

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Wednesday, 7 May 2025 at 1000 hrs in the Training Room 1, Rothesay House, 1 Greenholm Road, Cumnock, KA18 1LH**

The composition of the PPC at this hearing was:

**Chair:** Mrs Jean Ford, Vice Chair & Non-Executive Member of NHS Ayrshire & Arran

**Present:** **Lay Members Appointed by NHS Ayrshire & Arran**

Ms Margaret Clark

Ms Jacqueline Morris

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

Mr Kerr Maconochie

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

Ms Alyson Stein

**Observer:** Ms Susan Murray, Central Legal Office

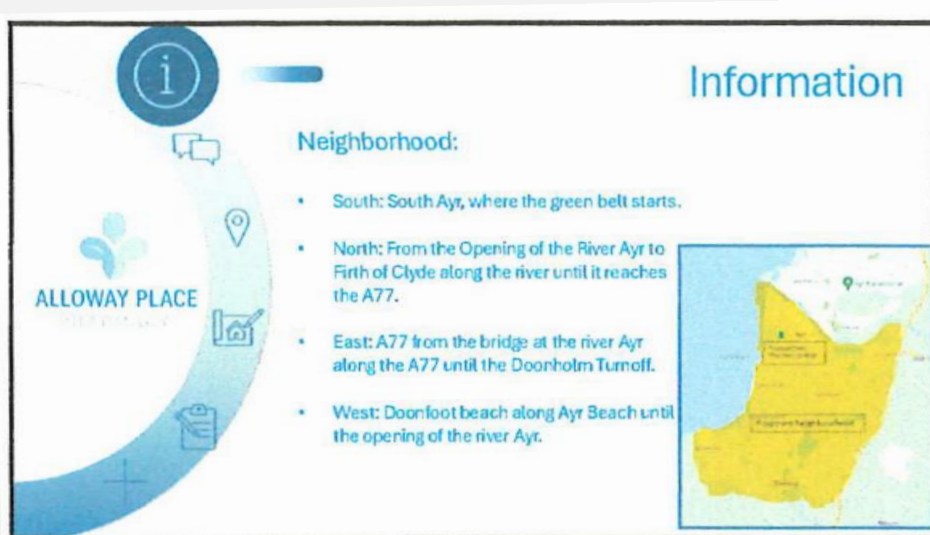
**Secretariat:** Ms Tracy Bone, Committee Secretary, National Services Scotland

<b>1.</b>	<b>APPLICATION BY MR NICHOLAS BURNS</b>
<b>1.1</b>	There was submitted an application and supporting documents from Mr Nicholas Burns received on 5 December 2024, for inclusion in the pharmaceutical list of a new pharmacy at 2 Alloway Place, Ayr, KA7 2AA.
<b>1.2</b>	<b>Submission of Interested Parties</b>
<b>1.3</b>	<p>The following documents were received:</p> <ul style="list-style-type: none"> <li>i. Email dated 13 February 2025 from Mr Sam Falconer of Ogg &amp; Co. Pharmacy</li> <li>ii. Letter dated 19 February 2025 from Mrs Jo Severn of Boots UK Ltd</li> <li>iii. Letter dated 26 February 2025 from Ms Claire Smithies of Well Pharmacy</li> <li>iv. Email dated 4 March 2025 from Mr David Noon of Seafield Pharmacy</li> <li>v. Email dated 5 March 2025 from Ms Raj Sabharwal of Wellington Square Pharmacy</li> <li>vi. Email dated 6 March 2025 from Ms Susan Baillie of Alloway Pharmacy</li> <li>vii. Letter dated 11 March 2025 from Ms Ruth Hutchinson of Morrisons plc</li> </ul>

	<ul style="list-style-type: none"> <li>viii. Letter dated 11 March 2025 from Ms Lucy Corner of Rowlands Pharmacy</li> <li>ix. Letter dated 12 March 2025 from Mr Iain Fulton and Ms Annmarie Crowe of the Area Pharmaceutical Professional Committee (APPC)</li> <li>x. Email dated 13 March 2025 from Ms Denise Sommerville of Fort, Seafield &amp; Wallacetown on behalf of Belmont &amp; Kincaidston, Forehill, Holmston &amp; Masonhill, , Alloway, Doonfoot &amp; St. Leonards Community Councils (Combined)</li> </ul>
<b>1.4</b>	<b>Correspondence from the wider consultation process undertaken</b> <ul style="list-style-type: none"> <li>I. Consultation Analysis Report (CAR)</li> <li>II. Joint Public Consultation Document and completed questionnaires</li> <li>III. Joint Public Consultation Advert Consultation Analysis Report (CAR)</li> </ul>
<b>2</b>	<b>Procedure</b>
<b>2.1</b>	<p>At 1000 hours on 7 May 2025, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Mr Nicholas Burns on behalf of Alloway Place 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”.</p>
<b>2.2</b>	<p>The Chair welcomed all to the meeting and introductions were made. When asked by the Chair, members confirmed that the hearing papers had been received and considered. When committee members were asked by the Chair in turn to declare any interest in the application, none were declared.</p>
<b>2.3</b>	<p>Members of the Committee had undertaken individual site visits to Ayr and the surrounding area. During which the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to schools, sports facilities, community centres, supermarkets, post office, banks and places of worship had been noted.</p>
<b>2.4</b>	<p>The Chair advised that Ms Tracy Bone was independent from the Health Board and was solely responsible for taking the minute of the meeting.</p>
<b>2.5</b>	<p>The Chair outlined the procedure for the hearing. All Members confirmed an understanding of these procedures.</p>
<b>2.6</b>	<p>Having ascertained that all Members understood the procedures, that there were no conflicts of interest or questions from Committee Members the Chair</p>

	confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Applicant and Interested Party were invited to enter the hearing.
	<b>The open session convened at 1003 hrs.</b>
<b>3</b>	<b>Attendance of Parties</b>
<b>3.1</b>	<p>The Chair welcomed all and introductions were made. The Applicant, Alloway Place Pharmacy represented by Mr Nicholas Burns. From the Interested Parties eligible to attend the hearing, the following accepted the invitation:</p> <ul style="list-style-type: none"> <li>• Mr Scott Jamieson representing Boots UK Ltd, accompanied by Ms Gillian Lamb.</li> <li>• Mr David Noon representing Seafield Pharmacy, accompanied by Mr James Crawford.</li> <li>• Ms Susan Baillie representing Alloway Pharmacy.</li> <li>• Mr Sam Falconer representing Ogg &amp; Co. Pharmacy.</li> <li>• Ms Emma Kilbride representing Well Pharmacies.</li> <li>• Mr Fraser McPherson representing Wellington Square Pharmacy.</li> </ul> <p>It was noted that whilst Rowlands Pharmacy and Morrisons Pharmacy had planned to attend the hearing, apologies had been received at the last minute as they were now unable to attend the hearing. Representations from both Rowlands and Morrisons Pharmacies had been received and included in the papers circulated and would be considered in due course.</p> <p>The APPC had also submitted representations which would be considered but had declined to attend the hearing.</p>
<b>3.2</b>	The Board received advanced notification that the Fort, Seafield & Wallacetown on behalf of Belmont & Kincaidston, Forehill, Holmston & Masonhill, Alloway, Doonfoot & St. Leonards Community Councils (Combined) would not attend this hearing.
<b>3.3</b>	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.
<b>3.4</b>	The Chair advised all present that the meeting was convened to determine the application submitted by Mr Nicholas Burns in respect of a proposed new pharmacy at 2 Alloway Place, Ayr, KA7 2AA. 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:

<b>3.5</b>	“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...”
<b>3.6</b>	The Chair confirmed that all had received the hearing papers.
<b>3.7</b>	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.
<b>3.8</b>	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.
<b>3.9</b>	The Chair confirmed that members of the Committee had individually conducted site visits in order to understand better the issues arising from this application. Assurance was given that no member of the Committee had any interest in the application.
<b>3.10</b>	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.
<b>4.</b>	<b>Submissions</b>
<b>4.1</b>	The Chair invited Mr Burns, to speak first in support of the application.
<b>4.2</b>	Mr Burns read aloud the following pre-prepared statement making alterations as necessary as well as referring to his presentation on screen:
<b>4.3</b>	Good morning and thank you for giving me the opportunity to speak with you today. I am here to present a carefully considered and forward-thinking proposal for a new community pharmacy located at 2 Alloway Place, Ayr, KA7 2AA
<b>4.4</b>	This pharmacy has been designed from the ground up to meet the needs of the local population – not just now, but for years to come – and to directly support the goals of NHS Ayrshire & Arran in improving access, equality and quality of pharmaceutical care.

4.5	Before discussing the service itself, I would like to share a little about my background.								
4.6	I began my professional journey as a qualified structural engineer, graduating in 2013 and working offshore with Petronas Oil in Kuala Lumpur. This experience shared my values around safety, precision and systems-based thinking – qualities I have carried with me into healthcare.								
4.7	In 2016 I made the decision to retrain as a pharmacist at Robert Gordon University, driven by a desire to work closer to patients and contribute to community health. Today, I am a fully qualified pharmacist and Independent Prescriber, and I bring a unique perspective that combines technical problem-solving with clinical care – a different background to most.								
4.8	<b>Location and Current Services</b>								
4.9	<p>The defined neighbourhood within this application, as shown on the slide:</p> <div><p><b>Neighborhood:</b></p><ul style="list-style-type: none"><li>• South: South Ayr, where the green belt starts.</li><li>• North: From the Opening of the River Ayr to Firth of Clyde along the river until it reaches the A77.</li><li>• East: A77 from the bridge at the river Ayr along the A77 until the Doonholm Turnoff.</li><li>• West: Doonfoot beach along Ayr Beach until the opening of the river Ayr.</li></ul></div> <p>South: South Ayr where the Green Belt starts</p> <p>North: From the Opening of the River Ayr to Firth of Clyde along the river until it reaches the A77 at Doonfoot</p> <p>East: A77 from the bridge at the River Ayr along the A77 until the Doonholm Turnoff</p> <p>West: Doonfoot beach along Ayr Beach until the opening of the River Ayr.</p> <p>The Greenbelt aids this well-defined neighbourhood.</p>								
4.10	<p>Population of Neighbourhood</p> <p>Health Board states: 25,724</p> <table><tr><td></td><td>KA7 1</td><td>KA7 2</td><td>KA7 3</td><td>KA7 4</td><td></td><td>Combined Area</td><td>Difference</td></tr></table>		KA7 1	KA7 2	KA7 3	KA7 4		Combined Area	Difference
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		Alloway & Doonfoot	Ayr South Harbour & Town Centre	Belmont	Castlehill & Kincaidston	Holmston & Forehill		
	2011	4376	3803	11200	5235		24614	
	HSCP 2021	5924	4513	5373	4175	4907	24892	1.13% increase
	Health Board 2022	6038	5187	5331	4200	4968	25724	3.34% Increase
	<p>Current healthcare services</p> <p>GPs – 7 practices</p> <p>Pharmacies – 10 pharmacies within the Neighbourhood.</p>							
<b>4.11</b>	<b>CAR Report</b>							
<b>4.12</b>	I also want to briefly address the Community Assessment Report (CAR) which was submitted as part of this process.							
<b>4.13</b>	It is important for us to be open about its shortcomings. The initial version of the CAR has since been heavily redacted, and rightly so. It included references to individuals who have no connection to this application, and frankly, it fails to reflect the true nature of the community and its needs. Instead of focusing on geography, population and service gaps – as it should – it concentrates on personal factors, which undermines its purpose and objectivity.							
<b>4.14</b>	<p>In addition to that, there is a serious issue with question 9 in the CAR, which asked:</p> <p>“9. Do you support the opening of a new pharmacy at 2 Alloway Place, Ayr KA7 2AA.”</p> <p>Report recorded 35% positive responses, yet curiously, not a single positive comment appears in the written feedback. I find this difficult to accept – especially as a local resident myself who submitted a positive comment, which is now absent. I raised this discrepancy with the Health Board, but unfortunately, no clear explanation was found for this occurrence.</p>							
<b>4.15</b>	Despite requesting that the CAR be re-run to ensure accuracy and fairness, that request was denied.							
<b>4.16</b>	I raise this not to criticise, but because I believe it is absolutely vital that this decision be based on sound, objective evidence – on population growth, on current service gaps, and on the evolving healthcare needs of Ayr. The process should not be diverted by flaws or incomplete material that risks misleading the outcome.							
<b>4.17</b>	<b>Location</b>							

4.18



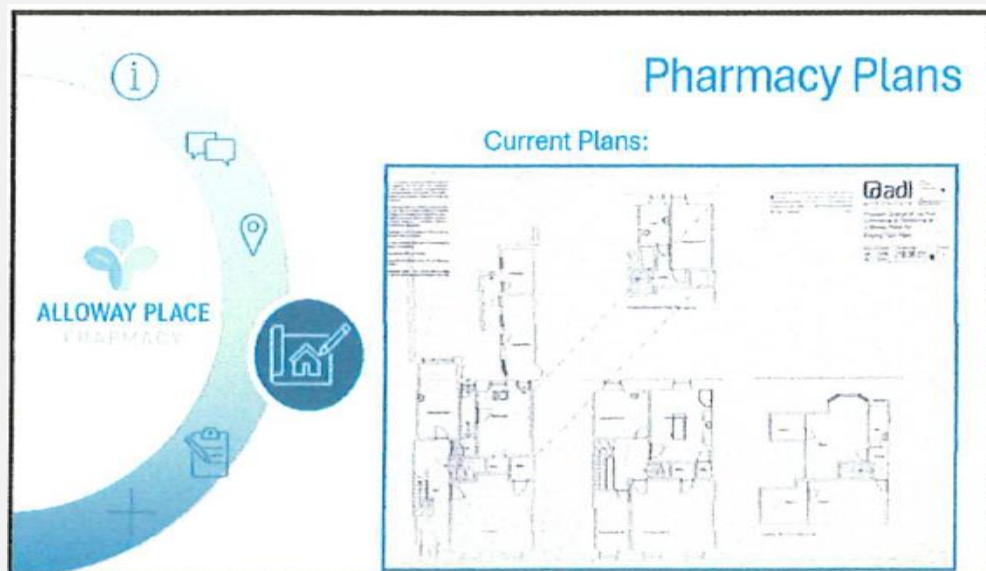
4.19


The proposed pharmacy will be located at 2 Alloway Place, right in the heart of Ayr. As you can see from the visuals here, the property is a substantial and elegant townhouse, spread across three floors. This offers us a fantastic opportunity to create a space that is not only fit for purpose, but one that raises the standard for pharmacy design in Ayrshire.

4.20


My vision goes beyond simply occupying the building. I plan to add a carefully designed rear extension, which will provide full disabled access and seamless connectivity to the rear car park – ensuring accessibility for all members of our community.

4.21

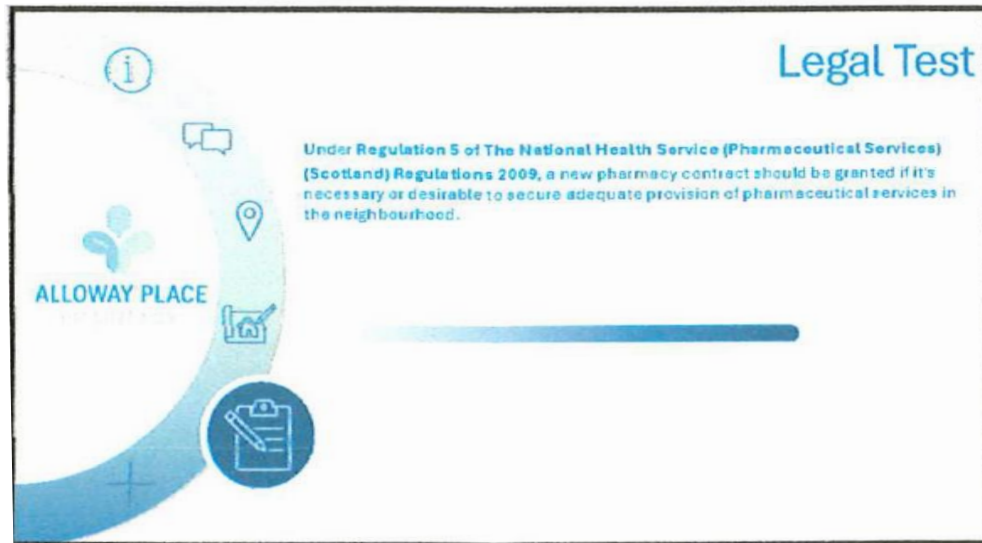


	 <p><b>Pharmacy Plans</b></p> <p><b>Key:</b></p> <ul style="list-style-type: none"> <li>Treatment Room</li> <li>Consultation Room</li> <li>Robotics</li> <li>Front dispensary</li> <li>Disabled WC</li> </ul> <p><b>Ground Floor</b></p> <p><b>1st Floor</b></p> <p><b>ALLOWAY PLACE</b></p>
<p><b>4.22</b></p>	<p>Inside, every detail has been considered to deliver a modern, efficient and patient-focused environment. Alloway Place Pharmacy will feature:</p> <ul style="list-style-type: none"> <li>• A state-of-the-art dispensary, designed to optimise workflow, improve safety and maximise efficiency with upstairs robot via gravity spirals.</li> <li>• Two private consultation rooms offering confidential spaces for discussions and clinical advice.</li> <li>• Three clinical treatment rooms, dedicated to vaccinations, independent prescribing and delivering enhances NHS Services.</li> <li>• Full disabled access throughout, fully compliant with equality standards via rear car park.</li> <li>• A cutting-edge robotic dispensing unit, reducing the risk of errors and significantly improving the speed and accuracy of dispensing.</li> <li>• A 24-hour prescription collection machine.</li> <li>• Convenient parking, with three spaces at the front of the property and four additional spaces to the rear.</li> </ul>
<p><b>4.23</b></p>	<p>The internal layout has been designed to be open-plan, sleek and welcoming – with the front dispensary directly supplied by the robot upstairs, ensuring rapid and accurate dispensing. This efficient setup will be staffed by highly trained pharmacy team who will also have direct access to the consultation and treatment rooms.</p>
<p><b>4.24</b></p>	<p>This design positions Alloway Place Pharmacy perfectly to meet both current and future demands – especially as we expand services through Pharmacy First and Pharmacy First Plus, as highlighted by the First Minister’s announcement yesterday (6<sup>th</sup> May 2025).</p>
<p><b>4.25</b></p>	<p>In short, this will not just be a pharmacy – it will be a modern healthcare destination that puts patient care, accessibility and efficiency at its core.</p>



4.26	<b>Our Clinical and Public Health Services</b>
4.27	 <p><b>Our Clinical and Public Health Services</b></p> <p>Our service offering will go well beyond standard dispensing:</p> <ul style="list-style-type: none"> <li>• <b>Independent prescribing</b>, offering timely treatment without GP delay</li> <li>• <b>Pharmacy First</b>, minor ailments, and triage</li> <li>• <b>Chronic disease support</b> – hypertension, diabetes, asthma</li> <li>• <b>Vaccinations</b> – flu, travel immunisations</li> <li>• <b>Emergency contraception &amp; sexual health advice</b></li> <li>• <b>Smoking cessation and lifestyle interventions</b></li> <li>• <b>Blood pressure and cardiovascular risk monitoring</b></li> <li>• <b>Medicines optimisation, medication review, and adherence support</b></li> <li>• <b>Free delivery</b></li> </ul> <p>Every service has been chosen based on both local health data and national NHS Scotland priorities, aligned to Right Care in the Right Place and the NHS Recovery Plan.</p>
4.28	<p>The service offering will go well beyond standard dispensing:</p> <ul style="list-style-type: none"> <li>• Independent prescribing.</li> <li>• Pharmacy First.</li> <li>• Chronic disease support.</li> <li>• Vaccinations.</li> <li>• Emergency contraception and sexual health advice.</li> <li>• Smoking cessation and lifestyle interventions.</li> <li>• Blood pressure and cardiovascular risk monitoring.</li> <li>• Medicines optimisation, medication review and adherence support.</li> <li>• Free delivery for all.</li> <li>• Addiction support.</li> </ul> <p>Every service has been chosen based on both local health data and national NHS Scotland priorities, aligned to Right Care in the Right Place and the NHS Recovery Plan.</p>
4.29	<b>Legal Test</b>

4.30



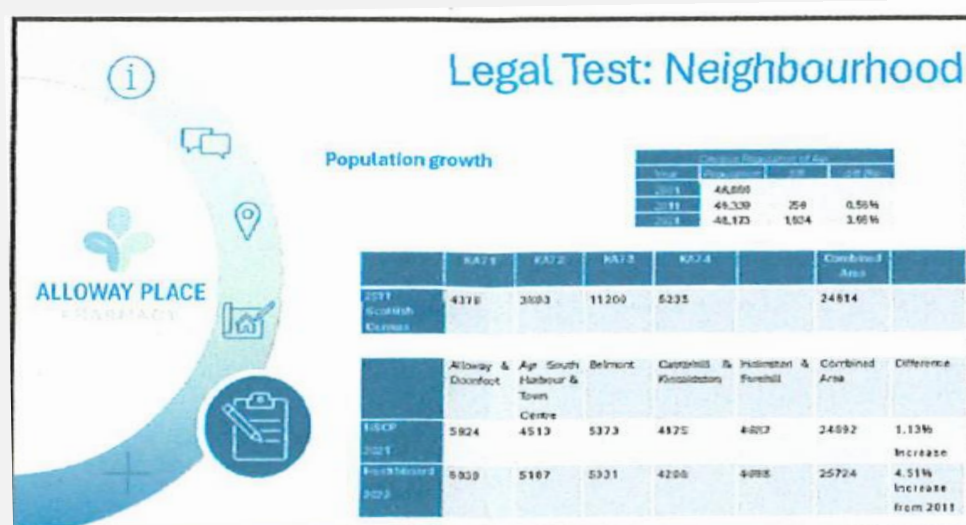
4.31

Under **Regulation 5 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009**, a new pharmacy contract should be granted if it is necessary or desirable to secure adequate provision of pharmaceutical services in the neighbourhood.

4.32

**Legal Test: Neighbourhood**

4.33




4.34


Since the last pharmacy was granted in Seafield, the population landscape of Ayr has changes dramatically. Back then, between 2001 and 2011, Ayr saw modest growth – just a 0.56% increase in populations – taken from the Scottish Census – However, times have changed.

4.35

Between 2011 and 2022, the area defined within this proposal saw a population increase of 4.51% - a significant and substantial rise. And the story does not stop there. Further expansion is not only expected – it is already

	underway, with major projects that will reshape the community in the years to come.
<b>4.36</b>	<p>For example:</p> <ul style="list-style-type: none"> <li>• The Corton Development has been granted for 850 homes, with the potential to expand up to 2,700 homes. This marks one of the largest urban expansions in the West of Scotland</li> <li>• Riverside Place is well under construction, delivering 75 new affordable flats right in the heart of Ayr.</li> <li>• Greenan Development, led by the West of Scotland Housing Association, has seen the construction of 492 new homes over the past decade, designed for families and affordable living.</li> </ul>
<b>4.37</b>	To put this into perspective – since 2011, South Ayrshire Council has approved 1,420 new homes in the proposed defined area, with a further 1,847 homes in the pipeline. A total of 3267
<b>4.38</b>	 <p>The infographic, titled "Legal Test: Neighbourhood", features a blue curved path with icons representing information, communication, location, and a house. It includes the following data points:</p> <ul style="list-style-type: none"> <li><b>Population growth:</b> Total approved: 1420* since 2011</li> <li><b>Total number planned:</b> Total: 3267</li> <li><b>Volume of new Rx* based on averages:</b> <ul style="list-style-type: none"> <li>Approved: 4,816 items per month</li> <li>Planned: 11,081 items per month</li> </ul> </li> </ul> <p>The "ALLOWAY PLACE" logo is also visible on the left side of the infographic.</p>
<b>4.39</b>	Why does this matter for pharmacy provision?
<b>4.40</b>	Quite simply – more homes mean more people, and more people means more prescriptions. NHS Scotland data shows that, on average, each person in Scotland accounts for 1.6 prescription items per month. With the average household in Ayr comprising 2.12 people, even conservative estimates suggest an immediate increase of 4,816 prescription items per month – rising to a potential 11,081 items per month if all planned developments come to fruition.
<b>4.41</b>	These are not abstract figures. These are real people, real families, and real patients who will need access to timely, safe, and efficient pharmaceutical services.

<b>4.42</b>	In summary, the population growth in Ayr is not just predicted – it is happening now. Without proactive planning, existing pharmacy services will be overwhelmed. Alloway Place Pharmacy will be ready to meet this rising demand, ensuring our community received the care and access it deserves.
<b>4.43</b>	<b>Legal Test: Adequate Provision</b>
<b>4.44</b>	Given all of these developments, it is increasingly clear that the current pharmaceutical services in Ayr are no longer adequate to meet the evolving and growing needs of the community.
<b>4.45</b>	Closure of Boots Pharmacy on Fullarton Street has further strained the system. Now, I fully appreciate that the closure of one pharmacy does not, in itself, automatically justify the opening of another. However, what it does signal, undeniably, is a reduction in service provision across the area. That reduction is not just about one closure. It is also about limited access and shrinking capacity elsewhere.
<b>4.46</b>	Pharmacies across Ayr have to reduce their opening hours. Take Bankfield Pharmacy for example – once open from 8 am to 8 pm, seven days a week, now operates on reduced hours, closing at 5.30 pm on weekdays and offering only a half day on Saturdays. Ayr Pharmacy has followed a similar pattern.
<b>4.47</b>	This combination of closures and reduced access has created a very clear and real service gap. At the same time, population pressures are only increasing. As I have outlined already, Ayr is growing rapidly. Thousands of new homes, more families, more patients, and inevitably, more prescriptions.
<b>4.48</b>	When you consider both sides of this issue – the reduction in available pharmacy services and the significant increase in population – it becomes clear that this proposal meets the threshold set out under The Legal Test.
<b>4.49</b>	It is not just desirable, but necessary, to secure adequate pharmaceutical provision for this neighbourhood.
<b>4.50</b>	Alloway Place Pharmacy will fill this gap. It will restore access, ease pressure on existing providers, and offer modern, innovative services to meet today's – and tomorrow's – healthcare needs.
<b>4.51</b>	This proposal is not about competition, let's make that clear. It is about capacity. It is about community. And ultimately, it is about how we all can work together to ensuring no resident of Ayr is left behind when it comes to safe, timely, and essential pharmacy care.
<b>4.52</b>	<b>Legal Test: Viability of Pharmacy</b>
<b>4.53</b>	Before Boots on Fullarton Street closed, that pharmacy was dispensing just over 3000 prescriptions items per month. This is important, because when we assess the question of viability – the key consideration for any new pharmacy application – we can turn to precedent. In fact, looking at previous successful

	<p>Pharmacy Practice Committee (PPC/127 Monkton Pharmacy) decisions, one in particular state, and I quote:</p> <p>“The level of business required to make a pharmacy sustainable is commonly cited as around 500 dispensed items per week, or approximately 2000 items per month. Given the increased emphasis today on remuneration for clinical services under the new payment model, it may in fact require even less”</p> <p>The Pharmacy application was granted on this statement on viability.</p>																										
4.54	<p>In simple terms, the figures clearly show that a modern pharmacy does not need to reach extraordinary volumes to remain viable. And in Ayr, we are not talking about minimum figures – we are talking about exceptional demand.</p>																										
4.55	 <p>The slide titled "Legal Test: Viability" features a map on the left showing the location of Alloway Place Pharmacy. To the right of the map, it states "Capacity" and "Boots Fullarton Before closure: 3166". Below this, a small note reads "4.48. The levels of business required to make a pharmacy sustainable in 2018, was commonly quoted as being around 500 dispensed items per week, or 2,000 dispensed items per month. With the additional emphasis these days on payments for services under the new payment model, it may well now be less than 500 per week now." At the bottom right, a footnote states "Footnote from PPC/127 Monkton Pharmacy – Success pharmacy contract on Viability and".</p> <table border="1"> <thead> <tr> <th>Pharmacy Name</th> <th>Items No. Dec 24</th> </tr> </thead> <tbody> <tr> <td>Well Pharmacy</td> <td>4,132</td> </tr> <tr> <td>Wellington Sq Pharmacy</td> <td>4,298</td> </tr> <tr> <td>Oggs Pharmacy</td> <td>10,425</td> </tr> <tr> <td>Boots High Street</td> <td>12,768</td> </tr> <tr> <td>Ayr Pharmacy</td> <td>5,173</td> </tr> <tr> <td>Morrison Pharmacy</td> <td>10,013</td> </tr> <tr> <td>Seafield Pharmacy</td> <td>14,192</td> </tr> <tr> <td>Rowlands Pharmacy</td> <td>7,592</td> </tr> <tr> <td>Bankfield Pharmacy</td> <td>8,142</td> </tr> <tr> <td>Alloway Pharmacy</td> <td>9,944</td> </tr> <tr> <td><b>AVERAGE per Pharmacy</b></td> <td><b>8,667.9</b></td> </tr> <tr> <td><b>Scottish Pharmacy Average</b></td> <td><b>~3,500</b></td> </tr> </tbody> </table>	Pharmacy Name	Items No. Dec 24	Well Pharmacy	4,132	Wellington Sq Pharmacy	4,298	Oggs Pharmacy	10,425	Boots High Street	12,768	Ayr Pharmacy	5,173	Morrison Pharmacy	10,013	Seafield Pharmacy	14,192	Rowlands Pharmacy	7,592	Bankfield Pharmacy	8,142	Alloway Pharmacy	9,944	<b>AVERAGE per Pharmacy</b>	<b>8,667.9</b>	<b>Scottish Pharmacy Average</b>	<b>~3,500</b>
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4.56	<p>As you can see from the table on the screen, which shows dispensing item volumes from December 2024 within the defined area, the average pharmacy across Scotland dispenses approximately 3500 items per month. But within the defined neighbourhood for this application, pharmacies are dispensing over 8500 items per month – more than double the national average.</p>																										
4.57	<p>This level of demand reflects what we know – that the population had grown significantly, and access to pharmaceutical services have shrunk through closures and reduced hours. That is clear and compelling evidence demonstrating of both the viability of Alloway Place Pharmacy and the urgent need for additional capacity.</p>																										
4.58	<p>To be absolutely clear, this proposal is not about disruption or undermining existing pharmacy providers. I do not wish to compete – I want to complement. I want to work in collaboration with local colleagues, relieving the pressure they are under, and help deliver NHS Scotland's vision for modern, accessible, patient-focused care.</p>																										
4.59	<p><b>In Summary</b></p>																										

<b>4.60</b>	Reduced pharmacy service, rapid and ongoing population growth, and exceptionally high dispensing volumes within the area all combine to meet the legal test. It is not only desirable – it is necessary – to secure adequate pharmaceutical services for Ayr. Alloway Place Pharmacy will meet this need, provide long-term viability, and, importantly, will do so as a partner to the wider healthcare community, not a rival.
<b>4.61</b>	<b>Collaboration – Not Competition</b>
<b>4.62</b>	Let me take a moment to make this absolutely clear: this proposal does not represent a threat to existing pharmacies.
<b>4.63</b>	I am not here to compete – I am here to collaborate and support. My aim is simple: to relieve the growing pressure on current services, to take on the overflow, and to enhance access to care for everyone in our community.
<b>4.64</b>	Across Ayr, patients are already being told that pharmacies are stretched to capacity. That in itself highlights the urgent need for additional provision. Alloway Place Pharmacy will help to address this pressure, not add to it.
<b>4.65</b>	Alloway Place Pharmacy will be an integral part of establishing and strengthening Ayrshire's pharmacy network. We will work alongside existing providers to create a more resilient, responsive and patient-centred model of care.
<b>4.66</b>	Together we can make Ayrshire and Arran the gold standard for pharmaceutical care in Scotland – and I invite all of my colleagues and partners across healthcare to join us in achieving that goal.
<b>4.67</b>	<b>Closing Summary – with Legal Test of Adequacy</b>
<b>4.68</b>	In closing, I present a pharmacy proposal that is not only aligned with NHS Scotland priorities but also meets the legal test under Regulation 5 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009.
<b>4.69</b>	The legal test is clear: a new pharmacy contract may be granted where it is necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood.
<b>4.70</b>	<p>I submit that:</p> <ul style="list-style-type: none"> <li>• There has been a substantial increase in population.</li> <li>• There has been a reduction in service – notably the closure of Boots Pharmacy on Fullarton Street.</li> <li>• Patients across Ayr are being told pharmacies are at a capacity.</li> <li>• The redacted CAR report misrepresented the area and cannot be relied upon as a true reflection of community need.</li> <li>• My proposal provided robotics, independent prescribing, 24-hour access and a broad range of modern clinical services.</li> </ul>

	<ul style="list-style-type: none"> <li>We are here to collaborate with NHS services and existing pharmacy, not compete.</li> </ul> <p>Therefore, based on the current facts, the future outlook, and the statutory test of adequacy, I respectfully submit that this application is not only justified, but essential for the community I seek to serve.</p>
<b>4.71</b>	Thank you for your time, your service, and your consideration. I welcome any questions you may have.
<b>4.72</b>	This concluded the presentation from Mr Burns
<b>5.</b>	<b>The Chair invited questions from the interested party to the Applicant.</b>
<b>5.1.</b>	<b>Questions from Mr Falconer, Ogg &amp; Co Pharmacy to Mr Burns</b>
<b>5.1.1</b>	Mr Falconer referenced the Applicants note regarding 24-hour access and enquired how this would be achieved. Mr Burns responded to clarify that this would be provided via a 24-hour collection robot.
<b>5.1.2</b>	Mr Falconer referenced the Applicants' note around the failure of the CAR due to believed redaction of comments and enquired why the Applicant believed the response rate was so low. Mr Burns noted that Question 9 of the CAR had 35% positive feedback however there were no positive comments included. Mr Burns went on to clarify that as he himself lived in the proposed neighbourhood has reflected his own comment which had not been included in the CAR report, therefore throwing doubt on the report.
<b>5.1.3</b>	Mr Falconer enquired if the Applicant was suggesting that the Health Board had affected the CAR report. Mr Burns responded to state that the Health Board had contacted Survey Monkey regarding this however they were unable to identify how the reported anomaly had occurred.
<b>5.1.4</b>	Mr Falconer noted the low number of responses to the CAR despite the high population and enquired why this may be. Mr Burns responded to note that the CAR should not be relied upon due to the lack of comments which may have affected the overall number of responses.
<b>5.1.5</b>	Mr Falconer referenced comments in the CAR stating that a new pharmacy was not necessary and enquired to the applicant why this may be. Mr Burns responded that he did not have an answer to this query however went on to state the CAR being heavily redacted and therefore cannot be relied on.
<b>5.1.6</b>	Mr Falconer noted from the Applicants presentation that the premise would not be fit for purpose but noted stairs at the front of the building and enquired how this would be addressed. Mr Burns responded that an extension to the rear of the building would enable full disabled access to the premise.
<b>5.1.7</b>	Mr Falconer referenced the Applicants statement in the Neighbourhood Legal Test of the Corton Development being included and enquired why this had been included when it is located outwith the proposed Neighbourhood. Mr



	Burns responded that the Corton Development is included in the Neighbourhood but noted that it has not yet been built stating that it has been in development for over 30 or more years and was only just impacting on Ayr with pharmacies in the area taking on additional services from this.
<b>5.1.8</b>	Mr Falconer stated that the Corton Development area should have been defined in the Applicants presentation. Mr Burns replied to confirm that South Ayrshire Council have not defined the Corton area of 2700 homes as only approved 850 thus far.
<b>5.1.9</b>	Mr Falconer noted that the proposed neighbourhood extended far to the South but not the North and enquired why this was the case. Mr Burns responded that when designing the neighbourhood, he had considered clear boundaries noting the river, ocean / Firth of Clyde, greenbelt and A77.
<b>5.1.10</b>	Mr Falconer noted comments in the Legal Test for Adequate Provisions of pharmacies reducing their hours and enquired if the Applicant had any links to these. Mr Burns responded that he works for Burns Pharmacy Ltd.
<b>5.1.11</b>	Mr Falconer sought clarification that the Applicant was employed by a pharmacy which has reduced its hours. Mr Burns confirmed that he worked at Bankfield, Ayr as well as Irvine, Shortlees and Glenburn when he was required to be but noted he was not a shareholder, but a pharmacist employed by Burns Pharmacy Ltd.
<b>5.1.12</b>	Mr Falconer enquired why the Applicant was not provided pharmacy service in this area. Mr Burns responded that he was not involved with decisions around reduction in time for pharmacies.
<b>5.1.13</b>	Mr Falconer enquired if the two pharmacies noted in the presentation met pharmaceutical needs. Mr Burns responded to state that he believed that all pharmacies in the defined area were being stretched.
<b>5.2.</b>	<b>Questions from Ms Baillie, Alloway Pharmacy to Mr Burns</b>
<b>5.2.1</b>	Ms Baillie, noting access covered previously reflected from her own experience that there were no pavements at the rear of the proposed premise which has the doctor's surgery up the lane with no passing traffic and enquired how this could be viable for patients to safely gain access. Mr Burns responded that the doctor's surgery has its disabled access to the rear as would the proposed premise therefore noting it was suitable for both.
<b>5.2.2</b>	Ms Baillie having noted comments in the CAR around Craigie "crying out" for pharmacy services, enquired why the Applicant had not gone further North with their proposed neighbourhood. Mr Burns reiterated that he was working to natural boundaries, in this case, the River Ayr.
<b>5.3.</b>	<b>Questions from Mr Jamieson, Boots Pharmacies to Mr Burns</b>
<b>5.3.1</b>	Mr Jamieson noting that the Applicant was seeking to improve access to pharmaceutical services for patients in the area, enquired what the major



	benefits would be if the application was successful. Mr Burns responded that with the significant growth in the area, as stated in his presentation, there were areas where double the national average for prescriptions were being issued stretching services locally. Mr Burns reiterated that he was looking to work with colleagues around the table at this hearing to help increase access across the Board to aid each colleague alike.
<b>5.3.2</b>	Mr Jamieson referenced comments made by the Applicant of capacity issues and enquired if he held any proof of this. Mr Burns responded that the increased population, reduced services as well as the closure of Boots on Fullarton Street and other pharmacies reducing their hours in the defined area detailed these issues around capacity.
<b>5.3.3</b>	Mr Jamieson suggested that capacity issues as made by the Applicant were prediction more than reality. Mr Burns responded that his application was based on 5% population increase since the last pharmacy, Seafield opened. Population grew between 2011-2021 grew by 4-5% which is fact.
<b>5.3.4</b>	Mr Jamieson went on to note that the population increases did not specifically equate to capacity issues with existing providers of pharmaceutical services. Mr Burns responded that an average pharmacy prescription items per month would be 2500 but is 8500 in the area which must reflect on capacity as maths don't lie.
<b>5.3.5</b>	Mr Jamieson referencing the CAR being part of the evidence to the Panel to help make the decision on this application sought clarification if the Applicant felt that the CAR was invalid. Mr Burns responded reiterated, as per his presentation, that it is difficult to accept when one question, Question 9 had 35% positive responses, but not one single positive comment was included in the CAR where Mr Burns himself inputted a positive comment into the Report due to him living in the area.
<b>5.3.6</b>	Mr Jamieson enquired, given this Applicant's questioning of the validity of the CAR, what was the expectation of the Panel to do in regards the CAR. Mr Burns responded to state that he was not saying the CAR was invalid. However, noted that it was not signed by him due to his displeasure with comments being omitted or heavily redacted. The Health Board signed the CAR on the Applicant's behalf due to this.
<b>5.3.7</b>	Mr Jamieson having noted the Applicant's concerns around the CAR enquired what other mechanism the Panel had to go on today's hearing. Mr Burns responded that the Panel is being shown evidence of the requirement, and any criticisms have been addressed but went on to state that in relation to Question 9, it was hard to believe not one single positive comment was noted.
<b>5.3.8</b>	Mr Jamieson enquired, upon the Applicant receiving the completed CAR, why they continued with the application. Mr Burns responded that he felt the need for a pharmacy in the defined area and that it was also desirable.

<b>5.3.9</b>	Mr Jamieson referencing the CAR and list of core as well as additional NHS services enquired as to why non-standard services including cardiovascular risk monitoring were listed. Mr Burns responded to confirm that some services being offered are not NHS Services but had been talked about at a recent South Ayrshire Council Annual General Meeting therefore providing a Gold Standard for NHS Ayrshire & Arran for pharmaceutical care.
<b>5.3.10</b>	Mr Jamieson, referencing the closure of Boots Fullarton Street and the viability of service in the Applicants presentation, queried if the Applicant was aware that the closure was due to the pharmacy not being financially viable. Mr Burns responded that he was unaware of Boots Business Case but queried if this was the case as to why Boots were closing a number of pharmacies, including in Prestwick.
<b>5.3.11</b>	Mr Jamieson referenced the Applicants wish to “compliment and not compete” and enquired how no commercial impact to existing pharmacies in the area would be possible. Mr Burns responded stating his wish to help, despite the closure of a community pharmacy reputed to potentially not be financially viable and accepted that the closure of one pharmacy does not mean the opening of another but believed increased population would.
<b>5.3.12</b>	Mr Jamieson referenced the CAR and enquired if the Applicant could provide proof of inadequacy of services in and to the neighbourhood. Mr Burns responded stating that he did not discount the validity of the CAR and it was for the Committee to decide based on evidence. Mr Burns went on to add that due to working in the area he had received calls from addiction colleagues seeking assistance in taking on patients due to lack of capacity in other areas for Buprenorphine injections.
<b>5.3.13</b>	Mr Jamieson enquired if capacity issues in the area were only confirmed by anecdotal evidence as provided by the Applicant. Mr Burns responded stating that capacity issues were due to the increase in numbers and lack of service in the area.
<b>5.3.14</b>	Mr Jamieson, noting the Applicants reference to Buprenorphine sought assurance that the Applicant was aware that NHS Ayrshire & Arran selected which pharmacies provided this additional non-core service. Mr Burns responded to state that it was only possible for NHS Nurses to administer Buprenorphine and chosen community pharmacies simply store these for nurses to collect and take to designated area for administration.
<b>5.4.</b>	<b>Questions from Ms Kilbride, Well Pharmacies to Mr Burns</b>
<b>5.4.1</b>	Ms Kilbride sought clarity of which services the Applicant was offering which are not currently provided by existing pharmacies in the neighbourhood. Mr Burns responded that there were no individual services not currently being provided but reiterated with the shrinking of services, closure of Boots Pharmacy and reduction in hours of other pharmacies is putting existing pharmacies under pressure and seeking to work with you.

<b>5.4.2</b>	Ms Kilbride referencing earlier comments and questions around capacity in existing pharmacies asked for proof of this. Mr Burns responded that this information was covered by data protection and not able to be shared in the hearing.
<b>5.4.3</b>	Ms Kilbride sought clarity, following the Applicants statement of disabled access at the rear of the proposed premise having four car parking spaces, one of which would be designated disabled. Mr Burns responded that there would be three spaces on the street at the front of the premise located on Alloway Place which is not part of the pay and display system.
<b>5.4.4</b>	Ms Kilbride enquired if the Applicant felt that this was enough parking. Mr Burns responded his planned parking would be ample given the local area.
<b>5.4.5</b>	Ms Kilbride referenced no Area Prescribing Committee (APC) was included in the application. Mr Burns responded that this was in place just missed on the application.
<b>5.4.6</b>	Ms Kilbride referenced the Applicants references throughout the hearing to increases in population but enquired how this was affected by increased divorce rates. Mr Burns noted that he had taking the average number per household as being 2.12 which considered all factors referenced, noting also that prior to 2021 this was 2.08.
<b>5.4.7</b>	Ms Kilbride noted the average prescription items in Scotland included Remote and Rural areas (Highland Boards and Islands), resulting in the average to be lower in some areas. The proposed neighbourhood of Ayr is densely populated and enquired what the average pharmacy prescription numbers was for the NHS Ayrshire & Arran health board. Mr Burns responded stating that he did not have that data to hand.
<b>5.4.8</b>	Ms Kilbride enquired what the Applicants forecast prescription numbers would be. Mr Burns responded that it would be enough to ensure viability but did not have a number specifically in mind noting that existing pharmacies would remain stretched if this application was not granted.
<b>5.4.9</b>	Ms Kilbride commented that Well Pharmacy who have made investment in technology and increased opening hours currently being implemented enquired what proof the Applicant could provide from a business / contractor point of view of capacity issues. Mr Burns responded that he based his comments on the figures for pharmacies, being double the national average in Ayrshire & Arran as well as the increase in numbers coming into the area.
<b>5.4.10</b>	Ms Kilbride noted interest in seeing comparisons with other densely populated areas (mentioning Greater Glasgow & Clyde) for prescription item averages and enquired if the Applicant had done this. Mr Burns responded stating his application is for Ayrshire & Arran and noted that 8500 prescription items currently being required which will increase with approved development plans.

<b>5.4.11</b>	Ms Kilbride enquired what proof the Applicant could provide for collaboration. Mr Burns responded that a pharmacy has closed.
<b>5.4.12</b>	Ms Kilbride enquired if the Applicant was aware of any new GP surgeries opening due to increases in the local population. Mr Burns responded that he was not aware of any.
<b>5.4.13</b>	Ms Kilbride, noting that the Applicant was employed by Burns Pharmacy Ltd enquired as to why he felt he had no voice to take to consultation regarding their reduction in hours. Mr Burns responded that he was an employee and as such had no part or voice to the running of Burns Pharmacy Ltd business. Going on to note that he would be stationed across Ayrshire at various locations as required by his employer.
<b>5.4.14</b>	Ms Kilbride enquired if the Applicants working hours reduced along with opening times of the Burns Pharmacy Ltd premises. Mr Burns responded to confirm that his working hours do not change.
<b>5.5.</b>	<b>Questions from Mr Noon, Seafield Pharmacy to Mr Burns</b>
<b>5.5.1</b>	Mr Noon enquired if the proposed premises at 2 Alloway Place remained out with the Applicants' possession. Mr Burns confirmed that this was the case.
<b>5.5.2</b>	Mr Noon enquired who owns the property of the proposed premise at 2 Alloway Place. Mr Burns responded to state that it is owned by a chap called Hamish.
<b>5.5.3</b>	Mr Noon enquired for a second time who owns the proposed premise property. Mr Burns responded to state that he had provided the relevant approval papers to the Health Board regarding this.
<b>5.5.4</b>	Mr Noon quoting the Applicants statement of an extension to the rear of the proposed premise enquired if any planning permissions had been submitted. Mr Burns confirmed that no plans had yet been submitted.
<b>5.5.5</b>	Mr Noon referencing the Health Boards policy of timescales for successful applications enquired if this would be possible if no plans had been submitted to the Council. Mr Burns responded to confirm that Health Board requirements regarding timescales would be met.
<b>5.5.6</b>	Mr Noon referencing Seafield Pharmacies PPC application noted that the Committee amended the neighbourhood using the railway lines to the East which took into account Alloway village as Doonfoot and enquired if the Applicant had potentially included these places to increase the population in the proposed neighbourhood. Mr Burns responded that he had not.
<b>5.5.7</b>	Mr Noon enquired if the Applicant disagreed with other Pharmacy Practice Committee Applications. Mr Burns responded to state that his neighbourhood had clear natural boundaries: Ocean / Firth of Clyde, Greenbelt, Rivers.

<b>5.6.</b>	<b>The Chair invited questions from Mr McPherson, Wellington Square Pharmacy to Mr Burns but this was declined</b>
<b>5.7</b>	<b>This concluded questions from the Interested Parties. The Chair invited questions from the Committee members.</b>
<b>5.8</b>	<b>The Chair invited questions from Ms Morris, Lay Member to Mr Burns but this was declined</b>
<b>5.9.</b>	<b>The Chair invited questions from Ms Clark, Lay Member to Mr Burns but this was declined</b>
<b>5.10.</b>	<b>Questions from Ms Stein (Non-Contractor Pharmacist Member) to Mr Burns</b>
<b>5.10.1</b>	Ms Stein noting Health Boards required timescales enquired how the Applicant planned to open within six months when building ownership transfer, planning permission and construction / building had to be undertaken. Mr Burns confirmed that this was what was planned but noted having no control over South Ayrshire Council's timescales.
<b>5.10.2</b>	Ms Stein enquired of the Applicant was concerned if the available property parking spaced would be taken up by staff due to pay and display requirements. Mr Burns responded that he was not concerned of staff utilising the spaces as there was no pay and display around the proposed premise.
<b>5.10.3</b>	Ms Stein enquired if there were any parking restrictions in place around the proposed property. Mr Burns confirmed that there was a 2-hour maximum limit for parking.
<b>5.10.4</b>	Ms Stein noting plans for the pharmacy to be open six days per week and the Applicant being the only Pharmacist, enquired what would happen when holidays were taken. Mr Burns responded that with two young children he was used to sleepless nights and no breaks.
<b>5.10.5</b>	Ms Stein enquired where the Applicant envisaged staff parking. Mr Burns responded that his staff would park similar to where the doctors at the GP Practice did, which is in the parking at the rear.
<b>5.10.6</b>	Ms Stein referenced previous visits to the area noted it being a difficult area to find parking, especially for staff who would have to park further away. Enquired if designated parking at rear of proposed premise would be for patient only parking. Mr Burns responded that designated parking at front and rear of proposed premise would be for patient only parking.
<b>5.10.7</b>	Ms Stein queried when and where the Applicant became an Independent Prescriber. Mr Burns responded to confirm that he received his prescribing pad on the 5 May 2025 at Bankhead Pharmacy.

<b>5.10.8</b>	Ms Stein noting references to inadequacy of services within the area and the Applicant offering services including Pharmacy First Plus enquired if Mr Burns was going to work six days per week to be able to deliver this service. Mr Burns confirmed that he would be.
<b>5.10.9</b>	Ms Stein referenced the Applicants answer to the previous question enquired what plans would be made for holiday cover, etc. Mr Burns responded that as with any growing business, planning is key and with newly qualified pre-registered independent prescribers graduating in August 2025.
<b>5.10.10</b>	Ms Stein enquired if the Applicant would put in place a prescriber to work solely with Alloway Place Pharmacy due to locum pharmacists being unable to prescribe. Mr Burns confirmed that this was the plan.
<b>5.10.11</b>	Ms Stein enquired what services would be offered as part of Pharmacy First Plus, due to the very individualised scope of practice, which would help relieve pressure. Mr Burns responded stating that he had been waiting for his prescribing pad since January 2025 and now that it had arrived he would offer what he felt he was competent in, which would build up over time.
<b>5.10.12</b>	Ms Stein referenced capacity in the area, which included ten pharmacies, seven of which were open 0900-1300 hrs on Saturday and 0900-1700 / 1800 hrs from Monday to Friday, if the pharmacies in the area was at capacity enquired why these pharmacies were not open all day on Saturdays. Ms Stein referenced Burns Pharmacy in Prestwick as doing this although noted it was not in the proposed neighbourhood. Mr Burns responded that closing the doors of a pharmacy early may not mean that pharmacists are not still working behind closed doors for their standard contracted working hours.
<b>5.10.13</b>	Ms Stein enquired why the Applicant was unable to control this for Burns Pharmacy Ltd. Mr Burns responded to state, for the fourth time, that he was not in control of working hours of Burns Pharmacy Ltd.
<b>5.11.</b>	<b>Questions from Mr Maconochie, Contractor Pharmacist Member to Mr Burns</b>
<b>5.11.1</b>	Mr Maconochie referencing the average prescription item data in the Applicants presentation enquired why December 2024 figures were used. Mr Burns responded that these were the latest item numbers accessible to him from the PharmaData website and noted did not want to provide figures from two years prior.
<b>5.11.2</b>	Mr Maconochie enquired if the Applicant had the national averages statistics from December. Mr Burns responded stating a national average of 3500 item was taken from the statistics but was unaware of which month, reiterating it was just an average.
<b>5.11.3</b>	Mr Maconochie enquired if the Applicant would agree that figures from December would not necessarily be comparable for an average month but higher due to holiday closures during the month. Mr Burns responded that he

	believed December would be slightly higher in prescription items but not always.
<b>5.11.4</b>	Mr Maconochie enquired if the Applicant had identified any specific gaps in Service for the time of year that your proposed pharmacy would change. Mr Burns responded stating that he did not understand the question but went on to state that this application was to fill the gap in service created by increased growth in the area as the number of prescriptions increased, and the reduction in service.
<b>5.11.5</b>	Mr Maconochie enquired if question nine in the CAR was the only part the Applicant was questioning or the whole Report including the quantity of people responding as also being not valid. Mr Burns responded to confirm, as previously highlighted, issue with question nine only and believing it throws doubt on what is right in the CAR.
<b>5.11.6</b>	Mr Maconochie enquired if the number of people completed the CAR was in question. Mr Burns responded he was unable to give a defined answer regarding this and noted that due to his own personal comment being absent from question 9 responses, which was stated, and cannot question if response numbers were incorrect.
<b>5.11.7</b>	Mr Maconochie noting comments from the CAR Report suggested that overall feeling from members of the public was that the Application was not required. Mr Burns responded that he did not have a lot of faith in responses due to his own comment missing.
<b>5.11.8</b>	Mr Maconochie sought clarity around capacity issues referencing the Applicants presentation around numbers and enquired if there was any link to say that pharmacies in the neighbourhood are full and unable to take on more work or was this more anecdotal. Mr Burns responded that he had no official complaints about existing providers nothing some on Google but appreciated that some people could be “keyboard bandits” and believe all that is said. Mr Burns went on to reiterate that pharmacies are doing their best with increased population and pressures on services.
<b>5.11.9</b>	Mr Maconochie noted, from a patient’s point of view, there are a number of pharmacies in a one-mile radius, they could be walking past other pharmacy providers to get to your proposed location as well as GP practice. Mr Burns responded that he had had to review other PPCs, as mentioned in his presentation. PPC#127 Monkton Pharmacy noting closest pharmacy being located in Troon and a GP practice also would result in patients walking past other pharmacies in the area was included in that.
<b>5.12.</b>	The Chair noted that this concluded the Applicants presentation and questioning and moved on to submissions from the Interested Parties.
<b>6.</b>	<b>Interested Parties’ Submissions</b>
<b>6.1</b>	<b>Submission from Mr MacPherson, Wellington Square Pharmacy</b>

<b>6.2</b>	Mr MacPherson read out the following prepared statement:
<b>6.3</b>	My name is Fraser MacPherson; I purchased my Pharmacy at Wellington Square on 15/10/2023 with my friend and business partner Raj.
<b>6.4</b>	Prior to us taking over the Pharmacy, it had been neglected by its previous owners Lloyd's Pharmacy to the extent that it was making a loss. Since we took over, we have put our heart and soul into turning the Pharmacy around and giving our patients the high-quality service they deserve.
<b>6.5</b>	After 18 months of hard work, we are beginning to approach the stage where the Pharmacy is becoming financially viable.
<b>6.6</b>	The granting of this application would shatter our viability and, in my opinion, would actually lead to an inadequacy in Pharmaceutical Services.
<b>6.7</b>	In terms of neighbourhood, I do not believe it is that proposed by the applicant, however I do not believe neighbourhood to be the key factor in determining this application.
<b>6.8</b>	There is more than adequate provision of services in the neighbourhood the applicant proposes or any possible neighbourhood that could be defined in Ayr. This can be demonstrated by the fact that Boots closed a Pharmacy in Fullarton Street in 2024 as it was not viable, and my own Pharmacy is only now approaching a stage where it is financially viable.
<b>6.9</b>	Within a 1-mile radius of the proposed site there are 8 Pharmacies all providing the full list of NHS Pharmacy Services, there are extended opening hours Pharmacies which operate 7 days per week and 1 Pharmacy only a short distance from the proposed site which is operated by Burns Pharmacy Ltd which is owned by the applicant's family. If the applicant cannot provide adequate services with this Pharmacy, will he really achieve this by adding another?
<b>6.10</b>	There are no gaps in service provision that granting this application would fix. It would not bring anything positive. Instead, it would threaten the viability of the existing Pharmacy network which currently serves the neighbourhood extremely well.
<b>6.11</b>	The applicant would of course try to make their Pharmacy viable; this would result in a race to the bottom to ensure survival. The applicant would no doubt seek to leverage the advantage of owning several Pharmacies in the surrounding area.
<b>6.12</b>	If we set aside my fear and anxieties of potentially losing my business and look at the legal test, the committee can only grant an application if the applicant demonstrates there is inadequacy. The applicant has presented no such evidence, and it is clear that the current service is more than adequate.



6.13	Indeed, the CAR demonstrates this clearly. Out of a population of approximately 50,000 in the town of Ayr, the applicant only managed to secure 55 responses with over 67% of those saying there were no gaps or deficiencies and the vast majority disagreeing that a new Pharmacy was required.
6.14	I would respectfully ask the committee to reject this application as it is neither necessary nor desirable.
6.15	In conclusion, the applicant in my opinion has not demonstrated any inadequacies in his defined neighbourhood in so being that 8 Pharmacies already service pharmacy care within a 1-mile radius, to a very high standard.
6.16	Finally, if this application is granted, it would severely impact on my business which my business partner and I have invested substantially in and it would seriously jeopardise the continual running of Wellington Square Pharmacy, and potential closure.
6.17	I urge and beg the committee to reject this application. Thank you
6.18	This concluded the representation from Mr MacPherson.
6.19	<b>The Chair invited Mr Burns (the Applicant) to question Mr MacPherson (Wellington Square Pharmacy).</b>
6.19.1	Mr Burns referenced comment in Mr MacPherson's speech "pulling from other pharmacies that I own" and enquired what these were. Mr MacPherson responded to state that Applicants family own.
6.19.2	Mr Burns had no further questions for Mr MacPherson.
6.20	<b>The Chair invited Ms Baillie (Alloway Pharmacy) to question Mr MacPherson (Wellington Square Pharmacy) but the opportunity was declined.</b>
6.21	<b>The Chair invited Mr Noon (Seafield Pharmacy) to question Mr MacPherson (Wellington Square Pharmacy).</b>
6.21.1	Mr Noon enquired if this application was granted how this would affect Wellington Square Pharmacy's viability and what would this mean to Mr McPherson and his staff. Mr MacPherson responded that Wellington Square Pharmacy would be a fight to survive and potentially, closure as the proposed premise is 0.1 miles away and working in collaboration would not happen.
6.22	<b>The Chair invited Mr Jamieson (Boots Pharmacies) to question Mr MacPherson (Wellington Square Pharmacy).</b>
6.22.1	Mr Jamieson enquired how Mr MacPherson felt about the offer to compliment and not compete. Mr MacPherson responded to say he was unsure what the applicant could bring to the table that would enable increased productivity and

	was unsure where the extra prescriptions would come from to enable any complementation between providers.
<b>6.22.2</b>	Mr Jamieson enquired if there were any capacity issues within Wellington Square Pharmacy. Mr MacPherson responded that there were absolutely no capacity issues.
<b>6.22.3</b>	Mr Jamieson enquired if Wellington Square Pharmacy had room to grow for any future population requirements. Mr MacPherson responded to confirm that they absolutely did.
<b>6.23</b>	<b>The Chair invited Mr Falconer (Ogg &amp; Co Pharmacy) to question Mr MacPherson (Wellington Square Pharmacy).</b>
<b>6.23.1</b>	Mr Falconer enquired how long a walk it was from Wellington Square Pharmacy to the proposed premise. Mr MacPherson responded that Google suggested a three-minute walk but he completed it in one minute.
<b>6.24</b>	<b>The Chair invited Ms Kilbride (Well Pharmacies) to question Mr MacPherson (Wellington Square Pharmacy).</b>
<b>6.24.1</b>	Ms Kilbride enquired if Wellington Square Pharmacy had strong relations with the GP practices. Mr MacPherson confirmed that they did.
<b>6.24.2</b>	Ms Kilbride enquired if local GPs asked for more service, would Wellington Square be able to meet these. Mr MacPherson responded that capacity would be met.
<b>6.24.3</b>	Ms Kilbride enquired if Wellington Square Pharmacy had any professional issues with staff or patients. Mr MacPherson responded that they had absolutely none.
<b>6.25</b>	<b>The Chair then invited questions from the Committee to Mr MacPherson (Wellington Square Pharmacy) but none were asked.</b>
<b>7.</b>	<b>Submission from Mr Noon, Seafeld Pharmacy</b>
<b>7.1</b>	Mr Noon read out the following prepared statement:
<b>7.2</b>	Good morning and thank you for giving me the opportunity to contest the application for inclusion on the pharmaceutical list by Mr Burns for the proposed Alloway Place pharmacy.
<b>7.3</b>	My name is David Noon, and I am the superintendent pharmacist at Seafeld Pharmacy in Ayr. The neighbourhood in which the applicant has defined is open to debate and that is for the PPC to decide. Whether we look at the neighbourhood the applicant has defined or any other version of the neighbourhood that the applicants proposed pharmacy falls within, the main question should be – is there adequate provision of pharmaceutical services within that neighbourhood?

<b>7.4</b>	Within the applicant's neighbourhood there are currently 10 pharmacies providing all core NHS services as well as various enhanced services. At least 8 of these pharmacies currently provide Pharmacy First Plus, one of whom is Wellington Square which I believe is less than 0.1 mile away from the proposed new pharmacy. There are no clear gaps in provision in service.
<b>7.5</b>	With regards to our own position at Seafeld Pharmacy – it is a family run, independent pharmacy that since opening in 2012 has delivered pharmaceutical excellence to the needs of our local community. We expanded our premises in 2022 at considerable expense and have further planning permission that has been granted to expand the pharmacy further which will allow us to easily adapt and respond to the needs of our local community. I myself, being an independent prescriber, enhances the offering to the local community including providing the aforementioned Pharmacy First Plus as well as other private services, of which the offering will only improve with the imminent expansion.
<b>7.6</b>	To pass the legal test the applicant needs to prove inadequacy in the existing services being provided in and to the neighbourhood. If this cannot be done, then the application fails. The applicant has not provided any tangible evidence that the current services provided within his proposed neighbourhood are inadequate. Incidentally, within the proposed neighbourhood the applicant's family owns and runs 2 of the 10 pharmacies so is he saying that the service provided by these pharmacies are contributing to the supposed inadequacy?
<b>7.7</b>	Looking at the Consultation Analysis Report (CAR) there seems to be a distinct lack of support for the proposed pharmacy and only managing to obtain 55 responses. The only question to get agreement or any sort of positive percentage score was 42% of the respondents agreed the proposed opening hours were adequate, which I think is quite damning in itself.
<b>7.8</b>	In summary, the applications neighbourhood is debatable, but basing it on that, the current services being provided are adequate and there is no gap in service provision. There can be no good that comes of this application especially when the viability of a contractor which has already been discussed is a real possibility if this application is successful. I do not believe this passes the legal test and I would urge the PPC to reject this application as it is neither necessary nor desirable.
<b>7.9</b>	The issue is clear with regards to the regulations – whether it is necessary or desirable to secure adequate services within the neighbourhood. In short, the answer is no – it is not. Ayr has an exceptional pharmacy network and potentially one of the best if you were to consider the access that the population currently has to Pharmacy First Plus among other pharmaceutical services currently being offered.
<b>7.10</b>	This concluded the representation from Mr Noon.

<b>7.11</b>	<b>The Chair invited Mr Burns (the Applicant) to question Mr Noon (Seafield Pharmacy) but this was declined.</b>
<b>7.12</b>	<b>The Chair invited Mr Jamieson (Boots Pharmacies) to question Mr Noon (Seafield Pharmacy).</b>
<b>7.12.1</b>	Mr Jamieson enquired if the Application is granted, would there be any impact for Seafield Pharmacy. Mr Noon responded that the impacts would be from reduction in script numbers and therefore income. Going on to add that expansion over previous years and resulting expenses of payment of staff and continuity of care to service would affect the Pharmacy.
<b>7.12.2</b>	Mr Jamieson enquired if Seafield Pharmacy had any capacity issues. Mr Noon confirmed that Seafield had no capacity issues.
<b>7.12.3</b>	Mr Jamieson enquired if Seafield Pharmacy had capacity to meet any future demands. Mr Noon responded that they absolutely had capacity and with planning permission in place to expand the pharmacy to meet any demands of capacity.
<b>7.13</b>	<b>The Chair invited Ms Kilbride (Well Pharmacies) to question Mr Noon (Seafield Pharmacy) but this was declined.</b>
<b>7.14</b>	<b>The Chair invited Mr Falconer (Ogg &amp; Co Pharmacy) to question Mr Noon (Seafield Pharmacy) but this was declined.</b>
<b>7.15</b>	<b>The Chair invited Ms Baillie (Alloway Pharmacy) to question Mr Noon (Seafield Pharmacy) but this was declined.</b>
<b>7.16</b>	<b>The Chair invited Mr MacPherson (Wellington Square Pharmacy) to question Mr Noon (Seafield Pharmacy) but this was declined.</b>
<b>7.17</b>	<b>The Chair then invited questions from the Committee to Mr Noon (Seafield Pharmacy) but none were asked.</b>
<b>8.</b>	<b>Submission from Mr Jamieson (Boots Pharmacies)</b>
<b>8.1</b>	Mr Jamieson read from a pre-prepared statement making adjustments as required.
<b>8.2</b>	We disagree with the neighbourhood defined by the applicant due to knowledge of the area.
<b>8.3</b>	It is of note that the population of Ayr cross the river often and the river is not seen as a defining boundary. To the north of the river includes many of Ayr's amenities, such as a large Tesco store, Sainsbury's, Asda, Lidl and Aldi, resulting in people accessing the north of Ayr for shopping. Students also make the journey across the river to the college on the other side. We therefore submit that the panel should not consider the neighbourhood as defined by

	the Applicant and should instead consider Ayr in its entirety as the neighbourhood.
<b>8.4</b>	<ul style="list-style-type: none"> <li>Northern boundary – Northern boundary of Ayr town – to the North of Heathfield Road, incorporating Asda.</li> <li>Southern Boundary – Southern boundary of Ayr town – Dunure Road, Longhill Avenue, up B7024, into Doonholm Road (excluding Alloway).</li> <li>West – Ayr Beach</li> <li>East – A77</li> </ul>
<b>8.5</b>	We will leave this up to the panel to decide on the neighbourhood but ask that the Committee takes into consideration that people travel to access amenities and shopping throughout Ayr.
<b>8.6</b>	Figures differ from those of the Applicants. 2022 Census data show the population of Ayr being 46182. Twelve pharmacies are located within Ayr. Those located at the outer boundary of 1.8 miles is Alloway Pharmacy and Boots. This equates to 3848 patients per pharmacy which is significantly below the national average of 4383 patients per pharmacy and no pharmacy in the area has capacity issues.
<b>8.7</b>	Average population per household in Ayr or the Council area is <b>2.09</b> (46,182 (population) / 22,091 (households)). The estimate population change for Ayr reveals a consistent population decline. These figures total 44,958. It is of note that some of these defined area within the table will cross borders. These figures show an approximate decline to 43,800, representing a 2.6% decline in population by 2030 compared to 2022.
<b>8.8</b>	<p>Scottish Multiple Index of Deprivation (SMID) shows that Ayr has higher levels of deprivation north of the river and lower to the South. Resulting in the North having more need for pharmacy services which has not been included in the Applicants neighbourhood and can only expect this is due to levels of:</p> <p>Car Ownership – higher than national average with 72.91% of households have access to a private vehicle with the national average in Scotland being 62.8%</p> <p>Home ownership – higher than national average with 68.29% of households being owner occupied, the national average being 62%.</p>
<b>8.9</b>	Looking at the proposed premise, it is of note, that there is a pharmacy 106 meters away (Wellington Square Pharmacy) which is open Monday – Friday – 09:00 – 17:30 and Saturday – 09:00 – 12:00. The pharmacy is wheelchair accessible with a push button to open door and offers all NHS services. With eight other pharmacies very close by all have no issues for access.
<b>8.10</b>	<p>Existing services to the neighbourhood</p> <p>The closest Boots is located on Ayr's High Street and is open Monday – Saturday 09:00-17.30, 12:00-16:00 on Sunday and is open on bank holidays also. They offer NHS core, National and local services:</p>

	<ul style="list-style-type: none"> <li>• Pharmacy First</li> <li>• Pharmacy First Plus</li> <li>• Independent Prescriber in Pharmacy.</li> <li>• Public Health service including smoking cessation and emergency contraception</li> <li>• Full provision of NHS Service.</li> </ul> <p>We also provide pharmaceutical services to several care and residential homes.</p> <p>Free delivery service 5 days per week - twice a day and Saturday Compliance Aid Packs supporting on average 75 patients each month, and capacity to take on more.</p>
<b>8.11</b>	<p>We have 3 full-time qualified dispensers; 6 part-time qualified dispensers; and 1 part-time trainee dispenser.</p> <p>We also have 1 full-time and 2 part-time Pharmacy Technicians and 1 full-time trainee Pharmacy Technician.</p> <p>We have a Care Services Customer Partner who is part time and there are no current vacancies in store. We are fully DDA compliant and have capacity for growth and expansion.</p> <p>Regarding capacity issues made by the Applicant, we do not have any in our pharmacies and have no concerns.</p>
<b>8.12</b>	<p>Coming to viability of pharmacy is key, the Committee will be aware of the need to “secure” the adequacy of services in the area, which includes considering the effect granting the application would have on the stability and sustainability of local NHS Pharmaceutical Services. Wellington Square colleagues have shown issues of viability to the neighbourhood.</p>
<b>8.13</b>	<p>Why Boots closed the Fullarton Street pharmacy was due to the pharmacy dispensing approximately 3000 items per month / 700 per week – the vast majority was from compliance packs so not viable to running for this and very little demand from walk in patients. So commercially Boots looked to move compliance aid packs to their hub. Hardly anything left after taking out compliance aids.</p> <p>This location was very close to the proposed premise, just 0.2 miles away.</p>
<b>8.14</b>	<p>CAR Report</p> <p>If I was the applicant, I would not have taken forward this application, the local population do not care and do not want it, as noted in the CAR.</p> <p>I have done PPCs all over Scotland and never seen a CAR as disastrous to the Applicant.</p> <ul style="list-style-type: none"> <li>• It is of note that only 55 people responded to the consultation, representing approximately 0.12% of the population of Ayr.</li> <li>• 50% of those that responded disagreed with the neighbourhood.</li> </ul>

	<ul style="list-style-type: none"> <li>• 61.82% of responses did not agree that the proposed location is appropriate.</li> <li>• 76.36% of responses were from people that lived within the defined neighbourhood.</li> <li>• 67.27% of responses did not believe there are any gaps in provision.</li> <li>• 63.64% of responses did not agree with the statement in section 4.</li> <li>• 60% of responses did not support the opening of the pharmacy.</li> </ul> <p>I have never seen statistics like this in a CAR. Participants in the CAR did not support the opening of a new pharmacy. I cannot say much more from the CAR.</p>
<b>8.15</b>	<p>In Summary</p> <ul style="list-style-type: none"> <li>• The average number of patients per pharmacy in Ayr is significantly lower than the average across Scotland.</li> <li>• Neighbourhood is more affluent with levels of car and home ownership are higher compared to averages across Scotland.</li> <li>• There is a pharmacy 106 meters away (Wellington Square Pharmacy) from the proposed premises.</li> <li>• All pharmacies within the area offer full NHS Services and are open weekdays and have weekend provisions including bank holiday cover.</li> <li>• Huge question mark if the Application is granted and goes on to open around validity of the pharmacy and an existing one being non-viable which would disrupt provision to the Neighbourhood.</li> <li>• This is the worst CAR I have ever seen in terms of support of an applicant's application.</li> </ul>
<b>8.16</b>	<p>In conclusion, we submit the existing pharmaceutical services provided to the neighbourhood are adequate and respectfully ask the Panel to reject this application.</p>
<b>8.17</b>	<p>This concluded the representation from Mr Jamieson.</p>
<b>8.18</b>	<p><b>The Chair invited Mr Burns (the Applicant) to question Mr Jamieson (Boots Pharmacies) but this was declined.</b></p>
<b>8.19</b>	<p><b>The Chair invited Mr Falconer (Ogg &amp; Co Pharmacy) to question Mr Jamieson (Boots Pharmacies) but this was declined.</b></p>
<b>8.20</b>	<p><b>The Chair invited Ms Baillie (Alloway Pharmacy) to question Mr Jamieson (Boots Pharmacies) but this was declined.</b></p>
<b>8.21</b>	<p><b>The Chair invited Ms Kilbride (Well Pharmacies) to question Mr Jamieson (Boots Pharmacies) but this was declined.</b></p>

8.22	<b>The Chair invited Mr MacPherson (Wellington Square Pharmacies) to question Mr Jamieson (Boots Pharmacies) but this was declined.</b>
8.23	<b>The Chair invited Mr Noon (Seafeld Pharmacy) to question Mr Jamieson (Boots Pharmacies) but this was declined.</b>
8.24	<b>This concluded questions from the Interested Parties. The Chair invited questions from the Committee members.</b>
8.25	<b>The Chair invited questions from Ms Clark, Lay Member to Mr Jamieson but this was declined.</b>
8.26	<b>The Chair invited questions from Ms Morris, Lay Member to Mr Jamieson</b>
8.26.1	Ms Morris enquired if the Boots on Fullarton Street closed before Wellington Square opened. Mr Jamieson following a brief discussion with Mr MacPherson to ascertain when Lloyds was taken over and opened as Wellington Square Pharmacy, replied to state that their branch in Fullarton Street closed one month after Wellington Square opened.
8.27	<b>The Chair invited questions from Ms Stein, Non-Contractor Pharmacist Member to Mr Jamieson but this was declined.</b>
8.28	Ms Stein interjected to provide background to Ms Morris that the contract that was in place at Wellington Square was not a new application but was a change of hands contract due to Lloyds Pharmacies selling off their assets to exit the market.
8.29	<b>The Chair invited questions from Mr Maconochie, Contractor Pharmacist Member to Mr Jamieson but this was declined.</b>
9.	<b>Submission from Ms Kilbride, Well Pharmacies</b>
9.1	Ms Kilbride read out the following prepared statement:
9.2	<p>The Applicant has identified the proposed premises as 2 Alloway Place. There are already seven existing pharmacies within a 1-mile radius of this location, nine existing pharmacies within a 2-mile radius and ten existing pharmacies within the proposed neighbourhood boundaries. This is not to mention the additional three pharmacies also located in the nearby town of Prestwick. For reference, from the proposed premises:</p> <p>Wellington Square Pharmacy – 120 yards  Well Pharmacy – 0.3 miles  Ogg Pharmacy – 0.4 miles  Boots – 0.4 miles  Ayr Pharmacy – 0.4 Pharmacy  Morrisons – 0.7 miles  Seafeld Pharmacy – 0.9 miles  Rowlands – 1.2 miles  Bankfield Pharmacy – 1.9 miles</p>



	Alloway Pharmacy 2.2 miles
<b>9.3</b>	<p>The existing pharmacies within this neighbourhood provide core, national and locally negotiated services collectively trading 7 days a week with extended opening hours. Patients already have access to a wide range of pharmaceutical services from a choice of providers and we submit that the services provided are adequate to meet local demand and need. Given that the applicant is not proposing to open extended trading hours on a Sunday, we must assume that he too believes current service levels and provisions in place are adequate for patients or he would have offered these provisions himself.</p>
<b>9.4</b>	<p>Well Pharmacy has a permanent and well-established Pharmacist Manager in place, who is an independent prescriber already offering NHS Pharmacy First Plus. I note that there were no details of the responsible pharmacists for the new proposed premises. Our relationship with local GP partners is historically strong with regular meetings in place to discuss what is going well and how we can further support each other and the community. Likewise, we regularly liaise and work in partnership with other local pharmacies and D&amp;A teams to maximise patient outcomes and ensure continuity of patient care when queries arise.</p>
<b>9.5</b>	<p>Our pharmacy already provides the services the applicant is proposing and more including:</p> <ul style="list-style-type: none"> <li>• Medicine Care &amp; Review</li> <li>• Acute medication services</li> <li>• Pharmacy First</li> <li>• Pharmacy First plus</li> <li>• Smoking cessation</li> <li>• Gluten Free services</li> <li>• Emergency hormonal contraception and bridging contraception</li> <li>• Unscheduled Care</li> <li>• Hospital discharge services</li> <li>• Substance misuse including IEP (needle exchange)</li> <li>• Hepatitis and HIV Medication provision</li> <li>• Home delivery service</li> <li>• MDS service</li> <li>• Level 3 MAR Chart Service</li> <li>• Blood pressure monitoring</li> <li>• Free condom supply and disulfiram service</li> </ul> <p>We have recently invested into central fulfilment technology to further increase our capacity for MDS patients who require support with medication compliance aids.</p> <p>We have also recently introduced a cholesterol test in store which can send results to patients GPs from a mobile app and have now launched our in-store weight management service.</p>

<b>9.6</b>	We have the capacity to do more should patients need present, and I would assume my existing neighbouring contractors do also.
<b>9.7</b>	We are currently working through increasing our trading hours.
<b>9.8</b>	<p>The proposed neighbourhood extends from the River Ayr down across Holmston through Ayr town centre and down to Alloway and Doonfoot. This defined area already benefits from 10 existing pharmacies. The Applicant is not proposing to offer any additional services to those already available and it cannot be stated that any current pharmacy is too busy or at full capacity. We therefore see no need and neither do the public. The CAR showed that 63% disagree with the statement that “there is an overwhelming need for services to be provided”. Comments reiterated that:</p> <p>“There are plenty of pharmacies within this area to service this neighbourhood. Another pharmacy in Ayr town centre is adding nothing”</p>
<b>9.9</b>	Responses from the CAR also detailed the unrealistic size of the proposed neighbourhood and the worry that the proposed pharmacy would be spreading its service too thin to adequately cover such a large area (CAR Page 7, comment 11).
<b>9.10</b>	Residents from the proposed neighbourhood including Alloway and Doonfoot already travel to Ayr town centre for amenities including good, clothes, socialising, fitness and GP appointments. As such, we strongly urge the committee to consider that the existing pharmacy services offered within Ayr Town Centre and the surrounding areas consequently already reach this proposed patient demographic.
<b>9.11</b>	<p>The CAR itself only attracted 55 responses from a large distribution. With a population of approximately 46000 in Ayr and 112000 in South Ayrshire, this is beyond a weak response and suggests to me that the resident population are not particularly motivated by the proposal to open yet another pharmacy in the centre of Ayr. This is echoed further by the fact that 60% of those who did respond, did not support the opening of a new pharmacy. The most common theme among comments stating that it is simply not required – one comment summarising:</p> <p>“not required, just a waste of time consulting on this. NHS should use their resources for better things”</p>
<b>9.12</b>	<p>Furthermore, the proposed premises at Alloway place is located on a busy A Road with very limited on street parking. These are a significant number of concerns regarding the location of the proposed premises illustrated from 61.82% of CAR respondents who did not agree that this was an appropriate location. Worries around parking, congestion and risks associated with extremely busy traffic were raised. Some comments included:</p> <p>“busy road but no parking”</p> <p>“parking may be a problem”</p>

	<p>“no public transport close to this and no parking”</p> <p>“The location that is being proposed is ridiculous as there are already an oversupply of pharmacies in the town centre. In addition, this location will cause congestion on a street which is extremely busy with traffic at Wellington Square area. This location chosen by Alloway Place Pharmacy would not serve the community any better than the two pharmacies already on that street”</p>
<b>9.13</b>	Further viability of existing pharmacy services also becomes a concern should this application be granted. The PPC will be aware that pharmacy resources have never been as stretched as they are right now in terms of remuneration, costs and labour. A new pharmacy in an already adequately serviced area will do nothing but tap into already seriously depleted resources across the community pharmacy network. Limited resources should be kept for where patients need it most.
<b>9.14</b>	We submit that granting this application could destabilise existing pharmaceutical provisions and although difficult to say to what extent, rising pressures from a new addition to the pharmaceutical list in this area could in fact negatively impact service level to patients.
<b>9.15</b>	As we see no inadequacy of current service provision in the applicant’s defined neighbourhood, I would not only question the relevance of this public consultation exercise altogether but strongly recommend that the Committee reject the application today for a new premises at Alloway Place.
<b>9.16</b>	This concluded the representation from Ms Kilbride.
<b>9.17</b>	<b>The Chair invited Mr Burns (the Applicant) to question Ms Kilbride (Well Pharmacy) but the opportunity was declined.</b>
<b>9.18</b>	<b>The Chair invited Mr MacPherson (Wellington Square Pharmacy) to question Ms Kilbride (Well Pharmacy) but the opportunity was declined.</b>
<b>9.19</b>	<b>The Chair invited Mr Noon (Seafield Pharmacy) to question Ms Kilbride (Well Pharmacy) but the opportunity was declined.</b>
<b>9.20</b>	<b>The Chair invited Mr Falconer (Ogg &amp; Co. Pharmacy) to question Ms Kilbride (Well Pharmacy) but the opportunity was declined.</b>
<b>9.21</b>	<b>The Chair invited Ms Baillie (Alloway Pharmacy) to question Ms Kilbride (Well Pharmacy) but the opportunity was declined.</b>
<b>9.22</b>	<b>The Chair invited Mr Jamieson (Boots Pharmacies) to question Ms Kilbride (Well Pharmacy)</b>
<b>9.22.1</b>	Mr Jamieson enquired if Well Pharmacy had any capacity issue. Ms Kilbride responded to state they had absolutely no capacity issues

<b>9.22.2</b>	Mr Jamieson enquired if Well Pharmacy had capacity for future growth. Ms Kilbride responded confirming that 100% Well Pharmacy had capacity to meet future growth requirements."
<b>9.23</b>	<b>This concluded questions from the Interested Parties. The Chair invited questions from the Committee members, but this was declined.</b>
<b>10.</b>	<b>Submission from Ms Baillie, Alloway Pharmacy</b>
<b>10.1</b>	Ms Baillie read out the following prepared statement:
<b>10.2</b>	I am Susan Baillie, representing Alloway Pharmacy, Alloway Village, Ayr.
<b>10.3</b>	I would like to object to the Alloway Place Pharmacy application on the following grounds.
<b>10.4</b>	There are no additional pharmaceutical services being offered by the new applicant that is not already offered in all the surrounding pharmacies.
<b>10.5</b>	I do not believe there are gaps in existing pharmaceutical service provision within the defined neighbourhood. To the contract I believe this area is exceptionally well serviced by existing pharmacies, with many (at least 7) offering Pharmacy First Plus services which will exceed most towns across Scotland.
<b>10.6</b>	Location for this pharmacy is not desirable. The building does not appear fit for purpose with steps outside the main entrance door, no pavements or parking spaces on a busy road which could be dangerous for patients.
<b>10.7</b>	There is already a well-established pharmacy 0.1 miles away with room to grow. I do believe it could affect the viability of nearby pharmacies or result in a reduction in opening hours / services they provide.
<b>10.8</b>	Opening hours are the same as all 12 interested party pharmacies and no not offer an advantage.
<b>10.9</b>	I do however believe the defined neighbourhood and boundaries to be accurate and in line with neighbouring pharmacies neighbourhoods.
<b>10.10</b>	On personal reflection, having recently gone back to university to obtain my independent prescribing qualification I then invested in shop improvements to enable a full roll-out of Pharmacy First Plus to support the NHS contract and to help alleviate the pressures facing GPs. This has greatly benefitted our local community and is extremely well-utilised.
<b>10.11</b>	I have invested in staff training including employing a new member of staff to support these improvements and believe I am nowhere near full capacity with regards to service provision.

10.12	Finally I would like to voice my concerns around the proposed name of the new pharmacy which I believe is too similar to my own and would be confusing for all parties involved within the town.
10.13	I hope that this supports my objection to this new pharmacy contract.
10.14	This concluded the representation from Ms Baillie.
10.15	<b>The Chair invited Mr Burns (the Applicant) to question Ms Baillie (Alloway Pharmacy) but the opportunity was declined.</b>
10.16	<b>The Chair invited Mr Jamieson (Boots Pharmacies) to question Ms Baillie (Alloway Pharmacy) but the opportunity was declined.</b>
10.17	<b>The Chair invited Ms Kilbride (Well Pharmacies) to question Ms Baillie (Alloway Pharmacy).</b>
10.17.1	Ms Kilbride enquired if a GP was sending prescriptions to Alloway Place instead of Alloway Pharmacy what would the resulting timescale be for the patient. Ms Baillie responded to confirm that this issue is already happening with Ayr Pharmacy which is located on Alloway Street and is owned by Burns Pharmacy Ltd. This is causing confusion of patients and GP staff and resulting in lack of funds.
10.17.2	Ms Kilbride enquired if the pharmacy was keeping the prescription. Ms Baillie confirmed that they were keeping the prescriptions.
10.17.3	Ms Kilbride enquired if a prescription was for delivery and sent to the wrong pharmacy, what would be required to ensure that the patient received the required items. Ms Baillie responded to state that they would have to speak to the GPs to cancel the prescription and reissue to enable the delivery correctly.
10.18	<b>The Chair invited Mr Falconer (Ogg &amp; Co. Pharmacy) to question Ms Baillie (Alloway Pharmacy) but the opportunity was declined.</b>
10.19	<b>The Chair invited Mr Noon (Seafield Pharmacy) to question Ms Baillie (Alloway Pharmacy) but the opportunity was declined.</b>
10.20	<b>The Chair invited Mr MacPherson (Wellington Square Pharmacy) to question Ms Baillie (Alloway Pharmacy) but the opportunity was declined.</b>
10.21	<b>This concluded questions from the Interested Parties. The Chair invited questions from the Committee members, but this was declined.</b>
11.	<b>Submission from Mr Falconer, Ogg &amp; Co. Pharmacy</b>
11.1	Mr Falconer read out the following prepared statement:

11.2	Good morning. My names is Sam Falconer, and I am the owner and pharmacist at Ogg's Pharmacy in Ayr. I took over almost four years ago and since then I have focused on providing the best customer service for our patients as well as offering a wide range of pharmaceutical services.
11.3	I do not support the proposed application at 2 Alloway Place for numerous reasons.
11.4	Most importantly in my opinion is that there is no deficiency in pharmacy service as there are 10 pharmacies within the neighbourhood as defined by the applicant. In particular, within the immediate area around the proposed new premises, there are five pharmacies within approximately 500 metres including one which is owned by the applicant's family.
11.5	Furthermore, the services proposed by the new pharmacy do not differ meaningfully from those already available. Most are Core NHS services, which all 10 existing pharmacies currently provide. The only service not universally offered is Pharmacy First Plus – but even this is already available in at least eight of the 10 local pharmacies, which is a notably high uptake rate.
11.6	At Ogg's Pharmacy, we not only provide the full range of Core and additional services, including Pharmacy First Plus, but also actively promote them and collaborate with local healthcare stakeholders. For instance, initiatives with local GP practices can book patients directly into our Pharmacy First Plus clinics for conditions such as tonsillitis, ear infections and chest infections. This integrated approach ensures our services are both accessible and well utilised.
11.7	The level of existing provision is reflected in the finding of the recent Joint Consultation, where 67% of respondents indicated that there is no deficiency in local pharmacy services. I was particularly proud to see Ogg's Pharmacy mentioned by several respondents for our "excellent" service, further reinforcing the sufficiency of current provision and proves these are not stretched and have capacity.
11.8	Finally, I would raise concerns about the potential economic impact. As a relatively new, family-run business operating in an area already congested with pharmacies, the introduction of another pharmacy could threaten our viability. This concern is highlighted by the closure of the Boots pharmacy on Fullarton Street just 18 months ago.
11.9	In summary, I believe this application is neither necessary nor desirable and I would respectfully ask the Committee to reject it.
11.10	This concluded the representation from Mr Falconer.
11.11	<b>The Chair invited Mr Burns (the Applicant) to question Mr Falconer (Ogg &amp; Co. Pharmacy) but the opportunity was declined.</b>

11.12	The Chair invited Ms Kilbride (Well Pharmacies) to question Mr Falconer (Ogg & Co. Pharmacy).
11.13	The Chair invited Ms Baillie (Alloway Pharmacy) to question Mr Falconer (Ogg & Co. Pharmacy) but the opportunity was declined.
11.14	The Chair invited Mr Noon (Seafield Pharmacy) to question Mr Falconer (Ogg & Co. Pharmacy) but the opportunity was declined.
11.15	The Chair invited Mr MacPherson (Wellington Square Pharmacy) to question Mr Falconer (Ogg & Co. Pharmacy) but the opportunity was declined.
11.16	The Chair invited Mr Jamieson (Boots Pharmacies) to question Mr Falconer (Ogg & Co. Pharmacy).
11.16.1	Mr Jamieson noting delivery of Pharmacy First Plus services at Ogg's enquired if the Application was granted if it would have any impact on the viability of the business. Mr Falconer responded stating as a relatively new family run business offering the best possible service to patients and competing with those pharmacies already, the application could affect the range of services being offered at Ogg's as well as viability of the business.
11.17	<b>This concluded questions from the Interested Parties. The Chair invited questions from the Committee members.</b>
11.18	The Chair invited questions from Ms Clark (Lay Member) to Mr Falconer (Ogg & Co. Pharmacy) but this offer was declined.
11.19	The Chair invited questions from Ms Stein (Non-Contractor Pharmacist Member) to Mr Falconer (Ogg & Co. Pharmacy) but this offer was declined.
11.20	The Chair invited questions from Mr Maconochie (Contractor Pharmacist Member) to Mr Fletcher (Ogg & Co. Pharmacy) but this offer was declined.
11.21	The Chair invited questions from Ms Morris (Lay Member) to Mr Falconer (Ogg & Co. Pharmacy).
11.21.1	Ms Morris enquired what the impact was when the Lloyds Pharmacy was taken over by the new provider to the existing business. Mr Falconer replied that Lloyds did not run the pharmacy very well and since the changing of hands, Wellington Square Pharmacy has grown and impacted on a number of pharmacies including Ogg's.
11.21.2	Ms Morris enquired if Mr Falconer was able to quantify his previous comment. Mr Falconer responded that since the take over from Lloyds, Ogg's Pharmacy has seen a dip of 500 items per month.

<b>11.21.3</b>	Ms Morris enquired what percentage the dip in items represented. Mr Falconer replied that it would be around 5-7% noting that the change of hands was not a new contract but existing businesses.
<b>11.22</b>	Following the conclusion of Interested Parties submissions and questioning, A break for lunch (30 minutes) was called at 1212 hrs and resumed at 1245 hrs.
<b>12.</b>	<b>Summing Up</b>
<b>12.1</b>	The Chair asked all parties to provide a succinct summary of the points made during the submissions.
<b>12.2</b>	<b>Mr MacPherson (Wellington Square Pharmacy)</b>
<b>12.2.1</b>	In conclusion regarding the proposed neighbourhood – I am not going down this route as it is for the Panel to decide, this is all about inadequacy of service by existing providers and the applicant has not provided this.  Finally, if granted, with no exaggeration this would seriously impact on my business which my partner and I have invest heavily in the last couple of year.
<b>12.3</b>	<b>Mr Noon (Seafield Pharmacy)</b>
<b>12.3.1</b>	The issue is clear with regards to regulations, whether necessary or desirable, answer is short, it is not. Ayr has the best access to services and respectfully urge the committee to reject this application.
<b>12.4</b>	<b>Ms Baillie (Alloway Pharmacy)</b>
<b>12.4.1</b>	In summary this application is not necessary or required and due to viability of other pharmacies including my own, strongly suggest the panel reject this application.
<b>12.5</b>	<b>Mr Falconer (Ogg &amp; Co. Pharmacy)</b>
<b>12.5.1</b>	I reiterate my points. We do not believe this application has met the legal test. There are no deficiencies in pharmaceutical services and the neighbourhood has a wide range of services accessible and available. From ourselves and other colleagues respectfully suggest the Committee reject this application.
<b>12.6</b>	<b>Ms Kilbride (Well Pharmacies)</b>
<b>12.6.1</b>	The proposed site is located less than 500 metres from Well Pharmacy – one of ten pharmacies in the proposed neighbourhood who are already offering the exact services Mr Burns is proposing. We submit that the services provided to patients of Ayr by the existing pharmacies are adequate. We question the viability of the proposed pharmacy and believe that granting the application would have a detrimental effect on the existing level of pharmaceutical service across Ayr and the wider communities.



<b>12.7</b>	<b>Mr Jamieson (Boots Pharmacies)</b>
<b>12.7.1</b>	<p>I reiterate some of the main points:</p> <ul style="list-style-type: none"> <li>• The average number of prescription items in Ayr is significantly less.</li> <li>• Car and Homes ownership in Ayr is higher than in other areas.</li> <li>• SIMD shown 2.9% decline in the pharmacy.</li> <li>• Existing pharmacy within 150 metres who all offer the full range of NHS Services and existing services.</li> <li>• If granted the viability of the new pharmacy would be in questions as well as viability of other contractors if the application was to go on and open.</li> <li>• The level of investment shown by existing providers and future development if the pharmacy were to be granted and go on to open.</li> <li>• The CAR - 55 people is a very low response rate,</li> <li>• numerous stats could be taken from this to go against the case of the new application but 66% of responders did not support the opening of the new application.</li> </ul>
<b>12.8</b>	<b>Mr Burns (the Applicant)</b>
<b>12.8.1</b>	<p>In summary, thank you all for coming and your time this is hard to resolve. Proposed pharmacy is not just aligned with NHS priorities but legal test, which is clear, necessary or within a neighbourhood.</p> <ul style="list-style-type: none"> <li>• I submit increase population 1100 new homes approved or under construction with another substantial number planned by South Ayrshire Council.</li> <li>• The closure of Boots in Fullarton Street and reduced opening times in other providers.</li> <li>• Average items in Scotland are 3500 - 8500 items in his area</li> <li>• modern clinical services included core NHS ones</li> <li>• Viability in relation to other successful PPC hearing, 2000 items per months would be viable quoted.</li> </ul> <p>Here to collaborate and not compete, NHS Ayrshire &amp; Arran to be the gold service, respectfully submit as being essential for this community and I am ready to provide.</p>
<b>13</b>	<b>Retiral of Parties</b>
<b>13.1</b>	<p>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 as soon as possible. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.</p>
<b>13.2</b>	<p>The Chair advised the Applicant and Interested Parties that it was in their interests to remain in the building until the Committee had completed its private deliberations. This was in case the open session was reconvened should the Committee require further factual or legal advice in which case, the hearing would be reconvened, and parties would be invited to come back to</p>

	hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.
<b>13.3</b>	The hearing adjourned at 1257 hours to allow the Committee to deliberate on the written and verbal submissions.
<b>13.4</b>	The Chair and Panel Members then visited the parties in the ante room and Chair acknowledged that she had omitted to individually and separately confirm that each of the parties present that had participated in the hearing felt a fair hearing had been received and that there was nothing further to be added. Each party was asked to confirm and having been advised that all parties were satisfied, the panel left and returned to continue their deliberations.
<b>14.</b>	<b>Supplementary Information</b>
<b>14.1</b>	Following consideration of the oral evidence, the Committee noted:
<b>14.2</b>	<ul style="list-style-type: none"> <li>i. That they had undertaken individual site visits of the proposed neighbourhood within Ayr and the surrounding area noting the location of the proposed premises, the pharmacies, general medical practices and the facilities and amenities within.</li> <li>ii. Digital maps showing the location of the proposed Pharmacy in relation to existing Pharmacies and GP surgeries within Ayr and the surrounding area.</li> <li>iii. Area Profile report for Ayr Intermediate Zones.</li> <li>iv. Further information including details about the existing Provision of Pharmaceutical and Medical Services in/to Ayr and population figures for Ayr as indicated by Scottish Neighbourhood Statistics and General Register Office Statistics.</li> <li>v. Report on Pharmaceutical Services provided by existing pharmaceutical contractors to the neighbourhood.</li> <li>vi. NHS Ayrshire &amp; Arran Pharmaceutical Care Services Plan 2024.</li> <li>vii. The application and supporting documentation including the Consultation Analysis Report provided by the Applicant.</li> <li>viii. Extracts from South Ayrshire Local Development Plan.</li> <li>ix. Local Bus Timetables</li> </ul>
<b>15</b>	<b>Summary of Consultation Analysis Report (CAR)</b>
<b>15.1</b>	<b>Introduction</b>
<b>15.2</b>	NHS Ayrshire & Arran undertook a joint consultation exercise with Mr Burns regarding the application for a new pharmacy at 2 Alloway Place, Ayr, KA7 2AA.
<b>15.3</b>	The purpose of the consultation was to seek views of local people who may be affected by this or use the pharmacy at its proposed new location. The consultation also aimed to gauge local opinion on whether people felt access to pharmacy services in the area was adequate.

<b>15.4</b>	<b>Method of Engagement to Undertake Consultation</b>
<b>15.5</b>	<p>The consultation was conducted by placing an advertisement in the Ayrshire Post; notifications being placed on the Health Board X (formerly Twitter) and Facebook pages; a link to the consultation document on NHS Ayrshire &amp; Arran's website (<a href="http://www.nhsaaa.net">www.nhsaaa.net</a>); Posters advertising the Joint Consultation questionnaire were issued to various locations and asked to be displayed to highlight the Joint Consultation at the following sites:</p> <ol style="list-style-type: none"> <li>i. Bankfield Medical Practice, 148 Dalmellington Road, Ayr KA7 3PR.</li> <li>ii. Alloway Surgery, Village Hall, Alloway, KA7 4PY.</li> <li>iii. Tam's Brig Surgery, 107 New Road, Ayr KA8 8DD.</li> <li>iv. The Surgery, 9 Alloway Place, Ayr KA7 2AA.</li> <li>v. Dalblair Medical Practice, 56 Dalblair Road, Ayr KA7 1UQ.</li> <li>vi. Barns Medical Practice, 40 Dalblair Road, Ayr KA7 1UL.</li> <li>vii. Racecourse Road Medical Group, 3 Racecourse Road, Ayr KA7 2DF.</li> <li>viii. The Cathcart Street Medical Practice, 8 Cathcart Street, Ayr KA7 1BJ.</li> <li>ix. Fullarton Medical Practice, 40 Dalblair Road, Ayr KA7 1UL.</li> <li>x. Lesley Dobbie Optometrists, 44 Sandgate, Ayr KA7 1BH.</li> <li>xi. Helen Scott Opticians, 59 Newmarket Street, Ayr KA7 1LL.</li> <li>xii. Specsavers Opticians, 22/228 High Street, Ayr KA7 1RQ.</li> <li>xiii. Vision Express, 193/195 High Street, Ayr KA7 1QT.</li> <li>xiv. 2020 Opticians, 42 Dalblair Road, Ayr KA7 1UL.</li> <li>xv. Boots Opticians Ltd, 168/170 High Street, Ayr KA7 1PZ.</li> <li>xvi. Optical Express, 34 The Sandgate, Ayr KA7 1BX.</li> <li>xvii. Urquhart Opticians, 16 Miller Road, Ayr KA7 2AY.</li> <li>xviii. Vision Express (UK) Ltd, Tesco Stores, Whitletts Road, Ayr KA8 0QA.</li> <li>xix. Orr &amp; Simpson Eye Care Ltd, 5 Killoch Place, Ayr KA7 2EA.</li> <li>xx. K Ayr Dental Surgery, 34 New Road, Ayr KA8 8EX.</li> <li>xxi. Alloway Place Dental Care, 1 Alloway Place, Ayr KA7 2AA.</li> <li>xxii. Barns Street Dental Practice, 19 Barns Street, Ayr KA7 1XB.</li> <li>xxiii. Quadrant Dental Practice, 3 Barns Street, Ayr KA7 1XB.</li> <li>xxiv. Ayr Dental Studio, Bothwell House, Arthur Street, Ayr KA7 1QU.</li> <li>xxv. Sandgate Dentistry, 59/61 Sandgate, Ayr KA7 1DA.</li> <li>xxvi. Andersson Dental Care, 14B Fullarton Street, Ayr KA7 1UB.</li> <li>xxvii. Fullarton Dental Care, Upper Flat, 24 Fullerton Street, Ayr KA7 1UB.</li> <li>xxviii. Queens Court Dental Practice, 16 Queens Court, Sandgate, Ayr KA7 1LE.</li> </ol> <p>Hard copies of the questionnaire were available and could be requested by telephone. Respondents could reply electronically via SurveyMonkey or by returning the hardcopy questionnaire.</p>
<b>15.6</b>	The Consultation Period lasted for 90 working days and ran from 27 September 2023 until 7 February 2024.

<b>15.7</b>	<b>Summary of Questions and Analysis of Responses</b>
<b>15.8</b>	Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; perceived gaps/deficiencies in existing services; wider impact; impact on other NHS services and optional questions on respondents' postcode and number of occupants in the household.

Question	Response Percent			Response Count		
	Yes	No	Don't know	Yes	No	Don't know
1. Do you agree this describes the neighbourhood to be served?	49.09	49.09	3.64	27	27	2
2. Do you think the proposed location is appropriate?	36.36	61.82	1.82	20	34	1
3. Do you live within the proposed neighbourhood?	76.36	23.64		42	13	
5. Do you think that the services listed are appropriate for the proposed new pharmacy?	41.82	49.09	9.09	23	27	5
6. Do you believe there are any gaps/deficiencies in the existing provision of pharmaceutical services provided to the neighbourhood?	23.64	67.27	9.09	13	37	5
7. Wider Impact – Alloway Place Pharmacy believes that a pharmacy is now absolutely necessary to ensure that an adequate provision of Pharmaceutical Services are delivered to the residents of Ayr. With the recent housing development which has expended the town, there is an overwhelming need for services to be provided. Alloway Place Pharmacy also believes that a pharmacy will be of great benefit to the residents in enhancing their health and wellbeing. Do you agree with the above statement?	36.36	63.64	0.00	20	35	0
8. Do you believe this proposal would have any impact on other NHS Services?	10.91	81.82	7.27	6	45	4
9. Do you support the opening of a new pharmacy at 2 Alloway Place, Ayr KA7 2AA?	36.36	60.00	3.64	20	33	2

Question	Response Percent (%)				Response Count				
	Just Right	Too Short	Too Long	Don't Know	Just Right	Too Short	Too Long	Don't Know	Skipped
4. Do you think that the proposed hours are appropriate?	42.59	22.22	11.11	24.07	23	12	6	13	1

	Response Percent (%)		Response Count		
	Individual	Organisation	Individual	Organisation	Skipped
10. Please indicate whether you are responding as an individual or organisation	89.09	10.91	49	6	0

	Response Percent (%)		Response Count		
	Postcode	Occupants	Postcode	Occupants	Skipped
11. It would be helpful if you could complete the following optional questions: Postcode of Home Address Number of occupants in household (inc children)	90.20	98.04	46	50	4

<b>15.9</b>	<b>In total 55 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.</b>
<b>15.10</b>	From the responses 49 were identified as individual responses and 6 responded on behalf of a group/organisation.
<b>15.11</b>	<p>From the response to Question 11, replies were from the following postcode sectors:</p> <p>KA6 – 2 replies  KA7 – 36 replies  KA8 – 4 replies  KA9 – 4 replies</p> <p>5 respondents out of 51 replies did not enter postcode of home address.</p> <p>The total number of occupants in the household ranged from 0 to 35 people. A total of one out of 51 replies did not enter number of occupants in the household. The average number of occupants per household taking into account only those who had responded noted to be 5 people.</p> <p>No additional comments were received.</p>
<b>15.12</b>	<b>Consultation Outcome and Conclusion</b>
<b>15.13</b>	The use of SurveyMonkey allowed views to be recorded and displayed within the full Consultation Analysis Report in a clear and logical manner for interpretation.
<b>16.</b>	<b>Decision</b>
<b>16.1</b>	The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.
<b>16.2</b>	<b>Neighbourhood</b>
<b>16.3</b>	The Committee noted the neighbourhood as defined by the Applicant and the view of the Interested Parties and that it should be a neighbourhood for all purposes. A number of factors were taken into account when defining the neighbourhood, including those residents 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.
<b>16.4</b>	The Committee noted that the northern boundary of the Applicant's neighbourhood (River Ayr) was not a natural boundary due to the number of crossings for members of the public to reach amenities.

16.5	The Committee felt that the Eastern, Southern and Western boundaries were appropriate. However, the North boundary needed to be extended further north continuing along the A77 to Whitletts roundabout, down Heathfield Road to the Firth of Clyde therefore matching the Council defined boundary of Ayr Town.
	The Committee noted people migrate around a town centre, regardless of where you are and central hub for public transport.
16.6	<p>The Committee agreed that the neighbourhood should be defined as follows:</p> <p>North: Northern boundary of Ayr Town – North of Heathfield Road.</p> <p>East: A77.</p> <p>South: Southern boundary of Ayr Town – south of Longhill Avenue where the greenbelt starts.</p> <p>West: Doonfoot Beach, Ayr Beach, Firth of Clyde.</p> <p>This redefinition of the neighbourhood was made following discussion and as a combination of taking account of comments made by Interested Parties in their representations, comments in the CAR and the view/local knowledge of the Committee and their advisors. The redefinition was not deemed detrimental to the Applicant and indeed increased the scope of the business.</p>
16.7	<b>Adequacy of existing provision of pharmaceutical services and necessity or desirability.</b>
16.8	Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services to that neighbourhood and, if the committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.
16.9	The Committee acknowledged that the response rate of 55 responses to the Consultation was a very poor and the Applicants concerns around possible missing comments and data around Question 9 was also noted.
16.10	Due to comments and concerns made by the Applicants during the open session of missing comments and data from the CAR, the Committee decided to reconvene the open Session and invited Primary Care Pharmacy colleagues, Ms Anne Shaw, Primary Care Manager - Pharmacy & Optometry and Ms Carolyn Dickson - Assistant Primary Care Manager, Pharmacy & Optometry who were involved with interactions with SurveyMonkey around these.
16.11	The hearing was reconvened with all parties except the two accompanying colleagues Mr Crawford for Seafeld Pharmacy and Ms Lamb for Boots at 1325 hrs who had been recorded as having left.

<b>16.12</b>	The Chair informed colleagues that the hearing was reconvening due to comments made around the CAR and missing data resulting in a challenge on wider information included in the CAR and questions around the Health Board offering no rerun.
<b>16.13</b>	The Panel sought background information from the Health Board's Primary Care Contracts team around the Applicant's challenge on Question 9 of the CAR re missing information and request for a rerun and wished to understand what action had been taken following this.
<b>16.14</b>	Ms Anne Shaw, Primary Care Manager, Pharmacy & Optometry noted that she had met with Mr Burns (The Applicant) and his brother Stuart at the time of the Joint Consultation post analysis where it was highlighted by the Applicant entries made by the applicant appeared to be missing. Survey Monkey were contacted regarding this and an investigation was undertaken by them which resulted in Survey Monkey being unable to track any missing responses confirming there was no corruption in the data on Survey Monkey's platform. An emailed had been provided to the Health Board regarding this therefore the concern had been duly investigated and no rerun felt necessary. Survey Monkey's only suggestion around their platform was that if participants had not clicked the 'DONE' button when a survey taker finishes the survey at the end of the survey then this data would not be recorded. This response had been fed back to the applicant.
<b>16.15</b>	<p>The Chair, noted in terms of the CAR and due to Survey Monkey confirming completeness of data, no rerun was felt to be required. Due to this investigation, and the Health Board's due diligence to raise these concerns, no further action was required in regard to the CAR not being a viable document.</p> <p>The Chair invited all present if they had any further questions regarding the CAR and it was noted none were made.</p>
<b>16.16</b>	At 1329 hrs the Chair released the Applicant and Interested Parties from the meeting following the clarification from the Health Board.
<b>16.17</b>	The closed session resumed at 1329 hrs
<b>16.18</b>	<p><b>Adequacy of existing provision of pharmaceutical services and necessity or desirability (Continued).</b></p> <p>The Committee noted there were 12 pharmacies within the extended neighbourhood and the location of the 10 existing pharmacies in Ayr. The existing 10 pharmacy's as per the Applicant's proposed neighbourhood, all show adequate provision of service to both existing and suggested re-defined northern boundary.</p>
<b>16.19</b>	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

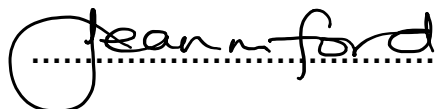
	CAR responses, the interested parties, its PPC member visits to the site; and it heard expert advice from contractor and non-contractor pharmacist members of the panel about the issues identified in the hearing and their knowledge of equivalent service delivery matters elsewhere in Scotland.
<b>16.20</b>	The information provided by the Health Board on the 12 existing pharmacies deemed Interested Parties was consulted. This showed that these 12 pharmacies offered all core services and a range of additional services. There were no services being offered by Alloway Place Pharmacy that were not already offered at the existing pharmacies. It was noted that there is 7 days a week adequate service to the proposed neighbourhood as well as the Committees suggested increase to the Northern Boundary.
<b>16.21</b>	<p>The Committee considered the following:-</p> <ul style="list-style-type: none"> <li>• Effective opening hours, 7 days a week service, all core services and extended NHS Services.</li> <li>• No evidence of capacity issues with existing providers which was confirmed with all interested parties present some noting continues expansion to investment in pharmacy contracts and amenities to future proofing if increase in provision to population.</li> <li>• No volume of complaints.</li> <li>• Public opinion, despite small amount of respondents to CAR's low response, equated that there is no inadequacy of service and responses in the CAR to questions suggests that there was no need for a new pharmacy.</li> </ul> <p>and highlighted the following comments from the CAR, albeit response rate is low :-</p> <p>'Q1. There are plenty of pharmacies within this particular area to service this neighbourhood. Another pharmacy in Ayr Town centre is adding nothing.</p> <p>Q2. There is already adequate provision of pharmacy services in the neighbouring streets in fact one pharmacy is directly across the road! There is no need for yet another pharmacy in central Ayr.</p> <p>Q5. Services are all already provided by ample other pharmacies – why is this one any different?</p> <p>Q6. 67.7% of respondents felt there were no gaps/deficiencies in the existing provision of pharmacy services provided to the neighbourhood.</p> <p>Q.7 63.64% of respondents did not agree that 'a pharmacy is now absolutely necessary to ensure that an adequate provision of Pharmaceutical Services are delivered to the residents of Ayr'.</p> <p>Q9. 60.00% of respondents did not support the opening of a new pharmacy at 2 Alloway Place, Ayr, KA7 2AA.</p>



16.22	Evidence had been heard during the hearing that all Interested Parties had capacity to meet increases in demand and indeed the population of South Ayrshire is predicted to decrease in coming years.
16.23	<p>Many concerns had been raised during the Hearing about the parking at the proposed premises. The Committee had concerns over deliveries and the risk presented with these to members of the public and other road users due to it being located on a main road and noted from the CAR:-</p> <p>Q.2 61.2% of respondents felt that the proposed location of the pharmacy was not appropriate.</p> <p>Comments noted:-</p> <p>‘Parking may be a problem’</p> <p>‘Not a lot of people passing by. Busy road but no parking. There are more pharmacies in better location. I can count at least 5 in and around the town centre’</p> <p>‘Quite a few pharmacies already in the area and that was easily accessible, don’t see the need for another pharmacy close to others’</p>
16.24	The Panel noted the potential impact on existing pharmacy providers if the application were to be granted noting that losing staff members or shortening opening times would have profound impacts on the community and viability of these business.
16.25	<p>The Panel noted with interest that the Area Pharmaceutical Professional Committee (APPC) did not support this application stating:</p> <p>“The APPC considered that as current pharmaceutical services were adequate, there was no need to consider if the application was necessary or desirable. This decision was made following a vote with seven votes to zero.”</p>
16.26	The Panel noted the planning permission for the proposed premise whilst not required at this stage was not guaranteed. The plans provided by the applicant were concept plans and had not been submitted to the Council for planning in principle.
16.27	<b>The Committee concluded that there was no evidence provided to demonstrate any inadequacy of the existing pharmaceutical services to the defined neighbourhood.</b>
16.28	Following the withdrawal of Ms Stein and Mr Maconochie in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, the Committee, for the reasons set out above, considered that the pharmaceutical service into the neighbourhood to be adequate.
16.29	Accordingly, the decision of the Committee was unanimous that the provision of pharmaceutical services at the premises was neither necessary nor

	desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was rejected. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.
	<b>The meeting closed at 1420 hrs</b>

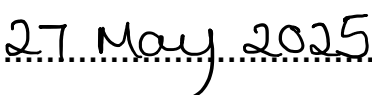
**Signed:**

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**Mrs Jean Ford**

**Chair – Pharmacy Practices Committee**

**Date:**

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