

PPC/131

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on
Tuesday 11 August 2026 at 10am in Training Room 1, Rothesay House,
1 Greenholm Road, Cumnock, KA18 1LH
and
Wednesday 2 September 2026 at 12.30pm via MS Teams (Committee only)**

The composition of the PPC at this hearing was:

- Chair: Mrs Jean Ford, Non-Executive Member of NHS Ayrshire & Arran
- Present: Lay Members Appointed by NHS Ayrshire & Arran
- Mrs Jacqueline Morris
- Mr James Smith
- Pharmacist Nominated by the Area Pharmaceutical Professional Committee
(included in Pharmaceutical List)
- Mr Kerr Maconochie (non-voting)
- Pharmacist Nominated by Area Pharmaceutical Professional Committee (not
included in any Pharmaceutical List)
- Mr Alan McGeer (non-voting)
- Secretariat: Ms Anne Ferguson, Committee Secretary, PSD Scotland (11 August)
- Ms Tracy Bone, Committee Secretary, PSD Scotland (2 September)
- Observers: Mr Neil McAleese, Non-Executive Director, NHS Ayrshire & Arran
- Ms Sharon Morrow, Non-Executive Director, NHS Ayrshire & Arran
- Mr Cameron McIntyre, Community Pharmacist

1.	APPLICATION BY MR DAVID DEARY
1.1.	There was submitted an application and supporting documents from Mr David Deary on behalf of New Life Healthcare Ltd t/a Scots Pharmacy received on 8 April 2026 for inclusion in the pharmaceutical list of a new pharmacy at the Netherthird Community Centre, 65 Ryderston Drive, Cumnock, KA18 3AR
1.2.	Submission of Interested Parties
1.2.1.	The following documents were received: i. Email dated 20 May 2026 from Mr Sam Falconer from Alloway Retail Ltd (t/a Cumnock Pharmacy) ii. Emailed letter dated 29 May 2026 from Ms Margaret Campbell Chair of Netherthird Community Council iii. Letter dated 8 June 2026 from Ms Lucy Corner of Rowlands Pharmacy

	iv. Email dated 19 May 2026 from Mr Ali Bashir of Logan Pharmacy v. Emailed letter dated 9 June 2026 from Mr Iain Fulton/Ms Annemarie Crowe, Co-Chairs, Area Pharmaceutical Professional Committee
1.3.	Correspondence from the wider consultation process undertaken
1.3.1.	i. Consultation Analysis Report (CAR) ii. Joint Public Consultation Document iii. Joint Public Consultation Advert iv. Breakdown of Answers to Question 6
2.	Procedure
2.1.	At 0955 hours on 11 August 2026, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Mr David Deary on behalf of Scots 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”.
2.2.	The Chair welcomed all to the meeting and panel introductions were made. When asked by the Chair, members confirmed that the hearing papers had been received and considered. When committee members were asked by the Chair in turn to declare any interest in the application, no interests were declared.
2.3.	Members of the Committee had undertaken individual site visits to Netherthirld, Craighens and Skerrington as well as the surrounding area. During which the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to schools, sports facilities, community centres, supermarkets, post office, banks and churches had been noted.
2.4.	The Chair outlined the procedure for the hearing. All Members confirmed an understanding of these procedures.
2.5.	Having ascertained that all Members understood the procedures, that there were no conflicts of interest or questions from Committee members the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Applicant and Interested Parties were invited to enter the hearing.
2.6	The open session convened at 10:03 hours
3.	Attendance of Parties

3.1.	The Chair welcomed all parties and introductions were made.
3.2.	The Applicant was Mr David Deary. From the Interested Parties eligible to attend the hearing, the following accepted the invitation: • Mr Sam Falconer representing Alloway Retail Ltd t/a Cumnock Pharmacy, accompanied by Mr Jack Zonfrillo • Mr Addy Mohammed representing Logan Pharmacy accompanied by Mr Ali Bashir • Mrs Margaret Naismith representing Rowlands Pharmacy accompanied by Ms Fiona Morris • Mr Jamie Campbell representing Netherthird Community Council accompanied by Ms Sylvia Reid
3.3.	There were no objections to the attendance of three silent observers for training purposes at the hearing namely Ms Morrow, Mr McAleese and Mr McIntyre.
3.4.	The Board received advanced notification that the Area Pharmaceutical Professional Committee would not attend the hearing.
3.5.	As only one representative from each Interested Party was allowed to engage with the Committee, the Chair confirmed the spokesperson where more than one representative was present. It was also clarified that none of the representatives in attendance were appearing as a counsel, solicitor or paid advocate.
3.6.	The Chair advised all present that the meeting was convened to determine the application submitted by Mr David Deary on behalf of New Life Healthcare Ltd t/a Scots Pharmacy in respect of a proposed new pharmacy at Netherthird Community Centre, 65 Ryderston Drive, Cumnock, KA18 3AR. The Chair confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended, which the Chair read out in part:
3.7.	“5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located...”
3.8.	The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the Applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.

3.9.	The Chair outlined the procedure for the hearing. The Chair asked all parties for confirmation that these procedures had been understood. Having ascertained that all parties understood the procedures the Chair confirmed that the Oral Hearing would be conducted in accordance with the Procedure at Hearings document contained within the papers circulated.
3.10.	The Chair listed all papers circulated for this hearing including replacement information on pharmaceutical services currently provided by Cumnock, Logan and Rowlands pharmacies. Those present confirmed receipt of all papers.
3.11.	The Chair confirmed that members of the Committee had individually conducted a site visit to understand better the issues arising from this application. Assurance was given that no member of the Committee had any interest in the application.
3.12.	The Chair asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement.
4.	Applicant Submission
4.1.	The Chair invited Mr Deary, to speak first in support of the application.
4.2.	Mr Deary read aloud the following pre-prepared statement making alterations as necessary:
4.3.	“Good morning and thank you everyone. I feel very old saying this but seven years ago I stood in a similar fashion, in front of a committee, just like today. Back then I was a young, fresh faced, newly qualified pharmacist, with a passion for pharmacy. Whilst I no longer feel quite so young, my passion for high-quality pharmacy services has only grown. All these years ago, I was standing in front of the Netherthird Community Council and I made them a promise. A promise that I would bring the neighbourhood of Netherthird, Craigens and Skerrington the accessible pharmaceutical services that they have been deprived of for generations. You will need to forgive my nerves today as I will admit, I am feeling the weight of this moment - speaking not just for myself, but on behalf of three thousand voices.
4.4.	Today I will be exploring the legal test and highlight the necessity and desirability of a new community pharmacy in Netherthird - putting an end to local isolation and providing this community with accessible, community-based pharmacy services.
4.5.	Committee members, your decision today can ensure adequate pharmacy services for some of the most deprived and vulnerable families in Scotland. Your decision today can help me keep my promise to this community.
4.6.	The Past Seven Years Across the past seven years I have thrown myself into my pharmacy career. I started off my journey here in East Ayrshire, completing my training year in

	Kilmarnock. I then went on to manage an Ayrshire village pharmacy. And from there, I progressed into a superintendent pharmacist role.
4.7.	In recent years I have stepped back into my studies with a focus on clinical development, qualifying as an Independent Prescriber.
4.8.	And finally, three years ago, I completed on the acquisition of my own pharmacy.
4.9.	This same seven-year period of waiting has been less kind to the community of Netherthird, Craigens and Skerrington and a lack of adequate services has become a social norm. They have faced unprecedented healthcare isolation, navigating a global pandemic alone when GP Practices closed their doors. The fallout of this is still felt today. As with many rural communities, the pandemic fundamentally disrupted the local social fabric and financial stability.
4.10.	Additionally, the dramatic rise in inflation, food costs, and energy bills since 2022 has aggressively hammered household budgets. In areas like Netherthird, this hardship is further compounded by a poverty premium whereby low-income households often end up paying disproportionately higher rates for basic necessities - such as, expensive travel to access services, utilising expensive prepayment utility meters or paying inflated prices for localised food options. Despite local intervention efforts, child poverty remains a stark reality, with one in four children in East Ayrshire living in poverty.
4.11.	The combination of pandemic isolation, reduced opportunity and relentless financial anxiety has triggered a severe, mental health crisis across the region. East Ayrshire has experienced a highly concerning upward trend in suicide deaths; causing the rate of suicide to rise by 35% in the past five years.
4.12.	Furthermore, faced with a multi-million-pound deficit, the East Ayrshire Health and Social Care Partnership has had no choice but to propose a shift toward a "critical-only" care threshold. This systemic rationing of resources would mean adults with "substantial" needs are at risk of losing vital support entirely as the Health and Social Care Partnership attempt to climb out of a ten-million-pound hole. This squeeze on care directly worsens Netherthird's existing geographic disadvantages, as the neighbourhood completely lacks adequate local healthcare infrastructure - such as a dedicated GP Practice or a local pharmacy.
4.13.	The Neighbourhood Netherthird's identity was forged in the 1950s as a purpose-built 'miners' village,' designed to support the deep pits of Barony and Killoch. While the deindustrialisation of the 1980s removed the community's economic foundation, the population remained rooted in their homes. Today, the housing landscape - managed primarily by Shire Housing Association and East Ayrshire Council - reflects that history. As the area was built for large, multi-generational families, there is a high density of residents living in three and four apartment homes, alongside a concentrated elderly complex. This unique demographic mix of large families alongside an ageing population creates a high-volume, complex clinical

	need that a distant town-centre pharmacy simply cannot monitor and support adequately.
4.14.	My definition of the neighbourhood is based on three critical pillars: the topographical reality of East Ayrshire's landscape, the Community Council boundaries, and the expressed input of local residents. On this basis, the neighbourhood is defined as follows: To the North: Holmburn Road to Craigens Road to the Railway Line To the South: A76 to Glaisnock Water To the East: Railway Line to the A76 To the West: Glaisnock Water
4.15.	This boundary is a clinical and social reality validated by the community itself. During our Joint Consultation, 92% of respondents – representing 791 local individuals - explicitly confirmed this definition as an accurate reflection of their neighbourhood. When nearly 800 residents speak with such a unified voice, they are defining a distinct, cohesive community that defines itself as geographically and socially separate from the existing services in Cumnock.
4.16.	Contained within this boundary is a resilient community that, despite the economic shifts of the last fifty years, has rebuilt itself into a proud, self-sustaining neighbourhood. The 2022 census of this community reveals a population of 2500-3000 residents across 1,044 homes who identify deeply as the people of Netherthird, Craigens, and Skerrington.
4.17.	The infrastructure here is robust and active with the neighbourhood already supporting: • Educational Hubs via a modern Primary School and an Early Learning Centre. • Economic & Social Assets in the form of two local shops who stock all daily essentials and more, a Post Office, two cafes, an extensive factory outlet, a local Fish and Chip Shop and a Charity Shop which aims to bridge the financial gaps for the community. • Community Social Wellness is maintained via a bowling club, youth club, food larder, community gardens, football pitches, Shire Housing's Office and East Ayrshire Council's "Skills and Learning" service. • At the heart of it all is a thriving Community Centre that hosts private events and parties, dance groups, musical groups, religious congregations, various charities and well-being sessions, carnival days for the full community, seasonal fayres, markets, NHS Winter vaccinations and extended services and so much more.
4.18.	This neighbourhood is self-contained in every aspect of daily life except for one: clinical healthcare.
4.19.	Residents can buy their food, household essentials and clothes here; they can meet for a coffee, mail a letter, and educate their children here – but, in contrast to the "Caring for Ayrshire" vision, they are forced to travel out with their community just to access advice from a pharmacist. My proposal simply seeks to provide the

	final, missing piece of this community's infrastructure – Adequate Pharmacy Services.
4.20.	This is not just my definition; it is the community's mandate and has been previously agreed by Logan Pharmacy in the past during their own efforts to open a pharmacy in Netherthird in 2015.
4.21.	The Western Border at Glaisnock Water separates Netherthird from the wider Cumnock area and reflects the exact border that also separates The Cumnock Community Council and The Netherthird Community Council.
4.22.	Local Expansion / Growth Members of the committee, when we assess the ' desirability ' and ' necessity ' of this application, we must look not only at the neighbourhood of today, but the neighbourhood of tomorrow. We are under a statutory obligation to future-proof pharmacy adequacy , and the reality is that Netherthird is on the cusp of an unprecedented demographic expansion.
4.23.	A major, council-backed social housing development has been formally approved and is under active construction, bringing a major southward expansion into the neighbourhood.
4.24.	What does this mean in physical, geographical terms? It means we are actively building new homes at the absolute furthest physical boundary from Cumnock's existing town-centre pharmacies.
4.25.	Let us look closely at the scale and timeline of the present expansion:
4.26.	The Craigens Road Development forms an additional 49 net-zero-ready, social rent homes, under East Ayrshire Council's Strategic Housing Investment Plan. These properties - designed as energy-efficient, sustainable family homes and older-person cottage flats – are located directly adjacent to the proposed pharmacy. Final completions are scheduled for late 2026.
4.27.	A further 22-three-and-four-bedroom bungalows have been approved for construction in Skerrington, further growing the neighbourhood
4.28.	Having spoken with the Rosewood Homes the developers who are actively building the Craigens Road houses – they have informed me that they have already won bids for the land adjacent to the community centre and the derelict church on Craigens road. With present developments receiving zero objections, they intend to transform these spaces and further expand the number of new homes in the neighbourhood.
4.29.	If we do not grant this application today, we are actively planning to worsen the current healthcare deficit. We are building homes whilst we have inadequate clinical infrastructure to support them.
4.30.	As our former MSP and Scottish Labour's Public Health Spokesperson, Carol Mochan, has expertly pointed out to this committee:

	<i>“New housing schemes are in development which will link Craighens to Netherthird at the southern end of both neighbourhoods. These will be at the furthest point from Cumnock's other local health amenities.”</i>
4.31.	Our Member of Parliament, Elaine Stewart, has issued a direct warning on this exact point, stating: <i>“This is a growing community with new housing developments underway, and it is vital that healthcare infrastructure keeps pace with this expansion.”</i>
4.32.	This is not a partisan issue; it is a matter of administrative and clinical consensus. East Ayrshire Council's recently retired Chief Executive, Eddie Fraser - who brings first-hand clinical authority to this panel as the former Director of the East Ayrshire Health and Social Care Partnership - has warned this committee: <i>“As new housing expands the local population base, it is important that health infrastructure grows alongside it to ensure sustainable and fair access for all residents.”</i>
4.33.	Furthermore, our local Ward 8 Councillor, Billy Crawford, has explicitly noted that these developments will bring <i>“new families... increasing demand for accessible local services.”</i>
4.34.	We must not wait for these homes to be occupied and for the local GP surgeries to become further overwhelmed before we act. We must provide Netherthird with the necessary healthcare services now. The proposed Prescribing Pharmacy at the Community Centre is the necessary and desirable solution capable of serving this expanding population adequately.
4.35.	The Premises Despite various local options, the community centre was the definitive choice for the pharmacy's location as it is a highly respected local asset that shares our core mission: to maximise the health and wellbeing of the local community.
4.36.	The Centre already functions as a vibrant "Health and Wellbeing Hub," hosting essential services such as NHS vaccinations, mental health and suicide support, drug and alcohol misuse services, and the Healthy Foods Hub. With additional community outreach groups like the Parkinson's Club, the Independent Living Network, and East Ayrshire Family Support, this facility is a cornerstone of daily life and genuinely supports the betterment and uplift of the entire community.
4.37.	Integrating a community pharmacy - offering a range of Public Health Services, Pharmacy First and Pharmacy First Plus prescribing – would be the perfect addition to this thriving ecosystem. This vision is firmly endorsed by the neighbourhood, with a staggering 90% of the community in agreement with the proposed location.
4.38.	Accessibility is at the heart of my application. This proposal is a direct realisation of the Scottish Government's '20-minute neighbourhood' vision - the principle that all residents should have their daily essential needs, especially healthcare, met within a short 10-minute walk or wheel from their front door and a 10-minute walk

	or wheel home. Currently, Netherthird fails this national standard because residents must travel far outside their community for pharmacy services.
4.39.	The centre is not only within walking distance for the entire neighbourhood but is designed for inclusion, offering a main carpark with 50 parking spaces and level-access disabled bays that sit on the doorstep of the proposed pharmacy. The centre also has a secondary strip of 20+ parking bays to the side and the most cost-effective EV charging points in the region – powered sustainably by the solar system on the roof of the centre.
4.40.	Because the centre sits adjacent to local shops and schools, it is already the most commonly accessed destination in Netherthird, making it the ideal 'one-stop' location for pharmaceutical care.
4.41.	The residents within our neighbourhood passionately support this addition to their community centre highlighting: • <i>“My son has two health conditions that require lots of medication. I work long hours and sometimes struggle to get to pharmacies to pick up his medication during their opening hours. I can now pick up his medication right on my doorstep.”</i> • <i>“As an elderly person, living locally, this is good for me as my Husband no longer drives due to ill health”</i> • <i>“Yes, the community centre is an excellent local facility. It is large and clean. The car park and disabled spaces will allow me to collect my prescriptions and get face to face advice. Right now, because of my disability I cannot get to a pharmacy and need to wait days for delivery; sometimes leaving me without medicine”</i>
4.42.	Planning permission and Building Warrants have already been approved for the re-fitting of the “Pharmacy Unit” into a bright and welcoming clinical space. Dedicated pharmacy fitters have been engaged throughout the entirety of this process to ensure the premises are fit for purpose and Disability Discrimination Act (DDA) compliant.
4.43.	The Consultation Analysis Report (CAR) Across a 90-working-day period, this consultation gathered a total of 877 responses – this far exceeds the support shown for any previous joint consultation in the Ayrshire and Arran Health Board. The data provides an unmistakable conclusion: this pharmacy is not a luxury, but a necessary healthcare intervention for an inadequately served neighbourhood.
4.44.	When assessing the proposed operating hours - 9am to 6pm Monday to Friday, and 9am to 5pm on Saturdays - a massive 88% of respondents stated they are 'Just Right'. This strong approval exists because the hours accommodate working families and are far more inclusive than existing local alternatives who opt to close at 5:30pm on weekdays, often have no pharmacist available for a full hour at 1pm and only offer a half day Saturday.

4.45.	As one community member explained: <i>“Yes, opening that little bit later throughout the week, many people who work will still be able to get an open pharmacy. The opening on a Saturday will be a tremendous help to working people who live within the community.”</i>
4.46.	Another resident agreed: <i>“Opening until 6pm weekdays and open on a Saturday would let people that work access it too”</i>
4.47.	We also looked closely at the service provision, which includes NHS core services, advanced prescribing, and non-NHS clinics. These services received a 90% approval rate. The qualitative feedback demonstrates that residents desire face-to-face clinical advice rather than relying on distant alternatives.
4.48.	One respondent noted: <i>“It would be a 1 stop to a wide range of available services. I would definitely use this pharmacy for a variety of reasons.”</i>
4.49.	Another powerfully challenged the idea that delivery vans can replace a brick-and-mortar presence, stating: <i>“Covers everything a pharmacy can offer. This would be an unbelievable boost to the health and wellbeing of the area. Most of these services cannot be accessed via the delivery service that other pharmacies are determined to push on the community. This is proper comprehensive care.”</i>
4.50.	Furthermore, when asked if residents felt there were gaps in their current pharmacy services, a staggering 522 respondents answered with a definitive, resounding 'Yes.' If we remove the non-respondents and those who were unsure, we are left with a devastating reality: a 71% rate of identified inadequacy in the current provision of pharmacy services.
4.51.	Let those numbers sink in. Nearly three-quarters of the active respondents have explicitly stated that the current system is failing them. This is no longer an abstract debate about convenience, nor is it a matter of just 'desirability.' A 71% inadequacy rate is a clinical reality. The residents of Netherthorpe have clearly stated that their current pharmaceutical provision is inadequate and this proposal is the necessary mechanism to fix it.
4.52.	The day-to-day reality is stark, as this resident shared: <i>“No current pharmacy provision in this area meaning we have to get a bus, or for those of us with mobility issues, get a taxi to the local chemist.”</i>
4.53.	Others highlighted how transport cuts directly isolate the most vulnerable: <i>“Buses reduced in the area make it harder for the elderly and people who don't drive to be able to access the care needed”</i>

4.54.	And as another resident perfectly summarised, local access would be transformative: <i>“Buses are unreliable and time consuming having this at our front door would be a game changer for our community”</i>
4.55.	Ultimately, it all comes down to the most critical, straightforward question in the report: ‘Do you support the opening of a new pharmacy at Netherthird Community Centre?’ Here, we hear the completely united voice of the public. A staggering 90% of respondents, equating to 786 individual community members, gave one definitive answer. Yes.
4.56.	Passion for this project has shone through in the individual comments: <i>“A local pharmacy in Netherthird would: Promote the health and wellbeing of families Support elderly residents who find travelling impossible. Ease the burden of costly and difficult journeys out of town. Strengthen the health of our community as a whole”</i>
4.57.	<i>“...our community is quite out the way from our local town, I do feel we should be able to have access to simple every day-to-day things without having to travel. Busses aren’t regular enough and are sometimes full and you are not able to get a seat. Our community shouldn’t be left feeling deprived or “out the way” of everything. I think it’s a very good idea to help create the community we are desperately craving for.”</i>
4.58.	<i>“The pharmacy would provide a wide range of medical services to a community that would benefit greatly from that due to its age and socioeconomic profile. This has been sadly lacking here. There are also proposals for a large development of social housing in the area which will increase the population therefore additional services such as this pharmacy would be beneficial.”</i>
4.59.	<i>“100%, why shouldn’t we? Our community will thrive from it with the minor ailments being available locally. Poverty is that bad in our area some parents can’t afford to buy calpol. We need to be able to access medication locally, for all generations”</i>
4.60.	I could continue and share every single supporting comment, but we would literally be here all day.
4.61.	When evaluating the statutory test of desirability and necessity, the committee must look to the overwhelming consensus of those who directly represent, serve, and care for this population.
4.62.	Not every member of this community can attend this hearing, but I stand before you today backed by an unprecedented coalition of local professional, civic, and clinical support that unites voices from across the entire political spectrum. This application has been fully endorsed by Elaine Stewart MP, Katie Hagmann MSP, Elena Whitman MSP, Carol Mochan former MSP, Depute Leader Jim McMahon, Provost Claire Leitch, all of the Ward 8 Councillors: Billy Crawford, Neill Watts, and June Kyle and finally East Ayrshire Council’s recently retired Chief Executive Eddie Fraser.

4.63.	Crucially, this political force is validated by local primary care clinicians, including the General Practitioners at Valley Medical Practice, the team at Knockroon Dental Practice and Specsavers Opticians, who explicitly state that a more localised pharmacy service is a necessity for the patients they treat within this specific area.
4.64.	This extraordinary depth of professional backing provides undeniable evidence that this pharmacy is necessary and desirable in order to provide this community with adequate pharmacy services. These regional leaders and medical experts collectively point out that Netherthird is an expanding community whose housing growth must be accompanied by sustainable health infrastructure. They emphasise that bringing a pharmacy into the heart of the community is a necessary step to dismantle severe geographic barriers, travel costs, and 'transit poverty' for elderly and low-mobility residents.
4.65.	Necessity and desirability cannot be denied. This professional network, the Community Council and the local residents themselves all support this application because it is the necessary solution to address the local health inequalities and the current inadequate access to pharmacy services.
4.66.	Deprivation Members of the Panel, the Scottish Government's healthcare strategy is fundamentally built on tackling health inequalities and providing care close to home. However, the current pharmacy provision for Netherthird, Craigens, and Skerrington actively penalises its most vulnerable residents by ignoring the severe socioeconomic realities of the neighbourhood.
4.67.	To understand why a distant service is entirely inadequate for this community, we must look at the official deprivation data and the intense clinical pressures facing this specific population.
4.68.	The Scottish Index of Multiple Deprivation (SIMD) formally categorises a large portion the neighbourhood as the most deprived 20% of all areas in Scotland (SIMD Decile 1 and 2).
4.69.	This is not just a statistical label; it represents systemic barriers to access. In such neighbourhoods, financial freedom to travel is low, and dependency on local, walkable infrastructure is absolute. Services that force a community where over a third of young families live in the highest tiers of national deprivation to overcome geographical and financial barriers just to access basic pharmaceutical care are inherently inadequate.
4.70.	Deprivation manifests directly in poor health outcomes, creating a higher clinical need that is currently going unmet. The health profiles for Netherthird & Craigens paint a stark picture of a community in clinical crisis: • The rate of patients hospitalised as an emergency is 35% higher than the Scottish average (9,519.7 per 100,000, vs 7,034.5 per 100,000) • The hospitalisation rate for over 65-year-olds is again 35% higher than the Scottish average (6,382.3 per 100,000 vs. 4,731.8 per 100,000)

	• Rate of hospitalisation for coronary heart disease is 40% higher than the Scottish average (456.3 vs 326.7 nationally) • Rate of hospitalisation for Chronic Obstructive Pulmonary Disorder (COPD) is 51% higher than the Scottish average (175.6 vs 116.5 nationally)
4.71.	These are not patients who can physically or safely endure long walks and unreliable public transport. They require immediate, localised, treatments and preventative care through 'Pharmacy First' and 'Medication Care and Review' monitoring to keep them healthy and out of the hospital.
4.72.	The economic profile of Netherthird further compounds the inadequacy of the current travel-dependent model with: • 17% of the local economically inactive population are permanently sick or disabled, compared to just 13% nationally • When such a large portion of the population is permanently sick or disabled, forcing them to pay £4.50+ in bus fares or expensive taxi rates to access their 'free' NHS prescriptions creates a 'Poverty Premium.' The current system effectively taxes the poorest and sickest residents of East Ayrshire simply for needing medication or advice.
4.73.	The SIMD data formally recognises this community as one of the most deprived in the country. The health data proves this is contributing to worsening health outcomes. Yet, pharmacy provision within this neighbourhood remains inadequate. The current contractors expect our most deprived residents to navigate a structural obstacle course to access care in Cumnock and Logan. That is the very definition of an inadequate service and ignores the goals of the Scottish Government, East Ayrshire Council, NHS Ayrshire and Arran, and most importantly, it entirely ignores the needs of the community itself.
4.74.	The Wider Vision The necessity of pharmacy services within this neighbourhood is further supported by four core local and national strategies that are presently working to improve access to services within neighbourhoods across Scotland:
4.75.	A. NHS Ayrshire & Arran's "Caring for Ayrshire" sets the goal of Right Care, in the Right Place which aims to de-centralise healthcare and bring care back into the community.
4.76.	B. Scottish Government's goal of forming 20-minute neighbourhoods which will "help to deliver the healthy, sustainable, and resilient places required to support a good quality of life".
4.77.	C. East Ayrshire Council 2015-2030 Community Plan's vision to ensure "East Ayrshire is a place with strong safe and vibrant communities where everyone has a good quality of life and access to high-quality services which are sustainable, accessible and meet people's needs".
4.78.	D. The Prescription for Excellence Vision "recognises the continuing and important role of pharmacists located in our communities across Scotland.... This will be

	crucial for future service planning in remote and rural areas and in our most deprived communities”.
4.79.	All four of these regional and national visions highlight the necessity of sustainable and accessible pharmacy services close to home. This further supports that a pharmacy in Netherthird is necessary in order to secure the long-term health and wellbeing of local residents and that the current reliance on out-of-neighbourhood services is entirely inadequate.
4.80.	Accessibility Before I discuss the specific structural difficulties my neighbourhood faces, I must first address why universal, immediate access to pharmaceutical services is clinically necessary.
4.81.	NHS Pharmacy First and Public Health Services are being fundamentally misunderstood if they are viewed merely as medicine distribution. To effectively consult, safely diagnose, and prescribe, a pharmacist requires face-to-face clinical interaction. We rely on comprehensive patient histories, an acute understanding of personal circumstances, and - above all - an established rapport that makes a patient feel safe and comfortable seeking help in the first place. For the high proportion of Netherthird residents who do not have access to a car, the three-mile round trip to Cumnock town centre or Logan is not a minor inconvenience; it is a structural barrier to care. Every resident who avoids that journey due to physical, psychological or financial fatigue represents a missed clinical opportunity. During my extensive community engagement, I was profoundly taken aback by how many residents did not know a single "local" pharmacist by name, coupled with an alarming lack of awareness regarding Pharmacy First – the common phrase heard across ninety working days said it all - “I can’t go to a pharmacy, my medicine gets delivered”. There is zero trusted relationship, no established rapport, and no continuity of care for the people of Netherthird because accessing a pharmacist is currently met with challenge after challenge.
4.82.	Furthermore, this deficit in localised face-to-face access ripples devastatingly into our public health frameworks, specifically impacting smoking cessation and sexual health interventions.
4.83.	Public health statistics paint a stark picture for our region with adult smoking prevalence in East Ayrshire sitting stubbornly above the Scottish national average contributing to the rate of patients hospitalised with COPD.
4.84.	The rate of smoking during pregnancy is also significantly higher than the rest of Scotland and our teenage pregnancy rates consistently outpace the rest of Scotland. These are entrenched health inequalities that cannot be managed remotely, nor can they be resolved by a prescription delivery van.
4.85.	Success in a "Quit Your Way" smoking cessation program, or the time-critical administration of Emergency Contraception (EHC), relies entirely on immediate, judgment-free, face-to-face consultations within a trusted environment. When a vulnerable young woman or a resident fighting a nicotine addiction faces the physical strain and psychological "task paralysis" of traveling miles to an unfamiliar,

	overstretched town-centre pharmacy, they often do not make the trip and sadly go without care. By denying Netherthird a localised clinical counter, the current system actively suppresses necessary public health interventions in the very community that carries some of the heaviest health burdens. Localised access is not about shortening a walk; it is about providing the necessary access to the safe and welcoming clinical space required to turn these statistics around.
4.86.	Walking to Pharmacy Services A look at the map might suggest a walkable proximity to services within the neighbouring areas of Cumnock or Logan but, the physical geography of East Ayrshire creates a very different reality for a resident who lacks access to a car. Difficulties with travel and transport were mentioned as a barrier to access a staggering 330 times in CAR comments - we cannot ignore this. To assess 'adequacy,' we must look at the three primary barriers that isolate Netherthird from the existing services in Cumnock:
4.87.	Topography: While the winding country roads to Logan are entirely inaccessible for pedestrians due to a lack of pavements, the journey to Cumnock town centre is a significant physical ordeal. The local topography - defined by steep, punishing peaks and troughs means walkers face steep inclines in both directions. While a healthy individual might navigate these hills in fair weather, for a mother pushing a pram, a wheelchair or walking aid user or a resident with chronic respiratory issues, this journey is not just a 'walk'; it is a gruelling physical challenge that effectively restricts their access to assessment, advice and medicine.
4.88.	• For a patient with COPD, heart failure, or limited mobility - conditions over-represented in our population - this gradient is not an inconvenience; it is a clinical hazard and an unappeasable barrier. An 'adequate' service should not require a vulnerable patient to perform a strenuous physical ascent just to access basic medication.
4.89.	Poor Pedestrian Infrastructure: We must also address the physical danger of the journey. The walk along Glaisnock Road is not just 'arduous' - it is unsafe. Pedestrians are forced into a 'no-choice' situation where they must cross a fast-moving main road at a point where a crumbling pavement suddenly ceases to exist and there is zero traffic control to assist with a safe crossing. Even where pavements exist, they are so narrow that two people cannot pass one another safely. For a resident using a mobility aid or a parent with a pram, the only option to pass another pedestrian is to move into the road. On a typical walk from Netherthird to Cumnock Pharmacy, a minimum of nine crossings must be made at junctions without traffic lights or even lowered kerbs. This is not just an inconvenience; it is a structural barrier that places the lives of our residents at risk simply for trying to access a pharmacy.
4.90.	Natural Boundaries: The Lugar Water to the North and West, forms a natural, impenetrable boundary. This river dictates the flow of movement and limits the available pedestrian routes. Essentially, there are no 'short cuts' out of Netherthird; residents are funnelled toward one specific, narrow and often exposed path that leaves them vulnerable to the harsh East Ayrshire elements and a high volume of fast-moving traffic.

4.91.	The need to leave the neighbourhood forces residents to travel in all weathers. This in a region known for strong winds, high rainfall and cold, dark, icy winters. When the gradients become slippery and the wind speeds increase on the exposed paths, the neighbourhood becomes effectively cut off. For a resident without a car, 'access' disappears the moment the weather turns.
4.92.	Public Transport Moving onto the local public transport; and we further see the challenges our community faces to access a pharmacy consultation or collect their own prescription.
4.93.	Every resident within the neighbourhood is acutely aware of shortfalls of the bus service but to highlight it today, I have focussed on four key areas:
4.94.	The Mid-Day Break in Service The service operates on a roughly hourly frequency but also includes large breaks in service right in the middle of the day.
4.95.	I wish to share a story from a 78-year-old, Mrs. Perriman who I met at the community centre. Mrs. Perriman shared with me her personal difficulty accessing services during the middle of the day as there is large one hour and forty-five-minute gap in public transport, recurrently leaving her waiting for unnecessary extended periods of time at Cumnock Bus Station. She told me she and her neighbours are acutely aware that a trip to the pharmacy in the middle of the day often takes a total of two and a half to three-hours. Evidence from the CAR further highlights this as one resident explicitly states: <i>"access to advice is near impossible takes 2-3 hours round trip via bus and is even worse in the winter."</i>
4.96.	From my personal experience caring for my father with Parkinson's, our weekly trip to the pharmacy is one of the last parts of his routine that he feels maintains his independence. It is a committed journey he makes each week for his dosette box and he thoroughly enjoys speaking to the pharmacy team in a relaxed, safe and understanding manner. His local pharmacist knows the history of his condition and intervened to help him on several occasions over the years. Like many in Netherthrid, if he was forced to endure a two-to-three-hour commute to his pharmacy, he would have no choice but to relinquish one of his last pieces of independence and have his core healthcare access reduced to a delivery service.
4.97.	(1) The Early Return Home The 49A/49B service is designed for commuters and pre-planned journeys, not for healthcare emergencies or "Pharmacy First" consultations:
4.98.	The last 49A service from Cumnock back to Netherthrid is at 5:40pm. If a resident finishes work or a child falls ill at 5:00pm, they risk having no public transport access to make the return journey home from a pharmacy. If this last bus is missed or cancelled, residents are forced to either walk home or pay for expensive taxis.

	• This is even worse for a return from Logan as the last bus to Netherthird is at 4:25pm effectively closing the pharmacy for our residents long before the GP practices or pharmacy close their doors
4.99.	(2) The Bus to Logan
4.100.	For residents of Netherthird looking to access the pharmacy in Logan: • The bus to Logan does not go directly. It travels from Craigens into the Cumnock Bus Station, waits, and then travels back out to Logan. • A journey that is less than 2 miles by road takes 25-30 minutes on the 49A (e.g. 08:49 from Netherthird to 09:14 in Logan). • If you factor in the walk to the bus stop, the journey, the pharmacy wait, and the at best hourly bus service home, a Netherthird resident is spending half their morning just to see a pharmacist in Logan and if the full prescription is not ready or their condition requires further monitoring then they face repeating this journey in short succession. • I witnessed this first hand in Logan Pharmacy as a Craigens patient had to travel between Tanyard Medical and Logan Pharmacy three times in the same day, chasing her prescription and then being asked to return due to a lack of stock.
4.101.	Cost and Reliability
4.102.	The timetable and CAR together highlight the cost of this "access". Fifty residents in the CAR describe the bus as "expensive" and "unaffordable". NHS services are supposed to be free at the point of use in order to balance financial differences when accessing healthcare across Scotland but in this neighbourhood, for a resident on a fixed income, a return fare (approx. £4.50+) is the equivalent to several days' worth of bread or milk. As one resident stated: "Busses are too expensive...and I have to keep going back because of stock issues." This makes "free" NHS advice and medicine effectively paid-for in Netherthird.
4.103.	The limitations and lack of reliability of the bus service have also been address across the letters of support we have received as even SL66 express the difficulty public transport causes their service users: "Our own Skills and Learning service is met with constant disruptions, often changing our plans, re-arranging meetings or arranging alternative and often expensive transport for individuals due to regular last-minute cancellations of bus routes. We have found the irregularity and unreliability of local transport links have been a barrier for people to access our services and have only worsened across the past two years."
4.104.	Over the past few months, the local public transport infrastructure has feature heavily across local papers with recent surveys highlighting that services are too expense, do not meet local demand and require immediate improvement. A local survey capturing the views of 500 local residents provided insight into the recent cuts by SPT and revealed these "devastating" cuts to rural bus services have led to residents feeling "abandoned" and "totally isolated".
4.105.	The local press and councillors have often highlighted the unrest around Cumnock Bus Station which often finds itself heavily vandalised and showered in broken

	glass – I have personally spoken with young parents and elderly residents in the Community Centre who highlighted genuine fear waiting prolonged periods at the bus station, especially in the darker winter months.
4.106.	In summary, the inadequate 49A/B service is not a gateway to services; it is a barrier. I am asking the panel for the necessary approval of a pharmacy that is a 5-minute walk away, removing the barriers currently imposed on this community by the bus service.
4.107.	Car Ownership It is important that we look at the car ownership within the neighbourhood. Census data shows that approximately 40% of Netherthird households do not own a car, well above the Scottish average of 27%. Combined with Netherthird's deprivation status, residents face a distinct financial and practical travel barrier to accessing adequate pharmacy services. For these 2-in-5 households, access to a pharmacy in Cumnock or Logan is entirely dependent on either walking or the use of the inadequate bus service.
4.108.	Another 40% of households have only one vehicle. This often creates a "hidden" lack of access as 59% of the economically active population are in employment. With a limited availability of local jobs, in a "one-car household," the sole vehicle is typically used for commuting to work. During standard pharmacy opening hours (9:00am – 6pm), the remaining family members - often stay-at-home parents or those with disabilities - are effectively "car-less" and stranded in the neighbourhood with no access to adequate pharmacy services.
4.109.	For the remaining 20% with access to a vehicle, parking is extremely limited at both Logan Pharmacy and Rowlands Tanyard with their allocated parking spaces typically full all day long. Cumnock Pharmacy does benefit from the Townhead Street car park but this parking still forces residents with mobility issue to walk up a very steep incline at the opening of the car park and then cross two main roads to get to the pharmacy. As previously mentioned, the community centre has dedicated parking including level access disabled bays right at the front door of the proposed pharmacy.
4.110.	The pharmaceutical services in Logan and Cumnock are inadequate for the vast majority of the Netherthird, Craighens and Skerrington populations as these pharmacies are entirely inaccessible for those who need it most. This is leading to a lack of consultations, untimely interventions, perpetuating chronic illnesses and increasing hospitalisations that could have been avoided – falling drastically short of the “Caring for Ayrshire” vision.
4.111.	Delivery Services The contractors here today will likely highlight that their pharmacy's delivery services cover the neighbourhood.
4.112.	To that I say; Delivery is Logistics, Not Clinical Care. The opposing contractors will inevitably argue that their delivery services mitigate the geographical and topographical barriers I have described. However, I submit that under the Legal

	Test, a delivery service is a commercial convenience that fails to meet the threshold of 'adequate' pharmaceutical care for the following reasons:
4.113.	1. Delivery is a Discretionary, Private Arrangement
4.114.	Under the NHS (Pharmaceutical Services) (Scotland) Regulations 2009, delivery is not a 'prescribed service.' It is a private, non-contractual arrangement between a business and a patient.
4.115.	This has been established in numerous PPC Hearings and recurrently upheld at National Appeal Panel (NAP) decisions. Any service that can be withdrawn at any time, at the whim of the contractor, cannot be considered a 'reliable' or 'adequate' part of the NHS provision for a neighbourhood.
4.116.	With fuel costs rising to unprecedented highs, insurance rates and vehicle maintenance rising year on year and staff costs increasing significantly; if a contractor decides tomorrow that Netherthird is no longer 'cost-effective' to route a van to, the community is left with zero access. We cannot base the 'adequacy' of a community's healthcare on a discretionary courier service.
4.117.	2. Delivery is a Failure of the 'Prescription for Excellence' Clinical Model
4.118.	The Scottish Government's 'Pharmacy First' and NHS Ayrshire and Arran's 'Caring for Ayrshire' strategies are built on access to clinical consultations close to home, not just the supply of medicines.
4.119.	A delivery driver is not a clinician. They cannot perform a Pharmacy First consultation, they cannot use Independent Prescribing to treat an acute condition, they cannot complete a public health assessment and worryingly they cannot assess 'red flag' symptoms. By being forced to rely solely on delivery, residents are being denied the "care" element of the contract, receiving only the "supply" element.
4.120.	3. Patient Safety during the 'Clinical Handover' In a neighbourhood like Netherthird, with a high percentage of elderly and 'permanently sick' residents (17%), the clinical handover is vital.
4.121.	• When a patient walks into a pharmacy, a pharmacist can observe their gait, their breathing, their cognitive state and changes in their demeanour. When a package is left with a neighbour, dosette boxes are delivered four at a time, pushed through a letterbox or handed over by a rushed delivery driver, that clinical oversight is lost. • Commercial deliveries are handled by non-clinical, logistical staff. A delivery driver has zero clinical capacity to perform triage, diagnose, or spot "red flag" physiological deteriorations, leaving the most vulnerable in the community exposed • Previous PPC panels have agreed that for vulnerable populations, the "advice and counselling" component of pharmacy services is paramount. A delivery

	service effectively bypasses the pharmacist's opportunity to intervene or participate in a patient's health journey.
4.122.	4. The 'Wait-Time' Inadequacy for Acute Care
4.123.	Delivery services are designed for chronic, repeat medication - they are fundamentally inadequate for immediate acute healthcare needs.
4.124.	Essentially, a delivery van can bridge a mile of road, but it cannot bridge a gap in clinical care. The residents of Netherthird, Craigs, and Skerrington need a pharmacist, not just "Amazon Delivery". We are here to reach the "Caring for Ayrshire" goal and provide the clinical face and front door of the NHS, which no delivery service can adequately replicate.
4.125.	Local Misconception and Limited Health Literacy
4.126.	Over the past few years, I have had the privilege of spending considerable time in Netherthird and its surrounding areas which has given me a profound appreciation for the passion, resilience, and kindness within this proud community.
4.127.	However, this has also revealed a disappointing reality: there is a stark misconception regarding modern pharmacy services. Conversations with residents, coupled with a review of the CAR, made it evident that a portion of the community views pharmacy provision through a remarkably narrow lens, believing it revolves almost entirely around two services - prescription delivery and methadone dispensing.
4.128.	Fostering open conversations about the positive impact of a genuine, service-led community pharmacy is essential. Some residents simply lacked awareness of NHS Pharmacy First or Pharmacy First Plus, meaning they are missing out on the vast array of advice, clinical diagnosis, prescribing capabilities and preventative care available in modern pharmacies. Following discussions with the Netherthird Community Development Group, it is my view that many in the neighbourhood consider a simple delivery service to be "adequate" solely because they have never had the opportunity to experience genuinely accessible clinical care close to home.
4.129.	As an example, the data from Logan Pharmacy strongly illustrates this systemic disconnect. Serving an immediate village population of roughly 1,200 people, it is highly unusual that Logan Pharmacy requires two full-time delivery drivers. Having worked in this pharmacy myself, I was astonished by the sheer volume of deliveries; in fact, it was the first pharmacy I have ever encountered where patient medication bags had to be explicitly marked "Collect" rather than "Delivery" because delivery is the overwhelming default.
4.130.	Furthermore, for a pharmacy serving a village of 1,200 residents it is extremely irregular to dispense approximately 120,000 items per year. This equates to an average of 100 items per person annually - more than five times the Scottish average of 19 items. This data clearly highlights that around 80% of the patients using Logan Pharmacy do not actually live in Logan; they are external patients who

	have no choice but to rely on a delivery service because they lack accessible, local pharmacy provision.
4.131.	This disconnect is further underscored by Logan Pharmacy's Pharmacy First statistics. Despite dispensing an impressive 10,000 items a month, its Pharmacy First consultation rate sits at a mere 1.5% of total items - less than half the Scottish average of 3.4%. I felt this disconnect first hand whilst providing locum pharmacist cover at Logan Pharmacy. I was struck by the near-total absence of patient presence. Throughout the entire day, fewer than a handful of patients physically entered the premises and staff members were in a clear routine of issuing Pharmacy First items over the phone without any clinical assessment - a stark reflection of a pharmacy operating almost entirely remotely.
4.132.	When reviewing the CAR, there were some residents in Netherthird, Craighens, and Skerrington who noted they were satisfied with current provisions because they already receive their medicines via delivery. To me, however, this satisfaction does not indicate that their healthcare needs are being fully met; rather, it suggests they have simply never experienced a comprehensive, clinically focused pharmacy service that offers more than just a delivery van.
4.133.	Relying on a distant, delivery-heavy pharmacy model does more than just drop a box on a doorstep - it actively drives down local health literacy. By removing face-to-face contact, residents lose the vital interactions where they learn about the preventative care, advice, and the clinical prescribing services actually available to them.
4.134.	The only other notable concern raised within the CAR regarding a new pharmacy in Netherthird was the inclusion of Opioid Replacement Therapy (ORT). While this clinical service can unfortunately attract stigma across the wider pharmacy sector as a whole, I purposefully chose not to exclude it from our service list during the Joint Consultation. To do so would contradict our core philosophy: our doors are open to anyone who requires healthcare.
4.135.	This commitment to accessibility does not mean we tolerate anti-social behaviour. Every individual accessing services within the pharmacy and the broader Community Centre is expected to uphold a high standard of conduct. The CAR highlighted a few fears that this service would draw 'undesirable' individuals to the centre, but this stems from a significant misconception and stigma. Through vital existing networks like Megan's Space, The Nest Group, and Harbour Ayrshire, individuals struggling with addiction already safely access the centre for support every single day. Having personally attended mental health and addiction sessions within the community centre, I found the attendees to be incredibly welcoming, polite and resilient. A significant part of their recovery journey involves battling the heavy stigma of being viewed as 'lesser' individuals. I for one am not perfect, and it is not my place to pass judgment on anyone - especially those who have hit rock bottom and are actively committed to rebuilding their lives. Those fighting addiction and actively seeking medical help should never have their access to healthcare restricted.

4.136.	Finally, it is worth noting that opioid replacement therapy is a standard provision across Scotland; indeed, the vast majority of Scottish pharmacies - including all three pharmacies represented here today - rightfully offer this sadly essential service. Although the pharmacy will operate an open-door policy for residents who require support, the viability of the contract is far from dependent on any income from addiction services – contrary to some local misconception. In contrast, due to lack of local demand, my Scots Pharmacy branch in Netherlee has zero patients who access addiction services within the pharmacy but by dispensing 4000-5000 items each month and being accessed regularly for consultations and prescribing services, we are healthily viable.
4.137.	Closing Members of the Panel, the statutory test before you today requires you to determine if the current provision within the neighbourhood is adequate, and whether a new pharmacy is necessary or desirable. The evidence laid before you leaves no room for ambiguity.
4.138.	Seven years ago, I stood before the Netherthird Community Council and promised I would fight to bring them the care they deserve. Today, I stand before you and ask that you prioritise the needs of 3000 people who feel isolated, abandoned and forgotten by the primary care network.
4.139.	We in this room have the responsibility to not let their geography or economy dictate their health outcomes. I urge you to look beyond the map, listen to the unified voice of this community, and provide those in need with adequate and accessible pharmacy services.
5.	The Chair invited questions from the Interested Parties to the Applicant
5.1.	Questions from Mr Falconer (Cumnock Pharmacy) to Mr Deary
5.1.1.	Mr Falconer was surprised that the Applicant's representation had stated a lack of patient consultations in Cumnock Pharmacy when the data demonstrated this pharmacy provided the highest level of patient consultations in East Ayrshire. The applicant was invited to comment. Mr Deary clarified that what was meant was the lack of access to this service for Netherthird residents.
5.1.2.	Reference was made to the example given in the representation about deliveries from Logan Pharmacy rather than Cumnock Pharmacy. Mr Falconer thought this strange when Cumnock Pharmacy was closest to the neighbourhood proposed by the Applicant so asked for an explanation. Mr Deary said that this application was submitted in 2019/2020 when Cumnock Pharmacy was owned by Lloyds. Lloyds offered a very different level of service from that currently offered. Mr Deary continued by stating that improvements to the pharmaceutical service from Cumnock Pharmacy had little impact on residents within Netherthird, Craigens and Skerrington due to access difficulties. The core services available from Cumnock Pharmacy were not available to those within Netherthird, Craigens or Skerrington because 40% did not have access to a car (from information obtained from East Ayrshire Council based on data from the 2022 Census). Mr Falconer queried this

	information as the 2022 census stated car ownership within the neighbourhood as 76% (above average).
5.1.3.	However, Mr Deary stood corrected and accepted that residents from the proposed neighbourhood would only cross one main road to access Cumnock Pharmacy on foot. Nevertheless, Mr Deary disagreed that Cumnock Pharmacy met the definition of a 20-minute neighbourhood. The Applicant and Mr Falconer disputed whether 20-minutes included the return journey as Mr Falconer had walked from Cumnock Pharmacy to the proposed pharmacy in 18-minutes. Mr Falconer was, however, fit and healthy. Mr Deary was unable when asked to provide further detail about the location of the steep gradient in the proposed neighbourhood.
5.1.4.	With the bus timetable showing 31 buses throughout the day into the proposed neighbourhood, Mr Falconer asked how much better the bus service could be. Mr Deary said that residents did not agree with Mr Falconer's assessment that the bus service was 'actually pretty good'. The Applicant referred to numerous comments in the CAR about the bus service being poorly run and instigation of a community run bus service by Coalfield Bus Company in response to the systemic failure of public transport in the area.
5.1.5.	Mr Falconer asked if during the presentation the Applicant had focussed on the worst of the three SIMD datazones in the neighbourhood. Mr Deary said that was not the case but had highlighted data corresponding to the largest proportion of the neighbourhood. When asked what the level of deprivation looked like in the other two datazones, Mr Deary said it was average at 40-50%.
5.1.6.	Mr Falconer was interested to know why the area to the north was not included in the Applicant's neighbourhood as it had a higher rate of deprivation. Mr Deary explained that the area to the north was cut off by a river so was a natural boundary for the neighbourhood. The neighbourhood boundary was not determined in a manner that benefitted the Applicant but proposed because it was the focus of the application namely the communities of Netherthird, Craighens and Skerrington.
5.1.7.	The Applicant was asked to comment on the geographical access score of six for the proposed neighbourhood. Mr Deary did not think residents cared about this score adding that respondents to the CAR had stated their displeasure about access to the pharmaceutical services available and poor public transport in this rural area.
5.1.8.	Mr Falconer asked if Mr Deary agreed that the proposed premise was small. It was not the largest but also not the smallest pharmacy Mr Deary had ever worked in. Springside Pharmacy was not much bigger and had to accommodate a toilet and staff area. Such facilities were not required in the proposed pharmacy because those within the community centre could be used. When asked, Mr Deary thought it was fit for purpose as it was DDA compliant. Adding that if the pharmacy outgrew the proposed premises, then it could expand into the adjacent corridor.
5.1.9.	The Applicant was asked whether there were any concerns around the security of the proposed pharmacy in the community centre particularly whether the internal

	door presented a security risk. Mr Deary explained that the internal door would have a steel shutter that would be in place when the pharmacy was closed. Adding that the proposed pharmacy would be more secure than Mr Deary's current pharmacy.
5.1.10.	Mr Falconer referred to future housing developments within the neighbourhood at Craigens Road. With 39 out of the 49 new houses to be two bedroomed, the Applicant was invited to comment on Mr Falconer's suggestion that the population increase would only be around 100 people and insignificant. Mr Deary disagreed as there was also a development approved of 22 bungalows that were two to four bedroomed in Skerrington. Mr Deary estimated an increase of around 250 people to the neighbourhood. The political spectrum also considered that there would be significant growth in this neighbourhood and that eventually Netherthird and Craigens would meet.
5.1.11.	Mr Falconer enquired what was meant when the Applicant had stated in answer to question 4b(viii) of the application that "the local population was actively encouraged" across the 90-working day period to have their say". Mr Deary clarified that people were encouraged to complete the application.
5.1.12.	Mr Falconer was interested to know what steps had been taken to prevent multiple submissions of the questionnaire from the same respondent. The Applicant had no power over that aspect of the consultation. Mr Deary was only provided with the link.
5.1.13.	Mr Falconer referred to a Freedom of Information (FOI) request received from the Applicant a few weeks ago. Although pharmacies were not subject to FOI requests and a response not provided, Mr Falconer asked why information was being sought from Cumnock Pharmacy over a five-year period when owned by Lloyds until 2023. Assurance was provided by Mr Deary that it was not being implied that Mr Falconer was responsible for Lloyds services. Instead, five years was the standard timescale asked for information from a range of pharmacies in the area.
5.1.14.	Mr Falconer turned the FOI request around and asked if Mr Deary would be happy providing information about the clinical capacity of Scots Pharmacy in Netherlee. Mr Deary was not saying any of the pharmacy services provided by Cumnock Pharmacy were bad. The crux of this application was about the accessibility of those services to residents of Netherthird, Craigens and Skerrington.
5.1.15.	Mr Falconer asked how many items Mr Deary expected the proposed pharmacy to dispense each month. Mr Deary recognised there would be a bedding in period but eventually hoped to dispense 4500 to 5000 items a month. Most prescriptions were expected to be dispensed to those living in Netherthird, Craigens and Skerrington. However, there may be some prescriptions brought to the pharmacy from people using the community centre from out with the neighbourhood.
5.1.16.	When asked, Mr Deary did not think this estimated dispensing volume from the proposed pharmacy would affect other pharmaceutical contractors in the area.

5.1.17.	Mr Falconer referred to the statement made by the Applicant about a lack of appointments in the area for GPs and pharmacy services. All patients referred to Cumnock Pharmacy by a GP were already being seen whilst the pharmacy had double pharmacist cover three days a week as well as the highest Pharmacy First Plus items in East Ayrshire and Scotland. The Applicant was invited to comment on this given the situation being described in the presentation. Mr Deary noted the significant boost in funding Cumnock Pharmacy would be receiving from this record Pharmacy First Plus activity and doubted the claim that a loss of 1000 items a month would make Cumnock Pharmacy unviable. Mr Falconer would address the impact on viability in the forthcoming interested party statement.
5.1.18.	Mr Falconer noted the opening hours listed in the application. When asked about the minimum opening hours for a pharmacy, Mr Deary thought this varied by Health Board but stated these as 9am to 5:30pm Monday to Friday and 9am-1pm Saturday in NHS Ayrshire & Arran. In the event that this application was granted, Mr Deary agreed with Mr Falconer that legally there was nothing to stop the closing time of the proposed pharmacy being changed to 5:30pm on weekdays and 1pm on Saturdays.
5.2.	Questions from Mr Mohammed (Logan Pharmacy) to Mr Deary
5.2.1.	Mr Mohammed noted that the first part of the legal test involved demonstrating an inadequacy of existing pharmaceutical services so asked Mr Deary how many formal complaints had been made about pharmacy services by residents of Netherthird, Craigens or Skerrington. Mr Deary stated that these residents were less likely to use formal channels to make complaints but had discussed issues locally with the community council. Mr Mohammed asked why that was the case. Mr Deary said local literacy levels made it difficult for people to engage and using email was not a leading method of communication. This population had also not experienced an accessible pharmaceutical service so were not aware of the benefits or the experience being missed. The community had fought against closure of the community centre and primary school but until now had not pushed for better access to a community pharmacy. Mr Mohammed had participated in many pharmacy practice committee hearings across different Health Boards and regularly heard that people in deprived areas did not know how to complain. Mr Deary was not saying that, but residents did not know who to access the official channels to make a complaint. Complaints were being made through the CAR and MPs etc. The Applicant agreed when asked again that there had been no formal complaints made to the health board about existing pharmacy services.
5.2.2.	Mr Mohammed asked the Applicant for evidence that existing pharmacies lacked capacity to service the neighbourhood. Mr Deary confirmed that capacity had not been mentioned in the submission.
5.2.3.	When asked which of the existing pharmacies serving the neighbourhood made deliveries, Mr Deary thought all did.
5.2.4.	Mr Mohammed then asked what change had occurred since the last application for a pharmacy in this neighbourhood had been rejected. Mr Deary said there had been many changes including financial issues, bus service cuts, introduction of

	pharmacy services requiring face-to-face interactions, prescribing services and mental health was in crisis. The job of a pharmacist had greatly changed with most of the day for pharmacists qualified as independent prescribers allocated to patient consultations and prescribing medicines. Checking and making up prescriptions was now largely done by technicians. In summary, pharmacy services and the area were now growing. The community was trying to build a holistic health hub at the community centre. Although there had previously been apprehension, there was now strong support for the proposed pharmacy with 90% of respondents in favour of it opening in the CAR.
5.2.5.	Mr Mohammed referred to mention of population growth during the Applicant's presentation described as unprecedented demographic expansion as did several letters of support, so asked what evidence there was of a material growth since 2015? Mr Mohammed stated that the Community Action Plan 2014-2019 noted the combined population for the proposed neighbourhood as 2099 in 1000 household whilst that for 2025-2029 recording the same population and household figures. Mr Deary explained that housebuilding was currently taking place which had never been seen before in the neighbourhood. There were currently 49 new homes being built across from the proposed neighbourhood so the Community Action Plan data was out of date.
5.2.6.	Mr Mohammed had a copy of the flyer produced by the Applicant and distributed to the community. Mr Mohammed asked whether residents were encouraged to complete the consultation questionnaire and whether there was a difference between generating support and obtaining neutral evidence, noting that the flyer had been branded with the NHS Ayrshire & Arran logo when it hadn't been approved by the Health Board and said in partnership with NHS Ayrshire & Arran. Mr Deary had contacted the Health Board about the flyer but had not been asked to submit a copy before being distributed. The Applicant conceded that NHS Ayrshire & Arran branding should not have been used when not approved by the Board and should have stated in joint consultation with rather than in partnership. Mr Deary confirmed that a company did a door-to-door flyer drop and did not do this himself. People had also been encouraged to respond through a social media campaign. Mr Mohammed felt this was promotional and with patients being asked to support the pharmacy was not an objective process. Mr Deary disagreed stating that the stall at the Christmas market was queued out because 2500 people did not have access to healthcare. The questionnaire was available for residents to complete as they saw fit. The Applicant wanted to obtain good vision of the views of this community and a huge proportion wanted this pharmacy which should not be ignored. Mr Deary confirmed that free pens had never been issued promoting Scots Pharmacy.
5.2.7.	Mr Mohammed recognised the convenience of the proposed pharmacy location and asked for evidence the granting of this contract would provide adequate provision of pharmaceutical services. Mr Deary said the CAR report was the voice of the community. Public transport was currently a barrier to accessing existing pharmacy services. This would be removed if the contract was granted.
5.2.8.	Mr Mohammed acknowledged that the CAR demonstrated support for the proposed pharmacy but asked what part of the existing services were unable to be

	provided to the proposed neighbourhood. Mr Deary stated that existing services were only available to those able to travel. The issue for Netherthird, Craighens and Skerrington was access. People were going without care because of transport barriers.
5.2.9.	Mr Mohammed had patients from the proposed neighbourhood accessing services from Logan Pharmacy. The last survey conducted by Logan Pharmacy of patients from Netherthird resulted in 92% stating Logan Pharmacy went above and beyond. Mr Deary highlighted that such comments were not made in the CAR or that the proposed pharmacy would be more convenient. People had said that pharmacy care could not be accessed.
5.2.10.	This concluded questioning of the Applicant by Mr Mohammed so a five-minute comfort break was taken at 11:50.
5.3.	Questions from Mr Falconer (Cumnock Pharmacy) to Mr Deary
5.3.1.	Mr Falconer noted that question 6 was not the clearest to answer but wondered how the Applicant had arrived at a figure of 71% believing there were gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood when yes answers accounted for 61.48%. Mr Deary explained that this had been achieved by removing don't knows/don't understand the question responses from the calculation.
5.4.	Questions from Mrs Naismith (Rowlands Pharmacy) for Mr Deary
5.4.1.	Mrs Naismith enquired whether a lease for the proposed pharmacy had been secured. Mr Deary confirmed that it had.
5.4.2.	When asked about room for expansion, Mr Deary said there was and was currently in discussion about how the extra corridor space could be used. Possible options included consultations, general storage or making up dosette boxes. If the proposed pharmacy outgrew its premises then there was an option to make it bigger. Extending the boundaries was not really an option. However, in the Applicant's experience, it did not really matter how big the pharmacy was, space always ran out eventually. The application, however, focussed on the unit on which the lease was secured.
5.4.3.	Mrs Naismith asked whether the Applicant lived in this community. Mr Deary lived in Glasgow but had friends in this community and had a good relationship with the Community Council.
5.4.4.	Mrs Naismith asked whether the Applicant's main pharmacy was in Glasgow. Mr Deary said that it was.
5.4.5.	Mrs Naismith asked about the Applicant's main independent prescriber specialty to which Mr Deary replied Common Clinical Conditions. When asked whether this was the specialty required by this community, Mr Deary believed so, it was the most common and contributed to reducing GP waiting times.

5.4.6.	Mrs Naismith enquired whether a Responsible Pharmacist (RP) was planned to work alongside Mr Deary at the proposed pharmacy. Mr Deary imagined so to cover days off. Adding that it would be good to find a Responsible Pharmacist (RP) from East Ayrshire who could focus more on clinical work.
5.4.7.	Mrs Naismith asked whether the Applicant was aware of RP coverage in Rowlands Pharmacy where there was double cover on Wednesdays, Thursdays and Fridays. Mr Deary was not so asked whether patient consultations were carried out remotely or face-to-face. Mrs Naismith responded face-to-face to which Mr Deary noted that was great for the people of Cumnock but not for those living in Netherthird, Craigens or Skerrington. Mrs Naismith said that Rowlands Pharmacy in Cumnock served a lot of patients from the proposed neighbourhood as did the other Rowlands Pharmacy in New Cumnock. Mrs Naismith pointed out that there was a good bus service which linked residents with both Rowlands pharmacies. Mr Deary said the joint consultation respondents disagreed with that statement – 330 people had mentioned transport and travel as a direct issue. Mrs Naismith stated that some residents had cars.
5.4.8.	Reference was made by Mrs Naismith to the Applicant's business model of dispensing 4500-5000 items per month so asked if this was the baseline for a viable contract. Mr Deary thought dispensing 3000 items a month was required for a viable pharmacy business. This was the dispensing volume when the Applicant's current pharmacy in the Southside of Glasgow was bought. However, this had grown over many years following a rebranding exercise.
5.4.9.	When asked how many staff the proposed pharmacy would employ, Mr Deary envisaged 3-4 members of staff including one member split between front counter and deliveries, one Accuracy Checking Technician and another in the dispensary.
5.4.10.	Mrs Naismith was interested to know the range of the delivery service from the proposed pharmacy. Although the Applicant had not thought that far ahead, if a patient from Cumnock asked to use Scots Pharmacy in Netherthird then that business would be welcomed. However, core business was expected to come from those resident in Netherthird, Craigens and Skerrington.
5.4.11.	Mrs Naismith said that Rowlands Pharmacy delivered prescriptions six days a week and wondered whether the Applicant had any evidence of problems with the delivery service. Mr Deary was not saying there was a problem with the delivery service only that a delivery service was not pharmaceutical care.
5.4.12.	Mrs Naismith continued by explaining that Rowlands Pharmacy required its delivery drivers to carry out a Buttercups course and extensive training to report back any concerns to the pharmacist as the delivery driver was one person vulnerable patients saw each week. Mr Deary was familiar with the training delivery drivers were legally required to complete which did not include any clinical training. The delivery driver was a logistical member of staff and could not be expected to carry out a patient consultation or public health intervention. The Applicant did not consider problems reported back by the delivery driver to the pharmacist adequate pharmaceutical provision. Netherthird residents were looking for face-to-face access to pharmacy services. Furthermore, Mr Deary did not think

	it appropriate for delivery drivers to discuss the private health matters of patients on the doorstep.
5.4.13.	The Applicant had already covered offering services out with the proposed neighbourhood. When asked if the proposed pharmacy would offer additional as well as core services, Mr Deary said it would and all were listed in the public consultation.
5.4.14.	Mr Deary confirmed, when asked about wholesalers the proposed pharmacy intended to use, that a whole range of wholesalers would be used in a cascade system including AAH Pharmaceuticals, Alliance Healthcare, Ethigen, Phoenix Healthcare Distribution, Lexon and Trident
5.4.15.	Mrs Naismith wondered whether the Applicant would reconsider offering substance misuse services given the negative feedback these services attracted in surveys. Mr Deary acknowledged the stigma associated with people using these services. Mr Deary had observed addiction support sessions run in Netherthird Community Centre and did not see why people could not also receive opioid replacement therapy in the same location. The proposed pharmacy would not run any service that was detrimental to the community. Mrs Naismith suggested former addicts would linger longer in the community centre if attending for addiction support sessions and opioid replacement services. Mr Deary objected to use of the word “linger” and said the community centre was being used for its intended use. Addiction was a huge issue across Scotland and the Netherthird community had its own addiction issues. People would not linger as the community centre was walkable from all parts of the proposed neighbourhood. Any aggressive individual using the proposed pharmacy would not be treated by the team for whatever purpose.
5.5.	Questions from Mr Campbell (Netherthird Community Council) to Mr Deary
5.5.1.	Mr Campbell was interested to know the major differences people in Netherthird could expect to see if the proposed pharmacy contract were granted. Mr Deary said people would be able to access healthcare support and have regular patient assessments. Prescribing services would also have a huge impact in the community. Common clinical conditions could be treated quicker as people could see a pharmacist in five minutes rather than waiting for a GP appointment.
5.5.2.	The local Netherthird community was undergoing regeneration. Mr Campbell asked how the pharmacy would tie into that. Mr Deary noted the positive impact the community centre had within the community since coming under community ownership. A wide variety of activities were now available, but the final missing piece was a pharmacy to provide care.
5.5.3.	Mr Campbell noted the proposed pharmacy would employ 3-4 members of staff but wondered whether there would be a preference to employ local people. The Applicant confirmed that SL66 (East Ayrshire Council Skills and Learning) had already agreed to help with that process and were keen to highlight key people suitable for training.

5.6.	This concluded questions from the Interested Parties, so the Chair invited questions from the Committee members
5.7.	Questions from Mr McGeer (Non-contractor Pharmacist Member) to Mr Deary
5.7.1.	Mr McGeer asked for thoughts from the Applicant that the community centre had been bought for the community to use and was not a business opportunity. Mr Deary explained that the Community Council had chosen a pharmacy for the unit to make the community centre a health & wellbeing hub. The location of the pharmacy had been driven by the community and would become a community asset. The CAR had gauged the need for a pharmacy in the community. The community centre was not going corporate but focussing on services for the community.
5.8.	Questions from Mr Maconochie (Contractor Pharmacist Member) to Mr Deary
5.8.1.	Mr Maconochie noted the frequent use of the word unreliable regarding bus services in the Applicant's presentation and asked for evidence to support that claim. Mr Deary had contacted Strathclyde Partnership for Transport to obtain reliability data for Cumnock bus services but this was not shared because it was commercially sensitive. However, the letter of support for the proposed pharmacy from Margorie Harvie highlighted that a highly unreliable bus services was affecting day-to-day operations of SL66. A community run bus service was also introduced by Coalfield Community Transport to alleviate the public transport issues. However, this was so popular that buses needed to be booked a minimum of one week in advance.
5.8.2.	Mr Maconochie mentioned that a large portion of people received free bus travel. Whilst the Applicant accepted that was true, around a third of the population did not including parents with young children.
5.9.	Questions from Mr Smith (Lay Member) to Mr Deary
5.9.1.	Mr Smith enquired whether the delivery service and medication were free for patients and if a parent could ring up a pharmacy for Calpol which would then be delivered. Mr Deary explained that a child could get paracetamol via the Pharmacy First service but would not feel comfortable prescribing it unless the patient was seen as red flag symptoms could be missed. That was why a delivery services was not an adequate pharmaceutical service.
5.9.2.	Mr Smith asked about the range of shops in the neighbourhood. Mr Deary said there were two major convenience stores, also a sizable factory outlet providing household items such as clothes, bedlinens and gifts.
5.10.	Questions from Mrs Morris (Lay Member) to Mr Deary
5.10.1.	Mrs Morris queried whether the statistics quoted in the Applicant's presentation were for car ownership or access. Mr Deary said it was access so availability could be erratic depending on the owner of the vehicle.

5.10.2.	Mrs Morris was interested to know the location of the nearest supermarket and whether the Post Office had closed. Mr Deary explained that the Post Office unit was empty because it had relocated and now operated within the Keystore. The nearest supermarket was the large Asda in Cumnock. However, all daily essentials were available within the neighbourhood in two convenience stores although it was recognised that convenience stores were more expensive. There was also a free food larder. It was possible for residents to live sustainably within the neighbourhood.
5.11.	Questions from Mrs Ford (Chair) to Mr Deary
5.11.1.	Mrs Ford asked for confirmation that the Applicant's proposed neighbourhood boundary was not the same as the local council boundary. Mr Deary said that was correct as the Netherthird district boundary was huge and included farmland. The neighbourhood boundary for this application had been defined where daily life was conducted for the majority of residents and was where housing stopped. Residents did have to travel for the secondary school, GP and larger shopping facilities but that did not negate Netherthird as a distinct community. People also described themselves as being from Netherthird.
5.11.2.	When asked if MyBus existed in the area, Mr Deary said it did not but was what Coalfield was trying to do. The Coalfield Community Bus service was no use to access a pharmacy if unwell because it needed to be booked a week in advance.
5.11.3.	Mrs Ford was interested to know what proportion of the journey to Cumnock Pharmacy was walkable. Mr Deary said there had been comments in the CAR to avoid walking if possible and that walking was not feasible due to the fast busy main road.
5.11.4.	Mrs Ford asked whether the Applicant agreed with the statement that often when new houses were built the population remained the same. Mr Deary thought this unlikely and expected new people to come into the area although it was impossible to say at this stage. According to the website, the 22 new homes being built in Skerrington were for families coming into the area.
5.11.5.	This concluded questioning of the Applicant so the hearing broke for lunch and resumed at 13:12.
6.	Interested Parties' Submissions
6.1.	Submission from Mr Falconer (Cumnock Pharmacy)
6.2.	Mr Falconer read from a pre-prepared statement and made adjustments as necessary.
6.3.	Thank you for giving me the opportunity to address you today. I appear on behalf of Cumnock Pharmacy to object to this application for inclusion in the pharmaceutical list.
6.4.	The potential impact on our pharmacy if this application were granted cannot be understated. It could have a direct impact on the future service provision and

	viability of our pharmacy. We are a local, Ayrshire-based, family-run pharmacy whose sole focus is providing the best possible service to our patients, and I believe we would be the pharmacy most significantly impacted if the Netherthird application were granted.
6.5.	The question today is not whether a pharmacy in Netherthird would be convenient. Of course it would be convenient for some people. The question is whether the statutory test for granting a new NHS pharmacy contract has been met.
6.6.	Our submission is that it has not. The case is down to two principal issues.
6.7.	First – what is the relevant neighbourhood. I will demonstrate that Netherthird and Craigens should be considered as part of the wider Cumnock community in which residents routinely access shops such as supermarkets, healthcare and pharmaceutical services.
6.8.	Secondly, is there a deficiency or inadequacy in pharmaceutical provision within that neighbourhood? I will demonstrate that there is not. Existing pharmacies provide comprehensive NHS pharmaceutical services, residents of Netherthird and Craigens are already accessing those services in significant numbers, and there is capacity to provide more. I had not expected the Applicant's argument to be based on access to existing provision.
6.9.	Cumnock Has Changed Significantly.
6.10.	First of all, it is important to recognise that much of the applicant's case relies upon circumstances that no longer exist. When Mr Deary originally submitted his application in 2019 Lloyds Pharmacy was operating the pharmacies in Cumnock and the standard of pharmaceutical care was undoubtedly poor.
6.11.	Mr Deary's case may have had considerably more force when Lloyds was operating the pharmacies badly. That scenario however, no longer exists.
6.12.	Over the last three years pharmaceutical provision within Cumnock has changed considerably for the better, as a result of Lloyds selling both pharmacies in Cumnock as well as in New Cumnock and Auchinleck
6.13.	When we bought the pharmacy on Townhead Street in 2023, it was transferred to a new company with a new NHS contractor code – we therefore bare no responsibility for the inadequacies and poor service provided by Lloyds before we took over.
6.14.	We immediately made improvements – increased staffing levels to increase capacity, trained staff appropriately to improve safety, brought in a permanent manager (Jack) to provide stability, re-established all core NHS services and even adding enhanced services that are not part of the core NHS contract such as Pharmacist First Plus and sexual health prescribing clinics.
6.15.	If we fast forward three years to our current service provision. We don't just provide all NHS core and additional services but we actively promote them to patients by working closely with local GP practices particularly Tanyard who we

	have close relationship with. We have a referral pathway (along with the other pharmacies) where they send any patients to us who it is deemed appropriate to access Pharmacy services. As a result, we have one of the highest number of Pharmacy First consultations throughout Ayrshire. In the first 6 months of 2026 we did 3025 consultations including 526 from the Netherthird and Craigens area which is a significant number.
6.16.	And our Pharmacy First Plus prescribing clinic is the most active in Ayrshire. During the latest quarter we prescribed for 569 patients including 103 from the Netherthird and Craigens area, around a fifth of the patients seen. These numbers make us not only the most active in Ayrshire but one of the most active in Scotland. And we see all patients that are referred to us and have plenty of capacity to see even more patients – an additional pharmacy would have no impact on any pressure that the GP practice may have because we (and the other pharmacies) already see all the appropriate patients. We run a model where we have multiple pharmacists in several days per week in order to allow the prescriber time to see patients. We also train other pharmacists from across Ayrshire and Scotland within Cumnock Pharmacy to show them how a successful Pharmacy First Plus clinic works and to develop their skills. We are one of only two pharmacy companies in Ayrshire to provide this Pharmacy First Plus NES training to other pharmacist prescribers. We are not just another prescribing clinic – we are leading the way in Ayrshire. And recently the Pharmacy First Plus prescribing capacity within Cumnock has been further increased by the introduction of Independent Prescribers (IPs) in both Rowlands and Logan. I believe that Cumnock is one of the best served towns in Scotland for Pharmacy First and Pharmacy First Plus provision.
6.17.	The numbers of patients accessing our Pharmacy First and Pharmacy First Plus service from within the Netherthird and Craigens region shows that patients are already accessing our services and no one has ever reported having any problems getting to our pharmacy from Netherthird or Craigens. We receive a lot of praise for how promptly and easy it is to access our services.
6.18.	Another core service is the smoking cessation service- again we have actively promoted this service and now we have the highest numbers of smoking cessation patients in Ayrshire. We have had 261 interactions with smoking cessation patients in the last 6 months' worth of data and Quit Your Way have rated our service "Very Good" which is the highest ranking. Our record numbers include 57 interactions from the Netherthird area, and we have plenty of scope to increase those numbers if necessary.
6.19.	Another core service is to provide sexual health support. Again, we have gone above and beyond by setting up an NHS Sexual Health clinic which provides patients access to prescribing pharmacist for contraception, STI's and general sexual health advice.
6.20	If I compare the list of core services that David has submitted in his application, there are none that aren't currently provided by ourselves and actually, we provide a higher level of service for some, than even he is even proposing in his application. For instance, Opioid Substitution Therapy – we offer the enhanced

	needle exchange service which is not mentioned by David. And some of the services mentioned he wouldn't even be able to provide – for instance, palliative care provision- we are the local palliative care pharmacy as selected by the health board. You can't just choose to be the local palliative care pharmacy.
6.21.	We also engage with all local services within Ayrshire and Arran as shown on your updated Service Provision sheet within your packs. The previous version was incorrect and that's why you received the updated version last week.
6.22.	It is clearly demonstrated that patients from the Netherthird area are already accessing our services. The proportion of patients that we see from Netherthird for Pharmacy First, Pharmacy First Plus and Smoking Cessation are roughly proportionate to the population size in Cumnock meaning patients from this area are accessing our services at roughly the same rate as other areas of Cumnock indicating no access issues. With 526 accessing Pharmacy First in 6 months, plus the PFP and smoking cessation this represents up to 25% of the population of Netherthird and Craighens accessing our services. And this doesn't account for those who used another pharmacy or didn't require a pharmacy within this period.
6.23.	It's not just about the quantity but also the quality of our service which is demonstrated by the high number of positive reviews on our website – over 60 x 5 star reviews and an average rating of 4.6 out of 5 on google.
6.24.	I have also checked with the health board to see if we have had any complaints and received the following email response “please note that there have been no complaints logged for Cumnock Pharmacy for the reporting period June 2025 to June 2026. During this time period there have also been no formal complaints sent directly to the Board.”
6.25.	The applicant is therefore seeking to address a lack of pharmaceutical care within Netherthird and Craighens that does not exist and has already been resolved from the previous Lloyds days.
6.26.	Myself, Jack and the rest of excellent team have worked incredibly hard over the last 3 years to completely turnaround the service provided at Cumnock Pharmacy and now offer some of the best pharmaceutical care in Ayrshire. This is demonstrated through our high service level, excellent patient feedback and no complaints about our service.
6.27	Viability
6.28	Next I will discuss the potential impact on our viability. It is important to recognise that this is an NHS pharmacy contract that Mr Deary is applying for.
6.29	The NHS resources are finite and every additional contract that is granted puts additional strain on the NHS as well as splitting the NHS resources of existing pharmacies. The way the NHS contract is written means that all pharmacies receive some funding for just being a pharmacy while other services are funded through funding pools where the more pharmacies claiming means that there is less funding per pharmacy. This is felt most acutely by pharmacies local to new contracts due to a dilution in prescription numbers and patients accessing services.

	NHS income accounts for the majority of income for a typical pharmacy such as ourselves.
6.30	So, what would this mean for us – well when we took over three years ago, Lloyds had lost so many patients that they were on the edge of viability – approximately 3000 items per month – we knew that growth would be very important to sustain the business. We were confident that we could do this by providing an excellent customer service and that has proved to be correct. We are now back to similar prescription numbers to where Lloyds peaked before they imploded – about 7000 items per month. If we were to lose our share of prescriptions and NHS service income, then we would not be viable with our current set up. The first impact would be a reduction in services. We wouldn't be able to support the same volume of prescribing that we currently do, as we would need to reduce the amount of additional pharmacist cover that we have. The applicant argues that the Netherthird Pharmacy would improve pharmaceutical care and access to services – I argue it would worsen it. Splitting the funding pot further would result in each pharmacy being able to offer a lower level of service. Then we would need to look at staff cutbacks and possibly redundancies. And if cost cutting measures are not enough then the whole viability of the business could be under threat. This may seem very dramatic but when I look at what other new contracts in Ayrshire have done after opening I believe that I am right to be extremely concerned.
6.31	This takes me on to the viability of the potential new pharmacy in Netherthird. With a small population of about 2500 this area is not big enough to sustain a pharmacy especially as this is a young population with only 16% of the population being over 65 according to the 2022 Census. Therefore they would need to attract patients from a wider area in order to be viable
6.32	The Committee does not have to speculate about what happens when a pharmacy is granted in a relatively small population area. There are relevant examples elsewhere in Ayrshire.
6.33	If I take the two prominent examples – Monkton Pharmacy and Springside Pharmacy.
6.34	The latest prescription data shows that Monkton Pharmacy are already doing 4000 items per month, only nine months after first opening. Despite arguing that they would only serve the neighbourhood of Monkton, 25% of Monkton's prescriptions come from surgeries in Kilmarnock which are over 9 miles away, 15–20-minute drive and don't include Monkton as their catchment area. And your next question might be – well did Monkton Pharmacy have an impact on the viability of local pharmacies – I believe it did yes. Boots Pharmacy had 3 pharmacies in Prestwick at the time of the hearing. They decided to close one so now only operate two. A large company the size of Boots has the luxury of closing a store to ensure the viability of it's others. I do not have that luxury.
6.35	Another example is Springside which opened about 10 years ago. They argued that they would only serve the local population and they now average 11,000 items per month and 56% of their items come from GP practices not within the vicinity of Springside.

6.36	That is the reality of what new pharmacy applications based in small population areas need to do to survive after being granted.
6.37	And a new pharmacy application would inevitably start competing for patients within the wider Cumnock, New Cumnock, Auchinleck area – and if they got as many patients as Monkton and Springside have then we could easily go back to the prescription levels seen previously by Lloyds around 3000 items or below. Having modelled the impact of this, it would result in a reduction of services, staff redundancies and threaten our viability.
6.38	It is also worth noting that the Monkton application provides a useful example of the difference between what an applicant proposes and what the contract ultimately requires. The Monkton applicant emphasised extended opening hours similar to this applicant, including late evenings and weekends, as a benefit of the proposed pharmacy. After opening, however, the pharmacy reverted to the minimum contractual hours of Monday to Friday 9am–5.30pm and Saturday 9am–1pm.
6.39	The Committee should therefore assess this application on the provision that would actually be secured by the contract, rather than relying on additional commitments made in the application which are not contractual requirements. For Example, there would be no requirement to open until 6pm or on Saturday afternoons, not to provide Pharmacy First Plus prescribing, which is not a core service.
6.40	Neighbourhood
6.41	Moving on to the proposed neighbourhood, Mr Deary's proposed neighbourhood does not reflect the way the community actually functions and appears to artificially exclude the very pharmacies whose provision is central to the question the Committee must determine.
6.42	There is an important precedent here. In PPC118, the neighbourhood was previously defined using clear and identifiable geographical boundaries:
6.43	North – from the railway line where it meets Rigg Road, across the green space to the A76 where it meets Lugar Water. West – continuing south down the A76 until it crosses the railway line. East – following the railway line north through the green space until it reaches Rigg Road.
6.44	Those are not arbitrary boundaries. They follow obvious physical features of the area — the railway line, the A76 and the Lugar Water — and they encompass the wider Cumnock community in which Netherthird sits.
6.45	There has been no fundamental change to the geography, infrastructure or relationship between Netherthird and Cumnock since PPC118 which would justify replacing that established neighbourhood with the much narrower area proposed in this application.

6.46	The important point is that Netherthird is not a self-contained community which operates independently of Cumnock. Cumnock is where residents go to access many of the services and facilities they use as part of their normal daily lives.
6.47	The supermarkets, GP practice, petrol stations, opticians, shops and other services are predominantly in Cumnock town centre. Residents travel into Cumnock routinely for these services, and the evidence from the consultation itself demonstrates this.
6.48	Pharmaceutical services form the same pattern. Residents of Netherthird already travel into Cumnock to access pharmacies, just as they travel into Cumnock for their GP, shopping and other services. The evidence we have provided demonstrates that this is not theoretical: significant numbers of patients from Netherthird and Craighens are already accessing Cumnock Pharmacy's services.
6.49	I would also comment on the proximity of the premises to our pharmacy. It is only 1.1 miles from door to door and a 23-minute walk according to google maps – but I did do it in 18 minutes! Google defines the gradient over this walk as a 2.7% gradient which is defined as a “gentle” incline. It is well lit with streetlights and wide pavements all the way in. I don’t agree with the applicant’s assessment of the path. I have made the journey with one of my children’s buggies and didn’t have any difficulties at any point. The steepest part of the incline is actually within the applicant’s neighbourhood meaning some patients from his neighbourhood would need to go up it to get to his proposed pharmacy. There was also another path used as a cycle path so patients wouldn’t need to walk on the road.
6.50	Residents of Netherthird have access to frequent public transport to pharmaceutical services. During pharmacy opening times on weekdays there are around 22 bus departures to Cumnock (Services 43, 49A and 356), together with approximately nine direct departures to New Cumnock (Service 43), where a community pharmacy is also available. That works out at a bus roughly every 15 minutes which goes directly to a pharmacy with journey times varying from 4 minutes to 12 minutes. Bus travel is free for those under 21, over 60 or those who are disabled and within the eligibility criteria. Those on Job Seekers Allowance, Employment Support Allowance, Income Support and Universal Credit have access to the Job Centre Plus Travel Card, which allows a 50% reduction in the cost of bus travel. And for everyone else bus travel is about to be capped at £2 in Ayrshire as per the Scottish Government debate on Wednesday 17 th June which announced that the £2 cap will be introduced within the coming weeks to months making bus travel even more affordable. This is an extension of the pilot in Argyll & Bute.
6.51	For those with a car the journey is several minutes with ample, free parking situated right next to our pharmacy.
6.52	The 2022 Census results showed that over 76% of households in the Netherthird and Craighens area have access to a car – this is 2.5% higher than the national average and higher than the average for the rest of Cumnock as well. So, it cannot

	be said that car availability is a problem within Netherthird when it has a higher access to cars on average than the rest of Scotland!
6.53	Also the most health and income deprived part of the Netherthird region according to the SIMD data is the closest to the town centre – as little as a 15 minute walk. SIMD data can also be used to assess the geographical access of an area to important services such as healthcare. Netherthird region scores 6 out of 10 which means it is above average in Scotland.
6.54	Easy access to Cumnock Town Centre is supported by many statements in the CAR which highlight the proximity of existing services such as: • Easy to walk into town. • In town everyday anyway for shopping etc. • All the shops are in Cumnock
6.55	I would also question the appropriateness of the proposed premises. They are tiny! I personally don't believe that they are large enough to run a safe and effective pharmacy. When I compare it to our premises - ours are five times larger than the proposed Netherthird Pharmacy. Particularly with the emphasis on services and consultations that David has made, the consultation room is extremely small. When we took over from Lloyds, we had a single small consultation room but found it was too small to run the services so added a second larger consultation room. We have plans for a larger refit which would modernise the pharmacy (as shown here) but they are on hold until the outcome of this hearing as we couldn't do it if the application is granted.
6.56	The Public Consultation
6.57	I will now move onto the public consultation as there was a huge reliance on this by the applicant.
6.58	I do not suggest that the people who responded positively were insincere, or that their views should simply be disregarded. If someone is offered the prospect of having a pharmacy closer to their home, it is entirely understandable that they would welcome that.
6.59	However, I do think the Committee needs to consider carefully what the consultation actually demonstrates, and the circumstances in which the responses were obtained.
6.60	Firstly, the high response rate does not, establish a deficiency or inadequacy in existing pharmaceutical services.
6.61	There were 80 respondents who did not support the proposed pharmacy. That is not an insignificant number of people, particularly in the context of a consultation relating to a relatively small community. In other consultations, that is an extremely high number.
6.62	I also have some concerns about the way the consultation was promoted and therefore about the weight that can reasonably be placed on the overall result.

6.63	The consultation was promoted very extensively through the Netherthird Community Council's Facebook page. I have identified 18 separate posts promoting the survey, which were shared 199 times. I do not criticise the Community Council for encouraging people to participate. However, I have concerns about some of the information accompanying that promotion and about whether there were sufficient safeguards against duplicate responses.
6.64	None of the Facebook posts made clear that the questionnaire should only be completed once. I therefore think it is reasonable for the Committee to bear that in mind when considering the high response rate.
6.65	I also have concerns about the information presented alongside the survey.
6.66	The main Facebook post on 29 th August 2025, which remains pinned to the top of the Community Council's Facebook page, uses an image of the proposed pharmacy which is substantially larger and different from the premises and layout actually proposed in the application. It also depicts a 24-hour prescription collection machine, which is not part of the proposal before the Committee.
6.67	The same post describes the proposed pharmacy as being “in partnership with NHS Ayrshire and Arran”. This could reasonably give a member of the public the impression that NHS Ayrshire and Arran were supporting or endorsing the application which is of course, not true.
6.68	The post also refers to the nearest healthcare being “miles” away. As I have already demonstrated, existing pharmacies and the local GP practice are approximately one mile from the proposed premises.
6.69	There was also promotion of the questionnaire within Netherthird Community Centre. I have spoken to patients who tell me that they were approached and encouraged to complete the questionnaire when attending the Community Centre. Again, I do not suggest that there was anything wrong with encouraging participation. But where the same consultation is being promoted both online and in person, there is the possibility that it could have been completed by the same person multiple times. Also, the level of engagement with the consultation from David and Netherthird Community Council does explain the high level of responses but this doesn't necessarily reflect a high level of public interest within Netherthird.
6.70	And I have issues with the consultation itself, the problem I always have with these consultations is that the questions are confusing, leading and skewed in favour of the new application.
6.71	Question 6 in the consultation, for instance, asked members of the public whether there were gaps in existing pharmaceutical provision, but the questionnaire provided information about the services proposed by the new pharmacy without providing an equivalent explanation of the services already available from the existing pharmacies. This is important.
6.72	Most members of the public will not know which services constitute NHS pharmaceutical services, which pharmacies provide them, or what level of service

	is currently available. They cannot reasonably be expected to make an informed assessment of whether there is a deficiency in pharmaceutical provision without being given that information.
6.73	Question 7 is another example. It refers to the proposition that “a local pharmacy would ease the pressure on GP practices and neighbouring pharmacies”.
6.74	There are several assumptions contained within that statement. First, it assumes that neighbouring pharmacies are under pressure. Secondly, it implies that neighbouring pharmacies would benefit from or support the introduction of another pharmacy. Thirdly, it potentially gives the impression that the local GP practice would welcome a new pharmacy relieving pressure on it, when the local GP practice, Tanyard, has not provided support for this application.
6.75	But if I look at that statement in Q7 in full, of course the new proposed pharmacy sounds wonderful – if I am a member of the public and that is all the information that I am presented with, of course I am going to respond positively. There is no balance and as interested parties we would never agree to that wording.
6.76	Finally, question 8, asking whether the pharmacy would have an impact on other NHS services? It does not distinguish between an impact on other pharmacies, GP practices, dentists, optometrist, nor does it specify whether the question is asking about a positive or negative impact. I struggle to know how to respond to that question.
6.77	I would therefore ask the Committee to be cautious when looking at the results of the CAR and consider how the survey was promoted, what information was provided along with the survey and how the questions were skewed in favour of the applicant.
6.78	Despite the flaws in the consultation, I was pleased to see how often our service was praised. Jack is mentioned on numerous occasions. Comments such as: • I use Cumnock pharmacy and get a fantastic service from Jack. He provides all the services that I need from a pharmacy • Cumnock Pharmacy is the one I use and it's easy to park next to. Also a 10 minute walk. They're brilliant and provide every service that I would need. • Cumnock pharmacy is fantastic since Jack took over from Lloyd's • The local pharmacies have greatly improved since being taken over from Lloyds. The service in my particular pharmacy on Townhead street is exceptional. There is currently no need for another pharmacy. • Since Lloyds have left the pharmacies in Cumnock are much better. I use Cumnock Pharmacy and all the girls and Jack are fantastic! Never have a problem
6.79	Even many of the supportive answers actually strengthen the case to decline the application. Repeatedly comments mention the new pharmacy would be convenient. Comments such as: • saves getting a bus

	• One comment says that they get their prescriptions from another pharmacy, but it would be useful to pop into for paracetamol or cold remedies • Another that “it would be more convenient to have a pharmacy in Netherthird” • In fact the word “convenient” or a variant of it, appears in 25 separate comments
6.80	I completely understand why people would consider a pharmacy closer to their homes more convenient. Someone said no-one mentioned convenience but it is actually mentioned a lot.
6.81	But the statutory question is not whether a new pharmacy would be more convenient. The question is whether the existing pharmaceutical provision is deficient or inadequate.
6.82	And when the consultation is examined carefully, I do not believe it establishes that.
6.83	It establishes demand for convenience. It does not establish a lack of pharmaceutical care.
6.84	Letters of Support
6.85	I would also like to briefly address the letters of support submitted for this application.
6.86	I do not doubt the sincerity of those who have written in support. Local MSPs, MPs and councillors will naturally support projects within their local constituency.
6.87	However, the Committee needs to distinguish between support for the proposal and evidence that the statutory test has been met.
6.88	These letters demonstrate that a number of people and organisations would like the proposed pharmacy to open. They are not, however, independent assessments of whether existing pharmaceutical provision is deficient or inadequate.
6.89	I would also ask the Committee to consider what information those supporting the application were given when forming their views. Were they aware of the full range of services currently available in Cumnock? Were they aware of how significantly services have improved since Lloyds left? And were they aware that significant numbers of patients from Netherthird and Craighs are already accessing our pharmaceutical services?
6.90	Some of the wording in the letters suggests that the existing situation may not have been fully understood.
6.91	For example, one repeated argument is that “the pharmacy would reduce pressure on neighbouring pharmacies”. We have not suggested that we are unable to cope with demand. In fact, the evidence I have presented demonstrates that we have capacity to provide more services and see more patients.

6.92	There are also references to “large town centre pharmacies where patients are treated anonymously” and “crowded, high-traffic town centre pharmacies.” I do not believe that accurately describes Cumnock Pharmacy. We are a local independent pharmacy, we know our patients personally, and the consultation itself contains considerable praise for our service.
6.93	Similar to the CAR, I ask the committee to treat the letters with caution and, ultimately, to distinguish support for the proposal from evidence that the statutory test has been satisfied.
6.94	The Previous Application
6.95	Finally, I ask the Committee to consider the history of this proposal. PPC118 in 2015 has already examined many of these issues. The Committee should carefully consider what has changed that now establishes a deficiency in Netherthird and Cumnock where none previously existed. In fact, the opposite appears true. Since that application, pharmaceutical services have strengthened rather than weakened. If anything, the evidence against the existence of a deficiency is stronger today.
6.96	Conclusion
6.97	In summary, Chair and members of the Committee, I have covered a wide range of evidence today, but I believe the case ultimately comes down to two fundamental questions.
6.98	First, what is the relevant neighbourhood? The evidence demonstrates that Netherthird and Craighens are part of the wider Cumnock community. Residents routinely travel into Cumnock for shopping, healthcare and other everyday services, as was demonstrated in PPC118.
6.99	Second, is there a deficiency or inadequacy in pharmaceutical provision within that neighbourhood? The evidence before you demonstrates that there is not. Existing pharmacies already provide the services identified in this application, together with additional services, and there is clear evidence that residents of Netherthird and Craighens are already accessing those services in significant numbers.
6.100	The circumstances in Cumnock have also changed significantly since the period when Lloyds operated the pharmacies. Pharmaceutical provision has improved, staffing and capacity have increased, and the evidence demonstrates high levels of use and no formal complaints.
6.101	The Netherthird and Craighens region has easy access to pharmaceutical care through a short 20-minute walk, excellent public transport links or via car in an area of above average access to a vehicle. SIMD data itself identifies this area as above average for geographical access to services.
6.102	Existing pharmacies continue to provide comprehensive NHS pharmaceutical services above and beyond the minimum.

6.103	I am very proud of how we have improved the customer service at Cumnock Pharmacy over the last few years and how our customers receive some of the best range and quality of services in Scotland. This is demonstrated by record breaking numbers accessing our services including many from the Netherthird and Craighens area. A dilution in funding would put all of this at risk and would reduce the quality of pharmaceutical care in Cumnock.
6.104	For those reasons, we respectfully invite the Committee to conclude that the statutory test has not been satisfied and to refuse the application.”
6.105	This concluded the representation from Cumnock Pharmacy.
6.2.	The Chair invited Mr Deary (the Applicant) to question Mr Falconer (Cumnock Pharmacy)
6.2.1.	Mr Deary referred to the economic impact that opening the proposed pharmacy, would have on Mr Falconer’s contract and the statement made that losing the income from dispensing 3000 items per month would impact Cumnock Pharmacy’s viability. Mr Deary asked how many items per month Cumnock Pharmacy would expect to lose if this application was granted. Mr Falconer said the primary concern was loss of service provision. In which case, Mr Falconer would need to look at redundancies and then the viability of the existing pharmacy. Although not suggesting the Applicant would do what Monkton and Springside had done, Mr Deary said it was a possibility. If so, then dispensing 4000 items after 9 months and 11,000 items out of the Cumnock pool of pharmacies could reduce dispensing volume at Cumnock Pharmacy to 3000 items or below. Mr Deary disagreed with this assessment. Adding that if the proposed pharmacy was to open in Netherthird then business would come mainly from that neighbourhood. Mr Falconer suggested the Applicant would not be viable from that neighbourhood alone so you would have to target a wider area.
6.2.2.	Mr Deary pursued this line of questioning by asking for the number of monthly items dispensed below which Cumnock Pharmacy would be unviable, but Mr Falconer declined to provide this information. Mr Deary stated that as one of three pharmacies, Cumnock Pharmacy would not lose 3-4000 items a month. Mr Falconer believed this a possibility as it was the closest independent pharmacy. Mr Deary disagreed suggesting Logan Pharmacy stood to lose most business from a pharmacy in Netherthird as it had the most widespread delivery service. Mr Falconer agreed Logan Pharmacy served a much wider area and said that’s what a pharmacy in Netherthird would also have to do to survive. However, Mr Deary stated it was not in his interests to do that. Mr Deary did not understand Mr Falconer’s position of believing there was a good chance of losing 3-4000 items a month given the good service provided by Cumnock Pharmacy. Mr Falconer certainly hoped not but was more concerned about the reduction in service provision which would result in a reduction in staffing levels.
6.2.3.	Mr Deary noted that Cumnock Pharmacy had grown its dispensing volume from 3000 to 7500 items a month since taking over from Lloyds Pharmacy. Mr Falconer was asked if there had been concern at any stage about the impact of this growth on other pharmacies. Mr Falconer said there had not as 7500 items had been

	dispensed from Lloyds Pharmacy previously before its decline, so the other pharmacies had picked up the slack only for a short time.
6.2.4.	Mr Deary asked what services Cumnock Pharmacy would be unable to provide if it were to lose income from dispensing 1000 items per month. Mr Falconer stated sexual health services would be reduced as its provision required double cover. If income decreased, then so would services. Mr Deary challenged this position because he was able to sustain double cover and services at his own pharmacy which did not have the dispensing volume or service levels of Cumnock Pharmacy. The Applicant suggested there would not be a single service that could not be covered because of a reduction in Cumnock Pharmacy's income. The Chair interjected at this point because Mr Deary did not know the service model at Cumnock Pharmacy, so these comments were unfounded.
6.2.5.	When asked, Mr Falconer did not accept that Cumnock Pharmacy was well out with the proposed neighbourhood, as it was only around a 20-minute walk away and that distance had not changed.
6.2.6.	Given that residents of the proposed neighbourhood had little car access and couldn't walk, Mr Deary asked how these individuals accessed Cumnock Pharmacy services. Mr Falconer stated that these patients did come to Cumnock Pharmacy as 103 people a quarter had attended from Netherthir and Craigens for Pharmacy First Plus. From this information, Mr Deary calculated that each day 1.1 people from the proposed neighbourhood (2500-3000 people) had an item prescribed from the Pharmacy First Plus service which was not a significant number. When asked by the Chair, Mr McGeer agreed that data related to items prescribed from Pharmacy First Plus consultations and did not reflect engagement with the Pharmacy First Plus service. Mr Falconer highlighted that there had been better engagement by this population with smoking cessation services at 526 consultations.
6.2.7.	Mr Falconer was asked to estimate the total time spent with a patient accessing a Pharmacy First Plus service but said it depended on the nature of the consultation estimating 15-20 minutes. Mr Deary noted that if the consultation took 22 minutes starting at 11:30am, the patient would need to wait another 1 hour 47 minutes for a bus to return home. Given this journey time, Mr Falconer was asked if this was an acceptable pharmacy service. Mr Falconer suggested the patient would pick another Pharmacy First Plus slot with a shorter time to wait on a bus for the return journey.
6.2.8.	Mr Deary noted the comment made in the presentation that no one ever reported problems to Mr Falconer so asked if Mr Falconer disagreed with the CAR. The response was the problems hadn't been reported to Mr Falconer and advised Mr Deary to be careful about the conclusions drawn from the CAR.
6.2.9.	The Applicant stated that Mr Falconer had drawn many conclusions about the Springside and Monkton pharmacies in the presentation such as Springside making deliveries in a 10-mile radius. Even if Mr Deary made the odd delivery into Cumnock, this was not comparable as the Applicant was focussing on providing healthcare to Netherthir, Craigens and Skerrington. This neighbourhood currently

	used pharmacies in Cumnock and Logan as there was no other choice. It was not about convenience to say someone wouldn't walk 3 miles and sit hour in a bus station. This was not an acceptable patient journey. Mr Deary checked whether Mr Falconer was saying that the proposed pharmacy would go to wider towns to survive. Mr Falconer stated that was not what he was saying only that Mr Deary could because that was a pattern seen before in Springside and Monkton. If that was to happen then there would be an impact on Cumnock Pharmacy's services, staff and viability. Mr Falconer said that if residents were currently happy with the pharmacy service, then it was purely about convenience. Mr Deary highlighted that the problems were reported in the CAR and did not believe the suggestion by Mr Falconer that the CAR was skewed in favour of the Applicant.
6.2.10.	When asked whether health outcomes were good in the proposed neighbourhood, Mr Falconer said there were worse areas with room for improvement, but another pharmacy would not improve this score because the application was about convenience.
6.2.11.	Mr Deary enquired about the direct pharmacy referral service from a GP mentioned in the presentation because in the 877 responses received to the joint consultation there had been no mention of it. Mr Falconer explained that patients trying to see a GP could be signposted to a pharmacy for care.
6.2.12.	The Applicant asked about the emphatic statement made that the proposed pharmacy was neither necessary nor desirable to which Mr Falconer said it was not, it was convenient.
6.3.	Questions from Mrs Naismith (Rowlands Pharmacy) to Mr Falconer (Cumnock Pharmacy)
6.3.1.	Mrs Naismith asked whether additional capacity and workload could currently be supported by Cumnock Pharmacy to which Mr Falconer said that it could.
6.4.	Questions from Mr Mohammed (Logan Pharmacy) to Mr Falconer (Cumnock Pharmacy)
6.4.1.	Mr Mohammed did not ask any questions of Mr Falconer.
6.5.	Questions from Mr Campbell (Cumnock Community Council) to Mr Falconer (Cumnock Pharmacy)
6.5.1.	Mr Campbell queried whether someone with mobility issues would be able to walk from the location of the proposed pharmacy in Netherthird Community Centre to Cumnock Pharmacy in 18 to 20 minutes. Mr Campbell said this time demonstrated that the journey was walkable. Adding that there were other options - car ownership levels were good and buses were frequent. Mr Campbell noted that the journey time to walk from Craigen was quoted as 35 minutes one way in application PPC/118.
6.5.2.	Mr Campbell asked whether Mr Falconer had ever seen the bus service in operation which no longer went through the main streets but round the outlying areas of the neighbourhood. Mr Falconer said that there was a bus stop 1-2

	minutes' walk from Cumnock Pharmacy, so it was reasonable to use that as a central point. Furthermore, there had been no evidence provided about the reliability of the bus service so was going on information from the bus timetables.
6.5.3.	Mr Campbell had never seen the cycle path between Netherthird and Cumnock mentioned in Mr Falconer's presentation so asked for further information. Mr Falconer said that maybe the phrase 'cycle path' was incorrect, but it was a path that went through the park to Craigens so thought it was worth mentioning.
6.5.4.	The attendance of Mr Campbell at this hearing represented the views of the community hub and the 877 members of the public that filled in joint consultation questionnaire. Mr Campbell wondered whether Mr Falconer thought the respondents were dishonest. Mr Falconer did not think people were insincere but for some of the questions, particularly in relation to question 7, people were not given the full or unbiased information. Mr Falconer did not think respondents were dishonest but suggested that maybe the services available from Cumnock Pharmacy needed to be better promoted. Mr Falconer would be happy to work with Netherthird Community Council in that regard.
6.5.5.	The Chair then invited questions from the Committee to Mr Falconer.
6.6.	Questions from Maconochie (Contractor Pharmacist Member) to Mr Falconer (Cumnock Pharmacy)
6.6.1.	Mr Maconochie had no questions.
6.6.2.	Questions from Mrs Morris (Lay Member) to Mr Falconer (Cumnock Pharmacy)
6.6.3.	Mrs Morris referred to the cycle path and asked whether the surface was solid and well lit. Mr Falconer agreed to retract mention of the cycle path if it was causing issues for the panel.
6.6.4.	Mr Falconer was asked to comment further on the doubt cast about the legitimacy of individual responses. Mr Falconer couldn't be certain that people hadn't submitted two consultation responses because people were not told only to submit one. Submission of more than one response was therefore a possibility.
6.6.5.	Mrs Morris asked whether the joint consultation questionnaire had changed since Mr Mohammed's application in 2015. Mr Falconer stated that it had not changed but noted that the free format part in question 7 had been agreed by the Applicant and NHS A&A but not by the Interested Parties.
6.6.6.	Mrs Morrison invited comment on the observation that during the presentation, Mr Falconer said the 80 responses in the CAR could be ignored but spoke a lot about the compliments received about Cumnock Pharmacy so deemed these accurate. Mr Falconer did not doubt any individual response. Although Cumnock Pharmacy didn't engage with the consultation at all, positive responses were still received and was not sure why anyone would do that. Mr Falconer was willing to concede that these compliments could also be fake. However, Mr Falconer did not doubt the sincerity of the supporting letters.

6.7.	Questions from Mr Smith (Lay Member) to Mr Falconer (Cumnock Pharmacy)
6.7.1.	Mr Smith had no questions for Mr Falconer.
6.8.	Questions from Mr McGeer (Non-Contractor Pharmacist Member) to Mr Falconer
6.8.1.	Mr McGeer had no questions.
6.9.	Questions from Mrs Ford (the Chair) to Mr Falconer (Cumnock Pharmacy)
6.9.1.	Mrs Ford asked Mr Falconer to respond to the comments in the CAR around stock availability, sporadic deliveries and the existing pharmacies being too busy. Mr Falconer thought such comments related to when Lloyds owned the pharmacy. Cumnock Pharmacy had a very large storeroom and was five times larger than the proposed pharmacy. The Cumnock Pharmacy was 206 square feet compared to 41 square feet for the proposed Scots Pharmacy in Netherthird Community Centre.
7.	Submission from Mr Mohammed (Logan Pharmacy)
7.1.	Mr Mohammed read the following presentation:
7.2	My name is Addy Mohammed, and I am speaking on behalf of Logan Pharmacy, an existing community pharmacy contractor serving patients in Logan, Cumnock, Netherthird, Craigens and the surrounding area.
7.3	I want to start by making something clear. I fully recognise the strength of feeling in Netherthird. I recognise the challenges around deprivation, transport, mobility, access to healthcare and the desire for more services closer to home. I also do not question the sincerity of residents, community groups or elected representatives who have expressed support for this application.
7.4	I understand the argument very well, because a number of years ago I made an application myself for a pharmacy serving Netherthird. That application was not granted.
7.5	But the statutory test is not whether a pharmacy would be welcome, convenient, or commercially attractive. The test is whether existing pharmaceutical services are inadequate, and if so, whether the proposed pharmacy is necessary or desirable in order to secure adequate provision. In our respectful view, that test is not met.
7.6	The legal test is adequacy, not popularity.
7.7	My understanding is that the Committee must first consider whether existing pharmaceutical services are inadequate. Only if they are inadequate does the Committee then consider whether the proposed pharmacy is necessary or desirable to secure adequate provision. The distinction matters.
7.8	In previous National Appeal Panel decisions, including the WEB Pharmacy/Larbert appeal history, the Chair criticised reasoning that related to convenience rather

	than adequacy, and encouraged the PPC to approach adequacy squarely in terms of the legal test.
7.9	That is exactly my concern with this application.
7.10	Much of the material before the Committee shows that a pharmacy in Netherthird would be popular, welcomed, and convenient. But popularity and convenience are not the same as evidence that existing pharmaceutical services are inadequate.
7.11	I previously made a Netherthird application, and the Committee refused it.
7.12	I want to deal directly with PPC/118, because it is highly relevant.
7.13	That was my application. I made the case for a pharmacy in Netherthird. I raised many of the same themes that are now being raised by the current applicant: deprivation, distance, public transport, topography, elderly residents, families, and the desire for more local face-to-face access.
7.14	The Committee considered those arguments and did not grant the application.
7.15	The Committee concluded that existing pharmacies were delivering the required services, that residents were accessing pharmacies elsewhere in Cumnock, that there had been no complaints, and that existing pharmacies had capacity to do more if required. Crucially, the Committee considered the proposal to be more a matter of convenience than necessity.
7.16	I accept that decision is not binding forever. Circumstances can change. But because substantially the same neighbourhood and substantially the same access arguments have already been considered, the obvious question now is: what has materially changed?
7.17	In my view, there has been no material deterioration in pharmaceutical provision since PPC/118. If anything, provision has significantly improved. The former Lloyds pharmacy on Townhead Street is now independently operated, and the applicant's own CAR includes comments recognising improved service since Lloyds changed hands. The former Lloyds pharmacy at Tanyard Medical Practice, now operated by Rowlands, has also improved significantly.
7.18	Having worked in this area for over 15 years, my experience is that local sentiment towards existing pharmacy provision is stronger now than it was at the time of PPC/118.
7.19	I therefore respectfully submit that PPC/118 remains highly relevant. The Committee applied the correct test then, and the current application has not shown any material change that would justify a different conclusion now.
7.20	Published community planning evidence does not show material population growth.

7.21	A key question is whether there has been material population growth since my 2015 application. The local Community Action Plan evidence does not support that.
7.22	The 2015 to 2020 Community Action Plan recorded a combined population of 2,499 and identified 1,044 residential properties across Netherthird, Craigens and Skerrington. The current 2024 to 2029 Action Plan records the same population and the same 1,044 households. It states that new development has enabled the population to remain stable. That is important.
7.23	The applicant and supporting letters refer to housing growth. But the available published local evidence does not show material population growth since the previous Netherthird application. It suggests stability, not a step-change in demand.
7.24	So, on the evidence I have seen, there has not been a material population change that would justify departing from the Committee's previous conclusion.
7.25	The applicant accepts that existing pharmacies already serve the neighbourhood.
7.26	Moving on to the current provision, the applicant's own Form A confirms that three main pharmacies already serve the proposed neighbourhood: two in Cumnock town centre and one in Logan.
7.27	The applicant is therefore not saying there is no pharmacy provision for Netherthird, Craigens and Skerrington. Their case is that, because of socioeconomic issues, transport and topography, access to those pharmacies is inadequate.
7.28	However, the application does not provide objective evidence that existing pharmacies are failing, unavailable, at capacity, or unable to provide the NHS pharmaceutical services required by the neighbourhood.
7.29	At Logan Pharmacy, we already serve patients from this area and provide a wide range of services, including NHS and private dispensing, urgent supplies, out-of-hours dispensing, MCR, Pharmacy First, Pharmacy First Plus, compliance aids, EHC, smoking cessation, opioid substitution therapy, chlamydia testing, MAR charts, palliative Just in Case bags, Hepatitis C treatment, ear microsuction, weight loss and soon a travel clinic. We regularly review community needs and add services where required.
7.30	We also provide substantial delivery support. Logan Pharmacy operates two delivery vehicles daily and delivers six days a week, including same-day emergency deliveries for urgent prescriptions, emergency supplies, and patients unable to attend the pharmacy.
7.31	This provision has improved since my previous application. When Lloyds operated locally, delivery hours were limited. Since the local pharmacies came under new

	ownership, delivery provision has increased, with more delivery hours now available each week.
7.32	Last month, Logan Pharmacy made over 250 deliveries into Netherthird, Craighens and Skerrington. We also have significant capacity to support additional patients: two delivery vehicles operating six days a week, a well-staffed pharmacy team, a checking dispenser, a prescribing pharmacist, and access to a relief pharmacist who can provide double cover across our stores. There is no waiting list or restriction on accepting new dispensing, compliance aids, consultation or delivery patients.
7.33	So, the issue is not whether another pharmacy would be helpful. The issue is whether current provision is inadequate. On the evidence, that has not been established.
7.34	The neighbourhood is not without public transport links.
7.35	I also want to address public transport, because this is a central part of the applicant's case.
7.36	The Coalfield Bus Service letter refers to transport poverty, reduced public transport, pressure on community transport and the need for some journeys to be booked in advance. I do not dismiss those concerns. Transport can be a real issue for some residents.
7.37	However, transport difficulty does not automatically mean pharmaceutical services are inadequate. If that were the test, almost every community with deprivation, hills, limited buses or low car ownership would require its own pharmacy contract.
7.38	The Committee considered very similar issues in PPC/118: distance, public transport, topography and convenience for elderly or vulnerable residents. The Committee still concluded that the test was not met.
7.39	The applicant has not shown that residents cannot access pharmaceutical services. Existing pharmacies serve the neighbourhood. Delivery is available. Patients already access Cumnock and Logan for pharmacy services. Public transport links also exist.
7.40	It is important that the Committee has an accurate and current picture of those links.
7.41	Netherthird is presently served by several scheduled bus routes, including services 43, 49A, 49B and 356. Stagecoach provides timetable information for services 43 and 356, while East Ayrshire Council identifies services 43, 49A and 49B as serving the Netherthird area with links provided to the relevant timetable information.
7.42	The Consultation Analysis Report should be treated with caution.

7.43	Moving on to the CAR. The applicant relies heavily on the Consultation Analysis Report.
7.44	I accept that the headline support number is high. The CAR records 877 responses and significant support for the idea of a pharmacy.
7.45	But the statutory test is not a referendum.
7.46	The most relevant question is not simply whether people support a pharmacy. The most relevant question is whether there are gaps or deficiencies in existing pharmaceutical services.
7.47	On Question 6, the CAR records that 522 respondents said yes, 211 said no, 116 said don't know, and 28 skipped the question.
7.48	So even within this consultation, a significant number of respondents did not say there were gaps or deficiencies.
7.49	The CAR also records that 193 respondents, or 22.18%, said they did not live within the defined neighbourhood.
7.50	That matters, because this application must be judged by reference to the neighbourhood to which the application relates, not wider Cumnock, Auchinleck, New Cumnock or general KA18 support.
7.51	The CAR also shows that posters and consultation material were distributed very widely, including across Cumnock, Auchinleck, New Cumnock, East Ayrshire Community Hospital, churches, clubs, businesses, schools and other facilities.
7.52	Again, that does not make the consultation invalid. But it does mean the Committee should be careful about treating the headline support figure as proof that residents of the defined neighbourhood lack adequate pharmaceutical provision.
7.53	The Consultation was promoted in a way that encouraged support.
7.54	I also want to raise a concern about how the consultation appears to have been promoted.
7.55	The formal consultation document says Scots Pharmacy "firmly believes" Netherthird, Craigens and Skerrington "urgently requires" its own community pharmacy and that residents are "currently deprived" of healthcare services.
7.56	That is not neutral language. It frames the application positively before residents answer.
7.57	In addition, a promotional flyer was distributed through doors and at local events. It said: • "Support your community centre in opening Netherthird's first ever healthcare setting."

	• “Be part of something historic.” • “Without strong community support, this application may not move forward.”
7.58	It asked people to support the opening of “our very own Prescribing Pharmacy.”
7.59	In my view, that goes beyond a neutral invitation to comment on whether existing pharmaceutical services are adequate. It risks turning the CAR into evidence of a campaign, rather than reliable evidence on the statutory question.
7.60	I also have a specific concern about the use of NHS Ayrshire & Arran branding.
7.61	The flyer used the NHS Ayrshire & Arran name and logo and described the proposal as being “in partnership with NHS Ayrshire & Arran”. We raised this with the Health Board. The Health Board confirmed that the flyer had not been seen or approved by them, that the use of the NHS Ayrshire & Arran name and logo had not been approved, and that the description of the proposal as being “in partnership with NHS Ayrshire & Arran” had not been approved.
7.62	The Health Board also confirmed that the flyer was brought to its attention after a member of the NHS Ayrshire & Arran Pharmacy Team visited Logan Pharmacy and understood that the community pharmacy was being opened via the Health Board, having received the leaflet from the proposed pharmacy at a gala day.
7.63	Following this, the Health Board contacted the applicant and advised that, if any further leaflets were printed, the wording should be changed. The Health Board also advised that if the applicant intended to use the NHS Ayrshire & Arran logo on anything, the Board must have sight of it before the document went live.
7.64	The applicant apologised and accepted that the flyer should have been approved by the Board. However, by that stage, the leaflets had already been circulated widely door to door and at gala days and other community events.
7.65	I do not say this to criticise residents who responded. Residents were entitled to respond positively if they supported the idea of a pharmacy. But I do say it because the Committee must decide how much weight to place on the CAR.
7.66	If consultation material was circulated which encouraged support, used unapproved NHS branding, and described the proposal as being “in partnership” with the Health Board, then the headline support figure should be treated with caution. It may show that a well-promoted local pharmacy campaign was popular. It does not, by itself, prove that existing pharmaceutical provision is inadequate.
7.67	The supporting letters are important, but they are not proof of inadequacy.
7.68	The applicant has submitted a number of letters of support from elected representatives, community groups, local organisations and charities.
7.69	I respect those views. However, most of the letters speak to broad community benefit: deprivation, transport, GP pressure, mental health, addiction support, housing growth and the desirability of local healthcare.

7.70	For example, several elected representatives and council letters refer to improving health, reducing inequality, supporting community resilience and relieving pressure on GPs.
7.71	Those are important objectives. But they are not the legal test.
7.72	The letters do not provide objective evidence that existing pharmaceutical services are inadequate. They do not provide prescription data, complaint data, evidence of service failure, evidence that existing pharmacies cannot provide Pharmacy First, evidence that deliveries are unavailable, or evidence that current contractors lack capacity.
7.73	Some letters are emotionally powerful, particularly those from Harbour Ayrshire and The Nest Wellbeing Group. They raise serious issues around mental health, addiction, medication adherence and vulnerability.
7.74	Those issues deserve to be taken seriously. But the question remains whether granting a new pharmacy contract is necessary to secure adequate pharmaceutical services. The letters do not show that existing contractors cannot support those patients, or that a new contract is the only way to address those needs.
7.75	Netherthird may well deserve more investment and support. But this Committee's question is narrower: are pharmaceutical services currently inadequate?
7.76	The proposed services are not materially additional.
7.77	The applicant lists a wide range of proposed services: dispensing, Pharmacy First, Medicines Care and Review, public health services, Pharmacy First Plus, flu vaccination, urgent medication, opioid substitution therapy, palliative care, stoma, out-of-hours dispensing, delivery and private services.
7.78	But listing services does not prove inadequacy. Many of those services are standard community pharmacy services. Many are already available locally. Some are private services. Some are locally allocated and not guaranteed simply because the applicant lists them.
7.79	The consultation document itself recognises that the Community Pharmacy Palliative Care Scheme is locally allocated and would only be provided if the Health Board felt there was a requirement.
7.80	The Committee should ask: which NHS pharmaceutical service is unavailable to residents today?
7.81	In our view, the answer is not clearly identified.
7.82	The applicant's case is not that a specific NHS service is absent. It is that a pharmacy in Netherthird would make access more local and convenient. That may be true, but it is not enough.
7.83	There is a risk of destabilising existing adequate provision

7.84	Moving on, I also want to address commercial impact carefully.
7.85	This objection is not simply about protecting Logan Pharmacy. I previously applied for a pharmacy in Netherthird myself, so I fully understand the appeal of a local contract. But the issue is not what would be commercially attractive to an applicant. The issue is the adequacy and stability of pharmaceutical provision for the whole area.
7.86	Existing pharmacies already serve Netherthird, Craigens and Skerrington. They invest in staff, pharmacist cover, delivery, premises, stock, compliance support and patient care.
7.87	If a new contract simply redistributes existing prescription volume rather than meeting a proven gap, it risks weakening the established network without improving overall provision.
7.88	That matters particularly in the current environment, where pharmacy workforce and funding pressures are real. A new contract could divert volume, activity and staff away from pharmacies that are already meeting the needs of the area.
7.89	If existing adequate provision is destabilised, the community may not gain resilience; it may lose it.
7.90	This concluded the representation from Logan Pharmacy.
7.2.	Questions from Mr Deary (the Applicant) to Mr Mohammed (Logan Pharmacy)
7.2.1.	Mr Deary asked how Logan Pharmacy provided standard community pharmacy services when not located in the community. Mr Mohammed explained that many communities across Scotland did not have a pharmacy but were served by others in the area. The Applicant refuted that Logan Pharmacy could serve patients in the proposed neighbourhood with a delivery service. Mr Mohammed regularly surveyed patients of Logan Pharmacy and were satisfied with the service received. When Mr Deary asked for a copy of the results of that survey, Mr Mohammed did not have it available but could forward a copy to the Applicant.
7.2.2.	Mr Deary asked if Mr Mohammed knew of any other areas with a 2500 population, its own Community Council, own amenities, own issues of addiction with no pharmacy in the neighbourhood. Mr Mohammed was not aware where the gaps were in pharmacy provision but if there were then there would be a backlog of 20-30 applications. Mr Deary stated that Logan and Netherthird were similar areas so asked why Logan had its own pharmacy and Netherthird/Skerrington did not. Mr Mohammed explained that barriers to access pharmacy services in Logan were stark in comparison to Netherthird. Mr Deary pointed out that the bus service to Logan was the same bus service for Netherthird. Mr Mohammed answered that every community deserved a pharmacy but that was not part of the legal test.
7.2.3.	Mr Deary noted the robust delivery service operating from Logan Pharmacy with two delivery vans. However, the area also had a high number of teenage pregnancies, so Mr Deary wondered how teenagers (15-16 years old) on a

	Saturday night accessed Emergency Hormonal Contraception as that service required a face-to-face consultation. Mr Mohammed stated that such patients would use the pharmacies in Cumnock. Patients from the proposed neighbourhood did not use the bus to travel to Logan Pharmacy but drove.
7.2.4.	Mr Deary did not consider parking to be good at Logan Pharmacy and there were no disabled parking spaces. When asked to comment on the parking facilities at Logan Pharmacy Mr Mohammed stated that there was ample parking and had never heard of anyone experiencing problems parking in 15 years working there.
7.2.5.	Mr Mohammed had been passionate about the application made in 2015 for a pharmacy in the same neighbourhood so was invited to comment on this change of heart and explain why he was now objecting to this application. Mr Mohammed said that his application had been heard by the PPC and respected that decision. The same legal test applied to Mr Mohammed's application would be applied to this application. If applied consistently, then Mr Mohammed expected the same outcome unless Mr Deary could demonstrate a material change to the circumstances and/or neighbourhood.
7.2.6.	Mr Deary was interested to know the level of response received for the joint consultation concerning the previous application. Mr Mohammed said that generally patients supported the opening of a new pharmacy in the locality. The previous joint consultation received 150 responses but it was not blindly supported. Mr Deary wondered how the community felt now given Mr Mohammed's opposition to this application. Mr Mohammed stated that Mr Deary was misconstruing what was being said. So, Mr Mohammed reiterated that the previous application was considered and a determination made. Mr Mohammed respected that decision. The same legal test must be applied consistently to this application. Unless there was a material change then this application should not be granted. Mr Mohammed pointed out that none of the 877 responses to this joint consultation had pointed out any material change. Mr Deary disputed this statement adding that 10-11 years ago pharmacists were not prescribers. Pharmacy was changing and money moving from dispensing medicines into face-to-face services. This time, there had been 700 more responses to the CAR. Mr Mohammed would not continue a discussion on the CAR as had already made clear points about the CAR.
7.2.7.	Mr Deary asked why Pharmacy First data was so low at Logan Pharmacy with many patients using delivery services. There was discussion around the Pharmacy First figures from which Mr Deary had drawn that conclusion. Mr Mohammed advised of a clerical error within Logan Pharmacy from February to June 2025 which had resulted in no submissions being made. Mr Deary stated that the figure for this month was 382 which was below that expected from a pharmacy dispensing more than 10,000 items a month. Mr Mohammed agreed that Logan Pharmacy did a lot of deliveries and estimated that 50% of prescriptions were delivered. It was a companywide policy to offer delivery as a convenient service. When Mr Mohammed took over the pharmacy in Logan, a delivery service was not offered and there was one provider across all areas. Introducing a delivery service offered patients flexibility and choice. It was highly valued by patients.

7.2.8.	Mr Deary stated that provision of a delivery service was not an adequate pharmaceutical service as no core services could be provided. Mr Mohammed was invited to comment and responded that using a delivery service did not mean the patient did not come into the pharmacy when required. Adding that whenever there was a need, a house visit could be arranged. The pharmacist from Logan Pharmacy frequently visited patients at home.
7.2.9.	Mr Deary was interested to know what happened in the pharmacy when the pharmacist was making a house visit. Mr Mohammed said that the pharmacist could drop in to visit the patient on the way home from work. At times, Logan Pharmacy also had double cover so there could always be a pharmacist on site.
7.2.10.	The Applicant asked Mr Mohammed to comment on responses detailed in the CAR which showed patients wanted face-to-face pharmacy services rather than a delivery service. However, comment was declined as Mr Mohammed's view of the CAR had already been made clear.
7.2.11.	At this point Ms Morrow left the hearing.
7.2.12.	Mr Deary sought Mr Mohammed's thoughts about patients walking to Logan from Cumnock and whether the route was good. Mr Mohammed wouldn't consider the route to be good for walking but said it was possible. When asked, Mr Mohammed agreed that people frequently walked from Netherthird to Cumnock. Mr Deary read aloud a quote from the hearing relating to PPC/118 in 2015. Mr Mohammed was asked whether his view had now changed or whether his commercial interest had changed. Mrs Ford queried this line of questioning. Mr Mohammed said Mr Deary was insinuating that Logan Pharmacy's opposition to this application was because of the personal financial impact. Mr Mohammed had already made clear the reasons for opposing this application in the presentation and challenged the assumption Mr Deary was making. Adding that the barriers to accessing pharmacy services to Cumnock highlighted in the previous application did not affect every patient.
7.2.13.	The Chair reminded Mr Deary to ask questions relating to this application.
7.2.14.	Mr Deary continued by asking whether the granting of this application would make Logan Pharmacy unviable. Mr Mohammed stated that viability was a complex issue. There had been significant investment put into Logan Pharmacy. The funding model was tight, and the redistribution of items would impact the entire network. When asked how many items Logan Pharmacy would stand to lose, Mr Mohammed refused to speculate.
7.2.15.	Mr Deary queried the accuracy of 250 deliveries made to the neighbourhood defined by the Applicant from Logan Pharmacy last month. This number seemed small given the 2500 population. Mr Mohammed reiterated that most people from that neighbourhood travelled to Logan Pharmacy by car.
7.2.16.	Mr Mohammed was asked about the percentage of prescriptions Logan Pharmacy dispensed to residents of Logan. This was in line with the national average of 19%. Mr Deary concluded that meant that around 80% of prescriptions were for

	residents out with Logan. Mr Mohammed stated that patients from the proposed neighbourhood were not being forced to use the delivery service. Patients had options such as walking, driving or using the delivery service. Logan Pharmacy's delivery service had been introduced to address the needs of the community and was the reason it made deliveries to Netherthird. Logan Pharmacy had won community pharmacy of the year, so Mr Mohammed did not entertain the notion that there had been a lack of service. In fact, since new owners had replaced Lloyds Pharmacy, the area had never received a better pharmaceutical service.
7.2.17.	Mr Deary enquired about the proportion of residents from the proposed neighbourhood using Logan Pharmacy that were treated face-to-face and which received medication via the delivery service. Mr Mohammed estimated this as 50:50. Mr Deary continued by asking whether there was a contractual obligation for Logan Pharmacy to continue providing a delivery service to those residents. Whilst there was no contractual obligation, Mr Mohammed did not envisage this service stopping after 16 years of operation.
7.2.18.	Mr Mohammed was asked about the pathway a resident from the proposed neighbourhood would use to obtain pharmacy support after becoming unwell in the afternoon and finished work at 4pm but did not drive. In such a case, Mr Mohammed would recommend the patient use the services of a pharmacy within Cumnock. Mr Deary asked whether Mr Mohammed would agree that it would be better to have a pharmacy in Netherthird. Mr Mohammed said that for a non-driver it was easier to travel to Cumnock than Logan.
7.2.19.	Mr Deary pursued this line of questioning by noting that parts of the neighbourhood were 1.5 miles from Cumnock resulting in a three-mile round trip to a pharmacy. Pushing a pram with a child in tow for three-miles was not feasible. Mr Mohammed was invited to comment on this scenario. Mr Mohammed stated that the Applicant had the notion that signing up for the delivery service meant these patients were unable to travel to access pharmacy services. In 16 years, Mr Mohammed had not experienced this problem. In reality, if there was a need, patients either travelled to Logan Pharmacy or the pharmacist made a home visit. Virtual consultations had also been the norm since Covid. That was how many minor ailments were dealt with by both GPs and pharmacists. When asked how many house visits were carried out, Mr Mohammed said these were done when there was double cover one day a week or after work and had been offered by Logan Pharmacy from the start. Mr Deary noted that there was not a single comment in the CAR about house visits from Logan Pharmacy.
7.2.20.	Mr Deary enquired about appropriate access to Logan Pharmacy for disabled residents living in Netherthird. Mr Mohammed stated that Logan Pharmacy was fully DDA compliant and there were no barriers preventing disabled individuals accessing the pharmacy. Mr Deary asked where the disabled parking was for the pharmacy. Mr Mohammed explained there was no disabled parking as there was so much parking available. Mr Deary said that the parking was full all the time and managed to park in the last available space at 8:30am. Mr Mohammed had never experienced any issues with parking and said that free available parking attracted pharmacy business.

7.3.	Questions from Mrs Naismith (Rowlands Pharmacy) to Mr Mohammed (Logan Pharmacy)
7.3.1.	When asked by Mrs Naismith, Mr Mohammed confirmed that Logan Pharmacy was currently able to support additional capacity.
7.4.	Questions from Mr Falconer (Cumnock Pharmacy) to Mr Mohammed (Logan Pharmacy)
7.4.1.	Mr Falconer was content for patients of Cumnock Pharmacy to be assessed by Logan Pharmacy and wondered whether Mr Mohammed was content to refer Logan Pharmacy patients to Cumnock Pharmacy. Mr Mohammed expressed contentment with this arrangement.
7.5.	Questions from Mr Campbell (Netherthird Community Council) to Mr Mohammed (Logan Pharmacy)
7.5.1.	During a meeting with Netherthird Community Council in June 2015, Mr Campbell noted Mr Mohammed's excitement about a pharmacy in Netherthird. Mr Campbell asked why Mr Mohammed was now saying it was not the right fit and if this change was purely commercial. Mr McIntyre left the meeting at this point. Mr Mohammed acknowledged that in 2015, the application for a pharmacy in Netherthird had been heard by a competent panel and the determination respected. All Mr Mohammed asked was that the same legal test be applied consistently to this application. Logan Pharmacy was following a legal process that could impact the viability of the wider pharmacy network.
7.5.2.	Mr Campbell referred to the comment made by Mr Mohammed that most people from Netherthird accessed Logan Pharmacy by car and the car access statistic quoted by Mr Falconer. Mr Campbell did not recognise this level of car usage in Netherthird. When asked, Mr Mohammed did not know how many people accessed Logan Pharmacy from Netherthird by bus.
7.5.3.	Mr Campbell highlighted evidence from the CAR that 90% of respondents supported the location of a pharmacy in Netherthird so asked whether those completing the questionnaire were dishonest. Mr Mohammed did not think that was the case saying these people were sincere, but the situation was not clear cut.
7.5.4.	Since rejection of Mr Mohammed's application in 2015 there had been no further interaction with the community council about improving healthcare in the area so was asked whether Mr Mohammed proposed to do this in future. Mr Mohammed was happy to engage with the Netherthird community at any level and would like to address that situation.
7.6.	This concluded questioning of Mr Mohammed by the other interested parties, so Mrs Ford invited questions from the committee.
7.7.	Questions from Mrs Morris (Lay Member) to Mr Mohammed (Logan Pharmacy)

7.7.1.	Reference was made to the growth of Logan Pharmacy business which had grown in part by delivering prescription medication to Netherthird as well as people from the proposed neighbourhood driving to use the pharmacy. Mrs Morris asked for a definition of Logan Pharmacy's neighbourhood to which Mr Mohammed said it was Logan itself. A pharmaceutical service had been provided to patients beyond Logan because there was a need. Naturally, patients would not be turned away if coming to Logan Pharmacy for service.
7.8.	Questions from Mr Smith (Lay Member) to Mr Mohammed (Logan Pharmacy)
7.8.1.	Mr Smith had no questions.
7.9.	Questions from Mr Maconochie (Contractor Pharmacist) to Mr Mohammed (Logan Pharmacy)
7.9.1.	Mr Maconochie was interested to know whether Logan Pharmacy still had capacity. Mr Mohammed stated that it absolutely had capacity after investing around £250,000 two years ago. Investment would also continue.
7.10.	Questions from Mr McGeer (Non-contractor Pharmacist) to Mr Mohammed (Logan Pharmacy)
7.10.1.	Mr McGeer had no questions.
7.11.	Questions from Mrs Ford (the Chair) to Mr Mohammed (Logan Pharmacy)
7.11.1.	Mrs Ford mentioned comments in the CAR about service issues, stock issues and sporadic deliveries recognising the bad pharmacy situation in Cumnock before Lloyds Pharmacies were sold. Mrs Ford wondered whether these negative comments could be explained by community sentiment carried over from that time. Mr Mohammed stated that patient sentiment had never been higher and that the opposite was true from patient surveys carried out quarterly by Logan Pharmacy. Mr Deary interjected stating that the CAR was run long after Lloyds left Cumnock.
8.	Submission from Mrs Naismith (Rowlands Pharmacy)
8.1	Mrs Naismith read aloud the following presentation
8.2	"My name is Margaret Naismith and I am Area Manager for Rowlands Pharmacy and I am accompanied by Fiona Morris, Pharmacist at Rowlands Pharmacy.
8.3	Thank you for the opportunity to present Rowlands Pharmacy's position regarding the application by New Life Healthcare Ltd trading as Scots Pharmacy for inclusion in the pharmaceutical list at Netherthird Community Centre.
8.4	Rowlands Pharmacy respectfully submits that the applicant has failed to demonstrate that a new pharmacy in Netherthird is either necessary or desirable for the adequate provision of pharmaceutical services, which is the relevant statutory test for this application.

8.5	Having reviewed all the evidence provided alongside the application, Rowlands Pharmacy have the following points to make.
8.6	Argument 1: The Defined Neighbourhood is Artificially Restricted
8.7	One of the fundamental concerns with this application is the way the neighbourhood has been defined.
8.8	The proposed neighbourhood is very small and appears to have been drawn in a manner that excludes existing pharmacies from the assessment area.
8.9	Residents of Netherthird do not live in isolation from Cumnock.
8.10	For most day-to-day activities they already travel into the wider Cumnock area for: • GP services • Shopping • Banking • Schools • Community facilities • Prescription collection
8.11	The Health Centre, where Rowlands Pharmacy operates, is already a natural healthcare destination for many residents.
8.12	We therefore submit that the neighbourhood has been drawn too narrowly and does not accurately reflect actual patient behaviour.
8.13	The neighbourhood should be more accurately described to include the wider Cumnock area, as most residents would generally have to go into Cumnock for the majority of their daily business due to the lack of amenities within Netherthird. We would describe the neighbourhood as: • To the North – From the railway line where it meets Rigg Road then across the green space to A76 where it meets the Lugar water. • To the West – Continue south down A76 until it crosses the railway line. • To the East – Follow the railway line North through the green space until it reaches Riggs Road.
8.14	If the neighbourhood is considered more realistically as part of the wider Cumnock area, multiple pharmacy providers are already available and accessible.
8.15	Argument 2: Existing Pharmaceutical Provision Is Already Adequate
8.16	There is already significant pharmacy provision serving this population. Within a relatively short distance of the proposed site there are: • Rowlands Pharmacy Cumnock Health Centre • Logan Pharmacy

	• Alloway Retail Pharmacy • Carepoint Pharmacy, Auchinleck • Right Medicine, Ochiltree • Rowlands Pharmacy New Cumnock
8.17	Our Rowlands Pharmacy in Cumnock Health Centre is on our Best-in-Class for customer service list internally. This accolade is awarded for having had no complaints in the last 6 months and only positive feedback. We are not aware of any complaints which have been raised locally with the Health Board.
8.18	Demonstrating that local residents already access high value services from a choice and variety of existing service providers.
8.19	Importantly: • No evidence has been presented of patients being unable to obtain medicines. • No evidence has been presented of excessive waiting times. • No evidence has been presented of capacity issues. • No evidence has been presented of service failures requiring a new provider.
8.20	The applicant must establish a gap in provision. The evidence instead demonstrates that pharmaceutical services are already functioning effectively into the area.
8.21	Argument 3: Existing Pharmacies Already Provide the Proposed Services
8.22	The services listed are already available locally through existing contractors, including: NHS Services • Community Pharmacy First • Pharmacy First Plus • Medicines Care and Review • Smoking Cessation Services • Emergency Contraception • Flu Vaccination Services • Opioid Substitution Therapy • Palliative Care Services • Gluten Free Food Provision • Urgent Medication Supply Additional Services • Independent Prescribing • Prescription Collection • Home Delivery Services • Blood Pressure Monitoring • Weight Management • Vaccination Services
8.23	In particular: • All three established pharmacies have Independent Prescribers. • Existing pharmacies already provide delivery across Netherthird and Craighens.

	Existing pharmacies have capacity to expand services if commissioned by the Health Board.
8.24	The application therefore appears to replicate existing services rather than address any unmet need.
8.25	Replication alone is not evidence that a new contract is necessary or desirable.
8.26	Argument 4: Rowlands Already Serves Netherthird Residents Effectively
8.27	Rowlands Pharmacy already provides extensive services to patients living in Netherthird and Craigens.
8.28	For example: - Free prescription delivery already covers these areas. - Prescriptions are routinely delivered within 24 hours of receipt from GP practices. - Patients receive support regardless of whether they are regular Rowlands patients. - Patients who cannot return to collect medicines are routinely assisted.
8.29	We have actively promoted these services through local leaflet campaigns, including distribution within Netherthird and Craigens.
8.30	Therefore, the accessibility concerns described by the applicant do not appear to reflect the actual level of service already available.
8.31	Argument 5: Community Assessment Responses Do Not Demonstrate Inadequacy
8.32	The Community Assessment Report should be interpreted carefully. Several points are notable.
8.33	Response Collection
8.34	Only approximately 13 of 77 poster locations were within the applicant's defined neighbourhood.
8.35	This means that less than 20% of locations used to promote the survey were actually located within the community the applicant claims to represent.
8.36	The consultation therefore captured views from a much wider rural Cumnock population rather than solely Netherthird residents. Or the applicant recognises and accepts that residents of Netherthird frequently and consistently access multiple services for their daily needs and lifestyle maintenance within the wider community areas.
8.37	Comments About Existing Services
8.38	The CAR contains numerous comments indicating: - Pharmacy services have improved in recent years. - Service quality improved following ownership changes in local pharmacies.

	Existing pharmacies are providing satisfactory care.
8.39	Importantly, the consultation demonstrates community engagement, but community interest alone does not prove inadequacy of current pharmaceutical services.
8.40	The legal test is not whether some residents would like a pharmacy closer to home. The legal test is whether the additional pharmacy is necessary or desirable for adequate pharmaceutical provision.
8.41	The CAR does not demonstrate a current failure in pharmaceutical service provision. The CAR does demonstrate clear frustrations amongst local residents re local bus services. But we do not feel that this impacts solely pharmacy access, and bus services are out-with the scope of this committee's powers to influence.
8.42	Argument 6: Existing Providers Have Capacity
8.43	The evidence available suggests existing pharmacies possess capacity to absorb additional demand.
8.44	Indicators include: - Stable patient populations. - Small housing developments, which will not lead to a significant increase in local population. - Existing delivery networks. - Established prescribing services. - Existing addiction service provision. - Existing MDS and MAR support.
8.45	No evidence has been presented showing: - Existing pharmacies are at capacity. - Services are unavailable. - Patients are being provided with substandard care.
8.46	Without evidence of a capacity shortfall, the necessity of a new pharmacy is difficult to establish.
8.47	Argument 7: Questions Regarding Sustainability and Practical Operation
8.48	There are also practical concerns regarding the proposal.
8.49	Local intelligence suggests: - Parking around the proposed site is limited (although there are over 55 spaces, it is extremely busy when pupils are starting or leaving the school) - Residential parking already restricts access. - The pharmacy would be situated close to Netherthird Primary School. - Traffic management arrangements already exist during school drop-off and collection periods.
8.50	These issues raise questions regarding: Patient accessibility.

	• Delivery logistics. • Safe handling of wholesale deliveries.
8.51	While these concerns alone may not determine the application, they further weaken the case that this location provides a meaningful improvement over existing arrangements.
8.52	Previous Application History
8.53	It is also noteworthy that a previous application for a pharmacy in the Netherthird / Craighens area was not granted in 2015.
8.54	While every application must be considered on its own merits, the Committee may wish to consider whether circumstances have materially changed since that decision.
8.55	The current evidence does not appear to demonstrate a significant change in need.
8.56	Accordingly, we invite the Committee to refuse the application.
8.57	This concluded the representation from Rowlands Pharmacy.
8.58	Before questioning by the Applicant commenced, Mrs Ford sought clarification that the Community Assessment Report was the Consultation Analysis Report. Mrs Naismith agreed.
8.59	Questions from Mr Deary (the Applicant) to Mrs Naismith (Rowlands Pharmacy)
8.59.1.	Mr Deary referred to the statement made about the boundaries of the proposed neighbourhood in the application being too narrow. With that in mind, Mrs Naismith was asked to comment on why there was more than one Community Council within Cumnock noting that the boundary for proposed neighbourhood was the same as that for Netherthird Community Council. Mrs Naismith felt that the neighbourhood would be a lot larger than the perimeter set by the Applicant. Mr Deary stressed that the proposed neighbourhood boundary mirrored the Netherthird Community Council area.
8.59.2.	Mr Deary continued by asking whether Mrs Naismith believed residents should not have the choice of accessing pharmacy services within Netherthird. Mrs Naismith stated that was up to the panel to decide. Adding that patients could choose which pharmacy to use of which there were several in the wider Cumnock area. Netherthird residents did not live in isolation and used the amenities in Cumnock town centre. When asked whether such journeys would be planned, Mrs Naismith did not know the minds of Netherthird residents so was unable to comment.
8.59.3.	Mr Deary asked what a Netherthird resident would do if becoming unwell or had children that were sick and the illness didn't fit in with a planned trip to Cumnock town centre. Mrs Naismith pointed out that there were different levels of being unwell. Most parents were prepared for treating common illnesses at home with a stock of non-prescription items. If not, then these could be obtained from the local

	convenience stores. Mr Deary questioned whether an adequate pharmacy service could be obtained by visiting a convenience store. Ill Netherthird residents needing to consult a GP would be in the town centre anyway.
8.59.4.	Mr Deary referred to Rowlands Pharmacy in Cumnock Health Centre being Best-in-Class for customer service internally and checked that this was an internal accolade based on no negative feedback for six months. Mrs Naismith agreed with this assessment. Mr Deary enquired about the channels available in Rowlands Pharmacy for resolving customer issues. Mrs Naismith stated that Rowlands were keen to resolve any issues raised by customers immediately. Mr Deary had tried to contact Rowlands Pharmacy within the last six months via all three email addresses listed on its website, but each time received a message that the email service was not running. Mrs Naismith asked for the details to investigate noting that there was also a phone number Mr Deary could have tried.
8.59.5.	Mr Deary noted that patients contacting a GP practice were often directed to a pharmacy for assistance. Mrs Naismith was asked to comment on Mr Deary's suggestion that for the residents of the proposed neighbourhood, a pharmacy was no more accessible than a GP. Mrs Naismith said that all pharmacies represented at today's hearing were linked with the GP surgeries and supported this community well as demonstrated from comments made in the CAR. Also, residents of Netherthird did not live in isolation from Cumnock. Mrs Naismith concluded that a pharmacy in Netherthird may be desirable but it not necessary.
8.59.6.	Mrs Naismith was asked to describe parking at Tanyard Health Centre. Parking could sometimes be busy but for such occasions there was the overflow carpark and a bus station nearby. Mr Deary asked whether parking was available at the bus station. Mrs Naismith said there was no parking at the bus station but this was where buses stopped for the Health Centre/Rowlands Pharmacy.
8.59.7.	Mr Deary asked about the condition of bus station. Mrs Naismith said it had been badly vandalised recently although had since been repaired. Generally, it was not a welcoming place to be particularly during the dark winter months. However, Mrs Naismith challenged the council to arrange a better police presence. Mr Deary stated that there was not much choice between being forced to use that bus service or take a three-mile round trip on foot to access pharmacy services from Netherthird, Craigens or Skerrington.
8.59.8.	Mr Deary was keen to know the percentage of prescriptions Rowlands Pharmacy dispensed from walk-ins and those collected by the pharmacy from GP surgeries. Mrs Naismith said the pharmacy collected prescriptions from Tanyard Medical Practice three or four times a day. It was estimated this made up 90% of medications dispensed with 10% coming from walk-ins.
8.59.9.	Mr Deary asked how Medicines Care and Review (MCR) fitted into that as long-term medicines could be reviewed by a pharmacist and negate the need for a patient to go to the GP practice. Mr Deary further explained that a pharmacy in Netherthird offering the MCR service would negate the need for a patient to use the unreliable bus service or walk a three-mile round trip to access adequate pharmacy

	care. Mrs Naismith reiterated that Netherthird residents did not live in isolation of Cumnock.
8.59.10.	Mr Deary noted the economic impact concerns of opening another pharmacy on the interested parties so asked what percentage of items Rowlands Pharmacy expected to lose to this pharmacy if the application was granted. Mrs Naismith said that no one could give a figure for the number of items that could potentially be lost. Rowlands had many pharmacies that operated on 3000 items or less. Mr Deary said it was unlikely all items dispensed by Scots Pharmacy in Netherthird would be lost from one pharmacy. It was more likely these would be split across all three so the viability of any pharmacy would not be lost. At this point the Chair interjected as this was speculation.
8.59.11.	Mr Deary referred to the earlier comment made by Mrs Naismith about addiction patients lingering in the community centre and noted dissatisfaction with the intention to provide opioid services at the proposed pharmacy. When asked, Mrs Naismith declined to provide information about the number of substance misuse patients registered at Rowlands Pharmacy in Tanyard Health Centre as it was confidential but did say these patients required supervision and that usually there was only one space used for these services. Services provided to addiction patients were planned throughout the day using the same booking platform as for other consultations. If the consultation room was busy there was another secure private space that could be used when the pharmacist was available. There were plans to develop that branch further, but these had not yet been submitted. Mrs Naismith and Mr Deary agreed to disagree whether there were complaints about the services offered at Rowlands Pharmacy.
8.59.12.	Although not exactly remembering when the joint public consultation had taken place, Mr Deary thought it was about eight or nine months ago. Mr Deary asked how many Lloyds Pharmacies had been operating in Cumnock nine months ago to which Mrs Naismith said none. Mr Deary said there had been no mention of Lloyds in the comments recorded in the CAR. Mrs Naismith explained that the public would have been reminded about experiences with Lloyds when hearing negative comments about a pharmacy. Mr Deary pointed out that people in the proposed neighbourhood felt isolated and abandoned and that this had been reflected in the CAR. Mr Deary asked whether Mrs Naismith believed the CAR and whether the comments it contained were wrong. Mrs Naismith thought the majority of residents of the proposed neighbourhood could travel to access pharmacy services given the frequency of the buses detailed in the timetable and high levels of access to a car. Adding that all three existing pharmacies were providing a great delivery service. When pressed to answer whether a great delivery service equated to adequate pharmacy provision, Mrs Naismith said "no".
8.59.13.	Given the overwhelming number of residents supporting this application in the CAR, Mr Deary asked why Mrs Naismith was objecting. Mrs Naismith believed there to be sufficient pharmaceutical services in the wider Cumnock area to support residents of the proposed neighbourhood. Many responses were also not received from those living in Netherthird, Craighens or Skerrington.

8.60	Questions from Mr Campbell (Netherthird Community Council) to Mrs Naismith (Rowlands Pharmacy)
8.60.1.	Mr Campbell noted the price of a return bus fare from Netherthird to Cumnock town centre at £3.50 and asked whether it was fair that Netherthird residents had to pay that to access pharmacy services. Mrs Naismith referred to evidence heard about a new proposal that would cap fares at £2.
8.60.2.	Mr Campbell asked if Mrs Naismith was familiar with the route of the bus servicing Netherthird, Craigens and Skerrington. Mrs Naismith was not so Mr Campbell explained that from 2024 the bus drove round the neighbourhood perimeter. Residents potentially had an 18-20 minute walk to the bus stop depending on home location.
8.60.3.	In terms Rowlands Pharmacy itself, Mr Campbell said the pharmacy was jam packed when picking up a prescription stating that it was not the best and though it overly busy. Mrs Naismith said that it was very difficult when next to a GP practice. Rowlands Pharmacy prided itself on achieving a prescription wait time of 5-10 minutes and having stock available. Everyone in Rowlands Pharmacy was working well to achieve that. This did not reflect the experience of Mr Campbell as there had been problems obtaining items in the past and told to come back. Mrs Naismith explained that it was pharmacy policy to offer delivery if a customer attends to collect a prescription that was not ready. However, a prescription cannot be delivered when the pharmacy is closed.
8.60.4.	Mrs Naismith was invited to comment on the antisocial behaviour which occurred at Cumnock bus station particularly when it was dark in winter and a concern for residents trying to access the pharmacy. Mrs Naismith stated that was a duty of care for the police force. In such instances, Rowlands Pharmacy would be able to offer a delivery service.
8.61.	Questions from Mr Mohammed (Logan Pharmacy) to Mrs Naismith (Rowlands Pharmacy)
8.61.1.	Mr Mohammed had no questions.
8.62.	Questions from Mr Falconer (Cumnock Pharmacy) to Mrs Naismith (Rowlands Pharmacy)
8.62.1.	Mr Falconer had no questions.
8.62.2	This concluded questioning of Mrs Naismith by the other interested parties. The Chair therefore invited questions from the Committee.
8.63.	Questions from Mr McGeer (Non-Contractor Pharmacist) to Mrs Naismith (Rowlands Pharmacy)
8.63.1.	Mr McGeer had no questions.

8.64.	Questions from Mr Smith (Lay Member) to Mrs Naismith (Rowlands Pharmacy)
8.64.1.	Mr Smith had no questions.
8.65.	Questions from Mrs Morrison (Lay Member) to Mrs Naismith (Rowlands Pharmacy)
8.65.1.	Mrs Morris asked what had been meant by the safe handling of wholesale deliveries. Mrs Naismith said that comment was about space, the plan and layout of the proposed pharmacy. As a small site, there did not look like there was much storage. Mrs Morris had thought it was to do with the availability of parking. Mrs Naismith said that would also be an issue. The pharmacy would receive at least six deliveries a day and may be caught up in the school run. If so, the van would cause chaos.
8.65.2.	Mrs Morris was interested to know whether Netherthird and Craigs was out with the defined neighbourhood for Rowlands Pharmacy. Mrs Ford explained that neighbourhood definitions were not applicable to long established pharmacies. Although Rowlands Pharmacy in Cumnock Health Centre was a historical pharmacy and did not have a defined neighbourhood, Mrs Naismith stated that a patient asking for a prescription to be delivered would not be turned away.
8.66.	Questions from Mr Maconochie (Contractor Pharmacist) to Mrs Naismith (Rowlands Pharmacy)
8.66.1.	Mr Maconochie noted that Mrs Naismith had been questioned by the Applicant about navigating the provision of methadone when there was only one consultation room. As the plans for the proposed pharmacy included only one consultation room, Mr Maconochie was interested to know if there was anything the Applicant needed to do differently when providing this service. Mrs Naismith explained that many of the 75 Rowland Pharmacy branches across Scotland were currently undergoing a refit and refurbishment to create a second consultation room. With more independent prescribers, the need for additional private space had changed so these businesses were being re-evaluated.
8.67.	Questions from Mrs Ford (the Chair) to Mrs Naismith (Rowlands Pharmacy)
8.67.1.	Mrs Ford asked about the CAR comments relating to stock issues and sporadic deliveries. Mrs Naismith explained that Rowland Pharmacy and Phoenix Medical Supplies Ltd were part of the same company, the Phoenix Group. With 75 Rowland Pharmacy branches across Scotland, inter branch transfers were possible. There was also a great relationship across the pharmacy network looking after patient healthcare needs. Mrs Naismith thought the existing pharmacies did a good job in the Cumnock area and was proud of the standard of care offered by both Rowlands Pharmacies in the area. People assumed that when many people seen were standing around the pharmacy that it was too busy. However, the pharmacy was also a community hub where people would come for a chat. The only consistent issue was in relation to MCS, and work was going on to overcome that.

8.67.2.	Mr McAleese left the meeting at this point.
9.	Submission from Mr Campbell, Netherthird Community Council
9.1.	Mr Campbell read aloud the following statement:
9.2.	“My name is Jamie Campbell. I have lived in Netherthird since the day I was born 37 years ago, and it is a place I am proud to call my home.
9.3.	My task here today is a simple one, I am here today to give you the view straight from the 3000 people who live in the Netherthird area.
9.4.	Our position is unanimous: a new community pharmacy located within the Netherthird Community Centre is an absolute necessity for our community.
9.5.	Professionally, I serve as a local Community Development Worker. I am part of Netherthird Community Council and every day, I work alongside the people, families, and agencies in our neighbourhood to actively improve the lives of our community.
9.6.	In my position I see the needs of our local community, I see everyday the challenges our community faces, unfortunately our area is one of deprivation, one with an ageing population and one with a high percentage of residents with health problems. The stats for our area show this clearly.
9.7.	Defining the Neighbourhood (The Legal Test)
9.8.	To understand why our current pharmacy provision is completely inadequate, we must accurately define our neighbourhood.
9.9.	Netherthird was built in the 1950s to house miners who relocated to our area for work. From its inception, it was designed to be its own self-contained village.
9.10.	Due to Netherthird, Craigens and Skerrington being built on farmland outside of Cumnock, transport has always been a major hurdle.
9.11.	Today, Netherthird, Craigens, and Skerrington form a highly distinct, isolated neighbourhood sitting entirely on its own between Cumnock and New Cumnock.
9.12.	We are geographically bounded and cut off by: 1. farmland 2. rivers 3. busy trunk roads 4. railway lines 5. and outlying industrial estates
9.13.	Netherthird was designed to be a standalone village when it was built due to the issues of local people would have to travel to different areas for services.
9.14.	This is the reason that Netherthird has been able to:

	○ sustain 2 shops within the neighbourhood, ○ have our own newly built primary school, ○ our own community centre, ○ bowling club, ○ church, ○ takeaway restaurants, ○ sports pitches, ○ library, ○ industrial buildings to provide employment for those in our community ○ build our own community garden.
9.15.	These were built within the village to combat these transport and ease of access problems.
9.16.	We have all the basic amenities of a standalone village, yet we have been left entirely devoid of a baseline healthcare facility.
9.17.	Often in Netherthird there are three or four generations of the same family staying within the area as they feel safe at home and see this as an area where everybody looks out for one another. Our residents are deeply proud of this identity and have fought to protect and develop our neighbourhood.
9.18.	When our school was threatened, the community campaigned to keep it! When our community centre faced closure, we took it over and developed it into the modern community facility that we are proud of today!
9.19.	East Ayrshire Council showed support to improve our economy, situating their Skills and Learning Centre directly across from the community centre with the goal of training and supporting individuals back into the workforce.
9.20.	Overcoming the "Access Myth" (Physical & Financial Barriers)
9.21.	You will likely hear from objectors today that Cumnock town centre is 'just down the road.' I am here to tell you that for our residents this is not the case, and we do have access issues to the healthcare provision in Cumnock town centre.
9.22.	The landscape between Netherthird and Cumnock is incredibly hilly. For an elderly resident with chronic pain, a mother pushing a pram, or someone suffering an acute illness, a return trip on foot is a physically gruelling, exhausting task.
9.23.	Within the centre, we see day in and day out the toll this places on individuals as they opt to go without advice or spend their incredibly limited money in our local shops on medication that may not be suitable or be of any help to them.
9.24.	Our bus service is sporadic, heavily restricted by narrow roads and parked cars, and completely unreliable. Because of the gaps in the timetable, a simple trip to a town centre pharmacy easily swallows up 2 to 3 hours of a resident's day.

9.25.	If you rely on the pharmacy in Logan, the last bus leaves so early in the day that the pharmacy is effectively closed to Netherthird residents long before its actual closing time.
9.26.	Our elderly residents often avoid using the bus as it can't be relied upon.
9.27.	The bus station in Cumnock is a hazard in itself and our most vulnerable residents discuss on a daily basis that they do not feel safe waiting long periods of time in the station as it regularly and severely vandalised and smashed. All we see are continuous cuts to our buses, and we expect it to get worse.
9.28.	I attended a meeting two weeks ago with the bowling club where a number of elderly members reported they feel safer remaining local wherever possible and services like the local shops allow them to go about their lives without consistently asking their children and grandchildren for lifts out of Netherthird.
9.29.	They agreed that a community pharmacy would further their independence into their later years and that Netherthird has been sorely lacking a service like this for a long time.
9.30.	Netherthird sits sadly in the bottom 15% of the Scottish Index of Multiple Deprivation (SIMD). We have been highlighted by the Scottish Government as one of the top three areas in Scotland for family poverty.
9.31.	For the residents of Netherthird, Craighens and Skerrington it is not a case of jumping in a car and heading to the pharmacy.
9.32.	40% of households do not own a car
9.33.	40% are one car households with the majority of these cars being used to travel to work, meaning no access to a car during the day to travel.
9.34.	When public transport fails, residents must rely on a single, local taxi service that charges between £14 and £20 for a round trip. In an area of severe poverty, forcing a vulnerable person to choose between £20 for a taxi to get their medication, or buying food and heating, is a systemic failure.
9.35.	I am also a volunteer at Cumnock Juniors Football Club.
9.36.	Myself, and other members of Cumnock Juniors Football Club have experienced the difficulty to access first hand as we had to step in and support vulnerable members across the neighbourhood during the pandemic.
9.37.	Due to increased risks at the time and the need for isolation; public transport was not a suitable option for a large portion of our community, and we therefore pulled together to help our neighbours and ran prescription collection for those who needed it.
9.38.	To this day, we have a large number of residents who rely on lifts to pharmacies for advice or to collect their medication. Whilst we are always happy to support our

	community; access to basic healthcare should never be reliant on the goodwill of others.
9.39.	In summary, our residents are left with poor options when it comes to gaining access to pharmaceutical care due to: ○ A sporadic and unreliable bus service ○ A £20 return journey from a local taxi service ○ A long walk over a hilly road to the town centre and back ○ The vast majority of our residents having no access to a car to access healthcare services. ○ Being confined to the house to wait on a delivery or not being able to leave the house through fear of missing your delivery.
9.40.	Severe Health Inequalities & Systemic Strain
9.41.	Our community is battling wide-ranging, deep-seated health crises, including physical illness, severe substance abuse, and intense mental health struggles.
9.42.	Very sadly, in 2018, our area was dubbed a suicide hotspot after losing 8 local people in the space of just three weeks.
9.43.	Following the isolation brought on by the pandemic and the cost of living rising dramatically in recent years, the strain on our residents' mental health has only increased.
9.44.	The board of the community centre are keen to battle this and have brought in Harbour Ayrshire, Megan's Space and other support groups to help combat this mental health decline.
9.45.	But we need more help.
9.46.	With the need for Health and Social Care at an all-time high, our people are finding it nearly impossible to see a GP face-to-face.
9.47.	They are waiting weeks for appointments, being deflected to NHS 24, overcrowding A&E, or - worse yet - giving up entirely and leaving conditions to worsen.
9.48.	We now see reports that East Ayrshire's Health and Social Care Budget is blown and that our Social Care services are moving into "Critical-Only" care; effectively releasing immense volumes of struggling people to cope alone.
9.49.	Without suitable local infrastructure in place, we are giving those who struggle most in our community no support at all.
9.50.	Furthermore, our community is rapidly expanding. With Cumnock town centre at capacity, house-builders are moving outward and looking towards the Netherthird, Craigens and Skerrington Area.

9.51.	We have 49 social houses from Shire Housing currently under construction on Craighens Road - a stone's throw from the community centre.
9.52.	Construction has also started on a new housing development of 22 houses in Skerrington as the former farmland around the area starts to be bought up for housing.
9.53.	Work has begun on another 67 homes on Cairn Road from East Ayrshire Council, right on the border between Netherthird and Cumnock.
9.54.	Rosewood homes have also purchased the land next to the community centre and are planning to build flats on the grounds and have also begun exploring purchasing the local derelict church across from the community with plans to build flats on this area.
9.55.	Our population will grow by hundreds over the next two years. The existing, strained infrastructure simply cannot cope, and we who live within the village will suffer.
9.56.	The view from our local community is clear. The solution is a true healthcare hub within Netherthird Community Centre.
9.57.	The Netherthird Community Centre is the perfect and logical home for this pharmacy. After completing a community asset transfer, our community owns this building. It has over 150 parking spaces (including same level disabled bays and electric charging points), is situated on a single, accessible level, and sits right at the heart of our local shops and the school run for Netherthird Primary School and Early years centre.
9.58.	The community centre hosts a community café, a training kitchen, a charity shop and a healthy foods larder; all with the aim of supporting local independent living.
9.59.	We have already actively transformed this building to fight our local health crisis. We built two dedicated mental health treatment rooms, partnering with Megan's Space to provide vital counselling. We work alongside the Harbour Recovery Group to support those battling addiction.
9.60.	Crucially, NHS Scotland recognised our isolation and have just this June launched a project booking two rooms in our centre, two days a week, for the next 12 months. The centre also hosts NHS Winter Vaccination programmes – a service that a community pharmacy could further support, improving the access to vaccines for our most vulnerable.
9.61.	A pharmacy here is the missing piece of the jigsaw. It creates a one-stop healthcare shop. A resident can access NHS staff, mental health counselling, addiction support, and their community pharmacist all under one roof, with all services actively collaborating to enhance public health outcomes.
9.62.	Addressing Commercial Objections & Precedents

9.63.	We expect to hear objections today from other pharmacies in the area.
9.64.	In June 2015 Logan Pharmacy attended our Community Council meeting and outlined plans to bring a pharmacy right here to Netherthird. At that time, they explicitly stated that a delivery service was not a substitute for true pharmaceutical care, and they eagerly sought our backing to bring genuine healthcare services to Netherthird.
9.65.	We gave them our full backing. Yet, those plans were abandoned, and our community was left with no healthcare provision.
9.66.	For Logan Pharmacy to pilot this exact concept and then object to the same service being carried out by Scots pharmacy has caused confusion to our local residents and members of the community council.
9.67.	As a community council who works so hard for the betterment of our community, we are surprised that the first person to bring the idea of a community pharmacy to Netherthird is now objecting to it.
9.68.	We must put the health of local people first before commercial interests and 90% of 877 local residents who were surveyed have made this very clear.
9.69.	We have had in depth consultation with Scots Pharmacy in regard to methadone or addiction service being hosted at the centre: and we are more than happy with the arrangements and protocol Scots Pharmacy have around these services.
9.70.	The same service is already provided by all local pharmacies.
9.71.	The vulnerable people using these services are already coming to our centre for the recovery group support. If people can use these services to improve their lives, why shouldn't we give them our support?
9.72.	Conclusion
9.73.	A large part of my community work is community consultations asking what your community want to see, what you like about your community and what can be improved and then the community groups working to achieve the requests of our community.
9.74.	Quite often we are seeing "consultation fatigue with local people, there is always a new consolation out from community groups, the local council, windfarm developments and the responses are generally quite poor.
9.75.	But the consultation for the new proposed pharmacy has bucked the trend.
9.76.	The local excitement and appetite for this pharmacy is through the roof. Our public consultation contains 877 detailed survey responses from our local residents with 90% of these respondents being very positively in favour a new community pharmacy here in Netherthird, Craigens and Skerrington.

9.77.	The elderly are crying out for accessible care, and parents are relieved that our neighbourhood is finally being noticed and their family's health supported.
9.78.	The volume of backing and response achieved cannot be overlooked.
9.79.	Over and above the public consultation, we as members of our community speak to local residents every day and I can assure you that there is overwhelming backing for this pharmacy – we are asked on a daily basis when the pharmacy will open and how residents can register.
9.80.	○ Cumnock has two dedicated pharmacies. • Logan, • New Cumnock, • Auchinleck, • Catrine, • Drongan • Ochiltree
9.81.	All have their own dedicated community healthcare facility in their village for residents to access improved healthcare.
9.82.	We have a larger population than many of these areas. We have worse poverty statistics, worse transport barriers, and unfortunately, some of the worst health statistics in Scotland.
9.83.	Why should the expanding, vulnerable population of Netherthird, Craigens, and Skerrington not have our own dedicated community pharmacy?
9.84.	These are the questions being asked from members of our community?
9.85.	There is one thing I would like to mention and that is the Applicant himself.
9.86.	Netherthird is an incredibly tight knit community, we don't just trust anyone who rocks up. Trust around here isn't given out for free - it must be earned.
9.87.	And over the last seven years, David Deary has earned it.
9.88.	He didn't just turn up yesterday. For seven years, he's been coming to Netherthird. He attends our local events, supports our community projects, and is always happy in conversation with local people. He knows us by name, he knows the background of our community, and he's proven over and over again that he actually cares about our community. David fits in well here because he genuinely enjoys getting involved with the local community spirit.
9.89.	And we believe he is the ideal person to bring a community pharmacy to the Netherthird, Craigens and Skerrington area.
9.90.	There is nothing more important than a community's health and a pharmacy within the heart of our community pushes Netherthird, Craigens and Skerrington to achieve better health outcomes for the people in our neighbourhood.

9.91.	I am here today to speak on behalf of every resident who has had to rely on a neighbour to fetch their pills; our vulnerable residents who feel locked indoors awaiting a delivery; the elderly who struggle onto buses; those who spend hours sitting in a vandalised bus station just to get home; every family suffering from a lack of local support and for every parent who walks a three-mile round trip with unwell children in tow just to access clinical advice.
9.92.	My voice today is representing the 3000 residents of Netherthird, Craighens and Skerrington and we urge this panel to support our community and approve this application”.
9.93.	This concluded the presentation by Mr Campbell.
9.94.	Questions from Mr Deary (the Applicant) to Mr Campbell (Netherthird Community Council)
9.94.1.	Mr Deary asked where Mr Campbell lived to which the answer was Netherthird. Mr Campbell had always lived in the area adding that the local people were proud of it.
9.94.2.	Reference was made to the neighbourhood defined by the Applicant and comments from the interested parties that it had been skewed so it did not contain other pharmacies. Mr Deary invited Mr Campbell's view. Mr Campbell agreed with the neighbourhood proposed by Mr Deary because this area had its own community council, was recognised as a village by East Ayrshire Council since its inception and locals considered themselves belonging to Netherthird.
9.94.3.	Mr Deary asked whether Netherthird was reliant on Cumnock amenities other than healthcare. Mr Campbell said it was not as it had its own shops, primary school, factory outlet, two industrial units, bowling green and pub restaurant.
9.94.4.	Mr Deary noted mention of survey fatigue by Mr Campbell and wondered why people had been so engaged with the joint consultation for the proposed pharmacy. Mr Campbell said that the idea had been planted in 2015 and that residents had been disappointed when that application had been refused. Since then, appetite for a pharmacy in the community had increased and was reflected in the consultation response rate from residents. A pharmacy would have more impact on individual residents than other consultation subject matters such as windfarms even although these provided financial benefit to the community.
9.94.5.	When asked, Mr Campbell believed this application absolutely necessary for the average resident of Netherthird, Craighens and Skerrington. The CAR spoke for itself with 90% of respondents agreeing it was appropriate, so the people had spoken.
9.94.6.	At this point, Fiona Morris from Rowlands Pharmacy left the meeting.
9.95.	Questions from Mr Falconer (Cumnock Pharmacy) to Mr Campbell (Netherthird Community Council)

9.95.1.	Before questioning began, Mr Falconer stated that Cumnock Pharmacy would be delighted to work with Netherthird Community Council in the future to promote its services and improve the health of the community.
9.95.2.	Mr Falconer enquired whether Mr Campbell was aware of the range and quality of services available from Cumnock Pharmacy. Mr Campbell had not been aware as had only visited Cumnock Pharmacy to collect prescriptions for relatives.
9.95.3.	Mr Falconer referred to the letter submitted from Margaret Campbell on behalf of Netherthird and Craigens Community Council which contained language such as “cut off” when referring to the Covid-19 pandemic. When asked, Mr Campbell accepted that Mr Falconer was not responsible for the service provided at that time as the pharmacy was owned by Lloyds Pharmacy.
9.95.4.	In the event that this application was granted, Mr Falconer assumed Netherthird Community Centre would receive income from Scots Pharmacy and asked whether this was assumption was correct. However, Mr Campbell was unable to comment as that was a matter for the Community Centre Board (comprised of eight or nine trustees) and Mr Deary. Confirmation was received that Mr Campbell had no conflict of interest concerning this application.
9.95.5.	Mr Falconer sympathised with the changes to the bus service connecting Cumnock town centre with Netherthird, Craigens and Skerrington. Mr Falconer asked whether this bus stopped near Cumnock Pharmacy. Mr Campbell said it did, but the issue was at the other end of the journey. Mr Campbell lived in Menzies Avenue at the bottom end of Netherthird so had to walk to the top to catch the bus; around Ryderston Drive and up to Craigens Walk. This walk had also to be done in reverse on the return journey so added considerable time.
9.95.6.	Mr Falconer asked whether the bus timetable was being disputed. Mr Campbell agreed that the information provided by Mr Falconer reflected the published timetable and that there should be 31 buses throughout the day but in reality, those were not the timings of the bus. The £2 bus cap on bus fares was also welcomed by the community council to help with poverty in the area.
9.95.7.	When asked where residents shopped, Mr Campbell said that it was often within the two convenience stores in the proposed neighbourhood. People used these regularly and walked out with two or three bags of shopping which was a large amount from a convenience store. Occasionally people would go to Asda, Farmfoods or Aldi but shopped primarily in the local area. The convenience stores were attractive in terms of access, but people were often paying a premium in so doing.
9.95.8.	Mr Falconer invited comment on the level of access to one car within the Applicant’s proposed neighbourhood (76%). Mr Campbell was very surprised that car access was above average in Netherthird, Craigens and Skerrington saying it was more recognisable for the Holmhead area of Cumnock.
9.95.9.	Finally, Mr Falconer referred to the promotional flyer and asked whether people had been misled by the phrase “in partnership with NHS Ayrshire & Arran”, Mr

	Campbell stated that in the joint consultation, respondents had been answering the same questions as those used for Mr Mohammed's application and thought residents had answered all questions honestly.
9.96.	Questions from Mr Mohammed (Logan Pharmacy) to Mr Campbell (Netherthird Community Council)
9.96.1.	Mr Campbell was asked for evidence of gaps in existing pharmacy services. Mr Campbell referred to complaints received by the community council around inability to access face-to-face consultations and a delivery service refusal. Mr Mohammed stated that if there was genuine need, that a request for use of the delivery service would not be refused by Logan Pharmacy.
9.96.2.	Mr Mohammed pursued this line of questioning by asking whether Mr Campbell was aware of any NHS pharmacy service that could not currently be accessed from the existing network. Mr Campbell was not well versed on the services available but signposted Mr Mohammed to information received from the joint consultation where the feelings of respondents had been made clear. Mr Mohammed acknowledged that all pharmacists in the area could do a better job of promoting the services on offer.
9.96.3.	Mr Mohammed enquired whether Mr Campbell was aware of any formal complaints made to the Health Board concerning a lack of pharmaceutical provision in the proposed neighbourhood. Mr Campbell stated that people from Netherthird, Craighs and Skerrington were unwilling to formally complain – this population was unlikely to open and participate in a formal complaint procedure. Instead, information would be fed back either face-to-face through the community council or through the survey. The community had spoken out strongly through the joint consultation about the access problems faced.
9.96.4.	Mr Mohammed asked whether residents often travelled to Cumnock for GP visits, banking and secondary schools. Mr Campbell stated that the majority of facilities were available within Netherthird e.g. banking could be done at the post office.
9.96.5.	Much had been talked about the CAR during this hearing. Mr Mohammed did not attribute any blame to the Community Council about the manner in which the joint consultation had been marketed but asked whether Mr Campbell understood the intention of it being a neutral invitation to comment as opposed to a promoted marketed campaign. Mr Campbell said that people within the area needed to be made aware of the survey and those that answered it did so honestly. Adding that the CAR was a true and accurate reflection of public opinion.
9.96.6.	Mr Mohammed noted that there would be some financial benefit to the community centre if the application was granted which would improve the economic situation. Mr Campbell was invited to comment. Mr Campbell explained that the rent arrangement was between the pharmacy and community centre board. Residents were not interested in the financial situation, and neither was the community council as it did not own the community centre. The Community Council only met in it once a month.

9.96.7.	Mr Mohammed was interested to know what had materially changed in the proposed neighbourhood in terms of the population or in general since the last application. Mr Campbell said that there had been many large-scale changes since 2015 which included: • a large cut to bus services which restricted access to Cumnock town centre • one housing development had been built and would not be the last as Cumnock was at capacity for house building. • The Netherthird community was growing so facilities were needed to support this growing population in the next two to three years • There had been a cost-of-living crisis in the local area. • There was a mental health crisis
9.96.8.	Mr Mohammed asked whether East Ayrshire Council had got its numbers wrong in the Community Action Plan for 2025-29 as both the proposed neighbourhood population and number of residential properties were the same as for 2015-2019 at 2499 and 1044 respectively. Mr Mohammed suggested that even although new homes had been built, people had left the village, so the net population was zero. Mr Campbell stated that the latest Community Action Plan was produced in 2024 before the new houses had been approved let alone built (at the beginning of 2026), so were not included and needed to be considered. The new homes were not yet occupied so the additional population from the development was still unknown but would potentially add 100-200 people from the 49 new homes. Additional land in the neighbourhood was being purchased by developers which would expand the population further.
9.96.9.	Finally, Mr Mohammed extended the same invitation for engagement to explore whether there was anything else Logan Pharmacy could do to support the community.
9.97.	Questions from Mrs Naismith (Rowlands Pharmacy) to Mr Campbell (Netherthird Community Council)
9.97.1.	Mrs Naismith also offered Netherthird the support of Rowlands Pharmacy and looked forward to discussing how best to do that from its two branches in Cumnock and New Cumnock.
9.97.2.	When asked what the space for the proposed pharmacy was currently being used for, Mr Campbell said it wasn't used for anything at the moment but could be hired out as a meeting room.
9.97.3.	Conflict of interest had been mentioned so Mrs Naismith wondered whether the Community Council received much government support for groups run in the community centre. Mr Campbell said grant support was used to fund some of the activities in the centre such as the community training kitchen and enabled a lower rent for some groups e.g. the stroke group. For a pharmacy business to come in that's a lot of money would mean a lot to your area.

9.97.4.	Mrs Naismith was interested to know what the income from the pharmacy would be used for to benefit people in the community. Mr Campbell was not aware of the commercial arrangements so was unable to answer that question which would be better directed to the board.
9.97.5.	Mrs Naismith asked what age range Mr Campbell considered elderly. Mr Campbell was unsure but guessed 60 years of age and above. Mrs Naismith pointed out that 15% of this population was over 65 years and dropped to 5% over 75 years of age. So, given the total population was 2499, there were not many elderly residents in Netherthird. Mrs Naismith concluded that the impact on elderly residents made in the letters of support and Community Council representation were sweeping statements that could not be backed up with evidence. Whilst Mr Campbell was not sure of figures for the elderly population, adults with disabilities were pretty high in the proposed neighbourhood so hoped the opening of a pharmacy would have an impact for these individuals within the community.
9.97.6.	This concluded questioning of Mr Campbell by the Applicant and other interested parties, so the Chair invited questions from the Committee.
9.98.	Questions from Mr Maconochie (Contractor Pharmacist) to Mr Campbell (Netherthird Community Council)
9.98.1.	Although no questions were asked, Mr Maconochie wanted to acknowledge the asset Mr Campbell was to the community of Netherthird, admired the passion for this neighbourhood that had been demonstrated and hoped this process would bring benefit to residents.
9.99.	Questions from Mrs Morris (Lay Member) to Mr Campbell (Netherthird Community Council)
9.99.1.	Mrs Morris wondered whether any of the comments recorded in the CAR had surprised or shocked Mr Campbell. Mr Campbell replied that on the whole, no, as was well aware of the challenges the community faced. Adding that residents struggled to access face-to-face pharmaceutical care which had been confirmed in the CAR.
9.100.	Questions from Mr Smith (Lay Member) to Mr Campbell (Netherthird Community Council)
9.100.1.	Mr Smith referred to a comment made by Mr Campbell about Netherthird being recognised as a village by East Ayrshire Council. Mr Smith wondered whether there were any plans for a doctors' surgery to be opened there as a village should have all services to support its community. Mr Campbell was not aware of such plans.
9.101.	Questions from Mr McGeer (Non-Contractor Pharmacist) to Mr Campbell (Netherthird Community Council)
9.101.1.	Mr McGeer referred to a comment made by the Applicant that there may be an opportunity in the future to expand and widen the proposed pharmacy. When

	asked if the Community Council would support that development. Mr Campbell stated that would be a question for the Board and that the Community Council would have no opinion either way.
9.101.2.	This concluded the interested parties' representations and questioning. The Chair hoped to conclude the open session that evening but advised all present that the panel may need to reconvene for the closed session.
10.	Summing Up
10.1.	The Chair asked all parties to provide a succinct summary of the points made during the submissions.
10.2.	Mrs Naismith (Rowlands Pharmacy)
10.2.1.	Mrs Naismith summarised by listing the following points:
10.2.2.	a) The neighbourhood had been defined too narrowly and knew it would to extend. b) Existing pharmaceutical services were already adequate. c) The proposed pharmacy would largely duplicate services already available in pharmacies located in Cumnock, New Cumnock and Auchinleck. d) The existing pharmacies already provided delivery and accessibility solutions to Netherthird residents. e) The CAR did not demonstrate inadequacy of current provision. f) Existing contractors had capacity to meet current and future demand. All Rowlands Pharmacies would soon have Independent Prescribers. g) Practical concerns remained regarding the proposed premises and operation.
10.2.3.	For these reasons, Mrs Naismith said the granting of a new contract could not be justified and invited the committee to refuse the application.
10.3.	Mr Falconer (Cumnock Pharmacy)
10.3.1.	Mr Falconer said the case ultimately came down to two fundamental questions.
10.3.2.	Firstly, what was the relevant neighbourhood. The evidence demonstrated that Netherthird and Craigends were part of the wider Cumnock community. Residents routinely travelled into Cumnock for shopping, healthcare and other everyday services, as was demonstrated in PPC/118.
10.3.3.	Secondly, was there a deficiency or inadequacy in pharmaceutical provision within that neighbourhood. The evidence demonstrated that there was not. Existing pharmacies already provided the services identified in this application, together with additional services, and there was clear evidence that residents of Netherthird and Craigends were already accessing those services in significant numbers.
10.3.4.	The committee was reminded of a few key points from Mr Falconer's submission: • Pharmaceutical care had dramatically changed in the last three years in Cumnock • All core NHS services were currently provided in Cumnock

	• Cumnock Pharmacy was leading the way in service provision in Ayrshire with ○ The highest number of Pharmacy First Plus – 569 ○ The highest number of smoking cessation – 261 ○ One of the highest numbers of Pharmacy First in Ayrshire • Patients within Netherthird and Craighens were already accessing services from Cumnock Pharmacy and the numbers were proportionate to the population size showing no problems accessing the pharmacy with Pharmacy First Plus (103), smoking cessation (57) or Pharmacy First (526). • Cumnock Pharmacy had excellent reviews and no complaints • The Applicant's neighbourhood was in close proximity to Cumnock Pharmacy ○ Only 1.1 miles – easy, well-lit walk ○ Excellent bus service – every 15 minutes and no evidence of a poor service with 31 buses a day ○ Higher than average access to a vehicle and free parking outside Cumnock Pharmacy ○ SIMD data showed that the area was above average for access to services such as healthcare with a score of 6 out of 10 • Viability ○ The proposed pharmacy would reduce service provision by Cumnock Pharmacy and risk its viability ○ There were examples of what new contracts had done after opening • Consultation ○ Should be treated with caution ○ Consideration should be given to how the survey was promoted, the information provided along with the survey and how the questions were skewed in favour of the Applicant. • The consultation highlighted the demand for convenience. It did not establish a lack of pharmaceutical care. • The neighbourhood had been clearly defined by PPC/118 with no changes • The natural flow of the community was through Cumnock
10.3.5.	Mr Falconer was proud of improvements made to the customer service at Cumnock Pharmacy over the last few years and how our customers received some of the best range and quality of services in Scotland. This was demonstrated by record breaking numbers accessing its services including many from the Netherthird and Craighens area. A dilution in funding would put all of this at risk and would reduce the quality of pharmaceutical care in Cumnock.
10.3.6.	For those reasons, Mr Falconer respectfully invited the committee to conclude that the statutory test had not been satisfied and to refuse the application.
10.4.	Mr Mohammed (Logan Pharmacy)
10.4.1.	To conclude, Mr Mohammed stated that the Applicant accepted there were three existing pharmacies serving the proposed neighbourhood. The application previously submitted by Mr Mohammed in 2015 had been rejected, and this application involved the same level of access, same level of deprivation, the same transport and same topography. There had been no material deterioration since 2015 and no material population growth. There were regular scheduled bus services connecting the neighbourhood proposed by the Applicant and existing

	pharmacies. The CAR should be treated with caution as it was promoted using leading language and non-compliant flyers. The supporting letters were heartfelt but were not objective evidence of inadequacy. The services being offered by the proposed pharmacy were standard and there was no NHS service gap identified that existing services couldn't meet. Instead it risked duplication and destabilising adequate provision.
10.4.2.	For these reasons, Mr Mohammed respectfully asked the Committee to refuse the application.
10.5.	Mr Campbell (Netherthird Community Council)
10.5.1.	Along with Ms Reid, Mr Campbell represented 2500 local people who had unanimously asked and expressed a need for a community pharmacy in Netherthird. Adding that it was difficult putting into words the feeling from the local community. Netherthird absolutely saw itself as a standalone community with its own school, sports pitches, bar, restaurant and factory outlet but there was no community pharmacy. Residents saw other similar areas but with smaller populations being granted that facility within the community. The bus service was very unreliable and sporadic. Walking was not as easy as getting to the town centre in 18 minutes. Travelling by car was not realistic.
10.5.2.	Mr Campbell urged the panel to approve this application.
10.6.	Mr Deary (the Applicant)
10.6.1.	Mr Deary stated that adequacy could not be measured by a straight line on the map. The true measure of adequacy was found in the details of a patient's journey. Today this was made up of steep punishing inclines, a pedestrian infrastructure where pavements dangerously terminated, passing points on pavements so narrow that pedestrians were forced onto busy main roads and crossing points that lacked dropped kerbs never mind traffic lights or any other assistance. The failing bus service imposed a costly £4.50 travel tax on the poorest households, and the cold reality of a discretionary delivery van that could not adequately administer any pharmacy services. When 71% of active respondents explicitly stated that the current system was failing them, inadequacy was no longer an opinion – it was fact.
10.6.2.	The desirability and necessity of this application were absolute. The Applicant stood here today with a near unanimous community mandate, backed up by an unprecedented coalition of cross-party political leaders and local primary care clinicians recognising what was at stake. As new homes rose in the neighbourhood, a longstanding and worsening healthcare deficit could no longer be consciously ignored. Even with minimum growth in new houses, 3000 people still had not pharmaceutical services. Face-to-face consultation was needed for Pharmacy First or Pharmacy First Plus services and no delivery driver qualification could merit this. The CAR cannot be dismissed. The community must be future proofed. Mr Deary therefore asked for this application to be approved.
11.	Retiral of Parties

11.1.	The Chair then invited each of the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. All parties were satisfied.
11.2.	The Chair confirmed that the discrepancy between the Applicant and Mr Falconer in relation to car ownership needed to be clarified. It was established that the source of both figures was the 2022 census. The Chair received information from both parties to clarify the situation. <i>Chair Note : Figures show that for Datazones SO1007909,10&11 44.6% of households have access to 1 car or van with a further 31.4% having access to 2 or more cars or vans.</i>
11.3.	The Chair advised that the Committee would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared, and a copy issued to all parties within 15 days of the hearing finishing. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.
11.4.	At 18:05, the Applicant and Interested Parties were asked to step out of the meeting room so that the Committee could determine whether any other information was required from the representatives to enable a determination to be made.
11.5.	The Chair and Committee reflected on the hearing and all the information they now had and concluded that no further information was required. The Applicant and Interested Parties were informed of this and released from the hearing having been advised that given the current time and the fact that the building would be closing at 19:00 the closed session would most likely need to reconvene as soon as possible.
11.6.	The Chair sought views of the Committee in relation to whether a conclusion could be reached in the short time available before the building closed expressing her own view that this was too rushed. All parties agreed on the basis that the meeting be reconvened within the next three days and the meeting closed at 18:24 <i>Chair note: Meeting was set to reconvene on Friday 14 August, however, due to a Committee member experiencing exceptional family circumstances this had to be delayed until Wednesday 2 September</i>
12.	Supplementary Information
12.1.	Following consideration of the oral evidence, the Committee noted:
12.2.	i. That they had undertaken individual site visits of the proposed neighbourhood within Cumnock and the surrounding area noting the location of the proposed premises, the pharmacies, general medical practices and the facilities and amenities within. ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and GP surgeries within Cumnock and the surrounding area. iii. Profile of selected intermediate geographies within Cumnock

- iv. Further information including details about the existing Provision of Pharmaceutical and Medical Services in/to the proposed neighbourhood along with Datazone information provided from the Principal Information Analyst, Local Intelligence Support Team (LIST) – Ayrshire, Public Health and Intelligence (Information Services Division), NHS National Services Scotland.
- v. Report on Pharmaceutical Services provided by existing pharmaceutical contractors in/to the neighbourhood
- vi. NHS Ayrshire & Arran Pharmaceutical Care Services Plan October 2022
- vii. The application and supporting documentation including the Consultation Analysis Report, proposed pharmacy photographs and floor plan provided by the Applicant.
- viii. Extracts from East Ayrshire Local Development Plan 2
- ix. Volume 1: Strategy & Policy April 2024
- x. Volume 2 Settlement Maps
- xi. Information provided by East Ayrshire Planning Office on 9 April 2024
- xii. Extract from Shire Housing re Craighens Road Development Update & link to website
- xiii. Local bus timetables
- xiv. Journey details from Scot's Pharmacy to the identified interested parties' pharmacies
- xv. Journey details from Scot's Pharmacy to the medical practices serving the neighbourhood
- xvi. Letters of support provided by the Applicant from
- xvii. Ms Carol Mochan MSP
- xviii. Provost Claire Leitch dated 15 June 2026
- xix. Cllr William Crawford, Ward 8 – Cumnock & New Cumnock, East Ayrshire Council dated 11 February 2026
- xx. Ms Susan Dever, Chief Executive Officer, Coalfield Community Transport dated 29 May 2026
- xxi. Cumnock Juniors Football Club Committee dated 10 February 2026
- xxii. Mr Eddie Fraser, Former Chief Executive, East Ayrshire Council dated 1 December 2025
- xxiii. Ms Elaine Stewart MP, Member of Parliament for Ayr, Carrick and Cumnock dated 3 November 2025
- xxiv. Ms Elena Whitham MSP, Member of the Scottish Parliament for Carrick, Cumnock and Doon Valley Constituency dated 3 September 2025
- xxv. Mr Zanir Habib, F&R Store
- xxvi. Ms Vicki Borland, Harbour Ayrshire
- xxvii. Cllr Jim McMahon, Ward 8, East Ayrshire Council
- xxviii. Cllr June Kyle, Ward 8, East Ayrshire Council dated 13 February 2026
- xxix. Ms Katie Hagmann MSP, Member of the Scottish Parliament for Carrick, Cumnock and Doon Valley Constituency dated 1 July 2026
- xxx. Mr John King, Knockroon Dental Practice dated 12 February 2026
- xxxi. Ms Margaret Campbell, Chair of Netherthird Community Council
- xxxii. Cllr Neill Watts, East Ayrshire Council dated 12 February 2026
- xxxiii. Mr Alan Thomas, Shire Housing Association
- xxxiv. Ms Margorie Harvie, Employability Manager, Skills & Learning 66
- xxxv. Mr Daniel Ruddy, Ophthalmic Director, Specsavers Cumnock
- xxxvi. Dr J Stewart Gillespie, Valley Medical Practice dated 11 February 2026

	xxxvii. Ms Natalie Carmichael, The Nest Wellbeing Group
13.	Summary of Consultation Analysis Report (CAR)
13.1.	Introduction
13.2.	NHS Ayrshire & Arran undertook a joint consultation exercise with the Applicant Mr David Deary on behalf of New Life Healthcare Ltd t/a Scots Pharmacy regarding the proposed application for a new pharmacy at Netherthird Community Centre, 65 Ryderston Drive, Cumnock, KA18 3AR.
13.3.	The purpose of the consultation was to assess whether the neighbourhood to which the application related had adequate provision of pharmaceutical services and to establish the level of support of residents in that neighbourhood.
13.4.	Method of Engagement to Undertake Consultation
13.5.	The consultation was conducted by placing an advertisement in the Cumnock Chronicle newspaper; notifications placed on the Board X (formerly Twitter) and Facebook pages with subsequent notices at regular intervals; a link to the consultation document on the front page of NHS Ayrshire & Arran website (www.nhsaaa.net); posters advertising the joint consultation questionnaire (containing questions agreed by both parties) issued to various locations (listed below) and asked to be displayed I. Auchinleck Surgery, Health Centre, Main St, Auchinleck, KA18 2AY II. Tanyard Medical Practice, The Health Centre, 2 Tanyard, Cumnock, KA18 1BF III. Valley Medical Practice, 67 Afton Bridgend, New Cumnock, KA18 4BA IV. Caboodle Eyecare, 169 Main St, Auchinleck, KA18 2BA V. Caboodle Eyecare, 44 Townhead St, Cumnock KA18 1LD VI. Shaw Eyecare, 41 Townhead St, Cumnock, KA18 1LF VII. Sorn Road Dental Practice, 29 Sorn Rd, Auchinleck, KA18 2HR VIII. Neo Dental, 19 Lugar St, Cumnock, KA18 1AD IX. Cumnock Dental Practice, Millbank Lane, Cumnock, KA18 1AB X. Knockroon Dental Practice, 97 Auchinleck Rd, Cumnock XI. East Ayrshire Community Hospital, Ayr Rd, Cumnock, KA18 1EF XII. Netherthird Community Centre, 65 Ryderston Dr, Cumnock, KA18 3DZ XIII. Community Mental Health Team Adult Service, 22 Blackfaulds Rd, Cumnock, KA18 3DZ XIV. F & R Store, 38-40 Craigens Rd, Cumnock, KA18 3AW XV. Key Store, 34-36 Craigens Rd, Cumnock, KA18 3AW XVI. Cumnock Jobcentre, 33 - 43 Townhead St, Cumnock, KA18 1JZ XVII. Cumnock Congregational Church, 4 Auchinleck Rd, Cumnock, KA18 1AE - XVIII. Old Cumnock Church of Scotland, 38 The Square, Cumnock, KA18 1AR XIX. Cumnock Baptist Church, 18 Barrhill Rd, Cumnock, KA18 1PG XX. Cumnock Christian Fellowship, 60-62 Barrhill Rd, Cumnock, KA18 1PN XXI. Cumnock Trinity Church, 34 Ayr Rd, Cumnock, KA18 1DW XXII. St. Andrew's United Free Church, 109 Glaisnock St, Cumnock, KA18 1JP

XXIII.	St. John R C Church, 92 Glaisnock St, Cumnock KA18 1JU
XXIV.	Cumnock Factory Outlet, Craigens Rd, Cumnock, KA18 3AJ
XXV.	Cumnock Town Hall, 62 Glaisnock St, Cumnock, KA18 1BY
XXVI.	Central Garage Cumnock, 85-89 Glaisnock St, Cumnock, KA18 1BX
XXVII.	Cumnock Juniors Football Club, 148 Townhead St, Cumnock, KA18 1LZ
XXVIII.	Cumnock Juniors Social Club, 152 Townhead St, Cumnock, KA18 1LG
XXIX.	Soccer Stars Academy Cumnock, Barony Sports Village, Auchinleck Rd, Cumnock, KA18 3JB
XXX.	Barony Campus, Auchinleck Rd, Cumnock, KA18 3JB
XXXI.	Hillside School, Auchinleck Rd, Cumnock, KA18 1RS
XXXII.	Visions Leisure Centre, 57 Auchinleck Rd, Cumnock, KA18 1AN
XXXIII.	Cumnock Rugby Football Club, Broomfield House, 55 Auchinleck Rd, Cumnock, KA18 1AN
XXXIV.	Crossriggs Veterinary Clinic, 52 Townhead St, Ayrshire, Cumnock, KA18 1LG
XXXV.	Citizens Advice Cumnock, 77A Townhead St, Cumnock, KA18 1LF
XXXVI.	Key Store, 153 Barshare Rd, Cumnock, KA18 1NN
XXXVII.	Shop Local Cumnock, 45 Barrhill Rd, Cumnock, KA18 1PW
XXXVIII.	Bute House Nursing Home, Barrhill Rd, Cumnock, KA18 1PT
XXXIX.	Netherthird Community Gardens, Craigens Rd, Cumnock, KA18 3AT
XL.	Netherthird Playing Fields, 61 Craigens Rd, Cumnock, KA18 3AN
XLI.	Early Childhood Centre, Craigens Rd, Cumnock, KA18 3AN
XLII.	Netherthird Primary School, 61 Craigens Rd, Cumnock, KA18 3AN
XLIII.	Howdens, Unit 2 Glaisnock Glen, Cumnock, KA18 3BP
XLIV.	Glaisnock Valley Bowling Club, Craigens Rd, Cumnock, KA18 3AS
XLV.	The Dynamics Sports Gym, Unit 8 Caponacre Industrial Estate, Cumnock, KA18 1SH
XLVI.	The Wee House Company, Unit 1, Caponacre Industrial Estate, Ayrshire, Cumnock, KA18 1SH
XLVII.	Coalfield Community Transport Ltd, Block 4, Unit 1 Caponacre Industrial Estate, Caponacre, Cumnock, KA18 1SH
XLVIII.	Emergency One Group Ltd, 3A, Caponacre Industrial Estate, Cumnock, KA18 1SH
XLIX.	Clan Tools & Plant Ltd, Caponacre Industrial Estate, Cumnock, KA18 1SH
L.	Shire Housing Association Ltd, Netherthird House, 15 Glaisnock Rd, Cumnock, KA18 3DB
LI.	Afton Lily Social Club, 12 Polquheys Rd, New Cumnock, Cumnock, KA18 4DR
LII.	Glenafton Athletic, 115 Castle, New Cumnock, Cumnock, KA18 4AE
LIII.	New Cumnock Outdoor Swimming Pool, 22 Castle, New Cumnock, Cumnock, KA18 4AN
LIV.	New Cumnock Development Trust, 21 Castle, New Cumnock, Cumnock, KA18 8AN
LV.	New Cumnock Town Hall, 31-33 Castle, New Cumnock, Cumnock, KA18 4AN
LVI.	New Cumnock Parish Church, 15-16 Castle, New Cumnock, Cumnock, KA18 4AG

	LVII. New Cumnock Premier Convenience Store, 9 Castle, New Cumnock, Cumnock, KA18 4AN LVIII. New Cumnock Primary School, Castle, New Cumnock KA18 4AH LIX. New Cumnock Early Childhood Centre, Afton Bridgend, New Cumnock, Cumnock, KA18 4AX LX. New Cumnock Evangelical Church, 16-20 Afton Bridgend, New Cumnock, Cumnock, KA18 4JF LXI. Afton Bookmakers, New Cumnock, Cumnock, KA18 4AU LXII. The Bridgend Inn, 34 Afton Bridgend, New Cumnock, Cumnock, KA18 4AU LXIII. New Cumnock Church Gospel Hall, Afton Bridgend, New Cumnock, Cumnock, KA18 4AZ LXIV. New Cumnock Working Mens Club, 103 Afton Bridgend, New Cumnock, Cumnock, KA18 4JG LXV. Cairnhill Post Office, Highpark Ave, New Cumnock, Cumnock, KA18 4HL LXVI. New Cumnock Baptist, New Cumnock, Cumnock, KA18 4LG LXVII. Pathhead, 63 Castle, New Cumnock, Cumnock, KA18 4AG LXVIII. Munros, 116 Castle, New Cumnock, Cumnock, KA18 4AB LXIX. The Boswell Arms Bar & Restaurant, 2 Coal Rd, Auchinleck, Cumnock, KA18 2AH LXX. Auchinleck Parish Church, Quarry Knowe Cottage, Auchinleck Old Cemetery, 28 Church Hill, Auchinleck, Cumnock, KA18 2AE LXXI. JET, 1 Main St, Auchinleck, Cumnock, KA18 2AB LXXII. Auchinleck Bowling Club, 7 Market Pl, Auchinleck, Cumnock, KA18 2BH LXXIII. Glennie House Care Home, William McComb Court, Auchinleck, Cumnock, KA18 2HH LXXIV. Social Work Children's Unit's, 1 Hillside Cres, Auchinleck, Cumnock, KA18 2HU LXXV. The Boswell Centre, Well Rd, Auchinleck, Cumnock, KA18 2LA LXXVI. Auchinleck Talbot FC, Beechwood Av, Auchinleck, Cumnock, KA18 2AR LXXVII. Auchinleck Community Development Initiative, The Boswell Centre, 18 Well Rd, Auchinleck, Cumnock, KA18 2LA
13.6.	Hard copies of the Joint Consultation questionnaire along with laminated posters were made available for the applicant for individual distribution to households within Cumnock. Respondents could respond by electronic means or by returning a hardcopy.
13.7.	The Consultation Period lasted for 90 working days and ran from 27 August 2025 to 12 noon on 8 January 2026.
13.8.	The total number of responses received was 877.
13.9.	Summary of Questions and Analysis of Responses
13.10.	Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; perceived gaps / deficiencies in existing services; wider impact; impact on other NHS services, support for the new pharmacy,

individual or organisation responses and optional questions on respondents' postcode and number of occupants in the household.

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?	91.76	6.15	2.55	791	53	22	15
2. Do you think the proposed location is appropriate?	89.56	9.75	0.69	781	85	6	5
3. Do you live within the neighbourhood?	77.82	22.18		677	193		7
5. Do you think the services listed are appropriate for the proposed new pharmacy?	90.06	7.75	2.20	779	67	19	12
6. Do you believe there are any gaps/deficiencies in the existing provision of pharmacy services provided to the neighbourhood?	61.48	24.85	13.66	522	211	116	28
7. Wider Impact – Do you agree with the statement in paragraph 10.11?	90.58	8.26	1.16	779	71	10	17
9. Do you support the opening of a new proposed pharmacy at Netherthird Community Centre, 65 Ryderston Drive, Cumnock, KA18 3AR	90.45	9.21	0.35	786	80	3	8
10. Please indicate whether you are responding as an individual or organisation	Individual 99.19		Organis ation 0.81	Individual 857	Organisation 7		Skipped 13
11. It would be helpful if you could complete the following optional questions, please note that all responses are confidential	Postcode of Home Address 97.48		Number of Occupa nts in Househ old (includin g children) 97.35	Postcode of Home Address 735	Number of Occupants in Household (including children) 734		Skipped 123

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 the proposed hours are appropriate?	87.95	1.62	4.87	5.56	759	14	42	48	14
	Positive	Negative	Don't know		Positive	Negative	Don't know		Skipped
8. Do you believe this proposal would have any impact on other NHS services?	40.81	45.93	13.26		351	395	114		17

13.11.	The statement in Question 7 which respondents were asked to indicate agreement with was as follows: “Scots Pharmacy firmly believes that the community of Netherthird, Craighens and Skerrington urgently requires our own community pharmacy to access the pharmaceutical and healthcare services we are currently deprived of. Our community faces both economic deprivation and geographic isolation but our residents are still forced to endure unreliable, time consuming and expensive public transport in order to access our basic healthcare needs. A local pharmacy would provide the foundation of the healthcare infrastructure needed to tackle the long-standing health inequalities that residents have experienced for generations. Establishing a pharmacy able to provide prescribing services in Netherthird would deliver immediate, personalised care – not only dispensing medicines, but also diagnosing, treating, and advising on a wide range of conditions. It would serve as a frontline hub for public health, supporting early identification and management of health concerns, promoting healthier lifestyles, and addressing inequalities within a vulnerable population. By streamlining access to care, a local pharmacy would ease pressure on GP practices and neighbouring pharmacies, ensuring that residents receive timely support close to home. Ultimately, this would improve health outcomes and enhance wellbeing across the whole community.”
13.12.	A total of 23 responses out of 754 replies did not enter a postcode of home address or a comment.
13.13.	All replies were from post codes sectors: KA18 700 replies KA17 2 replies KA9 1 reply KA8 1 reply KA7 2 replies KA6 6 replies KA5 8 replies KA3 4 replies KA2 1 reply KA1 3 replies

13.14.	In the postcode section, the following three comments were received: 1 It's not handy for the rest of Cumnock and surrounding areas. Not part of Cumnock community. The people of netherthird need to use cumnocks facilities anyway like shops and hairdressers and every other service anyway and already use the pharmacy's here 2 Not enough facilities for such a well populated area with children, elderly and limited transportation to neighbouring area. 3 Netherthird Community Garden
13.15.	The total number of occupants in the household ranged from 1 to 85 people. Although a total of 22 responses out of 754 replies did not enter the number of occupants in the household. The average number of occupants per household taking into account only those who had responded was noted to be 3 people.
13.16.	In summary
13.17.	All views incorporated in the Consultation Analysis Report were taken from the consultation responses received both electronically and in hard copy. All responses entered into the Survey Monkey tool and the output from the Survey Monkey exercise were attached to the CAR in Appendix 3 The CAR plus all appendices were made available to all interested parties and all members of the Pharmacy Practices Committee.

Committee Session Wednesday 2 September

14.	Discussion
14.1.	The Chair confirmed with members that given the delay in reconvening they had been issued with copies of the Applicant and Interested Parties Presentations from 11 August and the draft minute.
14.2.	The Committee in considering the evidence submitted during the period of consultation, presented during the hearing, issued prior to reconvening and recalling observations from individual site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.
14.3.	Neighbourhood
14.4.	
14.5.	The Committee noted the neighbourhood as defined by the Applicant, the disagreement with it by all Interested Parties and that what should be defined is a neighbourhood for all purposes. A number of factors require to be 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.

14.6.	It was noted that the neighbourhood defined in the previous application PPC118 was the wider Cumnock area as also advocated by Interested Parties on this occasion.
14.7.	The following comments from the CAR were noted: Q. 1 91.76% of respondents agreed with the defined neighbourhood to be served, the following comments were noted as a sample: 1 This is the area to be served, I think more areas would use this facility also. This would be a valued asset to the community. 7 It will help the whole community including our elderly who wont need to travel to Cumnock 13 The area is fairly large and covering a lot of rural areas. The pharmacy would be in a good location and be used by people using the local community centre and carers collecting prescriptions for their clients. The nearest pharmacy being around 1 mile away adds a lot of time on their day. 25 The area is large with a mixed age population and the nearest pharmacy is only accessible if you have a car 32 Our neighbourhood is quite out the way of local amenities so everyone has to rely on public transport or alternative transport. I think this would make a huge difference to the older generation in our community
14.8.	It was noted that in recent years there have been some key changes/ continuing issues in the community:- a) Bus services have deteriorated in terms of the route now used meaning that journey times are longer b) Bus services are said to be unreliable (albeit no evidence was available to support this) and a Community Bus has been set up to try to address this but requires to be booked 1 week in advance due to demand c) The community have come together to buy the Community Centre to avoid closure and this has resulted in creation of a key community hub d) The community have campaigned to save the local primary school from closure e) Housing is being developed at the furthest areas from Cumnock which will mean any residents from these new areas will have longer journeys by bus and foot to access healthcare f) The area has higher rates of hospital admissions, A&E visits and chronic disease than the Scottish average. 17% of the population are permanently sick or disabled. g) 25% of households have no access to a car and a further 44.6% have 1 car only which is likely to often be inaccessible as the owner will be utilising for daily work. In addition it was noted that walking to Cumnock was not an easy walk due to the topography of the area and whilst possible within around 20 minutes this was unlikely to be the case for those experiencing poorer health

14.9.	Taking account of the changes coupled with the NHS strategy to provide right care in the right place and closer to home and for using pharmacy first, the Committee agreed with the Applicants defined neighbourhood as being: North: Holmburn Road to Craigens Road to the Railway Line South: A76 to Glaisnock Water East: Railway Line to the A76 West: Glaisnock Water
14.10.	Consideration of Consultation Analysis Report
14.11.	All responses from the CAR were reviewed by the Committee. 877 responses (78% from defined neighbourhood) had been received overall with up to 359 individual comments made within specific questions. Whilst there were responses suggesting convenience rather than necessity and some more negative comments these did not come near to outweighing the supportive responses. Committee considered the comments made by Interested Parties in relation to the approach to having the CAR completed and whether this had skewed responses or misled citizens. Committee concluded that whilst the flyer mentioned had not been approved by NHS AA and was inaccurate this is not likely to have influenced materially. Committee concluded that the CAR demonstrated strong support for a pharmacy:- Q1- 92% agreed with the defined neighbourhood Q2 – 90% thought the proposed location was appropriate Q6 – 61% believe there are gaps in services Q7 – 91% agreed with the statement covering the need for pharmacy Q9 – 90% support the opening Whilst gaps in service comments arguably sought convenience and did not evidence inadequacy in existing services they demonstrate clear desirability for a healthcare facility within the neighbourhood. Whilst interested parties had indicated that Q7 was not framed in a neutral way, Committee were comfortable that it was acceptable and is unlikely to have swayed views.
14.12.	The Committee overall believed that the conclusions of the CAR was a widely publicised one which provided a good representative of the public views within the community,

14.13.	Adequacy of existing provision of pharmaceutical services and necessity or desirability
14.14.	Having reached a conclusion as to neighbourhood and considered the CAR content, the Committee was then required to consider the adequacy of pharmaceutical services to that neighbourhood and, if the committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.
14.15.	The Committee noted that for the purposes of the legal test, adequacy of services to the whole neighbourhood as defined above needed to be considered.
14.16.	The Committee was mindful that determination of adequacy would be a question applied to the facts and evidence revealed and established, and its conclusion reached would be after exercising appropriate judgement. It gave careful consideration to the evidence it had received from the applicant, the CAR responses, the interested parties, its PPC member visits to the site; and it heard expert advice from contractor and non-contractor pharmacist members of the panel about the issues identified in the hearing and their knowledge of equivalent service delivery matters elsewhere in Scotland
14.17.	There is no evidence to suggest that existing services provided into the neighbourhood are inadequate with no complaints raised against existing providers. Regular prescription provision and consultations are evident to citizens of the defined neighbourhood in similar proportions to those of the wider population of Cumnock and delivery services and remote consultations are readily available. Access to services is however called out in the CAR and in various letters of support received as part of the overall process.
14.18.	The Decision
14.19.	Following the withdrawal of Mr Maconochie and Mr McGeer in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, the Committee, for the reasons set out above, concluded that the current provision of pharmaceutical service into the neighbourhood to be inadequate in terms of access and to ensure that as area grows healthcare keeps up to ensure fair and sustainable access. It is believed that current services are only accessible to those able to travel and as a result citizens are going without care. All providers indicated that they had additional capacity available and that services within Cumnock had improved in the last few years, however, this does not equate to fair access.
14.20.	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.

14.21.	Viability of the applicant business and impact on existing providers/ services was considered but not deemed to be an issue.
14.22.	Committee members concluded that the proposed application was necessary and desirable in order to secure adequate pharmaceutical services for the reasons outlined above.
14.23.	Accordingly, the decision of the Committee was unanimous that the provision of pharmaceutical services at the premises has an inadequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was granted. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.

Signed: 

Mrs Jean Ford
Chair – Pharmacy Practices Committee

Date: 16 September 2026