

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Tuesday 2 November 2021 at 12:45 hours in the Park Hotel, Rugby Park, Kilmarnock, KA1 1UR**

The composition of the PPC at this hearing was:

Chair: Ms Linda Semple, Non-Executive Director of NHS Ayrshire & Arran

Present: Lay Members Appointed by NHS Ayrshire & Arran

Ms Pauline Hamilton  
Mr John Hunter  
Canon Matt McManus

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

Mr John Connolly (non-voting)  
Ms Janice Gallagher (non-voting)

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

Ms Joyce Mitchell (non-voting)

Observers Mr Michael Stewart, Central Legal Office Representative  
Mrs Carolyn Dickson, Primary Care Representative

Secretariat: Ms Anne Ferguson, NHS National Services Scotland (not in attendance)

**1. APPLICATION BY MR SEAN MANSON**

- 1.1. There was submitted an application and supporting documentation from Mr Sean Manson received on 5 August 2021 for inclusion in the pharmaceutical list of a new pharmacy at Old Monkton Primary School, Main Street, Monkton, KA9 2RH

## **1.2. Submission of Interested Parties**

### **1.2.1. The following documents were received:**

Email dated 15 September 2021 from Mr Stuart Burns of Burns Pharmacy Ltd t/a Toll Pharmacy

Email dated 15 September 2021 from Mr Calum Webster of Newfield Dundonald Ltd t/a Dundonald Pharmacy

Letter dated 16 September 2021 from Mrs Joanne Watson of Boots UK Ltd

Email dated 24 September 2021 from Ms Susan Pike of Monkton Community Council

Email dated 30 September 2021 from Mr Craig Murdoch of H & K Willis Ltd t/a Willis Pharmacy

Letter dated 4 October 2021 from Mr Sam Falconer/Mr Kerr Maconochie, Co-Chairs, Area Pharmaceutical Professional Committee

### **1.3. Correspondence from the wider consultation process undertaken jointly by NHS Ayrshire & Arran and the Applicant**

#### **1.3.1. Consultation Analysis Report (CAR) Consultation Document and completed questionnaires**

## **2. Procedure**

### **2.1. The Applicant and Interested Parties were invited into the hearing.**

### **2.2. At 12:45 hours on Tuesday 2 November 2021, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Mr Sean Manson on behalf of Monkton Pharmacy (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List.**

- 2.3. The Chair welcomed all to the meeting and advised that the hearing was being recorded for minute taking purposes.
- 2.4. The Chair sought agreement from all parties present for the attendance of Mr Michael Stewart, Central Legal Office (CLO) representative and Mrs Carolyn Dickson, NHS Ayrshire & Arran Primary Care Division as observers at the hearing. All agreed.
- 2.5. Panel introductions were made.
- 2.6. The Chair confirmed that the application before the Committee for consideration was from Mr Sean Manson and was being supported by Mr Umar Razzaq in respect of a proposed new pharmacy at Old Monkton Primary School, Main Street, Monkton, KA9 2RH
- 2.7. When asked by the Chair, all parties confirmed that the hearing papers had been received and considered.
- 2.8. The Chair welcomed and introduced the interested parties detailed in paragraph 3.2 below.
- 2.9. When committee members were asked by the Chair in turn to declare any interest in the application, none were declared.
- 2.10. Given the current advice around social distancing a joint site visit did not take place and the Committee were provided with access to digital on line maps, photographs of the premises and undertook individual site visits to familiarise themselves with 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, and churches had been noted. Committee members agreed that they had had sufficient opportunity to 'visit' the proposed site virtually.
- 2.11. The Chair outlined the procedure for the hearing. All confirmed an understanding of these procedures.
- 2.12. Having ascertained that all parties understood the procedures, that there were no conflicts of interest or any questions the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated and emphasised that only one person would be permitted to speak.

- 2.13. The Chair advised all parties that following the completion of the evidence and questions, the Applicant and Interested Parties would be asked to withdraw, but asked to remain in the building in case the Committee had any further questions for the Applicant or Interested Parties or required any additional information or points of clarity on any matter from Health Board Officers or CLO. Should any of the Interested Parties or Applicant choose not to remain in the building, this would be noted in the Report of the Hearing.

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

- 3.1. Mr Sean Manson (“the Applicant”), was accompanied by Mr Umar Razzaq. Mr Manson confirmed when asked by the Chair that Mr Razzaq was not present as a legal representative or counsel

- 3.2. From the Interested Parties eligible to attend the hearing, the following accepted the invitation:

Mr Craig Murdoch – representing H & K Willis Ltd t/a Willis Pharmacy

Mr Scott Jamieson representing Boots UK Ltd accompanied by Mr Steven Kerr

Ms Catherine Burns – representing Burns Pharmacy Ltd t/a Toll Pharmacy accompanied by Mr Nicholas Burns

Ms Helen Hunter – representing Monkton Community Council accompanied by Mr Harry Middleditch

- 3.3. The Board received advanced notification that neither the Area Pharmaceutical Professional Committee nor Newfield (Dundonald) Pharmacy Ltd were attending the hearing.

### **4. The Applicant’s Submission**

- 4.1. The Chair invited the Applicant, to speak first in support of the application. Mr Manson read from a pre-prepared statement making adjustments as necessary.

- 4.2. “I would like to thank the committee for being here today, allowing me to present this case for a new pharmacy within the village of Monkton. I’ve tried to keep my presentation close to 30 minutes, however if it does run over then it’ll only be by a few minutes.

- 4.3. To begin I'll give you a quick background about myself. I achieved my Master of Pharmacy degree from Strathclyde University in 2010 and qualified as a pharmacist in 2011. Since then, I have successfully managed a pharmacy in Ayr and have worked as a locum for the best part of 9 years around Scotland. I've spent the last 8 years working remotely as a superintendent pharmacist at a large independent pharmacy in Stornoway, whereby I ensure the smooth running of the pharmacy and that it is compliant with the operating regulations as set out by the General Pharmaceutical Council. I've also completed my prescribing qualification at Robert Gordon University and I am now registered with the GphC as an independent prescriber. A few years back, I was the pharmacy representative for South Ayrshire on the Ayrshire Pharmaceutical Professional Committee and the Strategic Planning Action Group, which is an advisory committee to the Health and Social Care Integrated Joint Board. I also chaired the Area Pharmacy Group. I have a firm understanding of the path which pharmacy is taking within the larger multi-disciplinary team. My business partner here has extensive experience in opening and successfully running community pharmacies across the country.
- 4.4. Neighbourhood
- 4.5. Monkton is a village which is steeped in history. For example, the church was dedicated to St. Cuthbert and dates from the 13th century. The Poet Robert Burns' Nephew, the Rev Thomas Burns was instrumental in the building of the new church and for a time it was locally known as 'Burns' Folly'. It was also in Blind Harry's poem "The Actes and Deidis of the Illustre and Vallyeant Campioun Schir", which told the story of William Wallace going to the Monkton church to pray, sleep and have an inspirational dream which would revive his flagging resolve to rescue Scotland from Edward I.
- 4.6. The village has very distinct and definitive boundaries in which to define the neighbourhood.
- 4.7. The village is virtually enclosed by busy dual carriageways to the West, North and East of the village and Prestwick Airport, Spirit Aerosystems and other large employers to the South. The South boundaries are all gated and not accessible to the public.

4.8. Therefore, the population is defined by those boundaries, with the inclusion of Adamton estate to the East - as this can be accessed by an underpass across the A77. The residents of Adamton will use Monkton for groceries, newspapers, posting mail, drawing pensions, petrol, withdrawing money - and their children attend Monkton Primary School. The village belongs to the Kyle ward within the council structure. This bands us together with Tarbolton, Dundonald, Mossblown, Symington and Annbank. Monkton is not part of either the Prestwick or Troon wards because it is a self-contained and distinctive village community with needs akin to the other villages.

4.9. Amenities

4.10. Monkton is a self-contained neighbourhood which includes:

- A Primary school – built in 2008 on the same ground as the previous primary school. The school roll has doubled in the past 15 years and there is also a pre-5's nursery within the school which is at capacity.
- A Post Office
- A Convenience store with cash machine open from 5am-10pm weekdays and 7am-10pm weekends.
- Church and Pioneer Café –The Cafe was open from 10.00am until 3pm Tuesday to Thursday and provided a focal point in Monkton where people can meet. It was very popular with the senior citizens of the village. However, it has not yet reopened following COVID restrictions.
- There are two hotels. The Adamton House Hotel and the Premier Inn.
- Carvick Webster Hall – Multipurpose community hall which is generally used for local meetings, fitness classes and functions.
- Recently expanded BP Petrol station with M&S food and cash machine
- Polly's – This nursery is now well established and is busy with children from birth till school. It's highly reasonable to suggest that they will make use of the Pharmacy First service.
- There are 3 B&Bs in the village, 3 separate children's play parks, a skate park and a full size football pitch with nets.
- There is also a mobile hairdresser who resides within the village.

- There isn't a single available unit in the village, and the owner has had many offers of tenancy.
- 4.11. This shows that the residents of Monkton have all the services for day-to-day needs.
- 4.12. Population
- 4.13. So the pharmacy is located here on the map (point to pharmacy)
- 4.14. The village including Adamton currently has 517 houses. There are another 286 houses currently being built within the village, and another six in Adamton and surrounding areas.
- 4.15. I'll go more into depth on the on the on developments later, but at it stands Monkton including Adamton has around 1,300 residents.
- 4.16. The additional 292 houses that are currently being built (286+6) are mainly 3/4 bedroom homes - therefore it would be safe to assume that the average occupants of these builds is going to be Z of three per house. Using a conservative estimate of three per house however, an additional 876 residents are coming to Monkton....bringing the population up to 2,176.
- 4.17. A population of over 2,000 is more than enough to sustain a new pharmacy.
- 4.18. But, on top of this there are permanent year-round residents, there are static caravans sited at the Dutch House Caravan Park that are owned by members of the public. This is HOME to around 240 residents between 6-9 months of the year.
- 4.19. This population are generally of retirement age and within a major group of users of a pharmacy. Being in the village for long periods of time mean that they will likely need to make use of pharmacy services.
- 4.20. There is also a very large working population within the village at Spirit Aerosystems, UTC, Semex UK, Wallace McDowell, HMS Gannet, Premier Inn, Brewers Fayre, BP Garage and other shops within the village. This is estimated to be around 2,184.
- 4.21. 2,184 is a very large working population and it is important to note as consideration should be given to:

*“The likely demand for pharmaceutical services in the neighbourhood from both the resident and any transient population”*

4.22. It is also important to note that these workplaces are mainly in the manufacturing and hospitality sectors, therefore Covid-19 “working from home” simply isn’t an option for the vast majority.

4.23. The Premises

4.24. The premises will be located within the hub of services in Monkton, and planning permission has been obtained to change part of the old disused primary school into a pharmacy. The premises has a dedicated entrance.

4.25. In terms of the premises itself I do not envisage any issues with converting it into professionally fitted out and modern premises with a consultation room. It will also be DDA compliant and fitted with a hearing induction loop system and will meet all the requirements of the Equalities Act 2010.

4.26. It covers a floor space of 700 square feet, which is almost double the floor space from the previous application in Monkton.

4.27. Parking availability

4.28. The unit comes with four designated parking spots.

4.29. However, if that isn’t enough then there is also plentiful parking close to the shop in Monkton on Kilmarnock Road, Burnside Road and further down Main Street. There is also a free public carpark between Burnside Road and Main Street, and patients can park on the ground beside the nursery

4.30. Wherever you choose to park, you are only a couple of metres from the shop and all crossings are governed using controlled pedestrian lights.

4.31. Core Services

4.32. A community pharmacy is not just about dispensing of medicines.

4.33. Here is a list of the core service that we will provide.

4.34. Almost all the services on this list require the patient to be physically at your pharmacy, so old age pensioners, the disabled,



the infirm, the impoverished and working mums and dads cannot really get a chance to use these. And ironically it is these very people that need these the most.

4.35. I'll single out the Pharmacy First service as one service that (evidentially from the CAR report) the residents see as being a valuable resource within the village. It's the biggest change to pharmacy in a decade.

4.36. I will actually be offering Pharmacy First Plus, which is an enhancement of pharmacy first, with more conditions being treated and managed from within the pharmacy.

4.37. GP appointments are difficult to come by, I'm sure many have experienced this. This service requires you to be face-to-face with a patient and allows me to treat many conditions within the community and in a timely manner.

4.38. There is a barrier to access within the village.

4.39. Negotiated and Complimentary services

4.40. And there's even more services that will be provided, the complimentary services we provide, will be delivered as part of an ongoing mandate to try to improve the overall standard of people's health.

4.41. Monkton has a young and old population, therefore creating access to these services will hugely improve outcomes for this population. This also quite evident from the CAR report that the residents will find it necessary to have these services within their own neighbourhood.

4.42. ASSESSING ADEQUACY must now be based on pharmaceutical services as a full package of what we offer in pharmacies... and not simply access to dispensed medicines.

4.43. Opening hours

4.44. I am going to be open from Monday to Friday 9am-6:30pm and from 9am-5pm on a Saturday and will not close for lunch which the working population can take advantage of. This will mean Monkton will be open more hours per week than any of the pharmacies in Prestwick.

- 4.45. The additional 30 minutes at night will be especially beneficial for those returning from work.
- 4.46. Viability of a pharmacy in Monkton
- 4.47. It can be easily established that a pharmacy in Monkton would be viable.
- 4.48. The levels of business required to make a pharmacy sustainable in 2018, was commonly quoted as being around 500 dispensed items per week, or 2,000 dispensed items per month. With the additional emphasis these days on payments for services under the new payment model, it may well now be less than 500 per week now.
- 4.49. Fenwick, Logan, Ochiltree, Symington and Springside currently have smaller populations to that of Monkton – these are all relatively new contracts and they are operating profitably.
- 4.50. Fenwick was a contract that was granted in 2018 with a population of only 989, therefore there should be no doubt that a pharmacy in Monkton will be viable.
- 4.51. After this round of development, Monkton will be bigger than all but Mossblown. Once the second round of development takes place, Monkton will be off this chart.
- 4.52. What you must be aware of also, is that Ochiltree [Pharmacy] was opened on the back of very lacklustre and poor levels of public support. Even in a smaller village with poor local support they now manage to dispense over 3,000 prescription items per month. From the CAR report (which I will get onto later) it is obvious that Monkton has huge levels of support from the population in comparison.
- 4.53. I've plotted the population of the seven pharmacies in the previous graph against the number of prescription items they dispense on average each month and run a "best fit" formula through these points.
- 4.54. The red line is the viability test set at 2000 items per month.
- 4.55. Once established, if the business had "average" performance for the population size – then it should dispense nearer 5,500 items per month - 275% greater than the viability threshold.

- 4.56. This also doesn't account for other income which pharmacies receive for their contractual services or over the counter sales.
- 4.57. Considering the prescription volumes that the nearby pharmacies are dispensing currently, the granting of this contract will not affect the viability of other pharmacies in the Prestwick or Troon.
- 4.58. The lack of a current GP surgery should not be an indicator that a pharmacy is not required or viable. In fact, the opposite is true, it indicates inadequacy and highlights the need for a pharmacy even more. The provision of a pharmacy will provide, in addition to pharmacy services, an entry point into primary health care services in a neighbourhood where there are absolutely no health services at present.
- 4.59. Inadequate Level of Pharmaceutical Services in Monkton
- 4.60. I'm now going to lay out my argument as why the pharmaceutical services delivered to the residents in Monkton is inadequate and why a new pharmacy is necessary in order to secure adequate provision to this neighbourhood.
- 4.61. Developments in Monkton
- 4.62. This year has seen the start of the phase 1 in Persimmon Home's two-phase plan. Phase 1 contains 286 family homes of which the first are completed and families have moved in. I visited the site yesterday and there already six houses which have taken occupation and there are another 30 or so near completion. With this, there will be increased demand for services, which the village must accommodate
- 4.63. As stated earlier, this will bring the population up to a conservative 2,186.
- 4.64. However, Monkton will become even larger than this once building starts on Phase 2 (situated on the old HMS Gannet site) which is around two thirds of the area profile of phase 1. Conservatively another 180 houses will be added here, which will likely propel the population North of 2,700.
- 4.65. Future planned developments should be taken into consideration - therefore finally, Barratt homes are currently contesting the Ayrshire Growth and Development Plan at the Court of Session in Edinburgh to attain the right to build in the field between

Kilmarnock Road and the A78 - this is probably the biggest development site of the three - and ok, this one is currently speculative, but history tells you that house developers tend to get their own way. We're then at a stage of Monkton being no longer a village and actually a small town

4.66. Demographic trend in Monkton

4.67. Here is an illustration of similar villages in the area who importantly all have viable pharmacies.

4.68. From the last census in 2011 till 2018, Monkton had grown to a population of 1,300 residents following the development of 56 houses at Fairfield Park and 27 houses at Manse Gardens, this change was the biggest seen in all these Ayrshire villages over that time period.

4.69. However, with the 286 houses currently being built (the first of which are about to take occupation) - Monkton's population will increase by 237%, making it the second largest village in Ayrshire as per the Pharmaceutical Care Services Plan definition of settlements under 3,000.

4.70. Once further phases of development are completed, Monkton is likely going to move to being classed as a small town.

4.71. The working population in Monkton

4.72. It is common for prescriptions to be dispensed at a distant pharmacy, convenient to a patient's place of work.

4.73. Monkton has several massive employers (within the village and accessed from the village)

4.74. Here is a map showing the major employers in Monkton along with their daily working populations obtained from HR departments. May I add that every single employer here is accessed from within the village. These employers are mainly in the manufacturing and hospitality sectors, where unfortunately working from home isn't a viable way to operate their businesses.

4.75. So, there is a workforce of 2,184 people daily within the village, it's greater than the current resident population and has one of the greatest (if not the greatest) workforce population I believe amongst any village in Ayrshire. This should be critically

acknowledged that this population also requires adequate access to pharmaceutical services.

4.76. This is a population who will use the pharmacy.

4.77. Making sense of the demographics

4.78. Unfortunately, the 2021 Census in Scotland was moved to 2022 because of the pandemic, therefore the only data to go by is the 2011 data. However here is some of the points raised from that data and where the trends will likely have gone in the last 10 years.

- 4.79.
- 20.3% are under 16 – this is significantly more than the Scottish average (17.3%). The figure now is likely even higher – since most of the houses that were built and are currently being built in the village are multiple bedroom family homes.
  - 16.2% are over 65 – However this didn't account for the 200 odd semi-permanent residents at the caravan park, the great majority who are over 65.
  - 32.1% of households in Monkton had dependent children – this is 7.6% higher than the national average and this group are above average users of a pharmacy – again, at present this percentage is likely to be even higher -- therefore the sum of this demand for services such as Pharmacy First within Monkton, is therefore likely to be greater than average.
  - 28.1% of people in Monkton have limitations on their health
  - 8.8% of the population are limited a lot by their health condition.
  - 19.3% are either limited a little or a lot by their health condition
  - the 28.1% figure is also likely greater since the caravan park population won't be counted within the census.
  - Almost one third of residents in Monkton have one or more long-term health conditions; these are people who require regular healthcare for monitoring and treatment of the condition and would most definitely benefit from having a local pharmacy. The need for these patients to make repeated trips to pharmacies out with their neighbourhood adds to the inadequacy of existing services.
  - 3 and 4 person households are 6.1 % greater than the Scottish average. This will be further increased.

- According to Scottish Index for Multiple Deprivation data, Monkton is placed in the top 10% of worst areas in Scotland for accessing services. This data is calculated using Mean travel time (in minutes) to key services, by car or public transport. While Monkton may have mixed levels of deprivation, this statistic is applicable because of the difficulties people face in Monkton of actually accessing services.
- 4.80. The point of this is, that there are lots of major users of a pharmacy, there are many residents with health problems – and Monkton is deprived when it comes to access.
- 4.81. Difficulty in Accessing Pharmacies within Closest Neighbourhoods
- 4.82. Presently, there is no pharmacy within the village of Monkton. The distance and condition of the walkway to either pharmacies in Troon or Prestwick makes it difficult to travel on foot and not really much of an option.
- 4.83. But nonetheless - there are three modes of transport the residents of Monkton can use when accessing pharmacies in Troon and Prestwick. They can use a car and drive, take public transport on the bus and they can also walk.
- 4.84. However, the fact is, accessing pharmaceutical services in Prestwick and Troon is difficult. And I'm now going to evidence that.
- 4.85. Parking Issues Troon
- 4.86. The picture on the left is the Academy Street carpark where Boots in Troon is located. It's very difficult at times to find a space.
- 4.87. The picture on the right is Willis Pharmacy on Templehill in Troon and the scenario of people double parking across other cars on Templehill is a daily occurrence.
- 4.88. Parking Issues Prestwick
- 4.89. The situation in Prestwick is arguably worse.
- 4.90. Prestwick Main Street is occupied by three Boots Pharmacies. They all sit on the main through road in Prestwick. None of these three pharmacies have good parking options outside or even close to the shops. There are double yellow lines everywhere

outside the cross pharmacy, the middle Boots have a line of restricted parking on the pharmacy side of the road, but this is busy, and finding a space is almost impossible during the day. And the end Boots pharmacy that sits on the corner of Main Street & Kyle Street suffers from the same problems, if not worse – as parking on Kyle Street is also very busy and availability of spaces is generally zero

- 4.91. Toll pharmacy (the bottom right picture) is on the on Ayr Road, which is an extension of Main Street. It is literally on the boundary of where Prestwick meets AYR!!! It's 3.5 miles from Monkton. To get there from Monkton you have to pass three pharmacies and navigate busy conditions in Prestwick. Parking close by is busy and restricted. There's a public carpark behind the Pleasantfield bar but this means crossing down the road at Aldi Supermarket.
- 4.92. So, the parking close to these pharmacies is difficult! However Monkton [Pharmacy] has a designated customer car park.
- 4.93. Car Ownership in Monkton
- 4.94. Monkton is classed as accessible rural - which means areas with a population of less than 3,000 people, and within a 30 minute drive time of a settlement of 10,000 or more.
- 4.95. From the last census, 40.2% of the households in Monkton only had a single car, meaning that it might not be available for others within the household to use during the day. This is further validated by census data which shows that 74% of residents commute to work by car.
- 4.96. Poor and Infrequent Bus Service.
- 4.97. The bus service is poor, infrequent and unreliable – it is consistently late.
- 4.98. Bus prices are rising above inflation, a return journey now costs £3.60 for a return into Prestwick and £5.40 for a return into Troon. This prohibitive cost of bus fares is yet another barrier to accessing pharmaceutical services. This is echoed by comments in the CAR report.
- 4.99. The bus service to Troon only runs every 45 minutes there and back.

- 4.100. The bus service to Prestwick runs every 30 minutes, and although you could theoretically get either a number 4 or a number 14 bus into Prestwick, every second bus is only a couple of minutes apart from each other.
- 4.101. The evidence shows that the total time for a patient to make a return journey to the nearest pharmacy in Prestwick to visit a pharmacy is completely excessive, and the time taken to visit a pharmacy in Troon is worse.
- 4.102. Many people in Monkton must use the bus service. This includes senior citizens, parents with children, those with disabilities and those who cannot drive or afford to own a car. They are sometimes the more vulnerable members of society, but, it seems that these are the very people that are discriminated against the most.
- 4.103. It cannot be assumed that getting on and off buses is easy, especially for the elderly and parents with prams.
- 4.104. The bus stops are generally busy with people waiting to head in either direction and they currently must face this lengthy and expensive journey sometimes on a repeated basis when they need help and access to a pharmacy's services. Weather has to be a factor too. In the winter, conditions can make travel for some of these vulnerable groups dangerous.
- 4.105. I believe that this acts as a great deterrent for those seeking medical advice and is against what the NHS is trying to encourage with initiatives such as the PHARMACY FIRST programme – aimed at pharmacies treating patients within the heart of communities and freeing up valuable GP time. We now manage a whole host of conditions within the pharmacy, and this is continually increasing.
- 4.106. These have to be within the local community if they are going to have the desired effect for patients and primary care as a whole.
- 4.107. The Scottish Government's strategy paper: Achieving excellence in Pharmaceutical care also outlines that we should be increasing access to community pharmacy as a first port of call for managing self-limiting illnesses and supporting self-management of stable long-term conditions, both in-hours and out-of-hours. So, this



clearly demonstrates that community pharmacy must be accessible and local. In Monkton, the current provision is neither.

- 4.108. Patients need access to Pharmacy First and other situations where a face-to-face consultation is necessary
- 4.109. Timing the need to use a pharmacy with going to a supermarket is irrelevant, many people shop online or shouldn't have to time a weekly shop to coincide with the need to access pharmacy services.
- 4.110. Previous applications have been granted in Kilmaurs where it was deemed not reasonable to expect residents to travel two miles or further to access a pharmacy, and in Springside –where a cheaper bus service to a pharmacy about one mile away which passes every 7-8 minutes was deemed inadequate.
- 4.111. Residents of Monkton have a much less frequent bus service, further to travel and have to pay more than either of these villages to access a pharmacy. Special regard must be given to the requirements of the Equality Act 2010 when considering applications, and advance equality of opportunity between those people who share a protected characteristic and those who do not.
  - 4.111.1. Bus services do nothing to reduce inadequacy.
- 4.112. Walking to nearby pharmacies is not feasible
- 4.113. Here are the walking distances to the nearest pharmacies with Prestwick and Troon. As you can see the distance to the Boots Pharmacy at the Cross in Prestwick is 2.3 miles, which would take an hour and a half to walk there and back. The nearest pharmacy in Troon is the Boots Pharmacy at Academy Street in Troon. This is a 3.6 mile walk and would take over 2 hours to get there and back so we can see that the distance is clearly an issue, but that's not the only problem...
- 4.114. Walking to the nearby pharmacies is not safe
- 4.115. The road is predominantly unlit, paving is uneven and patchy in places, pedestrian walkway is beside a busy dual-carriageway, walking to both towns will also involve crossing a busy stretch of road without pedestrian crossings. The airport is a man-made barrier to Monkton ever being classed as a suburb of Prestwick. Walking to

Troon means crossing the dual-carriageway and down an unlit cycle path.

- 4.116. So, we can see that walking to either town to access pharmacy services isn't really an option when you live in Monkton.
- 4.117. So, based on all the points I've made regarding access, the people of Monkton cannot be discriminated against and have every conceivable right to local healthcare. The Scottish Government want pharmacists to be placed at the heart of communities, Monkton is a tight-knit and expanding community without one
- 4.118. Delivery Services cannot replace face-to-face pharmaceutical services
- 4.119. Some contractors in Prestwick and Troon do provide delivery of prescriptions to Monkton which is the only Pharmacy service available to the residents in the neighbourhood. Delivery services can be withdrawn at any time, and this in no way constitutes an adequate Pharmaceutical service. Services such as Pharmacy First which is the biggest change to community Pharmacy in Scotland for 10 years, Medicines, Care and Review Service and Smoking Cessation require face to face access to a pharmacist and cannot be delivered from the back of a van.
- 4.120. If you look at the Scottish Government strategy ACHIEVING EXCELLENCE IN PHARMACEUTICAL CARE: A STRATEGY FOR SCOTLAND The very first commitment of that strategy is: Increasing access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of stable long term conditions, in-hours and out-of-hours.
- 4.121. This is a clear shift in priorities for community pharmacy in Scotland. In order for this strategy to work, the community pharmacy has to be truly accessible and local. Also, as already mentioned, it cannot be achieved by delivery services.
- 4.122. CAR report – Residents comments
- 4.123. The CAR had a fantastic response rate resulting in 454 people responding to the consultation, especially when you take into consideration the population size of the village. To get a true feeling of the percentages when answering the questions, I have taken out the "don't know" answers. This is commonly done in

election opinion polls as it gives a closer representation of the figures effectively splitting the 'don't knows' and giving half to the 'no' and half to the 'yes'.

- 4.124. **Q1. Do you think the area highlighted in the map describes the neighbourhood where the proposed pharmacy is situated?** An overwhelming 97% of the population agree with the definition, with the main theme emerging as "this is Monkton"
- 4.125. **Q2. Do you think the proposed location is appropriate?** Again an overwhelming 94% of the population agree that the proposed location is appropriate. Comments relay that it's accessible, central, large and with parking at the rear. There was an interesting comment with regards to this being a good use of an unused historical building.
- 4.126. **Q3. Do you live within the neighbourhood?** 94% of the respondents live within the neighbourhood
- 4.127. **Q4. Do you think the proposed hours are appropriate?** 95% of respondents agreed the proposed hours were right, 4% thought they were too long and 0.8% thought there were too short - or 3 people out of the 444.
- 4.128. **Q5. Do you think that the services listed are appropriate for the proposed new location?** 94% of people answered yes.
- 4.129. **Q6. Do you believe there are any gaps/deficiencies in the existing provision of pharmacy services provided to the neighbourhood?** 74% of respondents agreed that there were deficiencies in the existing provision within the village - however there were 46 'don't know' answers. The overwhelming theme from the comments were however that there were serious access problems, the existing pharmacies were difficult to get to and were expensive to get to. There was also a demand from the public to improve their own capabilities to manage their own health, which was accessible to them.
- 4.130. Some comments that evidence these themes are:
- *It is costly to take a taxi to get to either Boots or Toll Pharmacy. As mentioned before I sometimes have to go three times a month so this is something I can ill afford.*

- *Other pharmacies in Prestwick are too far and not easy for me to access and I don't have a car. It is a full day trip if I need to go at the moment which is too difficult*
- *Yes there are massive gaps in the existing services. First of all, there are no services in Monkton. Secondly, the services nearby in Prestwick are either too busy or provide a poor service. Also they are too far away from my house in Monkton. I need a local Pharmacy.*
- *I think having a pharmacy within the village is very beneficial. There are a number of residents in the area who are ageing and may not have access to personal vehicles etc. Given the current situation with COVID I believe there is a gap in the village. Having a pharmacy within the village will provide a point of contact for many residents who may not wish to use public transport during or after the pandemic. By having a pharmacy local it may help take some pressure off of NHS Primary care services*

4.131. And this raises a very valid point actually - for those who will have to use public transport currently to access face-to-face pharmaceutical services, the pandemic has actually made residents even LESS likely to do so - ultimately further reducing adequacy in provision.

4.132. **Q7. This question related to the wider impact statement, and the public were asked whether they agreed with it or not.** 93% agreed that: Monkton Pharmacy believes that a pharmacy is now absolutely necessary for the village to ensure that an adequate provision of Pharmaceutical Services is delivered to the residents of the village. With the expansion which has been approved for residential housing, there is an overwhelming need for services to be provided. Monkton Pharmacy also believes that a pharmacy, which is located in the heart of the village, will be of great benefit to the residents in enhancing their health and wellbeing.

4.133. **Q8. Do you believe this proposal would have any impact on other NHS services?** This question is usually answered quite sporadically, and this time was no different. Taking out the don't knows - 70% believed it would have no impact on other NHS services, whilst 30% believed it would.

4.134. However, when you analyse the answers - people were answering two different questions. Some were talking about whether it would have a positive or negative impact on wider services such as A&E,

Out of Hours and GPs - whereby others were talking about the effect on other pharmacies. The comments supported that this new pharmacy would have a positive impact on wider services and didn't think that it would affect the existing pharmacies too much if any extent.

4.135. **Q9. The final question - Do you support the opening of a new pharmacy at Old Monkton Primary School?** An overwhelming majority which was 93% of people answered yes

4.136. The key themes from this question are:

- new pharmacy is necessary and needed
- easier to access a pharmacy
- local access to a pharmacy
- help the elderly
- growing population/new housing developments
- a new pharmacy would benefit the local community

4.137. Some comments to support these themes are:

- *This would make a huge difference to my life and save me a lot of money on taxi fares. (I am unable to take the bus due to my poor mobility)*
- *A new Pharmacy is needed. During the pandemic I had to walk to Prestwick to see a Pharmacist. The pharmacies were too busy to deliver and the buses were not running. I am 72 years old and a pensioner so walking to Prestwick is very difficult for me. A new pharmacy in Monkton would be life changing for me*
- *This is long overdue*
- *As above the village should have access to the amenities that most other surrounding villages have. Prestwick, Ayr and Troon are not easy to get to without your own transport.*
- *As stated above we need this in the village*
- *As said previously I have difficulty in accessing the pharmacies in Prestwick. I would be able to walk to this pharmacy. It is very much needed especially given what has happened recently during the Pandemic. I fully support this Pharmacy as do all my neighbours.*
- *Absolutely yes! Entirely necessary in a village which is now expanding to the size of a small town!*

- 4.138. From the CAR we can see there is a high level of support for a new Pharmacy in Monkton. It is absolutely clear from the public consultation the comments do not relate to convenience but inadequacy of existing services. The most common themes from the CAR are undeniably the difficulty people in Monkton face when accessing Pharmacy services, large distances travelled to access a pharmacy and reliance on an infrequent bus service, all of which are a big indicator of inadequacy.
- 4.139. Looking at the small number of negative comments in the CAR, I think these are centred around 2 issues:
- 4.140. 1. Parking. There are two public car parks metres from the pharmacy and the premises will have four designated parking spaces for customers around the back which will be signposted. Considering this and the amount of time people spend in the pharmacy, I do not believe parking will be an issue at the proposed premises.
- 4.141. 2. Provision of Methadone/Substance Misuse Services - I appreciate there are often concerns regarding Methadone in new pharmacy applications particularly in villages. However, I do not think this will be a problem as I do not believe there will be a high demand for this service in Monkton. I will look to work closely with the local community on this matter to alleviate any concerns that they may have.
- 4.142. Conclusion
- 4.143. Before I finish I just wanted to mention the pandemic.
- 4.144. If we have learned anything from the current pandemic and recent lockdowns, it is that in times of an emergency we are unable to survive without food supplies or healthcare services. This was evident during the most stringent lockdowns when only supermarkets, grocers, food places and pharmacies were allowed to remain open.
- 4.145. The impact of the pandemic has had a devastating effect on communities with disruption to many services including healthcare which has led to an overload on doctors. It has also completely changed the way we live our lives.
- 4.146. Speaking to many concerned residents of Monkton, they have expressed their extreme unhappiness at being forced to travel

using public transport, during the height of the pandemic, to access a pharmacy out with the neighbourhood.

4.147. The pandemic has perfectly illustrated why Monkton needs its own Pharmacy.

4.148. In conclusion, the neighbourhood is that of Monkton.

4.149. There are no healthcare services of any kind located within the village.

4.150. The population is more than large enough to support the viability of a new contract. Given the spread of use over the entire pharmacy network in the area, the effects on other pharmacy contractors would be minimal.

4.151. There are large scale housing developments currently being built which will increase the population and increase demand for pharmacy services, putting the existing pharmacy network under pressure.

4.152. The only services available to residents of Monkton are that of delivery services which can be withdrawn at any time and cannot be considered adequate.

4.153. There is no easy walking route to the nearest pharmacy. Residents are forced between a lengthy and difficult walk to Prestwick or Troon, or an infrequent bus service to access services. Bus services do nothing to reduce inadequacy.

4.154. The high level of support in the CAR and the comments highlighting difficulty in accessing services and large distances to be travelled to access services both indicate inadequacy. The residents of the Community Council want this, the Area Pharmaceutical Professional Committee voted in favour of this application and the residents need this.

4.155. Given all the reasons above I believe this contract is necessary and respectfully ask that it be granted.”

4.156. This concluded the presentation from the Applicant.

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

5.1. Questions from Mr Murdoch (Willis Pharmacy) to the Applicant

- 5.1.1. Mr Murdoch queried inclusion of the Adamton Estate within the neighbourhood because having driven along the road to the estate there was no pavement or lighting. Mr Manson believed that it was part of the neighbourhood because there were no amenities in Adamton and residents would travel to Monkton to access basic services. Mr Manson acknowledged that part of the road did not have a pavement but stated that this part of the road was particularly quiet. These residents also tended to have cars. For all these reasons, Mr Manson thought Adamton should be included in the Monkton neighbourhood.
- 5.1.2. Mr Murdoch asked for clarification on how the number of items expected to be dispensed per month at Monkton Pharmacy (5500 items) was derived. This figure had been estimated based on the population exceeding 2000 after completion of the building works. Looking at the dispensing figures for other pharmacies and based on average performance. Mr Manson thought this a reasonable estimate.
- 5.1.3. This concluded questioning by Mr Murdoch.
- 5.2. Questions from Mr Jamieson (Boots UK Ltd) to the Applicant
- 5.2.1. Mr Jamieson had questions around the planning permission granted for future developments. Persimmon had planning permission for 286 houses but asked whether planning permission had been granted for the Barratt Homes on Kilmarnock Road. Mr Manson said that planning permission for the Barratt development was currently being appealed at Edinburgh Court of Session. It was noted that Mr Manson had said in the presentation that this development was speculative.
- 5.2.2. Mr Jamieson was interested to know whether there was much support for the Barratt development locally particularly from the Community Council. Mr Manson suggested that Mr Jamieson should address this question to the Community Council but feared there was probably not much local support for this development. People's opinions did not always match the reality of the situation. Mr Manson did not understand why that would be relevant.
- 5.2.3. Reference was made to the other development site mentioned on the HMS Gannet site. Mr Jamieson asked whether planning permission had been granted for that site. Although planning permission had not yet been granted, Mr Manson stated that it



was zoned for housing as part of the development plan and a planning application hadn't yet been lodged.

5.2.4. This concluded questioning of the Applicant by Mr Jamieson.

5.3. Although there would be opportunity later in the proceedings for questions to be posed to the Community Council by other Interested Parties, the Chair invited Ms Hunter to answer the question with regard to local support for the Barratt development. Ms Hunter was the planning representative on the Community Council and was therefore delighted to answer that question. Monkton had a major difficulty through a lack of services and infrastructure and on that basis the Community Council had objected to both the Persimmon and Barratt developments. In the Persimmon planning application which was approved, just over 300 homes (sic) [180 homes] on the Gannet site had been identified so this has essentially, in principle been approved. However, it was now up to Persimmon whether this development went ahead. The Gannet site was a brownfield site and needed work done to it. Some of the infrastructure on the Persimmon site had been met though not all but there was still a lack of services. Ms Hunter went on to explain that Barratt put in an application which the Planning Committee did not consent. Barratt along with seven or eight of the other major developers objected to the local development plan and it was currently being assessed by the Scottish Government's Department of Development and Planning. In the event that this appeal was approved by the Scottish Government then this would open the door to exponential development in the local area.

5.4. Questions from Ms Burns (Toll Pharmacy) to the Applicant

5.4.1. Ms Burns had no questions.

5.5. Questions from Ms Hunter (Monkton Community Council) to the Applicant

5.5.1. Ms Hunter had no questions.

5.6. As this concluded questioning by the Interested Parties, the Chair invited questions from the Committee to the Applicant.

6. Questions from Ms Hamilton (Lay Member) to the Applicant

6.1.1. Ms Hamilton was interested to obtain further information on staffing levels at the proposed pharmacy. Mr Manson confirmed

the initial intention to start with one full time member of staff and two part-time staff members. Recognising that holidays and sickness needed to be covered. However, this staffing level may expand in future depending on business requirements.

6.2. Questions from Canon McManus (Lay Member) to the Applicant

6.2.1. Canon Matt McManus noted from the site visit that it was not feasible for most people to access existing pharmacies from Monkton on foot and asked whether the Applicant was making the point in the presentation that people shouldn't have to be asked to use climate damaging fuel in order to access pharmaceutical services. Mr Manson said that with COP26 currently being held in Glasgow that it was absolutely apparent that the environment shouldn't be damaged by residents in the proposed neighbourhood accessing these services. If a pharmacy opened in Monkton then that wouldn't happen.

6.2.2. Canon McManus had no further questions.

6.3. Questions from Mr Hunter (Lay Member) to the Applicant

6.3.1. Mr Hunter had no questions.

6.4. Questions from Ms Gallagher (Contractor Pharmacist) to the Applicant

6.4.1. The Applicant was asked to clarify the current population. Mr Manson stated that the current population was estimated to be around 1300 people. This population is expanding weekly as new houses are completed and occupied.

6.4.2. Ms Gallagher asked what the population was likely to be once the Persimmon development was completed. Mr Manson confirmed that the estimated population at this point was 2186.

6.4.3. Questions from Ms Mitchell (Non-Contractor Pharmacist) to the Applicant

6.4.4. Ms Mitchell explained that there was currently a shortage of pharmacist cover so was interested to know the staffing level for pharmacists in the proposed pharmacy. Although Mr Manson was to be the main pharmacist, cover was to be provided by business partner, Mr Razzaq's Area Manager. It was also the intention to build up a pool of locum pharmacists. Mr Manson recognised that there was a shortage of community pharmacists at the moment

so it was advantageous that recruitment of a pharmacist would not initially be required.

6.4.5. The Applicant was asked whether Chlamydia and Gonorrhoea testing was being offered at the proposed pharmacy as this hadn't been mentioned in the presentation. Mr Manson confirmed that this was an omission and these services would be offered.

6.4.6. Ms Mitchell was interested to know whether the four parking spaces were open to the public to use or for designated use for the pharmacy. Mr Manson said these spaces would be designated just for use by visitors to the pharmacy.

6.4.7. Ms Mitchell questioned how people parked in these spaces entered the pharmacy. Mr Manson said that the designated entrance was round the front of the building but this could be accessed from inside the gate side so there was no need to walk onto the street.

6.4.8. When asked, Mr Manson thought there was a ramp for wheelchair access from the parking spaces at the back of the building. Adding that if there wasn't currently a ramp there would be one in place before the pharmacy opened. The entrance into the pharmacy was on the level.

6.5. Questions from Mr Connolly (Contractor Pharmacist) to the Applicant

6.5.1. Mr Connolly asked whether the additional 286 homes were in one or more than one phase of the development. Mr Manson stated that 286 homes were in the first development phase and were confirmed to be built.

6.5.2. The Applicant was then asked how many prescriptions were likely from the current population of 1300 people. Mr Manson estimated 2000 per month based on the prescription levels at other village pharmacies in the area with similar demographics to Monkton.

6.5.3. Mr Connolly enquired whether some of the business at these other village pharmacies were from people out-with their designated neighbourhoods. Mr Manson knew that some did get business from out-with their neighbourhood but did not anticipate using this strategy at Monkton stating that most of the business would be from the resident population in the village.

- 6.5.4. Mr Connolly asked whether the business case for Monkton Pharmacy was based on 100% business from residents. Mr Manson anticipated the vast majority of business would be obtained from the neighbourhood.
- 6.5.5. Mr Connolly sought clarification of car ownership percentages for the proposed neighbourhood. Mr Manson said that 18.7% of households had no access to a car in Monkton and 40.2% of households had one car and 41.1% of households had two or more cars.
- 6.5.6. Mr Connolly referred to the impressive response obtained to the Consultation and asked about the mechanism used that achieved that response. Mr Manson said that the Health Board issued posters to various locations (some of which were actually closed due to the pandemic), it was put on NHS Ayrshire & Arran Facebook and Twitter feeds and advertised in the Ayrshire Post. The Community Council were keen to ensure that residents knew about the consultation exercise and asked for paper copies and these were provided by the Applicant. Public opinion was strong on the matter as there had been a few previous applications in the past that had not been granted.
- 6.5.7. As the Applicant was originally from Monkton, Mr Connolly asked how the lack of amenities played into the lives of residents particularly whether pharmacy services were more likely to be accessed out-with the neighbourhood when out-with the village for other purposes e.g. grocery shopping. In comparison with other villages, Mr Manson said that Monkton was of similar make-up to other villages and had sufficient amenities to meet daily needs – e.g. fast food outlet, ATM, Post Office, Convenience Store, Petrol Station. Those living in a village expected to travel out-with the village to access other services.
- 6.5.8. Mr Connolly had no further questions.
- 6.6. Questions from Ms Semple (Chair) to the Applicant
- 6.6.1. Ms Semple had no questions.
- 6.7. **Additional Questions from the Committee**
- 6.7.1. Additional Questions from Ms Mitchell (Non-Contractor Pharmacist) to the Applicant
- 6.7.1.1. Ms Mitchell asked whether the viability figure was based on prescriptions or whether other services were included. Mr

Manson thought the figure quoted was an underestimate as a lot of payments were from services. The Applicant anticipated that services would be highly sought after in Monkton. As the proposed pharmacy was to offer Pharmacy First Plus, this came with additional remuneration and so the figure quoted was an underestimate. Adding that there was no question about the viability of the Business Plan.

- 6.7.1.2. Having ascertained that there were no further questions from the Committee, the Chair advised that the Interested Parties would now be invited to make representations and questioned by the other Interested Parties and Committee Members.

## **7. Interested Parties' Submissions**

### **7.1. Mr Murdoch (H&K Willis Ltd t/a Willis Pharmacy)**

- 7.1.1. Mr Murdoch made the following statement against the application:

- 7.1.2. "First of all thank you for the opportunity to speak today, my name is Craig Murdoch, Area Manager of Willis Pharmacy which has a branch in Templehill in Troon.

- 7.1.3. Willis Pharmacy believes a new pharmacy in Monkton is not necessary and I will make the case to you as to why.

#### **7.1.4. APPC letter**

- 7.1.5. I myself am a member of the APPC and as such was excluded from the meeting that discussed this application. In addition to myself being excluded Kerr Maconochie, manager of Boots Troon was also excluded, Joyce Mitchell, community pharmacy advisor East Ayrshire had to declare a conflict of interest and Wallace Stevenson of Stevenson Pharmacy Troon could unfortunately not attend. Straight away the committee was short of community pharmacy representation on the subject. Four experienced members of the APPC who may have had the opinion that pharmacy provision into Monkton is currently adequate. I believe this led to a skewed opinion

- 7.1.6. This was the first time that many members of the committee had heard a case such as this and probably lacked experience in terms of community pharmacy and understanding the contract to run a viable business. Most members represented were pharmacists from hospitals or primary care and did not have a great understanding of the process. I do believe that had more

experienced members been on the panel and able to talk through the legal test then it may have had a different outcome. This created a perfect storm for Mr Manson's application.

7.1.7. In the letter itself it talked about 'a reduced public transport service available, as a result of the pandemic'. Firstly, the pandemic is transient and should not be considered for long term decision making. Things are slowly returning to normality and people are no longer living under the same travel restrictions. When you compare current bus timetable to that of service on offer at last application in 2018, the service is now better. In 2018 the service was hourly to Troon. This is now around every 45 minutes to Troon and service to Prestwick is still every 30 minutes. If you look at a time period between 11am and 1pm there are actually seven buses which take five minutes to get to Prestwick Cross. I don't think that is an unreasonable expectation of a bus journey to access pharmacy services. It takes 10 minutes to get to Prestwick Toll and 12 minutes to get to Troon from Monkton. I would suggested what the APPC have written is probably inaccurate and the service has actually improved in the last three years.

7.1.8. The committee also say they recognise the potential benefits of full in person community pharmacy services. Yes, face-to-face is probably the preference that we would all like to have but during the pandemic some things have changed and we had to go to remote consultations in many situations. This is the way that many people are accessing pharmacy services – phonecalls, NHS Near Me or sending in pictures to the clinical mailbox. In my situation working in Troon as a pharmacist, I had a customer from Monkton with a UTI. The consultation was carried out over the phone. There was nothing that needed to be face-to-face at that point and the patient had an antibiotic delivery within 30 minutes. In some ways the service has improved slightly. I would argue that when you look through the Pharmacy First list most of those things can be done remotely to a certain extent. Granted we need to see a patient face to face sometimes but generally there is a lot of stuff that can be done on a remote basis.

7.1.9. Monkton Community Council (MCC) Letter

7.1.10. The letter provided by MCC provides great detail and references many strategy documents and papers, but some of which I would question may no longer be relevant. For instance, the paper written in 2013 by the Scottish Health Council states – 80.9% of

patients collected their own prescriptions. I don't think this is accurate now during the pandemic and I'm sure post pandemic that figure will continue to be far lower.

7.1.11. The letter also alludes to a lack of complaints to the Health Board. I would say that speaks volumes in a lot of ways. Being privy to NHS complaints reports as part of my APPC role I can confirm that people know how to complain to the NHS and they do. The fact that there are no complaints about the pharmacy provision to Monkton does speak volumes.

7.1.12. As stated previously I was not allowed to attend the APPC meeting that discussed the pharmacy application due to a conflict of interest and rightly so. From the minutes of the MCC meeting on Thursday 16<sup>th</sup> September 2021 I noted that Alan Manson was present at the meeting but declined to comment on subject matter because he was related to the applicant. I am aware Allan Manson is the applicant's father and if it had been done correctly he would not have been in the meeting. I don't know whether he spoke or not but the fact that he was sitting in the meeting I don't think people would have had a full discussion. If it had been done properly he would not have been at the meeting.

7.1.13. CAR Report

7.1.14. A common theme comes out of the CAR report of traffic and parking being an issue at proposed location. Some of the people stating:

'already busy road, nursery and primary school entrances. Shop, post office, community hall, main bus route'

'too near busy road and would cause traffic build up'

'cause a lot more traffic around the school and become a hazard to the children with more traffic using this chemist'

'not many spaces at old school for parking'

7.1.15. Over the past couple of weeks, I have visited the location multiple times to check parking. Granted in the last week, COP26 has caused a build-up but before that I went to observe the carpark at the back of the proposed location and there was like one space, there's cars parked there all the time. When you talk about parking across the road there was one [available] space and two electric charging point spaces. There was a lack of parking availability and would argue that as the pharmacy grows you will

have the same situation with parking as you have in Prestwick and Troon right now.

- 7.1.16. Coming onto your Troon point the information is a little bit out of date for Troon. Templehill has recently changed to timed parking zones so outside Willis and right up to the baby shop it is a timed location so parking spaces are now turning over regularly. Even this morning when I went to print out this report I got parked at the front door. There's two blue badge spaces right at the front door as well. In terms of Willis Pharmacy there is no issue with parking and it has improved in the last month which is a positive outcome. Reviewing the Boots in Troon there are spaces galore in that carpark. I know the picture looks like its busy but in the last few weeks I have been able to take my pick of 20-30 spaces in that carpark. In terms of people travelling by car to these places I don't see that as an issue.
- 7.1.17. Throughout the CAR report there are words used such as 'convenient', 'handy' and 'save a trip'. The pharmacy application cannot be granted purely because of convenience. I would suggest from the language used in the CAR report it is about convenience rather than about being essential.
- 7.1.18. Viability
- 7.1.19. I would argue that at present the population of Monkton is too small to support a viable pharmacy
- 7.1.20. When you look at some examples of recent pharmacies that have been granted in Ayrshire – particularly Springside, but Fenwick and Ochiltree could also be looked at in the same vein. All these pharmacies have all only survived by taking prescription items from other neighbourhoods. Undoubtedly this will have a detrimental effect on other pharmacy businesses which aren't close by. I would like to share the figures of Springside as an example;
- 7.1.21. Springside is sitting with a population of 1200 approximately. Expected items approximately 2000 per month or maybe slightly higher. Not enough to be viable in my opinion. Currently dispensing around 5,500 items per month. When you live in Springside you should be registered at the GP in Crosshouse or Dreghorn. When you drill into the data this is where items should come from if using the pharmacy where they live which is what we would expect. Around 2000 items is coming from these two



practices. The other 3,500 items per month are coming from Irvine, Kilwinning, Saltcoats, Stevenston, Ardrossan, Dalry, Kilmarnock and Dundonald to name a few. This is suggestive that in order to be viable people are going well out with their neighbourhood to get business.

7.1.22. I would suggest Monkton would end up in the same position where it would go well out with the neighbourhood to become viable given its present population. I'd just like to plant that seed and that thought that this is what could potentially happen if Monkton is granted a pharmacy.

7.1.23. So in summary;

7.1.24. I would say the APPC letter was probably not well informed and the committee make-up on that day didn't represent community pharmacy as it should. The suggestion made that public transport is reduced is factually incorrect and public transport is now more frequent than in 2018.

7.1.25. The MCC process of that meeting having the Applicant's father present could have skewed opinion.

7.1.26. The CAR report highlights that parking is an issue at the premises and from personal inspection I would suggest better options are available at other pharmacies.

7.1.27. If you look at the examples of Springside, Fenwick and Ochiltree, these probably should have been refused and only gained viability by going out with the neighbourhood.

7.1.28. I'd like to thank you for the chance to speak today."

7.1.29. This concluded the presentation from Mr Murdoch.

8. The Committee had a short break before questioning of Mr Murdoch commenced.

9. **Questions from the Applicant to Mr Murdoch (H&K Willis Ltd)**

9.1. Mr Manson referred to comments made by Mr Murdoch about the APPC membership lacking community pharmacy representation when discussing the application and questioned the subsequent letter supporting the application. Mr Manson asked how Mr Murdoch knew what the opinion of those community pharmacist representatives would have been. Although Mr Murdoch did not

know the opinion of the other community pharmacists excluded from that discussion, Mr Murdoch knew his own opinion. Those present may have understood the issues better had more community pharmacist experienced members been present.

- 9.2. Mr Manson asked whether the Chair of the APPC was a community pharmacist. Mr Murdoch confirmed that was the case and that there were currently co-chairs – Sam Falconer and Kerr Maconochie although Mr Maconochie couldn't be present.
- 9.3. Mr Manson was interested to know how many times the NHS Near Me service had been used by Willis Pharmacy. Mr Murdoch did not have the exact figures to hand but the service had been used on multiple occasions in the Troon pharmacy as it had an independent prescriber. Adding that it was a tool to be used but many consultations were also done over the phone.
- 9.4. Mr Manson asked whether NHS Near Me was a core service. Mr Murdoch was not aware that NHS Near Me was a core service. GPs and hospitals were all using it so it was now a common healthcare practice for consultations.
- 9.5. When asked whether funding for NHS Near Me could be withdrawn at any time, Mr Murdoch confirmed this could be the case just like any other pharmacy service currently being paid for such as Pharmacy First Plus.
- 9.6. Mr Manson wanted to know whether people generally complained to the Health Board. Mr Murdoch stated that pharmacies had a contractual obligation to report complaints and people could also complain directly to the Health Board. The complaint process was well advertised by posters in surgeries.
- 9.7. Mr Murdoch's opinion of the complaints mentioned in the CAR report was sought. Mr Murdoch did not class these as complaints but rather opinions stating that it wasn't a complaint until it was passed through the proper process. There was no opportunity to give a balanced opinion or explain the circumstances surrounding the comments in the CAR.
- 9.8. Mr Manson pursued this by asking if Mr Murdoch agreed that a complaint was essentially an opinion. Mr Murdoch did not know.
- 9.9. Reference was made to the Springside Pharmacy dispensing 2000 items per month and that Mr Murdoch had stated that this

dispensing volume would not make the pharmacy viable. Mr Murdoch was asked to expand on that comment and explain why 2000 items per month was not viable. Mr Murdoch said that the margins obtained from 2000 items per month would not sustain the business given the costs involved in running a pharmacy. This was a common belief in the pharmacy profession although Mr Murdoch personally did not have access to the formula that determined this.

- 9.10. Mr Murdoch was invited to agree with the statement that there were pharmacies doing 2000 items per month that were viable. Mr Murdoch said that may be the case but it was hard to judge without access to the profit and loss figures of other pharmacies.
- 9.11. Mr Manson asked for information on the monthly dispensing figures at Willis Pharmacy in Troon. Mr Murdoch said the number of items dispensed varied between 14500 and 15000 per month.
- 9.12. Given this dispensing volume, Mr Murdoch was asked whether Willis Pharmacy would have to close in the event that Monkton Pharmacy opened. Mr Murdoch said it would not have to close but staffing levels would need to be reviewed. During the pandemic additional delivery drivers were employed to cope with demand. Whether or not this could be sustained if Monkton Pharmacy opened was uncertain and may lead to job cuts.
- 9.13. The Applicant had no further questions

#### 10. **Questions from the other Interested Parties to Mr Murdoch**

##### 10.1. Questions from Mr Jamieson (Boots UK Ltd) to Mr Murdoch

- 10.1.1. Mr Jamieson had no questions.

##### 10.2. Questions from Ms Burns (Toll Pharmacy) to Mr Murdoch

- 10.2.1. Ms Burns had no questions.

##### 10.3. Questions from Ms Hunter (Monkton Community Council) to Mr Murdoch

- 10.3.1. Ms Hunter asked whether the APPC had a quorum for committee meetings. Mr Murdoch agreed that a quorum was in place.
- 10.3.2. Ms Hunter asked if Mr Murdoch was suggesting that the APPC letter to the Applicant wasn't robust. Mr Murdoch was not

suggesting that the APPC letter was not legitimate rather that the make-up of the committee was inexperienced in relation to pharmacy applications and that there was not much community pharmacist representation. Confirmation was received from Mr Murdoch that there were enough members in attendance to send the letter regarding the Application.

- 10.3.3. Ms Hunter enquired whether Mr Murdoch had ever used the bus service from Monkton to Prestwick Cross. It was confirmed that Mr Murdoch had used this bus service when living in the area and working in Prestwick.
- 10.3.4. Ms Hunter was interested to know if the journey from Monkton to Prestwick Cross took five minutes when Mr Murdoch used this service. Mr Murdoch hadn't ever timed the journey but that was the information provided on the bus timetable.
- 10.3.5. When asked if Mr Murdoch was aware of the limited numbers allowed on buses during the pandemic, Mr Murdoch was aware that numbers had been cut but had never seen people not getting on a bus because it was too busy. Mr Murdoch thought that restrictions on the number of bus passengers had now been eased but also that the decision of the PPC cannot be made on a temporary situation.
- 10.3.6. Ms Hunter asked whether Mr Manson was aware that South Ayrshire Council was considering changing its working practices because of the pandemic. Mr Murdoch said that most businesses were changing working practices to be more efficient.
- 10.3.7. Given this potential change to working practices, Ms Hunter asked whether Mr Murdoch maintained that this was a transient situation with more people working from home. Mr Murdoch acknowledged that more people were working from home but that the situation changed weekly and it would hopefully return to more normality in the near future.
- 10.3.8. Ms Hunter enquired how many people from Monkton used Willis Pharmacy for prescription services. Mr Murdoch did not have that information but deliveries were made to Monkton every day.
- 10.3.9. Ms Hunter therefore questioned the statement made by Mr Murdoch that jobs would be lost if the Monkton Pharmacy opened because it was uncertain how much of an impact it would have. Mr Murdoch said that people from Monkton definitely used Willis

Pharmacy but the information available only showed where the prescription was generated not where the patient resided.

10.3.10. Ms Hunter asked how many deliveries were made to Monkton. Mr Murdoch said 5-6 prescriptions were made each day – some of which were 10-12 items others only 1-2.

10.3.11. In terms of the 1400 items dispensed per month, Ms Hunter asked if it was correct to assume that delivering 5-6 prescriptions to Monkton wouldn't have much of an impact. Mr Murdoch disagreed stating that 5-6 prescriptions added up to many items over the year.

10.3.12. Ms Hunter had no further questions.

10.4. This concluded questioning from the other interested parties. The Chair invited questions from the Committee.

## 11. **Questions from the Committee to Mr Murdoch**

### 11.1. Questions from Canon McManus to Mr Murdoch

11.1.1. Canon McManus questioned whether Mr Murdoch was making a formal statement that the APPC did not carry out its professional duty. Mr Murdoch was not saying it was not doing its professional duty but going forward it had to think carefully about supporting a pharmacy in every village. It was a statutory requirement of the PPC to take the opinion of the APPC and the APPC gave an opinion. Canon McManus asked if Mr Murdoch thought that opinion was flawed. Mr Murdoch recognised that the Committee had to take into account the opinion of the APPC but was questioning the make-up of the Committee that supported the application. Canon McManus thought it sounded as though what was being said was that the decision made by the APPC was not right because Mr Murdoch had not been able to attend the meeting. Mr Murdoch questioned the experience of members on that occasion in dealing with this pharmacy application because there had been a high turnover of members. Canon McManus therefore asked if Mr Murdoch was saying the experience of the APPC committee members was not up to scratch. Mr Murdoch was not saying that but it was a different process from usual committee business.

11.1.2. At this point the Chair interjected and suggested obtaining legal advice from Mr Stewart on this point. Mr Stewart confirmed that

there was a statutory obligation for the PPC to take account of the opinion of the APPC and cautioned the PPC against looking behind that opinion without good reason. It was one piece amongst a whole range of evidence that had been and would be heard during the course of this hearing. The PPC had to decide what weight was to be given to the APPC letter once all the evidence had been heard.

11.1.3. Canon McManus also referred to the comment made that the Monkton Community Council could have been acting *ultra vires* because of an individual that was present that presumably lived in that community and therefore entitled to be at the meeting. Canon McManus asked Mr Murdoch to comment on the statement made that the presence of Alan Manson had swayed the decision of the Community Council. Mr Murdoch clarified that it had not been said that this had swayed the decision of the Community Council but process wise it would have been better if that individual had not been there or asked to step out the room during that discussion. This was common practice when people had an interest in a matter.

11.1.4. With regard to the comments made about the public consultation, Canon McManus stated that Mr Murdoch had implied that the respondents didn't understand the questions and so were merely giving opinions rather than stating actual facts about the pharmaceutical services in the community. The letters from the APPC and Monkton Community Council together with the CAR report were necessary pieces of evidence for the PPC of community views on pharmacy services. Mr Murdoch was asked to comment on the suggestion that all three pieces of evidence were flawed. With regards to the CAR report, Mr Murdoch did not believe it was flawed and respected the CAR report as a whole particularly given the high number of respondents. Mr Murdoch had been asked a question about someone's opinion and stated that it was an opinion so was answering the question that had been asked.

11.1.5. Canon McManus had no further questions.

11.2. Questions from Mr Hunter (Lay Member) to Mr Murdoch

11.2.1. Mr Hunter had no questions.

11.3. Questions from Ms Hamilton (Lay Member) to Mr Murdoch

- 11.3.1. Ms Hamilton referred to the comments made particularly in relation to the APPC and asked whether Mr Murdoch regarded these comments as subjective. Mr Murdoch did not consider the comments made to have been subjective.
- 11.3.2. Ms Hamilton had no further questions.
- 11.4. Questions from Ms Gallagher (Contractor Pharmacist Member) to Mr Murdoch
- 11.4.1. Ms Gallagher noted that those sitting on the APPC were pharmacists made up of community, Primary Care and hospital pharmacists. When asked, Mr Murdoch agreed that these pharmacists were professional people.
- 11.4.2. As professional people, Ms Gallagher pointed out that irrespective of the number of meetings previously attended, those pharmacists on the APPC would have prepared for the meeting in advance and would have been aware of the Legal Test. Ms Gallagher asked whether Mr Murdoch agreed with this statement. Mr Murdoch agreed. In that case, Ms Gallagher saw no reason for Mr Murdoch's doubt that some other make-up of the committee would have influenced a different decision. Mr Murdoch was not suggesting that the committee would have been influenced differently but those members that had been excluded could not have a vote. Stressing that Mr Murdoch had respect for the APPC and the letter had to be accepted simply that the make-up of the committee was as it was.
- 11.4.3. The Chair reiterated that the APPC letter was one piece of evidence that the PPC was to consider in making its decision and suggested that there should be no more questions regarding its validity. The Committee agreed.
- 11.4.4. Ms Gallagher had no further questions.
- 11.5. Questions from Ms Mitchell (Non-Contractor Pharmacist Member) to Mr Murdoch
- 11.5.1. Ms Mitchell had no questions.
- 11.6. Questions from Mr Connolly (Contractor Pharmacist Member) to Mr Murdoch

- 11.6.1. Mr Connolly asked whether the delivery service at Willis Pharmacy had expanded during the pandemic and how Mr Murdoch saw that and use of NHS Near Me playing out as normality returned. Mr Murdoch confirmed that the delivery service had definitely expanded and now had two full time drivers. People were used to getting items delivered and services had evolved to access healthcare remotely through phone calls and NHS Near Me. Mr Murdoch did not see that changing as normality returned because people preferred it.
- 11.6.2. In the event that this pharmacy application was granted, Mr Connolly was interested to know whether Mr Murdoch thought people would continue to access services remotely or from Monkton Pharmacy. Mr Murdoch said it would come down to personal preference as there were various reasons for using a particular pharmacy. Adding that it was difficult to predict what would happen exactly.
- 11.6.3. Mr Connolly had no further questions.
- 11.7. Questions from the Ms Semple (Chair) to Mr Murdoch
- 11.7.1. Ms Semple had no questions.
12. **Mr Jamieson (Boots UK Ltd)**
- 12.1. Mr Jamieson read the following pre-prepared statement making adjustments as necessary.
- 12.2. "Neighbourhood
- 12.3. The applicant has defined the neighbourhood of the application as the village of Monkton and the Adamton Estate. This was the definition agreed by the Committee when determining the previous application at the PPC meeting in 2018. We do not take any issue with that definition of the neighbourhood. Facilities in the village are very limited. Residents will look to Prestwick, Ayr and Troon for a wider range of amenities (such as a supermarket, doctor's surgeries, dentists)
- 12.4. There are currently no pharmacies in the defined neighbourhood however the panel will be aware of the need to consider the provision of pharmaceutical services to the neighbourhood from pharmacies out with. In this case, we believe that the pharmacies that serve the majority of the neighbourhood to be those located



in Prestwick, Troon and possibly Ayr where residents go to visit their GP, shop and go to work or for education.

12.5. Monkton fits the description of an 'accessible rural area' according to Scottish Government classification. That is an area with a population of less than 3000 and within a drive time of 30 minutes to a settlement of 10000 or more which in this case would be Prestwick.

12.6. Population

12.7. At the time of the 2011 census the population of the neighbourhood was 1088.

12.8. The applicant states in the application that the village has 517 houses. Looking at the National Records of Scotland 2020 estimate, the average population per household in South Ayrshire is 2.13 therefore we would estimate the population to be 1086

12.9. Demographics

12.10. The Scottish Index of Multiple Deprivation for 2020 shows that Monkton is within the sixth and seventh least deprived deciles. Whilst the area has not seen particularly high levels of deprivation, data for 2012 and 2016 shows that Monkton has become less deprived and more affluent as time has gone on.

12.11. Going back to the 2011 census data:

- 77% of households are owner occupied either outright or with a mortgage and that can be compared to 62% nationally
- 11% are rented from a social landlord or a local authority compared to 24% nationally
- 84% of households have access to a vehicle which is higher than the national average at 69%, and around half of those have two cars or more
- 83% of the population rate their health as good or very good which again is slightly higher than the national average
- 5% rate their health as bad or very bad compared to 5.6% nationally so its lower than the national average
- Looking at the age structure at the time of the last census in 2011 overall it is very similar to the national average

- 12.12. When determining the previous application, the Committee stated that 2011 census data showed the Applicant's neighbourhood to be 'healthy, wealthy and mobile'
- 12.13. Future Developments
- 12.14. There has been a discussion about future developments already but the only factual developments taking place at the moment is Persimmon's Homes and the others haven't yet been granted at this stage. Of that development, house prices range from £220k-£278k. They are larger homes of 3, 4 and 5 bedrooms therefore it is likely to be families and a younger, wealthier population that will be moving into those homes and will be likely to commute. Most of those homes have car parking spaces as well. Overall it is unlikely to cause a downward shift in the Scottish Index of Multiple Deprivation.
- 12.15. Proposed site
- 12.16. There are comments in the CAR that suggest this might not be the ideal position for the pharmacy - comments 124 and 128 on page 14 are two examples.
- 12.17. There are also numerous comments about the suitability of having the pharmacy next to a primary school. There are some issues around where the pharmacy is positioned with the school nearby there is a bit of a blind spot if coming out of the carpark which could be an issue.
- 12.18. Opening Hours
- 12.19. The existing pharmacies are open six days a week, with most opening between the hours of 8.30am to 6pm. Boots in Troon opens on a Sundays and is open until 7pm on Thursday. Boots in Ayr is open until 6.30pm on weekdays.
- 12.20. Services
- 12.21. All the Boots pharmacies provide all core services, national and locally negotiated services. The Applicant has not identified any unmet need for a service that is not currently offered by the existing pharmacies. Nor is there anything in the NHS Ayrshire & Arran Pharmaceutical Care Services Plan of July 21 that suggests existing needs for services are not being met. Should additional services be identified, then any need could be met through the

network of existing pharmacies and there is certainly capacity within Boots pharmacies.

12.22. Access

12.23. By Car

12.24. Car ownership has been mentioned before. 84% have access to a car and around half have access to two or more vehicles.

12.25. When determining the previous application in 2018, the Committee noted the high number of cars parked on driveways and in some cases multiple vehicles.

12.26. Parking is available at or near the existing pharmacies

12.27. Residents with a car will have little difficulty travelling to a number of pharmacies.

12.28. By Bus:

12.29. Bus services have already been discussed but to reiterate the points the number 4 service runs every half an hour and the number 14 service every 45 minutes. At peak times bus services run 3 or 4 times an hour from Monkton to Prestwick and once or twice an hour to Troon.

12.30. Free bus travel is available for the over 60s and those who are disabled and qualify and also the young person's free travel scheme.

12.31. Community Transport

12.32. Community Transport is provided by the South Ayrshire Community Transport Group which is set up to help residents who may be isolated or have mobility issues to get access to where they need to go.

12.33. Delivery Services

12.34. Delivery is available from all the Boots pharmacies in Prestwick and Troon as well as other pharmacies in the local area.

12.35. CAR Report

12.36. Key points from the CAR:

- Page 32 - over 23% of respondents said that they didn't believe there was an inadequacy in the existing services and over 10% said they didn't know. That comes to over a third of respondents (150 people) that either didn't consider there was a gap or deficiency or didn't know.
- Not all respondents are supportive of the location with comments submitted regarding it being next to the school, near a busy road and causing traffic build up
- There is a significant number of comments relating to the provision of supervised Opioid Substitution Therapy.
- Respondents—have-recognised the effect the pharmacy.would/could-have on existing pharmacies (comment 110 on page 61)
- To our knowledge, no organisations responded to the CAR

12.37. Viability and the effect on the existing pharmacies.

12.38. The proposed pharmacy will certainly have an effect on the existing provision. Pharmacies throughout the area, not just those in Prestwick, Ayr and Troon, dispense items generated by the surgeries in Prestwick, Ayr and Troon i.e. Symington and Mossblown. We question the long-term viability of the pharmacy and we believe the pharmacy would need to attract items from other areas served by other pharmacies to be viable.

12.39. If the population of Monkton is taken as 1100, the average number of items per person in Scotland is 19 which would equate to 20900 items which is 402 per week. For context the average number of items per pharmacy in Scotland is 1581. That figure of 402 assumed that every resident in Monkton used the proposed pharmacy. The Applicant previously suggested that the application would be viable based on a list of seven pharmacies in NHS Ayrshire & Arran with similar settings. Focusing on one of those examples, Symington, population 1170, dispenses 34049 items annually and is 3.3 miles away from Monkton. Data shows the dispensed patients are registered with surgeries in Prestwick and Dundonald. Mossblown Pharmacy dispense scripts from surgeries in Ayr, Prestwick, Drongan and Catrine (a 46 mile radius). Dalrymple Pharmacy has low dispensing numbers but its open from 9am to 5:30pm on weekdays with an hour for lunch and from 9am to 12pm on a Saturday. Its total number of contracted hours are 40.5 whereas the Applicant is proposing to open from 9am to 6:30pm without a lunch and 9am to 5pm on a Saturday which is 55.5 hours. All that will attract additional cost which again

makes you question the viability.

12.40. Previous applications

12.41. The previous application was finally refused following a subsequent appeal in January 2019. At the time of the 2018 hearing the application presented information of the neighbourhood proposed today, the proposed premises only a few metres away from the site of this application, facilities in the neighbourhood have not significantly changed if at all and a permanent population estimated at 1300 in the 2018 application. The population is working and based on the temporary caravan park which has already been mentioned. At that point in time there was planning permission for the Persimmon site. The only real change since that application is that those houses have started to be built at the Persimmon site but we didn't know they were going to be built at the time of the previous hearing. The PPC considered all the above and concluded that the provision of pharmaceutical services at the premises was neither necessary nor desirable to secure adequacy.

12.42. So in summary, the neighbourhood definition is the same as previously, facilities in the village are still limited and we are not aware of any increase in those facilities, the neighbourhood age profile is in line with the national average, has a high level of car and home ownership and good levels of general health.

12.43. According to the two application forms and letters submitted by the Community Council, the number of dwellings in the neighbourhood is still 517 and one housing development has taken place. This was planned when the PPC were asked to consider the increase in the neighbourhood with new housing at the time of the last application. A further application has been refused and there is no certainty about future developments. To our knowledge there has been no reduction in pharmaceutical services to the neighbourhood. In conclusion, the Applicant has not provided evidence of inadequacy of existing services in the neighbourhood and therefore we respectfully ask the panel that the application be refused"

12.44. This concluded the representation from Mr Jamieson. After which the committee had a short break.

13. **Questions from the Applicant to Mr Jamieson**

- 13.1. Mr Manson noted that the Scottish average occupancy per dwelling was stated as 2.13 and asked what type of houses had been built in Monkton since the 2011 census. Mr Jamieson explained that this figure had come from the National Records of Scotland 2020 estimate for South Ayrshire. However, Mr Jamieson recognised that large 3, 4 and 5 bedroom homes were being built in Monkton. Mr Jamieson stated that these were likely to be occupied by families which were younger, wealthier and have lower health needs.
- 13.2. Given that Mr Jamieson had accepted that these properties would have a high occupancy rate, Mr Manson asked if the argument portrayed about population was completely null and void. Mr Jamieson said it was not as this was the statistical information provided for South Ayrshire.
- 13.3. Mr Manson asked what type of houses had been built in Monkton since 2011. Mr Jamieson couldn't comment on the houses previously built only the Persimmon ones.
- 13.4. Mr Manson explained that those houses were of similar size to those being built by Persimmon. Given that, Mr Manson asked whether Mr Jamieson would agree that 2.13 would not be the correct ratio. Mr Jamieson could only base the population on the statistical figures for South Ayrshire.
- 13.5. Mr Manson asked for clarification as to whether Boots delivered to housebound patients. Mr Jamieson confirmed that deliveries were made to housebound patients and anyone that needed that service.
- 13.6. Mr Manson asked about the criteria for delivery by a Boots Pharmacy. Mr Jamieson said it was available to anyone that asked for a delivery and there were no criteria in place. There were policies in place regarding deliveries in England but not in Scotland. This resulted from differences in the pharmacy contract. The financial viability of a delivery service in Scotland was different from that in England.
- 13.7. Mr Manson asked whether Boots intended to reinstate delivery charges in Scotland. Mr Jamieson confirmed that delivery charges were in place briefly but would not be reinstated in Scotland.

- 13.8. Mr Manson referred to the statement made that Monkton residents used Prestwick, Troon and Ayr for shopping and asked whether patients could time illness to coincide with a shopping trip. Mr Jamieson said not in the slightest. People regularly made shopping trips out-with the neighbourhood and were not necessarily ill at that time but may choose to pick up prescriptions when at the supermarket or in town for another reason.
- 13.9. When asked, Mr Jamieson agreed that pharmacies were not all about collecting prescriptions.
- 13.10. Mr Jamieson had mentioned the additional costs associated with the long hours the proposed pharmacy was to be opened. Mr Manson asked whether these costs were completely relevant when working as the pharmacist himself. Mr Jamieson stated that for reasons of health & wellbeing of working 55.5 hours a week 52 weeks of the year, Mr Manson would require pharmacist cover. Mr Jamieson also noted that the Applicant was choosing to work through lunch. There was currently a workforce crisis in community pharmacy which had already been mentioned by the Panel and increased locum costs would have an impact on pharmacy costs. Staffing of the pharmacy would also be a factor as it wasn't just the pharmacist that would be working when the pharmacy was open.
- 13.11. Mr Jamieson was invited to expand on the comment that further planning applications had been refused. Mr Jamieson said that it was only the Persimmon homes that had been granted planning permission. Planning for the development on the opposite site of Kilmarnock Road was refused in 2020 and the previous planning application for the HMS Gannet site was withdrawn. Mr Manson was sure the community council would expand on that.
- 13.12. This concluded questioning of Mr Jamieson by the Applicant.
14. **Questions from Other Interested Parties to Mr Jamieson**
- 14.1. Questions from Mr Murdoch (Willis Pharmacy) to Mr Jamieson
- 14.1.1. Mr Murdoch had no questions.
- 14.2. Questions from Ms Burns (Toll Pharmacy) to Mr Jamieson
- 14.2.1. Ms Burns had no questions.

- 14.3. Questions from Ms Hunter (Monkton Community Council) to Mr Jamieson
- 14.3.1. Ms Hunter asked whether Mr Jamieson was aware that there had been 100 houses built in Monkton since the 2011 census including Adamton. Mr Jamieson confirmed the information obtained that there were 517 houses in Monkton and asked if this was incorrect. Ms Hunter said that Mr Jamieson was implying that there had been no changes in the neighbourhood since 2011 when in fact there had been planning applications granted for houses in Adamton, the Persimmon application was now approved and granted for 286 houses and there had been a pandemic which had changed lifestyles. The Persimmon planning application was discussed when the previous pharmacy application was heard but it had not been approved at that time.
- 14.3.2. At this point the Chair interjected and reminded Ms Hunter to ask specific questions.
- 14.3.3. Ms Hunter referred to the 2011 census which was now ten years out of date with the next census in 2022 and asked if Mr Jamieson thought there had been little change to the neighbourhood in that time. Mr Jamieson clarified that it had not been said there was very little change since 2011 but since the last application in 2018. Ms Hunter apologised for picking this up incorrectly.
- 14.3.4. Ms Hunter had a sense that Mr Jamieson thought Monkton was a very affluent village and checked this perception. Mr Jamieson explained that the Scottish Index of Multiple Deprivation was used to gauge affluency.
- 14.3.5. Ms Hunter had heard that but asked if Mr Jamieson thought it was any more or less affluent than Prestwick or Troon. Mr Jamieson said it was not.
- 14.3.6. Ms Hunter asked what the house prices were in Troon. Ms Hunter was trying to tease out the connection with affluency as health was no respecter of persons. Mr Jamieson explained that there was a direct correlation between health and wealth. It was expected that the population in a poorly deprived areas had greater health needs. Monkton was relatively wealthy and looked to be getting wealthier and so the health needs would be less.



- 14.3.7. Ms Hunter understood the point that Mr Jamieson was making but asked whether wealth affected people's right to a pharmacy service. Mr Jamieson categorically disagreed with this statement.
- 14.3.8. This concluded questioning from Ms Hunter and the other interested parties.
15. **Questions from the Committee to Mr Jamieson**
- 15.1. Questions from Canon McManus (Lay Member) to Mr Jamieson
- 15.1.1. Canon McManus referred to an answer given previously by Mr Jamieson which was that "we can only go on what has been granted". However, the remit of this panel included looking at future developments so in a sense this was not accurate. Secondly many of the statistics were based on the 2011 census but many changes would have taken place since then and the Panel used the site visit to assess the current situation. Thirdly, there was mention of a previous pharmacy application for Monkton in 2018 which was refused. Mr Jamieson was asked whether that application related to the same premise under consideration at this hearing. Mr Jamieson said that whilst it wasn't the same premise it was very close by.
- 15.1.2. Canon McManus appreciated that the premises were close by but asked if the premises were equivalent in space and suitability. Mr Jamieson was unable to comment as had not seen the premises in the previous application. In terms of access there was not much difference to the previous application. When asked if there was no difference in the premises Mr Jamieson reiterated that from an access point of view there was no difference.
- 15.1.3. The Chair interjected at this point and asked Mr Jamieson if it was fair comment that what was said was that the demographics of the population hadn't changed since 2018. Mr Jamieson agreed.
- 15.1.4. Canon McManus did not think the introduction of a past refusal should be relevant to consideration of this application. The Panel had to take into account the suitability of the premises, parking, safety and the demand for pharmaceutical services in the future. The Chair highlighted that this would all be considered during the panel discussions unless there was a specific question Canon McManus wanted to ask in that regard.

- 15.1.5. Mr Stewart assisted the discussion by clarifying that there were specific requirements in the regulations for applications made in the previous 12 months in order that panels were not being asked to consider applications within too short a period. The simple position was that the position was to be considered by the Panel as of today's date. The Chair thanked Mr Stewart for this advice.
- 15.1.6. This concluded the questioning of Mr Jamieson by Canon McManus.
- 15.2. Questions from Ms Hamilton (Lay Member) to Mr Jamieson
- 15.2.1. Ms Hamilton asked if Mr Jamieson was aware that within the Persimmon development that had been approved there were to be around 50 one and two bedroom houses within 286. Mr Jamieson was aware of this and that some affordable homes were to be built as well.
- 15.2.2. Ms Hamilton had no other questions.
- 15.3. Questions from Ms Mitchell (Non-Contractor Pharmacist Member) to Mr Jamieson
- 15.3.1. Before the pandemic, Ms Mitchell had been aware of the Boots delivery charge that had been introduced nationwide and that there were specific criteria for those that could receive Boots deliveries. Although this was removed when the pandemic began, Ms Mitchell wanted to know whether Boots had any future plans in this regard after the pandemic. Mr Jamieson said that at the moment there were no plans to reintroduce delivery charges back into Scotland. Boots had over 2500 pharmacies with 265 in Scotland. There was a very different economic model in Scotland as to how payments were received in pharmacy. There had been a very strong representation in Scotland that demonstrated why delivery services were viable here but not in England. That message had been heard loud and clear by Boots Support Office and full backing would certainly be received against the reintroduction of delivery charges in Scotland.
- 15.3.2. Ms Mitchell had no other questions.
- 15.4. Questions from Mr Connolly (Contractor Pharmacist Member) to Mr Jamieson

- 15.4.1. Mr Connolly requested clarification of population numbers which were different from those given by the Applicant. Mr Jamieson explained that figure of 1086 was based on the 517 houses in Monkton and the 2.1 occupancy rate for South Ayrshire
- 15.4.2. Mr Connolly asked if Mr Jamieson had any information available about the number of houses at the time of the census in 2011 compared to the current number. Mr Jamieson stated that 517 was the current number but did not know how many houses there were in 2011.
- 15.4.3. Mr Connolly had no other questions.
- 15.5. Questions from Ms Gallagher (Contractor Pharmacist Member) to Mr Jamieson
- 15.5.1. Ms Gallagher had no questions.
- 15.6. Questions from Mr Hunter (Lay Member) to Mr Jamieson
- 15.6.1. Mr Hunter had no questions.
- 15.7. Questions from Ms Semple (Chair) to Mr Jamieson
- 15.7.1. Ms Semple had no questions.
- 15.8. There were no further questions raised by Committee Members when invited to do so by the Chair so this concluded questioning of Mr Jamieson by the Committee.
16. **Ms Catherine Burns (Burns Pharmacy Ltd t/a Toll Pharmacy)**
- 16.1. Ms Burns read the following statement making adjustments as necessary:
- 16.2. "Thank you for giving me the opportunity to speak to the PPC today.
- 16.3. With regard to the definition of the neighbourhood, we would generally agree with the neighbourhood proposed by the Applicant but with the exception of the Adamton Estate. Whilst this might be assumed to be in the catchment area of the proposed pharmacy, I think it's a stretch to say that it's in the same neighbourhood.

- 16.4. The vast majority of residents of this small neighbourhood will currently access NHS pharmaceutical services in Prestwick or Troon.
- 16.5. With regard to adequacy of existing services, we cannot accept that this village suffers from an inadequate pharmaceutical service.
- 16.6. Before I explain why in more detail, I want to make some observations about the size and demographics of the population
- 16.7. The most recent census information from 2011 gives a population for the neighbourhood as defined by the applicant as being 918.
- 16.8. The increased housing since then has taken the population to approximately 1700. We have calculated this number from the average person per household in South Ayrshire, which is 2.1 from the Scottish Government Statistics 2020 times the number of houses 517 currently in the village, therefore 1085 people. Plus the 286 new houses gives an additional 600 people. So we have rounded up to 1700 people.
- 16.9. This number is 400 more than the population in 2018 when a previous application was refused. Interestingly, the new housing is separate to the old village and the access road avoids the village centre so we very much doubt that the residents will make much use of the almost non-existent services currently in Monkton.
- 16.10. I have a picture of the new development and would imagine, with all the traffic calming systems within Monkton, that people instead of going left down by the pharmacy would tend to go right to head up towards the garage and the Marks & Spencer at the roundabout.
- 16.11. The Applicant has included the residents of the caravan park. The thing about caravans is that residents just tend to use their caravans for regular short breaks - mainly weekends and during school holidays – so they are not likely to use a pharmacy in Monkton any more than on rare occasions.
- 16.12. We would also think it highly unlikely that the workforce in the industrial areas close to Monkton would ever use a pharmacy in the village. Including this population as potential pharmacy customers can actually be seen as a bit ridiculous.

- 16.13. So, the proposal is to provide an NHS Pharmaceutical Service to a village of approximately 1,700 people which is 400 more than in 2018 when the previous application was refused.
- 16.14. I have gathered together some interesting facts from the last national census. All of the data I am quoting comes from the Scotland's Census official website and is for the Monkton locality in the 2011 census which exactly matches the Applicant's neighbourhood).
- 95.3% of the population are in very good, good, or fair health. This is above the national average.
  - Only 4.7% of the population consider themselves to be in bad or very bad health. That would equate to around 80 people.
  - 70% of the population have no long-term health conditions.
  - 80% of the population have no limiting disability or health condition.
  - Only 6.6% of the population are elderly which is classed as over 74. The national average is 7.7%. So, there are not substantial amounts of elderly residents here. There are, in fact, approximately 84 elderly people in the village. I used the 2018 figure here as we doubt any elderly people bought the new family homes. The Applicant has also claimed that there were substantial numbers of disadvantaged residents. We're not sure what he means by this, but we cannot find any measure by which you could call any significant number of residents of Monkton as being 'disadvantaged'.
- 16.15. The Applicant himself has accepted that this is an affluent population, and ranks highly in the SIMD tables. This is clear to see when you visit the neighbourhood.
- 16.16. As you would expect from an affluent dormitory village in the periphery of a large conglomeration (that being Troon-Prestwick-Ayr) car ownership is exceptionally high with most households having more than one car. In 2011 there were 1.3 cars per household in the village of Monkton which is 30% higher than the national average. So, we are looking at an affluent, healthy, and mobile population.
- 16.17. One other important observation is that there are almost no other 'services ' one might require as part of day-to-day living in the

village. This is very important because it gives an indication of how people in the village live their day-to-day lives: where they will do their shopping, etc... in Prestwick, Troon or Ayr. And that will include any visit they may make to a pharmacy.

- 16.18. I'd like to explain why this is important. In a hypothetical village with a comprehensive range of local services you could make an argument that residents would be disadvantaged by the lack of a pharmacy. Why is this? Because in their day-to-day lives they don't need to leave the village to shop, or bank, or whatever. A visit to a pharmacy would require a specific journey and it could be argued that by forcing the residents to leave their village just to access a pharmacy then pharmaceutical services are inadequate.
- 16.19. The simple fact is that the village has almost no existing services. If you exclude the petrol station (which is 'out of town' facilities and really nothing to do with the village and which in fact caters to visitors to the airport and travellers on the A77) then you're left with a Post Office and a very small convenience store. The idea that this is sufficient to provide 'the normal things that people need as part of their daily lives' is utterly ridiculous.
- 16.20. The village was unable to sustain its local pub - the Wheatsheaf. This closed down and a coffee shop opened. But the coffee shop was also unsuccessful and planning permission has been granted to turn it into a nursery. Parents will drop their children at the nursery when they leave the village to continue their normal daily routine. The Manor Park Hotel has also closed and has been boarded up showing the lack of demand within the village.
- 16.21. So, how does this population currently get to a pharmacy? Well, the vast majority will make the 5 or 10 minute car journey to Prestwick or Troon. For those who don't have a car, there is a regular short bus journey. The No. 14 (Ayr to Troon) calls at Monkton every 45 minutes going either to Troon or Ayr. The No. 4 (Ayr to Glasgow) has 2 buses per hour in each direction. So in total there are three buses every hour to take residents to Prestwick or Ayr. Don't forget - if you live in Monkton and are one of the small number of residents who don't have a car, this will be a bus journey you will make regularly since you will need to get somewhere to shop. Remember - this is important. Residents aren't being forced to travel to the larger shopping areas just to get to a pharmacy. They'd be going to Prestwick, Ayr or Troon to do all the other things that make up our every-day lives!

- 16.22. There will, of course, be a small number of residents who have mobility problems and who may be housebound. These patients will currently be benefitting from a delivery service from existing pharmacies - I know I provide a delivery service to some of them.
- 16.23. So, given the above, existing services are adequate. This application falls at the first hurdle.
- 16.24. I'd like to make a few points about the Applicant's CAR
- 16.25. I would agree that the response rate is excellent and whilst the consultation is a useful tool in this process, decisions about a new pharmacy are not decided by a public vote. They're decided by this PPC.
- 16.26. I think it's only fair to say that the Applicant was brought up in the village and his parents still live there. Public support would be expected for a local guy but well-meaning enthusiasm shouldn't be mistaken for actual need.
- 16.27. I think it's also useful to note the stark differences in responses between the CAR produced in 2018 and those received during this consultation. The focus by so many respondents on their difficulty in getting to Prestwick or Troon is something that was not seen in responses to the previous CAR. One might almost think that people have been coached in what to say.
- 16.28. But of course people in Monkton want a pharmacy! Why wouldn't they? A pharmacy in Monkton would certainly be more convenient than having to travel. But that's not the point - and this support is meaningless in the context of the Legal Test.
- 16.29. As the PPC will know, new contracts are not granted for the sake of convenience. The Applicant must show that the existing service is INADEQUATE, and this application completely fails to do so.
- 16.30. So to summarise, this is a small neighbourhood with a generally affluent, healthy, young, mobile population. The neighbourhood contains very few 'facilities 'that would support the normal day-to-day lives of the residents and therefore as part of their normal daily activity residents will travel to Prestwick, Troon or Ayr, or wherever else is most convenient for them.

- 16.31. But there is one other aspect of this application which I would ask the PPC to consider. The regulations only allow for a contract to be granted where it is necessary or desirable to secure an adequate pharmaceutical service in the neighbourhood in which the proposed premises are located.
- 16.32. The important part of that is in that neighbourhood. The first part of the test - which I have discussed - is the question of adequacy. I believe that the application fails that first part of the test. But there is another important word in the regulation, and it is there for a very good reason. That word is secure.
- 16.33. There seems to be a misconception amongst PPCs that viability of a proposed pharmacy is not a matter for the PPC. This is not correct, and the chair of the National Appeal Panel reiterated this point in his letter to the Board's PPC in April 2018. I quote: "The PPC has made no comment on the viability of the contract under discussion. The PPC ought to have done so." This is very important.
- 16.34. What is true is that it is not for a PPC to examine a business plan for a proposed new pharmacy, or whether the Applicant has sufficient 'business acumen' to run a pharmacy. However, the PPC must be satisfied that the neighbourhood in which the proposed premises are located has at the very least - a sufficient population to support an NHS pharmaceutical service.
- 16.35. Such a consideration can be made by looking at three important variables:
1. What is the population of the neighbourhood in which the pharmacy is to be located?
  2. What are the demographics of the population?
  3. How easy is it to access other pharmacies?
- 16.36. and from that what is an approximate number of prescription items that this neighbourhood will generate each month. This is the most useful proxy for how much activity a pharmacy will have, and ultimately what its overall income will be.
- 16.37. Fortunately we have data from a very similar town where we can get a good idea of scripts likely to be generated by this demographic.



- 16.38. I have used Bishopton as a population of 11000 people. Half in the traditional 'old part' of the village and the other half in new-build family houses. The demographic is almost identical to Monkton, although the population is significantly higher. The vast majority of residents are registered at the Bishopton Health Centre. Excluding the Erskine Hospital, the Health Centre dispenses approximately 9000 items per month.
- 16.39. So, a simple calculation suggests that a demographic such as Monkton will deliver 0.8 items per month per resident. This is below the national average for obvious reasons. It is a young and relatively affluent population. With a population of 1,700 this gives us a figure of 1,360 items per month.
- 16.40. And finally, it is easy to access other pharmacies so a new pharmacy will only attract a portion of the local population. People are loyal to their existing pharmacy, and it's only when there is an obvious problem in accessing a 'regular pharmacy' that a new entrant will gain the majority of local patients.
- 16.41. But if we are very generous and assume that 80% of the residents decide to use the new pharmacy. Well that brings the monthly script estimate to 1088. There are pharmacies that dispense more items than this in a day - let alone in a month.
- 16.42. Now I appreciate that we have made some assumptions to get to this number - but I feel these are reasonable assumptions. Our starting point - 1,360 items a month - is credible. The question is how much other factors (i.e. the loyalty to existing pharmacies) brings this number down and as I said, I think I've made reasonable assumptions. The problem for the applicant is this: The starting point - 1,360 - is insufficient to run a financially viable pharmacy.
- 16.43. There's a very good reason for this additional aspect of the Legal Test. There are literally hundreds of small hamlets across Scotland with populations similar, or less than, the population of Monkton. Very few of these will have an existing pharmacy (for an obvious reason) but in many of these small communities - especially those that are much more isolated than a dormitory suburb such as Monkton - it would be very easy to argue that the existing pharmaceutical service is inadequate.

- 16.44. Does that mean that the PPC should grant an application made in every small isolated hamlet regardless of the size of the population? It definitely does not. Each NHS pharmacy costs the NHS money, and not an inconsiderable amount.
- 16.45. In the past we had the Essential Small Pharmacy Scheme. The Essential Small Pharmacy scheme is now closed to new applications. In order to be considered an 'Essential Small Pharmacy', a pharmacy had to dispense less than 1,400 prescription [items] per month. That was the figure which the NHS determined to be the point below which a pharmacy is not economically viable.
- 16.46. Incidentally, the huge increases in prescription numbers since that number was calculated way back in the 1990s - and the corresponding reduction in the value to a contractor of each dispensed item - has made this 1,400 number completely out of date. At a conservative estimate, a pharmacy in 2021 would need to dispense at least 2000 items per month to be economically viable.
- 16.47. A pharmacy in Monkton is, in isolation, not viable. What I mean by that is that the population resident in the neighbourhood is not sufficient to make the pharmacy viable. And that is the basis by which a PPC should refuse an application in any circumstances.
- 16.48. Does the Applicant have a business plan that might make a pharmacy in Monkton viable? I'm sure he does - whether it's by doing internet pharmacy, or by offering a delivery service to Prestwick and Troon, doing MDS trays, or lots of different things but that's not the point. A PPC should not grant an application in a non-viable neighbourhood as a springboard to an entirely different type of business.
- 16.49. The Applicant has previously countered this claim of 'non viability' by pointing to similar sized villages that have a pharmacy which have survived. Again, this misses the point. There is one pharmacy I can think of - recently granted in Ayrshire & Arran (and which, with respect, should not have been granted) which by all accounts dispenses a small number of scripts from the village but survives by doing deliveries as far as the south side of Glasgow. New contractors will do anything to keep their businesses solvent.

- 16.50. What matters though is the duty of the PPC to consider the cost of a new pharmacy because this matters. If a new pharmacy is located in a neighbourhood in which the local population is sufficient to sustain that pharmacy and services are currently inadequate then that is a sensible use of scarce NHS funds.
- 16.51. If, however, the local population is clearly not sufficient to sustain that pharmacy and the business model will inevitably be to seek business from a much wider area and from people who currently have a perfectly adequate service already funded by the NHS then this not a sensible use of NHS funding. Funding a new pharmacy service in such a way is an extremely inefficient way of managing scarce NHS resources. That's what 'viability' means in this context.
- 16.52. It's also worth pointing out that this is why the Interested Parties are so commercially interested in this application. If this was just about Monkton, then we would be relatively unperturbed given the small size of the village. But we know that's not how this works and we know that the only way the applicant will be able to build a viable business will be to aggressively market deliveries, weekly packs and other remote services to residents of Prestwick and Troon - as has happened where the PPC has previously, and we believe erroneously - granted applications in small villages in Ayrshire & Arran.
- 16.53. Now some of the Applicants may claim that the cost of a new pharmacy is 'zero' because it just means a redistribution of the fixed NHS pharmacy global sum. If they do, then they don't know how the contract works. In the short term this may be the case but in the medium term a cost of service enquiry will add costs of all new pharmacies to the recalculated global sum - and there are other costs not fixed in the Global Sum.
- 16.54. So, to summarise this point, when adjudicating an application, the PPC have a duty to consider the viability of the pharmacy in the proposed neighbourhood. The question they must answer is not 'can a competent businessman open a pharmacy here and make money by any means possible?'. The question that must be answered is: 'Is this population large enough to provide an NHS income that will support this pharmacy in the absence of any other source of income from out-with the proposed neighbourhood'.

- 16.55. By properly considering the application in this way the PPC will avoid squandering NHS funds on a pharmacy that can only survive by seeking NHS income from patients out-with the neighbourhood who already have an adequate pharmaceutical service which is already funded.
- 16.56. So to summarise, the neighbourhood is the small village of Monkton. The population is approximately 1,700 and there are no plans for this to increase. This is evident by the article in the Ayr Advertiser on the 23<sup>rd</sup> of November 2020, "Monkton 300 homes bid rejected by council. Where Harry Middleditch, the Community Council Chair, is quoted in saying that the sewerage system is overburdened and the roads around the village are at gridlock and has also described the education system as already at "breaking point". The local people of Monkton want the village to remain a village and don't want it to become a town. All of our statistics are from the Government's 2011 census.
- 16.57. The pharmaceutical services available to the population of the village are adequate. This application fails the Legal Test at the first hurdle and I would ask the PPC to reject it.
- 16.58. One further thing, the population of the village is far too small and the wrong demographic to support an NHS community pharmacy. It is quite simply not viable and would not secure a service. This application must be refused."
- 16.59. This concluded the representation from Ms Burns.

17. **Questions from the Applicant to Ms Burns**

- 17.1. Mr Manson enquired how many items were dispensed per month at Toll Pharmacy. Ms Burns answered that the number of items dispensed per month at Toll Pharmacy did not have an impact on the size of Monkton and if enquiring about this pharmacy, then the Applicant was obviously looking out-with Monkton for business to make Monkton Pharmacy viable.
- 17.2. Mr Manson asked whether granting a pharmacy in Monkton would have any impact on Toll Pharmacy business. Ms Burns explained that Toll Pharmacy delivered to a small number of people in Monkton almost every day and could quite easily meet the pharmaceutical requirements of residents. The number of drivers were increased following the pandemic but staffing levels would need to be reviewed if a pharmacy opened in Monkton. However

at this moment in time, Ms Burns was unable to state whether the opening of Monkton Pharmacy would have a big impact or not.

- 17.3. Ms Burns was invited to agree with the statement that there were viable pharmacies within neighbourhoods of a lesser population than Monkton. Ms Burns was of the opinion that village pharmacies were only viable by seeking business out with the village. Adding that Springside Pharmacy was going as far as Saltcoats for business. Ms Burns agreed that such pharmacies were viable by aggressively seeking business out-with the village.
- 17.4. Mr Manson referred to the statement made by Ms Burns that it was ridiculous to consider the workforce as customers of Monkton Pharmacy when the regulations state that consideration should be given to the transient populations of the neighbourhood and invited an explanation. Ms Burns had based this opinion on the fact that the coffee shop had closed.
- 17.5. Mr Manson asked why the coffee shop had closed down. Ms Burns had assumed it had closed because the business was not viable. Mr Manson stated that it was due to family illness. Ms Burns said that the Manor Park was boarded up. When asked by Mr Manson if Ms Burns knew why that was the case, the Chair interrupted and said it was not relevant.
- 17.6. Mr Manson recalled a statement made that people's opinion's in the CAR shouldn't be taken into account by the Committee for this application and asked whether Ms Burns believed this to be true. Ms Burns disputed that this had been said. What was said was that there was a marked difference in responses from those received in 2018 and in the opinion of Ms Burns it seemed as though respondents had been coached. It seemed strange that the answers provided in 2021 suited the application better. This was really an observation rather than an opinion.
- 17.7. This concluded the questioning of Ms Burns by the Applicant.

18. **Questioning of Ms Burns by other Interested Parties**

18.1. **Questions from Mr Murdoch (Willis Pharmacy) to Ms Burns**

18.1.1. Mr Murdoch had no questions.

18.2. **Questions from Mr Jamieson (Boots UK Ltd) to Ms Burns**

- 18.2.1. Mr Jamieson had no questions.
- 18.3. Questions from Ms Hunter (Monkton Community Council) to Ms Burns
- 18.3.1. Ms Hunter asked whether a village pharmacy could be viable as a result of the expansion of Pharmacy First services or some of the other services that a pharmacy could provide in a local community. Ms Burns explained that as had already been said by Mr Murdoch, pharmacies survive on core services and prescription numbers. Funding is never guaranteed for the additional services. Ms Burns had been an independent prescriber since this was first available and had tried hard to obtain funding for these services without much success. Although these additional services were good for patients, the funding was always transient and quite difficult to obtain. The fact was that pharmacy business was still built on prescription numbers. Ms Burns stated that a pharmacy could not yet be run on additional services.
- 18.3.2. Ms Hunter referred to the statement made that new village pharmacies were viable due to expansion into other neighbourhoods and enquired whether Toll Pharmacy obtained business by expanding into other neighbourhoods given that there were four pharmacies in Prestwick. Ms Burns stated that Toll Pharmacy had been trading for more than one hundred years and so was deep rooted in the area. Toll Pharmacy had a community all of its own. The delivery service at Toll Pharmacy collected prescriptions from the ten surgeries between Ayr and Prestwick every day. That was the core population for Toll Pharmacy. People were proud of the locality and considered themselves from the Toll and not from Prestwick. As the business grew, if someone wanted to use Toll Pharmacy then the pharmacy would do as much as it could to look after that person.
- 18.3.3. Ms Hunter had no further questions.
19. **Questions from the Committee to Ms Burns**
- 19.1. Questions from Canon McManus (Lay Member) to Ms Burns
- 19.1.1. Given that Toll Pharmacy was going out-with its neighbourhood to provide services, Canon McManus asked what was wrong with Monkton Pharmacy going out-with the neighbourhood to provide services. Ms Burns said that was not the Legal Test which was

whether a local community could actually sustain a pharmacy with-out going out-with that neighbourhood.

- 19.1.2. Canon McManus was struck by what Ms Burns was saying, that it was alright in some circumstances for business to be obtained out-with the neighbourhood but not for pharmacies within small communities. Ms Burns referred to the guidelines which allowed a pharmacy to open, reiterating that if a pharmacy was not in a neighbourhood that enabled it to survive then it should not be there.
- 19.1.3. Canon McManus referred to the statistic presented about the healthy population of Monkton and asked whether Ms Burns had a similar figure for Prestwick. Ms Burns did not have that information because the application in question related to Monkton.
- 19.1.4. Canon McManus stated that a pharmacist was needed every bit as much as a pharmacy and that provision was not guaranteed through delivery services. Ms Burns was asked to comment. Ms Burns stated that when the pandemic hit, Toll Pharmacy texted or telephoned asking all elderly patients to stay at home and advising that the pharmacy would deliver medication. There was also a free phone number provided which could be called if anything was required. Ms Burns said that Toll Pharmacy had four delivery vans which could be diverted to provide items in an emergency. Because Toll Pharmacy had contacted customers in this way, communication had improved and there was no need for people to queue outside the pharmacy. Consultations were more accessible virtually using NHS Near Me or by telephone using the Freephone number. People with long term conditions did not need to go to the surgery any more, but a full discussion and subsequent prescription set up for 6 months or a year under Pharmacy Care & Review.
- 19.1.5. Canon McManus was asking whether a face-to-face encounter with the pharmacist, preferred by many, was as good as a delivery service from a delivery driver. Although pharmacists weren't seeing as many people as before, Ms Burns said that more conversations were being had with patients whether by phone or NHS Near Me. All Toll Pharmacy delivery drivers were qualified with the NPA Delivering Medicines Safely so that if there were any concerns these would be reported to the pharmacist straight away. The pharmacist would then contact the patient. It had been

demonstrated by the pandemic that there was now not the same need as before for face-2-face consultations. If anything, patients were speaking to the pharmacist more. Items were not being delivered to people without any pharmaceutical care.

19.1.6. Canon McManus did not dispute anything that Ms Burns was saying but compared the experience to that in the USA where local pharmacies had been lost and prescriptions and items were sent by post. Ms Burns disagreed with that analogy stating that pharmaceutical care in Scotland was currently the best it had ever been. Each pharmacy had a Pharmacy Care Record produced by NHS Scotland and an interview template that was used for anyone signed up to the Pharmacy Care & Review service. Information was recorded on the Pharmacy Care Record owned by the NHS.

19.1.7. Canon McManus had no other questions.

19.2. Questions from Ms Hamilton (Lay Member) to Ms Burns

19.2.1. Ms Hamilton asked whether Ms Burns had any evidence that people had been coached in providing CAR responses or if it was purely observational. Ms Burns said that the comments in the CAR from 2018 were all about convenience and what a local pharmacy would mean to someone else. Ms Burns felt people had read the report on the last unsuccessful application and had amended answers accordingly. When pressed, Ms Burns did not have any evidence that people had been coached.

19.2.2. Ms Hamilton had no other questions.

19.3. Questions from Mr Hunter (Lay Member) to Ms Burns

19.3.1. Mr Hunter had no questions.

19.4. Questions from Ms Mitchell (Non-Contractor Pharmacist Member) to Ms Burns

19.4.1. Ms Mitchell had no questions.

19.5. Questions from Ms Gallagher (Contractor Pharmacist Member) to Ms Burns

19.5.1. Ms Gallagher had no questions.



- 19.6. Questions from Mr Connolly (Contractor Pharmacist Member) to Ms Burns
- 19.6.1. Mr Connolly had no questions.
- 19.7. Having ascertained that there were no further questions from the Committee, the Chair announced a short break in proceedings.
20. **Ms Helen Hunter (Monkton Community Council)**
- 20.1. Ms Hunter read the following statement making adjustments as necessary:
- 20.2. “Like everyone we welcome the opportunity, thank you, it is valued by the residents of Monkton. The Community Council are here as the voice of the people of Monkton. We have heard quite a lot today and I’d just like to say that we do have the Applicant’s father on the Community Council. He has been very circumspect in not being involved and we have too in him not being involved in any of the discussions. I don’t know why he was listed on the minute but reassurance was provided to Mr Murdoch that Alan Manson has not had any involvement at all.
- 20.3. I have lived in the village for 13 years and Mr Harry Middleditch has lived in Monkton for 38 years. Others on the Community Council were brought up in Monkton and have lived there for over 60 years.
- 20.4. The Community Council in Monkton was constituted in August 2018 – we just missed the last pharmacy application. One of our key aims is to find out what the people of Monkton really want and need. Initially we carried out a survey in April 2019, it was a leaflet drop. We didn’t get a great response but it was interesting when I looked back. It was me that actually drew the survey up and one of the things that was high priority was the need for a chemist shop. What we learned from that survey was that often you need to speak to people face-to-face to find out what they really need. A leaflet drop does not actually give you the response that might be significant in terms of what you require. When we heard that there was to be a survey for a pharmacy again in Monkton, the Community Council had a discussion about how we might help respondents because people often don’t go onto social media. We decided as the Community Council, to knock on every single door in the neighbourhood and deposit a copy of the consultation to every door. We had a face-to-face discussion with people in

relation to the pharmacy. I believe the result was a significant increase in responses to the joint consultation put out by Mr Manson and the Health Board.

- 20.5. Monkton, as you can see from the CAR, welcomes the opportunity to have an independently owned pharmacy which would be able to serve the community and provide additional services to support the community and be the best possible provider of pharmaceutical services not just a dispensary of medicines.
- 20.6. The key elements of the test for new pharmacies are as follows and I'm sorry you will all know this but it was new to me.
- 20.7. Neighbourhood. Some of the Interested Parties here have objected to Adamton being part of the neighbourhood. At one point we had a member of the Community Council from Adamton. South Ayrshire Council Locality Planning Partnership considered Adamton and Monkton as a neighbourhood in itself. They at the moment are doing place planning and Monkton is next on their list in terms of looking at what is it that this village needs and wants. So for the purposes of this exercise I would agree with Mr Manson's representation of the neighbourhood. The children of Adamton go to the local school and they use the local shop. we have had a Councillor on our Community Council from Adamton, they've been part of the Community Council, they come along to the meetings. In fact we've had people from the caravan site come along to the meetings as well.
- 20.8. I would ask the Committee to endorse Mr Manson's representation of the neighbourhood.
- 20.9. So, what are the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood & are these services adequate and if not why.
- 20.10. So we have four pharmacies in Prestwick, one in Dundonald and two in Troon. The nearest being two miles away and furthest seven miles. I would question whether they can provide all of the facilities that a community pharmacy can.

- 20.11. First of all, I would like to draw your attention to Scottish Government's Public Health Priority Place. This is about organisations and partnerships working better, shaping services differently geared to what communities want and need. Not about ensuring existing businesses get the turnover they require. Place is defined as follows "We want Scotland to be a place where everybody thrives. We want to reset how Scotland thinks about wellbeing and health. High quality and equitable healthcare and health protection services are vital in improving and maintaining health and addressing health inequalities. People of Monkton want a pharmacy in Monkton, they don't want to be treated as second class citizens. All of the adjoining villages – Mossblown, Annbank, Symington, they all have pharmacies. Monkton doesn't and it's two miles to the nearest one.
- 20.12. The Pharmaceutical Care Services Plan in the pack highlights that it is more important that a community pharmacy is located next to their patients rather than a GP surgery. This is particularly relevant with changes in behaviour as a result of the pandemic which I believe will be permanent. I'm a resident of Monkton, I don't go to the shops every day in Prestwick or Troon. I get a delivery sometimes from Tesco but don't go to the nearest town every day. I tend to avoid shopping now, my behaviour has changed and I believe the behaviour of a significant number of people has changed too as a result of the pandemic. People are using social media more, I agree that people have been redirected by their GP to a telephone conversation and sometimes to Facetime but people actually told us at the doors they want a face-to-face consultation. They actually welcomed that fact that there would be a local pharmacist in the area rather than having someone at the end of the telephone. It may be that nobody in Monkton has had anything else but they are saying to the Community Council they would prefer to have a face-to-face consultation. GPs are redirecting people all of the time. .
- 20.13. Are these services adequate? Now I've found it difficult as a lay person to find a consistent definition of adequacy. In order to assist with this I looked at precedents
- 20.14. (i) Lord Drummond Young — Lloyds Pharmacy Ltd v National Appeals Panel (2004) (ii) Lord Macphail —Rowlands v National Appeals Panel (2006) had some key principles in their judgements.

- 20.15. Lord Drummond Young stated the need to have regard to probable future developments; that the standard of adequacy would change over time; that with the construction of new houses, the standard of "adequate" pharmaceutical provision must develop over time. Lord Drummond Young's stated that the word "secure" meant to maintain adequacy, that the decision maker must have regard to future developments to ensure adequate provision was maintained. From the CAR responses, what I see is that people are saying provision is not adequate so how can it be maintained? It can be maintained by the introduction of a new pharmacy. In his judgement, Lord Drummond Young also said that regard should be given to transient populations. That is a legal judgement at an appeal stage.
- 20.16. Lord Drummond Young also stated that consideration should be given to relevancy of change in the neighbourhood, changes in pharmaceutical practice, and what it was possible to provide in the neighbourhood.
- 20.17. That judgement in my view presents some key principles. I'd just like you to consider an analogy. If I owned a multi storey building and it didn't have a lift and I put a lift in, would people not chose to use the staircase. Of course not. People deserved to have the choice of services that they use. If they want to continue to use other services they will but what actually the CAR is telling us is that they want to use a face-to-face service in Monkton.
- 20.18. I also looked at other Applications in NHS Ayrshire in seeking to address the question of adequacy as I feel that equality of provision and consistency of decision making needs to be looked at. A consistent theme that helped define adequacy was population. Ochiltree was granted a pharmacy with a population of 1050 and Fenwick with a population of 989 – these are taken from the 2016 Community Plan which is beyond the 2011 census. These two villages would be similar to Monkton in terms of social demographic. I've heard what others have said in terms of people from poorer areas having greater health needs. I think probably that is true but it hasn't been a consistent theme in terms of the Committee's decision making. Ochiltree and Fenwick would be very similar in social demographics to Monkton. Dalmellington and Springside in the East Ayrshire vicinity are similar in terms of their social demographics and that was taken into consideration by the PPC when that decision was made. The other theme I looked at was distance to a pharmacy and if this was consistent

in decision making but it's not. In Springside, the nearest pharmacy was just over one mile away, the bus service there was every 7-8 minutes so think population seemed to be one of the most defining and consistent factors.

- 20.19. I would agree with the Applicant, that at the moment the current population is 1300 taking into account the developments since the 2011 census until now. We actually did a straw poll in terms of numbers of people in the household. As a Community Council we are able to knock doors. In Fairfield Park there are 56 houses and knocked on 34 doors as the others weren't in and averaged the population in those 34 houses which was three per household.
- 20.20. The Persimmon development of 286 houses is comprised of some one and two bedroomed houses but also with three, four and five bedroom homes. Persimmon were persuaded to do this by South Ayrshire Council which had assessed that there was a need for housing for older people in the village of Monkton. I went down the other day and looked at the plots which were for over 300 houses on their board. I don't know if they will get permission to exceed this quantity of houses, often that happens. I've been doing planning now since 2018 and developers often exceed the approval limits placed on them by the councils.
- 20.21. So, I deal with planning on behalf of the Community Council. The current approved Persimmon application – yes we objected to it. We objected to the drainage and the road infrastructure not the houses.
- 20.22. People in Monkton are not averse to houses being built. They want to retain the village character as it had a long history but they were certainly not averse to new houses. As can be seen from the main issues report in the pack there is information from Alan Edgar Head of Planning, additional areas are being identified for further development in Monkton. If you look at the legislation I quoted earlier the Committee would need to consider whether this is probable or not in terms of increases in the population.
- 20.23. The other things I'd ask you to take into account are the Ayrshire Growth Deal which is the Memorandum of Agreement which has been signed which is further economic expansion in relation to Prestwick Airport. That comes with it all the developers looking at how they can expand their housing in the area. The Barratt housing of 300 was not approved by South Ayrshire Council but I

can assure you that having looked at it, not being approved doesn't mean it won't happen. It's probable that it will happen. There's an appeal at the Government at the moment and again the Committee can look at probabilities.

- 20.24. Consideration I think should be given to relevancy of change in the neighbourhood, changes in pharmaceutical practice, and what it was possible to provide in the neighbourhood. It's unbelievable the expansion in pharmaceutical practice today. It has come a long way in terms of the services provided. When we knocked on the doors in Monkton people didn't realise the extent of services a pharmacist could provide. Current services are not satisfactory in terms of quality and quantity to meet known and recognised future demands for the growth in the area or to meet the needs of the community. Based on equality and comparing other villages in the NHS area, Monkton feel they have been deprived of a very needed service. You have Symington, you have Annbank, you have Mossblown - all villages that are not too far from the population of Monkton at the moment and they all have pharmacies. Monkton can't be forgotten. The villagers have every right to a local pharmacy.
- 20.25. The other area I would like to draw your attention to is the role of a community pharmacy in public health and health promotion campaigns. Whilst we've heard that it might not have been very successful, I think the Scottish Government has a different view. This is proactive work which is best delivered in a locality. If NHS Ayrshire wish to achieve the best health outcomes then you must consider the importance of community pharmacy in a growing community.
- 20.26. Some statistics from the South Ayrshire Community Safety Partnership strategic assessment which I will leave for the Committee. I was actually quite ashamed when I was reading them. I live in an Authority which on a pro-rata basis some of which affects Monkton. 25% of residents are 65 years+ compared with 19% nationally. 11% of residents are 75 years + compared with 8% nationally. Alcohol related hospital stays per 100,000 of the population rose to 831 in 2017/18 compared with a reduction across Scotland to 718. Drug related hospital stays per 100,000 rose to 316 in South Ayrshire in 2017/18 compared to 235 nationally. Pro-rata that involves and includes Monkton.

- 20.27. I wouldn't agree that we are as affluent as people say. I live in Monkton, I look at the elderly population, I go to the wheelchair group, the person that represents the knitting group comes to the Community Council. There are far more elderly people than the 84 suggested.
- 20.28. We cannot be proud of the figures for South Ayrshire. We all need to work hard to tackle these at source not at a tertiary level.
- 20.29. A community pharmacy is a very important primary care service and they can have an impact on health outcomes and I'd like to think they have an impact on the alcohol outcomes in Monkton.
- 20.30. Page 25/26 of the Pharmaceutical Care Services Plan highlight the range of services a pharmacy can provide and I think that those would be of significant benefit to Monkton and so do the people of Monkton. One response in the consultation said "assuming these services are available in Prestwick" I assume they didn't know they were. "this is exactly what we need". "Wow, I had no idea pharmacies even did half the things on this list. I suppose because we have almost zero access to one right now and only receive a delivery service.
- 20.31. Some of the comments about the other service may not have quite reached the level of a formal complaint but in my working life if someone says that the service isn't quite adequate you treat it as a complaint. They may not have complained as a paper exercise to a Health Board but to them they may have complained to a community pharmacy and this is something I should have asked. How do you couch something as a complaint but they did complain in the consultation.
- 20.32. I have extracted the following from the consultation and I agree there were some other comments that highlighted how good the service was from other pharmacies. However, I've had to go back to what people are saying.
- "I have had to go back to get my prescription they didn't have it all"
- "I have had to make multiple journeys when they don't have my medicines which is a big issue for me".
- "working with the elderly population myself, I know the local pharmacies are significant under pressure to accommodate Blister packs and level 3 Marr and so additional capacity would be

beneficial particularly as Monkton has a significant elderly population who would utilise these services.

"I sometimes struggle to get a delivery"

"working from home currently I struggle to get to Prestwick midweek and take regular medication so if I am low or run out I sometimes have to go without"

"The pharmacy I am using closes at lunch time" This was a personal issue for me, I went to the pharmacy and the pharmacist was away for lunch. I was parked in Kirk Street which was a bit of a distance from the pharmacy and I work so didn't have time to go to another pharmacy which might have been open. I couldn't get my prescription for a minor ailment until the following day and I was in significant discomfort.

"Parents with young children not always able to travel to get medication".

"high number of elderly residents who find travelling on public transport challenging. People said to me that they had missed buses during the pandemic because only a limited number were allowed on the bus. If the bus was full they had to wait at least half an hour to get another bus and some had spent the whole afternoon trying to get a prescription.

"Someone working for a care provider and living in Monkton told us the Toll Pharmacy were not dispensing blister packs to them and they were directed to Seafeld Pharmacy in Ayr.

"During the pandemic I have to walk to Prestwick, the Pharmacies were too busy to deliver and the buses were not running. I am 72 years old and a pensioner so walking to Prestwick was very difficult for me. A new Pharmacy in Monkton would be life changing."

"with all the goodwill in the world delivery drivers will always endeavour to complete their rounds timeously and as a result driving standards suffer.

I met a 95 year old woman who still drives to get her prescription. I met her in Main Street and she goes to the pharmacy next to Tesco she told me for her prescription. She speaks to the pharmacist but said it was a different one every time and would rather speak to someone she could trust. She was quite open saying that I'm not saying I can't trust the pharmacist but it is much better if you get to know the person giving you the prescription.



- 20.33. Very briefly and in summary why is it desirable? On the basis of equality Monkton has as much right to a pharmacy as the surrounding villages and the population is sometimes greater than that of some of the surrounding villages. It is clear from the consultation that 92% of respondents desire one - and the return was significant. The population has increased and is increasing exponentially. I believe the pandemic has rapidly changed the delivery of health services with more online and telephone consultations taking place at GP surgeries and GPs directing people to pharmacies where a face-to-face interaction can take place. I don't believe that people don't like a face-to-face interaction. There is an increased recognition of the clinical care which pharmacists can provide and the utilisation of this expertise by local communities. This is not readily accessible to the people of Monkton. People should have access to pharmaceutical care where they live and it is difficult to see how the wider range of services can be adequately delivered by pharmacies outwith the village. Again, I would like to draw your attention the Scottish Governments Public Health Priority Place. This has been widely recognised in planning. There's new regulations coming in and in fact there's a "Thriving Communities Team" and you are now an Integrated Health & Social Care Community. The Thriving Communities Team have the job to look at community safety and to get the views of people in the areas that they live and they are putting together plans for incorporation into the Authorities Community Planning structures.
- 20.34. I urge you to consider the voices of the residents of Monkton and we endorse the view of the 92% that a pharmacy located in the village is not only desirable but necessary.
- 20.35. Thank you"
- 20.36. This concluded the representation from Ms Hunter.
21. **Questions from the Applicant to Ms Hunter**
- 21.1. Mr Manson had no questions.
22. **Questions from the Other Interested Parties to Ms Hunter**
- 22.1. Questions from Mr Murdoch (Willis Pharmacy) to Ms Hunter

- 22.1.1. From the list of services available from the community pharmacies in Prestwick and Troon and those available from other community pharmacies in Scotland, Ms Hunter was asked to identify any gaps in service. Ms Hunter was quite healthy and didn't use pharmacies very often so hadn't personally identified any gaps in services. However other people had as reflected in the comments in the CAR. Respondents had sometimes been unable to access the minor ailments service but this service would be valued.
- 22.1.2. Mr Murdoch had no further questions.
- 22.2. Questions from Mr Jamieson (Boots UK Ltd) to Ms Hunter
- 22.2.1. Mr Jamieson had no questions.
- 22.3. Questions from Ms Burns (Toll Pharmacy) to Ms Hunter
- 22.3.1. Ms Burns had no questions.
- 22.4. This concluded questioning by the other interested parties. The Chair therefore invited questions from the Committee.
23. **Questions from the Committee to Ms Hunter**
- 23.1. Questions from Mr Hunter (Lay Member) to Ms Hunter
- 23.1.1. Mr Hunter was interested to know whether the questions used in the consultation had been generated by Ms Hunter. Ms Hunter hadn't developed the questions in the CAR only asked people to complete the questionnaires and got a significant response. Respondents had confirmed overwhelmingly that a pharmacy was definitely needed in Monkton. People had positively commented on the delivery service received from Toll Pharmacy but often also commented that it would be better to have a face-to-face consultation with a pharmacist. Ms Hunter clarified that a questionnaire had been produced by the Community Council in 2019 to find out what services people wanted in Monkton and a chemist was specifically mentioned.
- 23.1.2. This concluded questioning by Mr Hunter.
- 23.2. Questions from Canon McManus (Lay Member) to Ms Hunter
- 23.2.1. Canon McManus asked if Ms Hunter disagreed with the description of the neighbourhood population as young, prosperous and healthy. Ms Hunter absolutely disagreed with this

description as did the housing needs analysis carried out by South Ayrshire Council – there was a rising population in Monkton and in South Ayrshire as a whole that was over 65 years.

23.2.2. Canon McManus had no further questions.

23.3. Questions from Ms Hamilton (Lay Member) to Ms Hunter

23.3.1. Ms Hunter had no questions.

23.4. Questions from Ms Mitchell (Non-Contractor Pharmacist Member) to Ms Hunter

23.4.1. Ms Mitchell had no questions but wanted to make a point in relation to the statement made regarding blister packs and MAR service. Neither of these were core services so when looking at service provision it was national core services that were taken into account. Ms Hunter did not know that but had quoted from the consultation.

23.4.2. Ms Mitchell had no other questions.

23.5. Questions from Mr Connolly (Contractor Pharmacist Member) to Ms Hunter

23.5.1. Mr Connolly asked whether there were any new amenities planned for Monkton given the building works that were going on. Unfortunately, it had not been included as a section 75 condition of approval. Ms Hunter stated that South Ayrshire Council were looking very carefully at education. The village shop had been given permission to expand. The Post Office was thriving and staff had said that people came from other areas because there were no queues and parking was easy. The coffee shop closed because of health reasons for the owner and the hotel closed because the landlord was unable to expand the business. These facilities had not closed due to lack of demand. In fact, in the survey conducted by the Community Council the other amenity requested by residents was a pub. The Brewer's Fayre was being used as the local pub and involved a 15 minute walk 0.8 mile. Generally, planning applications were considered favourably. Ms Hunter had little doubt that the Barratt application would be approved eventually. The Gladman application in Symington was rejected by South Ayrshire Council but that decision was overturned by the Court of Session. LDP2 was being appealed by Gladman, Barratt and Persimmon. Generally speaking

occupants of the new homes were not from other places in South Ayrshire but further afield such as Glasgow.

23.5.2. Mr Connolly asked for clarification about highlighting questions when knocking on doors. Ms Hunter said she had highlighted the services available at pharmacies and highlighted some of the questions. People welcomed that fact that the application was from a local and thought a pharmacy was more than just a business in that there was trust placed in a local pharmacist that could be seen face-to-face.

23.5.3. Mr Connolly had no further questions.

23.6. Questions from Ms Gallagher (Contractor Pharmacist Member) to Ms Hunter

23.6.1. Ms Gallagher had no questions

23.7. Questions from Ms Semple (Chair) to Ms Hunter

23.7.1. Ms Semple had no questions

24. **Summing Up**

24.1. All parties were asked to briefly sum up the arguments made.

24.2. **Mr Murdoch (Willis Pharmacy)**

24.2.1. Mr Murdoch said that the first part of the Legal Test was to demonstrate that current provision was inadequate, adding that had not been proven today. Mr Murdoch stated that current provision was adequate to the area of Monkton.

24.2.2. Mr Murdoch recognised that no doubt people would like a pharmacy and a local as a pharmacist but it had not been proven to be necessary at this stage.

24.2.3. The viability of Monkton Pharmacy was also questionable with the current population.

24.2.4. For those reasons, Mr Murdoch said the application failed the Legal Test and urged the committee to reject it.

24.3. **Mr Jamieson (Boots UK Ltd)**

24.3.1. Mr Jamieson said that all had talked about population and there had been a bit of variance but all could agree that there were 517

houses in Monkton with 286 planned/currently being built on the Persimmon estate. This would give the neighbourhood and overall population somewhere between 1600 and 1800 using the 2.3 figure [for occupancy]. However, looking at the national averages of prescription items per person that wouldn't give a case for viability in order for this pharmacy to survive. Bearing in mind the costs the would be incurred for the proposed opening hours, the Applicant would be forced to extend to the outlying areas to keep the pharmacy viable.

24.3.2. Mr Jamieson stated that there had been no official complaints made about pharmacy services to the Health Board. The population is one of the least deprived areas of Scotland according to the Scottish Index of Multiple Deprivation 2020 and classed as being in good health.

24.3.3. There is high car and home ownership. There was a bus service 3-4 times an hour to Prestwick and 1-2 times per hour to Troon. The population is in line with the national averages for Scotland.

24.3.4. The pharmacies in Troon, Prestwick and Ayr offer all the national core and locally negotiated services with delivery and have capacity for further growth.

24.3.5. In conclusion, the Applicant has not provided evidence of inadequacy of existing services in the neighbourhood. Mr Jamieson respectfully asked that the application be refused.

24.4. **Ms Burns (Toll Pharmacy)**

24.4.1. Ms Burns summarised that the CAR was different from those previously received and understood now that the population of Monkton had been coached in some way by the Community Council when completing the questionnaire.

24.4.2. The fact was that the neighbourhood was the small village of Monkton. The population was 1700 and there were no plans for this to increase. Hugh Hunter, a local councillor, stated that 300 new homes in South Ayrshire would be beneficial but suggested that Monkton was not the place for these to be built. The price Monkton would have to pay for additional houses would be too high. There were local people that had objected to the building of additional housing

24.4.3. Ms Burns stated that the pharmaceutical services available to the population of the village were adequate and so the application failed the Legal Test at the first hurdle. The Committee were asked to reject the application.

24.4.4. Furthermore, the population was far too small and of the wrong demographic to support and NHS community pharmacy. It was quite simply not viable and would not secure a service. The application must be refused.

24.5. **Ms Hunter (Monkton Community Council)**

24.5.1. Ms Hunter stated that the Community Council believed the application was both necessary and desirable and that current provision was inadequate.

24.5.2. South Ayrshire Council's equality & diversity strategy highlighted the aspiration to achieve the best possible health outcomes. There were eight other villages on a par or less than the current population of Monkton with community pharmacy services. None of those pharmacies have been closed down because of not being viable.

24.5.3. The Committee were referred to the Joint Integration Board strategy of 2018-2021. Underpinning that strategy was a key principle of choice. The villagers of Monkton were not coached out-with the formal consultation and have spoken – 92% of respondents said a community pharmacy was necessary and nearly all of those respondents lived in the proposed neighbourhood.

24.5.4. In terms of the delivery of a service, it was more than simply a medicine supply service and it was difficult to see how the full range of services could be adequately delivered by pharmacies out-with the neighbourhood. The Community Council were keen for a full range of services to be provided by a community pharmacy and believed this could only be achieved with a pharmacy located in the village of Monkton.

24.6. **The Applicant**

24.6.1. Mr Manson highlighted that there were no healthcare services of any kind currently located in Monkton village.

- 24.6.2. The population was more than large enough to support the viability of a new contract. Given the spread of use over the entire network the impact on other contractors would be minimal. Mr Manson believed this had been proved in the whole case presented.
- 24.6.3. There's large scale housing developments currently being built which will further increase the population and demand for pharmacy services and will put the existing network under more pressure. The population figures quote by Interested Parties were incorrect. Mr Manson believed that statistics had been chosen to give the lowest number. Even in the previous application, Ms Burns said the population as it stood was 1300-1400 which had obviously now changed.
- 24.6.4. There was an infrequent bus service and bus services did not do anything to reduce inadequacy. There was a high level of support in the CAR. Many people had highlighted that the distances to be travelled and access a real issue – both of which prove inadequacy. The comments did not relate to convenience but to necessity. The Community Council supported this application and the community had spoken fervently in support of the application. Mr Manson believed that the views of the APPC should be viewed objectively
- 24.6.5. Given all the reasons above, Mr Manson believed this contract was necessary and desirable and respectfully asked for the application to be granted.

## **25. Retiral of Parties**

- 25.1. The Chair noted that the APPC had been invited to attend the hearing following receipt of their letter by NHS Ayrshire & Arran but had declined the invitation. A letter of objection had been received from the Dundonald Pharmacy but they had also chosen not to attend the hearing in person.
- 25.2. The Chair then invited each of the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. Having been advised that all parties were satisfied, the Chair advised that the Committee would consider the application and representations prior to making a determination.

25.3. The Chair advised the Applicant and Interested Parties that it was in their interest to remain in the building until the Committee had completed its private deliberations, and that if choosing to leave, it would be recorded in the Report of the Hearing. 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.

25.4. The hearing adjourned to allow the Committee to deliberate on the written and verbal submissions. The Applicant, Interested Parties and observers left the room at this point and the Committee took a short break.

26. **Supplementary Information**

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

Given the current advice around social distancing a joint site visit did not take place and the Committee were provided with access to digital on line maps, photographs of the premises and undertook individual site visits to familiarise themselves with 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, and churches had been noted. Committee members agreed that they had had sufficient opportunity to 'visit' the proposed site virtually.

- i. Information about the existing provision of pharmaceutical and medical services in Monkton including opening times and current pharmaceutical services provided
- ii. Population Statistics provided by the Principal Information Analyst Local Intelligence Support Team including profiles of selected intermediate geographies within the area
- iii. Extracts from South Ayrshire Council Land Supply 2016-2021 with schedules of sites relating to Monkton – pages 40 & 41
- iv. Extracts from South Ayrshire Council's Main Issues Report 2017 relating to Monkton – pages 36-38, 42-43



- v. Information received from South Ayrshire Council's Building & Planning Department
- vi. Bus route timetables for bus numbers 4 & 14
- vii. A digital map showing the location of Monkton Pharmacy, the proposed neighbourhood and all existing pharmacies and medical practices in the surrounding area
- viii. A map of a suggested route with journey times for the site visit
- ix. A map indicating the journey route and times between (1) Monkton Pharmacy and existing pharmacies (2) Boots in Troon, (3) Willis Pharmacy in Troon and (8) Dundonald Pharmacy in Dundonald
- x. A map indicating the journey route and times between (1) Monkton Pharmacy and Medical Practices in Troon (4), (5) & (6) and Dundonald (7)
- xi. A map indicating the journey route and times between Monkton Pharmacy (1) and Prestwick pharmacies (11), (12), (13), (14)
- xii. A map indicating the journey route and times between Monkton Pharmacy (1) and Medical Practices in Prestwick (9), (10) and Ayr (15)
- xiii. NHS Ayrshire & Arran Pharmaceutical Care Services Plan (July 2021)
- xiv. The application
- xv. Photographs showing the proposed pharmacy interior (6 views), back entrance and car park (2 views), street entrance (3 views)
- xvi. Design and Access statement produced by Persimmon Homes in August 2018
- xvii. South Ayrshire Council Delegated report – determination of successful planning application submitted
- xviii. Approved drawing – plan view of pharmacy
- xix. Approved drawing – Elevations drawing
- xx. Consultation Analysis Report

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

### 27.1. Introduction

27.1.1. NHS Ayrshire & Arran had undertaken a joint consultation exercise with the Applicant regarding the application for a new pharmacy at Old Monkton Primary School, Main Street, Monkton, KA9 2RH.

27.1.2. The purpose of the consultation was to seek the views of local people on this proposed new pharmacy. The consultation aimed to gauge local opinion as to whether access to pharmacy services in the area were currently adequate as well as measuring the level of support of residents in the neighbourhood to which the application related for the new pharmacy.

27.2. Method of Engagement to Undertake Consultation

27.2.1. The consultation was conducted

By placing an advertisement in the Ayrshire Post;  
Notifications being placed on the Health Board's Twitter and Facebook pages with subsequent notices at regular intervals;  
A link to the consultation document was placed on the front page of NHS Ayrshire & Arran's website ([www.nhsaaa.net](http://www.nhsaaa.net));  
Posters advertising the Joint Consultation questionnaire (which contained questions agreed by both parties) were issued and asked to be displayed at the following locations:

- a. Cathcart Street Medical Practice, 8 Cathcart Street, Ayr
- b. Dundonald Medical Practice, 9 Main Street, Dundonald
- c. Kirkhall Surgery, 4 Alexandra Avenue, Prestwick
- d. Station Road Medical Practice, 2 Station Road, Prestwick
- e. Templehill Surgery, 23 Templehill, Troon
- f. Portland Surgery, 1 Dukes Road, Troon
- g. Portland Surgery Branch Site, 129 Deveron Road, Troon
- h. Post Office, 24 Main Street, Monkton
- i. Monkton Stores, 29 Main Street, Monkton
- j. Pioneer Café, Monkton Community Church, Monkton
- k. Manor Park, Kilmarnock Road, Monkton
- l. Dutch House Caravan Park, Monkton
- m. Brewers Fayre, Monkton Lodge, Kilmarnock Road, Monkton
- n. Premier Inn, Kilmarnock Road, Monkton

27.2.2. Due to social distancing restrictions put in place by the Scottish Government in response to COVID-19, permission was sought from the applicant to continue on the basis that Distribution Outlets were not visited and hard copies of the Joint Consultation Questionnaire were not issued for distribution. Agreement was granted by Mr Sean Manson to proceed. Hard copies of the Joint Consultation questionnaire along with Freepost envelopes were however made available to the applicant for individual distribution to households within Monkton.

27.2.3. The Consultation Period lasted for 90 working days from 22 January 2021 – 4 June 2021 and the total number of responses received was 454.

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

27.3.1. Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; gaps in existing services; wider impact; impact on other NHS services and optional questions on respondents' addresses and households.

Question	Response Percent			Response Count			
	Yes	No	Don't know	Yes	No	Don't know	Skipped
1. Do you agree this describes the neighbourhood to be served?	95.12	3.77	1.55	429	17	7	3
2. Do you think the proposed location is appropriate?	93.82	5.74	0.44	425	26	2	1
3. Do you live within the neighbourhood?	94.03	5.97		425	27		2
5. Do you think that the services listed are appropriate for the proposed new location?	92.05	5.96	1.99	417	27	9	1
6. Do you believe there are any gaps/deficiencies in the existing provision of pharmacy services provided to the neighbourhood?	66.29	23.37	10.34	295	104	46	9
7. Wider Impact – Monkton Pharmacy believes that a new pharmacy is absolutely necessary for the village to ensure that an adequate provision of pharmaceutical services is delivered to the residents of the village. With the expansion which has been approved for residential housing, there is an overwhelming need for services to be provided. Monkton Pharmacy also believes that a pharmacy, which is located in the heart of the village will be of great benefit to the residents in enhancing their health and wellbeing.  Do you agree with this statement?	91.81	7.08	1.11	415	32	5	2
8. Do you believe this proposal would have any impact on other NHS services?	23.78	56.44	19.78	107	254	89	4
9. Do you support the opening of a new proposed pharmacy at Old Monkton Primary School, Main Street, Monkton, KA9 2RH	92.04	7.08	0.88	416	32	4	2
10. Please indicate whether you are responding as an individual or organisation	Individual 100		Organisation 0	Individual 449	Organisation 0		Skipped 5
11. It would be helpful if you could complete the following optional questions, please note that all responses are confidential	Postcode of Home Address 97.53%		Number of Occupants in Household (including children) 98.27%	Postcode of Home Address 395	Number of Occupants in Household (including children) 398		Skipped 49

Question	Response Percent				Response Count				
	Just Right	Too Short	Too Long	Don't Know	Just Right	Too Short	Too Long	Don't Know	Skipped

4. Do you think that the proposed hours are appropriate?	92.57	0.68	4.28	2.48	411	3	19	11	10
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27.3.2. From the response to Question 11, replies were from the following postcode sectors

KA9 = 383 replies

KA10 = 5 replies

KA1 = 2 replies

KA7 = 2 replies

KA8 = 1 reply

KA18 = 1 reply

KA21 = 1 reply

ML1 = 1 reply

10 respondents out of 405 replies did not enter postcode of home address.

The total number of occupants in the household ranged from 0 to 9 people. 7 respondents out of 405 replies did not enter the number of occupants in their household. The average number of occupants per household, taking into account only those who had responded, was noted to be 3 people

## 28. **Discussion**

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

## 28.2. **Neighbourhood**

28.2.1. 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.

28.2.2. The Committee noted that Ms Burns and Mr Murdoch had objected to inclusion of the Adamton Estate in the neighbourhood proposed by the Applicant

28.2.3. However, the Committee agreed with the Applicant that the neighbourhood should include the Adamton Estate and be defined by the following boundaries –

Northern boundary – A78

Eastern boundary – A77 and the Adamton Estate

Southern boundary – Station Road/B739 Baird Road (including Adamton Estate)

Western boundary – A79 .

28.2.4. This definition had been reached because the major roads (A78 and A79) provided physical boundaries. For the most part, the A77 provided a physical boundary but there was an underpass under the A77 linking the Adamton Estate with Monkton. This was used by Adamton Estate residents to access amenities in Monkton, children from Adamton went to the Monkton Primary School and members of Monkton Community Council had lived in Adamton. The Adamton Estate was considered to be part of the village of Monkton by the Local Planning Partnership, Monkton Community Council and 95% of respondents to the CAR (Q1) had agreed with the neighbourhood. For all these reasons the Adamton Estate was included in the neighbourhood. The general public was not permitted access through the gated boundaries of Prestwick Airport, Spirit Aerosystems and the other large employers to the south of Monkton so these formed the southern boundary.

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

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

28.3.2. Given the high response rate (454 replies), the Committee gave significant weight to the CAR as a representative view of residents in the proposed neighbourhood concerning the proposed new pharmacy as 94.03% of respondents to the CAR (Q3) lived within the neighbourhood with 100% of respondents to the CAR (Q10) being

individuals and whether access to existing pharmacy services in the area was adequate.

- 28.3.3. The Committee noted that there were currently no pharmaceutical or medical services within the proposed neighbourhood. 92.04% of respondents to the CAR (Q9) supported the opening of Monkton Pharmacy and the recommendations of the APPC noted. No undue weight was given to this letter by the Committee. There were eight pharmacies and seven medical practices serving the neighbourhood. The nearest settlements to Monkton were Prestwick (approximately 2 miles away), Symington (3 miles away) and Troon (4 miles away). There were four pharmacies in Prestwick (three Boots and Toll Pharmacy), three in Troon (Boots, H&K Willis and Stevenson Chemist) and one in Dundonald (Dundonald Pharmacy).
- 28.3.4. Residents currently needed to travel to access pharmacy services in person. The Committee agreed that it was not feasible for residents to access existing pharmaceutical services on foot both in terms of the time it would take and because of safety concerns. The bus timetable indicated services to Troon and Ayr were relatively frequent for a village but in reality bus services were described in the CAR (Q6 comments) as “unreliable”, “infrequent”, “inconsistent” and “buses from Troon deciding not to visit Monkton because they are behind schedule”. These services were also costly, a return journey from Monkton cost £3.60 into Prestwick and £5.40 into Troon. People with mobility issues had difficulty getting on and off buses as did parents with prams and young children. Although the majority of the population had access to personal transport with 81.3% having access to one or more cars, that was almost irrelevant as parking was difficult at existing pharmacies. Although it had been heard that parking had recently been improved in Templehill with timed parking zones, readily available parking had not been observed during the site visits by Committee members. There were also numerous comments in the CAR (Q6) reflecting parking difficulties at existing pharmacies and 66.29% of respondents had believed there were gaps/deficiencies in the existing provision of pharmacy services provided to the neighbourhood.
- 28.3.5. All existing pharmacies serving the proposed neighbourhood provided all core services. It had been heard during the representations that Boots, Toll and Willis Pharmacies all offered a delivery service and existing pharmacies had access to new tools such as NHS Near Me to enable virtual consultations. Alternatively, patients could speak to the pharmacist by telephone. However, the Committee noted from recent

personal experience the difficulties that could be encountered in trying to get through to a pharmacy by telephone.

- 28.3.6. Achieving excellence in Pharmaceutical care outlined that access to community pharmacy should be increased. The new NHS Ayrshire & Arran Pharmaceutical Care Services Plan dated July 2021 made reference to NHS Pharmacy First Scotland. Both these documents referred to the pharmacy as being the first port of call for common clinical conditions for managing self-limiting illnesses and supporting self-management of stable long-term conditions. The pharmacist was also able to provide a triage service and send patients to the right place for treatment. Whilst much could be done virtually, there was a proportion of the population that would either not have access to virtual consultations or were not comfortable using this method of engagement. The Committee recognised that much more could be done face-to-face. Indeed, in the representation by Mr Murdoch it had been stated that “face-to-face is probably the preference that we would all like” and “Granted we need to see a patient face-to-face sometimes”.
- 28.3.7. The Committee noted that the population of the proposed neighbourhood was likely to increase significantly not only as a result of completion of the first phase of Persimmon homes (286+6 homes) but the probable developments on the HMS Gannet site (potentially 180 homes) and Barratt development (potentially 300 homes). Past experience had shown that planning applications rejected by South Ayrshire Council could be overturned when appealed to the Court of Session. The current population of the proposed neighbourhood (at 1300) was therefore likely to grow significantly. It was also noted that 91.81% of respondents to the CAR (Q7) had agreed with the wider impact statement that with the expansion which has been approved for residential housing there is an overwhelming need for services to be provided.
- 28.3.8. The Committee discussed the transient population of the proposed neighbourhood both from visitors to the caravan park and those coming into the area for work. Committee pharmacist members did not consider that this population would have much of an impact on Monkton Pharmacy business because, being transient, this population was unlikely to be registered with a GP in the area for repeat prescriptions and little profit was obtained from over the counter sales.
- 28.3.9. Nevertheless, the Committee was of the opinion that the proposed neighbourhood would grow sufficiently to ensure viability of Monkton Pharmacy from the remuneration received from dispensing

prescriptions alone (over the 2000 prescription items per month frequently quoted as required to be viable) supplemented by payments for the services that could be provided.

- 28.3.10. The Committee thought the pandemic would have a lasting effect on the lifestyle of Monkton residents. Many would continue to work at least some of the week, if not all, from home. It had been heard that South Ayrshire Council was considering changing its working practices. Shopping deliveries and online banking was also normal practice for many. The majority of GP appointments were conducted by telephone or virtually. Given the GP crisis, this was likely to continue long term as it was more efficient. There was therefore not the same need to travel out-with the village to access services as there had been previously.
- 28.3.11. The pharmaceutical Interested Parties had portrayed the population of the proposed neighbourhood as young, healthy, wealthy and mobile. This image of residents wasn't recognised by the representative of Monkton Community Council. Similarly, South Ayrshire Planning following a housing needs analysis had insisted that around 50 one and two bedroom homes be built in Phase I of the Persimmon development to accommodate residents over 65 years. At the time of the 2011 census, 28.1% of residents had health limitations, one third had long term health conditions and SIMD data showed it was within the top 10% of worst areas to access services. Of course, even those considered healthy had a need to obtain prescriptions and access services from a pharmacy.
- 28.3.12. The proposed pharmacy premises were centrally located and sufficiently large to contain a separate consultation room to maintain privacy. The proposed location was deemed appropriate by 92.82% of respondents to the CAR (Q2). There was also to be a ramp that would enable access to the pharmacy by the disabled directly from the pharmacy's designated car parking spaces.
- 28.3.13. From the comments received, it was apparent that the few negative responses (5.74%) about the location of the new pharmacy were in relation to being next to a Primary School/nursery attracting more cars to an already busy area and the provision of Opioid Substitution services. The Committee disagreed with traffic concerns. The proposed premises had four dedicated parking spaces at the back for use by pharmacy visitors. However, the majority of people living in the proposed neighbourhood would be able to access services on foot as the pharmacy was centrally located. There were also fewer amenities



in Monkton than Prestwick, Troon or Ayr so fewer people would be looking to park in the vicinity of the proposed pharmacy.

- 28.3.14. The Committee considered the opening hours at the proposed pharmacy sufficient to accommodate different working patterns of residents. This was reflected in some of the comments received to Q4 of the CAR and in the fact that 92.57% of respondents thought the hours appropriate. Only 4.28% thought the opening hours were too long and 0.68% too short.
- 28.3.15. 92.05% of respondents to the CAR (Q5) thought the services listed appropriate for the proposed pharmacy. The Applicant was qualified to offer Pharmacy First Plus at Monkton Pharmacy and as an independent prescriber would be able to treat a wider range of common clinical conditions. With the anticipated growth in population, current difficulty in accessing a GP appointment expected to get worse as the population grew and fact that there were currently no medical services within the proposed neighbourhood, this would be an asset to Monkton.
- 28.3.16. Consultation Analysis Report
- 28.3.17. The Committee took into consideration the high number of responses to the CAR in relation to the population of Monkton and noted the positive comments, which were also contained in the CAR.
- 28.3.18. The Committee reviewed the responses in the CAR, in particular noting:
- 28.3.19. Question 1, which related to neighbourhood. The Committee noted that this had been discussed earlier at 28.2.4.
- 28.3.20. Question 2, which related to the appropriate location of the opening of a new pharmacy. The Committee noted that 92.82% of respondents had deemed the location appropriate, it had designated parking and a ramp would allow access for the disabled.
- 28.3.21. Question 3, which related to whether respondents were residents and noted that the majority were as per 28.3.2.
- 28.3.22. Question 4, which related to opening times. The Committee noted this was sufficient to accommodate different working patterns of residents. This was reflected in some of the comments received to Q4 of the CAR and in the fact that 92.57% of respondents thought the hours appropriate. Only 4.28% thought the opening hours were too long and 0.68% too short.

- 28.3.23. Question 5, which related to the appropriateness of services to be provided by the new pharmacy. The Committee noted as the Applicant was qualified to offer Pharmacy First Plus at Monkton Pharmacy and as an independent prescriber would be able to treat a wider range of common clinical conditions. With the anticipated growth in population, current difficulty in accessing a GP appointment expected to get worse as the population grew and fact that there were currently no medical services within the proposed neighbourhood, this would be an asset to Monkton 92.05% of respondents had deemed the list of services to be provided as appropriate
- 28.3.24. Question 6, related to gaps and deficiencies. The Committee noted residents currently needed to travel to access pharmacy services in person as discussed earlier at 28.3.4.
- 28.3.25. Question 7, the Committee noted that 91.81% of respondents had agreed with the wider impact statement that with the expansion which has been approved for residential housing there is an overwhelming need for services to be provided and as discussed at 28.3.7 agreed that the population of the proposed neighbourhood was likely to increase significantly due to the residential developments.
- 28.3.26. Question 8, related to impact on other NHS Services. It was noted that 56.44% of respondents thought there would be no impact on other services, where as 23.78% thought there would be and 19.78% did not know. This was not discussed further by the Committee.
- 28.3.27. Question 9, related to support for the opening of a new pharmacy and the Committee noted the high level of support from the respondents as discussed at 28.3.3
- 28.3.28. Question 10, related to whether respondents were individuals or organisations and it was noted that 100% of respondents were individuals.

## 29. **The Decision**

- 29.1. Following the withdrawal of Mr Connolly, Ms Gallagher and Ms Mitchell in accordance with the procedure on applications contained within Paragraph 7, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1909, as amended, the Committee, for the reasons set out above, concluded that current provision to the neighbourhood was inadequate in terms of access.

- 29.1.1. Having ascertained that pharmacy services to the defined neighbourhood were inadequate, consideration was given to whether the proposed application was necessary or desirable to secure adequate provision of pharmaceutical services for the neighbourhood.
- 29.1.2. Committee members concluded that the proposed application was necessary in order to secure adequate pharmaceutical services for the reasons outlined above.
- 29.1.3. Mr Connolly, Ms Gallagher and Ms Mitchell returned to the meeting and were advised of the Committee's decision.



**Signed:** .....

**Linda Semple**  
**Chair – Pharmacy Practices Committee**

**Date:** 16.11.2021.....