed the new housing development will be for 4,000 new homes and see 8,000 to 10,000 new people coming into Helensburgh, a 25% to 30% rise on the number of housing units spread between Helensburgh and Cardross, therefore making the village of Cardross effectively a town in its own right. He asked Mr McBean how the existing services will cope with that. Mr McBean stated he was unable to answer that question about something taking place in 20-30 years' time.
10.74.4	Mr Foy confirmed that this expansion will be a gradual process that will start over the next couple of years and asked Mr McBean what Boots will be doing to prepare for that expansion. Mr McBean apologised for struggling to answer something for so far in the future. He noted that in any situation the demographics within any location will be reviewed and adapted to accordingly. That is already done on an ongoing basis in any of the Boots pharmacies.
10.74.5	Mr Foy asked Mr McBean if Boots records instances in which a drug is not in stock and a patient appears with a prescription and are told they will need to have it filled elsewhere. Mr McBean confirmed it would be recorded if any item were missed, yes.
10.74.6	Mr Foy asked Mr McBean asked for confirmation that if a patient walks in to Boots with a prescription and then leaves to go to a different pharmacy that that is recorded. Mr McBean confirmed Boots would keep a note of any items that they were not able to fulfil.
10.74.7	Mr Foy noted that there are comments from people in the community who have prescriptions that are being failed to be fulfilled, with one person coming out of hospital and couldn't get their prescription filled at any of their local pharmacies and it was a fairly urgent requirement. Everyone is aware of the issues so it's about how they are dealt with and recorded. He asked Mr McBean if it is appropriate for patients to be sent away from all three community pharmacies and for their GP to then have to go to the local hospital to fill a prescription. Mr McBean stated that in order to give a proper answer he would need to know what the item was, but stated he would suspect that if no Pharmacy was able to get it, but it was in stock at a local hospital, it could be general supply issue. There are extensive issues with availability and medicines across the whole of the UK. No pharmacy wants to turn anyone away.

10.74.8	Mr Foy asked Mr McBean if, in terms of disability access, he would accept people do sometimes have to wait for prescriptions and if so why the remaining Boots store was not provided with any seating areas for patients who may have mobility issues. Mr McBean noted that there are seats available if anyone is required to sit down in order to wait.
10.74.9	Mr Foy asked Mr McBean if chairs are provided per patient or if they are laid out in kind of a waiting area. Mr McBean stated that there's chairs towards the back of the sales floor, just outside the dispensary.
10.74.10	Mr Foy asked Mr McBean why he has not requested a disabled parking bay outside the front door of the Boots pharmacy. Mr McBean stated that is not something routinely done by Boots and is not a decision specifically relating to Helensburgh.
10.74.11	Mr Foy asked Mr McBean if there was any reason he has not attended a Community Council meeting in the last six months following an invite. Mr McBean noted there has not been a specific reason for not attending.
10.74.12	Mr Foy asked Mr McBean which GP practice he visited. Mr McBean confirmed it was Millig.
10.74.13	Mr Foy asked Mr McBean to reconcile the fact that Boots states they have a good working relationship and no problems with local GPs but there have been two letters sent by GPs in support of this application. Mr McBean noted that it was his understanding both of those letters came from the same GP, and that Boots is in regular contact with the GPs and have not been given any specific concerns.
10.74.14	Mr Foy asked Mr McBean if he was dismissing Dr Sally Clark's views in her letter of support for the application. Mr McBean stated he was not dismissing her views, but stated they do not reconcile with the conversations Boots has had with the GP practices.
10.74.15	Mr Foy asked Mr McBean if he was aware that David Haggerty from Argyll Council invited pharmacies to join the local health Network. Mr McBean confirmed he was not aware.
10.74.16	Mr Foy had no further questions for Mr McBean.
10.75	The Chair invited Mr Mathieson, Area Pharmaceutical Committee to question Mr McBean, Boots Pharmacies
10.75.1	Mr Mathieson mentioned the capital investment in the business specifically around automation technology that Mr McBean spoke to in his presentation and asked him to expand on that and how it benefits the team. Mr McBean said that Boots has implemented a degree of automation over the last 12 to 18 months using barcode technology and that has resulted in freeing up pharmacist time, allowing them to spend more time with patients. Clinical

	checks are still down, but the accuracy check is done using barcode technology.
10.75.2	Mr Mathieson had no further questions for Mr McBean.
10.76	The Chair invited Mr Higgins, Pharmacist to question Mr McBean, Boots Pharmacies
10.76.1	Mr Higgins asked Mr McBean about the improvements and investments Boots was making and if Mr McBean could tell the Committee about the timing over when those were done. Mr McBean stated that the smaller Boot store closed in November 2023. The first part of improving the current premises was the dispensary, which went in shortly after November 2023. Then the back area of the pharmacy was done which took a bit longer as it required a building warrant. The consultation room was also replaced at this time and completed around August 2024.
10.76.2	Mr Higgins asked Mr McBean if he thought the process was unhelpfully disruptive to what Boots was trying to achieve. Mr McBean said it definitely wasn't ideal.
10.76.3	Mr Higgins asked Mr McBean about the Boots customer satisfaction survey, which Mr McBean highlighted had 51 respondents, and what period of time it was taken over. Mr McBean noted it was taken from September 2024 to just before the first part of this hearing so over a 5-month period.
10.76.4	Mr Higgins had no further questions for Mr McBean.
10.77	The Chair invited Mr Manson, Pharmacist to question Mr McBean, Boots Pharmacies
10.77.1	Mr Manson asked Mr McBean if Boots has been doing anything at a local level to manage the stakeholders relating to the closing of Boots pharmacies in areas. Mr McBean stated that he is not at a level to be part of those conversations, but it would be his regional manager who looks after the whole of Scotland.
10.77.2	Mr Manson asked Mr McBean if he was aware of any conversations regional managers have been having with policy makers down south related to closures and the impact that those closures are having amongst the network in Scotland. Mr McBean noted that the closure of the smaller Helensburgh Boots was a part of a specific programme that has concluded over a six- to eight-month period towards end of 2023 and 2024 and that there no further closures in the pipeline to his knowledge.
10.77.3	Mr Manson asked Mr McBean what his thoughts were on whether there was a potentially moral obligation when a key stakeholder like the Community Council that represents the population of a place specifically ask for a consultation to be done by a pharmacy before a closure. Mr McBean noted the timescale for the Boots team to be aware of the closure was very short and there was a lot going on making sure each team member had a position

	once the other Boots closed. In hindsight, yes, that could have probably been done.
10.77.4	Mr Manson asked Mr McBean what percentage of items are sent off site at the Boots branch in Helensburgh. Mr McBean confirmed it to be between 25% - 30%.
10.77.5	Mr Manson asked Mr McBean if he had any statistics on turnaround times for receiving medication back into the branch when sent off site. Mr McBean noted that if based off labelling and the information goes into the system on day one, it will come back to the pharmacy on day three. This is done with repeat medications, not walk-in prescriptions.
10.77.6	Mr Manson asked Mr McBean to clarify if 30% was the right number as earlier in the hearing it was noted that majority of items within Helensburgh are repeat items. Mr McBean confirmed that it was as not all repeat items are sent away, there's criteria for what can and can't go.
10.77.7	Mr Manson asked Mr McBean who the current a second line wholesale suppliers are for Boots in Helensburgh. Mr McBean confirmed they are Syncora and Phoenix with others available for the central team based in the head office.
10.77.8	Mr Manson asked Mr McBean if this allows for good stock coverage in the volatile drugs market. Mr McBean stated he was not aware of Boots having any more significant issues than any other pharmacy at this point in time.
10.77.9	Mr Manson asked Mr McBean about terminology and if "manufacturer can't supply" would be more accurately stated as "wholesaler doesn't have stock." Mr McBean stated that those are inherently two different phrases. There are instances where either can be the case and they are classified as such.
10.77.10	Mr Manson asked Mr McBean if he considered 51 responses to a survey in five months' time is a good response rate when surveys are requested at the counter. Mr McBean stated that not all patients are asked to take part but it could be considered a decent response rate relative to other pharmacies.
10.77.11	Mr Manson asked Mr McBean if Boots has signed up to the prostate cancer SLA. Mr McBean stated they have not. Mr Manson asked if that then means they are not providing health board services. Mr Manson noted that this has not been approved by the Community Pharmacy Highland so it is an individual contractor choice.
10.77.12	Mr Manson asked Mr McBean if a smaller premises can sometimes be more efficient with everything a bit closer to hand than a large pharmacy. Mr McBean said that there is potential for an efficient small pharmacy but that it has limitations from a space point of view and storage.
10.77.13	Mr Manson had no further questions for Mr McBean.

10.78	The Chair invited Ms Cameron, Pharmacist to question Mr McBean, Boots Pharmacies
10.78.1	Ms Cameron asked Mr McBean whether or not there is now an enclosed private consultation room available for public use in Boots following the improvements that have been made. Mr McBean confirmed there is.
10.78.2	Ms Cameron asked Mr McBean to confirm that the store currently does have capacity for Dosset Boxes with no waiting list. Mr McBean confirmed that is the case.
10.78.3	Ms Cameron asked Mr McBean to confirm that the staff that worked in the Boots store that closed in November 2023 were retained and transferred. Mr McBean confirmed that every colleague in the team was offered an alternate position. At the time one colleague went to a different pharmacy, one left Boots completely and the remainder came to the remaining store.
10.78.4	Ms Cameron had no further questions for Mr McBean.
10.79	The Chair invited Mr Townsend, Lay Member to question Mr McBean, Boots Pharmacies
10.79.1	Mr Townsend asked Mr McBean to confirm that there are currently three pharmacists in the Boots premises, one of whom will be an IP as of July, and about what other ongoing training is going on with staff. Mr McBean confirmed that was the case and also noted that one of the technicians is currently doing her accuracy checking technician training to allow her to accurately check items. Two other technicians are in training at the moment as well, one close to the end and one halfway through.
10.79.2	Mr Townsend asked Mr McBean if there were plans for any other pharmacists to become IPs. Mr McBean confirmed that is absolute an option for them but it is up tot he individual to choose to do that.
10.79.3	Mr Townsend had no further questions for Mr McBean.
10.80	The Chair invited Mr Cronie, Lay Member to question Mr McBean, Boots Pharmacies
10.80.1	Mr Cronie asked Mr McBean if the improvements to the Boots facilities were undertaken/completed after the completion of the CAR. Mr McBean stated that the work was done in two phases with the second including the new consultation room and would have been right around the period of the start of the CAR.
10.80.2	Mr Cronie had no further questions for Mr McBean.
10.81	The Chair invited Ms Rugman, Lay Member to question Mr McBean, Boots Pharmacies

10.81.1	Ms Rugman asked Mr McBean, in his opinion, at what point Helensburgh is going to expand enough for a fourth pharmacy. Mr McBean stated that when the number of patients is significantly above the national average, given the potential for existing pharmacies to be developed.
10.81.2	Ms Ruman asked Mr McBean if he considered there to be any downside to having the Applicant, who is already a trained prescribing pharmacist, available to the people of Helensburgh. Mr McBean noted that as the service is available through other pharmacies, he doesn't believe it is a requirement.
10.81.3	Ms Ruman asked Mr McBean if there were any other IP pharmacists available right now in Helensburgh. Mr McBean stated Boots would have one in July and noted that one was currently available at M & D Greens pharmacy.
10.81.4	Ms Ruman asked Mr McBean if end of life care will be affected in any way by an additional pharmacy. Mr McBean said it would not because the provision of palliative care sits with colleagues at the Health Board to decide which pharmacies provide that service.
10.81.5	Ms Ruman asked Mr McBean what the major impact on reduction of services would be were this additional pharmacy to be opened up excluding anything already covered such as potential redundancies. Mr McBean stated that having the necessary team members is required to provide services, the speed of service will certainly slow if there are fewer people working so would not be the same access for patients.
10.81.6	Ms Ruman asked Mr McBean how Boots garners hat their service is good and excellent from their KPIs and if they are only asking customers for positive reactions? Mr McBean noted that for the customer care survey patients are referred to it through a QR code, so it is very much a voluntary undertaking.
10.81.7	Ms Ruman had no further questions for Mr McBean.
10.82	Mr O'Brien had no questions for Mr McBean.
11	Submission from Mr Shah, Cardross Pharmacy
11.1	My name is Syed and I'm representing Cardross Pharmacy. I am assisted today by Sufyan Tahir. My purpose today is to present a clear evidence-based case demonstrating that existing pharmaceutical provision in the defined neighbourhood remains adequate, accessible and capable of meeting both current and projected need, and that the addition of a further contract is neither necessary nor in the public interest.
11.2	Cardross Pharmacy became an interested party in this application because, whilst we sat outside the defined neighbourhood, a significant proportion of our dispensing volume is generated by patients registered with GP surgeries in Helensburgh. We dispense around 10% of items of the Millig Practice and around 9% of Dr McLachlan & Partners. Around 4000 items are dispensed

	<p>from Helensburgh surgeries per month representing a substantial share of our total monthly dispensing of just under 5000 items. Any decision that significantly redistributes patients from Helensburgh will have a direct impact on Cardross Pharmacy and consequently on our ability to continue providing high quality services to the Cardross community. The community does not have its own GP Practice and relies heavily on Helensburgh surgeries for Primary Care.</p>
11.3	<p>Cardross Pharmacy changed hands in April 2025. Since then, Cardross Pharmacy has seen significant investment within the pharmacy. We have four independent prescribing pharmacists with over 30 years of combined community pharmacy experience and actively providing clinical services at Cardross Pharmacy since June 2025. Four dispensers, a trainee pharmacy technician hosted on behalf of NHS Highland Primary Care Pharmacy and two dedicated delivery drivers providing deliveries to Cardross and the surrounding areas, which includes Helensburgh.</p>
11.4	<p>We have recently completed a major dispensary refit, added two consultation rooms and delivered the full range of core services alongside Pharmacy First Plus and the NHS Highland Travel Vaccination Service.</p>
11.5	<p>The committee will be aware that under NHS regulations, the granting of a new pharmacy contract requires objective evidence that existing pharmaceutical services in the neighbourhood are inadequate. That is the test, not whether residents would prefer more choice, not whether queues sometimes form, not whether a previous pharmacy has closed. The question is whether provision is objectively inadequate. I believe the applicant has not provided any objective measurable evidence that meets this test. The case rests almost entirely on a self-selecting community survey using leading questions, anecdotal comments and selective interpretation of data.</p>
11.6	<p>The applicant has characterised Helensburgh as a growing town with rising demand that three pharmacies cannot meet. The published data does not support this. According to the 2022 census, the population of Helensburgh is approximately 14,127. This represents a slight decrease over 20 years, contrasting with the national Scottish population increase of approximately 8% over the same period. Argyll and Bute Council's own published projections indicate a continuing modest decline due to an ageing population and outmigration of younger residents.</p>
11.7	<p>According to open data by Public Health Scotland, prescription items dispensed across Helensburgh have increased from approximately 26,500 in 2020 to approximately 27,500, a rise of around 4% over five years. There has been no significant increase in GP registrations. Demand is essentially static.</p>
11.8	<p>The national average is approximately 7,600 dispensed items per pharmacy per month. The three pharmacies provide approximately 27,500 items. Removing the approximate 14% dispensed by Cardross Pharmacy from the Helensburgh surgeries, leaves around 23,500 items. Helensburgh's existing</p>

	<p>pharmacies are already operating slightly below the national average per pharmacy. Adding a fourth pharmacy would reduce this further to approximately 5,900 items per pharmacy, well below the sustainable national benchmark. In plain terms, the data shows three pharmacies serving a stable population at volumes consistent with national norms. There is no quantitative evidence of unmet demand.</p>
11.9	<p>Going on to demographics, the demographic and health data for Helensburgh does not reflect a population of exceptional need. According to the SIMD, approximately 67% of Helensburgh's population live in the two least deprived quintiles. Only 7% live in the most deprived quintile. This is one of the most affluent communities in the NHS Highland area. According to the 2025 long-term condition Scottish Government circular, long-term condition prevalence in Helensburgh is 14 to 17 percent lower than the Scottish average which sits at about 35 to 38 percent. A less deprived, healthier population generates lower pharmaceutical demand per head, not higher.</p>
11.10	<p>Approximately 80% of Helensburgh households have access to at least one car. The farthest pharmacy in the town, Rowlands, is approximately 400 metres from the town centre, a walk of around 4 minutes. For those genuinely unable to travel, dedicated drivers from the pharmacies within Helensburgh as well as Cardross Pharmacy deliver to Helensburgh addresses as part of a regular service.</p>
11.12	<p>The picture painted in the survey's comments is that of a vulnerable, immobile, underserved population. This is not consistent with published evidence. That does not mean that individuals do not face difficulties, but it does mean that those difficulties are not of a scale or nature that meets the threshold for additional provision.</p>
11.13	<p>The applicant implies that existing pharmacies are failing to deliver the contracted services. Again, the data does not support this. According to open data, Medicines Care & Review registrations are stable across all three Helensburgh pharmacies. Both Pharmacy First and consultation numbers show slight increases.</p>
11.14	<p>All 3 pharmacies are meeting their core service commitments. Boots Pharmacy delivered around 1100 Pharmacy First consultations between September 2024 and April 2025, slightly above the NHS Highland average of 900 and in line with the Scottish average of 1100. This is not the picture of a failing service. The committee should ask if existing pharmacies were truly unable to cope, would we expect to see service delivery data showing performance at or above national averages? We would not.</p>
11.15	<p>The applicant and Community Council placed significant reliance on the community surveys they conducted. We ask the committee to treat this material with considerable caution for the following reasons. Firstly, the questions are not neutral. Questions within the survey presuppose a negative conclusion. For example, question 3, has the closure of the smaller Boots negatively impacted pharmacy services? This assumes</p>

	<p>impact exists. Furthermore, question 4, will the already completed or proposed improvements to the current three pharmacies in Helensburgh be sufficient to meet demand and to provide an adequate service? This frames improvements as presumptively insufficient. Finally, question 5, to ensure an adequate pharmacy service in Helensburgh, would restoring a fourth pharmacy to the town be better than improvements to the current three? This presents a binary choice that excludes the possibility that current provision is adequate.</p>
11.16	<p>In terms of questionnaire engagement, high community engagement in a CAR process does not constitute evidence of inadequate provision. The committee should note that the applicant presented similar arguments in a previous application for an American Pharmacy and a similar narrative around community sentiment. That application generated one of the highest CAR response rates in Scotland but was still refused, although the applicants have appealed that decision. The volume of responses reflects the success of a campaign, not the objective state of a pharmaceutical service backed by data. The legal test has not changed, and the same reasoning applies here.</p>
11.17	<p>These surveys produced merely advocacy materials and were not neutral research. The survey by the Community Council was not produced by an independent researcher. It was produced and promoted by those seeking a specific commercial outcome, and as such, materials should be treated as advocacy and not evidence</p>
11.18	<p>Moving on to the proposed site. The proposed pharmacy site is a stone's throw away from MD Greens and within 77 to 322 metres of all existing Helensburgh pharmacies. This does not represent an improvement in geographical access. It represents duplication on an already well served corridor. Rowlands, the farthest pharmacy in the town, is a three-to-four-minute walk from the town centre.</p>
11.19	<p>The argument that a new pharmacy on the same street as an existing one meaningfully improves access for elderly and mobility impaired residents does not hold. For those who generally cannot travel, delivery services already exist. Furthermore, concentrating more pharmacies within a small geographical area carries patient safety risks. In high density pharmacy clusters, patients frequently split their dispensing between multiple providers, which increases the risk of drug interaction errors and reduces the continuity of clinical oversight. This is a well-documented phenomenon and one the committee should be careful to consider against the claimed benefit of additional provision.</p>
11.20	<p>Beyond location, the committee must carefully consider whether the proposed premises are generally fit for purpose. The drawings submitted do not include dimensions, room sizes, corridor widths or turning circles for wheelchair users. Without this basic information, the committee cannot independently verify that the premises meets GPHC or NHS Scotland standards. It must ask itself whether it is appropriate to grant a contract on</p>

	the basis of plans that do not provide the information necessary to make that assessment and whether the committee is simply being asked to take the applicant's word that everything will comply.
11.21	Compliance with the Equality Act 2010 is of particular concern. The plans as submitted do not clearly demonstrate a compliant 1.5 metre wheelchair turning radius in the bathroom and the toilet door configuration as drawn raises questions as to whether it meets the outward opening requirement under this Act. The committee will want to be satisfied, not simply reassured, that a fully compliant access ramp has been designed to scale and formally approved. These are not technical footnotes; these are legal requirements and a pharmacy that cannot demonstrate compliance with the Equality Act 2010 gives the committee reasonable grounds for concern about the standard of provision being offered.
11.22	The consultation and confidentiality arrangements also warrant scrutiny. The advice point, as shown in the plans, appears to be an open counter. Patients seated in the waiting area would have clear sight and hearing lines to the hatch. The committee should note with some irony that the lack of consultation privacy is one of the most frequently cited concerns in the applicant's own community survey. The 24-hour automated collection point positioned in the patient waiting area raises a further confidentiality question. Loading dispensed medication containing patient identifier information in a space visible to waiting patients has not been addressed in the applicant's submission.
11.23	Finally, the staff room as shown appears limited. A small staff room raises reasonable questions of whether it can adequately serve the workforce required to operate a pharmacy at the potential volumes it is likely to achieve.
11.24	Imagery shared publicly for this pharmacy should be considered against the actual plan submitted. The committee should satisfy itself that what has been presented to the public and what has been submitted to this hearing are consistent and that the premises shown are the premises that will actually be delivered. These are not matters of minor detail. This detail has given the public a false perception of how the pharmacy may appear if this application was to be granted.
11.25	Granting this application would not create new capacity. It would redistribute existing patients across an additional provider. With dispensing volumes already slightly below the national average per pharmacy across three existing sites, further fragmentation would push all pharmacies towards financial unsustainability. A financially marginal pharmacy cannot maintain adequate staffing during sickness, annual leave or periods of high demand. The committee will be aware that staff shortages in existing pharmacies are already cited by the applicant's own survey respondents as a concern. Adding a competitor for the same limited pool of pharmacists in the area will not alleviate that, it will intensify it.

11.26	The impact on Cardross Pharmacy is direct and significant. We currently serve a community with no GP practice and dependent on Helensburgh surgeries. We provide services that extend well beyond Cardross delivering to Helensburgh, hosting NHS training and providing independent prescribing. A material reduction in our dispensing volume would threaten the viability of those services and by extension the pharmaceutical provision available to residents who have no alternative.
11.27	The committee is being asked to grant a new pharmacy contract on the basis of a biased community survey, anecdotal complaints and assertions of population growth that are contradicted by census data. Set against that, the objective evidence, dispensing volumes, service performance data, deprivation indices, health outcomes statistics, and proximity analysis all point to the same conclusion that existing provision in Helensburgh is adequate.
11.28	Adding a fourth pharmacy will not solve the operational and management issues that respondents have described at specific pharmacies. It will not address staffing shortages. It will worsen them. It will not improve access for those with mobility issues as delivery services already exist. It will not meet new demand because the data shows no significant increase in demand. What it will do is fragment an apparently adequate service, destabilise financial marginal providers, increase patient safety risk through disperse dispensing, and potentially undermine pharmaceutical provision in the area.
11.29	The statutory test for inadequacy has not been met. The evidence advanced by the applicant does not demonstrate that existing pharmaceutical services are inadequate, nor has any substantive change in circumstances been demonstrated. Therefore, we respectfully invite the committee to reject this application.
11.30	This concluded the representation from Mr Shah.
11.31	The Chair invited questions from Mr Jamil, the Applicant to Mr Shah, Cardross Pharmacy
11.31.1	Mr Jamil referred to the improvements made to Cardross Pharmacy by Mr Shah but wondered how Helensburgh residents would benefit given that the journey from Helensburgh was an eight-mile round trip Mr Shah explained that Helensburgh was a commuter town with a main access route to Glasgow through Cardross so was easily accessible for prescriptions and pharmaceutical services. Helensburgh residents could also benefit from the additional services offered at Cardross Pharmacy such as air micro suction, independent prescribing and the NHS travel vaccination service. Although there were several reasons why patients would want to access Cardross Pharmacy, Mr Shah did not think this showed they were dissatisfied with existing pharmaceutical services in Helensburgh.

11.31.2	Mr Jamil stated that there was a common theme in the CAR that Helensburgh residents were being forced out-with Helensburgh to adequately access pharmacy services because local services were under so much pressure. Mr Shah was invited to agree with the statement that residents were using Cardross Pharmacy because of the inadequacies of the pharmacies in Helensburgh. Mr Shah stated that there weren't that many Helensburgh residents registered at Cardross Pharmacy. That was not to say that there may be individual cases where people may have had issues with their local pharmacy, but each case would need to be assessed to determine the reason before any conclusion could be drawn.
11.31.3	As Mr Shah had mentioned that there weren't many Helensburgh residents using Cardross Pharmacy, Mr Jamil asked how a new contract in Helensburgh would affect the viability of Cardross Pharmacy. Mr Shah explained that viability could be affected by redistribution of prescriptions. Most of Cardross Pharmacy's patients were registered with GP practices in Helensburgh so may use the new pharmacy to fulfil a prescription received when visiting the GP. The new pharmacy may also sign up Cardross residents for repeat prescriptions or other services.
11.31.4	Mr Jamil noted that Cardross Pharmacy also collected prescriptions from GP surgeries in Dumbarton so asked whether Mr Shah agreed that Dumbarton was closer to Cardross than Helensburgh. Mr Shah disagreed stating that Helensburgh GP practices were closer than those in Dumbarton. Adding that it was a 13-minute round trip between Cardross and Helensburgh and historically the main surgeries served by Cardross Pharmacy since opening were in Helensburgh. Mr Jamil disagreed stating that it was 3.8 miles from Cardross to the Dumbarton surgery and 4.4 miles from Cardross to Helensburgh.
11.31.5	Reference was made by Mr Jamil to the Community Council's survey conducted the previous month which depicted the same issues with Helensburgh pharmacies as the CAR; people were using Cardross because the situation was so bad in Helensburgh. For example, one resident shared that waiting times and incomplete prescriptions were ridiculous and was currently having to use Cardross Pharmacy, which was far from ideal when their GP was in Helensburgh. 40-minute waits in every Helensburgh pharmacy. Mr Jamil asked how this described natural patient movements and an adequate service. Mr Shah was not denying that there were individual scenarios of patients finding difficulties and considered 40 minutes a long wait. However, it depended on the individual situation. The patient may have been waiting for the pharmacist to speak to a GP surgeon. Sometimes this took time, 10-15 minutes. It just depended on the individual situation. One statement did not accurately reflect the situation.
11.31.6	Mr Jamil agreed that all the evidence needed to be considered collectively, so looked at each source of evidence where it could be seen how common it was for people to leave the neighbourhood to access pharmaceutical services. For example, a resident shared that their GP had prescribed medication that needed to be started urgently but the local pharmacies did

	<p>not have the stock and could only possibly get it in for the end of the next day. This was not much use when the inhaler was needed right away. As the patient didn't drive, public transport was taken to travel to Cardross to get it. This was challenging with breathing difficulties. Mr Jamil asked if this sounded like a natural trip to Cardross, or rather an inadequate service forcing patients out with the neighbourhood to access care. Mr Shah acknowledged that there would always be situations where a certain pharmacy at that specific time had run out of a particular medicine. It had been a common occurrence when Mr Shah worked as a locum all over Scotland. The key was for pharmacies to work together to help alleviate such issues. Whether that involved borrowing a product from neighbouring pharmacies or sending the patient to the neighbouring pharmacy, both pharmacies should agree an appropriate course of action. Mr Jamil pursued this point by clarifying that the patient tried all three pharmacies in Helensburgh, but none had the medication required. Mr Shah said that more information was required about this individual scenario - what the medication was and whether there was an actual serious shortage protocol going on at that moment where all pharmacies were struggling to access the medication so was a wider issue. Maybe Cardross Pharmacy, by luck, had one in stock but were unable to get the item again because none of the wholesalers had it. It could be a number of reasons.</p>
<p>11.31.7</p>	<p>Mr Jamil asked if Mr Shah agreed that it was a common theme that patients left the neighbourhood to access pharmaceutical care. Many patients were experiencing it and GPs highlighted that it was common for items like amlodipine for blood pressure or penicillin for sore throats as well as other medications where there were no national shortages. Did that not highlight an inadequacy rather than a shortage of medication? Mr Shah responded that he could only go by his experience within the pharmacy. Being one of the pharmacists at Cardross Pharmacy, he did not think it was a regular occurrence. On the odd occasion it had happened the pharmacy were probably called beforehand from the pharmacy where it was out of stock to advise that a patient was coming over to collect the item. Mr Shah did not think it was a common theme but understood what Mr Jamil was saying from the GP statement. Mr Shah acknowledged the GP's view. Adding that every resident had their own views which he would not discredit.</p>
<p>11.31.8</p>	<p>Mr Jamil continued by asking whether that was Mr Shah's perception of the situation which contradicted the objective evidence presented. Mr Shah did not consider the evidence presented by Mr Jamil to be objective. The GP, Sally Clark, had her own perception and the patients who responded similarly in the surveys had their own views. Patients did face difficulties, but these happened across the board and were not limited to Helensburgh.</p>
	<p>Mr Jamil clarified that the letter from Dr Clark was on behalf of the entire practice and not a personal view. Mr Shah was asked if he was aware of that. He was aware and was surprised by it as Mr Shah was under the impression that the pressures experienced initially had lessened. There was more of a willingness for pharmacies to take on new patients including dosette box patients. Mr Shah could only speak for himself, but Cardross</p>

	<p>Pharmacy had no waiting list. If a resident chose to use Cardross Pharmacy, we would be more than happy to provide services to them. Mr Shah believed that the other pharmacies in Helensburgh also no longer had constraints around service provision. So, I think in the letter, it did also suggest that obviously the GP did have a view that this might stop, but was in agreement overall.</p>
11.31.9	<p>Mr Jamil confirmed that the letter from Dr Clark was written on the 5th of February which was just last month. Written evidence was requested from Mr Shah that was contrary to the information contained within Dr Clark's letter. Mr Shah did not have any written evidence but had gained an insight of the situation from regular meetings with the practice manager and practice pharmacists which could also be obtained by the applicant by speaking to these individuals.</p>
11.31.10	<p>Mr Jamil stated that Helensburgh was a focal point in Argyll & Bute. People travelled into the neighbourhood to use amenities like the GP practices, supermarkets, places of worship, and the Victoria Integrated Care Centre. Mr Jamil asked why residents of Helensburgh were having to use pharmacies out with the neighbourhood if they had all the amenities within the neighbourhood. Helensburgh residents were not just travelling to Cardross but also to Garelochhead and Inveraray which was 40 miles away. Mr Shah suggested that these pharmacy contractors used an aggressive business model and wanted to come into the area rather than the patients wanting to go out of the area to access pharmaceutical services. Mr Shah had been told by the Practice Manager of the Millig Practice that the contractor in question had signed up patients on the doorstep. Once patients signed up, repeat prescriptions were collected from GP surgeries by the pharmacy for dispensing then delivered to the patient. Using these surgeries did not cause any difficulty for patients. Mr Jamil and Mr Shah disagreed about the reasons behind patients using the pharmacies in Garelochhead and Inveraray.</p>
11.31.11	<p>Mr Jamil highlighted that at a previous hearing, Mr Shah's colleague mentioned that pharmacy staff in Inveraray would be made redundant in a couple of months. Mr Shah was asked to explain why six months on, prescription numbers from Helensburgh had increased by around 10%. Mr Shah referred Mr Jamil to the previous answer. It was a struggle to get patients back to using local pharmacies when the Inveraray pharmacy picked up and delivered prescriptions to the doorstep. Prescription numbers had increased threefold by using this business model.</p>
11.31.12	<p>Mr Jamil struggled to understand this explanation because many patients had said they couldn't access certain services in Helensburgh and that was why they were going to Inveraray. For example, in last month's survey, a patient said, "I can't get a blister pack in Helensburgh and am now using Inveraray to do this for me." Another source of evidence, a letter submitted to the board said they had to resort to getting their medication from Inveraray as none of the existing pharmacies were dealing with a distributor that had the medication in stock. Mr Shah was invited to comment. Mr</p>

	<p>Shah thought it came down to awareness as well because he couldn't fathom why a patient would travel 40 miles when there were pharmacies willing to provide the service locally. Mr Shah had not experienced such issues directly and was sure that in addition to Cardross Pharmacy, Rowland Pharmacy, M&D Greens and Boots were also taking on Monitored Dosage System (MDS) patients.</p>
11.31.1 3	<p>When asked, Mr Shah did not agree that this situation had arisen because of the Boots closure but had not been operating a pharmacy in Cardross when the second Boots branch in Sinclair Street, Helensburgh was open. Mr Shah stated that patients did hop between pharmacies but going out-with the area would be down to individual circumstances. The biggest pharmacies were coming into the area and, as Mr Shah had already said, that was more down to the contractor coming into the area rather than patients going out.</p>
11.31.1 4	<p>Mr Jamil noted the common theme in the CAR and recent surveys that patients couldn't access Pharmacy First. It was also confirmed by the GP Practice last month that certain health conditions pharmacies could treat were being passed back to GPs and increasing their workload. Mr Shah was asked for evidence that Pharmacy First was functioning adequately. Mr Shah explained that evidence was provided in his presentation which demonstrated that Pharmacy First numbers were adequate. These numbers were not declining or dependant on the dataset being considered. Singling out months may show a different picture. However, looking over a five- or six-month period, Pharmacy First numbers were in line with national averages. Pharmacy First was obviously a patient led service. So, patients would be expected to present with a problem and if turned away by a pharmacy and sent back to the GP then that was down to individual scenarios. There might be certain instances where it was not appropriate to treat the patient under Pharmacy First and in that situation the patient would be referred to the GP surgery or a prescribing pharmacist depending on the individual situation. Sometimes GPs and GP Practices weren't aware of the exclusion criteria detailed in the Patient Group Directions (PGDs). For example, if somebody had an issue on their face and needed hydrocortisone, then until recently there was not a PGD for that. So, there were certain instructions that pharmacists needed to follow in the PGDs of which GPs would not necessarily be aware. So, patients were referred to GPs by pharmacists but if the pharmacist was able to provide the treatment Mr Shah did not see why this would not be done.</p>
11.31.1 5	<p>Mr Jamil said it had been established that Rolands Pharmacy and Boots UK Ltd carried out far fewer Pharmacy First consultations than the national average, while M&D Greens had increased the number of consultations to above the national average. When asked, Mr Shah did not agree with the statement that Pharmacy First figures for M&D Greens were heavily disproportionate for the busiest pharmacy in NHS Highland. Mr Shah questioned whether all the consultations were being documented especially those where items were not prescribed. Such consultations were often missed in a busy pharmacy.</p>

11.31.1 6	Cardross Pharmacy dispensed 109% fewer prescriptions than M&D Greens yet delivered 24% more Pharmacy First consultations. In light of that data, Mr Shah was asked if he now agreed that the Pharmacy First delivery at M&D Green was disproportionate. Mr Shah still did not agree and referred to his previous answer. As Cardross Pharmacy was quieter, the pharmacists had more time to record the consultation and process referrals which helped the numbers. This was not an easy one because there were many busy pharmacies out there with disproportionate Pharmacy First statistics. It came down to staff training and raising awareness to appropriately record all consultations onto the system.
11.31.1 7	Given Mr Shah's answer to the previous question Mr Jamil asked whether M&D Greens and Boots UK Ltd were possibly too busy to offer Pharmacy First. Mr Shah said that was a question for M&D Greens and Boots UK Ltd but had given his viewpoint. Mr Shah had worked in pharmacies that were very busy but still did 15,000 to 20,000 Pharmacy Plus items a month.
11.31.1 8	Mr Jamil referred to the letter of support from Vivienne Dance who tried all three pharmacies in Helensburgh after an optician's referral but none had the item, nor did they offer to source it for her. Instead, she had to travel to Garelochhead for it. Mr Jamil sympathised with Helensburgh residents who shared their experience of inadequate pharmacy services and asked Mr Shah whether that should be the standard of care that residents should expect. Mr Shah responded no, of course not and sympathised with Ms Dance greatly. However as previously mentioned, details of the scenario would need to be examined including the situation, the product, why pharmacies could not obtain it, what the issue was, whether there was a shortage, whether another pharmacy happened to have the item by chance and in stock because they were not as busy. There was a lot of ways to look at this scenario and should not blanket judge without looking into the situation.
11.31.1 9	Mr Jamil noted that Cardross Pharmacy had existed since 2006 and was able to thrive even when Helensburgh had four pharmacies. Mr Shah was asked to confirm whether 318 new homes were planned in the Cardross area and whether demand for the pharmacy service provided by Cardross Pharmacy was set to increase as a result. Mr Shah agreed with the number of new homes proposed but could not guarantee demand at Cardross Pharmacy would increase as residents could choose to use another pharmacy.
11.31.2 0	Mr Shah was asked whether he accepted that the majority of patients using Cardross Pharmacy lived in Cardross which he did.
11.31.2 1	Mr Jamil also noted that patients weren't necessarily collecting their prescriptions themselves as the pharmacy operated a collection service from the GP practices. Mr Shah agreed that the pharmacy operated a collection service but said there were some patients who collected their own prescription and brought it the pharmacy to be dispensed.
11.31.2 2	Mr Jamil noted the historic example of four pharmacies in Helensburgh, the geographical distance from Cardross Pharmacy to Helensburgh, the expanding population and increased demand for services and asked Mr Shah

	<p>if there is any real evidence that would show that restoring a fourth pharmacy would have any real effect on car draws at all. Mr Shah stated that for patients who are picking up acute prescriptions, for example, given the proposed location of the applicants pharmacy, particularly in relation to M & D Greens, any redistribution of prescriptions would affect any stakeholders. Mr Shah said he was not saying Cardross Pharmacy is a major stakeholder within this, but that he does feel that this would affect his pharmacy, the services they provide, the investment they've made and staffing issues. Mr Shah said he thinks these issues would definitely occur.</p>
11.31.2 3	<p>Mr Jamil stated that Mr Shah had said in his presentation that this application is not in the public interest. Mr Jamil asked Mr Shah if he was aware that 90% of people support this application as seen from the CAR. Mr Shah said he was aware and asked Mr Jamil what the total number of CAR respondents was. Mr Jamil advised that there were 1017 responses. Mr Shah noted this and said that if Mr Jamil was referring to 90% of people, out of a population of 27,500 that would be around 800 people. Mr Shah said that he knows every resident's views and feelings should be accounted for, but in terms of the data, this does not support that this is at a larger scale.</p>
11.31.2 4	<p>Mr Jamil said that it was a record number of respondents to a CAR. Mr Jamil said that usually with CARs, there is not so much uptake and the fact that this was a record-breaking CAR in NHS Highland shows that it does represent the community's feelings. Mr Shah acknowledged this and said that when looking at the number of respondents, the population that this is measured against should also be considered. If looking at the correspondence alone, this might appear to be one of the highest response rates, but if you look at this relative to the population size, that is a different calculation. Mr Shah stated that in one of Mr Jamil's other applications, there was also a high response rate and that application was refused, therefore, whilst Mr Shah acknowledged he cannot speak for the panel, he does not think this would be a major issue.</p>
11.31.2 5	<p>Mr Jamil stated that the application Mr Shah is referring to was an application made by Mr Frame and not himself. Mr Shah asked for clarification on this point as he believed Mr Jamil and Mr Frame are partners. Mr Jamil said that they are partners in other businesses but when the CAR for that application was conducted, it was Mr Frame who undertook it. Mr Jamil said this was not relevant to the discussion today.</p>
11.31.2 6	<p>Mr Jamil stated that Mr Shah had made a calculation with the number of people per Pharmacy and the population figure used was 14,127. Mr Jamil asked Mr Shah if he accepted that the census data used for this did not include the population that live in the new developments of Alder Gate and Duchess Gait and therefore this number did not include them. Mr Jamil said that he was not aware of this.</p>
11.31.2 7	<p>Mr Jamil stated that the people that live in Alder Gate and Duchess Gait were not included in the census data used, along with the residents from Rhu and Shandon, who are registered with Helensburgh GP practices and use</p>

	Helensburgh Pharmacies. Mr Jamil stated that this increases the population figure to over 60,500 people. Mr Jamil asked Mr Shah, in line with that information, does he accept that the number of people per pharmacy increases drastically. Mr Shah said he thought it would still be below the national average but he had not reviewed the numbers and therefore could not comment on this.
11.31.2 8	Mr Jamil noted that Mr Shah had stated that Helensburgh is an affluent area and had suggested that there is a reduced need in the area due to affluence, but health conditions do not discriminate based on affluence. Mr Shah said that he was not saying that affluent areas are not in need and that health conditions discriminate against affluence, but that pharmaceutical need in affluent areas would be lower than could be seen in less affluent areas.
11.31.2 9	Mr Jamil asked Mr Shah if he was aware that there is a higher proportion of residents who have long term illnesses, diseases or conditions in comparison to NHS Highland and Helensburgh. Mr Shah said he was not aware of this.
11.31.3 0	Mr Jamil said that Mr Shah had mentioned that MCR had remained stable, however, following the closure of Boots, this reduced drastically and there was no uptake from other pharmacies. Mr Jamil asked Mr Shah if he was aware of that. Mr Shah said that the day they looked at was MCR registrations between 2023 and 2024 and did not compare prior to that.
11.31.3 1	Mr Jamil stated that at the last hearing a piece of evidence was touched on that was submitted again for this hearing, that the current occupier of the proposed unit mentioned he was approached by Cardross Pharmacy, to express interest in the unit should this application fail. Mr Jamil asked MR Shah to explain why he approached the current occupier of the unit regarding this. Mr Shah said he did not see that evidence within the current set of evidence. Mr Shah said that they had asked for this evidence from the first hearing to be removed but this request was declined by the Chair at the time. Mr Shah said he can assure Mr Jamil no such conversation took place. A visit to inspect the site was conducted when Mr Shah was made aware of this application, but no such conversation took place.
11.31.3 2	Mr Jamil asked Mr Shah if he is aware that there has been a Freedom of Information request to the Board that has highlighted that there is another declaration of interest for as new Pharmacy in Helensburgh, submitted in 2024. Mr Shah stated that he was not aware of this initially, but that Mr Jamil had mentioned this in the previous hearing and he believes his colleague responded to that, so he is aware of this now.
11.31.3 3	Mr Jamil had no further questions for Mr Shah.
11.32	The Chair invited questions from Mr Green, M & D Greens to Mr Shah, Cardross Pharmacy

11.32.1	Mr Green asked Mr Shah if there is a GP practice in Cardross. Mr Shah advised that there is not.
11.32.2	Mr Green said that in this case, a number of Cardross residents will register with the two GP practices in Helensburgh. Mr Shah agreed with this statement.
11.32.3	Mr Green said that it would therefore be quite natural for a number of prescriptions generated by the two Helensburgh GP practices for patients living in Cardross, to be fulfilled in Cardross. Mr Shah stated that he believes Cardross Pharmacy do around 19% of the combined GP surgeries within Helensburgh, which equates to around 4000 items.
11.32.4	Mr Green stated that the suggestion that there are a number of residents forced out of Helensburgh due to inadequate services to use services in nearby villages is therefore a misrepresentation, as many of the residents who choose those pharmacies, do so because it is their own village. Mr Shah agreed with this statement.
11.32.5	Mr Green asked if Mr Shah knew whether Inverary Pharmacy is a busy pharmacy. Mr Shah said he was not aware of the numbers in Inverary Pharmacy but he is aware that they never used to be a busy pharmacy.
11.32.6	Mr Green asked for clarification on a point he believed Mr Shah had made, that the owners of Inverary Pharmacy are knocking on doors in Helensburgh asking people to sign up to a collection and delivery service from Inverary. Mr Green asked Mr Shah if this point had been picked up correctly. MR Shah clarified stating that this information came from when Cardross pharmacy were making themselves known to GP practices. A practice manager had explicitly said that the new owner of Inverary Pharmacy was physically going to Helensburgh, going door to door, asking patients to sign up for the service, which is how he has managed to get the numbers he has from Helensburgh.
11.32.7	Mr Green asked Mr Shah if, from his understanding of that situation, it is likely that the pharmacy is delivering to those patients as opposed to those patients physically going to Inverary to collect their prescriptions. Mr Shah said that as far as he is aware, the pharmacist is driving out to Helensburgh, picking up prescriptions from GP practices, taking them to Inverary Pharmacy, dispensing them and sending to the Helensburgh residents.
11.32.8	Mr Green asked Mr Shah if, in his opinion, this is quite different to the suggestion that the applicant has made, that residents within Helensburgh are being forced out of the area and having to travel to Inverary to get prescriptions fulfilled. Mr Shah said that it was and that he did not think these patients were being forced out, highlighting the point made earlier querying why a patient would want to go 40 miles out when there are pharmacies taking on patients more locally. Mr Shah said this makes no sense.
11.32.9	Mr Green asked Mr Shah if he frequently gets patients attending the pharmacy, as a resident in Helensburgh, prescription in hand, claiming they

	<p>have been to the three pharmacies within Helensburgh and cannot get the prescription fulfilled. Mr Shah said this does not happen often. Mr Shah stated that there might be the occasional situation, but this is not normally a conversation that has been had in the pharmacy. There may have been occasions where the other pharmacies were low on stock and Cardross Pharmacy has provided to the patient, but this has been occasional and has not been frequent or consistent.</p>
11.32.1 0	<p>Mr Green stated that he received an email on 30th January from his suppliers, advising that several manufacturers were now out of stock of Amlodipine, and his suppliers had asked if he would like to buy a couple of months supply. Mr Green asked Mr Shah if he receives such emails too to try to avoid shortages. Mr Shah advised that he does and in such situations, where shortages are coming or on the horizon, the pharmacy will be notified and try to stock up to levels that they can manage.</p>
11.32.1 1	<p>Mr Green drew attention to the scrutiny on Pharmacy First numbers and asked Mr Shah if, in his opinion, a pharmacy that delivers more than double the national average of Pharmacy First interventions, does that suggest that that service is not available in that pharmacy. Mr Shah said no.</p>
11.32.1 2	<p>Mr Green drew attention to the proposed location of the applicants premises and asked Mr Shah if, in his opinion, a pharmacy in that location would secure more of the business in Helensburgh than a former Boots unit did. Mr Shah asked for clarification on the numbers the former Boots delivered. Mr Green said he could not remember the exact figures but that it was between 3500 to 5000 items. Mr Shah said that in light of the proposed premises being one of the closest pharmacies to the surgery, equidistant to M & D Greens, he would say that they would do double, if not triple, the number the smaller Boots was doing.</p>
11.32.1 3	<p>Mr Green said that the applicant suggested that we should be focusing on Helensburgh and not Cardross. Mr Green asked Mr Shah if he would agree that it is incumbent upon this process to consider the impact on other communities of granting an application. Mr Shah said that this is totally necessary as adding an extra pharmacy will further fragment care, that patients receiving acute prescriptions from the two Helensburgh practices could decide to go outwith the Cardross community.</p>
11.32.1 4	<p>Mr Green asked Mr Shah if Cardross Pharmacy is a high volume pharmacy. Mr Shah said no.</p>
11.32.1 5	<p>Mr Green asked Mr Shah if he would agree that a pharmacy that is not a high volume pharmacy, has less ability to sustain losses than a high volume pharmacy might. Mr Shah agreed with this statement.</p>
11.32.1 6	<p>Mr Green had no further questions for Mr Shah.</p>

11.33	The Chair noted that as proceedings continue, repetitive questions are starting to be asked. The Chair noted the timing of the hearing and advised the committee that if they would have asked a question that has already been answered, they should take assurance that the question has been fully answered. The Chair asked that the committee consider whether questions can reasonably be answered with a yes or no, or short answer.
11.34	The Chair invited questions from Mr McBean, Boots Pharmacies, to Mr Shah, Cardross Pharmacy
11.34.1	Mr McBean noted the request by the Chair not to repeat questions.
11.34.2	Mr McBean asked Mr Green if, given the range of wholesalers available to M & D Greens, Rowlands Pharmacy, Boots Pharmacies and Cardross Pharmacy, an additional pharmacy would have any impact on supply of medication. Mr Shah said that it would not
11.34.3	Mr McBean had no further questions for Mr Shah.
11.35	The Chair invited questions from Mr Dickinson, Rowlands Pharmacy, to Mr Shah, Cardross Pharmacy
11.35.1	Mr Dickinson asked Mr Shah if his was the only pharmacy within the village of Cardross. Mr Shah said that it is.
11.35.2	Mr Dickinson asked Mr Shah about the importance of Cardross Pharmacy maintaining the prescription numbers they receive from Helensburgh in relation to providing the services that they currently do, as the sole provider of pharmaceutical services within Cardross. Mr Shah said that if prescriptions were redistributed and Cardross Pharmacy prescription numbers were to decline, they would potentially have to cease providing some services. Staffing levels would also have to be reduced. Mr Shah said that this would also slow the progression that is currently being provided for current staff members in terms of training.
11.35.3	Mr Dickinson asked Mr Shah for his thoughts on zero waiting times by the applicant and whether he thought this was achievable and safe. Mr Shah said he feels like this is unsafe, unrealistic and virtually impossible.
11.35.4	Mr Dickinson had no further questions for Mr Shah.
11.36	The Chair invited questions from Mr Foy, Helensburgh Community Council, to Mr Shah, Cardross Pharmacy
11.36.1	Mr Foy noted that Cardross Pharmacy is not within the neighbourhood boundary area but does offer additional capacity and asked Mr Shah to confirm the pharmacy opening hours. Mr Shah stated that the pharmacy is open Monday to Friday, 9am to 5.30pm and on Saturday from 9am to 1pm.

11.36.2	Mr Foy said that Mr Shah had spoken about Helensburgh being a commuter town and people access Cardross on their way to Glasgow. Mr Foy advised that anyone working in Glasgow, would not be able to access Cardross Pharmacy service if they leave before 8am and return after 6pm. Mr Shah stated that he is sure that on the way from Helensburgh to Glasgow there will be other pharmacies that are probably open at this time, but noted he could not confirm this, however, Cardross Pharmacy is not the only pharmacy on that route.
11.36.3	Mr Foy asked Mr Shah how many parking spaces are available at his store. Mr Shah stated that on-street parking is available. There are around three parking spaces directly in front of the pharmacy, there is on-street parking to the right of the pharmacy and to the left of the pharmacy there is further dedicated parking less than a minutes walk away.
11.36.4	Mr Foy noted that therefore, parking on the Main Street in Cardross is difficult and it is not an easy place to park at the best of times. Mr Foy asked if Mr Shah accepted that the pharmacy is a bit far away from the train station to be convenient to train commuters. Mr Shah said he thinks that this depends on how distance is considered. Mr Shah stated that during the application, he learned that Rowlands Pharmacy is too far away from surgeries, which is only a three or four minute walk, so therefore he did not think that the train station is too far away. Mr Shah said that Cardross Pharmacy also has two delivery drivers with delivery provided Monday to Saturday, so patients who are unable to come to the pharmacy, will receive their prescriptions.
11.36.5	Mr Foy stated that Ms Lambert who is accompanying him today, has asked him to confirm that neither she nor himself, have received knocks at their doors, as Helensburgh residents, from Inverary pharmacy. They are also not aware of this happening to any family members living in Helensburgh. Mr Foy asked Mr Shah to confirm what evidence he has of Inverary Pharmacy undertaking a door knocking exercise. Mr Shah said he was aware of residents within Helensburgh who have received communication from Inverary Pharmacy. Mr Shah advised that he is not suggesting they have been to every single household within Helensburgh, but, as previously mentioned, this was something that was discussed with a GP practice. Mr Shah confirmed that he does not have any documented evidence of Inverary Pharmacy undertaking this exercise, but that this was something that had been mentioned by the GP practice manager. Mr Shah said that it makes sense that this exercise has been undertaken and that he does not see why a patient would go 40 miles out of there way and that the pharmacy is accepting residents within the area.
11.36.6	Mr Foy said that this piece of information should be discounted as if people living in the town have not had knocks on their door from Inverary Pharmacy, then it is not relevant. Mr Shah said he was not going to discount it and that he will not say it is not relevant. Mr Shah stated that he said he could not guarantee they went to every single household. If Inverary Pharmacy did not come to Mr Foy's household, this is not something he can speculate on. Mr Shah said he was advising what he had been told by the Mallaig Practice, but

	he does not know what to what extent the door knocking exercise was undertaken.
11.36.7	Mr Foy asked Mr Shah if it would surprise him to know he has a family member who has direct experience of using Inverary Pharmacy. Mr Shah said this would not surprise him.
11.36.8	Mr Foy asked Mr Shah if it would surprise him to learn that the family member had no choice in using Inverary Pharmacy. Mr Shah said that this is dependent on the individual situation and asked Mr Foy when the family member was looking for pharmacy services and whether they had accessed other pharmacies in the area. Mr Shah said that he did not see this happening at a greater scale and was dependent on the individual circumstances.
11.36.9	Mr Foy explained that the circumstances were that a relative was being discharged from hospital. In order to be discharged they had to have a care package in place with carers visiting the residence four times a day, and they had to have prescriptions at home. The GP prescribed the patient a dosette box and insisted on using Inverary Pharmacy as there was no immediate capacity in Helensburgh to deliver that dosette box. Mr Foy challenged this as he did not want his relative to be relying on a pharmacy so far away in Inverary. Mr Foy stated that this was not a choice made by the patient and that the GP made that decision as the safest way to avoid bed blocking in hospital. Mr Shah acknowledged and sympathised with Mr Foy and stated that this should not be happening. Mr Shah advised that he does not know the timings of this issue but would urge the GP to reach out to one of the neighbouring pharmacies before signing a patient up to a pharmacy that is 40 miles away. Mr Shah stated he did not see the rationale for that.
11.36.10	Mr Foy stated that issues like he has described do happen, and on a more regular basis than Mr Shah is implying. Mr Shah highlighted the fact that in this case, this was a decision taken by a GP and that he cannot comment on the GP's reasoning for doing so. Mr Shah said that Cardross Pharmacy historically does not have a waiting list and is a seven minute drive away so he does not understand why a GP would send the patient to a pharmacy 40 miles out. Mr Shah said this is a question that should be proposed to the GP rather than himself.
11.36.11	Mr Foy advised that he did question the GP and that he had to push very hard to get the prescription changed to a local Helensburgh pharmacy, with that process taking several weeks. Mr Foy stated regular prescriptions can be handled from a distance but when changes take a week or two to make, this adds to the problem. Mr Shah acknowledged this and sympathised with Mr Foy.
11.36.12	Mr Foy queried Mr Shah on a comment he had mentioned from a community councillor and stated he did not recognise the statement. Mr Shah asked Mr Foy if he knew a community council member by the name Irina Augustinelli. Mr Foy said that he did and that Irina runs a business, employing several people at Fabric and Finery in Helensburgh. Mr Shah agreed with this

	<p>statement and stated that Ms Augustinelli had asked her followers to fill out the community council survey in favour of the new pharmacy application and it stated that other pharmacies have vetoed this application vehemently as they are not so much interested in reducing the queues, they are more interested in keeping their market share. Mr Shah said that he mentioned this to allude to the point that it creates a negative perception of other pharmacists with the public, and to point to the fact that Boots had said they had a positive experience with the community council, but then something like this happens and it shows the opposite. Mr Foy stated that this did not come from a member of the community council, it came from a business that Ms Augustinelli is involved with and could have been done by any member of the team in that business. Mr Foy stated that Mr Shah could not state that it had come from the community council. Mr For said as far as he was aware, it was a link to Ms Augustinelli and that is where the link came from.</p>
<p>11.36.1 3</p>	<p>Mr Foy stated that Ms Augustinelli has only attended one community council meeting in the last year and hasn't been at any of the community council meetings that discussed pharmacy services. Mr Shah advised that at the bottom of the post shared, it is cited by her. Mr Shah advised that at the bottom of the post it states "many thanks, Irina Augustinelli, Fabrics and Finery". Mr Shah states that the post was posted by her but that he is not here to argue how involved she is with the community council, he was just alluding to the fact that she is a member of the community council and has posted this, which reflects negatively.</p>
<p>11.36.1 4</p>	<p>Mr Foy advised that he wanted to clarify that during this process, he and Ms Lambert have been very clear to try to be as impartial as possible, and to represent the community views. Mr Foy said that when there is a community who have expressed over 80% in one direction, they must represent the 80% view more than the 20% view who feel the service was adequate. Mr Foy said that 80% of people in the CAR, 80% of people in their recent survey, felt the service was inadequate in Helensburgh. He and Miss Lambert are therefore under an obligation to represent the people in the town. Mr Foy said that Mr Shah had been quite critical of the community council and how this has been conducted and queried how the community should demonstrate inadequate service. Mr Shah said that he felt the surveys were biased. Mr Foy asked how should they better demonstrate inadequacies. Mr Shah said by remaining impartial through the process and that from the outset, the community council has been quite heavily in favour of this application and that this is quite evident and that it cannot be denied that the community council has not been favourable and has been one-sided towards the applicant. Mr Foy disagreed and said that Mr Shah could not say that the community council is biased. Mr Foy stated that the community council is representing views of the community.</p>
<p>11.36.1 5</p>	<p>The Chair interjected and highlighted the clear difference of opinion and reminded Mr Foy and Mr Shah to respect each other's differing views. The Chair advised that both points have been made clearly.</p>

11.36.1 6	Mr Foy asked Mr Shah what steps the community council should have been tasking to prove inadequate service. Mr Shah asked Mr Foy if there has been engagement with other pharmacies, whether there was an attempt to raise awareness that there is a pharmacy, namely Rowlands Pharmacy, that is quiet with no queues and can take on more patients. Mr Shah asked Mr Foy if there were any steps taken to alleviate the public from having a negative perception of Helensburgh, further creating division rather than bringing everyone together and raising awareness, speaking to the issues that these residents may have been facing, and speaking to pharmacies about these issues to see how improvement can be made. Mr Shah stated that there are a lot of ways this could have been handled in a less biased way, but acknowledged that this is his opinion, that Mr Foy's opinion differs from this and he respects that.
11.36.1 7	Mr Foy said he disputes the allegations of bias and reiterated that he is representing the views of the community as best he can.
11.36.1 8	Mr Foy had no further questions for Mr Shah.
11.37	The Chair invited questions from Mr Mathieson, Area Pharmaceutical Committee, to Mr Shah, Cardross Pharmacy
11.37.1	Mr Mathieson had no questions for Mr Shah.
11.38	The Chair invited questions from Mr Higgins, Pharmacist included in the Pharmaceutical List, to Mr Shah, Cardross Pharmacy
11.38.1	Mr Higgins asked Mr Shah to comment on the capacity that Cardross Pharmacy have at the moment to take on further services. Mr Shah advised that the pharmacy has taken on additional staff members and undergone a major reset. The pharmacy has two consultation rooms and significant storage space. The size of the dispensary has been doubled. Mr Shah said the capacity is there.
11.38.2	Mr Higgins drew attention to the mention by Mr Shah that Cardross Pharmacy has a delivery service that serves patients in Helensburgh and asked Mr Shah to confirm this. Mr Shah confirmed that this is the case.
11.38.3	Mr Higgins asked Mr Shah if any promotional work is undertaken to gain market share in Helensburgh. Mr Shah said no. Mr Shah advised that they had originally entered the area to introduce themselves, a leaflet drop was likely done. The pharmacy has been in the Helensburgh Advertiser purely because Cardross patients access this and there is not an equivalent in Cardross. Mr Shah confirmed this was to let the area know about the pharmacy and the services provided and that there is no further campaign or marketing done in the area.
11.38.4	Mr Higgins had no further questions for Mr Shah.

11.39	The Chair invited questions from Mr Manson, Pharmacist included in the Pharmaceutical List to Mr Shah, Cardross Pharmacy
11.39.1	Mr Manson asked Mr Shah if there are care at home pharmacy technicians within Helensburgh. Mr Shah asked for clarification on what that refers to. Mr Manson advised that in other Boards, there are pharmacy technicians that go around and make assessments for blister packs at people's houses and set these up with pharmacies and he is querying whether such a service exists in Helensburgh. Mr Shah advised this is not a service he provides at the moment
11.39.2	Mr Manson had no further questions for Mr Shah
11.40	The Chair invited questions from Ms Cameron, Pharmacist not included in the Pharmaceutical List to Mr Shah, Cardross Pharmacy
11.40.1	Ms Cameron drew attention to the mention by Mr Shah of improvements and increased staffing levels at Cardross Pharmacy and asked Mr Shah to clarify the timeline of the facilities improvements in relation to the closure of the small Boots branch. Mr Shah advised he took over the pharmacy in April 2025 and the closure of the small Boots was in 2023. Mr Shah advised that when he took over Cardross Pharmacy and saw what improvements needed to be made, this was done fairly straight away. MR Shah advised that the day after he took over, the builders were carrying out their refit. Mr Shah stated that services returned to normal around June 2025.
11.40.2	Ms Cameron asked Mr Shah if the CAR reflects those improvements that were made. Mr Shah said no.
11.40.3	Ms Cameron asked Mr Shah what current pharmacist or independent prescriber provision at Cardross Pharmacy is in place at the moment. Mr Shah stated that they have four independent prescribers on rotation
11.40.4	Ms Cameron asked if Pharmacy First Plus was on offer on a daily basis. Mr Shah said that it is.
11.40.5	Ms Cameron had no further questions for Mr Shah.
11.41	The Chair invited questions from Mr Townsend, Lay Member, to Mr Shah, Cardross Pharmacy
11.41.1	Mr Townsend asked for a point of clarification on Pharmacy First uptakes and asked Mr Shah if an alternative explanation of why a pharmacy may have less Pharmacy First updates be due to the fact that there is an increase in door-to-door services, which reduces the interface between patient and pharmacist. Mr Shah said yes that this would be one of the factors.
11.41.2	Mr Townsend had no further questions for Mr Shah.

11.42	The Chair invited questions from Mr Cronie, Lay Member, to Mr Shah, Cardross Pharmacy
11.42.1	Mr Cronie stated that Mr Shah had made some valid points on the CAR, particularly relating to the survey design, reliability, applicability and independent or internal bias, and asked if this is an area Mr Shah has particular expertise in. Mr Shah clarified that his statements were not in relation to the CAR but were in relation to the surveys conducted by the applicant and the community council. Mr Shah confirmed that he does not have specific expertise in this area and that this was just his view after reviewing the surveys.
11.42.2	Mr Cronie drew attention to points raised around confidentiality with regard to the auto collection system and asked Mr Shah to explain these concerns. Mr Cronie noted that he did not have any experience in this area and that his own experience indicates that labels on scripts tend to be very small so unless somebody is handing these over, names would not be able to be read. Mr Shah advised that this was brought up due to the fact that the square metre of the proposed pharmacy is quite small, so the location of the proposed 24/7 collection machine would be close to the waiting area. Mr Shah advised that when loading the prescription locker, medicine bags are within a tote, the bag is put on the ground and the medication is picked up and lifted into the locker. Mr Shah advised that there is nothing stopping someone from turning and looking at prescription labels, which include patient names. Mr Shah noted that the machine is quite large, depending on the type chosen. Mr Shah noted that the applicant likely has a way to tackle this, but he wanted to highlight that this is an issue that would need to be addressed.
11.42.3	Mr Cronie had no further questions for Mr Shah.
11.43	The Chair invited questions from Ms Rugman, Lay Member, to Mr Shah, Cardross Pharmacy
11.43.1	Ms Rugman asked Mr Shah if he took the opportunity to consultation meetings held by Highland Council, or to take part in the process that pharmacies were invited to, to represent his views. Mr Shah said he was unsure about what opportunities to attend that were being referred to.
11.43.2	The Chair interjected and said that this was not in reference to Highland Council but was in reference to the Helensburgh Community Council and was not a specific invitation, but was an open invitation for attendance when able to do so.
11.43.3	Ms Rugman acknowledged this and asked Mr Shah if he had taken up any opportunities to attend or engage with the Community Council on his views. Mr Shah advised he was an observer at one community council meeting early on in the process but did not choose to speak.
11.43.4	Ms Rugman had no further questions for Mr Shah.

11.44	Questions from Mr O'Brien, Chair, to Mr Dickinson, Rowlands Pharmacy
11.44.1	Mr O'Brien had no questions for Mr Shah.
11.45	The Chair agreed for a brief comfort break to be undertaken
12	Submission from Mr Dickinson, Rowlands Pharmacy
12.1	Good afternoon, everyone, Chair, members of the committee. So thank you very much for giving me the opportunity to speak today. My name is Mark Dickinson and I am here representing Rowlands Pharmacy in Helensburgh.
12.2	I have lived in Helensburgh for 19 years. I've raised my three children here and I've worked at Rowlands Pharmacy in the last nine years. This town is not just where I work, it is my home, my community, and the place where I have built my life.
12.3	And I want to say something at the very beginning. If I believe that Helensburgh genuinely needed another Pharmacy, I would not be sitting here today. I would be supporting it as a resident.
12.4	I am here because I know, both professionally and personally, that granting this application would cause real harm to a longstanding trusted pharmacy without delivering any meaningful benefit to the people who live here in Helensburgh.
12.5	I want to begin by stating our position clearly and respectfully. This application does not demonstrate unmet need. It does not demonstrate inadequacy, and it does not demonstrate that a new pharmacy is necessary or desirable.
12.6	We agree with the neighbourhood, as defined by the applicants, as the same neighbourhood that we serve and serve effectively.
12.7	But before I move on to the technical details, I want to share something important about the pharmacy I manage, because to understand the impact of this application, you need to understand what Rowlands Pharmacy actually is to this town.
12.8	Rowlands is not just a place where people collect prescriptions, it is part of Helensburgh heritage.
12.9	When you walk through the door, you're stepping into a pharmacy that has served this community for generations. The original wooden traditional joinery, still lines of walls, glass fronted drawers, polished by decades of use, sit beneath shelves filled with genuine apothecary jars and bottles. Not replicas, not antiques bought for display, but the very equipment used by pharmacists who cared for this town long before I arrived.

12.10	People comment on it every single day. They tell us how much they love the character, the warmth, the sense of stepping into a place that feels like Helensburgh. And yet, behind that heritage, we deliver fully modern healthcare, vaccinations, pharmacy first, emergency care, compliance aids and every NHS service expected of a contemporary modern pharmacy.
12.11	This combination, authentic heritage and modern clinical excellence, is rare. It is valued and is part of what makes Rowlands Pharmacy not just a service provider, but a piece of Helensburgh cultural identity.
12.12	I also want to place this heritage point in a wider context because it's not just a view that Helensburgh values, its historic character, it is documented repeatedly in the minutes of the Helensburgh Community Council. The Community Council has consistently intervened to protect the town's heritage and appearance. They have raised concerns about inappropriate shop front signage in the conservation area, supported improvements to Cunningham Square and the waterfront, and actively promoted Helensburgh cultural assets such as a Hill House, the outdoor museum, and the John Logie Baird Centenary events. Within that context, the Pharmacy I manage is not simply a dispensing point.
12.13	The main features of its traditional character, which is the original wooden joinery, the glass fronted drawers, the apothecary fittings with historical interior, are contained within the premises themselves, forming part of the historic fabric of this town centre.
12.14	It continues that to the character of a conservation area in the same way as controlling signage, restored benches, maintaining shrub beds and curated art.
12.15	The Community Council's own actions show that they place real weight on protecting the appearance and integrity of a conservation area, maintaining historic civil spaces, and supporting landmark buildings and cultural identity. It follows that the potential loss or destabilisation of a rare traditional pharmacy premises is not a neutral event. It would diminish the very character and heritage that the Community Council has repeatedly sought to protect. And this is where viability becomes more of a financial concept.
12.16	If a new contract fragments prescription volume and undermines the viability of Rowlands Pharmacy, the consequences is not only a risk to healthcare provision, it is a risk to the townscape itself. A closure, a forced relocation or a replacement by a less sympathetic user would weaken the conservation area and erode a piece of Helensburgh lived heritage.
12.17	For that reason, I would respectfully suggest that maintaining the viability of the existing Pharmacy aligns not only with the health care access objectives, but also with the heritage and place making priorities that Helensburgh Community Council has consistently endorsed.

12.18	Now, turning to the population data, the applicants rely heavily on headline population figures. We accept the figures, although ours differ very slightly, the difference is minimal, but there's a crucial correction that must be made.
12.19	A significant portion of the population counted in this application includes serving military personnel at His Majesty's Naval Base Clyde. Serving personnel do not use NHS GP or Pharmacy dispensing services. They are required to register with military GPs and receive all their care through Defence Medical Services.
12.20	The applicants have not considered how much of a population they rely on in their figures is actually eligible to use NHS Primary Care. The headline population looks impressive on paper. It does not reflect the real NHS demand within the neighbourhood.
12.21	The same issue appears in the prescription data. The application relies heavily on prescription numbers generated by the two GP practises within Helensburgh.
12.22	However, up to 14% of these prescriptions are dispensed in Cardross, not Helensburgh. This is because Cardross has no GP Practice.
12.23	So many of us residents, rightly so, are registered with the Helensburgh GPs, but collect the prescriptions locally in Cardross. Prescriptions dispensing Cardross reflect Cardross' demand, not Helensburgh.
12.24	When we adjust for serving military personnel who cannot use NHS services and for Cardross prescriptions that are not Helensburgh demand, the true NHS workload in Helensburgh is significantly lower than the applicants suggest. This kind of overestimation creates a distorted picture of demand, because it compares prescription numbers inflated by non-Helensburgh patients against population figures that include thousands of people who do not and in many cases cannot use NHS, GP or pharmacy dispensing services.
12.25	With regards to the new military housing that has previously been mentioned, it is important to note that the military has already put the necessary medical infrastructure in place to support its expanding accommodation.
12.26	The new 639 single living accommodation units are being delivered alongside strengthening on-base health care provision, ensuring that both existing personnel and the 300 trainees who will occupy the new blocks continue to receive all of their medical care through Defence Medical Services
12.27	This means that even as a base expands, none of these individuals will register with GPs within Helensburgh or use NHS dispensing services through the community pharmacies. The infrastructure to support them is already operational within the base.

12.28	So while the military population increases on paper, NHS demand does not increase at all. In fact, the expansion further reinforces the point that a significant portion of the headline population figures relied upon by the applicants cannot access NHS primary care in the first place.
12.29	Because serving personnel cannot use NHS GP or Pharmacy services, the applicant's population figure is significantly inflated. And when we combine this with the fact that a proportion of prescriptions generated by Helensburgh GP practises are actually dispensed in Cardross, reflecting Cardross demand, not Helensburgh, the true NHS using population is substantially lower than the applicant suggests.
12.30	Rowlands Pharmacy provides every core NHS service, every NHS Highland PGD and a wide range of enhanced services.
12.31	We are the only pharmacy and Helensburgh participating in the NHS travel vaccination service, working alongside Cardross Pharmacy to ensure full coverage for the local population.
12.32	We utilise pill pouch compliance aids and off-site dispensing through Medipack where clinically appropriate. These tools enhance capacity and efficiency, allowing us to focus on face-to-face patient care
12.33	And I want to be very clear here - Our capacity is not only sufficient, it is scalable. If demand increases, we can increase staffing, increase pharmacy cover, deploy independent prescribers and expand service delivery. This is not hypothetical. It is something we have done repeatedly during peak periods, including vaccination surges and seasonal pressures.
12.34	But I want to link this directly to viability because this is a part that is often misunderstood.
12.35	Everything we do, every service, every consultation, and every moment of care, depends on the foundation created by dispensing NHS prescriptions. That is a core that sustains us.
12.36	It is what allows us to employ the staff we need, to keep our doors open, to invest in training, to be there for the people when they need us most.
12.37	That foundation is fragile. It is not guaranteed and is not something that can be diluted without consequence.
12.38	Before I want to before I move on, I want to highlight something that speaks directly to the quality of care delivered by Rowlands Pharmacy in Helensburgh. Our pharmacy was awarded the Rowlands Pharmacy Team of the Year in 2025, a national award given to only one pharmacy across the entire organisation of 333 pharmacies within the UK.
12.39	In addition to this, our Pharmacy has remained on the company's best in class list since the day it was introduced.

12.40	In order to achieve best in class, a pharmacy must maintain zero complaints, but also be substantiated by positive feedback within the same time frame. Our Pharmacy is currently running at 42 consecutive months holding these standards, which encompasses a period of temporary disruption within the area.
12.41	This list is based entirely on real patient feedback, not internal scoring of targets. And we are the only pharmacy in the entire Rowlands organisation to maintain this status continuously since the programme began.
12.42	This reflects a stable, experienced team, consistently high standards and strong community trust.
12.43	And I want to emphasise something that only someone who lives here can actually say.
12.44	The people of Helensburgh are not shy about telling you when something isn't right. If our service was inadequate. We would know very quickly.
12.45	Instead, what we see month after month is strong, positive feedback and a community that values the service that we supply.
12.16	I want to address the CAR, the consultation analysis report, because the applicant place significant emphasis on them.
12.47	Community feedback is important. But the CAR has major limitations.
12.48	First, 766 out of the 1017 responses were completely anonymous. No name, no address, no email.
12.49	Without this information, it is impossible to verify whether respondents live within the defined neighbourhood.
12.50	Second, the CAR was conducted during a period of temporary disruption, following the closure of a small Boots branch. Patients were redistributed across the remaining pharmacies and workloads spiked suddenly. The CAR reflects that moment, not the situation today.
12.51	Third, with there being no time stamps on responses, we cannot assess whether responses were clustered around campaign events, campaign activities or social media engagements.
12.52	And finally, and this is important. The applicants promoted services during the CAR period that are not part of the NHS contract.
12.53	These included routine MDS provision, 24-hour collection units and other private or optional services that the NHS does not fund and the PPC cannot consider.

12.54	Let us be clear, all of these additional services are currently being offered or, like the 24-hour collection unit, are in the process of being implemented by the existing pharmacies.
12.55	During the consultation period, the applicants were actively posting on their public Facebook page. I cannot show you the screenshot here today, but I can describe them and if required, submit these screenshots to the panel for consideration.
12.56	In one exchange, they assured the member of the public they could deliver zero waiting times.
12.57	While I appreciate the aspiration towards efficiency, this statement fundamentally misrepresents the nature of professional pharmaceutical service delivery.
12.58	Dispensing is a clinical process. It is not a transactional one. It involves accuracy checks, patient counselling, stock reconciliation and often liaisons with prescribers.
12.59	To suggest that this can be delivered with zero waiting times is not only unrealistic, it risks undervaluing the professional standards that underpin safe and effective care.
12.60	Such claims may create false expectations among patients who deserve transparency about what a new contract can reasonably deliver. And when those expectations are met, it is not just disappointment, it is a breakdown in trust between patient and pharmacy.
12.61	I raise these points not to criticise ambition. In fact, I applaud ambition, but to ensure that the committee's decision is grounded in reality and fairness and a full understanding of how public perception was shaped during the CAR.
12.62	In another exchange, they suggest that Helensburgh needs four pharmacies because it had four in the past and implied that their application was part of restoring something that has been lost.
12.63	These posts were made during the CAR campaign. At the same time, they were directing people to complete the consultation.
12.64	The problem is this. These posts did not focus on the NHS core services, which is what the CAR is meant to measure. Instead, they highlighted private services, commercial offerings and aspirational promises that are not part of the NHS contract.
12.65	When members of the public see statements like zero waiting times or suggestions that a new pharmacy is needed to restore something that has been lost, it risks shaping their perception of the existing pharmacies, including Rowlands, in a way that is not based on NHS service adequacy.

12.66	It risks giving the impression that the current pharmacies are failing to provide services that the NHS does not actually require us to provide.
12.67	More importantly, it risks creating unnecessary concern within the community.
12.68	Concern shaped by marketing messages rather than by actual performance of the NHS pharmacies already serving the town.
12.69	When the public are presented with claims that fall outside the NHS contract, it can easily distort their understanding of what NHS pharmacies are required to provide.
12.70	That kind of misunderstanding has real consequences. It can shift public perception away from the facts and it can influence a consultation that is meant to be based on evidence, not promotional statements.
12.71	In a town like Helensburgh, where heritage and accuracy matter, the idea that a statutory consultation may have been shaped by messaging outside NHS requirements is something that should concern us all. Because if the public were encouraged to believe that the existing pharmacies are not meeting NHS needs, when in reality we deliver every core service with extensive capacity, then the integrity of the consultation process itself is at risk.
12.71	Over the last six months in Helensburgh, negative patient feedback has been significantly quieter.
12.73	Workloads across the town have stabilised, queues have reduced, and the pharmacies are operating smoothly. The temporary disruption that followed the closure of the small Boots branch has now settled.
12.74	And I want to be very clear about Rowlands Pharmacy specifically.
12.75	We have not experienced negative feedback. We have not had workload pressures that destabilise any of our services and we do not experience queues.
12.76	Every patient who walks through our door is addressed as soon as they enter the pharmacy or very shortly afterwards. That is our normal standard and it has been our standard throughout.
12.77	This in itself demonstrates capacity.
12.78	A pharmacy under pressure or one struggling to cope with demand simply could not provide the level of rapid response and immediate patient attention that we deliver every single day to every single patient. The fact that we can consistently respond to patients the moment they arrive show that our systems, staffing, training, workflow are all more than sufficient to meet the needs of the neighbourhood.

12.79	The next point is exceptionally important. The Consultation Analysis Report, the CAR, is the only public consultation recognised within the Scottish Pharmacy Contract Regulation. It is the sole statutory consultation.
12.80	It is produced using a standardized, board approved methodology designed to ensure fairness, consistency and independence.
12.81	The PPC is required to consider the CAR. Nothing else has that status.
12.82	In this case, the CAR is now a year old, meaning it reflects a moment of temporary disruption immediately after the Boots merge and close. Not the stable, fully functioning network that exists today. Its age alone raises serious questions about how far its findings can be applied to the present situation, but it remains the only consultation with formal standing under the regulations.
12.83	By contrast, the additional surveys submitted by the applicants and even the surveys circulated by Helensburgh Community Council have no statutory standing whatsoever. They are unregulated, unverified, and not subject to the strict methodology that governs the CAR.
12.84	They may be influenced by selective promotion, targeted campaigning or by references to non-NHS services such as specific NDS formats or 24-hour collection units. These surveys cannot be treated as reliable indicators of unmet need.
12.85	They cannot replace a CAR, they cannot override the car and they cannot be used to justify a new contract.
12.86	The PPC should therefore give no weight at all to the supplementary surveys and should rely solely on the CAR. The only consultation recognised within the Scottish Pharmacy contract framework, and consider it in the light of the period in which it was conducted and the temporary circumstances that shaped it.
12.87	This is why the car must be understood for what it is, a snapshot taken during a moment of temporary disruption in Helensburgh, not a reflection on the stable, high quality, fully adequate NHS services that exist today. It is not reliable evidence of ongoing, unmet need.
12.88	Rowlands Pharmacy has access to all three major pharmaceutical warehouses, Phoenix, AAH and Alliance Healthcare.
12.89	Just for clarity, Phoenix is actually our parent company.
12.90	This gives us strong resilience during national shortages, rapid access to alternative stock lines and the ability to maintain continuity of supply even when one wholesaler experiences disruption.

12.91	The applicants have not confirmed their supplier arrangement if they are tied to a single wholesaler, which is common for independent contractors. This could significantly limit stock availability, especially during these shortages.
12.92	A pharmacy with limited wholesale access is more vulnerable to stock outs, delayed prescriptions and reduced patient safety. In contrast, our multi-wholesaler model is proven, it is stable and it is resilient.
12.93	I also want to highlight the additional resilience we have through Pill Pouch and Medipack, both operated by Phoenix, our parent company, and national warehouses. As part of the Phoenix Group, these off-site dispensing centres hold significantly larger stock volumes, than any individual pharmacy could, giving us an extra layer of protection against market volatility and national shortages.
12.94	We also have Rowlands field based teams who support our pharmacies operationally at every level. While stock movement is not their primary function, we can rely on them to coordinate enterprise transfers when acute shortages arise. This means that if we are struggling to source an essential medicine, we have the ability to pull stock in quickly and efficiently from elsewhere within the group.
12.95	As part of the Phoenix group, Rowlands has access to 333 branches across the UK, including 75 here in Scotland, all of whom we can draw from when required.
12.96	This is a level of resilience and supply security that a new standalone contractor simply cannot match. It ensures that Helensburgh patients remain protected even during the most challenging periods of national shortages.
12.97	Off-site dispensing is not a replacement for in-pharmacy services. It is a supplementary tool only used when clinically appropriate. It allows us to handle high volume or repetitive items efficiently, free up pharmacists' time for face-to-face consultations and care and maintain safe, accurate dispensing during peak periods.
12.98	For context, our automation with Medipack holds an error rate of 3.21 errors per million packs dispensed.
12.99	In terms of pill pouch, it currently serves almost 20,000 patients, have assembled more than 111 million MDS packs, and it has an error rate of 1.16 errors per million packs.
12.100	Off-site dispensing models are widely used across the UK and ours is fully compliant with NHS Scotland's terms of service. It strengthens our service. It does not weaken it.
12.101	Now, I want to address the applicant's proposed premises.

12.102	They intend to operate from a converted news agents. However, no detailed layer plans were provided. No scaled floor plan, no measurements, no identification of structure or load bearing walls, and none of the information normally required for a change of use conversion under local authority building and planning standard.
12.103	Although through previous questions to the applicants during the meeting, concerns have already been raised regarding layout, privacy, safety and efficacy.
12.104	When applying a new pharmacy contract, applicants are expected to provide evidence that they are able to use the premises in question. Typically a lease, missive of let, or a letter, a formal letter of intent from the landlord confirming that the unit will be made available for pharmacy use. I have not received any such evidence from the applicants, and I would ask the Chair and members of the committee whether they have been provided with this documentation.
12.105	The applicants also suggest an intention to expand into a neighbouring unit from the first part of this hearing, but this cannot be taken into account during this consultation.
12.106	Intent is not evidence and without formal plans, permissions or legal documentation, such a statement carry no weight and must be treated as hearsay. Without planning approval or building warrants, suitability cannot be assumed.
12.107	We already have serious concerns about the viability should a new contract be granted with the proposed footprint of the unit, let alone doubling the footprint with expansion into a second unit.
12.108	Alongside its relative location to the existing GP practices, this would be catastrophic to Rowlands Pharmacy.
12.109	For us, it would be like one David standing against three Goliaths, an overwhelming imbalance that would threaten our ability to continue serving this community.
12.110	I also want to address Pharmacy First Plus because the applicant promoted Pharmacy First Plus heavily during their community engagement. Pharmacy First Plus is not a generic service. It depends entirely on the pharmacist's specific clinical competence and prescribing score.
12.111	Independent prescribers may only prescribe within their defined clinical areas of competence.
12.112	The applicant provided no evidence about their clinical specialism, no governance framework, no evidence of alignment with local health needs and no detail on how Pharmacy First Plus would be delivered safely.

12.113	The public were given the impression of broad clinical access during the CAR campaign from the public Facebook posts. In contrast, Rowlands has a strong and growing network of independent prescribers, pharmacists in training for IP qualification, and the ability to deploy additional pharmacies if needed.
12.114	If Helensburgh required expanded Pharmacy First Plus access, we would deliver it safely, appropriately and in a way that genuinely reflects the healthcare needs of the local population.
12.115	Before I continue, I want to briefly address the position regarding the previous PPC hearing. I fully understand that today's position will be based on the evidence presented for this specific hearing. However, the previous hearing is now published on the Community Pharmacy Scotland website and is therefore public information.
12.116	Because it is publicly accessible, the statements made by the applicants during that hearing form part of a documented history of this full application.
12.117	Where those statements are relevant to the facts being discussed today, it is reasonable to refer to them. Public information should not be disregarded simply because it was spoken at an earlier stage.
12.118	Let me now address the closure of the small Boots branch on Sinclair Street.
12.119	As the applicant said in the previous hearing, this closure was presented as evidence of ongoing inadequacy. But the hearing minutes confirmed that while there was a short period of disruption, the network stabilised quickly and services returned to normal.
12.120	The newspaper articles cited by the applicants reflect that short period only. There is no ongoing inadequacy.
12.121	The applicants attempted in the previous hearing to introduce photographs of queues. These images had not been shared with interested parties and were ruled inadmissible by the Chair. The applicants then proceeded to describe the images.
12.122	More importantly, the queues they described were a snapshot of patients being redistributed across the remaining pharmacies following the closure of a small Boots branch.
12.123	Over the last six months, all three pharmacies have adjusted their staffing workflow. Queues of that nature have not been observed and negative patient feedback has been significantly quieter. The situation has stabilised and there is no evidence of ongoing inadequacy.
12.124	I want to make something absolutely clear. The capacity within Rowlands Pharmacy right now is more than sufficient.

12.125	Not just for today's workload, but for a substantial increase in footfall and prescription volume, should we see it.
12.126	We have the systems, the workflow and the infrastructure already in place to scale up at a moment's notice. If demand rises, we rise with it. We have done it before and we can easily do it again.
12.127	Our ability to respond rapidly and safely is not theoretical. It is proven every single day. Capacity is not our weakness. Capacity is one of our greatest strengths. There is no evidence of an ongoing inadequacy.
12.128	The applicants also referenced confidentiality concerns within Rowlands Pharmacy consultation room in the previous hearing. As the application said, the applicant said at the time this was based entirely on anonymous comments in the CAR. No formal complaints were ever submitted to NHS Highland, the pharmacy itself, or our head office.
12.129	Rowlands Pharmacy has a consultation room that meets all regulatory standards and we have no confidentiality issues raised with us. In fact, since the CAR was conducted, we have further upgraded and expanded our consultation room, not because of anything contained in the anonymous comments, but because our patients ask for more professional services and we listened.
12.130	We invested in that space because we care about delivering the highest standard of clinical care. We developed our services because the community asked for them. And we enhanced our facilities because we are committed to continually improving what we offer.
12.131	That is not the behaviour of a pharmacy struggling to meet NHS requirements. It is the behaviour of a pharmacy that is responsive, proactive and deeply invested in the wellbeing of the people that it serves.
12.132	Nothing in the CAR indicates systemic failure across the network and nothing and certainly nothing indicates inadequacies within Rowlands Pharmacy.
12.133	The applicants referenced Inveraray Pharmacy delivering to Helensburgh. As stated by the applicants in the previous hearing and in this one, this was used to imply inadequacy. However, the hearing minutes from previous time confirm that every area delivers by choice as part of this model. It does not indicate a failure of local provision.
12.134	No evidence was provided that patients were unable to obtain medication locally. The data supports this.
12.135	Under the previous ownership, Inveraray dispensed virtually no Helensburgh prescriptions, one single item in 17 months.
12.136	Only after the change of ownership, which was some six months after the small Boots closed, did numbers start to rise. And even then, the volumes

	remain extremely small, an average of 118 items per month for Millig and 82 items per month for McLachlan. That equates to 0.7% and 0.5% of each practice's total prescribing. Those are not indicators of unmet needs.
12.137	And to be absolutely clear, Rowlands alone could absorb that entire volume without the slightest strain on our capacity. These numbers do not point to inadequacy in Helensburgh. They point to individual preference.
12.138	Introducing a new contract risks fragmenting prescription volume, reducing staffing levels, reducing service hours and destabilising long-established providers. These are real risks with real consequences for continuity of care.
12.139	I need to speak openly about viability, because this is not a theoretical issue for us. It is real, it is immediate, and it is deeply concerning.
12.140	Over the last two years, despite a small increase in prescription items and service delivery, the financial pressures on community pharmacy have intensified dramatically.
12.141	National Insurance has risen, the minimum wage has increased, and the cost of buying medicines has escalated far beyond drug tariff reimbursement.
12.142	We have seen essential items like co-codamol and aspirin 75 milligrams rise to prices where dispensing them actually results in a loss. There have been cases of smaller independent pharmacies handing prescriptions back to patients because they simply could not obtain stock at a viable price.
12.143	And there is a misconception that if they take it to a multiple, like Rowlands, we can absorb these losses. We cannot. Not when margins are this fine and not when viability is already under strain.
12.144	The financial environment for community pharmacy is now exceptionally challenging.
12.145	Year on year, we have seen our operating position tighten as costs continue to rise faster than funding. Staffing costs, national insurance, minimum wage uplifts, energy costs and medicine purchasing prices that frequently exceed the drug tariff reimbursement have all placed sustained pressure on viability. These pressures have been felt across Scotland, with many contractors struggling to remain stable, even without the introduction of new competition.
12.146	I raise this because it demonstrates just how serious the situation is and how deeply concerned we are about the impact of today's decision. In a market already under strain, introducing a fourth pharmacy would fragment prescription volumes further and undermine the financial foundation that keeps the existing pharmacies viable. This is particularly relevant to my pharmacy and that scares me.
12.147	Helensburgh once operated with four pharmacies and that model did not survive.

12.148	The smaller Boots closed, patients redistributed, and the town settled into a stable, free pharmacy model that works safely, effectively, and sustainably.
12.149	Returning to a four pharmacy model is not simply going back to what existed before. The landscape has changed. Funding has changed. Costs have changed. The economics of community pharmacy have changed.
12.150	Introducing a fourth pharmacy now would not recreate the past. It would destabilise the present. It would fragment prescription volume unpredictably, weaken the financial base that keeps long-established pharmacies viable and place Rowlands, a pharmacy that served this town for generations, a genuine risk.
12.151	And I want to emphasise this clearly. The PPC must consider viability as part of desirability. A new contract that destabilises an existing provider is not desirable under the regulations. It is not in the public interest to weaken a pharmacy that delivers high quality care, holds deep community trust, and forms part of Helensburgh's historic identity.
12.152	Losing a pharmacy like ours would not just remove a business from the town, it would remove a level of service, continuity and resilience that Helensburgh patients rely on every single day.
12.153	A piece of the town's heritage, its stability, its character, gone. This is the reality we are facing if this application is granted.
12.154	Before I close, I want to address parking at the applicant's proposed premises.
12.155	We reviewed publicly available information from Argyll and Bute Council and there is no evidence of any plans to remove double yellow lines or alt parking restrictions in the area surrounding the proposed Pharmacy site. Double yellow lines are enforceable at all times under UK Law.
12.156	This means patients cannot legally park directly outside the proposed pharmacy. It is also worth noting that during the previous process, the applicants made assumptions about local parking enforcements outside the proposed premises that were not supported by any council policy, traffic order or legal exemption.
12.157	Those assumptions should never have been made. These double yellow lines are in place to keep traffic moving safely and efficiently at the second busiest road junction in Helensburgh, implemented to improve road safety, ensure good visibility at this junction and crossroads, to keep sight lines clear for pedestrians and drivers, and ultimately prevent parked cars causing bottlenecks and congestion on busy roads.
12.158	When we are discussing healthcare provision, accuracy matters. And suggesting even indirectly that patients can rely on unenforced parking

	restrictions with no parking fine nor road traffic safety consequences is not appropriate and it puts people at risk.
12.159	It risks giving the public an impression that simply isn't true.
12.160	The existing pharmacies, by contrast, are located in areas with established accessible parking arrangements that comply fully with local traffic regulations. Patients know where they can park, how long they can park for and that they can access the pharmacies safely and legally.
12.161	That stability matters, especially for elderly patients, carers and those with mobility challenges.
12.162	Just before I finish, I would like to highlight a recently published National Appeals Panel decision, NAP, The National Appeals Panel decision for reference, it is NAP 104 and it was in 2026, where Chair C.W. Nicholson, W.S. emphasised the critical importance of considering the viability of existing pharmacies when assessing whether a new contract is necessary or desirable. He stated that, quote: "Care should also be taken in relation to whether the application is necessary or desirable in order to secure adequate provision" "and whether the pharmacy that is the subject of the application and, it follows, those existing pharmacies would be viable if the application was granted."
12.163	This is a clear reminder that the control of entry regulations require boards to consider the risk of destabilising existing providers. This decision is publicly available on the National Appeals Panel section of Community Pharmacy Scotland website, where all NAP determinations are published.
12.164	Members of the committee, the evidence shows that the current provision is desirable, is adequate, and it meets the needs of a population safely and effectively. There is no unmet need. There is no service gap, and no justification for a new contract.
12.165	Granting this application would not improve care. It would destabilise a stable network and risk harming the very community it claims to help.
12.166	Thank you. Quite happy to take any questions now. Thanks.
12.167	This concluded the representation from Mr Dickinson
12.168	The Chair invited questions from Mr Jamil, the Applicant to Mr Dickinson, Rowlands Pharmacy.
12.168.1	Mr Jamil stated that a large proportion of Mr Dickinson's presentation was in relation to the CAR and the timings of the CAR, stating that Mr Dickinson mentioned that responses from the CAR were due to immediate temporary disruption due to the closure, however, the closure of Boots was in November 2023 and the CAR was conducted in October 2025 and spanned to March 2025, and that he would like to clarify the dates with Mr Dickinson. Mr Dickinson stated that the CAR is, when people are accessing pharmacy

	<p>services, only a monthly activity, maybe more, so the number of occurrences of which that person may have visited the pharmacy and experienced these disruptions would have been a limited number of times. Mr Dickinson stated that he knows for a fact that, within Rowlands Pharmacy, they did not experience any of these disruptions, so it would be difficult to actually place what kind of disruptions were happening on other pharmacies at the time. Mr Dickinson stated that people have quite long memories about such services that they may well have experienced at that time with the long queues but that, in his opinion, was their experience during the redistribution of patients into the other pharmacies. Mr Dickinson stated that any spike of that magnitude in any pharmacy would cause disruption and would cause queues, but now, over the last period of time, certainly all of us have destabilised by the pharmacies putting in additional staffing.</p>
12.168.2	<p>Mr Jamil asked Mr Dickinson if he accepted that it was 12 months from the closure. Mr Dickinson stated that it was 12 months,</p>
12.168.3	<p>Mr Jamil asked if Mr Dickinson agreed that the evidence and the independent survey that was conducted along with the Community Council survey, mirror the exact findings of the CAR, and that was just conducted last month. Mr Dickinson stated that he is not willing to compare independent surveys to the CAR as the methodologies involved in creating the questions within these surveys would skew results in favour if what the applicant was looking for.</p>
12.168.4	<p>Mr Jamil stated that if we look at the recent data of the 22 complaints to the Board, which the Board have provided, this depicts accounts that directly relate to the CAR and asked Mr Dickinson if he agreed with that. Mr Dickinson stated that he did, however, the 22 results came in during a very short period of time and was motivated by people within the Helensburgh Community Council and the Facebook post discussed previously.</p>
12.168.5	<p>Mr Jamil stated that a good span of timeframe for the submitted complaints was between October to February of this year, which paints quite a clear picture of the inadequacies that residents currently face, and asked if Mr Dickinson agreed with that statement. Mr Dickinson stated the public perception he likes to take into consideration is the CAR, as he is a stickler for methodology and the way that things are asked, and the way that people may well be asked to write in letters of complaint to the Health Board. Mr Dickinson stated that the finer details of how they were asked or what sparked them to actually write that letter to the Health Board are unknown. Mr Dickinson stated that ultimately he would take the results of the CAR which is vastly outdated.</p>
12.168.6	<p>Mr Jamil stated that Mr Dickinson is painting a bleak picture with regards to the future of Rowlands Pharmacy and therefore he would like to clarify a few points. Mr Jamil queried if Mr Dickinson had data and evidence showing that the Rowlands in Helensburgh is one of the quietest in the UK and is at risk of closure. Mr Dickinson stated that viability is based of the number of NHS prescriptions being dispensed. When the small Boots closed, it want an even distribution of those prescriptions from the small Boots getting placed into</p>

	<p>other pharmacies. The vast majority of prescriptions initially went to Boots and Rowlands saw a marginal increase in prescription numbers, however, by putting in this new contract, there will be an unpredictable loss of prescription items from Rowlands Pharmacy. Mr Dickinson stated that Rowlands Pharmacy is dispensing between 3000 and 3500 items, as previously mentioned, which is not a substantial number of items that Rowlands are financially securing the base that they can provide all of the additional services and staffing levels on top of. The moment a fourth pharmacy is opened, which is going to be a new pharmacy that changes the dynamics, an unpredictable number of prescriptions may well be lost from Rowlands Pharmacy. Mr Dickinson stated that under this current financial climate, that is going to put Rowlands Pharmacy into viability concerns.</p>
12.168.7	<p>Mr Jamil asked Mr Dickinson if the viability concerns are so great, why was no data submitted to show this. Mr Dickinson stated that the prescription numbers will speak for themselves. Mr Dickinson advised that a lot of information that Rowlands gathers and analysed, is critically analysed by mathematical people within their head offices. They know roughly what kind of figures we are looking at and there is a major concern.</p>
12.168.8	<p>Mr Jamil asked Mr Dickinson if it would surprise him to know, out of the 333 Rowlands pharmacies, 64 are quieter than the pharmacy in Helensburgh. Mr Dickinson stated that it would not.</p>
12.168.9	<p>Mr Jamil asked Mr Dickinson if 25% of Rowland stores are at risk of closure if they are all quieter. Mr Dickinson asked how many are based in England. Mr Jamil advised that a proportion are based in England and some are from Scotland, adding that he has a list and if the Committee would like it, this can be submitted. Mr Dickinson said that the viability of pharmacies relates to prescription numbers being delivered and also additional services provided within the pharmacy. In order to deliver those services, staffing levels and training needs to be increased. Mr Dickinson asked Mr Jamil if he was saying why don't they take some prescriptions from Rowlands into their pharmacy and Rowlands can adjust their staffing levels and reduce the services they are providing, and asked if that was what he was implying. Mr Jamil stated that this was not what he was implying.</p>
12.168.10	<p>Mr Jamil asked Mr Dickinson if he would agree that Rowlands Pharmacy in Helensburgh was viable when Helensburgh was served by four pharmacies for over 60 years? Mr Dickinson said he had already answered that question and that the dynamics of four pharmacies previously was different. The redistribution of prescriptions after the small Boots closed was not uniform, and therefore it's allowed for Helensburgh to re-establish a three pharmacy model. Mr Dickinson said that they have not seen 33% of prescriptions from that small Boots coming into Rowlands Pharmacy, however, a new contract to open should be treated just as that. A new contract that has got the potential to remove a substantial amount of prescription items from Rowlands Pharmacy.</p>

<p>12.168. 11</p>	<p>Mr Jamil said that the Duchess Gait and Alder Gate developments were fully completed after the Boots closure, and now there are also thousands more homes projected to be built in Helensburgh, so viability wasn't in question before when there were four pharmacies. Mr Jamil asked Mr Dickinson why it is in question now with current and future growth in the community that has been seen in recent years. Mr Dickinson said in order to answer that question, he would need to have some verification as to where these population developments are.</p>
<p>12.168. 12</p>	<p>Mr Jamil said that Duchess Gait and Alder Gate are developments within Helensburgh on the West and East. Mr Dickinson clarified that he meant where the new developments will be going forward, as Mr Jamil had indicated population growth. Mr Jamil said that in the strategic development plan, we can see the planned houses, but even more recent in what has actually been built in Gait and all the Gate developments. Mr Dickinson said that Helensburgh is surrounded by a very tight green belt. There are development plans in place as discussed earlier. These are plans for expansion of Helensburgh between 20 and 30 years into the future. Mr Dickinson stated that this is not applicable to just now. Mr Dickinson said that a lot of development areas are still in infancy and some are really struggling, for example, the Helensburgh Golf Club development, which is on class one peat land and therefore government bodies, environmental bodies, are putting holds on that. Mr Dickinson said that Mr Jamil had mentioned a lot of developments, however, it has not vastly increased the amount of population within Helensburgh.</p>
<p>12.168. 13</p>	<p>Mr Jamil said that Mr Dickinson had mentioned an overestimation in the population that we serve, however, the practice size is 19,000 patients in Helensburgh and he is therefore struggling to see where the overestimation comes from. Mr Dickinson said the overestimation comes from the population figure. When taking into consideration the actual population of Helensburgh and removing all the military personnel and people outwith who get their prescriptions elsewhere, this skews the results. Mr Dickinson stated that some information is military sensitive information and is therefore not publicly available, but that there are anywhere between two and four thousand military personnel actually living within Helensburgh itself.</p>
<p>12.168. 14</p>	<p>Mr Jamil asked if Mr Dickinson accepts that 19,000 patients are registered with Helensburgh surgeries. Mr Diskinson said that he does.</p>
<p>12.168. 15</p>	<p>Mr Jamil said he would like to clarify Cardross patients, as a proportion of them will be registered with Dumbarton and Helensburgh, and the population of Ardrross is about 2000 items. Mr Jamil said that even if the entirety of the Cardross population was discounted, it reduces the number of patients within Helensburgh to 17,000, which is in line with what he has said the neighbourhood consists of. Mr Jamil asked if Mr Dickinson was willing to accept that. Mr Dickinson said he does not have the figures in front of him but he is willing to accept that.</p>

<p>12.168.16</p>	<p>Mr Jamil asked Mr Dickinson if it would surprise him to know there are around 20 pharmacies in NHS Highland that are quieter than Rowlands. Mr Dickinson said it does not surprise him.</p>
<p>12.168.17</p>	<p>Mr Jamil said that Mr Dickinson had mentioned that if demand rises, we rise with it. Mr Jamil said we have heard today how Helensburgh continues to grow and develop, yet Rowlands items have been static for the last 10 years, and asked Mr Dickinson why he thinks that is. Mr Dickinson said that they have had organic growth over 10 years and it is a misconception that it has been static and asked Mr Jamil how he is getting a static figure. Mr Jamil said it was by looking at the data and looking at items raised compared to M & D Greens and Boots, it looks rather static. Mr Dickinson said that is not a static figure, it is organic growth, Mr Dickinson said that the prescription numbers might not have went up as fast as Boots or M & D Greens but that this may well have something to do with the location near the GP surgeries, especially for M & D Greens.</p>
<p>12.168.18</p>	<p>Mr Jamil stated that two of the busiest pharmacies in NHS Highland are on Rowlands doorstep and they're growing. Out of roughly 34,000 items a month that are dispensed in Helensburgh, Rowlands captures the least. Mr Jamil asked Mr Dickinson why he thinks that is when M & D Greens and Boots are two of the busiest pharmacies in NHS Highland and they are growing. Mr Dickinson said he was not sure as it is patient choice. Mr Dickinson stated that the vast majority of patients, when picking up an acute prescription, are going to go to the nearest pharmacy. This is why Mr Jamil has chosen the location of the unit he is looking at. Mr Dickinson said patients are going to pick up a prescription within the GP practice, walk around to the nearest pharmacy and, if they are able to dispense a prescription, they'll dispense a prescription. Mr Dickinson advised that Rowlands has a substantial number of patients within our pharmacy and they have been serving these patients for a very long time. Mr Dickinson said Rowlands are seeing growth, especially over the last couple of months, but it is still causing concern.</p>
<p>12.168.19</p>	<p>Mr Jamil asked if Rowlands has capacity or there is not much demand for pharmacy services in Helensburgh, why are so many people leaving the neighbourhood to access pharmacy services, for example, to a village that is 40 miles away and to Kirkhall Surgery and to Garelochhead. Mr Dickinson asked Mr Jamil if he could tell him specifically what pharmacy services they are accessing within these places. Mr Jamil said it was AMS and it is a magnitude of services. Mr Jamil said the evidence shows us that patients are leaving to get prescriptions because of stock issues within Helensburgh. Patients are saying that they cannot get the set box within Helensburgh so they are requiring to leave the neighbourhood in order to access this. Mr Dickinson clarified if it was face to face consultations. Mr Dickinson stated that he did not realise that this was referring to non-contractual services. Mr Jamil said that the AMS service is a contract of service and that it can be seen that patients are having to leave the area. Mr Dickinson said that pharmacies are under no obligation to provide MDS boxes and that Rowlands chooses to do it and has unlimited numbers within the pharmacy. Mr Dickinson said it was up to the pharmacy themselves as to what specific MDS compliance aid</p>

	<p>they deliver within their pharmacy. Mr Dickinson said that he was not saying the pill-pouch system is for every patient, as it may not be suitable for some patients, however, it will not limit Rowlands ability to provide everyone with this service if required. As this is an on site model there is full capacity to take people on, so therefore people moving away to obtain these services may well just be down to canvassing advertising and may just be as previously stated, due to the convenience of them phoning up a pharmacy and getting it delivered straight to the door. Mr Dickinson said he has seen patients from these pharmacies coming into his pharmacy for other services such as the minor ailment service. So these pharmacies, for example remote and distant pharmacies, cannot supply all the pharmacy contractual services. They are supplying very specific services that the pharmacy has chosen to provide to the market to pull that business in as part of their business model. Mr Dickinson said Inveraray did door-to-door canvassing which he can confirm as his wife received it to their own door when he was at work and he has also received phone calls from two neighbours with concerns around this.</p>
12.168.20	<p>Mr Jamil stated that patients are also leaving the neighbourhood to access the AMS service, as can be evidenced from complaints to the Board. Mr Dickinson said this was not in his experience. Mr Dickinson said he understands that complaints have been put in but he does not know the context or reasoning behind them. Without seeing the complaints, he cannot understand why they are being placed.</p>
12.168.21	<p>Mr Jamil said that at the last hearing, Mr Dickinson mentioned that prescriptions were stopping from Inveraray, however, as mentioned before, there has been an increase in uptake, and asked Mr Dickinson if he was aware of that increase. Mr Dickinson said that the reason why he said that statement at the last hearing was because quite a few of the patients that were lost to Inveraray pharmacy, return back to Rowlands. So this point was made to show that patients are returning. Mr Dickinson said that he is not aware of any other patients of his specifically that have chosen to go to Inveraray pharmacy from that time.</p>
12.168.22	<p>Mr Jamil asked if Mr Dickinson could accept from the figures that there is an increase since the last hearing. Mr Dickinson said that from the last hearing, likely yes,</p>
12.168.23	<p>Mr Jamil said that the application has gathered support from the general public, and from healthcare professionals – GPs, opticians, dentists, as well as the Shadow Health Secretary. Mr Jamil asked if Mr Dickinson had capacity, does he not feel these respected professionals would be aware of this and highlight this to patients, instead of giving their strong support for this application. Mr Dickinson acknowledged this but stated that in, for example, the Helensburgh Community Council Survey and the applicants own survey, there was not a question indicating what peoples feelings would be if opening of a new contract would result in the closing of another. Mr Dickinson stated that this would put viability issues into question.</p>

<p>12.168.24</p>	<p>Mr Jamil asked again, given the support from the general public and from Healthcare professionals such as GPs, opticians and dentists, as well as the Shadow Health Secretary, if they had understood that Rowlands had capacity, why would they be in support of this application rather than direct people to Rowlands Pharmacy. Mr Dickinson said he did not know why they were not aware that Rowlands has capacity. It is more than likely because he would not himself go around and tell every single person that he saw that he had capacity. Mr Dickinson stated that if he had known these people would be writing in with complaints and had any interest in the capacity within Rowlands Pharmacy, he would have made a point of getting in contact with them and inviting them to the pharmacy and letting them see.</p>
<p>12.168.25</p>	<p>Mr Jamil said that based on the CAR and the extend of the problems mentioned in the CAR by those who completed it, surely Rowlands would highlight to the public that they have capacity and what can be done to address the issues identified. Mr Dickinson said that they have done, that staffing levels maintain capacity. Mr Dickinson said they have been asking patients to come to the pharmacy and have been delivering services whilst signing up quite a considerable amount of new patients into the pharmacy over the last six months or so, in fact, since the last contractual hearing. Mr Dickinson said there have been prescription increases. Mr Dickinson said there is an exceptionally old population who come into the pharmacy and, unfortunately, they have had to take into consideration the loss of those regular patients they have had for many years. This is matched up against patients that are signing on, so Rowlands is organically growing each year.</p>
<p>12.168.26</p>	<p>Mr Jamil stated at the last hearing a remark was made that Rowlands is a service led pharmacy rather than a prescription item one. Mr Jamil asked why the Pharmacy First service is being under delivered – it is way below national average and can be seen to be under delivered when comparing Rowlands figures to pharmacies doing a similar level of prescriptions in NHS Highland. Mr Dickinson said that Pharmacy First is a patient symptom led service. Consultation reasons or advice reasons are not filed through unless relevant. There are Pharmacy First activities that are not a direct relation to item volume as it is a service directly in response to symptoms. Mr Dickinson said given the higher level of affluence within Helensburgh, they regularly encounter patients who believe it is their moral obligation to protect the NHS and purchase the items they require instead, and would be aghast at the notion of items being given to them rather than purchasing the items themselves. Mr Dickinson stated that there are many different reasons as to why Rowlands Pharmacy First figures may well be lower. Mr Dickinson said another reason is that the vast majority of their patients are delivery patients. Rowlands does not have the high concentration of footfall that may be seen within other pharmacies. Mr Dickinson said they more than likely should be doing a better job on recording these consultations. Mr Dickinson said they were more than happy with Pharmacy First delivery within the pharmacy and there is expansion in that area as well.</p>

<p>12.168.27</p>	<p>Mr Jamil said this does not align with the evidence and what patients are saying as patients are saying they cannot access the Pharmacy First Service. Mr Jamil said there are accounts in the CAR saying that patients are encouraged to buy things rather than getting a Pharmacy First consultation. Mr Dickinson interjected and said that would never happen in his pharmacy. Mr Jamil asked if that was the current theme that was being seen. Mr Dickinson said no and that this would never happen under his supervision. Mr Dickinson said every patient who comes into the pharmacy will be offered the service that is suitable for them. Patients will be made aware of a service that is applicable to what they require within the parameters of the service provided and they will freely and happily be offered that service.</p>
<p>12.168.28</p>	<p>Mr Jamil highlighted the Community Council survey done last month where a patient had said two of the current pharmacies are run by corporates and this is reflected in the service provided, especially with consultations over minor ailments, expertise is lacking and there is inadequate private space available. Mr Jamil asked Mr Dickinson what he would say to residents that say the service is poor and at capacity. Mr Dickinson said that they could provide a substantial amount of positive feedback indicating that the level of service described is not what would be witnessed in the pharmacy. Mr Dickinson said he would ask anyone on the panel to come to the pharmacy anonymously or send a relative, to see they type of service delivered. Mr Dickinson said he knows the service delivered is to the highest standard at all times.</p>
<p>12.168.29</p>	<p>Mr Jamil said that another respondent describes Rowlands off-site dispensing hub by saying – the one I regularly use is supported from Runcorn with a lengthened time taken to fill prescriptions. Mr Dickinson asked what off-site dispensing model this was. PillPouch and Medipack both come from Runcorn. Mr Dickinson said that Medipack is the dispensing of just acute prescriptions. The time delivery on that is very similar to Boots. If ordered on day one, it will be delivered to the pharmacy on day three. Mr Dickinson said that prescriptions are always clinically appropriately sent and that not all items can be sent. If a person arrives at the pharmacy requiring that medication before that delivery date, this will be immediately dispensed locally. Mr Dickinson said that for PillPouch, which is Rowlands version of the MDS system, they can get a box as long as they have obtained the prescriptions from the GP practice, with boxes available urgently within two days, however, generally it is three days. Mr Dickinson said that when people are discharged from hospital, it is normally seven days of medication they are given. Mr Dickinson said that granted, this is tight, however, they have other ways of delivering the medication to them until the PillPouch can be put into place. Mr Dickinson said this is normally only ever seen if it is a new box or changes of medication are needed. If it is a regular box, the boxes are ready for the patients when they require them.</p>
<p>12.168.30</p>	<p>Mr Jamil said that the efficiency of this is questioned by the medical practice, who say that one pharmacy uses pouches for 28 days of medication. Mr Jamil said that we have heard of drugs lost on the floor as well as it being difficult to make changes to medication doses. Mr Jamil said that Jones Carers also highlight issues with pill pouches and that it creates additional stress and</p>

	<p>safeguarding concerns. Mr Jamil quoted “many service users struggle to read the small labels, leading to confusion, missed doses or taking a wrong number of packets” Mr Jamil asked Mr Dickinson why he thinks that’s how the local GPs, patients and carers feel about PillPouch. Mr Dickinson said he did not know and that he thinks there are arguments to be made for all MDS systems, none of which are infallible. Mr Dickinson said that every single one of the systems could be criticised and that it is not the ideal way of actually delivering medication. The system put into place ensures unlimited spaces, which means it can be made available to as many people as possible. This may well address issues that pharmacies across Scotland are facing where they have had past issues with MDS boxes due to the amount of workload that is involved in manually filling the boxes. Mr Dickinson said the PillPouch system is not suitable for everyone but that they ask their patients and ensure that the patients are aware how to use correctly, and if that changes, or the PillPouch system is not suitable for patients, the patient will be advised other ways of actually taking their medication.</p>
12.168.31	<p>Mr Jamil said that at the last hearing Mr Dickinson had mentioned the patients leaving could be down to a lack of advertising on Rowlands behalf to show patients what the pharmacy offers. Mr Jamil asked Mr Dickinson what Rowlands have done to engage the community since then. Mr Dickinson said that they have expanded considerably with a lot of professional services being delivered. There are substantial professional services being delivered, some funded, many not. Mr Dickinson said a lot of them are optional but that every core service is being delivered. Mr Dickinson said there is an increased level of patients signing up mainly due to word of mouth at this moment of time. Mr Dickinson said there are leaflet drops, however, this is down to the company itself doing leaflet drops for promotional periods. However, it is not really within the company’s remit to actually be putting in individual advertisements within local newspapers. Typically national advertisements are undertaken.</p>
12.168.32	<p>Mr Jamil said in a recent survey conducted last month, a Helensburgh patient at Rowlands states that Rowlands certainly survived when four pharmacies were in operation, there is no reason to expect any reduction in their trade, especially if they improve their standards of customer care. Mr Jamil asked Mr Dickinson in light of patients feelings, would he not agree with the statement of this patient and many others. Mr Dickinson said everyone was allowed their own views on what excellent customer service is, however, Rowlands has been recognised as not only Pharmacy of the Year, but best in class for over four years, which is not an easy list to get onto. This is done by patient feedback. Mr Dickinson said there has to be positive feedback for this and he has received no negative feedback on that. Mr Dickinson said he is unsure what surrounding or mitigating factors might have led to that person writing that statement, however, it is certainly not the type of comments that we are seeing in the pharmacy on a daily basis.</p>
12.168.33	<p>Mr Jamil said that Mr Dickinson had mentioned to be best in class there have to be no complaints, however, residents of the area have personally told him they’ve complained to Rowlands. Mr Jamil asked Mr Dickinson if he was</p>

	aware of any of those complaints. Mr Dickinson said they were not aware of any of those complaints now, they have not had any complaints from NHS Highland and nor have they received it in the pharmacy or via the Superintendents department at the Head Office.
12.168.34	Mr Jamil asked if Mr Dickinson was aware of if Rowlands have closed any pharmacies in Scotland and, if so, how many. Mr Dickinson said he was unsure of the actual figures of closures in Scotland but that there have been pharmacies closed throughout the UK.
12.168.35	Mr Jamil asked Mr Dickinson if he was aware of how many pharmacies in Scotland Rowlands has actually acquired in the last few years. Mr Dickinson said it has been a considerable amount, in the region of about 30, though he cannot be sure of the exact numbers.
12.168.36	Mr Jamil had no further questions for Mr Dickinson
12.169	The Chair invited questions from Mr Green, M & D Greens to Mr Dickinson, Rowlands Pharmacy
12.169.1	Mr Green asked Mr Dickinson if there were any caps or restrictions on any of the services provided. Mr Dickinson stated that they have availability on every single area of the pharmacy contract and the services that the pharmacy provides. There is no limitation.
12.169.2	Mr Green said that Mr Dickinson has already stated the pharmacy is not at capacity, and there has been a suggestion of growth of population within the town. Mr Green asked Mr Dickinson that, taking into account the growth of population in the town, is he concerned about having capacity to deal with that. Mr Dickinson said no, that all the models and systems are in place to upscale and to deliver much higher numbers than what the pharmacy is currently providing.
12.169.3	Mr Green asked Mr Dickinson if long queues are experienced in the pharmacy at any time. Mr Dickinson said that there are never queues in the pharmacy. Mr Dickinson said that anyone who has been in the pharmacy will be able to justify that. Mr Dickinson said if someone is waiting in the pharmacy, they are more than likely waiting for their prescription to be dispensed, or are waiting for him to finish a consultation so they can speak to him directly. Mr Dickinson said that patients are never in the pharmacy for any longer than necessary and it is normally quite a short period of time.
12.169.4	Mr Green stated that the applicant has suggested both M & D Greens and Boots are busy pharmacies. Mr Green asked Mr Dickinson how long he thought it would take for a patient to walk from either M & D Greens or Boots to Rowlands Pharmacy, should they arrive at a busy time for either of those pharmacies. Mr Dickinson said that both are equidistant and estimated three to three and a half minutes, which may be an overestimation.

<p>12.169. 5</p>	<p>Mr Green asked Mr Dickinson if there are any hills, major roads to cross or obstacles in the way to prevent anybody from making the 3 minute walk. Mr Dickinson stated that there is not. There is one road for M & D Greens, one road for Boots, but there are pedestrian precincts to help people cross those roads. There are no hills. Much of the area is pedestrian precinct.</p>
<p>12.169. 6</p>	<p>Mr Green stated that the applicant asked Mr Dickinson when there were four pharmacies in Helensburgh, was Rowlands viable. Mr Green asked if he was right in thinking that one of those four pharmacies may not have been viable or clearly wasn't viable as it closed, and asked Mr Dickinson if that was his opinion of the situation as well. Mr Dickinson said that we do not know why Boots decided to close that small Boots, however, with the cost increases of running pharmacies, it may well have been a non-viable pharmacy. Mr Dickinson said it may also have been down to a decision to join funds – to deliver a lot more services out of a larger Boots store. Mr Dickinson said he did not feel like the small Boots was a goldmine.</p>
<p>12.169. 7</p>	<p>Mr Green asked Mr Dickinson if the applicants proposed premises was a more advantageous location in respect to the medical centre than the small Boots was. Mr Dickinson said it absolutely is. Mr Dickinson referred to his presentation where he said that Rowlands would feel like one David against three Goliaths. Mr Dickinson said the applicants have indicated that they would be expecting in the region of 4000 items. Mr Dickinson said that if he had a pharmacy in that location, the closest pharmacy to a health centre, and he was only doing 4000 items, he would be severely disappointed in himself. Mr Dickinson said that, in his opinion, a pharmacy in that close proximity to GP practices is going to be doing upwards on 8000 prescriptions as a very bare minimum. Mr Dickinson said this was causing major concern because he does not know how many prescriptions of those are going to be coming out of Rowlands pool.</p>
<p>12.169. 8</p>	<p>Mr Green noted that Mr Dickinson has spoken at length about the impact of viability through his presentation. Mr Green asked Mr Dickinson, given what he has said in terms of viability, could this threaten closure of Rowlands. Mr Dickinson said absolutely and that he was considering all outcomes. Mr Dickinson said this was about closure. Mr Dickinson said that the applicant had asked whether anyone has heard of a pharmacy being closed as a result of another pharmacy opening up. Mr Dickinson said he thought a better question would be has a pharmacy remained open as a result of a new pharmacy not being granted an application. Mr Dickinson stated that viability is not something that the impact would be seen within one or two months of a new contract opening up. Mr Dickinson said this could be something eating away at profits, staffing levels and services. As soon as the downward spiral starts, because the base prescription numbers have been removed from the pharmacy, this puts financial strain on the pharmacy that is difficult to claw back, especially when up against other pharmacies pulling such high numbers in close proximity to a GP practice. Mr Dickinson said it was not simply about viability concerns, there are reduced service concerns as well.</p>

12.169. 9	Mr Green had no further questions for Mr Dickinson.
12.170	The Chair invited questions from Mr McBean, Boots Pharmacies, to Mr Dickinson, Rowlands Pharmacy
12.170. 1	Mr McBean had no questions for Mr Dickinson.
12.171	The Chair invited questions from Mr Shah, Cardross Pharmacy, to Mr Dickinson, Rowlands Pharmacy
12.171. 1	Mr Shah asked Mr Dickinson to clarify how many items Rowlands Pharmacy dispenses per month. Mr Dickinson advised that it is between three and three and a half thousand items per month,
12.171. 2	Mr Shah asked Mr Dickinson if he would say that an off-site dispensing hub means that the pharmacy can handle the workload at a greater capacity. Mr Dickinson said at a substantial capacity.
12.171. 3	Mr Shah asked Mr Dickinson to clarify that they provide all the core services plus additional services. Mr Dickinson agreed.
12.171. 4	Mr Shah asked Mr Dickinson if he was aware of any agreed housing developments approved within Helensburgh at the moment. Mr Dickinson said he was not.
12.171. 5	Mr Shah asked Mr Dickinson if he provides free delivery to all of Rowlands patients. Mr Dickinson said that they do.
12.171. 6	Mr Shah asked Mr Dickinson if he has heard from Rowlands Head Office in regards to viability of Rowlands Pharmacy if prescription items were to drop further. Mr Dickinson said yes that the discussion has come up on a number of occasions.
12.171. 7	Mr Shah asked Mr Dickinson if the Community Council has engaged with him at any point. Mr Dickinson said no.
12.171. 8	Mr Shah asked if Mr Dickinson would engage with the Community Council. Mr Dickinson said yes.
12.171. 9	Mr Shah asked Mr Dickinson if he knew if the Community Council has raised any awareness to the general public about the fact that Rowlands Pharmacy has capacity to take on new patients. Mr Dickinson said no.
12.171. 10	Mr Shah asked Mr Dickinson if he agreed that the general public is not privy to financial implications that a new pharmacy may cause to existing pharmacies. Mr Dickinson said he would like to expand on that question. Mr Dickinson stated that no, he does not believe the public is privy to financial implications that a new pharmacy may cause to existing pharmacies,

	<p>however, he thinks that it is very important that when people are asking the public's opinion on whether they would like another pharmacy in Helensburgh, that viability concerns over a long-standing existing pharmacy are highlighted as well.</p>
<p>12.171.11</p>	<p>Mr Shah said that the applicant questioned Mr Dickinson on not being one of the quietest pharmacies and whether 25% of quieter pharmacies are already at risk of closure. Mr Shah asked Mr Dickinson if he would agree that if these quieter Rowlands Pharmacies were at the same risk his branch is, of a new pharmacy opening within close proximity, that these pharmacies could be at risk of closure. Mr Dickinson said absolutely, however, there are other concerns to be taken into consideration as well. If there is a quiet pharmacy, and it is the only pharmacy in a little village or town, then viability is a major issue. Mr Dickinson stated there is also a professional responsibility to ensure that we are still delivering pharmaceutical services to the people within that village. Mr Dickinson said that sometimes viability of a small pharmacy in a remote location may be balanced off. However, with Helensburgh, that is not the case. Mr Dickinson said the model will be a financial one – is the pharmacy making money to keep the doors open, to provide services, to keep staff and to pay bills.</p>
<p>12.171.12</p>	<p>Mr Shah said that the applicant had mentioned that Cardross Pharmacy does around 2000 items from the two Helensburgh Surgeries. As Mr Dickinson did not have the figures to hand, he agreed. Mr Shah asked Mr Dickinson if it would surprise him that it is actually 4000 items that Cardross Pharmacy does from the two Helensburgh surgeries. Mr Dickinson said it did not surprise him as, though Cardross is a small village, it has a decent population within it so this makes perfect sense. Mr Dickinson said anyone who is getting their prescriptions from Helensburgh but they live in Cardross, it makes sense that the Cardross Pharmacy does those numbers.</p>
<p>12.171.13</p>	<p>Ms Fortey interjected at this point to highlight Mr Jamil. Mr Jamil stated that he was misquoted, and to query if it was acceptable for him to say anything, however, if it was not, this was not a problem. The Chair stated that the questioning should continue.</p>
<p>12.171.14</p>	<p>Mr Shah asked Mr Dickinson if, from his experience in working in pharmacy for many years, does he believe, in terms of the applicants, that running two current pharmacies, opening up two new potential contracts within a short frame of each other and working at an online pharmacy, does Mr Dickinson think the applicant would be able to work full time, as the applicant has stated, with the application approved, with the level of care required, if they are doing other roles in conjunction. The Chair interjected and stated that the question seems tremendously unfair and full of suspicion and uncertainty. The Chair advised he is not convinced that Mr Dickinson is in a position to give his opinion on this. Mr Shah advised that the question was asked to ascertain Mr Dickinson's opinion on the logistical aspect of running the new application. Mr Dickinson stated, in his experience, the best way to run a pharmacy is to be present within the pharmacy, to learn the patients, to be there as a main pharmacist and to know each of the patients first names. Mr Dickinson said</p>

	that he believes that when you are campaigning, in order to get a lot of the public on to your side, a lot of things can be said to do this, however, you are never under any obligation to fulfil your claims once a contract is granted. Mr Dickinson said that during the original CAR campaign, the applicants were indicating that they had intentions of moving to the area on Facebook posts, that they were both going to be working within the pharmacy on Facebook posts, so they are opening up new contracts elsewhere or other contract applications. Mr Dickinson said he was unsure how the applicant would manage that or uphold that promise to the public..
12.171.15	Mr Shah had no further questions for Mr Dickinson.
12.172	The Chair invited questions from Mr Foy, Helensburgh Community Council, to Mr Dickinson, Rowlands Pharmacy
12.172.1	Mr Foy said that Mr Dickinson had made quite a few points about the heritage aspect of the store. Mr Foy asked Mr Dickinson if he honestly thought it was suitable for modern healthcare needs. Mr Dickinson said absolutely and that all modern healthcare needs are delivered within the pharmacy. Mr Dickinson said that although original heritage is maintained in terms of the appearance of the pharmacy, the pharmacy is a very modern pharmacy in terms of ways of working. Mr Dickinson advised that the consultation room must be of a specific standard and the pharmacy adheres to that. The dispensary, IT systems and all other aspects are modern and up to date. It is just the original features and workmanship that they wish to maintain within the Helensburgh area.
12.172.2	Mr Foy asked Mr Dickinson if there was a staff room on site. Mr Dickinson says that they do not have one as it is a heritage pharmacy that was present before control of entry 1987. Mr Dickinson said the pharmacy has had a recent GPhC inspection and no concerns were brought up. Mr Dickinson said it was not uncommon for all the pharmacies and all the units to have this type of set up.
12.172.3	Mr Foy stated that, during the first day of this hearing, Mr Dickinsons colleagues had questioned the applicant about details of where they would have lunch and the related hygiene aspects. Mr Foy said he found that surprising because Mr Dickinsons staff tend to eat lunch at the dispensing table. Mr Dickinson said they eat lunch at the back of the dispensary area. Mr Foy said he had seen staff eating sandwiches at the large table in the middle of the dispensing area on the right-hand side. Mr Dickinson asked Mr Foy if he had been in the pharmacy and Mr Foy advised that he had. Mr Dickinson said he wished that Mr Foy had made himself known as he would have openly shown exactly how staff have to conduct. Mr Dickinson advised there is exceptionally limited space within the dispensary, however, the GPhC have conducted an inspection and no concerns were raised. Mr Dickinson advised that Rowlands was a pharmacy prior to the control of entry in the 1987 regulations, so the restrictions that the applicant are restricted to are slightly

	different to what Rowlands are restricted to because of it being a heritage pharmacy.
12.172.4	Mr Foy advised he was not going to mention it but the fact that Mr Dickinsons colleagues mentioned it raised questions about the hygiene aspect with the applicant. Mr Foy said he found it strange that they felt it was acceptable for staff to have lunch at the dispensing table and that Mr Dickinson was having a consultation in the box at the window at that time. Mr Dickinson said he was glad that Mr Foy had raised this. Mr Foy acknowledged that Mr Dickinson was perhaps not aware of this.
12.172.5	Mr Foy asked Mr Dickinson if he was aware that the consultation booth is not fully soundproofed. Mr Foy stated that when there are people in the shop having conversations, you cannot hear anything, but when the shop is quiet and there are no other conversations going on, you can hear what is going on inside the booth. Mr Dickinson said that there are guidelines and regulations regarding compliance relating to consultation rooms. One of the requirements is that at normal speaking volume, discussion should not be heard outside the room. Mr Dickinson said that due to an ageing population, sometimes the speaking volume has to be raised. In those situations, there is not much that can be done apart from buying a soundproof booth. Mr Dickinson said he and staff are always very conscious about the confidentiality of patients when talking to them in the consultation room.
12.172.6	Mr Foy said that he did not think it was an older person Mr Dickinson had been consulting with, but it was a woman in her 30s, therefore, Mr Foy did not think this patient would have age related hearing loss. Mr Foy said that he could hear significant parts of the conversation while he was waiting. Mr Dickinson acknowledged this.
12.172.7	Mr Foy drew attention to what Mr Dickinson had said about the pharmacy being best in class with zero complaints over 42 months and asked if this was true. Mr Dickinson advised it had actually been 43 months and said that this was true and that Mr Foy could confirm this directly with the superintendents department within the Head office to confirm. Mr Dickinson said they were the only pharmacy within the company who has actually managed to maintain a consecutive run longer than 14 months. Mr Dickinson said this has put Helensburgh on the map within Rowlands Pharmacy and the Phoenix Group. Mr Dickinson said this achievement was very difficult to do and that they are regularly asked by head office how they are managing to achieve this. Mr Rowland said their head office regularly send people to see the service level the pharmacy is delivered. Mr Dickinson said that the pharmacy does not actively seek positive feedback from patients – patients are never asked to fill in any form of positive feedback and there is no QR code to scan, like other pharmacies do. Mr Dickinson advised that the positive feedback is given off the patients own back, without the pharmacy knowing, which makes him very proud.
12.172.8	Mr Foy said he was surprised to hear that and, being cognisant of patient confidentiality, he had to make a complaint on behalf of a relative who has

	<p>reduced capacity in October, and then a separate incident in November, neither of which were dealt with or followed up. Mr Foy stated he made a written complaint a few months later that was partially handled by Rowlands complaints team by email. Mr Foy advised he copied in the Health Board so the Board are aware of the complaint as well. Mr Foy asked how this ties up with zero complaints, given this is two separate instances in October and November. Mr Dickinson said he was not aware of the details around this. As Mr Foy started to explain, the Chair reminded Mr Foy that details are not required, but that the point that two complaints had been made was taken.</p>
12.172.9	<p>Mr Foy advised that the complaints were due to pain medication that was missing for over a week. Mr Dickinson said he knew the case Mr Foy was referring to. Mr Dickinson advised that when a complaint is submitted to head office, the superintendent department are very strict about what complaints they uphold and what complaints they do not uphold. Mr Dickinson said he does not believe the complaint was upheld as it was not a direct result of anything that was done within the pharmacy at that time.</p>
12.172.10	<p>Mr Foy said that the complaint is escalating as the superintendent's office effectively blamed his relatives carers and said the carers did not remind Rowlands to replace the missing pain medication. Mr Dickinson said that part of the discussion was outwith his control and that it is the superintendent's office who deal with that. Mr Foy said the carers were complaining for over a week of the missing medication and they got so frustrated they contacted Mr Foy to take forward as they felt they couldn't. Mr Foy said carers don't have time to deal with these issues as they get paid to visit the relative, not chase up the pharmacist. Mr Foy said he went to the pharmacist and waited until the prescription was filled so he could give this to the carer for the relative. Mr Foy said this was two separate instances and it has been a struggle.</p>
12.172.11	<p>Mr Foy said the second instance resulted in the superintendent's office blaming the GP, but the GP had tracked a prescription. Mr Foy said he believes they can track prescriptions that are scanned on premises. Mr Foy said the GP had tracked the prescription that was scanned within the Rowlands pharmacy in Helensburgh and Rowlands had lost that prescription. Mr Foy said that the superintendent said that the GP was at fault, but the GP insists that a prescription was issued, picked up by Rowlands staff, taken to the store and scanned in the store. Mr Dickinson said he was unaware of the finer details relating to the complaints but assured Mr Foy that the superintendents department at Rowlands head office is vigorous in what they do, they are very good and very thorough. Mr Foy said he disputes this and both complaints are being escalated to the Health Board. Mr Foy advised that this is very frustrating especially when the image being presented is that there are no complaints, when what patients see living in Helensburgh, what they hear from friends and families is that there are lots of complaints. Mr Foy noted that some complaints are little things that are just annoyances but sometimes, for example, in a situation where a patient is suffering without pain medication for over a week, it is very worrying to get a response back to a complaint around that blaming the carer. Mr Dickinson said that the complaints procedures are outlined and Mr Foy is aware of the NHS</p>

	complaints procedure as well. Mr Dickinson said these procedures are in place for this very reasons and that Mr Foy is entitled to escalate the complaint.
12.172.12	Mr Foy said the complaint was being escalated to the Health Board and asked Mr Dickinson if he believes it is easy for people to complain about inadequate services. Mr Dickinson advised that complaints can be made via phone call to head office or the NHS. Every complaint is taken into consideration. Mr Dickinson advised that sometimes complaints provide an opportunity to learn or identify areas that they are not performing at the level they should be performing. Mr Dickinson said that pharmacy staff push the limits of what they actually do within the pharmacy up to the highest possible standard and sometimes this is not enough for certain people or there are mitigating factors behind the reason for dissatisfaction that are outwith pharmacy staff control. Mr Dickinson said he would not like to comment on Mr Foy's particular case at a PPC hearing.
12.172.13	Mr Foy said he is conscious about commenting further on the particular complaints but highlighted that he struggles to see how this correlates with Mr Dickinsons claim of best in class with no complaints for 42 months. Mr Dickinson said that best in class is awarded under the criteria from head office.
12.172.14	Mr Foy said the claim of having zero complaints in 42 months is not correct as there has just been a discussion about two complaints. Mr Dickinson said that any complaints that are put into the superintendents department are evaluated to ascertain if it is actually the fault of the pharmacy and a mitigating factor that could have been avoided. Mr Dickinson said this was a conversation Mr Foy should be having with the superintendents department. Mr Dickinson said that in the nine years he has worked in this pharmacy, he has had one complaint directed to himself approximately seven years ago. Mr Dickinson said that he took responsibility for that and learned from it, highlighting the importance of learning from mistakes. Mr Foy acknowledged that everyone makes mistakes but that the impression Mr Dickinson was giving that the pharmacy has had zero complaints is demonstrably false and concerning and is presenting a misleading picture of what is happening on the ground. Mr Dickinson said that Mr Foy is not aware of the metrics the complaint was measured against and if the pharmacy was deemed to be responsible for the complaint in the first place. Mr Dickinson said that before making the claim that zero complaints is false, Mr Foy should get in contact with the superintendents department and request full feedback on the complaint.
12.172.15	Mr Foy raised population figures in Helensburgh. Mr Foy stated that potential discrepancies with the population figures could be as a result of the census survey. Mr Foy asked Mr Dickinson if he was aware of the fact that service personnel used to be included if they were on base at the time of the census. In the last figures, there has been a change to how that was counted. Even if service personnel are out at sea, they can get their home address on census figures. This may explain discrepancies and slightly lower figures that have

	<p>been quoted. Mr Foy said that all indications are that the population is rising and asked Mr Dickinson if he would agree that Helensburgh is going to be a growing town with a growing population. Mr Dickinson said he did not agree and that he thinks any new developments within the town area are rebuilds of land that is already available, with much in dispute. Mr Dickinson said there is no evidence of new developments in the next five years. Mr Dickinson said there are a lot of housing companies showing interest in developing Helensburgh, which is positive, however, they are very much in the early stages and that he does not think that what might happen in the future is relevant to this pharmacy contract.</p>
12.172.16	<p>Mr Foy stated that the strategic development framework that the council is putting out identifies Helensburgh as the only area of growth within Argyll and Bute, and is the only area they are focusing their sites for population growth. Mr Foy asked Mr Dickinson if he was aware that the greenbelt was not, however, just because an area is greenbelt does not mean you cannot build. Mr Dickinson said that greenbelts are normally protected land and there is therefore a lot of bureaucracy around building in these areas. Mr Dickinson said he was aware.</p>
12.172.17	<p>Mr Foy referred to parking regulations relating to the applicants proposed premises and stated that there are no double yellow lines on that side of the street. Mr Dickinson acknowledged this but highlighted that there are loading bays on the other side. Mr Dickinson said he was referring to the last application where the parking that they had indicated was across the street. Mr Dickinson said this is a dangerous area to be parking in because of line of sight. There are parking restrictions further along the road and on the other side of the road.</p>
12.172.18	<p>Mr Foy said the council did improve that junction by creating areas for pedestrians which has created some parking bays on either side. This has made it a lot safer for people to park and for pedestrians to cross.</p>
12.172.19	<p>Mr Foy asked Mr Dickinson why he had not applied for a disabled bay outside the Rowlands store to make it easier for people with mobility issues to access the premises. Mr Dickinson said they have never been asked by the public, or seen any restriction of people being able to access the pharmacy. Mr Dickinson advised there are disabled parking bays with free parking on the other side of the square. This would involve patients parking in a designated area and not having to cross any roads. Mr Dickinson highlighted that the ground is flat and parking is within about a minute of the pharmacy. Mr Dickinson said he believes parking restrictions in Helensburgh are a frustration of a lot of people living within Helensburgh and that further limiting parking unnecessarily, would not be appreciated by some members of the community, Mr Dickinson said that if the community, or indeed the Helensburgh Community Council feels that a disabled parking space outside the pharmacy would be beneficial to the public the pharmacy would more than happily apply for that. Mr Foy stated that parking regulations are run by Argyll & Bute Council and that Helensburgh Community Council is the lowest tier in government and does not have any budget or decision making powers.</p>

	<p>Mr Foy highlighted the fact that the Community Council represents the people of the town and pass on their views to local councillors at Argyll and Bute Council and MSPs. Mr Dickinson said if Mr Foy becomes aware of anyone concerned about or wishing a disabled space outside the pharmacy, Mr Foy can come into the pharmacy and speak to Mr Dickinson.</p>
12.172.20	<p>Mr Foy asked Mr Dickinson how engagement with the local community is undertaken to make them aware of the services the pharmacy offers and the capacity at the pharmacy. Mr Dickinson said that services are patient driven and staff are more than happy to provide any service to any patient who inquires. Mr Dickinson said the pharmacy has noticed from the travel vaccination service that word of mouth travel is very fast and wide. Mr Dickinson said as long as the pharmacy is continuing to deliver all the services to a very high standard and making sure every person who enters the pharmacy is getting served, getting services suitable to them every time, they hope that word of mouth and patient satisfaction will work.</p>
12.172.21	<p>Mr Foy asked Mr Dickinson if he had met with any local GP practices recently. Mr Dickinson advised there is constant contact with all the GP practices, stating that they regularly phone on a daily basis. Mr Dickinson highlighted stories about when a pharmacy does not have an item, they hand the prescription back to the patient, which he does not advocate. Mr Dickinson said Rowlands does not like to pass on a problem, so if there are stocking issues such as the manufacturer is unable to supply, if there are issues with prescriptions that have not been received by the pharmacy when they should have received it, and the person is running low on medication, the team will always phone the GP practice and will be ensuring supply without the patients inconvenience. Only in certain situations will a patient be asked to go to the surgery themselves. Mr Dickinson said they have a very good relationship with both GP practices.</p>
12.172.22	<p>Mr Foy asked Mr Dickinson what feedback was received from GPs in the Millig practice when they wrote to the applicants in support of their application. Mr Dickinson said that letter was not mentioned. No notification of this has been received. Mr Dickinson said he was very surprised that feedback came from the Millig practice considering the relationship the pharmacy has with them.</p>
12.172.23	<p>Mr Foy asked Mr Dickinson to clarify if he raised this with the Millig practice. Mr Dickinson confirmed he had not, however, he has plans to visit the practice to see if there are any areas of improvement that can be made to the service as part of continual improvement.</p>
12.172.24	<p>Mr Foy referred to the Argyll and Bute Local Health Network Invitation and asked if this had been lost. Mr Dickinson said that he does not remember seeing it but that this is something he would like to respond to. Mr Foy advised Mr Dickinson to get in touch with David Taggerty, government council, who is organising who can advise Mr Dickinson.</p>

12.172. 25	Mr Foy asked Mr Dickinson why he had not made any attempt to reach out to the Community Council and why he has not attended any meetings which are on the last Thursday of every month. Mr Dickinson advised the timing of the meetings between 7pm-9pm means he is unable to attend, due to the fact that he has three young children, one of whom has learning disabilities so it is difficult for him to make it out of the household. Mr Dickinson said that despite this, he does keep up to date with the minutes on the website and follows them each month to find out what activities are going on within the Helensburgh area.
12.172. 26	Mr Foy had no further questions for Mr Dickinson.
12.173	The Chair invited questions from Mr Mathieson, Area Pharmaceutical Committee, to Mr Dickinson, Rowlands Pharmacy
12.173. 1	Mr Mathieson had no questions for Mr Dickinson
12.174	The Chair invited questions from Mr Higgins, Pharmacist included in the Pharmaceutical List, to Mr Dickinson, Rowlands Pharmacy
12.174. 1	Mr Higgins had no questions for Mr Dickinson
12.175	The Chair invited questions from Mr Manson, Pharmacist included in the Pharmaceutical List to Mr Dickinson, Rowlands Pharmacy
12.175. 1	Mr Manson asked Mr Dickinson to restate the number of items the pharmacy dispenses each month. Mr Dickinson stated between three to three and a half thousand.
12.175. 2	Mr Manson drew attention to figures from the past three months of 4236, 4170 and 3948 and asked for clarification. Mr Dickinson said if you go back a little bit further you will notice that the figures are a lot lower than that. These figures are a result of the pharmacy trying to see if more people would be suitable for the PillPouch system, to which a number of additional patients have been signed up. Mr Dickinson stated this is the MDS system and they are hoping to continue with these numbers.
12.175. 3	Mr Manson stated that it is a fact that based on this data it is a fact that the prescriptions dispensed are higher than three to three and a half thousand. Mr Mason stated that Dalneigh Pharmacy is in the NHS Highland area and it dispenses 1500 items per month. Mr Manson has stated he has been there himself and knows both can operate. Mr Manson said he was keen to know how Mr Dickinson thought viability would be threatened. Mr Manson highlighted mention of output being worth the effort put in. Mr Manson asked Mr Dickinson if he thought this might be closer to the issue rather than viability. Mr Dickinson referred to a point he has previously made, that originally there were four pharmacies within Helensburgh and one pharmacy

	<p>closed. Mr Dickinson said it was not a 33% distribution of that pharmacy's prescriptions to the remaining pharmacies, it was a substantially lower number to that, that was seen coming into Rowlands Pharmacy. Helensburgh stabilised and the demographics stabilised within the three pharmacy model within Helensburgh. Mr Dickinson said that bringing a new pharmacy contract into the equation, especially in the location where the pharmacy is looking to be opened, the number of prescriptions per month of 4000 has been vastly underestimated by the applicant. Mr Dickinson said he thought it would be upwards of 8000 and that 8000 is a conservative estimate. Mr Dickinson acknowledged that there is no way to predict the prescription items they may do but it would not be a case of just losing the prescriptions gained from the closure of Boots, it would be a faster loss and more numbers than were gained. Mr Dickinson said all of the services delivered within pharmacy are based on a concrete pillar built from prescription numbers and the moment the pillar starts crumbling at the edges, those services are going to start falling. Mr Dickinson said that there are very highly trained members of staff that actually accommodate through the level of services being delivered. Mr Dickinson said that staff levels would start to fall and it would be a downward spiral until the pharmacy is ultimately unviable. Mr Dickinson stated that this is a real threat they are facing within Rowlands Pharmacy.</p>
12.175.4	<p>Mr Manson said that pre July 2024, Rowlands Pharmacy was doing 14% less, as there has been a 14% increase since then and asked Mr Dickinson if the pharmacy was viable at that time. Mr Dickinson said this has been a short period of time and it they would see if hopefully they could keep that volume up. Mr Manson highlighted that it had been nearly two years.</p>
12.175.5	<p>Mr Manson asked Mr Dickinson if Rowlands Pharmacy is signed up to any of the SLAs for prostate cancer or hepatitis C. Mr Dickinson said they do not.</p>
12.175.6	<p>Mr Manson highlighted the fact he has asked this question to previous speakers and asked where somebody would go within Helensburgh if they required those medications. Mr Dickinson said that pharmacies will happily dispense prescriptions for these patients and that the required medication would have to be on prescription and wouldn't be done under the SLA.</p>
12.175.7	<p>Mr Manson asked Mr Dickinson if any related medications had been dispensed for either prostate cancer or hepatitis C in the last five years. Mr Dickinson said yes. Mr Dickinson advised when the pharmacy was doing the SLA, there were a number of patients requiring these medications and they were being dispensed then. When the pharmacy was no longer signed up to the SLA, the medications have been dispensed then as well.</p>
12.175.8	<p>Mr Manson asked Mr Dickinson if Rowlands Pharmacy had access to Alliance as a solo supplier, or if the pharmacy gets full access to their stock availability. Mr Dickinson said they have full access to all of the major warehouses.</p>
12.175.9	<p>Mr Manson asked if Mr Dickinson could go on to the Alliance portal and order anything the pharmacy wanted. Mr Dickinson confirmed this is the case.</p>

<p>12.175.10</p>	<p>Mr Manson asked Mr Dickinson how long an inter-branch transfer of a product takes, as in, how long does the product typically take to arrive. Mr Dickinson said that this system very rarely has to be used. Mr Dickinson said that an issue was identified with the Rabipur vaccines recently, where that has been in short supply and difficult to obtain. Two of the pharmacies in Renfrew had them in stock and Mr Dickinson was able to obtain that same day. Mr Dickinson stated if product is needed like this, it is treated as a priority.</p>
<p>12.175.11</p>	<p>Mr Manson asked about fridges for inter-branch transfers. Mr Dickinson confirmed that this is in place and has been since the Covid pandemic. This is also in place as part of the flu vaccine service. Mr Dickinson advised that suitable transport is in place.</p>
<p>12.175.12</p>	<p>Mr Manson stated that for the benefit of the committee, it is worth explaining a bit about how PillPouch works. As opposed to medication being in a plasticized tray that each days medication can be popped out from, they come in little bags that run off a reel. Mr Manson asked Mr Dickinson what procedure is in place if a patient gets a change to their medication. Mr Dickinson said that this depends on the circumstances and the individual patient. Mr Dickinson stated that the first thing that would be done is to ensure that the box is in production so that the box can be replaced if it is a complex regimen of medication. Mr Dickinson stated that a lot of patients are able to, in a simple situation, identify which tablets to stop taking. Mr Dickinson said they will ask for patients to stop taking that tablet.</p>
<p>12.175.13</p>	<p>Mr Manson asked Mr Dickinson if patients are more than capable of doing this, why are they on PillPouch. Mr Dickinson said the vast majority of hospitals are actually requesting this for patients when discharged.</p>
<p>12.175.14</p>	<p>Mr Manson asked Mr Dickinson if there is a risk to patients removing their own medication that's not labelled within a PillPouch. Mr Dickinson said that there was. Mr Dickinson said that there are various alternatives that can be utilised to suit the patient based on the situation of why they are requiring a PillPouch. Mr Dickinson said that conversations take place with patients and/or their carers to actually identify what solution would be best until the box can be corrected.</p>
<p>12.175.15</p>	<p>Mr Manson asked if it was a full pouch box, does this require the sorter to run off a fresh run of prescriptions for you. Mr Dickinson said no and that this has never been asked for. Mr Dickinson said the pharmacy would generally take that on depending on where the medication is in the box.</p>
<p>12.175.16</p>	<p>Mr Manon asked Mr Dickinson to clarify what he means by that they would take that on. Mr Manson said they would need remunerated for that obviously. Mr Dickinson said that ultimately, depending on where the prescription is actually in the sequence, there is understanding that if a box is created using prescriptions, and the pharmacy has claimed for that medication and the patient has not received that box yet but there is a change to medication, the pharmacy would take the financial hit for the production of the box because it's not within the interest of asking and charging the NHS for those additional</p>

	prescriptions. Mr Dickinson said if the box is nearing the end of the cycle, then it may be a valid request to ask for a return of all the new prescriptions, and a box will be created using those prescriptions.
12.175.17	Mr Manson asked if Mr Dickinson felt PillPouch creates more hassle for surgeries and is a waste of NHS money and time. Mr Dickinson said no.
12.175.18	The Chair interjected and queried where this line of questioning fits in with the overall discussion the committee is here to have. Mr Manson advised he was asking as this is a system that is quite specific to Rowlands Pharmacy, but agreed to move on.
12.175.19	Mr Manson asked Mr Dickinson if he was an Independent Prescriber. Mr Dickinson said he was not.
12.175.20	Mr Manson asked Mr Dickinson if he intended to become an Independent Prescriber. Mr Dickinson said not immediately but at some point in the future, yes.
12.175.21	Mr Manson asked Mr Dickinson if he would agree that the NHS is currently trying to actively change the model of pharmacy and pharmacies to become more capable and skilled to deal with minor conditions that would require Mr Dickinson to become an independent prescriber. Mr Dickinson said that he did agree. Mr Dickinson advised that within the Helensburgh Rowlands, they have not been in a position to commit to the minimum service specification that comes along with independent prescribing. Mr Dickinson said this is a model that they are looking at, to bring an independent prescriber pharmacist in to work alongside the pharmacist so that services aren't diminished in any way. Mr Dickinson said the pharmacy is excited about the increased opportunity brought by recent changes in the remuneration of Pharmacy First Plus, which allows claims for activity as opposed to the base payment. This model is currently being looked at to allow service hubs locally, which contain the pharmacists and independent prescriber pharmacists working alongside each other. This would increase service provision without compromising existing services. Mr Dickinson advised Rowlands is looking at in-depth models in order to be able to deliver these services, to deliver these healthcare needs to the local community and to go along with the pharmacy contract of the future.
12.175.22	Mr Manson drew attention to the fact that Mr Dickinson has said that Rowlands has been categorised as best in class for 42-43 weeks, which is unprecedented. Mr Manson asked, with this in mind, why the pharmacy only received a Standards Met Award with the GPhC inspection on the 25 th July 2025. Mr Manson asked why there was not good practice or excellent practice noted by the inspector during that visit. Mr Dickinson said he was not sure and was not working on the day of the inspection, a locum pharmacist was working that day. Mr Dickinson queried if this was not a standard result. Mr Manson noted that good or excellent practice can be noted. Mr Dickinson said no concern was raised from the GPhC inspection.

12.175.23	Mr Manson said that, given Rowlands Pharmacy Helensburgh is one of the best in class in the whole company, does this not say something about overall company standards. Mr Dickinson said that no, he would not imagine so.
12.175.24	Mr Manson asked Mr Dickinson if there had been any delays in Medipack recently. At this point Ms Fortey interjected with a potential query from Mr Green. The Chair invited Mr Green to state his point.
12.175.25	Mr Green stated that he wished to provide clarification on the discussion around the GPhC. Mr Green stated that the GPhC now only report back that the standards are met or not met. They have abandoned tiered reporting and this has been the case for quite some time. Mr Green stated that the only category or outcome from a successful inspection is standards met and this has been the case for a number of years. The terminology used by Mr Manson is no longer in use.
12.175.26	Mr Manson retracted his previous statement in light of this.
12.175.27	Mr Manson asked Mr Dickinson if there had been any delays with Medipack recently, as this involves sending repeat medications off site to be made up and brought back to the pharmacy. Mr Dickinson advised that no delays with delivery of Medipack had occurred. Mr Dickinson said that return time is two business days. Mr Dickinson said if any patients require the medication before that, this can be arranged and the medication dispensed locally rather than relying on off-site dispensing.
12.175.28	Mr Manson had no further questions for Mr Dickinson.
12.176	The Chair invited questions from Ms Cameron, Pharmacist not included in the Pharmaceutical List to Mr Dickinson, Rowlands Pharmacy
12.176.1	Ms Cameron asked Mr Dickinson if the switch to PillPouch has impacted on dosette box availability within Helensburgh. Ms Cameron stated she was referring to blister packs and reflecting on her own experience of Rowlands using PillPouch locally in Inverness. Ms Cameron stated that there were quite a number of patients when the switch to PillPouch occurred, who were not suitable for PillPouch either due to patient understanding, or the drugs not being suitable for inclusion in PillPouch. Ms Cameron queried the impact generally on MDS provision. Mr Dickinson said that the drugs that are not allowed in pill pouches are drugs that should not generally be put into any monitored doses systems for various different reasons, perhaps they are cytotoxic and staff should not be touching them, or perhaps they are hygroscopic and absorb moisture from the air. Mr Dickinson said the system used was no different to that. Mr Dickinson asked Ms Cameron to clarify the question.
12.176.2	Ms Cameron asked Mr Dickinson whether the switch to PillPouch has impacted MDS availability. Mr Dickinson stated that this has been up for

	<p>discussion many times between healthcare professionals with concerns raised around the safety and efficacy of both making and using the packs. Mr Dickinson said the cardboard version had very high instance of tablets jumping, and issues with backing sheets and glue failing and tablets moving from one part to another. Mr Dickinson said there are lots of different reasons why different systems are not liked, however, there is a perseverance in a lot of systems simply down to the fact that there are no other options. Mr Dickinson advised that Rowlands did a lot of research into the safety of use and came to the decision that PillPouch was a safer system. Mr Dickinson noted there was a lot of feedback on that, some of which was that the font size is too small, so Rowlands is looking at adapting software so that the font size can be increased. Mr Dickinson noted that PillPouch has not been in place for 20-30 years therefore the amount of feedback available is limited. Mr Dickinson said the learning process is ongoing and that the service is being adapted to try to make it as accommodating for as many people as possible. There needs to be ongoing evaluation on the benefits of using each system.</p>
12.176.3	<p>Ms Cameron asked Mr Dickinson if a standard MDS service will still be offered at Rowlands Pharmacy Helensburgh to new patients. Mr Dickinson stated that they do not, it will be PillPouch.</p>
12.176.4	<p>Ms Cameron asked Mr Dickinson if, following the closure of the small Boots branch, was there any significant change to the workload in terms of either patient numbers or prescription items going through Rowlands Pharmacy Helensburgh. Ms Cameron noted that she thought Mr Dickinson had previously said no, there was not a significant difference. Mr Dickinson said there was not any significant increase in footfall within the pharmacy or nothing that was out-with the scope of what they were already prepared staffing and system wise to handle. Mr Dickinson said no strain on any of the systems was noticed.</p>
12.176.5	<p>Ms Cameron asked Mr Dickinson if he would have expected to see an increase or why did he not see an increase if there was this kind of dissatisfaction amongst the community. Ms Cameron stated that those numbers expected would have been dispersed and she appreciated the location of Rowlands is further from the centre. Mr Dickinson stated that originally when the small Boots was close, there was very little notice given to the actual patients. A lot of prescriptions were, as agreed with NHS Highland, able to be redirected automatically to the larger Boots store. The larger Boots store was therefore going to see the largest increase. Mr Dickinson said that the M & D Greens pharmacy is across the street from where the small Boots was located, making them the next natural progression for prescriptions to be sent. Rowlands Pharmacy is at the other side of the square. Mr Dickinson said he suspected the location of the pharmacy and the automatic redirection to the larger Boots store were perhaps the reasons why they did not receive a huge increase in prescriptions.</p>
12.176.6	<p>The Chair interjected as Mr McBean had a point of clarification to make. Mr McBean stated that when the small Boots was closed, while the majority of</p>

	prescriptions were sent to the larger Boots store, this was not automatic, and the patient had a choice of where their prescription went.
12.176.7	Ms Cameron asked Mr Dickinson, in relation to increasing capacity if the population of Helensburgh does grow, what developments have there been in Rowlands Pharmacy Helensburgh over the last 18 months. Mr Dickinson stated that training has been increased within the pharmacy to increase staff skill sets, including a fully qualified accuracy checking pharmacy technician, who is now fully trained and able to do vaccinations. Mr Dickinson stated that as a company, systems are being advanced for the larger branches, with this systematically in place for the smaller pharmacies as they are growing. Mr Dickinson advised that these systems will be able to maintain a healthy dispensing environment to ensure safe dispensing. Mr Dickinson clarified this point by stating that an increase in prescription numbers is now a rather flawless process and relatively unnoticed within the pharmacy environment. Mr Dickinson stated that these systems are in place to ensure that they can, if necessary, vastly increase the amount of services being delivered within the pharmacy. There is also a regional team of relief dispensers who can be deployed as necessary if there are any staff shortages. Mr Dickinson stated there are plenty of things in place to ensure capacity can be increased.
12.176.8	Ms Cameron asked Mr Dickinson if there were any pharmacist prescribers currently working within the pharmacy at the moment. Mr Dickinson said there are not but that various models are being considered. One model is pharmacists working alongside independent prescriber pharmacists to ensure continuity of all services that can be delivered.
12.176.9	Ms Cameron had no further questions for Mr Dickinson.
12.177	The Chair invited questions from Mr Townsend, Lay Member, to Mr Dickinson, Rowlands Pharmacy
12.177.1	Mr Townsend noted the technical aspects of the recent discussion.
12.177.2	Mr Townsend had no questions for Mr Dickinson.
12.178	The Chair invited questions from Mr Cronie, Lay Member, to Mr Dickinson, Rowlands Pharmacy
12.178.1	Mr Cronie had no questions for Mr Dickinson.
12.179	The Chair invited questions from Ms Rugman, Lay Member, to Mr Dickinson, Rowlands Pharmacy
12.179.1	Ms Rugman had no questions for Mr Dickinson.

12.180	Questions from Mr O'Brien, Chair, to Mr Dickinson, Rowlands Pharmacy
12.180.1	Mr O'Brien had no questions for Mr Dickinson.
12.181	Mr O'Brien thanked Mr Dickinson for his presentation.
12.182	Mr Shah interjected to highlight that the applicant had raised his hand during Mr Shah's questions to Mr Dickinson and drew this to the Chairs attention to clarify any points. The Chair determined no further points were to be made.
12.183	The Chair agreed for a brief comfort break to be undertaken
13.	The Chair invited Mr Cameron Foy of Helensburgh Community Council to make his representation
13.1	I will start with a brief overview of the Community Council. Helensburgh Community Council is, as mentioned earlier, the lowest tier in local government, and we are unpaid non-political volunteers.
13.2	The Community Council has a budget of around £2,500 for the entire year, which is used mainly to hire rooms for the monthly meetings. We don't have great resources; we are volunteers and most of us have other jobs and do other things.
13.3	Several of us are involved in several different voluntary activities and groups across the town, so we do understand Helensburgh and we do understand the needs of the people of Helensburgh. We listen to their voices and their concerns. We have a very active community council, and the monthly meetings get good attendance. More people attend community council meetings on a monthly basis than actually attend the local Helensburgh and Local Area Committee of Argyll and Bute Council. The Local Area Committee of Argyll and Bute Council is the one that has our elected paid representatives. Our political Councillors - with our Dunvegan Council – are the ones who can make decisions, who have a budget to spend, who are responsible for education and roads, and are part of the Health & Social Care Partnership team. People come to the Community Council before they go to the Area Committee. So we hear a lot of input from people. The 19,000 patients at the local GP practices are the people we are representing. We are the only Interested Party that have no financial interest. We are not interested in the bottom line, the profit or business aspect of it. The other Interested Parties and the Applicants obviously do. What we are concerned about is the patients' needs, the community's needs, and what people are telling us they are experiencing with pharmacy services in the town.
13.4	Helensburgh differs from other towns in both our Argyll & Bute Council area and the NHS Highland area, in that we are a central-belt commuter town. Many residents work in Glasgow and travel often to Edinburgh. We have good train services and good transport links, but we are not used to the limitations of rural life and the compromises of rural life that people in Inveraray or

	Campbeltown would be used to. We expect central belt facilities; we face towards Glasgow for healthcare requirements - most of the other healthcare services that we receive are from Greater Glasgow & Clyde not NHS Highland, so our hospital operations, scans etc that we receive are all from Greater Glasgow & Clyde.
13.5	From an availability point of view, it is unusual for us to have to go to small villages like Cardross, Garelochhead or Inveraray for services for healthcare.
13.6	People in the town have indicated that there has been a deterioration in the level of pharmaceutical services in the town since it was reduced from four to three. We hear that a lot. If the other Interested Parties had come along to the Community Council meetings when community pharmacies were on the agenda, they would have heard directly from people the very strong feeling that reinstating a fourth pharmacy is required.
13.7	There were voices from people who had poor experiences, who felt the service had deteriorated. We cannot name the people here, as we have confidentiality to maintain, but these people do exist. These people do attend meetings. These people voice their concerns, and I feel that it is rather convenient that Boots, Greens, Cardross and Rowlands chose either not to attend or not to speak at any community council meetings to give their side of the story. Maybe they got the impression that they would have been given a hard time if they had spoken at one of our meetings, based on the dissatisfaction of the services that they were experiencing.
13.8	The current provision of only three pharmacies has been struggling for quite a while. The fact that we have to enlist the support of pharmacies outwith the area, far away, proves this. It is not normal. We were not doing this before when the smaller Boots closed. We got most of our services within Helensburgh before when the smaller Boots shut.
13.9	We are very concerned about the imminent expansion of the town, with up to 4000 new housing units. I find it strange that the other interested parties are quoting old census data and running off statistics about changes in population figures from years ago, and may be unaware of the Helensburgh Strategic Development Framework that the Council put out last October.
13.10	There will be plans for up to 4000 new housing units between Helensburgh and Cardross, starting at the eastern end of Helensburgh where the Hermitage Academy Secondary School is and the Morrisons Supermarket, stretching up towards the golf course at the top of the hill, out eastwards towards Cardross.
13.11	There will also either be a major expansion of Cardross village itself – which will be almost doubling its size – or a smaller expansion of Cardross – an entire new village called Colrain, at the Colrain Steading.
13.12	The Council have told us that there is no other area within Argyll and Bute that will cope with that expansion. There is no other area where house

	builders are willing to invest in Argyll and Bute because it is not economically viable. The only place that there is economic demand and viable housing options is Helensburgh to Cardross.
13.13	That is not something very popular in Helensburgh. People like Helensburgh as a reasonably small town. We are quite concerned about this rapid expansion and 20 years is not a very long time to see your town increase by one-third.
13.14	There are people concerned about the green belt, who are concerned about infrastructure like sewage and water supplies, as well as transport and everything else. So it is not something that we are necessarily welcoming as a town, but we are facing the reality that it will be imposed on us. We will not have a choice. There is no other part of the local authority area that is suitable for this number of houses and it is a target that has apparently been set by Scottish Government.
13.15	We do feel that reinstating a fourth community pharmacy to Helensburgh would just bring back the town to its previous adequate levels of service. It has declined to an inadequate level in the last couple of years with the closure of the small Boots, and feedback from people who are very concerned about pharmacy services want a fourth pharmacy back in the town. It can't be clearer than that.
13.16	Based on the 19,000 patients within the GP Practices in the town, reinstating a fourth pharmacy would bring the town back in line with the average number of patients per head of a number of pharmacies per head of population for the NHS and also the Greater Glasgow & Clyde Health Board areas. So if we use that 19,000 patient figure, we need the fourth pharmacy to bring us back into the average.
13.17	As has been discussed, there are widespread reports of patients experiencing problems. We have touched on how those problems are not often voiced, or heard, because of the various rules or regulations about the way the pharmacies themselves handle complaints, and how maybe they dismiss complaints that they don't see as relevant or their fault. But they seem to be the arbitrators of that. They seem to be the judge, jury and executioner of complaints, and decide which ones are even reported.
13.18	There are delays of people getting medication when they are discharged from hospital – I have experienced this from within my own family. There are delays in getting compliance aids like blister packs. We have touched on the fact that one of the issues is that there are only two pharmacies within Helensburgh that do blister packs. The third pharmacy does not do blister packs. They have a different form of compliance aid. And for a patient used to blister packs, if they have gone into hospital and are coming back home, they need another blister pack because that is what they are used to. They would probably struggle to cope with a different form of compliance aid.

13.19	The GPs therefore choose to get their blister packs from other pharmacies as far away as Inveraray. It is not a choice the patient makes, it is a choice their GP makes.
13.20	There are often supply errors in MAR chart prescriptions. MAR Charts are the formal dispensing facility for people with diminished capacity, where carers or a family member will be administering their medication on their behalf. This creates all sorts of additional issues because there is a disjoint between the patient, the GP the pharmacy and the person administering the medication. And it takes time to pick up these issues. A GP issues a prescription after consultation with the patient. It goes to the pharmacist, who creates the MAR Chart. A carer or care provider will collect that, administer the medication and often days or weeks afterwards, a discussion with the patient or a family member reveals that there is something missing off the MAR chart, or there's a medication that was changed or altered, or timings were changed. It is a complex process to try and get GPs, pharmacists, carers, patients, family members to then work out what the issue is, and what should be done to correct it.
13.21	I understand that some pharmacists like Greens and Boots are busy and maybe don't have the time to spend going through these details to make sure that MAR charts are correct, and that a patient is getting the right medication.
13.22	I won't cherry pick comments from people, but surveys both from the CAR and the survey we did in February 2026 last month, have various comments from patients and relatives of patients that describe some of the issues. But you can read the good and bad ones if you read the survey. About 80% are in favour of a new pharmacy because they find the existing service inadequate, but 20% of the comments will be good and positive to Greens, Boots and Rowlands – which is fine. You should take the whole survey in its entirety and not just cherry pick individual comments.
13.23	I have mentioned my own experience with a relative who had the experience of having to use Inveraray for blister packs. I have mentioned an experience of failure to provide painkillers for over a week and a prescription that was actually lost at the pharmacy. Mistakes are made and admitting mistakes is the only way you can learn from them. So that is one of the frustrations you find from talking to people in the town – that mistakes are not actually admitted, they are not accepted, they are not talked about and they are not referenced or documented because it was a verbal conversation. How can you learn from mistakes if you don't acknowledge them?
13.24	I know of a couple who had to cancel a planned short break away because a Helensburgh pharmacist could not fulfil the medication on a repeat prescription in time before they were due to leave.
13.25	Another friend could not get required medication after discharge from hospital and, as I mentioned earlier, their GP ended up sourcing it from the Vale of Leven hospital. There's a danger that there is bed blocking going on in

	hospitals because of the time it takes for prescriptions to be filled in Helensburgh. That is costing the NHS even more money.
13.26	There is a feeling that errors have increased since the fourth pharmacy in Helensburgh (the small Boots) closed.
13.27	Verbal complaints are not always followed up. I have personal experience of that. It was only a written formal complaint that was eventually responded to.
13.28	Escalating complaints and reporting things is not something people are very comfortable with for their health care. They don't want to upset someone who is giving them vital medication. So they want to discuss their concerns but don't necessarily want to make a formal complaint. The process of formal complaints is not actually a simple or easy process.
13.29	Different pharmacy companies have their own individual processes, so they are not all the same – some were a phone call where you have to phone a complaint number. Some you have to fill in a web form. Some you have to do in an email. According to NHS Highland, the complaints procedure should be addressed to the pharmacy itself in the first instance, and then escalated to NHS Highland.
13.30	However, pharmacists in Helensburgh are directing escalations to the SPSO (Scottish Public Services Ombudsman), so there is a bit of confusion over the proper route for a complaint – is it NHS Highland or the SPSO? That is a matter for NHS Highland to streamline the patient complaints procedure to get things more streamlined and easier to access.
13.31	If it is not the patient making the complaint themselves because they don't have the capacity, it is an even more laborious process to go through power of attorney forms to get appropriate authorisation to speak on a patient's behalf and to deal with issues for them.
13.32	It is great that some of the pharmacies are enhancing services, and home delivery services are great – but it is not quite enough. Home delivery is not suitable for urgent needs.
13.33	On the day, if a GP prescribes urgent medication, people don't have time to wait for that delivery. A lot of people who visit the GP would rather just get the prescription, take it with them and visit their preferred pharmacy and have that filled while they wait. People who have sporadic requirements of medication, when it is not regular, cannot rely on delivery services either.
13.34	With the Health Board survey now, the CAR survey is over a year old. We were not surprised that there was not a prospect of a new more updated survey, and actually at the first hearing in September, several members of the panel questioned whether the CAR survey was legitimate because at that point it had been six months since it had closed. We were also asked, as a community council, why we had not done our own survey. So because of the length of time since the CAR, and because we had been questioned about the lack of our own survey at the last hearing, we decided to run our own

	community survey. We don't have the budget to employ consultants or professionals to run the survey, so we did it ourselves using Survey Monkey and on paper. We ran it for a single week from 2 to 10 February and got around 325 responses. Most of the responses were online, and about 10% were paper responses.
13.35	<p>Over 80% felt that the closure of the small Boots (the fourth pharmacy) had negatively impacted pharmacy services.</p> <p>83% felt that the completed and proposed improvements to the remaining three pharmacies in Helensburgh would still not be adequate.</p> <p>85% considered that reinstating a fourth pharmacy to the town would be better than the improvements to the current three pharmacies, to ensure an adequate service.</p>
13.36	There is limited support for the current situation of three pharmacies in Helensburgh, but overwhelming support to reinstate a fourth pharmacy. You just have to look at the numbers.
13.37	People may criticise us for not running a scientific survey. It is not a professional survey. It is a snapshot of one week at the beginning of February this year, and it reinforces the numbers seen in the CAR. It is the same proportions, the same percentages.
13.38	After the last hearing, there was disappointment that what was felt to be the commercial interests of three large pharmacy businesses being put ahead the needs of the patients and the community in the town. The community has great hope that this time, the needs of patients will come first, and that the needs of the community will be put before the interests of businesses.
13.39	We feel that it is necessary and desirable to have a fourth pharmacy in the town.
13.40	That concluded the presentation by Mr Foy.
14.	The Chair invited questions from the Applicant, Mr Jamil, to Mr Foy.
14.1	Mr Jamil asked if it was a common theme in both the CAR and in the Community Council's survey that they conducted, with the complaints to the Board that queues were so long that they were actually preventing patients accessing their medications – as queues could reach 20 people, and they had also heard 40 minutes being taken. Was this an accurate representation?
14.2	Mr Foy confirmed there were issues about queues. If a patient picked up a prescription from the GP and went to Greens on Sinclair Street and saw a queue stretching out of the door, they might question how long it might take to fill their prescription. Mr Foy noted comments made that the patient could just walk along the road to another pharmacy. People with mobility issues

	<p>could not just walk along the road. He found it difficult to believe that healthcare professionals could assume that everyone was fit and agile to be able to walk distances. A lot of people could not even walk from the GP Surgery to Greens. A lot of people would get in their car from the GP surgery and drive to the nearest pharmacy rather than walk, because they were not able to walk. And if they could not walk, they could not stand in a queue. Greens would put out chairs for people if requested, but if a patient came to a pharmacy door and saw the queue stretching down both sides of the aisle, they would not go barging through customers waiting to get to the counter to ask for a chair to sit on. They would be embarrassed to ask for a chair. There were chairs at Boots, but that was quite a way down the hill, and there was no disabled bay outside Boots. There was no disabled bay at Rowlands either. So if someone had mobility issues, it would be difficult for them to easily access any of the three existing pharmacies, when Greens was busy.</p>
14.3	<p>Mr Jamil noted that a lot of the evidence provided had been reduced to perception by the other Interested Parties. The Applicant noted that the Community Council had no financial interest and asked if all these issues and complaints were simply a perception or if they were the lived daily reality of residents of Helensburgh.</p>
14.4	<p>Mr Foy said it was difficult to argue that people did not have issues with pharmacy services in Helensburgh. It was difficult to argue that it was just the number of people that completed surveys or people that turned up to community council meetings and raised issues in public on a regular basis. It was difficult to understand why the other interested parties were trying to dismiss the issues raised by residents. He would have more respect for them if they acknowledged the issues and explained how they were going to deal with them and take positive action, rather than just saying that there was no problem. He was hearing that people were experiencing issues.</p>
14.5	<p>Mr Jamil asked if Mr Foy felt that his pharmacy's opening times of 8am to 6pm would be beneficial for the community.</p>
14.6	<p>Mr Foy confirmed this would. The GP practice opened at 8am, so if someone managed to get an early appointment with the GP (which may be a struggle in itself), they would not be able to get their prescription filled until after 9am. So having an earlier opening time to match the GP surgery hours would help people who work. Not everyone has the time or luxury of being able to take time off work for extended periods to go to the GP and then hang around waiting for a prescription to be filled.</p>
14.7	<p>The Applicant noted concerns raised by the other Interested Parties regarding a fourth pharmacy being restored. He asked if the Community Council were confident that Helensburgh could support four pharmacies.</p>
14.8	<p>Mr Foy said that he could answer that question as he did not know the business model of the other pharmacies in Helensburgh. He did not know what their trigger points would be for whether something was profitable or non-profitable. However, Helensburgh had had four pharmacies in the past,</p>

	for 60/70 years, and they had all survived perfectly well. He imagined that if a merger had not taken place between Boots and Alliance they would likely still have four pharmacies in the town.
14.9	Mr Jamil had no further questions.
	Having established that there were no further questions the Applicant, the Chair invited questions from the Interested Parties to Mr Foy
15.	Questions from Mr Green, M&D Green Pharmacy to Mr Foy
15.1	Mr Green asked if the Community Council had been fully supportive and had campaigned for the application from the outset.
15.2	Mr Foy replied this was incorrect, as they did not campaign.
15.3	Mr Green asked if Mr Foy was supportive of the application.
15.4	Mr Foy replied that the majority of people who had contacted the Community Council had filled in forms, or turned up to their meetings, to tell them they would like to see a fourth pharmacy restored in Helensburgh.
15.5	Mr Green asked if this meant that the Community Council were not in support of the application.
15.6	Mr Foy replied that the community council represented the people of the town. They were trying to represent the feelings, concerns and wishes of the community, who had told them in larger numbers that they would like a fourth pharmacy to be restored. That was the message that they were giving.
15.7	Mr Green referred to the Community Council's own survey in February 2026 and referred to the passage of time since the original CAR had been conducted. He asked if the Community Council's survey had been conducted on the basis that they felt the passage of time meant that comments raised in the original consultation were outdated and irrelevant.
15.8	Mr Foy replied that they had conducted their own survey because comments made by Mr Green and Boots at the hearing in September had indicated that the CAR survey responses were already out of date at that point. He had assumed that there may be another consultation for this hearing; but when they had found out that there was not going to be another consultation, they had decided to conduct a quick survey to find out if peoples' opinions had changed, and, as Mr Green knew, the opinions had not changed.
15.9	Mr Green asked if Mr Foy had involved the NHS Highland health board at all in the survey.
15.10	Mr Foy acknowledged they did not involve the health board.
15.11	Mr Green asked if Mr Foy had involved the applicant in the survey.

15.12	Mr Foy acknowledged that they did not involve the applicant
15.13	Mr Green noted that the Applicant had also conducted a survey, and the questions were the same as those in the survey by the Community Council.
15.14	Mr Foy said that he did not know about the Applicant's survey until after it had been conducted.
15.15	Mr Green asked if it was coincidence that both the Community Council and the Applicant had conducted independent surveys and had almost identical questions.
15.16	Mr Foy said that Mr Green would have to ask the Applicant Mr Jamil, who had conducted his survey after the Community Council had conducted theirs. After their survey had concluded – or possibly on the last day of the survey – the Applicant had used a market research company that could explain that. The Community Council had not been aware of – nor had been told of in advance – of the Applicant's survey. So he could only assume that the Applicant had seen the Community Council's survey questions and asked their market research company to do the same.
15.17	The Chair interjected to ask Mr Jamil to clarify this point. Mr Jamil confirmed that they had seen the Community Council survey and had subsequently spoken to the market research company.
15.18	Mr Green referred to one of the survey questions which asked "if any of the proposed or completed improvements by the existing pharmacies would be sufficient to meet the demand and to provide an adequate service". Mr Green asked Mr Foy if the Community Council had contacted any of the existing pharmacies to obtain information on what their proposed improvement plans might be.
15.19	Mr Foy replied they had not, as it was up to the existing pharmacies to publicise their services and to publicise any changes that they were making.
15.20	Mr Green asked if any of the existing pharmacies were invited to participate in the survey.
15.21	Mr Foy replied that it was the Helensburgh Community Council survey and no other parties took part in it.
15.22	Mr Green asked if the Community Council were seeking to gather views of people that used the community pharmacy services in Helensburgh, would it not have crossed their mind to ask the existing pharmacies to ask people who used the service the questions in the survey.
15.23	Mr Foy said no it would not.
15.24	Mr Green said that if the Community Council were there to represent the whole population, and not just a percentage of the population that turned up

	to the Community Council meetings, would it not be relevant to actually ask the existing pharmacy providers to survey the people who are using their services
15.25	Mr Foy said no. It was not just about the people who turned up to the community council meetings. They also had a quite a large social media presence as well, and the survey had been distributed to various social media groups in the town that had a large following, so they were confident the survey had been shared with a lot of people.
15.26	Mr Green referred to the comment in the Helensburgh Advertiser (where it was reported that the Helensburgh Community Council had condemned the NHS decision and had urged residents to send complaints to NHS Highland about pharmacy provision) and asked whether this was soliciting complaints about current services.
15.27	Mr Foy said that this had been touched on the previous month. They had not written the article and had been misquoted by the journalist, Tristan Stuart Robertson, who had written the article without asking the Community Council for a direct quote, so they were unable to take any responsibility for what the journalist had written. But comments from the meeting from the public had expressed a lot of frustration about why their concerns had not been noted, or why their concerns made to Greens, Boots and Rowlands had not been heard. How could those pharmacists say that there had been no complaints, no issues or no problems with the services. The response that the Community Council had given at the first hearing in September had been that if it was not a written formal complaint, it did not count. So it was a simple instruction to residents that if they had a complaint – ie something had gone wrong and they wished to complain about it – they should put this in writing. That was the simple message that verbal complaints did not count, and had to be in writing. Mr Foy believed the journalist must have found the NHS Highland address himself and added that to his article.
15.28	Mr Green noted that he had invited Mr Foy and Ms Green to visit their pharmacy on Friday 13 February, approximately 6 weeks ago. They had been shown around the premises. Mr Green acknowledged that the plans were not complete, but had shared the plans with Mr Foy, showing the extent of the works completed to date. Mr Green noted previous comments made by Mr Foy that he had considered the changes made by the existing pharmacies to be minor in nature. Mr Green asked if, after having visited M&D Green pharmacy on Friday 13 February, and having seen the plans and changes made to the site, would Mr Foy still regard these changes as being still “minor in nature”?
15.29	Mr Foy replied that the plans would make the dispensing area smaller because they did not currently have a consultation room, just a small partition screen so patients did not currently get a private consultation, and although it was partially screened off, it was not soundproofed, and there was no soundproofed area for a private consultation. The plans included a large room for private consultations – which would reduce the footprint of the

	dispensing area and the shop floor. So for most people who visited the pharmacy, it was about filling prescriptions and they would have less space to do that than they currently did.
15.30	Mr Green said he would take umbrage at that comment. He had submitted plans that demonstrated that in terms of workspace and bench, the size of the working capacity within the dispensary was approximately trebled. He was unclear how Mr Foy could perceive that they were reducing the amount of available space.
15.31	Mr Foy said that the customer-facing floor space would be reduced once the consultation room had been built. It dropped out into the existing shelving area next to the counter.
15.32	Mr Green said that where they currently had a quiet area, and the area where they currently stored prescriptions (behind a screen) would be removed. The area would be opened up and the prescription storage would be moved to another place within the pharmacy. Mr Green said that he took umbrage with Mr Foy's suggestion that they were reducing the size of the dispensary and felt this was a contrived way of looking at the plans.
15.33	Mr Foy said that if one looked at the floor space for the front of the shop – the area the customers stood in – there would be slightly less space once the consultation room had been built, because at the moment there was only a partitioned area, and Mr Green was proposing putting a large room in its place – which would take up floor space.
15.34	Mr Green commented that they were removing the area that prescriptions were currently stored, which was a significantly larger space – so everything was being moved across.
15.35	Mr Foy said this meant slightly more back-of-house space and slightly less front-of-house space.
15.36	Mr Green said this was not the case. The front-of-house space was not changing, and they were doubling the footprint of the pharmacy. He was unclear how Mr Foy was perceiving the suggestion that they were reducing their space, which he deemed was a twisted way of looking at it.
15.37	Mr Green referred to the day of the visit on the afternoon of Friday 13 February and asked Mr Foy if he would be surprised that Friday afternoons were perhaps the busiest time in a pharmacy.
15.38	Mr Foy said he would not, because people would be looking to fill prescriptions knowing that the weekend was coming up, and knowing that the GP surgery would be shut, and there would be reduced pharmacy availability at the weekend.

15.39	Mr Green noted the visit by Mr Foy and Ms Lambert on potentially the busiest point of the week – a Friday afternoon – and had been there for a couple of hours. Mr Green asked if Mr Foy had seen any queues out of the door.
15.40	Mr Foy acknowledged that the queue was not up to the door, but the place was busy and it had taken him a few minutes to get through to the queue to reach the counter.
15.41	Mr Green acknowledged that the pharmacy was busy and asked if Mr Foy had seen any indication that anyone was not being served in a timely manner.
15.42	Mr Foy said he had not been paying attention to customers waiting or how quickly they were being moved through the shop.
15.43	Mr Green noted Mr Foy's references to his own experiences within Helensburgh and had referred to a GP directing a relative's prescription / dosette box to Inverary. He asked whether the GP had phoned M&D Green or any of the existing pharmacies to find out if they could take the patient.
15.44	<p>Mr Foy said he had not been happy with that move had did not want his relative to have to obtain their prescription from Inverary. He had repeatedly chased the GP over several weeks.</p> <p>[Claire Hortey interjected to note that Mr Manson had dropped from the call. It was agreed to pause the meeting until he was able to reconnect]</p> <p>The Foy stated that the GP had instructed the pharmacy in Inverary to provide the dosette box in order to get his relative out of hospital as quickly as possible. Mr Foy added that as he was not a healthcare professional and did not know the system, he did not know who the GP had phoned or queried – but had been informed that the dosette box had to be obtained from Inverary in order for the patient to be released home. Mr Foy had queried this and asked if there was no other local pharmacy who could provide the dosette box, and had been informed it had to be Inverary. Mr Foy noted that there were a number of other pharmacies that were closer – Garelochhead, Cardross, Alexanderia and a number in Dumbarton. He did not know why none of these pharmacies had been picked, and all he knew was that the GP said that they would need to get it from Inverary. Mr Foy said that he had chased the GP for several weeks until a new prescription was issued with a more local pharmacy. Mr Foy added that Mr Green would need to speak with the GP as to why he made that decision, and could not answer on their behalf.</p>
15.45	Mr Green asked if that meant that the relative was now getting his dosette box from a local pharmacy in Helensburgh.

15.46	Mr Foy acknowledged that they did for a while, but the situation had subsequently changed, and no further detail was required to be provided.
15.47	Mr Green referred to Mr Foy's site visit to M&D Green pharmacy in February where they had showed him some of the extension and how it joined the unit next door, and the storage room that they were able to build. He hoped Mr Foy could accept that there was quite a lot of stock retained in that storage room and they had explained their bulk-buying policy with regard to fastest moving lines. Mr Green asked if their pharmacy looked like they skimped on stock holding.
15.48	Mr Foy acknowledged there was plenty of stock; and it was a busy Friday afternoon. He did not know what normal stock levels for a pharmacy would be, but if Mr Green was asking if they were well stocked he would believe him. He had no reason to dispute that.
15.49	Mr Green also noted that Mr Foy had invited him to attend a community council meeting and asked which one had they been invited to attend.
15.50	Mr Foy said that Mr Green was welcome to attend any of their monthly meetings, and he thought he might have turned up to the February or the March meeting.
15.51	Mr Green asked why Mr Foy would think that local pharmacies would just roll up and attend a community council meeting? He asked if it would be more appropriate that if the Community Council wished to hear from existing providers, they should contact the pharmacies and say "we're going to be discussing pharmacy at the next meeting – would you like to attend?". Mr Green acknowledged that he certainly would have attended if he had been asked.
15.52	Mr Foy acknowledged that was the intention, but added that Mr Green could have turned up at any meeting. They had public questions and other business. The agenda at the Community Council meetings was fluid and flexible and they were happy to discuss items of any nature during the meeting.
15.53	Mr Green asked if most of the meeting would be about pharmacy.
15.54	Mr Foy replied it would not.
15.55	Mr Green asked if Mr Foy believed that local pharmacy providers should routinely attend community council meetings.
15.56	Mr Foy replied not to routinely attend meetings.
15.57	Mr Green asked – if the Community Council were seeking input from pharmacy providers, would it be more sensible to directly invite them when they had items on the agenda relating to pharmacy.

15.58	Mr Foy said that Mr Green was welcome to any meeting.
15.59	Mr Green acknowledged that most of the community council meeting was probably not taken up with pharmacy matters, and asked if it would be more efficient to directly invite local pharmacies to meetings which are going to discuss pharmacy matters.
15.60	Mr Foy said that Mr Green misunderstood the amount of time that they had. They were volunteers. This was not a full-time job. They did not have time to approach all the businesses in town to say that there might be something on the agenda that interests them, but there might be something that they could find relevant. Helensburgh had around 19,000 patients registered at the local GP surgery. There were lots of issues that came up. However, they were volunteers and did not have time to chase businesses to remind them what was on the agenda.
15.61	Mr Green acknowledged that they were volunteers, and time was precious, but noted that the Community Council had found time to host their own survey, but did not have time to pick up the phone to invite him to the next meeting if it was going to be discussing pharmacy.
15.62	Mr Foy stated that the agendas were published in advance of the meetings.
15.63	Mr Green referred to Mr Foy previously asking a number of the other Interested Parties whether they had considered applying to the Council for a disabled parking space outside their pharmacy, and asked if Mr Foy was aware that there was a disabled parking space outside the co-op next to M&D Green.
15.64	Mr Foy confirmed he was aware.
15.65	Mr Green asked how far was the disabled parking space from his pharmacy's front door.
15.66	Mr Foy said around 15-20 metres.
15.67	Mr Green asked if that was quite close.
15.68	Mr Foy acknowledged it was relatively close, and added that he had used that bay before – as he had a relative with a disabled badge who was unable to walk far. First he had used the disabled bay at the back of the GP surgery, and then driven around to the Co-Op disabled bay so that they could access M&D Green pharmacy.
15.69	Mr Green referred to comments on opening times, noting that M&D Green were open from 9am to 6pm Monday to Friday, and 9am to 5.30pm on Saturdays with no lunchtime closures – which meant 9 continuous hours throughout the day. Mr Green asked if those opening hours were adequate.

15.70	Mr Foy said that it was difficult for people who worked full-time. Not everyone could take hours of time off work. If a resident had a GP appointment before they started work at 9am, it was difficult for them to fill the prescription before they started work. The reality was that people would have to book extended periods of time off work – both to see a GP and then get a prescription filled. The feedback they had received from residents who had less flexible jobs was that this was very challenging.
15.71	Mr Green asked if people needed to take time off work to see a GP, surely this would also give them time to fulfil a prescription at the pharmacy.
15.72	Mr Foy said it would extend the amount of time that they would need to take off work.
15.73	Mr Green said that he was confused and asked if Mr Foy was suggesting that people would need to take time off work to have a prescription filled, or take time off work to see a GP.
15.74	Mr Foy said it was both. It would extend the amount of time that a person would need to take off work. It was not possible to guarantee that you would see the GP within 5 minutes of arriving at the surgery, even if you had an appointment. Quite often GPs were running late – often 45 or 60 minutes behind schedule. So if the GP was running late, and the person had to be back at work by a certain time, they would not have time to run around to the pharmacy to have the prescription filled that day, or would have to take an extended period of time off work to be able to do so.
15.75	Mr Green said he failed to see the relevance of a pharmacy opening earlier in the morning on a patient's journey.
15.76	Mr Foy replied that it would avoid people needing to take time off work. They could see the GP at 8 o'clock in the morning, get the prescription filled and be at work by 9am and not need to take any time off work.
15.77	Mr Green referred to Mr Foy's earlier point about disability or being in a wheelchair, and that even travelling a short distance was not easy. Mr Green then referred to the Applicant's proposed premises which had a step in the entrance - for which they did not have any planning permission to address - and asked if that was a concern.
15.78	Mr Foy said he assumed the Applicant would be able to obtain the appropriate planning permission and building control certificates to instal a ramp or sloped access into their premises. He acknowledged this was possible and referred to Mr Green's premises which had steps into the treatment rooms.
15.79	Mr Green noted this was not the only access into their premises as they also had a level access at the front.
15.80	Mr Foy replied that wheelchair users would not be able to access the treatment rooms.

	<p>Mr Green noted that their new consultation room would provide direct disabled access, and they would not need to use a treatment room.</p>
15.81	<p>Mr Green referred to confusion for where complaints were referred to – and that some pharmacies were directing patients to the Scottish Patients Ombudsman Service, and asked if Mr Foy was aware that it was a requirement within the complaints procedure that patients were made aware of the Ombudsman Service, and it was not to make complaints to them, but to support them when they were making their complaint.</p>
15.82	<p>Mr Foy asked which Ombudsman Service that Mr Green referred to.</p> <p>Mr Green said it was the same one – SPSO.</p> <p>Mr Foy said that the SPSO was the Scottish Public Services Ombudsman.</p> <p>Mr Green admitted he was confused.</p> <p>Mr Foy said that Mr Green was a healthcare provider, and he could now see the difficulty for patients.</p>
15.83	<p>Mr Green said that it was a requirement that when they were inviting patients to make a complaint, to make them aware of the Ombudsman Service, which was there to support them in making their complaint. It was not about directing patients to the Ombudsman Service, which may give rise to confusion.</p>
15.84	<p>Mr Foy said that was his point – it was difficult and confusing for patients.</p>
15.85	<p>Mr Green referred to Mr Foy's comment that he did not feel home delivery services were suitable for urgent needs and was unsure why Mr Foy would say that, because if someone needed a prescription delivered urgently, they would do just that. Particularly if the patient was unwell and housebound, then they might rely on a delivery service to meet that urgent need. Why would Mr Foy see delivery services as diluting an urgent need rather than complementing or enhancing it.</p>
15.86	<p>Mr Foy said his understanding was that there were scheduled pick-ups from the GP Surgery in the morning and afternoon. An urgent requirement may not fall within those pick-up times, which would lead to a delay in the patient getting their prescription.</p>
15.87	<p>Mr Green asked if Mr Foy would be surprised to know that M&D Green phoned the surgery on a regular basis to get prescriptions on behalf of patients and delivered them.</p>

15.88	Mr Foy said that this was good to know.
15.89	Mr Green had no further questions.
16.	Questions from Mr McBean, Boots Pharmacy, to Mr Foy
16.1	Mr McBean asked how many people normally attended the community council meetings.
16.2	Mr Foy replied that the previous evening there had been 35 attendees.
16.3	Mr McBean asked if that was average.
16.4	Mr Foy confirmed it was.
16.5	Mr McBean asked Mr Foy if he was aware that his colleague Sarah Gillies had had to make contact on multiple occasions with the Community Council prior to getting a response in order to arrange the pharmacy visit.
16.6	Mr Foy replied that Mr McBean's colleague had been using an incorrect email so had been contacting the wrong person.
16.7	Mr McBean said that they had obtained the email address from the Community Council's website.
16.8	Mr McBean asked about the strategic development plan for Helensburgh that Mr Foy had mentioned and asked Mr Foy to confirm the date when the first building of new houses would begin.
16.9	Mr Foy admitted that they did not have a date yet – it was currently a strategic development framework. They were going into a consultation. For a development of that size, there were huge complexities in terms of infrastructure that would be needed to service all the houses – eg water supply, sewage, roads, schools. They were a couple of years away from that.
16.10	Mr McBean said that Mr Foy had referenced a considerable expansion in the size of the town, and queried if there was no date yet for any of the work being undertaken.
16.11	Mr Foy said no, they were at the consultation phase.
16.12	Mr McBean asked if Mr Foy was aware that Boots Pharmacy in Helensburgh had a dedicated secondary dispensary which dealt with all aspects of dispensing compliance aids.
16.13	Mr Foy confirmed that on their site visit, they had seen the upstairs section with the compliance dispensary.

16.14	Mr McBean noted reference made by Mr Foy to dispensing errors and asked if he had evidence to substantiate the claim that there had been an increase in dispensing errors.
16.15	Mr Foy replied that if Mr McBean had read the comments from the survey that the Community Council had undertaken in February, and also read the comments from the CAR, the responses from people who completed the surveys felt that they had experienced an increase in errors since the small Boots pharmacy had closed.
16.16	Mr McBean asked if Mr Foy had any evidence that showed that other than the responses from the CAR and the Community Council's survey.
16.17	Mr Foy replied that he did not, and they could only go by what the people were saying.
16.18	Mr McBean referred to Mr Foy's visit to their premises in August 2025 and said that based on comments shared by Mr Foy at the current hearing today, asked him to explain why no specific concerns about his own pharmacy service had been raised during that visit.
16.19	Mr Foy replied that it was probably similar to the GP issue – Sally Clark not raising concerns directly with pharmacies, but writing a letter of concern and support to the applicants. Mr Foy added that he was polite and when they had been invited to go into around the Boots premises, they were not going to start moaning and complaining to his face about things. That was human nature.
16.20	Mr McBean said that was surprised by that. He had felt that the conversation on the day had been open and would have been open to any questions or concerns being raised.
16.21	Mr Bean had no further questions for Mr Foy
	The Chair acknowledged that Lay Member Lindsay Rugman had had to leave the hearing. However, the Hearing could continue as they still had two lay members. It was agreed to stop at 6pm
17.	Questions from Mr Shah, Cardross Pharmacy, to Mr Foy.
17.1	Mr Shah asked how many pharmacies the Community Council had reached out to with their concerns raised by the public since the original hearing in September.
17.2	Mr Foy noted that they had been to Boots in August 2025 where three Community Council members had visited to see the new set up. M&D Greens had invited them in February 2026 to see their partially completed renovations, and they had not heard from Rowlands.

17.3	Mr Shah asked if any awareness had been raised by the Community Council to the public that Rowlands was quiet and easily accessible with capacity to take on new patients.
17.4	Mr Foy replied awareness had not been raised by the Community Council. It was up to Rowlands to explain their service capacity and capabilities. The Community Council did not have the capacity to do that themselves – to explain what services different organisations offered. They were busy.
17.5	Mr Shah said that in terms of the public coming to the Community Council with issues, and if they had been made aware that there was a pharmacy who had capacity and don't have queues, it would help them (the pharmacy) in their journey.
17.6	Mr Shah referred to the issue of lack of blister packs provided by the current pharmacies, and asked for clarity whether Mr Foy had referred to patients coming out of hospital who required a blister pack, and there was a struggle to obtain that. Was that correct?
17.7	Mr Foy confirmed that was.
17.8	Mr Shah asked if Mr Foy was aware that when a hospital was discharging a patient, they would normally provide at least one week's worth of medication. In most cases, that gave pharmacies plenty of time to arrange whatever was required according to the discharge letter and get the blister pack ready.
17.9	Mr Foy replied that the GP had to be comfortable that there would be an ongoing supply after that blister pack was used up. So the concern was not about the discharge day, it was about making sure that the following week there was a care package in place, and that blister packs were ready to be distributed. For some reason, Helensburgh seemed to have capacity issues on that front.
17.10	Mr Shah asked with regards to the patient who had to get medicines elsewhere because of the GP – would Mr Foy agree the situation was no fault of any of the pharmacies in Helensburgh.
17.11	Mr Foy said no. The impression he got from the GP was that they had tried the local pharmacies in Helensburgh – they had tried Greens, Boots and Rowlands - who could not guarantee to provide the blister pack the following week, and therefore they had gone to Inverary.
17.12	Mr Shah asked would it have been more appropriate to have tried to find a more local pharmacy (if they could not get it from the 3 pharmacies in Helensburgh), such as Cardross Pharmacy which was a 7 minute drive.
17.13	Mr Foy explained that he had argued for that repeatedly and strongly over several weeks before the GP managed to get capacity from a local pharmacy that could service blister packs. But it was a struggle and had taken time.

17.14	Mr Shah asked if Mr Foy agreed it was the fault of the GP.
17.15	Mr Foy replied no, it was the fault of the pharmacies who were not able to provide what the GP was asking for.
17.16	Mr Shah referred to the Community Council's survey and asked who had designed the questions.
17.17	Mr Foy replied that this was himself and Elizabeth Lambert.
17.18	Mr Shah asked if the survey had been independently reviewed by another Community Council member before it was issued.
17.19	Mr Foy replied it had not.
17.20	Mr Shah asked if any measures were in place to prevent a single individual submitting multiple responses.
17.21	Mr Foy acknowledged that they had thought about that, but it would be difficult because some households had multiple people, and the only way to prevent that online would be to restrict IP addresses. That would mean a household that had two or three family members would not all be able to submit a response.
17.22	Mr Shah had no further questions.
18.	The Chair invited questions from Mr Dickinson, Rowlands Pharmacy, to Mr Foy.
18.1	Mr Dickinson asked if Mr Foy was aware that the only public consultation that the PPC was required to consider was the CAR.
18.2	Mr Foy acknowledged he was not aware of the rules. As mentioned earlier, he had been asked at the hearing in September whether they had conducted their own survey, and would they conduct their own survey. So that was what had prompted them to think about having their own survey in February 2026 when they realised that there would not be a second CAR.
18.3	Mr Dickinson asked if Mr Foy understood that the Community Council's survey would not be included in the statutory consultation process.
18.4	Mr Foy acknowledged that theirs was a smaller survey. They had tried to keep it as brief as possible, limiting the number of questions. They were aware that members of the public were inundated with consultations for play parks, schools, cycle tracks and swimming pools, libraries etc. So they had tried to keep it brief. However, it was not intended to be another CAR.
18.5	Mr Dickinson asked if there was a deliberate reason to simplify the survey that they had not included the name of the NHS pharmaceutical services that the PPC is required to assess

18.6	Mr Foy said that they were not healthcare professionals. He would start to get confused about what core services were, and as he was not a healthcare professional, he did not want to go there.
18.7	Mr Dickinson said that core services were contractual services. Would Mr Foy agree that the questions about waiting times, queues, shop layout or convenience related to public opinion rather than the statutory test of adequacy
18.8	Mr Foy said that none of the questions asked had been about convenience. Focus had been on an adequate service – or the current inadequate service.
18.9	Mr Dickinson referred to Mr Foy’s comments that the closing of the small Boots had negatively impacted services, and asked what steps had he taken to ensure that the wording was not leading respondents towards a particular answer.
18.10	Mr Foy replied that they tried to be as neutral as possible. They had tried to make sure that the questions did not follow a pattern. So it was not yes, yes, yes all the way down the list. People would have to consider each question in turn. Some that were favouring inadequacies were “yes” responses, but some were “no” responses. Some that would have prompted for an adequate level of service response, would have been the reverse. So they had tried to switch it up to make sure that people carefully considered each question.
18.11	Mr Dickinson noted that Mr Foy was looking for a neutral way to ask questions in the Community Council Survey. If that was the case, there were formats or recommendations to make sure it was not just “yes” or “no” format without also having neutral options. Recognised good practice guidance recommended offering “unsure” and “no opinion” to avoid pushing people into a position. It was a well-known way to ask questions. So Mr Foy’s survey should have offered “yes” “no” “unsure” “no opinion” and that would have given a much better neutral perspective – would Mr Foy agree.
18.12	Mr Foy agreed to take that on board.
18.13	Mr Dickinson asked, when Mr Foy had designed the survey, had he considered telling respondents that opening a new pharmacy could affect the viability of an existing one
18.14	Mr Foy replied that they did not, as they could not be sure that would be the case.
18.15	Mr Dickinson said that Mr Foy had attended the original hearing where this had been discussed extensively, but he had not thought it necessary to mention that. If respondents had not been informed that the contract could put an existing pharmacy at risk, how could they make an informed decision about the consequences of the answers that they were giving.

18.16	Mr Foy replied that the issue of the pharmacy being at risk had come up and dealt with today, as it had in September, but as had been pointed out, Mr Dickinson's pharmacy was not the quietest pharmacy and did not do the least number of items, so whether a pharmacy was viable or not was a question for Mr Dickinson's business rather than the Community Council.
18.17	Mr Jamil interjected, noting that Mr Dickinson had acknowledged that the Community Council's survey was not valid but had asked many questions regarding it.
18.18	The Chair replied that the Community Council's survey had been raised and presented in evidence. Mr Dickinson was entitled to raise questions.
18.19	Mr Dickinson noted that since the Community Council's survey focussed on long queues, frustrations and the idea of restoring a previous pharmacy, but had not asked questions about service, quality, patient satisfaction, the strengths of the existing pharmacies – asked Mr Foy how they could give the PPC a balanced picture. They had focussed on the negative feedback within the pharmacy, all the restrictions. But he had not specified any of the pharmaceutical services that were offered within the pharmacies that were relevant to the PPC. The questions were very shallow – where it would open up the comments for a lot of different things that are relevant to what the PPC is about.
18.20	Mr Foy said that the questions were (1) do you live in the Helensburgh Community Council Area (2) Is current pharmacy service in Helensburgh adequate (3) Has the closure of the smaller Boots negatively impacted pharmacy services (4) Will the already completed or proposed improvements in the current three pharmacies be sufficient to meet demand and provide an adequate service (4) to ensure an adequate pharmacy in Helensburgh, would restoring a 4 th pharmacy in the town be better than improvements to the current three. So that was fairly neutral, and left it open to further improvements that could be made. There were improvements to Boots and Greens already, and the existing pharmacies could improve further. If they did, that would provide an adequate service. 85% still thought that restoring a 4 th pharmacy in town would be better.
18.21	Mr Dickinson had no further questions.
	Having established that there were no further questions from the Interested parties, the Chair invited questions from the Committee members.
19.	The Chair invited questions from Mr Higgins to Mr Foy
19.1	Mr Higgins referred to the completed and proposed improvements Mr Foy had referenced, and asked if the Community Council had a view, or whether it was something they had discussed about how long was reasonable for those improvements to take effect, and to make a judgement on them.

<p>19.2</p>	<p>Mr Foy replied that at the hearing in September 2025, Boots had completed their improvements, but Greens had not started on theirs. Greens had said that they wanted time to be able to show what they were going to do, and that all their improvements were imminent and would be completed within a few months. Greens were only part-way through their improvements at the moment. With regard to how much time would be reasonable – it was difficult to say. Greens was a busy pharmacy. On their site visit, the delivery driver had been compiling his boxes on the floor. There were loads of people running around doing things – dispensing to customers, sorting out blister packs etc. And even with the increased size, the delivery driver had to work on his knees on the floor. So the problem with an inadequate service is that is what patients were facing now – the service was not adequate now.</p> <p>With regard to the question of how long one should give existing businesses time to improve that service and make it adequate? It had been two years since the smaller Boots had shut. There had been some improvements but not enough in that space of time.</p>
<p>19.3</p>	<p>Mr Foy had no further questions.</p>
<p>20.</p>	<p>The Chair invited questions from Mr Manson</p>
<p>20.1</p>	<p>Mr Manson confirmed his questions had been answered and had no further questions to ask.</p>
<p>21.</p>	<p>The Chair invited questions from Ms Cameron</p>
<p>21.1</p>	<p>Ms Cameron said that it sounded like Mr Foy did not feel that the improvements offered thus far by the pharmacies had made a difference, although there were still some improvements in the pipeline. What was it anticipated that the proposed new pharmacy would completely address those outstanding needs? What was the new pharmacy going to offer that the current pharmacies were unable to provide?</p>
<p>21.2</p>	<p>Mr Foy replied it was about increased capacity. If there were four pharmacies all offering the services, there would be less queues in each one. Each would be less busy. There had been talk about Pharmacy First and Pharmacy First Plus, and it was difficult for pharmacies to grasp how busy pharmacies such as Boots and Greens would have the capacity to deal with Pharmacy First Consultations at all when they were so busy turning out prescriptions and had queues and people waiting around the shop floor. Spreading the service across four pharmacies would enable items to be spread across the four different venues, which would then enable pharmacists to have more time to consult with patients with give people proper consultations. Pharmacy First and Pharmacy First Plus - with the prescription side of things – is something that people are keen on, because it would take pressure away from GPs – and all parts of the health system were clogged up. So if there were more pharmacies taking pressure off GPs, GPs would have more time to spend</p>

	with patients who needed it, and hopefully that would trickle through the whole system and make everything a better experience for everyone.
21.3	Ms Cameron noted that there had been a concerted effort by Boots and M&D Greens to upscale or increase staffing. In the case of M&D Greens, their floor expansion is bigger than the new pharmacy that was being proposed. So in terms of physical space and bodies to complete the tasks, was there still something to be gained from a 4 th pharmacy?
21.4	Mr Foy replied yes, from what they had heard from people feeding into the Community Council meetings and responses to the survey.
21.5	Ms Cameron asked what the benefit would be when there was already extra floor space and extra staff.
21.6	Mr Foy noted that M&D Greens had said that there would be two new treatment rooms, which would need to be pre-booked because they did not have capacity to release a pharmacist for an on-demand consultation.
21.7	Ms Cameron said that they still had the pharmacy consultation room which was generally open access.
21.8	Mr Foy said that they had been told that there would need to be pre-booked appointments, because of the nature of a busy pharmacy.
21.9	Ms Foy asked Mr Green to confirm that the consultation room would be for immediate access.
21.10	Mr Green replied that Mr Foy not been told that it was only by appointment - for either the treatment rooms or consultation room. Mr Foy had been told that there would be an online booking platform, but that anybody could access any services by dropping in, and that was the case.
21.11	Mr Foy said that he had asked that specific question and that Mr Green had replied that it would need to be planned
21.12	Mr Green replied that he did not say that, and that Mr Foy had picked up him up incorrectly again.
21.13	Mr Foy said Mr Green had said that he would have to backfill, and get pharmacists from other stores.
21.14	Mr Green replied this was incorrect – he had said he would backfill in order to free up capacity. On the day Mr Foy had visited, they had two pharmacists on site as well as a trainee pharmacist, and Mr Foy had been told that the trainee pharmacist was being retrained in order to provide 3 pharmacists in the pharmacy, all of whom would be prescribers this August. They would be able to provide backfill for each other so that there were pharmacists available all of the time for consultation services. That was what had been explained to Mr Foy on his site visit.

21.15	Ms Cameron had no further questions.
22.	Questions from Mr Townsend to Mr Foy
22.1	Mr Townsend referred to Mr Foy's comments about the town expansion and asked if the PPC were to consider the need for a 4 th pharmacy, wouldn't Mr Foy suggest that the location for the proposed pharmacy is in the wrong place for where the expansion was due to take place.
22.2	Mr Foy said that the expansion was in the early stages. They did not have a definitive map for where all the houses would be. The Local Authority had specified that it would be in Helensburgh – between Helensburgh and Cardross at this stage - but the consultation exercise would determine exactly where the housing development would be zoned. It could vary up or town, left or right in terms of the map of Helensburgh at this stage.
22.3	Mr Townsend had no further questions.
23.	Questions from Mr Cronie to Mr Foy
23.1	Mr Cronie referred to Mr Foy's statement in relation to the Strategic Framework – that there would be 4000 homes build in 20 years. On a rough calculation, he felt that would equate to four homes to be built, bought and occupied per week, but that would start some time in the future. Was that the position Mr Foy had outlined?
23.2	Mr Foy confirmed it was.
23.3	Mr Cronie said that his experience was that houses did not go sequentially four per week, each and every week. There was a development. Houses were sold, and then there was a further development. So was it Mr Foy's position that the PPC should have cognizance of an additional pharmacy to cope with something that might happen in two years and might be sequential, given the outline he had provided.
23.4	Mr Foy said that they had been focussing on the current situation and the current needs of the town. They had drawn attention to the fact that there would be additional developments on top of that. So there was a requirement now for a 4 th pharmacy in Helensburgh, and that requirement would only ever increase in the future.
23.5	Mr Cronie said if the houses were built, that was a target and not a guarantee.
23.6	Mr Foy said that the focus of the questions that they had asked people, and the feedback received was about the current service today in the town. So there was a current requirement.
23.7	Mr Cronie had no further questions.

	The Chair acknowledged that since Ms Rugman had left, there were no questions from her.
24.	The Chair invited Malcolm Mathieson of NHS Highland Area Pharmaceutical Committee to make his representation.
24.1	The Area Pharmaceutical Committee met in June last year, when we discussed this application, and one of our big discussion points was around the boundary and whether it was large enough considering there's the population of Rhu and Shandon which use the services within Helensburgh, but ultimately we recognised that the proposed boundary reflects that the town of Helensburgh and patients have the right to choose where they access pharmaceutical services. Therefore we decided that we were comfortable with the boundary.
24.2	In terms of the CAR, we noted the considerable volume of responses and support for the application, and that some of the responses generally indicated this was from users within the area. However, we did not know that there had been changes in that time, so this information reflects the snap point in time and there had subsequently been changes.
24.3	Based on discussions back in June 2025 we felt that the application was desirable.
24.4	End of Mr Mathieson's presentation.
25.	The Chair invited questions from the Applicant Mr Jamil to Mr Mathieson
25.1	Mr Jamil had no questions.
	Having ascertained there were no questions from Mr Jamil, the Chair invited questions from the Interested Parties
26.	Questions from Mr Green, M&D Green, to Mr Mathieson
26.1	Mr Green asked if the last time the APC had considered the application was in June last year.
26.2	Mr Mathieson replied that the APC had met in February where they discussed the additional evidence, but had felt that given the hearing was to be retried, and having read the minutes of the previous hearing, this could have influenced members' decisions. Therefore it was better not to revisit the full statement as a committee, and to continue with their previous stance, rather than completely revisiting the entire thing, as that decision could have been swayed by the minutes of the last hearing, which were publicly available.
26.3	Mr Green said that the APC had acknowledged that the changes that had been made in the time since it had last met and since the consultation. He asked Mr Mathieson if he did not think that because the PPC were being

	asked to consider the application afresh, the APC had decided not to consider it afresh.
26.4	Mr Mathieson said that the APC had discussed the additional information submitted, but had not completely discussed the application.
26.5	Mr Green queried if that meant the APC had not refreshed their decision or their view on the application as the PPC were required to consider.
26.6	Mr Mathieson said that his understanding was that the new PPC hearing was being redone based on the evidence submitted for the original hearing in September 2025. Therefore, they felt that given that the minutes were publicly available and that could influence people's decision making, they felt it was fair overall to stick with the original decision.
26.7	Mr Green had no further questions
27.	Questions from Mr McBean, Boots Pharmacy to Mr Mathieson.
27.1	Mr Mathieson had no questions.
28.	Questions from Mr Shah, Cardross Pharmacy, to Mr Mathieson.
28.1	Mr Shah had no questions.
29.	Questions from Mr Dickinson, Rowlands Pharmacy, to Mr Mathieson.
29.1	Mr Dickinson had no questions.
30.	Questions from Mr Foy, Helensburgh Community Council, Pharmacy, to Mr Mathieson.
30.1	Mr Foy had no questions.
	Having ascertained that there were no further questions from the Interested Parties, the Chair invited questions from the Committee.
31.	Questions from Mr Higgins to Mr Mathieson.
31.1	Mr Higgins had no questions
32.	Questions from Mr Manson to Mr Mathieson
32.1	Mr Manson had no questions
33.	Questions from Ms Cameron to Mr Mathieson
33.1	Ms Mathieson asked if the APC had an opinion whether they thought that the population residing outwith the neighbourhood should be taken into account.
33.2	Mr Mathieson said that as part of their discussions the APC recognised that there was a population outside the neighbourhood who accessed services

	within Helensburgh itself that did not have pharmaceutical services in those areas - which would be Rhu and Shandon.
33.3	Ms Cameron noted if it was outside the neighbourhood, there wouldn't be anything to stop a separate application going in to one of those areas in future.
33.4	Ms Cameron had no further questions.
34.	Questions from Mr Townsend to Mr Mathieson
34.1	Mr Townsend had no questions.
35.	Questions from Mr Cronie to Mr Mathieson
35.1	Mr Cronie had no questions.
	The Chair confirmed he did not have any questions.
	The Chair therefore asked all parties to sum up in reverse order starting with Mr Mathieson
36.	Summing Up
36.1	Summing up by Mr Mathieson, NHS Highland Area Pharmaceutical Committee
36.1.1	The APC agreed with the boundary. They had felt the CAR showed there was a potential need for an additional pharmacy and had noted that there had been changes in the pharmaceutical landscape since that CAR had been undertaken.
36.2	Summing up by Mr Foy, Helensburgh Community Council.
36.2.1	The Community Council supported the application for a new pharmacy in Helensburgh.
36.3	Summing up by Mr Dickinson, Rowlands Pharmacy
36.3.1	Mr Dickinson noted they were not the biggest pharmacy in Helensburgh, and did not dispense the volume of prescriptions that Boots and M&D Greens currently did. But they were still in Helensburgh and were still viable – and were more viable because they constantly delivered patient-centred care with outstanding feedback from the people who matter most – who are the patients.
36.3.2	He emphasised that viability was very fragile. Everything they did depended on the foundation created by dispensing NHS prescriptions. If that foundation was weakened even slightly, the consequences were very real. A new contract would fragment prescription volume, and dilute the funding that kept

	his pharmacy viable and would put them at risk. They are a pharmacy that had served the community for generations.
36.3.3	He was not just fighting to maintain a pharmacy contract. He was fighting for his patients. He was fighting for the people who relied on his pharmacy every day. And he was fighting to protect a piece of Helensburgh heritage – a piece of his own town that could not be replaced once it was lost.
36.3.4	Helensburgh did not need another pharmacy, and needed the pharmacies that it already had to remain strong, stable and viable. That was why he respectfully asked the Committee to refuse the application, as it did not demonstrate an unmet need, it did not demonstrate an inadequacy, and it did not demonstrate that a new pharmacy was necessary or desirable.
36.4	Summing up by Mr Shah, of Cardross Pharmacy.
36.4.1	Mr Shah thanked the Committee for allowing him to represent the views of Cardross Pharmacy and to explain why he believed that the application for a new pharmacy in Helensburgh was neither necessary nor desirable to secure adequate pharmaceutical services.
36.4.2	Cardross Pharmacy, as well as the existing pharmacies in Helensburgh, already provided all the core services of the NHS contract. Additionally, at Cardross, they provided the Pharmacy First Plus service every day.
36.4.3	They currently catered for MDS (monitored dosage system) trays to 180 patients and were not at capacity. They also provided a full-time, five day delivery service which was available to all residents of Helensburgh for same day delivery.
36.4.4	Their extensive refit offered an extended dispensary, taking into consideration more space for their increased staffing levels as well as storage of medications and two consultations rooms, giving them adequate private space to discuss confidential matters.
36.4.5	They had provided pharmaceutical care to many residents of the defined neighbourhood for many years, who had built good relations with the team, keeping consistent care at a high level, and he believed this will reduce fragmented care.
36.4.6	Mr Shah asked the PPC to consider a further question. Was the application being made on the grounds of convenience for the local residents rather than need? Convenience alone could not be the basis for approving a new pharmacy. There was nothing to suggest that his pharmacy – or indeed any of the other current providers – were offering a poor or inadequate service.
36.4.7	Consequently, he could not see that the provision of pharmaceutical service at the premises was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the proposed pharmacy is located.

36.5	Summing up by Mr Green, M&D Green
36.5.1	Mr Green noted that Helensburgh was an affluent commuter town with good access to schools, shops, healthcare, transport and this was according to data (not anecdotal) from the Scottish Index of Multiple Deprivation.
36.5.2	Helensburgh had a stable population and had changed little in the last 20 years. There were three existing pharmacies in Helensburgh, and a fourth in Cardross, providing for the patients registered at the two medical practices.
36.5.3	There were no core or additional NHS services that were not readily available in Helensburgh. This statement was not supported by anecdotal comment, but by NHS open data on service delivery numbers.
36.5.4	The Applicant's proposed premises provided no improved access situated close to all existing pharmacies. The proposed premises were small and inadequate for the demands of the current and evolving pharmacy contract. The applicant had not presented any evidence that his proposed premises will meet the requirements of the Disability Discrimination Act and no attempts had been made to secure planning permission or pre-planning approval.
36.5.5	The anecdotal comments raised through the public consultation and letters of support over one year ago were out of date, and no longer relevant, and may only have related to a limited period of disruption following the closure of the small Boots at the time.
36.5.6	Comments and complaints about the lack of access to availability of services such as Pharmacy First, Unscheduled Care, compliance aid provision and assessment or dosette boxes, and delivery services – albeit that is not an NHS core service – were not representative of the situation in Helensburgh, and were not consistent with the data relating to the provision of these services.
36.5.7	M&D Green had embarked on a sustained period of investment since they acquired the former Gordons's Chemist a year ago, and had significantly invested in the pharmacy team, IT infrastructure and premises. These planned improvements had gained full planning permission (evidenced at this hearing), and would complete them within the coming months.
36.5.8	Mr Green challenged any PPC member to visit his pharmacy or other pharmacies in Helensburgh any day of the week, any time from 9am to 6pm. They would not see queues out of the door. They would not see patients waiting 30-40 minutes to be served. They would not see lack of capacity, or services being refused. It simply did not happen.
36.5.9	Before making a determination, Mr Green urged the PPC to consider the detrimental impact of granting a fourth contract in Helensburgh – both in terms of dilution to service capacity for some, and the real risk of rendering a valued low-volume pharmacy (of our colleagues at Rowlands) being no longer viable and the very real risk of subsequent closure.

36.5.10	Mr Green encouraged the PPC to dismiss the brief surveys conducted by both the Applicant and the Helensburgh Community Council as irrelevant, unrepresentative and subject to significant bias, and also for their being no provision in the regulations for consideration of such an unofficial survey.
36.5.11	Mr Green asked the panel to consider the significant ongoing investment made to pharmacy provision in Helensburgh and the impact this has had on the relevance of comments made a year ago in the CAR, and he respectfully requested that the PPC reject the application.
36.6	Summing up by the Applicant Mr Jamil.
36.6.1	For over 60 years, Helensburgh had been served by four pharmacies, which together delivered a stable and reliable pharmaceutical service to the community. Since that provision was reduced, the evidence clearly showed that the current system was under sustained pressure, causing inadequacies across every core pharmacy service.
36.6.2	In 2023, without consultation, the balance that once existed in Helensburgh was disrupted by a commercial decision – a decision that put company profits before patients. A decision that had caused huge outrage within the community, as it created inequality of access to pharmacy services across the neighbourhood.
36.6.3	This was evidenced in the data showing that the pharmacies were under-performing with below-average service delivery. It was further evidenced when they listened to the community and saw the migration of patients leaving the neighbourhood to access pharmacy services – not just to a neighbouring village, but to a pharmacy over 40 miles away, and the number of patients doing so was growing month on month. This was unacceptable for the people of Helensburgh and could not be allowed to continue.
36.6.4	Mr Jamil added that in his closing statement, he wanted to take the PPC through a timeline of evidence that had been gathered, to show how the institutional inadequacies had stemmed directly from the closure and how they had worsened over time.
36.6.5	Starting in April 2024, five months after the closure, the situation was described as chaos in the Helensburgh Advertiser, and urged the panel to read the article.
36.6.6	Almost twelve months on, there was the CAR, which concluded in March 2025. The CAR identified inadequacies across every core pharmacy service. Our CAR at the time had the highest number of responses in NHS Highland and described scenarios of the daily struggles that residents face. Unacceptable scenarios when collecting prescriptions have become a common occurrence in Helensburgh, and they are described again and again in the CAR. A respondent describes this common occurrence by saying “this afternoon, along with what I counted to be over 20 people, I waited over 40

	minutes to be served in Boots in Sinclair Street”. This person goes on to describe this further, which again you can read from the CAR.
36.6.7	The CAR was followed by 19 letters of support between March and September 2025, reflecting the same issues and inadequacies. These came from across the community. From the GP practice, to the dentist to opticians, to carers. Letters of support for the application were even received by Shadow Health Secretary Jacqui Bailey. Jacqui Bailey describes how inadequacies have caused lasting barriers to car and says the creation of an additional pharmacy would simply restore provision to what it was several years ago. The letters of support from every facet of the community paint a damning picture of inadequacies in Helensburgh and depict the struggles residents face every day.
36.6.8	After the hearing in September, and subsequently the release of the initial Decision, the Health Board was inundated with further correspondence, both regarding the Decision itself and the ongoing failures in pharmacy provision within the neighbourhood. These letters, which the Health Board have provided, clearly depicted how residents struggled to access pharmacy services and the resulting challenges they faced. When those letters were read, one could begin to understand why the application had received so much support. The letters were dated up to just last month, showing the reality on the ground, despite what interested parties had suggested.
36.6.9	Example – Fiona Baker said “it appears the rejection was based on the objection of other pharmacies who feared loss of business. There is a clear indication that there is a greater demand than supply. Helensburgh did have another pharmacy which was closed, and centralised with the main Boots, where you might take a sandwich, a flask or perhaps even a sleeping bag if you actually wanted to wait for your prescription. The proposed new pharmacy would have actually restored the number of pharmacies to the previous levels”.
36.6.10	Lily Gallagher described how she was forced to queue for lengths of time and she struggled with this. George Harrigan told us about the queues that regularly extended out into the street at M&D Green, and Elizabeth Ross, a disabled lady who could not physically stand as long as it takes to get a prescription. She says in her letter to the Health Board that she worries about not having medication because she could not wait for that length of time.
36.6.11	Mr Jamil added that there was not time to go through all the letters, and urged the PPC to read each of the letters as they depicted how the Interested Parties were out of touch with reality and highlighted that residents were even suggesting that staff at the pharmacy would welcome the application. These were real people, with real scenarios of the daily struggles that Helensburgh residents faced with the current pharmacy service.
36.6.12	Mr Jamil said it was totally unacceptable that Interested Parties had reduced this evidence as anecdotal. That position demonstrated a complete failure to acknowledge that lived reality of patients, and a lack of willingness to listen

	to the community they served. This was insulting to the people of Helensburgh, who had clearly expressed that they felt the current service was inadequate, and had been for some time.
36.6.13	He could see examples of patients not being listened to when they looked at confidentiality. In Helensburgh, patients were being denied this basic right of a private medical consultation. This had been raised at the original hearing where 80% of respondents in the CAR had highlighted that there was no adequate space to discuss confidential matters and, unsurprisingly, this remained a strong theme.
36.6.14	This raised a simple question. In the entire year M&D Green had been operating in the neighbourhood, why hadn't they sacrificed some retail space to create a temporary consultation room. Why were consultations still taking place on the shop floor of Boots and why had Rowlands not addressed the lack of soundproofing in their consultation room since the last year? If the community has not been listened to on something as fundamental as privacy, what confidence can there be that they will be listened to with anything else?
36.6.15	Continuing with the timeline, the survey conducted by the Independent Market Research Company last month demonstrated how the vast majority of residents felt that services were still inadequate. The survey by the Community Council followed the same conclusion – as 85% said restoring a fourth pharmacy would be better than improvements to the current three existing pharmacies.
36.6.16	Mr Jamil said that these findings must be considered in combination with the CAR and in light of the legal test. Adequacy was not a spectrum. Either pharmaceutical services in the neighbourhood at the time of considering this application were adequate, or they were not. The findings that he had presented were symptoms of systematic failures and institutional inadequacies.
36.6.17	Mr Jamil said that the PPC had the power to address this and remedy the inadequacies for the people of Helensburgh. Each independent source of evidence across different dates, and different methods of collection – all pointed to the same consistent conclusion: pharmacy services in Helensburgh had been inadequate since the small Boots closure and remained inadequate today, which was confirmed by colleagues in the Millig Medical Practice on 11 February. Mr Jamil encouraged the PPC to read the letter.
36.6.18	Mr Jamil said that too much had been said about the changes the Interested Parties had done, and they should be awarded time for these changes to take effect. He urged the panel to consider that this had been asked for – six months ago, and in those six months, residents reported that inadequacies had worsened. This was evidenced by their complaints submitted to the Health Board and responses from recent surveys.

36.6.19	It was also crucial to understand that the changes being planned by M&D Green were originally planned by Gordons back in 2019. At that time, four pharmacies were servicing the neighbourhood, and it showed that these changes were not the solution to the inadequacies, but were simply long overdue adjustments. A position that the public agreed with, as could be seen from the recent survey where 83% of residents felt that improvements to the current pharmacies would not be sufficient to meet demand, and would not be sufficient to provide an adequate service. The only remedy to these institutional inadequacies that Mr Jamil had evidenced at th hearing was a reinstatement of a fourth pharmacy.
36.6.20	Mr Jamil referred to point that had been raised a number of times within the hearing – about the viability of Rowlands due to their current prescription volume. He had shown that 16,500 people were currently being serviced by the three pharmacies, providing a pharmacy for every 5,500 patients. It had been established with Mr Green’s expertise, that a pharmacy for every 4,000 of the population was about right. This figure would be achieved when reinstating his pharmacy. It was important to understand why Rowlands’ volume was at the level it was today, when Helensburgh was home to two of the busiest pharmacies in NHS Highland.
36.6.21	Residents reported the volume of prescriptions that Rowlands process was simply a reflection of the service they delivered. Despite Mr Dickinson’s perception of the service he delivered, residents reported that his pharmacy was unwelcoming and often did not have stock, due to the reliance on an off-site dispensing hub.
36.6.22	This application was not a typical one. Mr Jamil had historical data and evidence to show how the area managed with four pharmacies. All the contractors in the area were viable when four pharmacies serviced Helensburgh for over 60 years. So to say things would change now was nothing more than a distraction tactic, especially when prescription numbers were increasing, as Helensburgh continued to expand – as evidenced from the recent housing developments at Alder Gate and Duchess Gait which were already completed.
36.6.23	Pharmacy was moving towards a more service-based side, increasing the responsibility in communities.
36.6.24	The Interested Parties had questioned the accuracy of a projected dispensing volume of around 5,000 items. Mr Jamil said it was important to make it clear that his proposed site was less than 100 metres from the former Boots unit, so to suggest it would result in a fundamentally different level of activity was extremely misleading. His site was 645 square feet, and currently a retail premise which has the same use class as a pharmacy. They had instructed a professional pharmacy shop fitter, an architect and builder with decades of experience – which he had used in the past. The professionals had satisfied him that the unit would be fully DDA compliant and open within 6 months of approval.

36.6.25	The suggestion from Interested Parties that his premises acted as a barrier was unfounded, and was a distraction tactic to create doubt as they attempted to protect their own business interests. This became clear when looking at pharmacy sizes across the country, including pharmacy sizes that the Interested Parties owned.
36.6.26	Mr Jamil sought to reassure the panel that he would not be wasting his own time and money to secure the unit for as long as he had, if it was not fit for purpose, and he would not waste the panel's time.
36.6.27	Mr Jamil added that it was important to note that residents reported this high foot-fall newsagents as a perfect unit, and a perfect location for a proposed pharmacy. This application was not just desirable, it was necessary – and had received an overwhelming amount of support from residents, as well as local health care providers.
36.6.28	The Pharmaceutical Care Service Plan had made it clear that unmet need must be considered following the closures, and the evidence before the PPC which spanned two years, demonstrated this unmet need was both serious and long standing.
36.6.29	Alongside the accounts he had presented, Mr Jamil noted that the PPC had heard from the Community Council about the lasting impact the inadequacies had had. They were not voices from people drafted in to protect business interests, but local people who lived in Helensburgh and who experienced these challenges every day.
36.6.30	On behalf of the residents of Helensburgh, he respectfully asked the PPC to approve this application, to secure safe, accessible, adequate pharmaceutical services for the community.
36.6.31	Mr Jamil added some final words of a resident who had submitted a complaint to the Health Board which said “it is imperative a fourth pharmacy is reinstated in our neighbourhood. Boots did not consult residents at all before the closure two years ago and the result has been catastrophic. The takeover by Greens last year has not alleviated the strain at all. In fact, it has made things worse, increased queues, a lack of privacy for consultations, driving many residents elsewhere.... I believe a remark was made at the previous hearing that the evidence was now outdated and changes by Boots and Greens should be given time to be implemented. I can confirm in February 2025 that the pharmacy service has never been so bad.”
36.6.32	Mr Jamil encouraged the panel, as part of their deliberations, to look at each source of evidence to further their understanding of how deeply rooted these inadequacies in Helensburgh were, and showed why 90% of residents supported this application as seen in the CAR.
36.6.33	Mr Jamil noted the very long PPC and thanked the panel for their time and attention.

37.	Retiral of Parties
37.1	The Chair acknowledged that the PPC had had to take place over two non-consecutive days.
37.2	The Chair advised the Applicant and Interested Party that it was in their interest to remain available until the Committee had completed its private deliberations. This was in case the open session was reconvened should the Committee require further factual or legal advice in which case, the hearing would be reconvened and the parties would be invited to come back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.
37.3	The hearing adjourned at 18:15 to allow the Committee to deliberate on the written and verbal submissions.
38.	Supplementary Information
	Following consideration of the oral evidence, the Committee noted:
	<ul style="list-style-type: none"> i. The Health Board had undertaken a site visit video of Helensburgh and the surrounding area noting the location of the proposed premises, the pharmacies, general medical practices and the facilities and amenities within. ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and GP surgeries within Helensburgh and the surrounding area. iii. Area Profile report for Data Zones (S01007399, S01007398, S01007395) iv. Dispensing statistics of the Community Pharmacies in Helensburgh. v. Further information including details about the existing Provision of Pharmaceutical and Medical Services in/to Helensburgh and population figures for Helensburgh as indicated by Scottish Neighbourhood Statistics and General Register Office Statistics. vi. Report on Pharmaceutical Services provided by existing pharmaceutical contractors to the neighbourhood vii. NHS Highland Pharmaceutical Care Services Plan 2023/24 viii. The application and supporting documentation including the Consultation Analysis Report provided by the Applicant. ix. FOI Requests x. Complaints received by the NHS Highland because of the previous hearing outcome xi. Survey by the Helensburgh Community Council in February 2026 xii. Survey by the Applicant in February 2026 xiii. Further information from the Applicant including premises floor plan, in-street interviewing Helensburgh (survey and report), Online Facebook Feedback, Newspaper Article. xiv. Further information provided by M&D Greens xv. Scottish Government Urban Rural Classification xvi. NHS Highland Board Scheme of Hours

	<ul style="list-style-type: none"> xvii. Written Representations received from all of the interested parties during the Schedule 3 Consultation xviii. Letters of Support of the Application from members of the public and other Healthcare professionals in the Helensburgh area. xix. Care at Home Data xx. Unscheduled and Scheduled Closures Helensburgh 2022-25 xxi. Regulations xxii. GP List
39	Summary of Consultation Analysis Report (CAR)
39.1	Introduction
39.2	NHS Highland undertook a joint consultation exercise with Mr Muaz Jamil and Mr Daniel Frame regarding the application for a new pharmacy within 1-3 East King Street, Helensburgh, G84 7QQ.
39.3	The purpose of the consultation was to seek views of local people who may be affected by this or use the pharmacy at its proposed new location. The consultation also aimed to gauge local opinion on whether people felt access to pharmacy services in the area was adequate.
39.4	Method of Engagement to Undertake Consultation
39.5	<p>The consultation was conducted by placing an advertisement / article in The Lochside Press (28 October 2024); Rhu & Shandon Community Council Website (18 February 2025) and the Helensburgh Advertiser (18 February 2025). Notifications being placed on the Health Board X (formerly Twitter) and Facebook pages; a link to the consultation document on NHS Highland's website (www.nhshighland.scot.nhs.uk); hard copies of the questionnaire were available via contacting the Health Board. Respondents could reply electronically via Microsoft Forms or by returning the hardcopy questionnaire using a pre-address envelope. 100 hard copy questionnaires with self-addressed envelopes were supplied to the Applicants.</p> <p>Letters advertising the Joint Consultation questionnaire were issued to various locations and asked to be displayed to highlight the Joint Consultation at the following sites:</p> <ul style="list-style-type: none"> i. Chambers of Commerce ii. Federation of Small Business iii. GP Subgroup iv. Helensburgh Community Council v. Jenni Minto – MSP vi. Scottish Health Council

	<p>Applicant attended the following locations to speak to staff highlighting the Application and provided flyers:</p> <ul style="list-style-type: none"> vii. Helensburgh Community Council meetings (5 occasions) viii. Journey Fitness Group ix. Visited Care Homes: Morar Living, Morar Lodge, Northwood Care Home, Argyle Care Home x. Bethesda Christian Fellow (3 occasions) xi. Jeans Bothy (3 occasions) xii. Victoria Integrated Care Centre (VICC) (3 occasions) xiii. Destination Helensburgh xiv. GP Practices (2 occasions) xv. Grey Matters Event (3 occasions) xvi. Visited dental practices: SP Dental, Clyde View, Helensburgh Dental Practice. xvii. Joans Carers xviii. Enable Carers xix. Garelochhead Practice xx. Argyll and Bute Climate Action Network xxi. Visited Opticians: Specsavers, Helensburgh Eyecare, Boots Opticians, 20:20 Opticians (2 occasions) xxii. “With You” and “Welcome In” Groups xxiii. Helensburgh and Lomond Carers Workshop (Garelochhead) xxiv. Alzheimer’s Scotland xxv. Living Well Network Event xxvi. Local Place Plan Focus Group. xxvii. Colin Jaconelli (local pharmacy champion) xxviii. Flyers at: Costa Coffee, Tesco, Library, Shelter Charity Shop, Co-op (including advertising stand) <p>Hard copies of the questionnaire were available and could be requested by telephone (+44 (0)1463 706886). Respondents could reply electronically via Microsoft Forms or by returning the hardcopy questionnaire.</p>
39.6	The Consultation Period lasted for 90 working days and ran from 28 th October 2024 until 6 th March 2025 allowing for public holidays of 25 th & 26 th December 2024 and 1 st and 2 nd January 2025.
39.7	Summary of Questions and Analysis of Responses
39.8	Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; perceived gaps / deficiencies in existing services; wider impact; impact on other NHS services and optional questions on respondents’ addresses and circumstances.

	Response Percent	Response Count
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Question	Yes	No	Don't know	Yes	No	Don't know
1. Do you think the area, outlined in blue in the above map, describes the neighbourhood where the proposed community pharmacy will be situated?	97%	3%	0%	988	29	0
2. Do you live within the neighbourhood?	93%	7%	0%	947	70	0
3. Below is a list of core and national services currently provided by any other community pharmacy in the area (with an explanation of each service). Do you think the current provision is adequate?	21%	79%	0%	218	799	0
4. Free text comment box to question 3.						
5. Below is a list of locally negotiated services currently provided by any other community pharmacy in the area. Do you think the current provision of these services is adequate?	22%	78%	0%	222	795	0
6. Free text comment box to question 5.						
7. Do you believe you receive your prescription in a timely manner using the existing pharmacy services provided to the neighbourhood?	27%	73%	0%	275	742	0
8. Do you feel there is adequate private space to discuss confidential matters within the existing pharmacies servicing the neighbourhood?	20%	80%	0%	204	813	0

9. What do you think about the intended Applicant's proposed opening hours:	Just Right	Too Short	Too Long	Don't Know
Monday to Friday: 08:00 – 18:00	93%	2.8%	2.9%	4%
Saturday: 09:00 – 18:00	83.6%	1.6%	7.8%	7.1%
Sunday: Closed	61%	9.8%	0.5%	28.7%

10. Do you or your representatives experience any issues or challenges receiving community pharmacy services in this neighbourhood?	74%	26%	0%	750	267	0
11. Free text comment box to question 10.						
12. Do you think there will be any positive impact or benefit to the neighbourhood in having a new community pharmacy?	88%	9%	4%	890	89	38
13. Free text comment box to question 12.						
14. Do you think the intended Applicants' proposed pharmacy will positively impact on other NHS funded services such as GPs, community nursing, other pharmacies, dentists, optometrists or social services?	85%	9%	6%	860	92	65
15. Free text comment box to question 14.						

16. Do you support the opening of a new pharmacy in Helensburgh?	90%	10%	0%	920	97	0
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17. How did you become aware of this consultation?	Response Percent	Response Count
Advert	34%	342
NHS Highland Website	5%	54
Social Media	45%	457
Other	16%	164

18. Respondent Information:	Response Percent	Response Count
Individual	97%	984
Part of a Group / Organisation	3%	33

19. Please give an indication of how many are in your Group / Organisation:	Response Percent	Response Count
0-10	3%	1
11-50	12%	4
50+	85%	28

Questions 20-22 Contact Details (not printed)

20. Name and Organisation name (if applicable):	184 responses
21. Address & Postcode	209 responses
22. Email Address	166 responses

39.9	In total 1017 responses were received (993 via Microsoft Forms and 24 completed hard copy questionnaires were received). All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.
39.10	From the responses 984 were identified as individual responses and 33 responded on behalf of a group/organisation. Zero respondents did not provide an indication as to whether the response was individual or on behalf of an organisation.
39.11	Consultation Outcome and Conclusion
39.12	The use of Microsoft Forms allowed views to be recorded and displayed within the full Consultation Analysis Report in a clear and logical manner for interpretation.
40	Decision
40.1	Adjournment and Recovenement

	Following the closure of the open session at 18:15, the PPC met briefly in closed session and agreed to adjourn and reconvene the private session on Monday 30 March 2026 at 17:30
40.2	It was noted that since Lay Member Lindsey Rugman had had to leave the open session at approximately 5.20pm on Day 2, she had not heard representations from all the Interested Parties, nor did she hear the summing up by the Applicant or any of the Interested Parties.
40.3	It had been decided that the closed session would proceed without Ms Rugman. The absence of Ms Rugman did not impact the quoracy of the PPC, as all other members of the Committee who had been in the open session were present in the closed session.
40.4	<p>The Closed Session membership comprised :</p> <p>Chair Gerry O'Brien</p> <p>Lay Members Appointed by NHS Highland Andrew Townsend Derrick Cronie</p> <p>Pharmacist Nominated by the Area Pharmaceutical Professional Committee (included in Pharmaceutical List) James Higgins Sean Manson</p> <p>Pharmacist Nominated by Area Pharmaceutical Professional Committee (not included in any Pharmaceutical List) Amy Cameron</p>
40.5	<p>The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.</p> <p>[Sean Manson noted amendment to Regulations to say PPC should consider viability as part of the deliberations]</p>
40.6	Neighbourhood

40.6.1	The Committee noted the neighbourhood as defined by the Applicant and the view of the Interested Party and that it should be a neighbourhood for all purposes. A number of factors were taken into account when defining the neighbourhood, including those resident in it, natural and physical boundaries, general amenities such as schools/shopping areas, the mixture of public and private housing, the provision of parks and other recreational facilities, the distances residents had to travel to obtain pharmaceutical and other services and also the availability of public transport.
40.6.2	<p>The Committee agreed that the Defined Neighbourhood should be defined as follows:</p> <p>To the North: Where Sinclair Street meets Luss Road, physical boundaries of the Helensburgh reservoir to the left and the Golf course to the right.</p> <p>To the West: Where Rhu Road Higher meets Rhu Road lower.</p> <p>To the East: The Alder Gate development and the open fields on the A814.</p> <p>To the South: The A814 running along the waterfront.</p>
40.6.3	The Committee noted that none of the other Interested Parties had objected to the proposed neighbourhood boundaries defined by the Applicant. The Committee acknowledged that the boundaries were representative of the town of Helensburgh as a defined neighbourhood, and although the APC had made an additional proposal, the Committee agreed the Defined Neighbourhood was as per the Applicant's statement.
40.7	Adequacy of existing provision of pharmaceutical services and necessity or desirability
40.7.1	Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services to that neighbourhood and, if the committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.
40.7.2	The Committee acknowledged that there were three existing pharmacies within the neighbourhood (Boots, M&D Green and Rowlands) and one existing pharmacy in Cardross which was over 4 miles away from the proposed premises (Cardross Pharmacy)

40.7.3	The existing pharmacies all provided core services, and additional services such as deliveries, and compliance aids / dosette boxes / blister packs.
40.7.4	The Committee noted the improvement works being undertaken by M&D Green and the timeframe for both the works and training to be completed was likely to be in the summer (July / August).
40.7.5	The Committee noted that the number of people that visited Rowlands was quite low compared to Boots and M&D Green, and referred to anecdotal comments that it was not a hospitable pharmacy to enter.
40.7.8	The Committee noted the improvement works being undertaken by M&D Green and the timeframe for both the works and training to be completed was likely to be in the summer (July / August).
40.8	Consultation Analysis Report (CAR).
40.8.1	The Committee discussed questions within the CAR. The Committee deemed the level of responses (1017) to be low (only 7.7% of the population of c15,000).
40.8.2	It had been discussed that potentially the data in the CAR (conducted between October 2024 and March 2025), no longer reflected the current situation, as the changes had been evidenced by the open session oral hearing. However, it was noted that this was the statutory document that the PPC had to refer to in making their decision.
40.8.3	Adequacy / Areas for Improvement. Although 78% (795) of respondents had stated that the locally negotiated services currently provided by existing pharmacies were inadequate, the Committee deemed this to indicate that services needed improving, and improvements had been made since the Consultation.
40.8.4	Complaints – consultation room. The Committee noted the number of complaints in the CAR, some of which referenced a lack of consultation rooms in some of the existing pharmacies. This issue had been subsequently been addressed by two out of the three pharmacies. It was also noted the Applicant’s premises would have a private consultation room.
40.8.5	Complaints – dosette boxes. The Committee acknowledged that although there had only been 22 complaints out of a population of 18,000 (which was very low), some of the complaints were deemed to be of inconvenience rather than inadequacy: ie walk-in patients complaining about a lengthy wait for a dosette box to be prepared without having given prior notification to the pharmacy. This would create an additional unreasonable pressure on

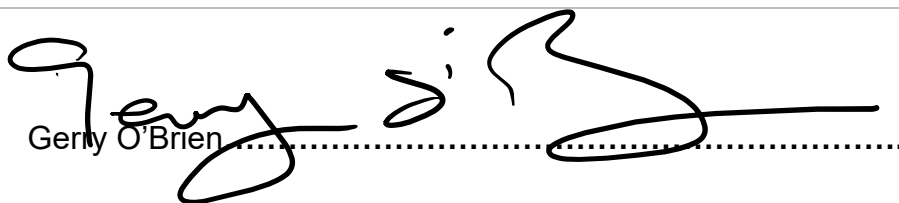
	community pharmacies, as dosette boxes generally took quite a long time to prepare.
40.9	Closures. The Committee noted that the closure of the small Boots store in 2024 had led to significant service disruption, and it had taken some time (by M&D Green and the remaining Boots pharmacy) to address and rebalance the activity levels. It was also noted that M&D Green had increased their floor space following the closure of the small Boots store, and staff from the small Boots had moved to the large Boots.
40.10	It was also noted that Rowlands Pharmacy prescription numbers did not substantially increase (only around 500) following the closure of the small Boots pharmacy.
40.11	Stock Shortages. The Committee deemed that any potential stock shortages experienced by other pharmacies would not likely be improved by having an additional pharmacy, as this relied on their access to medicines from various external suppliers, so if there was a nationwide shortage, it would affect all pharmacies.
40.12	Viability – Capacity. The Committee noted all the existing pharmacies had stated that they had not reached capacity and had additional capacity for prescriptions.
40.13	Viability – Re-establishment of a Fourth Pharmacy. The Committee noted the Applicant’s intention was to re-establish a fourth pharmacy, following the closure of the smaller Boots.
40.14	Two of the existing pharmacies (Boots, M&D Green) stated that if the Application was granted, this would have a negative impact on their existing services, and although they could remain operational, they would need to scale back staff, which would impact waiting times; it would also negatively impact their ability to consider future improvements and developments.
40.15	Rowlands Pharmacy had emphasised that granting the Application would negatively impact the operational viability of his pharmacy in Helensburgh. It was also noted Rowlands did not have an Independent Prescriber.
40.16	The Committee noted that although a spread of c5,000 items per pharmacy would be viable, this would not likely be achievable, as each pharmacy had a different operating model.

40.17	<p>Premises Location & Accessibility. The Committee considered the location of the proposed premises in the centre of Helensburgh, which was very close to the Medical Centre, and was also within walking distance of three other pharmacies. The Committee considered whether an application for a pharmacy in the suburbs may have been more appropriate, as it could have been closer to areas of deprivation.</p>
40.18	<p>It was also noted that the Applicant had stated that there would be parking available outside, but it was noted that there were no designated disabled car parking spaces outside. This may be an issue for non-ambulatory patients</p>
40.19	<p>The Committee also noted that although submitting an internal plan was not a requirement, the plan that the Applicant had submitted had no scale, which made it difficult to assess suitability. It had also had no projected access ramp; however, although the Applicant had indicated that he would be able to incorporate an access ramp, it was not clear if this would be inside or outside the premises.</p>
40.20	<p>Staff Levels. The Committee noted that although the Applicant had acknowledged he would have two pharmacists on site at the same time, there was no reference to other support staff (receptionist, checker, dispenser), and if they wished to provide 4000-5000 prescriptions a month, they might need to employ a number of additional staff. Also, the pharmacists would need to take holidays at some point, so additional cover would be required.</p>
40.21	<p>Future Developments. The Committee noted the Helensburgh Strategic Development Framework to develop housing and infrastructure over the next 20-40 years. The Committee acknowledged that this project was still at an early stage of evidence gathering and engagement, and there were no firm housing plans in development, and therefore this could not be considered.</p>
40.22	<p>The Committee noted another potential housing development had been referred to near the golf course, and acknowledged that this had not proceeded.</p>
41	<p>Summary</p>
41.1	<ul style="list-style-type: none"> • There had been a low number of complaints for the population base. • The existing pharmacies were providing adequate services, and improvements had already been – and were continuing to be - made to the pharmacies by both Boots & M&D Green.

	<ul style="list-style-type: none"> • The proposed premises were not currently DDA compliant; approval for this had not yet been obtained, and it was unclear whether the access ramp would be inside or outside. • • Viability of existing pharmacies would be negatively impacted if a new application were granted. • The proposed future developments were not yet developed yet to a stage where they could be considered.
42.1	The Committee concluded that there was no evidence provided to demonstrate inadequacy of the existing pharmaceutical services to the defined neighbourhood.
42.2	Following the withdrawal of Amy Cameron, James Higgins and Sean Manson in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, the Committee, for the reasons set out above, considered that the pharmaceutical service into the neighbourhood to be adequate.
42.3	Accordingly, the decision of the Committee was unanimous that the provision of pharmaceutical services at the premises was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was rejected. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.
42.4	Amy Cameron, James Higgins and Sean Manson returned to the meeting and were advised of the decision of the Committee. The meeting closed at 18:40.

Signed:

Gerty O'Brien



Gerry O'Brien
Chair – Pharmacy Practices Committee

